



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ

MCH/SN/87.2  
ENGLISH ONLY  
Distr.: RESTRICTED

**QUESTIONNAIRES FOR THE STUDY ON  
THE USE OF SINGLE DOSE CAPSULES OF  
SILVER NITRATE FOR THE PREVENTION OF  
OPHTHALMIA NEONATORUM**

11898



Maternal and Child Health Unit  
Division of Family Health  
World Health Organization  
Geneva

**STUDY ON THE USE OF SINGLE DOSE CAPSULES OF SILVER NITRATE FOR THE  
PREVENTION OF OPHTHALMIA NEONATORUM**

The following forms are provided for your use:

**FORM A - TRAINING EVALUATION**

To be completed in duplicate (use carbon paper)  
immediately following the training session

**FORMS B1 & B2 - SURVEY QUESTIONNAIRE**

To be completed in duplicate (use carbon paper) at the  
follow-up visit.

Please ensure that the name and code number of each health worker  
appears on ALL forms. If possible, please staple forms B1 and B2  
together for each health worker surveyed.

Please send one copy of Forms A, B1 and B2 for each health worker to:

World Health Organization  
Maternal and Child Health Unit  
Prevention of Ophthalmia Neonatorum Study  
Geneva  
Switzerland

## TRAINING EVALUATION

(Please complete one form for each health worker at the end of the training session)

DATE OF INTERVIEW: 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|  |  |
|--|--|
| <p>1 Name of Centre:<br/>_____</p> <p>2 Code of Centre: _____</p> <p>3 Name and Code of health worker:<br/>_____</p> <p>4 Age of health worker: _____</p> <p>5 Category of health worker:<br/> <input type="checkbox"/> 1 TBA   <input type="checkbox"/> 2 Midwife   <input type="checkbox"/> 3 Physician</p> <p>6 Name of capsule used :<br/>_____</p> <p>7 Was this health worker able to satisfactorily open and easily express eye drops of silver nitrate?<br/> <input type="checkbox"/> 1 YES   <input type="checkbox"/> 2 NO</p> <p>8 Is trainer satisfied with this health worker's overall performance? (Clean hands, properly express silver nitrate in newborn's eyes, etc.)<br/> <input type="checkbox"/> 1 YES   <input type="checkbox"/> 2 NO</p> <p>9 If no, was training done again until performance is satisfactory?<br/> <input type="checkbox"/> 1 YES   <input type="checkbox"/> 2 NO</p> <p>10 Does this health worker understand the reasons for eye prophylaxis?<br/> <input type="checkbox"/> 1 YES   <input type="checkbox"/> 2 NO</p> <p>11 How many babies does this health worker expect to deliver in the next 6 months? _____</p> <p>12. Where will this health worker practice?<br/> <input type="checkbox"/> 1 Hospital   <input type="checkbox"/> 2 MCH Centre   <input type="checkbox"/> 3 Home</p> | <p>13 How many capsules of silver nitrate has this health worker been supplied with for the purpose of this study? _____</p> <p>14 Name of capsule supplied for the study? _____</p> <p>15 Does this health worker know and understand the meaning of the expiration date of the capsules provided to him/her?<br/> <input type="checkbox"/> 1 YES   <input type="checkbox"/> 2 NO</p> <p>16 What is the expiration date? _____</p> <p>17 Ask the health worker how he/she intends to store the capsules:<br/>         _____<br/>         _____<br/>         _____</p> <p>18 According to the health worker, which of the following is most advantageous?<br/> <input type="checkbox"/> 1 Single dose capsules of silver nitrate?<br/> <input type="checkbox"/> 2 Large containers of silver nitrate?</p> <p>19 Name of trainer:<br/>         _____<br/>         Signature: _____</p> <p>20 Date of form completion:<br/>         Day/Month/Year _____</p> |
|--|--|

## TRAINING EVALUATION

(Please complete one form for each health worker at the end of the training session)

