

Barriers and Facilitators to the Utilization of Facility Delivery Services for Beneficiaries of the Village Health Worker program in Gombe State

BACKGROUND QUESTIONNAIRE

This survey is being conducted along with the focus groups. You may choose not to participate in the survey or to complete any item on the survey at any time. There are no risks or benefits to participating in this study. This survey does not collect information that would allow anyone to identify you and all responses to the survey will be reported as a whole and not individually. By completing this survey, you are consenting to participate in this study. Thank you again!

As appropriate, please enter your response in the blank space or check a box.

1. Date (DD/MM/YYYY) ____/____/____ 2. Participant ID _____ 3. Ward _____

4. Ethnicity _____

5. Highest level of education you have completed? (please check below)

- | | |
|---|--|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> Informal schooling only (including Koranic schooling) |
| <input type="checkbox"/> Vocational Training (sewing, trading) | <input type="checkbox"/> Some primary schooling |
| <input type="checkbox"/> Primary school completed | <input type="checkbox"/> Some secondary school / high school |
| <input type="checkbox"/> Secondary school / high school completed | <input type="checkbox"/> Some university |
| <input type="checkbox"/> University completed | <input type="checkbox"/> Post-graduate |
| <input type="checkbox"/> Post-secondary qualifications, other than university e.g. a diploma or degree from a polytechnic or college) | |

6. What is your occupation?

- | | | | |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Civil Servant | <input type="checkbox"/> Business/Trade | <input type="checkbox"/> Professional/Private |
| <input type="checkbox"/> Farming | <input type="checkbox"/> Sewing/Knitting | <input type="checkbox"/> Artisan/ handwork | <input type="checkbox"/> Domestic Help <input type="checkbox"/> Other _____ |

7. What is your religion? ☐ None ☐ Christian ☐ Muslim ☐ Other _____

8. Are you currently married? ☐ Yes, currently married ☐ Divorced ☐ Separated ☐ Widowed

9. If you are currently married are you currently in a polygamous marriage? ☐ Yes ☐ No

10. If you are currently married are you currently in a polygamous marriage- how many co-wives are there? _____

11. Number of currently living children _____ 12. Number of children dead after delivered alive _____

13. How times delivered at a health facility _____ 14. How many times delivered at home? _____

15. How many times used TBA for delivery (outside health facility)? _____

16. Did you delivery your last baby at the health facility? ☐ Yes ☐ No

17. When was your first contact with a Village Health Worker? _____ months ago; or _____ years ago

18. Date of Birth DD/MM/YY ____/____/____ or How old are you in years: ____ years ☐ Don't know/Cannot remember

Thank you very much for your participation!!!! 1