

INTERVIEWER: <input style="width: 50px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> <input style="width: 20px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> <input style="width: 20px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> <input style="width: 20px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	CONFIDENTIAL	IDW: <input style="width: 20px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> <input style="width: 20px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> <input style="width: 20px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> <input style="width: 20px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>
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EDITOR : _____

EAST INDONESIAN FAMILY LIFE SURVEY 2012

HEALTH FACILITY

INTEGRATED COMMUNITY HEALTH POST FOR ELDERLY

(POSYANDU LANSIA)

SECTIONS: LK, KR, A, B, D, SDP, CP

FACILITY CODE BOOK TYPE

NAME OF POSYANDU : _____ /

	INTERVIEW I	INTERVIEW II	INTERVIEW III	CK1. Interview was entirely/mostly conducted in what language? <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> Other	Interview language code : 00. Indonesian 13. Nias 01. Javanese 14. Palembang 02. Sunda 15. Sumbawa 03. Balin 16. Toraja 04. Batak 17. Lahat 05. Bugis 18. Other South Sumatra 06. Cina 19. Betawi 07. Madura 20. Lampung 08. Sasak 91. Other _____ 09. Minang 10. Banjar 11. Bima 12. Makassar											
DATE:	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>													
TIME START:	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	CK2. Other language used (if any): <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> Other												
TIME END:	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/> / <input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>													
RESULT OF INTERVIEW:	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>	<input style="width: 30px; border: none; border-bottom: 1px solid black; border-left: none; border-right: none; border-top: none;" type="text"/>													
FP2. STATUS SAMPLING	FP3. INTERVIEW RESULTS CODE	FP4. REASON FOR C1 = "3" OR "2" IN FP3.	FP5. EDITING STATUS BY EDITOR	FP6. MONITORING BY LOCAL SUPERVISOR												
Is this facility listed in SD2 and selected as a sample? 1. Yes 3. No	1. Completed → FP5 2. Partially completed 3. Not completed	1. Respondent is traveling 2. Respondent is too busy 3. Refused	1. Edited, no correction necessary 2. Edited and corrected 3. Manual edit without CAFE 4. Entered, not edited _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Edited.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. Verified.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		Yes	No	a. Observed	1	3	b. Edited.....	1	3	c. Verified.....	1	3
	Yes	No														
a. Observed	1	3														
b. Edited.....	1	3														
c. Verified.....	1	3														

SECTION KR: RESPONDENT'S CHARACTERISTICS

	RESPONDENT I	RESPONDENT II
KR01. Name of Respondent	_____	_____
KR02. Age	<u> </u> Years	<u> </u> Years
KR02a. Sex	Male..... 1 Female 3	Male1 Female3
KR03. Title/Position [...] in the Posyandu in the village	Head of Posyandu..... 1 Posyandu Cadre..... 2 Other..... 5	Head of Posyandu.....1 Posyandu Cadre2 Other.....5
KR04. Length of tenure in the position	<u> </u> Years	<u> </u> years
KR05. Highest level of education attended	01 02 03 04 05 06 11 12 13 14 15 17 60 61 62 63 72 73 74 90 98 95_____	01 02 03 04 05 06 11 12 13 14 15 17 60 61 62 63 72 73 74 90 98 95_____
KR06. Highest grade/class completed	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98
KR07. Length of time residing in this village	<u> </u> Years	<u> </u> Years

Code KR05

- | | |
|---------------------------------|--|
| 01. No school/Not yet at school | 11. Adult Educ. A (Kejar Paket A) |
| 02. Elementary | 12. Adult Educ. B (Kejar Paket B) |
| 03. Junior High – General | 13. Open University |
| 04. Junior High - Vocational | 14. Islamic School Pesantren |
| 05. Senior High - General | 15. Adult Educ. C (Kejar Paket C) |
| 06. Senior High - Vocational | 17. School for the disabled |
| 60. D1, D2, D3 (Junior College) | 72. Islamic Elementary School (Madrasah Ibtidaiyah) |
| 61. University S1 (Bachelors) | 73. Islamic Junior High School (Madrasah Tsanawiyah) |
| 62. University S2 (Masters) | 74. Islamic Senior High School (Madrasah Aaliyah) |
| 63. University S3 (Doctorate) | 90. Kindergarten |
| | 98 DON'T KNOW |
| | 95 Other _____ |

Code KR06

- | |
|-----------------------------|
| 00. Never completed class I |
| 01. 1 |
| 02. 2 |
| 03. 3 |
| 04. 4 |
| 05. 5 |
| 06. 6 |
| 07. Graduated |
| 96 No school |
| 98. DON'T KNOW |

SECTION A: GENERAL

Now I would like to ask about services and activities in this Posyandu for the Elderly.