DATE OF INTERVIEW:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|    |  |                                       |                                      |                          |
|----|--|---------------------------------------|--------------------------------------|--------------------------|
| 1  | Name of Centre:  |                                       |                                      |                          |
| 2  | Code of Centre:  |                                       |                                      |                          |
| 3  | Name and Code of health worker:  |                                       |                                      |                          |
| 4  | Age of health worker:  |                                       |                                      |                          |
| 5  | Category of health worker:   |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 TBA   | <input type="checkbox"/> 2 Midwife    | <input type="checkbox"/> 3 Physician | <input type="checkbox"/> |
| 6  | Name of capsule used :   |                                       |                                      |                          |
| 7  | Was this health worker able to satisfactorily open and easily express eye drops of silver nitrate?   |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 YES   | <input type="checkbox"/> 2 NO         | <input type="checkbox"/>             |                          |
| 8  | Is trainer satisfied with this health worker's overall performance? (Clean hands, properly express silver nitrate in newborn's eyes, etc.) |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 YES   | <input type="checkbox"/> 2 NO         | <input type="checkbox"/>             |                          |
| 9  | If no, was training done again until performance is satisfactory?  |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 YES   | <input type="checkbox"/> 2 NO         | <input type="checkbox"/>             |                          |
| 10 | Does this health worker understand the reasons for eye prophylaxis?  |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 YES   | <input type="checkbox"/> 2 NO         | <input type="checkbox"/>             |                          |
| 11 | How many babies does this health worker expect to deliver in the next 6 months?  |                                       |                                      |                          |
| 12 | Where will this health worker practice?  |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 Hospital  | <input type="checkbox"/> 2 MCH Centre | <input type="checkbox"/> 3 Home      | <input type="checkbox"/> |
| 13 | How many capsules of silver nitrate has this health worker been supplied with for the purpose of this study?                               |                                       |                                      |                          |
| 14 | Name of capsule supplied for the study?  |                                       |                                      |                          |
| 15 | Does this health worker know and understand the meaning of the expiration date of the capsules provided to him/her?                        |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 YES   | <input type="checkbox"/> 2 NO         | <input type="checkbox"/>             |                          |
| 16 | What is the expiration date?   |                                       |                                      |                          |
| 17 | Ask the health worker how he/she intends to store the capsules:  |                                       |                                      |                          |
|    | _____  |                                       |                                      |                          |
|    | _____  |                                       |                                      |                          |
|    | _____  |                                       |                                      |                          |
| 18 | According to the health worker, which of the following is most advantageous?   |                                       |                                      |                          |
|    | <input type="checkbox"/> 1 Single dose capsules of silver nitrate?   | <input type="checkbox"/>              |                                      |                          |
|    | <input type="checkbox"/> 2 Large containers of silver nitrate?   | <input type="checkbox"/>              |                                      |                          |
| 19 | Name of trainer:   |                                       |                                      |                          |
|    | _____  |                                       |                                      |                          |
|    | Signature: _____   |                                       |                                      |                          |
| 20 | Date of form completion:   |                                       |                                      |                          |
|    | Day/Month/Year   |                                       |                                      |                          |



**SURVEY QUESTIONNAIRE**

(Please complete one form for each health worker at the follow-up visit)

DATE OF INTERVIEW :

|   |  |   |
|---|--|---|
| 1   | Name of Centre:  |   |
| 2   | Code of Centre :   | <input type="text"/> <input type="text"/> |
| 3   | Name and Code of health worker:  | <input type="text"/> <input type="text"/> |
| 4   | Age of Health Worker:  | <input type="text"/> <input type="text"/> |
| 5   | Category of Health Worker:   |   |
|   | <input type="checkbox"/> TBA <input type="checkbox"/> Midwife <input type="checkbox"/> Physician   | <input type="checkbox"/>                  |
| 6   | Name of capsule used :   | <input type="text"/>                      |
| 7   | INTERVIEWER : Can this health worker satisfactorily open and easily express drops of silver nitrate?   |   |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/>                  |
| 8   | Is the interviewer satisfied with the health worker's overall performance (i.e. clean hands; properly express silver nitrate drops in newborn's eyes, etc.)? |   |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/>                  |
| 9   | Did the health worker store the capsules properly, (i.e. away from light; store in a cool place; for FAURE capsules, put back in aluminium foil?             |   |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/>                  |
| <b>TO THE INTERVIEWER : PLEASE ASK THE FOLLOWING QUESTIONS DIRECTLY TO THE HEALTH WORKER:</b> |  |   |
| 10  | Did you receive enough capsules for the study?   |   |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/>                  |
| 11  | If no, how many capsules were you short of?  | <input type="text"/> <input type="text"/> |

