





**SECTION PB : JOINT PRACTICE**

Now, we would like to ask you some information about your place of practice.

<p><b>PB1.</b> Does this facility have more than one medical workers?</p>	<p>No ..... 3 → <b>SECTION A</b>          Yes ..... 1</p>
<p><b>PB2.</b> How many medical workers practice at this place?</p>	<p>     _ _  medical workers</p>
<p><b>PB3.</b> How many [...] practice at this place:</p> <p>A. General practitioner</p> <p>B. Pediatrician</p> <p>C. Obstetrician</p> <p>D. Internist</p> <p>E. Ear, nose, and throat specialist</p> <p>F. Dentist</p> <p>G. Midwife</p> <p>H. Nurse</p> <p>I. Other specialist</p> <p>J. Paramedics</p>	<p>A.  _ _  people</p> <p>B.  _ _  people</p> <p>C.  _ _  people</p> <p>D.  _ _  people</p> <p>E.  _ _  people</p> <p>F.  _ _  people</p> <p>G.  _ _  people</p> <p>H.  _ _  people</p> <p>I.  _ _  people</p> <p>J.  _ _  people</p>
<p><b>PB4.</b> Do the medical workers in this place of practice share the same medical equipment?</p>	<p>Yes ..... 1          No ..... 3</p>
<p><b>PB5.</b> In this place of practice, how is the financial matters managed?</p>	<p>Jointly managed ..... 1          Individually managed ..... 2          Other ..... 3</p>



**SECTION A : GENERAL**

<b>A8.</b> How far is this practice place from here? <b>[IF THERE IS MORE THAN ONE PLACE TO PRACTICE MENTION THE NEAREST ONE]</b>	Less than 5 km ..... 1 Between 5 and 10 kms ..... 3 More than 10 kms ..... 5
<b>A9.</b> Do you speak the local language?	Yes ..... 1 No ..... 3
<b>A10.</b> Do you originate from this province?	Yes ..... 1 No ..... 3
<b>A10a.</b> Other than this practice, do you have another day job?	No ..... 3 → <b>A17</b> Yes ..... 1
<b>A11.</b> Where is this other job?	Health center/subcenter ..... 01 Government hospital ..... 02 Office/health administration ..... 03 Military agency ..... 04 BUMN/BUMD health facility ..... 05 Other department ..... 06 Private health agency ..... 07 Private non medical facility ..... 08 Village midwife ..... 10 University ..... 11 Other ..... 95
<b>A12.</b> Please give us the name and address of your primary place of work:  <b>(IF ADDRESS IS THE SAME AS IN LK, CIRCLE "3")</b>	a. Institution _____ b. Address _____ 8. DK c. Village 1. _____ 3. Same 8. DK d. Kecamatan 1. _____ 3. Same 8. DK e. Kabupaten 1. _____ 3. Same 8. DK f. Province 1. _____ 3. Same 8. DK
<b>A26.</b> Which category best describes the work you did in your other job?	Unpaid family worker ..... 06 Self employed ..... 01 Self-employed with unpaid family worker/temporary worker ..... 02 Self-employed with permanent worker ..... 03 Government worker ..... 04 Private worker ..... 05 Casual worker in agriculture ..... 07 Casual worker not in agriculture ..... 08
<b>A27.</b> Normally, what is the approximate total number of hours you work per week for your other job?	____ hours/week ..... 1 DON'T KNOW ..... 8

<b>A27a</b> What is your estimated monthly income from main employment?	1. _____ . _____ . _____ Rp. 8. DON'T KNOW 6. Unpaid family worker
<b>A17.</b> Do you have electricity at this place of practice?	No ..... 3 → <b>A19</b> Yes ..... 1
<b>A18.</b> If yes, mention the electricity source used:	PLN (state electricity company) ..... 01 Local government/government agency ..... 02 Generator of community health center ..... 03 Public self reliance ..... 04 Private company/cooperative ..... 05 Other ..... 95
<b>A19.</b> Mention the main water source used:	Mineral water/Aqua ..... 10 → <b>A21a</b> Pipewater (PAM) ..... 01 Pump water (electrical/manual) ..... 02 Well ..... 03 Spring ..... 04 Rainwater ..... 05 Riverwater ..... 06 Lake water ..... 07 Pond/Fish pond ..... 08 Water collection basin ..... 09 Other ..... 95
<b>A20.</b> Is this water source located in the building?	Yes ..... 1 → <b>A21a</b> No ..... 3
<b>A21.</b> If not, how far is the water source from the practice?	Less than 10 meters ..... 1 10 - 30 meters ..... 2 More than 30 meters ..... 3
<b>A21a</b> How about your income from the overall total that you hold practices?	1. _____ . _____ . _____ Rp. 8. DON'T KNOW

**SECTION A : GENERAL**

(ATYPE)	A23.			A24.
	Since 2007 have daily activities been disrupted by [...] ?			How did the change in [...] affect services at this facility?
A. Availability of drugs	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
B. Availability of equipment	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
C. Availability of water	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
D. Price of drugs	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
E. Price of equipment	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
F. Price of fuels	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
G. Price of other goods	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
H. Number of patients	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
I. Number of staff	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
J. Family planning supplies	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
K. Air Quality (Smoke from forest fires)	6. NA ↓ <b>SECTION B</b>	3. No ↓ <b>SECTION B</b>	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse

## SECTION B : SERVICE ABILITY

Now, we would like to ask about the time and the types of service in this facility.