Name _____	Post _____
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A1. What year did this Posyandu for the Elderly begin operation?	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW
A1b. before becoming posyandu elderly is an? a. Elderly Family Development Group b. Society for the Elderly c. Other forms of activities as container elderly	a. 1. Yes 3. No b. 1. Yes 3. No c. 1. Yes 3. No
A1a. How long has this Posyandu for the Elderly been operating in this village?	1. <input type="text"/> <input type="text"/> years 8. DON'T KNOW
A2a. Is this Posyandu for the Elderly is part of Posyandu Balita (Posyandu for ≤ 5 years child)?	1. Yes 3. No
A2. How many times per month does this health post meet?	1. <input type="text"/> <input type="text"/> times per month 2. <input type="text"/> <input type="text"/> times per year 8. DON'T KNOW
A3. In the last year, how many times was the Posyandu for the Elderly in operation?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> times 8. DON'T KNOW
A4. When the Posyandu for the Elderly is operating, on average how many cadres are active?	<input type="text"/> <input type="text"/> cadres
A6. What are the opening and closing hours of this Posyandu for the Elderly:	a. Opening time <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> b. Closing time <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
A7. On the day the Posyandu for the Elderly meets what is the average attendance of the elderly at the meeting?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> persons 8. DON'T KNOW
A8. What is the age of the youngest person who attends?	1. <input type="text"/> <input type="text"/> years 8. DON'T KNOW

A9. What is the age of the oldest person who attends?	1. <input type="text"/> <input type="text"/> years 8. DON'T KNOW
A10. What is the charge (or donation) to use the Posyandu for the Elderly?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 6. FREE 8. DON'T KNOW

SECTION B : SERVICES AT THE HEALTH POST FOR THE ELDERLY

Name of Respondent : _____	Position : _____
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We would like to ask you about services provided by this Health Post.

B1. TYPE OF SERVICE : (B1TYPE)	B2. Are there [...] services?
A. Weighing	3. No 1. Yes
B. Measuring Blood Pressure	3. No 1. Yes
C. Listening to Heartbeat	3. No 1. Yes
D. Checking Eyes	3. No 1. Yes
E. Checking Ears	3. No 1. Yes
F. Treatment for minor illnesses	3. No 1. Yes
G. Osteoporosis test	3. No 1. Yes
H. Supplying Supplementary Food	3. No 1. Yes
I. Proving iron supplement	3. No 1. Yes
J. Providing vitamin	3. No 1. Yes
K. Physical Exercise	3. No 1. Yes
L. Meeting of the elderly (arisan, prayer meeting, etc.)	3. No 1. Yes
M. Coordinating activities for the elderly (picnics, etc.)	3. No 1. Yes
N. Workshop on Clean and Healthy Living Behavior (diet, cleanliness, etc.)	3. No 1. Yes
O. Workshop related to ways to earn additional income	3. No 1. Yes
P. Hb checkup	3. No 1. Yes
Q. Blood cholesterol checkup	3. No 1. Yes
R. Sugar blood checkup	3. No 1. Yes

