

INTERVIEWER: _____ [][][]	CONFIDENTIAL	IDW: [][][]
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EDITOR : _____ [][][]

**EAST INDONESIAN FAMILY LIFE SURVEY 2012
HEALTH FACILITY**

TRADITIONAL PRACTICE

SECTIONS : LK, A, B, C, CP

FACILITY CODE / BOOK TYPE

NAME OF FACILITY: _____

[][][] [][][] / [T] [R] [A]

FACILITY INTERVIEW BOOK

	INTERVIEW I	INTERVIEW II	INTERVIEW III		Interview language code :
DATE:	[][]/[][]/[][][][]	[][]/[][]/[][][][]	[][]/[][]/[][][][]	CK1. Interview was entirely/mostly conducted in what language? [][] Other _____ CK2. Other language used (if any): [][] Other _____	00. Indonesian 01. Javanese 02. Sundanese 03. Balinese 04. Batak 05. Bugis 06. Chinese 07. Maduranese 08. Sasak 09. Minang 10. Banjar 11. Bima 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat 18. Other South Sumatra 19. Betawi 20. Lampung 96. No other 95. Other _____
DAY/MONTH/YEAR					
TIME BEGIN:	[][]/[][]	[][]/[][]	[][]/[][]		
HOUR/MINUTE					
TIME FINISHED:	[][]/[][]	[][]/[][]	[][]/[][]		
HOUR/MINUTE					
INTERVIEW RESULTS:	[]	[]	[]		

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 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: none;"> <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 A : GENERAL

A00a Name	_____																																																
A00b Sex	1. Male 3. Female																																																
A00. Do you give the following health services to a patient ?	<table border="0"> <tr> <td></td> <td style="text-align: center;">1. Yes</td> <td style="text-align: center;">3. No</td> </tr> <tr> <td>a. Acupuncture</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Orthopedics</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. Massage (reflexive massage) ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>d. Operation/ Circumcision</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>e. Charm / antidote</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>f. Anti black magic/voodoo</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>g. Formula /</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>h. Special medicine herbs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>i. Delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>j. Consultation</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>k. Accupressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>l. Inhalation</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>m. Circumcision</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>n. Massage for baby.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>v. Other</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		1. Yes	3. No	a. Acupuncture	1	3	b. Orthopedics	1	3	c. Massage (reflexive massage) ...	1	3	d. Operation/ Circumcision	1	3	e. Charm / antidote	1	3	f. Anti black magic/voodoo	1	3	g. Formula /	1	3	h. Special medicine herbs	1	3	i. Delivery	1	3	j. Consultation	1	3	k. Accupressure	1	3	l. Inhalation	1	3	m. Circumcision	1	3	n. Massage for baby.....	1	3	v. Other	1	3
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A00x. INTERVIEWER CHECK A00: ARE THE SERVICES PROVIDED ONLY CHARM/ANTIDOTE (e) OR ANTI BLACK MAGIC/MAGICAL (f) OR CONSULTATION (j)	ONLY e, f, j 1 → SECTION CP OTHER SERVICES except e, f, j 3																																																
A01. How old are you?	____ Years																																																
A02. How long have you been practicing traditional treatment here?	____ Years																																																
A03. From whom did you learn this traditional treatment practice?	Parents (inherited) 1 Learned from other people 2 Friend 3 Self-study 4 Other 5																																																
A05a. Can you read an Indonesian-language newspaper?	Yes 1 No 3																																																
A05b. Can you read a newspaper in another language?	Yes 1 No 3																																																
A06a. Can you write a letter in Indonesian?	Yes 1 No 3																																																
A06b. Can you write a letter in another language?	Yes 1 No 3																																																

A04a. Have you ever attended/are you attending school?	Yes 1 → A7 No 3
A04. What is the highest education level attended? [NOTE TO INTERVIEWER: IF THEY ARE CURRENTLY ATTENDING SCHOOL, RECORD THE LEVEL THEY ARE CURRENTLY ATTENDING]	Elementary 02 Junior High General 03 Junior High Vocational 04 Senior High General 05 Senior High Vocational 06 College (D1, D2, D3) 60 University (Bachelor) 61 University (Master 62 University (Doctorate) 63 Adult Education A 11 Adult Education B 12 Adult Education C 15 Open University 13 Islamic School (<i>Pesantren</i>) 14 School For Disabled 17 Madrasah, General 70 Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 72 Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 73 Madrasah Senior High School 74 Kindergarten 90 Don't Know 98 Other 95
A04b. What is the highest grade completed at that school?	Did not complete first grade at that level 00 1 01 5 05 2 02 6 06 3 03 Graduated 07 4 04 DK 08
A07. In providing service to visitors/patients, are there specific hours for services ? (e.g. everyday from 8.00 - 14.00)	No 3 → A10 Yes 1
A08. If YES, how many days a week do you provide services to visitors/patients ?	____ days a week