|  |   |  |
|--|---|--|
| 12   | How many births did you attend for the purpose of this study during the study period at the Hospital?   | <input type="text"/> <input type="text"/> <input type="text"/> |
| 13   | How many births did you attend for the purpose of this study during the study period at the MCH Centre? | <input type="text"/> <input type="text"/> <input type="text"/> |
| 14   | How many births did you attend for the purpose of this study during the study period at home?           | <input type="text"/> <input type="text"/> <input type="text"/> |
| <b>TO INTERVIEWER: PLEASE COUNT NUMBER OF REMAINING CAPSULES IN HEALTH WORKER'S STOCK:</b> |   |  |
| 15   | Did you find it easy to use the capsule provided to you?  |  |
|  | <input type="checkbox"/> YES <input type="checkbox"/> NO  | <input type="checkbox"/>                                       |
| 16   | Did any parent complain to you about the newborn's eyes following silver nitrate prophylaxis?           |  |
|  | <input type="checkbox"/> YES <input type="checkbox"/> NO  | <input type="checkbox"/>                                       |
| 17   | If yes, how many parents complained?  | <input type="text"/> <input type="text"/>                      |
| 18   | If yes, what were the main complaints and how long after birth?   |  |
|  |   | <b>HOURS</b>   |
|  | <input type="text"/>  | <input type="text"/> <input type="text"/>                      |
|  | <input type="text"/>  | <input type="text"/> <input type="text"/>                      |
|  | <input type="text"/>  | <input type="text"/> <input type="text"/>                      |
|  | <input type="text"/>  | <input type="text"/> <input type="text"/>                      |

## SURVEY QUESTIONNAIRE

(Please complete one form for each health worker at the follow up visit)

Name and code of health worker \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|    |   |  |  |  |  |
|----|---|--|--|--|--|
| 19 | Did you always have silver nitrate capsules with you when you attended a birth and had the intention of using silver nitrate?   |  |  |  |  |
|    | <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>   |  |  |  |  |
| 20 | Have you had any problems when using the capsules?  |  |  |  |  |
|    | <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/>   |  |  |  |  |
| 21 | If yes, describe:   |  |  |  |  |
|    | _____   |  |  |  |  |
|    | _____   |  |  |  |  |
|    | _____   |  |  |  |  |
| 22 | Name of Interviewer:  |  |  |  |  |
|    | _____   |  |  |  |  |
|    | Signature: _____  |  |  |  |  |
| 23 | Date of form completion:  |  |  |  |  |
|    | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |
|    |   |  |  |  |  |

## SURVEY QUESTIONNAIRE

(Please complete one form for each health worker at the follow-up visit)

Name and code of health worker \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|    |   |                          |
|----|---|--------------------------|
| 19 | Did you always have silver nitrate capsules with you when you attended a birth and had the intention of using silver nitrate? |                          |
|    | <input type="checkbox"/> YES <input type="checkbox"/> NO  | <input type="checkbox"/> |
| 20 | Have you had any problems when using the capsules?  |                          |
|    | <input type="checkbox"/> YES <input type="checkbox"/> NO  | <input type="checkbox"/> |
| 21 | If yes, describe:   |                          |
|    | _____   |                          |
|    | _____   |                          |
|    | _____   |                          |
| 22 | Name of Interviewer:  |                          |
|    | _____   |                          |
|    | Signature: _____  |                          |
| 23 | Date of form completion:  |                          |
|    |   |                          |