



Human Hospital & Clinic Module for Health Professionals



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| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Add Human Questionnaire Form ID

Participant ID

(For reference only)

1. What are your human health activities?

- hospital or clinic administrator
- hospital or clinic custodial worker
- hospital or clinic clinician or nurse (medicine specialty)
- hospital or clinic clinician or nurse (surgery specialty)
- mobile clinic
- traditional healer
- dispensary or pharmacy

2. Do you have special protective equipment (Example: shoes, masks, gloves) only worn at work?

- yes
- no

3. If yes, which protective equipment?

Select all that apply.

- shoes/boots
- mask
- clothes
- gloves
- gown/apron

4. Is protective equipment used every time you examine or collect specimens from a patient?

- yes
- no

5. Is the protective equipment cleaned, sterilized or discarded after each use?

- yes
- no

6. Do you always use disinfectants to clean equipment and hospital areas?

- yes
- no

example only do not use in field