(B1TYPE) When do you open your practice? On:	B2a.	B2b.	B3a.	B3b.
	Opening time in morning	Closing time in morning	Opening time in afternoon	Closing time in afternoon
a. Monday _____	:	:	:	:
b. Tuesday _____	:	:	:	:
c. Wednesday _____	:	:	:	:
d. Thursday _____	:	:	:	:
e. Friday _____	:	:	:	:
f. Saturday _____	:	:	:	:
g. Sunday _____	:	:	:	:

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
1. Inpatient	3. No ↓ 1. Yes →	1.     ,     Rp. 3. No Charge	per day		
2a. Curative care for adult	3. No ↓ 1. Yes →	1.     ,     Rp. 3. No Charge	per visit		
2b. Curative care for children	3. No ↓ 1. Yes →	1.     ,     Rp. 3. No Charge	per visit		
2. Only examination	3. No ↓ 1. Yes →	1.     ,     Rp. 3. No Charge	per visit		
3. Examination + injection + medicine	3. No ↓ 1. Yes →	1.     ,     Rp. 3. No Charge	per visit		
4. Examination + injection	3. No ↓ 1. Yes →	1.     ,     Rp. 3. No Charge	per visit		
5. Examination + medicine	3. No ↓ 1. Yes →	1.     ,     Rp. 3. No Charge	per visit		

**SECTION B : SERVICE ABILITY**

SERVICE TYPE (B2TYPE)	B5.		B6.	B7.	B7a.	B7b.
	Is there any [...] service?		Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
6. Stitching of wounds a. First stitch	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per stitch		
b. Additional stitches	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per stitch		
7. Changing of wound dressing	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per visit		
8. Incision of abscess/piercing of boils	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per action		
9. Circumcisions	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per time		
11. Medical treatment for tuberculoses [TBC]	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per visit		
10. Check up/health examination	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per visit		
26. Dental exam	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per exam		
12. Prenatal care	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per exam		
13. Aid for childbirth	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per delivery		
17. Supply of Oral Contraceptives a. Microgynon30 [PT Schering]	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	<input type="checkbox"/> <input type="checkbox"/> weeks ..... 1 NEVER ..... 6
b. Marvelon 28	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	<input type="checkbox"/> <input type="checkbox"/> weeks ..... 1 NEVER ..... 6
c. Exluton 28	3. No ↓	1. Yes →	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	<input type="checkbox"/> <input type="checkbox"/> weeks ..... 1 NEVER ..... 6

**SECTION B : SERVICE ABILITY**

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
d. Nordette	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
f. Pil KB Andalan	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
v. Other _____	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
19. IUD Copper T					
a. Insertion	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	Per treatment for one time insertion	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
b. Removal	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	Pre treatment for one time removal		
20. Contraceptive injection					
a. Depo-Provera	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
b. Depo- Progestin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
c. Noristerat	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
d. Cyclofeem	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
e. Cyclogeston	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
f. KB Andalan	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	per treatment	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6

**SECTION B : SERVICE ABILITY**

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
21. Norplant a. Insertion	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	Per treatment for one time insertion	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
b. Removal	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	Per treatment for one time insertion		
c. Insertion of Implanon	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	Per treatment for one time insertion	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
d. Removal of Implanon	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	Per treatment for one time insertion		
24. Treatment of contraceptive side effects	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	per treatment		
25. Family Planning check Up/Counseling	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	per treatment		
27. Blood pressure examination	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	per treatment		
28. Cholesterol exam	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	per treatment		
29. Blood sugar test	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	per treatment		
30. Osteoporosis exam	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	per treatment		
31. Cardio-test (Heart examination/ECG)	3. No      1. Yes → ↓	1. _____, _____ Rp. 3. No Charge	per treatment		

**SECTION B : SERVICE ABILITY**

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
32. Vaccines a. BCG	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
b. DPT	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
c. Anti polio	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
d. Measles	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
e. Tetanus Toxoid	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
f. Hepatitis B, for infants	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
g. Hepatitis B, for adult	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
33 Treatment of Malaria	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment		
34 DBD treatment	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment		
35 Treatment of HIV-AIDS	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment		
36 Treatment of Diarrhea	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment		



**SECTION B : SERVICE ABILITY**

Number of patient visits:

B14.	B15.	B16.			
<p><b>WRITE ALL PATIENT VISITS IN THIS PRACTICE PLACE DURING THE LAST WEEK, BEGINNING SUNDAY THROUGH SATURDAY!</b></p> <p>a. Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>until</p> <p>b. Date <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>c. Not practicing → <b>B16ba</b></p>	Hari	Number of patient [...] Total			
	A. Sunday	1. <input type="text"/>	3. NONE	6. Not Open	8. DK
	B. Monday	1. <input type="text"/>	3. NONE	6. Not Open	8. DK
	C. Tuesday	1. <input type="text"/>	3. NONE	6. Not Open	8. DK
	D. Wednesday	1. <input type="text"/>	3. NONE	6. Not Open	8. DK
	E. Thursday	1. <input type="text"/>	3. NONE	6. Not Open	8. DK
	F. Friday	1. <input type="text"/>	3. NONE	6. Not Open	8. DK
	G. Saturday	1. <input type="text"/>	3. NONE	6. Not Open	8. DK

<b>B16ba.</b> Do you provide services free of charge or at discount for the poor?	No ..... 3 → <b>B16f</b>
	Yes ..... 1

B5TYPE	B16da.
	How much is the service charge for [...] for the poor?
A. Basic examination + medicine/injection	<input type="text"/> , <input type="text"/> Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
B. Antenatal services	<input type="text"/> , <input type="text"/> Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
C. Delivery	<input type="text"/> , <input type="text"/> Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
E. Child Immunization	<input type="text"/> , <input type="text"/> Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
F. Contraceptive pill	<input type="text"/> , <input type="text"/> Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
G. Contraceptive injection	<input type="text"/> , <input type="text"/> Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
<b>B16f.</b> Since 2007, is there a change in the number of patients visiting this facility per week?	Increased a lot ..... 01 Increased somewhat..... 02 No change ..... 03 Decreased somewhat..... 04 Decreased a lot..... 05

