

SUPERVISOR : \_\_\_\_\_

**CONFIDENTIAL**

IDW: \_\_\_\_\_

**EAST INDONESIAN FAMILY LIFE SURVEY 2012**

**COMMUNITY AND FACILITY  
PEOPLE CHARACTERISTICS  
SAMPLING BOOK**

**IDW / BOOK TYPE**

**NAME OF VILLAGE/KELURAHAN :** \_\_\_\_\_

\_\_\_\_\_ / **LSA-M**

<b>CONTENT:</b>		<b>CONTENT:</b>	
1a. SD 1 Puskesmas/Pustu	____ pages	6a. SD 1 SD	____ pages
1b. SD 2 Puskesmas/Pustu	____ pages	6b. SD 2 SD	____ pages
2a. SD 1 Private Practise	____ pages	7a. SD 1 SMP	____ pages
2b. SD 2 Private Practise	____ pages	7b. SD 2 SMP	____ pages
3a. SD 1 Traditional Practise	____ pages		
3b. SD 2 Traditional Practise	____ pages		
4a. SD 1 Posyandu	____ pages	8a. SD 1 SMU	____ pages
4b. SD 2 Posyandu	____ pages	8b. SD 2 SMU	____ pages
5a. SD 1 Posyandu for Elderly	____ pages		
5b. SD 2 Posyandu for Elderly	____ pages		
<b>TOTAL FACILITY HEALTH</b>	____ <b>pages</b>	<b>TOTAL FACILITY EDUCATION</b>	____ <b>pages</b>

FP5. EDITED STATUS BY EDITOR
1. Edited, no correction necessary
2. Edited and corrected
3. Manual edit without CAFÉ
4. Entered, not edited _____

FP6. MONITORING BY LOCAL SUPERVISOR		
	Yes	No
a. Observed.....	1	3
b. Edited.....	1	3
c. Verified.....	1	3

**SD 1:SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1:SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1:SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1:SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**PUT THE SAMPLE LIST 2  
PUSKESMAS/PUSKESMAS PEMBANTU**

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**PUT THE SAMPLE LIST 2  
PRIVATE PRACTICE**

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

# **PUT THE SAMPLE LIST 2 TRADITIONAL PRACTICE**

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?		Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)		(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**PUT THE SAMPLE LIST 2  
INTEGRATED HEALTH POST (POSYANDU)**

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**PUT THE SAMPLE LIST 2**  
**INTEGRATED HEALTH POST FOR ELDERLY**  
**(POSYANDU LANSIA)**

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

SD 1 : SAMPEL DAFTAR 1

SAMPLE LIST – 1

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 1 : SAMPEL DAFTAR 1**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**PUT THE SAMPLE LIST 2  
ELEMENTARY SCHOOL (SD)**

SD 2 : SAMPEL DAFTAR 2

SAMPLE LIST – 1

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No No. <input type="text"/>		

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 2 : SAMPEL DAFTAR 2**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 2 : SAMPEL DAFTAR 2**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 2 : SAMPEL DAFTAR 2**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**PUT THE SAMPLE LIST 2  
JUNIOR HIGH SCHOOL (SMP)**

**SD 2 : SAMPEL DAFTAR 2**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 2 : SAMPEL DAFTAR 2**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?		Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)		(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>		

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 2 : SAMPEL DAFTAR 2**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**SD 2 : SAMPEL DAFTAR 2**

**SAMPLE LIST – 1**

Province : ..... <input type="text"/>	Sub population..... <input type="text"/>
Kabupaten/Kota : ..... <input type="text"/>	Community Health Center (Puskesmas)..... 1
Kecamatan : ..... <input type="text"/>	Doctor/Clinic/Midwife/Paramedics ..... 2
Village/Township/Nagari : ..... <input type="text"/>	Traditional Practise..... 0
IFLS No. : ..... <input type="text"/>	Integrated Health Post (Posyandu)..... 4
	Integrated Health Post for Elderly (Posyandu Lansia)..... 5
	Elementary School (SD/MI) ..... 6
	Junior High School (SMP/MTs) . ..... 7
	Senior High School (SMA/MA/SMK)..... 8

No	Name of Facility	Address of Facility	Specific Information on Location	Tally	Within Reach	Inter-viewed?	If the facility has been interviewed, write Facility Code	Is the facility a duplicate?	Total Tally	Rank (If Y in column 6 and N in column 7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(9)
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	
					Y N	Y N		1. Yes 3. No	No. <input type="text"/>	

Code for Coloumn 6 and 7:      Y: Yes      N: No

**PUT THE SAMPLE LIST 2  
SENIOR HIGH SCHOOL (SMA)**

**CP : CATATAN PEWAWANCARA**

	<b>QUESTION NUMBER</b>	<b>NOTES</b>
<b>CP1.</b> Doubtful Answers		
<b>CP4.</b> Other Issues		

**INTERVIEWER NOTE:**