B3. Who is providing services to the elderly?	A. Doctor B. Midwife C. Nurse D. Village Midwife E. Cadre of the Health Post F. Community members																					
B4. Do they receive training for care of the elderly?	1. Yes 3. No																					
B5. What is the average time spent by cadres per month?	_____ . _____ 1. Jam 2. Hari 3. Minggu																					
B6. How many times in the last year has this Posyandu been visited by staff from the Health Center (<i>Puskesmas</i>)?	NEVER.....6 → B8 DON'T KNOW8 → B8 _____ times1																					
B7. Who usually comes?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">1. Yes</td> <td style="text-align: right;">3. No</td> </tr> <tr> <td>a. Nurse</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>b. Midwife</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>c. Nutritionist</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>d. Doctor</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>e. Village Midwife</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>f. Public Health.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> </table>		1. Yes	3. No	a. Nurse	1	3	b. Midwife	1	3	c. Nutritionist	1	3	d. Doctor	1	3	e. Village Midwife	1	3	f. Public Health.....	1	3
	1. Yes	3. No																				
a. Nurse	1	3																				
b. Midwife	1	3																				
c. Nutritionist	1	3																				
d. Doctor	1	3																				
e. Village Midwife	1	3																				
f. Public Health.....	1	3																				
B8. Which of the following problems do you face at this health post?	A. Lack of fund B. Lack of medical supply C. Lack of equipment D. Lack of active cadres E. Lack of support from puskesmas F. Lack of support from village / township G. No permanent place H. Lack of interest/ participation V. Others _____ W. NO PROBLEM																					

SECTION D: HEALTH INSTRUMENTS

Now we would like to ask about equipment available in this Health Post.

D1. TYPE OF EQUIPMENT (DTYPE)	D2. Is [...] available in this Health Post?	D3. Who own[...]
a. Weighing scales	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
b. Height measuring device	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
c. Blood Pressure Measurement	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
d. Eye Checking Device	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
e. Osteoporosis test Kit	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
f. Demonstration tools/books	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____

D1. TYPE OF EQUIPMENT (DTYPE)	D2. Is [...] available in this Health Post?	D3. Who own [...]
g. Physical Exercise equipment	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
h. Paracetamol	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
i. Iron Tablets/Sulfas Ferosus	3. No ↓ 1. Yes →	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____
j. Vitamins	3. No ↓ 1. Yes → SECTION SDP	1. Posyandu for the Elderly 2. Midwife from Puskesmas 3. Regular Posyandu 4. Individuals 5. Others _____

SECTION SDP : RESOURCES FOR HEALTH POST FOR THE ELDERLY

Now we would like to ask you about source of resources for this Health Post

SDP00. INTERVIEWER CHECK A2a=1 (IS THIS ELDERLY POSYANDU IS PART OF POSYANDU BALITA?)	No3 → SDP02 Yes1
SDP00a. Can you separate the source of resource for Elderly Posyandu and Posyandu Balita?	1. IF YES, SDP IS ONLY FOR POSYANDU 3. IF NO, SDP IS BOTH FOR POSYANDU AND ELDERLY POSYANDU
SDP02. What is the value of [...] provided by the community for this Health Post per month? a. Cash b. Time c. Time spent by volunteers v. Others _____	a. _____, _____, _____ Rp b. _____, _____, _____ Rp c. _____ 03. hours 05. days v. _____, _____, _____ Rp
SDP03. Are there resources received by this Health Post from other source?	No..... 3 → SECTION CP Yes..... 1

SDP04. What type of resources received from others source and who provide the resources?	TYPE OF RESOURCES				
	SOURCE	A. Cash	B. Food	C. Vitamins	D. Vactination
a. Puskesmas	Yes.....1 No3	Yes..... 1 No..... 3	Yes.....1 No3	Yes.....1 No3	Yes 1 No..... 3
b. Posyandu Lainnya	Yes.....1 No3	Yes..... 1 No..... 3	Yes.....1 No3	Yes.....1 No3	Yes 1 No..... 3
c. BKKBN/PLKB	Yes.....1 No3	Yes..... 1 No..... 3	Yes.....1 No3	Yes.....1 No3	Yes 1 No..... 3
d. The government of village /kelurahan	Yes.....1 No3	Yes..... 1 No..... 3	Yes.....1 No3	Yes.....1 No3	Yes 1 No..... 3
e. Subsidy from the government	Yes.....1 No3	Yes..... 1 No..... 3	Yes.....1 No3	Yes.....1 No3	Yes 1 No..... 3
v. Other _____	Yes.....1 No3	Yes..... 1 No..... 3	Yes.....1 No3	Yes.....1 No3	Yes 1 No..... 3

SECTION CP: INTERVIEWER NOTE

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

INTERVIEWER NOTE