**SECTION B : SERVICE ABILITY**

**Laboratory examination**

<b>B17.</b> <b>KINDS OF TESTS</b> <b>(B4TYPE)</b>	<b>B18.</b> Can lab work be done in this practice?	<b>B19.</b> How much are the patients charged?	<b>B20.</b> When patients are referred to an outside testing site for lab work, what is the distance from this practice to the extended site?
a. Hemoglobin (Hb)	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
b. Leukocyte count	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
c. Blood typing	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
d. Erythrocyte count	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
e. Urinalisis	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
f. Pregnancy Test	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
g. Faeces examination	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
h. Sputum examination	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
i. Cholesterol examination	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
j. Blood sugar test	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
k. Osteoporosis / bone density examination	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW
l. Lung examination	No..... 3 → B20 Yes..... 1	1. _____, _____ Rupiah ↓ 8. DON'T KNOW ↓	1. _____ . _____ km 8. DON'T KNOW

**SECTION B : SERVICE ABILITY**

service (B5TYPE)	B21		B22
	Do you ever deal with cases of patients [...]		In the past 12 months how many cases are handled?
A. Pregnant women at high risk	3. No ↓	1. Yes	□□□□
B. Neonatal high risk	3. No ↓	1. Yes	□□□□
C. born with LBW(Low Birth Weight Babies)	3. No ↓	1. Yes	□□□□
D. diarrhea patients	3. No ↓	1. Yes	□□□□
E. Dengue Hemorrhagic Fever patients	3. No ↓	1. Yes	□□□□
F. Malaria patients	3. No ↓	1. Yes	□□□□
G. Malnutrition patients	3. No ↓	1. Yes	□□□□
H. TB patients	3. No ↓	1. Yes	□□□□
I. HIV-AIDS cases	3. No ↓	1. Yes	□□□□



**SECTION PH: PHARMACY**

TYPE OF MEDICINE	PH03. Is there any [...] service?	PH04. Cost of the service? [including first visit registration fee]	PH05. Units	PH06. Is this [...] in stock today?	PH07. In the last 6 weeks how many weeks was [...] out of stock?
27. Antibiotic a. Amoxicillin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
b. Cotrimoxazole	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
c. Ampicillin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
d. Procaine Penicillin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
e. Benzathine Penicillin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
f. Gentamycin/kanamycine	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
g. Ceftriaxone	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
h. Ciprofloxacin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
i. Norfloxin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
j. Spectinomycin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
k. Doxycycline	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6

**SECTION PH: PHARMACY**

TYPE OF MEDICINE	PH03. Is there any [...] service?	PH04. Cost of the service? [including first visit registration fee]	PH05. Units	PH06. Is this [...] in stock today?	PH07. In the last 6 weeks how many weeks was [...] out of stock?
l. Tetracycline	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
m. Erythromycin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
n. Metronidazole	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
o. Eye ointment Antibiotics	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
28. Analgetic a. Ibuprofen	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
29. Antipyretic a. Acetosal	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
b. Paracetamol	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
c. Other antipyretic, NSAID	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
30. Anti fungi: a. Nystatin	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
31. Antihelminth: a. Mebendazole	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
32. Anti -TBC (short-term): a. Pyrazinamide	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6
b. TB blister pack	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip 3. Ampule/injection 2. Bottle 4. Piece/item	Yes.....1 No.....3	[ ] [ ] weeks ..... 1 NEVER ..... 6

**SECTION PH: PHARMACY**

TYPE OF MEDICINE	PH03. Is there any [...] service?	PH04. Cost of the service? [including first visit registration fee]	PH05. Units	PH06. Is this [...] in stock today?	PH07. In the last 6 weeks how many weeks was [...] out of stock?
c. Rifampicin	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
d. Ethambutol	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
e. Isoniazid	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
f. INH	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
g. EH (Etham+Iso)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
h. Rifater (Rif+Iso+Pyran)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
33. Anti malaria a. Chloroquine	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
b. Pyrimethamine	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
c. Quinine	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
d. Sulfadoxine	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6
34. Oralit	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per sachet	Yes ..... 1 No ..... 3	____ weeks ..... 1 NEVER ..... 6

**SECTION PH: PHARMACY**

TYPE OF MEDICINE	PH03. Is there any [...] service?	PH04. Cost of the service? [including first visit registration fee]	PH05. Units	PH06. Is this [...] in stock today?	PH07. In the last 6 weeks how many weeks was [...] out of stock?
36. Vitamin A	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	Per capsule	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
37. Medicine to control blood pressure: Methyldopa	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
38. Anesthetic					
a. Valium	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
b. Lidocaine	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
c. Magnesium Sulfate	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
d. Oxytocin-ergometrine	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
39. Simvastatin (Medicine to lower cholesterol)	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
40. Metformin (Medicine to control blood sugar)	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6
41 Diazepam (medication to anti-seizure)	3. No ↓ 1. Yes →	1. [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle    4. Piece/item	Yes ..... 1 No ..... 3	[ ] [ ] weeks ..... 1 NEVER ..... 6

## SECTION C : HEALTH INSTRUMENTS

Now, we want to ask about medical instruments used in this place.