SECTION A : GENERAL

A09. How many hours a day do you practice and give services to visitors/patients ?	<p style="text-align: center;">____ hours a day → A11</p>
A10. If not, how do you provide services ?	Open 24 hours a day 1 Only by appointment 2 Other, mention _____ 5
A11. In providing services, what language do you usually use ?	Indonesian W Javanese..... A Sundanese..... B Balinese D Batak..... G Bugis H Chinese..... I Maduranese C Sasak E Minang F Banjar..... J Bima..... L Makassar M Nias..... N Palembang..... O Sumbawa P Toraja Q Lahat R Other South Sumatra S Betawi T Lampung U Other V
A12. What is your religion ?	Islam 01 Protestant..... 02 Catholic 03 Hindu 04 Budha 05 Kong hu Cu 07 Other 95
A13. Besides this practice, do you have other work ?	No 3 → B1TYPE Yes 1

A13a. What do you produce/do in your work?	<p>_____</p> <p>_____</p>
A13b. EDITOR: CODE FOR SECTORS	<p>____</p>
A14. Which category best describes the work you do?	Self-employed01 Self-employed with unpaid family worker/temporary worker.....02 Self-employed with permanent worker03 Government worker.....04 Private worker05 Unpaid family worker.....06 Casual worker in agriculture07 Casual worker not in agriculture.....08
A15. How many hours a week do you work there?	<p style="text-align: center;">____ hours a week</p>

CODE A13b

- 01. Farming (including forestry, hunting and fishing)
- 02. Mining (including excavating)
- 03. Manufacturing industry
- 04. Electricity, gas and water
- 05. Building construction
- 06. Large trade, retail trade, restaurants and hotels
- 07. Transportation, warehousing and communications
- 08. Finance, insurance, lease of buildings, grounds and business services
- 09. Social services
- 95. Others

SECTION B : PRACTICE ACTIVITIES

(B1TYPE)		B2a.	B2b.	B3a.	B3b.
Do you provide services on :		Opening Hour	Closing Hour	Opening Hour	Closing Hour
a. Monday	3. No ↓ 1. Yes	____:____	____:____	____:____	____:____
b. Tuesday	3. No ↓ 1. Yes	____:____	____:____	____:____	____:____
c. Wednesday	3. No ↓ 1. Yes	____:____	____:____	____:____	____:____
d. Thursday	3. No ↓ 1. Yes	____:____	____:____	____:____	____:____
e. Friday	3. No ↓ 1. Yes	____:____	____:____	____:____	____:____
f. Saturday	3. No ↓ 1. Yes	____:____	____:____	____:____	____:____
g. Sunday	3. No ↓ 1. Yes	____:____	____:____	____:____	____:____

SECTION B : PRACTICE ACTIVITIES

<p>B05. What disease/problem can you cure/solve ?</p> <p>[MENTION ALL ITEMS BELOW]</p>		1. Yes	3. No
	a. Stomachache/diarrhea	1	3
	b. Hemorrhoids	1	3
	c. Impotence	1	3
	d. Flu/headache	1	3
	e. Rheumatism	1	3
	f. Orthopedics	1	3
	g. Cancer	1	3
	h. Sterility	1	3
	i. Pain during pregnancy	1	3
	j. Delivery care	1	3
	k. Skin disease	1	3
	l. Insomnia/stress/nervousness ..	1	3
	m. Diabetes	1	3
n. Eye complaints	1	3	
o. Mental disorder	1	3	
p. Convulsion/epilepsy	1	3	
q. Kidney failure	1	3	
r. Heart problem	1	3	
s. High blood pressure	1	3	
v. Other	1	3	
B06. How many patients did you examine/treat in the last one week?	_ _ _ patients		
B07. How many patients did you examine/treat in the last one month?	_ , _ _ _ patients		
B08. In general, are your patients adults or children?	Adults (> 15 years) 1 Children (< 15 years) 3 Both 5		
B09. Are your patients in general male or female?	Male 1 Female 3 Both..... 5		
B10. In general, how long does each consultation last ?	_ _ hours _ _ minutes		
B15. In general, have your patients ever been treated at another place prior to visiting you?	Yes 1 No 3		

B16. Where is the treatment usually carried out?	The patient comes to your home.....A At special place for practiceB You visit your patient's home/placeC At the hospitalD Other.....V
B16a. Do you use any equipment or tools in treating your patients?	No 3 → B16c Yes 1
B16b. What kind of equipment or tools do you normally use?	Medical 1 Non medical 2 Both 3
B16c. What kind of method of treatment do you use ?	Using animal as medium A Using spells, charm B Using water as medium..... C Using herb D Others V No other W
B17. Do you provide traditional medicine herbs?	No 3 → B19 Yes 1

