



Provider Behavior Change Implementation Kit

Example Phase 1 Survey Questionnaire

This is the Phase 1 Survey Questionnaire Cecilia and her Steering Committee created to capture data across all CHWs in their region. The same questions were used on the self-administered paper questionnaire for the VHWs and their supervisors and the online version for SCHWs and their supervisors. The data was used to identify top success and non-success cases for Phase 2.

Worker

Instructions: please read each question on the left and choose the response that best matches your experience as a community health worker on the right.

Draft Question	Response			
	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Given the variety of patients and issues you face, how often do you feel you know what is expected of you as a community health worker?				
How often do you feel you are able to do your best work?				
How often do you feel you lack some specific skills or knowledge to do your job well?				
How often do you encounter challenges that keep you from providing services to patients?				
How often do you feel fully motivated to provide services to patients?				
How often do you feel supported in your work?				
How often do you experience negative consequences for serving patients?				
How often do you feel your work is making a difference in the lives of your patients?				
Is there anything else you would like us to know about the challenges you face as a Community Health Worker?				
Would you be willing to discuss your work in greater detail with us during a 15 to 20 minute interview? If so, please provide your name and contact information and will follow up shortly.	<i>Name:</i> <i>Best way to contact you:</i>			

Supervisor

Instructions: please read each question on the left and choose the response that best matches your experience with direct reports on the right.

Draft Question	Response			
	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Given the variety of patients and issues your CHWs face, how often do you feel they know what is expected of them as a community health worker?				
How often do you feel they are able to do your best work?				
How often do you feel they lack some specific skills or knowledge to do their job well?				
How often do they encounter challenges that keep them from providing services to patients?				



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How often do they feel fully motivated to provide services to patients?				
How often do they feel supported in your work?				
How often do they experience negative consequences for serving patients?				
How often do they feel their work is making a difference in the lives of patients?				
Is there anything else you would like us to know about the challenges you face as a Community Health Worker?				
Would you be willing to discuss the work of CHWs in greater detail with us during a 15 to 20 minute interview? If so, please provide your name and contact information and we will follow up shortly.	<i>Name:</i> <i>Best way to contact you:</i>			