KINDS OF INSTRUMENTS (C1TYPE)	C2.	C3.	C3A.
	Do you have this instrument?	Does the [...] function properly?	Are [...] of these instruments enough to meet your practice's needs?
a. Regular stethoscope	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
b. Stethoscope to examine pregnancy	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
c. Blood pressure monitor	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
d. Sterilisation tray	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
e. Adult scales	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
f. Baby scales	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
g. Measurers for body height	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
h. Thermometer	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
i. Beds	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
j. Normal delivery set	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
k. Forceps	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
l. Vaginal Speculum	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
m. Sahli Set	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
n. Scalpel	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
o. Hammer for reflexes	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
p. Flash light	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
q. Disposable needles	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
r. Sterile table	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
s. Pinset	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
t. Tongue depressor	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
u. Uterine sound	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
v. Electrocardiogram (ECG) machine	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
aa. Microscopes	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ba. Centrifuges	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No

KINDS OF INSTRUMENTS (C1TYPE)	C2.	C3.	C3A.
	Do you have this instrument?	Does the [...] function properly?	Are [...] of these instruments enough to meet your practice's needs?
ca. Syringes	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
da. Cholesterol test kit	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ea. Blood sugar test kit	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
fa. Gynecological Table	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ga. Spotlight	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ha. Refrigerator/cold storage	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ia. suction mucus	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ja. mask	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No

**SECTION C : HEALTH INSTRUMENTS**

KINDS OF INSTRUMENTS (C2TYPE)	C5.		C6.	
	Does this practice place have a [...]?		Does the [...] function properly?	
a. Antiseptic:	3. No	1. Yes		
1. Alcohol				
2. Betadine	3. No	1. Yes		
3. Whitfield cream	3. No	1. Yes		
b. Bandages	3. No	1. Yes		
c. Oxygen tank	3. No ↓	1. Yes	1. Yes	3. No
d. Incubator	3. No ↓	1. Yes	1. Yes	3. No
d1. Cotton	3. No	1. Yes		
e. Minor surgical instruments	3. No ↓	1. Yes	1. Yes	3. No
f. Infuse instruments and needles	3. No ↓	1. Yes	1. Yes	3. No
g. Gloves	3. No	1. Yes		
h. Scissors	3. No ↓	1. Yes	1. Yes	3. No
i. Giemsa solution	3. No	1. Yes		
j. Benedict solution	3. No	1. Yes		
k. Wright solution	3. No	1. Yes		
l. Pregnancy test (strip)	3. No	1. Yes		
m. Protein test (strip)	3. No	1. Yes		
n. Glucose test (Strip)	3. No	1. Yes		
t. Cholesterol test kit	3. No ↓	1. Yes	1. Yes	3. No
u. Blood sugar test kit	3. No → BD00a	1. Yes	1. Yes	3. No

**SECTION BD: VILLAGE MIDWIFE**

Now, we want to ask about the activities of village midwife.

<b>BD00a.</b> INTERVIEWER CHECK : LK13 IS RESPONDENT A VILLAGE MIDWIFE IN THIS VILLAGE? LK13 = 5 (VILLAGE MIDWIFE) ?	NO.....3 →SECTION E YES.....1
<b>BD01a.</b> How many hours per week, on average, do you spend your time to : a. Provide antenatal/postnatal services ..... b. Provide Family Planning services ..... c. Treat patient for other problem besides antenatal and postnatal care ..... d. Strengthening community health through Posyandu etc. .... e. Organizing supplementary food program (PMT) ..... f. Administrative tasks/data management ..... v. Other.....	a. <input type="text"/> <input type="text"/> <input type="text"/> hours b. <input type="text"/> <input type="text"/> <input type="text"/> hours c. <input type="text"/> <input type="text"/> <input type="text"/> hours d. <input type="text"/> <input type="text"/> <input type="text"/> hours e. <input type="text"/> <input type="text"/> <input type="text"/> hours f. <input type="text"/> <input type="text"/> <input type="text"/> hours v. <input type="text"/> <input type="text"/> <input type="text"/> hours
<b>BD01aa.</b> How many hours in a week do you spend your time performing duties as the Village Midwife?	<input type="text"/> <input type="text"/> <input type="text"/> hours/week
<b>BD01ba.</b> On average, the percentage of your patients in a week which are [...] is: a. Female (15 years or more)..... b. Male (15 years or more)..... c. Children 5-14 years..... d. Children less than 5 years.....	a. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>BD02a.</b> Of the <b>medical equipment</b> that you used in providing health services, what is the percentage that you privately purchased?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> percent
<b>BD03b.</b> Of the <b>medicine</b> that you used in providing health services, what is the percentage that you privately purchased?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> percent
<b>BD04b.</b> Of the <b>contraceptives</b> that you used in providing health services, what is the percentage that you privately purchased?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> percent

<b>BD04a.</b> Where is your place of practice?	Polindes ..... 01 Puskesmas building ..... 02 Office of village head..... 03 Building/place owned by community ..... 04 Own house ..... 06 Other government building ..... 07 Other..... 95
<b>BD08.</b> Are you in communication with traditional midwives in this village?	No Traditional Midwife..... 6 → SECTION E No ..... 3 Yes ..... 1
<b>BD09.</b> Do you consult with the traditional midwives in this village?	Yes ..... 1 No ..... 3
<b>BD10.</b> Have you ever worked cooperatively with a traditional midwife in performing childbirth?	Yes ..... 1 No ..... 3