SECTION B : PRACTICE ACTIVITIES

B18a. Kindly mention the use of the herbs you use for medicine?		1. Yes	3. No
	a. Antibiotic (to kill germs)	1	3
	b. Analgesics (to remove pain)	1	3
	c. Antipyretics (to lower fever)	1	3
	d. Stomachache/diarrhea	1	3
	e. Hemorrhoids	1	3
	f. Impotence	1	3
	g. Flu/headache	1	3
	h. Rheumatism	1	3
	i. Orthopedics	1	3
	j. Cancer	1	3
	k. Sterility	1	3
	l. Pain during pregnancy	1	3
	m. Delivery care	1	3
	n. Skin disease	1	3
	o. Insomnia/stress/nervousness	1	3
p. Diabetes/	1	3	
q. Eye complaints	1	3	
r. Mental disorder	1	3	
s. Convulsion/epilepsy	1	3	
t. Kidney problem	1	3	
u. Heart problem	1	3	
w. Lowering blood pressure	1	3	
x. Lowering cholesterol level	1	3	
v. Other	1	3	
B19. Do you also give modern medicine ?	No	3	→ B21
	Yes	1	
B20. If “Yes”, did you ever provide the following medicine : MENTION ALL ITEM BELOW		1. Yes	3. No
	a. Antibiotic (to kill germs)	1	3
	b. Analgesics (to remove pain)	1	3
	c. Antipyretics (to lower fever)	1	3
	d. Anti –TBC	1	3
	e. Oralite	1	3
	v. Other	1	3
B21. Do you provide FP services ?	No	3	→ B11
	Yes	1	

B22. If “Yes”, what kind of FP services do you give ?		1. Yes	3. No
	a. Medicinal herbs	1	3
	b. Other traditional	1	3
	c. Modern (pill, injection, condom) ...	1	3

Now we want to ask about fees that you charge or that you received from your patients.

B11. Do you usually charge a fee for your services?	No	3	→ B14
	Yes	1	
B12. If you do, how much is the usual charge ?	Rp. _____, _____	1	→ B13a
	Up to the patient	3	
B13. Kindly mention the lowest and highest amount your patients have given you?	A. Lowest charge Rp. _____, _____		
	B. Highest charge Rp. _____, _____		
B13a Does the charge include medicine?	Yes	1	→ B14
	No	3	
B13b. How much do you usually charge visitors/patients for medicinal herbs / medicine or other prescriptions ?	NA	6	→ B14
	Rp. _____, _____	1	→ B14
	Up to the patient	3	
B13c. Kindly mention the lowest and highest amount your patients have given you for medicinal herbs/medicine or other prescriptions?	A. Lowest charge Rp. _____, _____		
	B. Highest charge Rp. _____, _____		
B14. Do the patients usually give [...] as a token of gratefulness?		1. Yes	3. No
	a. Money	1	3
	b. Rice	1	3
	c. Yields from other crops	1	3
	d. Other foodstuffs	1	3
	e. Livestock	1	3
v. Other	1	3	
B14a. How much is the value of those gifts?	Rp. _____, _____	1	
	Do not receive any gift	2	

SECTION C (TRADITIONAL MIDWIFE)

C00. INTERVIEWER CHECK POINT : ARE YOU A TRADITIONAL MIDWIFE ?	NO 3 → SECTION CP YES 1
C01. Have you ever received training as a traditional midwife?	No 3 → C05 Yes 1
C02. In what year was your most recent training ? IF FORGOTTEN, ASK HOW MANY YEARS AGO IT WAS	Year [] [] [] [] 1 [] [] years ago 3
C03. Who organized the most recent training ?	MidwifeA PuskesmasB Posyandu.....C OtherV
C04. For how many days did you participate in this training?	[] [] [] days
C05. Where do you usually provide delivery services?	The patient comes to your homeA At special place for practice B You visit your patient's home/ placeC OtherV Not provide/assist deliveryW
C06. Do you also give TT immunization?	Yes 1 No 3
C07. What is the usual fee for delivery charge?	Rp. [] [] [] [] , [] [] [] 1 Up to patient 2 Free of charge 3 Not provide/assist delivery6
C07a. Do you provide traditional post natal care for mother after delivery	No 3 → C10 Yes 1

C08. In general, what is the fee for mother care after delivery?	Rp. [] [] [] [] , [] [] [] 1 Up to patient 2 Free of charge 3
C09. For how long do you provide mother care services after delivery?	[] [] [] days
C10. Do you also provide care for new born baby ?	No 3 → C14 Yes 1
C10a. For how long do you provide services for new born baby?	[] [] [] days
C11. How much do you charge per visit for the baby's care ?	Rp. [] [] [] [] , [] [] [] 1 Up to patient 2 Free of charge 3
C12. Is immunization included in the baby's care ?	No 3 → C14 Yes 1
C13. What are the charges of immunization ?	Rp. [] [] [] [] , [] [] [] 1 Up to patient 2 Free of charge 3
C14. Do you have the following instruments ? MENTION ALL ITEM BELOW	1. Yes 3. No a. Stethoscope for pregnant mothers 1 3 b. Tensimeter 1 3 c. Adult scales 1 3 d. Baby scales 1 3 e. Height measurer 1 3 f. Normal delivery set/ traditional midwife kit 1 3 g. Forceps 1 3 h. Vaginal speculum 1 3

