

SUPERVISOR: _____

CONFIDENTIAL

IDW: _____

EAST INDONESIAN FAMILY LIFE SURVEY 2012

COMMUNITY AND FACILITY PEOPLE CHARACTERISTICS

SERVICE AVAILABILITY ROSTER (SAR)

NAME OF VILLAGE/KELURAHAN : _____ IDW _____ BOOK TYPE
 _____ / D K F

CONTENT 1a. Preprinted of Puskesmas _____ pages 1b. Supplement of Puskesmas _____ pages 2a. Supplement of Posyandu _____ pages 2c. Supplement of Pos. Lansia _____ pages 3a. Preprinted of Private Practice _____ pages 3b. Supplement Private Practice _____ pages 7a. Preprinted of Hospital _____ pages 7b. Supplement of Hospital _____ pages 8a. Supplement of Traditional Practice _____ pages TOTAL of HEALTH FACILITY _____ pages		CONTENT 4a. Preprinted of Elementary School/SD _____ pages 4b. Supplement of Elementary School/SD _____ pages 5a. Preprinted of Junior High Sch./SMP _____ pages 5b. Supplement of Junior High Sch./SMP _____ pages 6a. Preprinted of Senior High Sch./SMA _____ pages 6b. Supplement of Senior High Sch./SMA _____ pages TOTAL of SCHOOL FACILITY _____ pages															
				FP5. EDITED STATUS BY EDITOR													
				FP6. MONITORING BY LOCAL SUPERVISOR													
				1. Edited, no correction necessary 2. Edited and corrected 3. Manual edit without CAFÉ 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
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a. Observed	1	3															
b. Edited	1	3															
c. Verified	1	3															

**SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER**
IFLS CODE

													TYPE OF FACILITY	
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	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION a. LATITUDE b. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	1. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> <input type="text"/> kilometers 8. DK	1. <input type="text"/> <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/> _____	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	2. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> <input type="text"/> kilometers 8. DK	1. <input type="text"/> <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/> _____	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

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	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	6. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

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N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION m.LATITUDE n. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	13. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	14. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION o. LATITUDE p. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	15. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' b. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	16. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' b. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

**SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE**

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION q. LATITUDE r. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	17. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' b. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	18. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' b. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION s. LATITUDE t. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	19. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	20. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

**SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER**
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION u. LATITUDE v. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	21. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	22. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

							TYPE OF FACILITY			1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital			
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION w. LATITUDE x. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	23. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	24. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION y. LATITUDE z. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	25. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	26. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan office to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION aa. LATITUDE E bb. LONGITUDE UD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	27. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> <input type="text"/> kilometers 8. DK	1. <input type="text"/> <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. <input type="text"/> _____	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	28. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> <input type="text"/> kilometers 8. DK	1. <input type="text"/> <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. <input type="text"/> _____	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION cc. LATITUD E dd. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
		a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	29. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	30. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION ee. LATITUDE E ff. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	31. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	32. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ?	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ?	LOCATION gg. LATITUD E hh. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
		4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN		FILL THE CODE OF FACILITY DUPLICATED						If TT, Please ask what year this facility operated ?				
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	33. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	34. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION ii. LATITUDE jj. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	35. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	36. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION kk. LATITUD E II. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	37. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	38. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan office to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION mm. LATITUD E nn. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	39. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	40. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION oo. LATITUD E pp. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
		a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	41. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	42. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION qq. LATITUDE rr. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	43. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	44. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION ss. LATITUDE E tt. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	45. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	46. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION uu. LATITUDE E vv. LONGITUDE UD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
		a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	47. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	48. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION ww. LATITUDE xx. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	49. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	50. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION yy. LATITUD E zz. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
		a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	51. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	52. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan office to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION aaa. LATITUDE E bbb. LONGITUDE UD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	53. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	54. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan office to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION ccc. LATITUD E ddd. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	55. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	56. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

							TYPE OF FACILITY			1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital			
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION eee. LATITUDE E fff.LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	57. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	58. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION ggg. LATITUD E hhh. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	59. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	60. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

**SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER**
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION iii. LATITUDE jjj. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	61. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	62. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION kkk. LATITUD E III. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	63. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	64. Yes <input type="text"/> <input type="text"/> <input type="text"/> ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ?	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ?	LOCATION mmm. LATITUD E nnn. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
		4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN		FILL THE CODE OF FACILITY DUPLICATED						If TT, Please ask what year this facility operated ?				
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	65. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	66. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

							TYPE OF FACILITY			1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital			
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan office to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION ooo. LATITUD E ppp. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	67. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	68. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

													TYPE OF FACILITY	
													1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital	
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16	
NUMBER	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION qqq. LATITUD E rrr. LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	69. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	70. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> b. <input type="text"/> ° <input type="text"/> , <input type="text"/> 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No	

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

SERVICE AVAILABILITY ROSTER

SUPPLEMENT FOR HEALTH FACILITY
SERVICE AVAILABILITY ROSTER
IFLS CODE

							TYPE OF FACILITY			1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital			
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION sss. LATITUDE E ttt.LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	71. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' b. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No
	a. Name: _____ _____ b. Address : _____ _____ _____	4. PP 3. PKK 2. KD	1. <input type="text"/> <input type="text"/> <input type="text"/>	72. Yes <input type="text"/> <input type="text"/> <input type="text"/> 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. <input type="text"/> , <input type="text"/> kilometers 8. DK	1. <input type="text"/> . <input type="text"/> Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT → x12	<input type="text"/> 1. Minutes 2. Hours 3. Days 8. TT	1. Year <input type="text"/> 3. <input type="text"/> years 8. TT	1. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' b. <input type="text"/> ° <input type="text"/> , <input type="text"/> ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. <input type="text"/>	1. Yes 3. No

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midwife 08. Midwife Village 10. Hospital 11. Traditional Practise 12. Baby Shootsayer 95. Other_____

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