**SECTION E: DIRECT OBSERVATION**

**EXAMINATION ROOM**

<b>E1.</b> HOW CLEAN IS THE FLOOR IN THIS ROOM? <b>(DIRTY=IF A LOT OF DUST, FOOD REMNANTS, SCATTERED GARBAGE ARE FOUND)</b>	DIRTY ..... 1 CLEAN ..... 3
<b>E2.</b> HOW CLEAN ARE THE WALLS IN THIS ROOM? <b>(DIRTY=IF MANY SPIDER WEBS, SCRIBBLING, DUST, MOISTURE, PAINT PEELING OFF ARE FOUND)</b>	DIRTY ..... 1 CLEAN ..... 3
<b>E3.</b> ARE THERE CURTAINS THAT SEPARATE THE EXAMINATION ROOM?	NO ..... 3 → <b>E5</b> YES ..... 1
<b>E4.</b> HOW CLEAN ARE THESE CURTAINS? <b>(DIRTY=WHEN IT LOOKS UNWASHED, THERE ARE BLOOD STAINS, OR OTHER DIRT STICKING TO IT)</b>	DIRTY ..... 1 CLEAN ..... 3
<b>E5.</b> WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASHING STAND WITH RUNNING WATER ..... 1 WASH BASIN WITH CLEAN WATER ..... 3 NOTHING AVAILABLE ..... 5
<b>E6.</b> IS THERE A WASTE BASKET IN THE ROOM?	YES ..... 1 NO ..... 3
<b>E7.</b> IS THERE AN EXAMINATION TABLE IN THE ROOM?	YES ..... 1 NO ..... 3
<b>E8.</b> What kind of needles are used for injections?	Don't give injections ..... 4 → <b>E10</b> Disposable (used once) ..... 1 → <b>E10</b> Non Disposable (used repeatedly) ..... 2 Both ..... 3
<b>E9.</b> How are needles sterilized?  MORE THAN ONE ANSWER POSSIBLE	With a sterilizer ..... A Boiling the needle in boiling water ..... B Rinsing in alcohol ..... C By heating the needle with fire ..... D No sterilization ..... E Other ..... V

**KIA – KB (MCH-FP) ROOM**

<b>E10. CHECK POINT: IS THERE A SPECIAL ROOM FOR MCH-FP ACTIVITIES?</b>	NO ..... 3 → <b>E18</b> YES ..... 1
<b>E11.</b> HOW CLEAN ARE THE FLOORS IN THIS ROOM? <b>(DIRTY=IF A LOT OF DUST, FOOD REMNANTS, SCATTERED GARBAGE ARE FOUND)</b>	DIRTY ..... 1 CLEAN ..... 3
<b>E12.</b> HOW CLEAN ARE THE WALLS IN THIS ROOM? <b>(DIRTY=IF MANY SPIDER WEBS, SCRIBBLING, DUST, MOISTURE, PAINT PEELING OFF ARE FOUND)</b>	DIRTY ..... 1 CLEAN ..... 3
<b>E13.</b> ARE THERE CURTAINS THAT SEPARATE THE EXAMINATION ROOM?	NO ..... 3 → <b>E15</b> YES ..... 1
<b>E14.</b> HOW CLEAN IS THIS CURTAIN? <b>(DIRTY=WHEN IT LOOKS UNWASHED, THERE ARE BLOOD STAINS, OR OTHER DIRT STICKING TO IT)</b>	DIRTY ..... 1 CLEAN ..... 3
<b>E15.</b> WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASHING STAND WITH RUNNING WATER ..... 1 WASH BASIN WITH CLEAN WATER ..... 3 NOTHING AVAILABLE ..... 5
<b>E16.</b> IS THERE A WASTEBASKET IN THE ROOM?	YES ..... 1 NO ..... 3
<b>E17.</b> IS THERE A GYNECOLOGICAL EXAMINATION TABLE IN THIS ROOM?	YES ..... 1 NO ..... 3
<b>E18.</b> Where are the vaccines kept?  <b>(CIRCLE ALL THAT APPLY)</b>	Refrigerator/freezer/special vaccine box ..... A Regular refrigerator ..... B Refrigerator without electricity ..... C No place to keep vaccine ..... D Other ..... V

**SECTION H : VIGNETTES FACILITY**

**Curative Care for Adult**

<b>H1.</b> Does this health facility provide curative care for adults?	No .....3 →H15 Yes.....1
<b>H2.</b> Name of Respondent : _____	
<b>H3.</b> Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife.....04 Paramedic .....05
<b>H4.</b> In what year did you complete your studies?	_____
<b>H5.</b> Have you received additional training since you graduated?	No .....3→H9 Yes.....1

**Can you tell me, for each of the following areas, whether you received additional training and, if so, when this training occurred?**

	<b>H6.</b> Have you ever received training of [...] after you finished the study?	<b>H7.</b> In the last 12 months?	<b>H8.</b> In the last 5 years?
<b>1.</b> Diagnostic algorithm for adult diseases	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes
<b>2.</b> Non-communicable disease	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes
<b>3.</b> Respiratory disease	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes
<b>4.</b> Antibiotic for respiratory disease	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes

**H9.** For the rest of the interview, we would like to understand the process by which you examine an adult person suffering from cough and fever. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case.

**INSTRUCTIONS TO INTERVIEWER:**

- 1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H11 - H14.**
- 2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.**
- 3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.**
- 4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H11-H14.**
- 5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE.**

**H10.** Pak Widyono came to this facility with a complaint of coughing and a fever. Now I would like to ask you exactly what you would do for this patient..

<b>H11.</b> What questions do you ask the patient about his cough and fever, and current health?	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. How long have you suffered from this condition?	1	2 3
b. Any shortness of breath?	1	2 3
c. Is there any blood when you cough?	1	2 3
d. What was the color of the sputum?	1	2 3
e. Do you have any pain in the chest?	1	2 3
f. Any weight loss?	1	2 3
g. Is cough productive?	1	2 3
h. Any contact with others with respiratory problems/TB?	1	2 3
i. Any night sweats?		

