**QUESTIONNAIRE FOR THE SITE PROVIDER(S)**

*Evaluation of Zambia Influenza Sentinel Surveillance System, 2015*

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| **A.1 Date of the survey:** /\_\_/\_\_/\_\_/\_\_/2/0/1/5/**A.2 Site reference:** /…………../**A.3 Name of the center:** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**A.4 District:** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**A.5 Province:** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**A.6 Site Type:** clinic 🞏 Hospital 🞏A.7 Type surveillance that you implement (Tick all that apply) SARI 🞏 ILI 🞏 both 🞏**A.8 What type of surveillance is implemented at your influenza site?** ILI 🞏 SARI 🞏 BOTH **A.10 staff category (one or more answers possible):** Medical officer 🞏 Nurse 🞏 Clinical officer 🞏 Laboratorian 🞏Other (specify):………………………………………. | /\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ / |

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| **B.1 Have you undergone training in the implementation of sentinel surveillance activities?** yes 🞏 no 🞏**If “yes”, please specify the last year of training:** less than 1 year ago 🞏 less than 2 years ago 🞏 More than 2 years ago  | /\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ / |

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| **C.1 How long have been working in influenza surveillance?**Less 6months 🞏 1 year 🞏 1-2years 🞏 more than 2 years 🞏**C.2 Do you experience difficulties completing the individual CIF forms?**yes 🞏 no 🞏**If “yes”, what are the main reasons preventing the completion of CIF forms?** Absence of personnel 🞏 Workload 🞏New person in charge 🞏 Logistical problems 🞏Other (specify): ……………………………………………………… | /\_\_ //\_\_ //\_\_ //\_\_ / |

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| **D.1 How do you find:****a) Identification of cases** Difficult 🞏 Somewhat difficult 🞏 Somewhat easy 🞏 Easy 🞏**b) Consenting of patients**Difficult 🞏 Somewhat difficult 🞏 Somewhat easy 🞏 Easy 🞏**c) Completion of forms (individual CIF forms)**Difficult 🞏 Somewhat difficult 🞏 Somewhat easy 🞏 Easy 🞏**d) Collection of samples**Difficult 🞏 Somewhat difficult 🞏 Somewhat easy 🞏 Easy 🞏**d) Sample packaging**Difficult 🞏 Somewhat difficult 🞏 Somewhat easy 🞏 Easy 🞏**e) Sending of samples** Difficult 🞏 Somewhat difficult 🞏 Somewhat easy 🞏 Easy 🞏**If the response what “difficult” or “somewhat difficult,” please explain why.**………………………………………………………………………………………………………………………………….………………………..**D.2 Did the transportation service comply with the scheduled pick-up of boxes/samples?** Always 🞏 Often 🞏 Rarely 🞏 Never 🞏………………………………………………………………………………………………………………………………….………………………..…………………………………………………………………………………………………………………………………..………………………..**D4 How long does it take you to complete :****a) Identification of cases** less than 30min 🞏 30min-1 hour 🞏 more than 1 hour 🞏 2 hours and above 🞏**b) Completion of forms (individual CIF forms)**less than 30min 🞏 30min-1 hour 🞏 more than 1 hour 🞏 2 hours and above 🞏**c) Sample collection and packaging**less than 30min 🞏 30min-1 hour 🞏 more than 1 hour 🞏 2 hours and above 🞏**D5 How many SARI cases do you enroll per day(average);**Up to 5 cases 🞏 6-10 cases 🞏 11-15 cases 🞏 over 15 cases 🞏**D6 How many ILI cases do you enroll per day(average);**Up to 5 cases 🞏 6-10 cases 🞏 11-15 cases 🞏 over 15 cases 🞏 | /\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ / |

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| **E.1 Did you receive information/feedback regarding the following:****a) Influenza test results:**Regularly 🞏 Sometimes 🞏 Rarely 🞏 Not at all 🞏**b) Influenza bulletin**Regularly 🞏 Sometimes 🞏 Rarely 🞏 Not at all 🞏**c) Epicurve/graph/table**Regularly 🞏 Sometimes 🞏 Rarely 🞏 Not at all 🞏**How did you utilize feedback/information given?**………………………………………………………………………………………………………………………………….………………………..…………………………………………………………………………………………………………………………………..………………………..………………………………………………………………………………………………………………………………….………………………..…………………………………………………………………………………………………………………………………..……………………….. | /\_\_ //\_\_ //\_\_ //\_\_ //\_\_ / |

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| **F.1 Are you satisfied with the feedback provided regarding the following?:****a) Reception of influenza test results:**Satisfied 🞏 Somewhat satisfied 🞏 Mostly unsatisfied 🞏 Not at all satisfied 🞏**b) Influenza bulletin**Satisfied 🞏 Somewhat satisfied 🞏 Mostly unsatisfied 🞏 Not at all satisfied 🞏**- Overall satisfaction scale** (out of 10)**: 1/2/3/4/5/6/7/8/9/10/***(circle the response)***- If the response is «not satisfied» or «mostly not satisfied», please explain why?** *(*………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………..**F.2 With regards to your weekly activities, how much time do you dedicate to sentinel surveillance activities?  \_\_\_\_\_\_\_\_ hour(s) per week or percentage \_\_\_\_\_\_\_\_\_\_\_\_%** | /\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ / |

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| **G.1 Does your center have the following?****Influenza sampling procedure**: yes 🞏 no 🞏**Decision tree:** yes 🞏 no 🞏**G.2 Do you use standardized tools for influenza surveillance?** **a) Influenza sampling, storage, and transportation procedures**yes 🞏 no 🞏**c) Decision tree:**yes 🞏 no 🞏**If the response is “no,” please explain why.**………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………..**G.3 Did your site ever experience a shortage in the following supplies?****a) Forms:**Never 🞏 Once per year 🞏 2-3 times per year 🞏 More than 4 times per year 🞏**b) Influenza sampling kits:**Never 🞏 Once per year 🞏 2-3 times per year 🞏 More than 4 times per year 🞏**c) power supply:**once a week 🞏 2-3 times a week 🞏 more than 3 times a week 🞏 never 🞏**d) Others:…………………………………………………………(please specify)**  | /\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ //\_\_ / |

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| **IN GENERAL, WHAT ARE YOUR OVERALL IMPRESSIONS OF THE SENTINEL SURVEILLANCE SYSTEM?** | /\_\_ / |
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| **DO YOU HAVE ANY SUGGESTIONS FOR IMPROVING THE SURVEILLANCE NETWORK’S OPERATION?** | /\_\_ / |
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***Thank you for your participation!***