**SECTION H : VIGNETTES FACILITY**

<b>H11. What questions do you ask the patient about his cough and fever, and current health?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
j. What medicine have been taken?	1	2	3
k. Any fever?	1	2	3
l. Feeling weak?	1	2	3
m. Any headache	1	2	3
n. Losing appetite?	1	2	3
o. Nauseous?	1	2	3
<b>H12. What questions do you ask the patient about his medical history and behavior?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. Previous TB case or took TB medicine?	1	2	3
b. BCG immunization or ever positive PPD? <i>*Note: PPD = Purified Protein Derivative or Mantoux, examination of TBC</i>	1	2	3
c. History of asthma or COPD? <i>*Note: COPD = Chronic Obstructive Pulmonary Disease, chronic lungs disease</i>	1	2	3
d. History of cardiac problems?	1	2	3
e. History of malignancy or gastric surgery?	1	2	3
f. Medications recently or currently taking?	1	2	3
g. Drug allergies?	1	2	3
h. Smoking history?	1	2	3
i. Number of packages/quantity of smoking?	1	2	3
j. Alcohol use?	1	2	3
k. Live alone or with others?	1	2	3
l. Employment?	1	2	3
m. Family health history?	1	2	3
n. Sanitation, ventilation at home?	1	2	3
<b>H13. What do you do when you conduct a physical examination of the patient?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. Examine general appearance?	1	2	3
b. Take temperature?	1	2	3
c. Listen to respiration?	1	2	3
d. Check for sore throat?	1	2	3
e. Palpitate / feel throat / lymph nodes?	1	2	3
f. Is chest indrawing?	1	2	3
g. Palpate abdomen? <i>*Note: palpation = examination by palpating and pressing</i>	1	2	3
h. Pulse <i>*Note: vital signs = breath, pulse</i> <i>*Note: IPPA = Inspection, Palpation, Percussion, Auscultation</i>	1	2	3
<b>H14. What laboratory examinations would you conduct?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. Chest x-ray	1	2	3
b. PPD or mantoux test	1	2	3
c. Sputum exam for TB	1	2	3
d. Routine bloodwork	1	2	3
e. Liver function	1	2	3
f. CD4/cell count <i>*Note: blood test to see the immune system</i>	1	2	3
g. Urinalysis	1	2	3

**SECTION H : VIGNETTES FACILITY**

**Curative Care for Adult with Diabetes**

<b>H15.</b> Does this health facility provide curative care for adults?	No .....3 → H30 Yes.....1
<b>H16.</b> Name of respondent _____	
<b>H17.</b> Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife.....04 Paramedic .....05
<b>H18.</b> In what year did you complete your studies?	□ □ □ □ □
<b>H19.</b> Have you received additional training since you graduated?	No .....3→H23 Yes.....1

	<b>H20.</b> Have you ever received training of [...] after you finished the study?	<b>H21.</b> In the last 12 months?	<b>H22.</b> In the last 5 years?
1. Diagnostic algorithm for adult diseases	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. Non-communicable disease	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Mengenai penyakit diabetes	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. Mengenai obat untuk penyakit diabetes	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

**H23.** For the rest of the interview, we would like to understand the process by which you examine an adult person suffering from diabetes. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case

**INSTRUCTIONS TO INTERVIEWER:**

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H25-H29.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H25-H29.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE.

**H24.** Mr. Widyono came to this facility, and presents to you "to get my sugar checked." He has just moved to the community and has never visited the facility. Now I would like to ask you exactly what you would do for this patient.

<b>H25.</b> What questions do you ask the patient about his present physical condition, high blood sugar, and medications?	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. How long have you suffered from this condition?	1	2 3
b. Medications recently or currently taking?	1	2 3
c. Do you have to urinate frequently?	1	2 3
d. Frequent thirst?	1	2 3
e. Any weight loss?	1	2 3
f. Any sweating?	1	2 3
g. Any anxiety or heart palpitations?	1	2 3
h. Abdominal fullness prematurely after meals?	1	2 3
i. Edema or weight retention?	1	2 3
j. Current treatment for hypertension?	1	2 3

**SECTION H : VIGNETTES FACILITY**

<b>H26. What questions do you ask Mr. Widyono about his medical history and behavior?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. History of hypertension?	1	2 3
b. History of high cholesterol?	1	2 3
c. Co-existing or prior heart condition?	1	2 3
d. Prior eye examination?	1	2 3
e. Prior hospitalization?	1	2 3
f. Prior diabetic coma?	1	2 3
g. Prior renal failure?	1	2 3
h. Does he smoke regularly?	1	2 3
i. Number of packages/quantity of smoking?	1	2 3
j. Alcohol use?	1	2 3
k. Immunization history?	1	2 3
l. Regular exercise?	1	2 3
m. Questions about nutrition/eating habits?	1	2 3
<b>H27. What do you do when you conduct a physical examination of the patient?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Blood pressure in one arm	1	2 3
b. Blood pressure in both arms	1	2 3
c. Listen to chest/heart?	1	2 3
d. Listen to abdomen?	1	2 3
e. Examine the feet?	1	2 3
f. Examine peripheral vascular system?	1	2 3
g. Check for edema?	1	2 3
h. Examine prostate?	1	2 3
<b>H28. What laboratory examinations would you conduct?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Chest x-ray?	1	2 3
b. Blood chemistry: creatinine, glucose?	1	2 3
c. Sputum exam?	1	2 3
d. CBC (Complete Blood Count)? <i>*Note: blood examination to count the red blood cells, white blood cells, and blood platelet</i>	1	2 3
e. Test for triglycerides? <i>*Note: examination to check the lipid excess in the blood</i>	1	2 3
f. Ultrasound?	1	2 3
g. Liver function?	1	2 3
h. HgbA1c? <i>*Note: examination to check the glucose amount in the haemoglobin</i>	1	2 3
i. Hepatic enzymes?	1	2 3
<b>H29. What advice or future examinations would you offer for the patient?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Recommend stop smoking?	1	2 3
b. Nutritional advice?	1	2 3
c. Advice about exercise?	1	2 3
d. Examine the feet?	1	2 3
e. Refer to other specialist (eye, foot, or heart)?	1	2 3
f. Prescribe anti-hypertensives? <i>*Note: medicine to control high blood pressure</i>	1	2 3
g. Prescribe Metformin? <i>*Note: medicine for diabetes</i>	1	2 3
h. Make an appointment for the next visit?	1	2 3

**SECTION H : VIGNETTES FACILITY**

**Curative care for children**

<b>H30.</b> Does this health facility provide curative care for children?	Yes ..... 1 No ..... 3 →H45
<b>H31.</b> Name of respondent: _____	
<b>H32.</b> Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife.....04 Paramedic .....05
<b>H33.</b> In what year did you complete your studies?	_____
<b>H34.</b> Have you received additional training since you graduated?	No .....3→H38 Yes.....2

	<b>H35.</b> Have you ever received training of [...] after you finished the study?	<b>H36.</b> In the last 12 months?	<b>H37.</b> In the last 5 years?
1. Child immunization	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. Treatment of Acute Respiratory Infection	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Treatment of diarrhea	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. Treatment of malaria	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
5. Nutrition	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
6. HIV transmission in pregnancy	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
7. Prenatal care	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

**H38.** For the rest of the interview, we would like to understand the process by which you provide curative care for children. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case.

**INSTRUCTIONS TO INTERVIEWER:**

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H40-H44.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H40-H44.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE:.

**H39.** Ny Nani comes to this facility with her daughter, an 8 month old baby. She says that her daughter has had diarrhea for 2 days with vomiting.

<b>H40.</b> What are the 13-14 most important questions you ask about the diarrhea and vomiting?	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. When did the diarrhea start?	1	2	3
b. How frequently does diarrhea occur?	1	2	3
c. What do the feces/vomit look like of smell like	1	2	3
d. Any blood in vomit?	1	2	3
e. Any blood in stools?	1	2	3
f. Any fever?	1	2	3

**SECTION H : VIGNETTES FACILITY**

<b>H40. What are the 13-14 most important questions you ask about the diarrhea and vomiting?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
g. Level of activity (active vs listless)?	1	2	3
h. Is the child feeding and drinking?	1	2	3
i. Given any medication already?	1	2	3
j. Any evidence of dehydration?	1	2	3
k. Vomits everything?	1	2	3
l. Has convulsions?	1	2	3
m. Eaten anything unusual?	1	2	3
n. Any ill contacts?	1	2	3
o. Urinating?	1	2	3
<b>H41. What do you ask about the baby's medical history and environment?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. History of similar disease?	1	2	3
b. Drug allergies?	1	2	3
c. Any other medical or surgical problems or HIV?	1	2	3
d. Any complications at delivery or prematurity?	1	2	3
e. Access to water or sanitation?	1	2	3
f. Immunization history?	1	2	3
g. Breastfeeding/other fluids?	1	2	3
h. Digestive system normal?	1	2	3
i. Ever had surgery on digestive organs?	1	2	3
k. Eating	1	2	3
l. Baby care	1	2	3
<b>H42. What do you do when you conduct a physical examination of the child?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. Check appearance / alertness?	1	2	3
b. Take her temperature?	1	2	3
c. Examine the crown of the head? <i>*Note: is it concave?</i>	1	2	3
d. Check pulse?	1	2	3
e. Weigh?	1	2	3
f. Check height?	1	2	3
g. Determine capillary refill time/check nailbeds?	1	2	3
h. Examine eyes?	1	2	3
i. Check skin turgor/elasticity?	1	2	3
j. Auscultate abdomen for bowel sounds?	1	2	3
k. Palpitate abdomen? <i>*Note: examination of stomach by palpating and pressing</i>	1	2	3
l. Check feces for blood or mucus	1	2	3
m. Check palms of hands?	1	2	3
n. Check for edema in feet?	1	2	3
o. Breathing normally?	1	2	3
p. Blood pressure?	1	2	3
<b>H43. What laboratory examinations would you conduct?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. Routine bloodwork/CBC? <i>*Note: CBC = Complete Blood Count</i>	1	2	3
b. Stool culture?	1	2	3
c. Blood smear/dipstick for malaria? <i>*Note: quick test for malaria</i>	1	2	3
<b>H44. If this child has mild dehydration of viral etiology, what would you do?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. Recommend to increase fluids?	1	2	3
b. Provide rehydration solution in clinic?	1	2	3

**SECTION H : VIGNETTES FACILITY**

<b>H44. If this child has mild dehydration of viral etiology, what would you do?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
c. Show how/ recommend rehydration solution for home?	1	2	3
d. Recommend vitamin supplements?	1	2	3
e. Recommend medicine for fever?	1	2	3
f. Instruct about returning to clinic if health worsens?	1	2	3
g. Update immunizations?	1	2	3
h. Administrate IV fluids?	1	2	3
i. Recommend antibiotics?	1	2	3
j. Hospitalize?	1	2	3
k. Continue to breastfeed?	1	2	3

**SECTION H : VIGNETTES FACILITY**

**Prenatal Care**

<b>H45.</b> Does this health facility provide prenatal care?	Yes ..... 1 No ..... 3 →CP
<b>H46.</b> Name of respondent : _ _____	
<b>H47.</b> Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife.....04 Paramedic.....05
<b>H48.</b> In what year did you complete your studies?	_____
<b>H49.</b> Have you received additional training since you graduated?	No .....3→H53 Yes.....2

	<b>H50.</b> Have you ever received training of [...] after you finished the study?	<b>H51.</b> In the last 12 months?	<b>H52.</b> In the last 5 years?
1. Safe delivery	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. High risk pregnancies	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Assistance during labor	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. HIV in pregnancy	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
5. Obstetrical emergencies	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
6. Family planning	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
7. Other	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

**H53.** For the rest of the interview, we would like to understand the process by which you provide a pregnancy examination. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case.

**INSTRUCTIONS TO INTERVIEWER:**

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H55-H60.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H55-H60.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE:

**H54.** Mrs. Ani, a married woman of 26, has not had her period for 3 months. She has come to you for a pregnancy examination. This is her first visit. Please recount everything you would do during the pregnancy examination..

<b>H55.</b> What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor? ?	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Number of prior pregnancies?	1	2 3
b. Number of living children	1	2 3
c. Number of miscarriages/abortions/stillbirths?	1	2 3
d. Any bleeding during previous labor?	1	2 3

**SECTION H : VIGNETTES FACILITY**

<b>H55. What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor? ?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
e. How the last child was delivered?	1	2 3
f. Birth weight of previous child?	1	2 3
g. History of genetic anomalies?	1	2 3
h. Gynecological history (STIs, pap smear, contraceptive use, etc.)	1	2 3
<b>H56. What are the most important questions you ask Mrs. Ani about her current pregnancy?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Last menstrual date?	1	2 3
b. Any health problems now?	1	2 3
c. Any obstetric symptoms (contractions, vaginal bleeding, etc)?	1	2 3
d. Any weight loss/gain, nausea, vomiting?	1	2 3
e. Taking any medications now?	1	2 3
<b>H57. What are the most important questions you want to ask about her medical and social/behavioral history?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Any history of high blood pressure?	1	2 3
b. Any history of diabetes?	1	2 3
c. Any previous STI, including HIV+?	1	2 3
d. Any previous IUD or contraceptive use?	1	2 3
e. Tetanus shot in previous pregnancy?	1	2 3
f. Any previous heart disease?	1	2 3
g. Family history of hereditary disease?	1	2 3
h. Ever had malaria?	1	2 3
i. Present or previous smoker?	1	2 3
j. Any history of alcohol use?	1	2 3
k. Assess whether pregnancy is high risk?	1	2 3
l. Ever had surgery?	1	2 3
m. Any history of asthmatisms?	1	2 3
n. Any history of kidney disease?	1	2 3
<b>H58. What would you do when you conduct a physical examination of Mrs. Ani?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Body height?	1	2 3
b. Body weight?	1	2 3
c. Take blood pressure?	1	2 3
d. Palpitate abdomen/measure uterine height?	1	2 3
e. Listen to fetal heartbeat?	1	2 3
f. Pelvic examination? <i>*Note: internal examination</i>	1	2 3
g. Check for edema? <i>*Note: swelling or 'odim'</i>	1	2 3
h. Upper arm measurement	1	2 3
i. Facial appearance, pale or not	1	2 3
<b>H59. What laboratory examinations would you conduct?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>
a. Pregnancy test?	1	2 3
b. Hemoglobin test?	1	2 3
c. Urine examination for	1	2 3
d. Urine protein?	1	2 3
e. Ultrasound?	1	2 3

**SECTION H : VIGNETTES FACILITY**

<b>H59. What laboratory examinations would you conduct?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
f. Platelets?	1	2	3
g. Liver enzymes	1	2	3
h. Chem 7/BUN/creatinine <i>*Note:</i> <i>Chem 7 test is a 7 chemical testing to attain information on body metabolism.</i> <i>BUN test = blood urea nitrogen to measure the amount of urea nitrogen in the blood and to attain information on the metabolism and liver function.</i> <i>Creatinine test is to measure the level of creatinine in the blood, to attain information on the function of the kidney.</i>	1	2	3
i. HIV screen	1	2	3
j. STI test: syphilis	1	2	3
k. Rubella antibodies <i>*Note: to examine if body has had antibody for rubella virus</i>	1	2	3
l. Blood type and rhesus	1	2	3
m. Dental test	1	2	3
<b>H60. What procedures or advice would you give Mrs. Ani before sending her home?</b>	<b>Mentioned spontaneously</b>	<b>Prompted</b>	
a. Advice about nutrition?	1	2	3
b. Administer tetanus toxoid?	1	2	3
c. Supply iron/ folic acid supplementation?	1	2	3
d. Schedule her for another prenatal visit?	1	2	3
e. Make a plan for delivery?	1	2	3
f. Advice about danger signs for emergency	1	2	3
g. Recommendations for lactation / contrace	1	2	3
h. HIV voluntary counseling/test?	1	2	3
i. Complete prenatal card?	1	2	3
j. Rest	1	2	3
k. Maintain cleanliness	1	2	3

**SECTION CP: INTERVIEW SESSION NOTE**

	<b>QUESTION NUMBER</b>	<b>NOTES</b>
<b>CP1.</b> Questions with doubtful answers		
<b>CP2.</b> Questions needing conversion of unit of measurement		
<b>CP3.</b> Questions using secondary data source, data unclear		
<b>CP4.</b> Other problems		

**INTERVIEWER NOTE**