

INTERVIEWER: _____	CONFIDENTIAL	IDW: _____
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EDITOR : _____

EAST INDONESIAN FAMILY LIFE SURVEY 2012
HEALTH FACILITY

TRADITIONAL PRACTICE

SECTIONS : LK, A, B, C, CP

FACILITY CODE / BOOK TYPE

NAME OF FACILITY: _____

FACILITY INTERVIEW BOOK

	INTERVIEW I	INTERVIEW II	INTERVIEW III	CK1. Interview was entirely/mostly conducted in what language? Other _____ CK2. Other language used (if any): Other _____	Interview language code : 00. Indonesian 01. Javanese 02. Sundanese 03. Balinese 04. Batak 05. Bugis 06. Chinese 07. Maduranese 08. Sasak 09. Minang 10. Banjar 11. Bima 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat 18. Other South Sumatra 19. Betawi 20. Lampung 96. No other 95. Other _____
DATE:	____/____/____ DAY/MONTH/YEAR	____/____/____ DAY/MONTH/YEAR	____/____/____ DAY/MONTH/YEAR		
TIME BEGIN:	____/____ HOUR/MINUTE	____/____ HOUR/MINUTE	____/____ HOUR/MINUTE		
TIME FINISHED:	____/____ HOUR/MINUTE	____/____ HOUR/MINUTE	____/____ HOUR/MINUTE		
INTERVIEW RESULTS:	____	____	____		
FP2. STATUS SAMPLING	FP3. INTERVIEW RESULTS CODE	FP4. REASON FOR C1="3" OR "2 IN FP3	FP5.. EDITING STATUS BY EDITOR	FP6. MONITORING BY LOCAL SUPERVISOR	
Is this facility listed in SD2 and selected as sample? 1. Yes 3. No	1. Completed →FP5 2. Partially completed 3. Not completed	1. Respondent is traveling 2. Respondent is too busy 3. Refused	1. Edited, no correction necessary 2. Edited and corrected 3. Manual edit without CAFE 4. Entered, not edited _____	Yes No a. Observed..... 1 3 b. Edited 1 3 c. Verified..... 1 3	

SECTION LK : CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	_____
LK02.	Kabupaten/ Kota _____	_____
LK03.	Kecamatan _____	_____
LK04.	Village/Urban Township_____	_____
LK05.	Region : 1. Urban 2. Rural	_____
LK7a.	Facility Location : a. Latitude _____ ⁰ _____ b. Longitude _____ ⁰ _____	_____ . _____ _____ . _____
LK08.	a. Address : _____ : _____ b. Description of location : _____ c. Postal code : _____	
LK08a.	A. Phone number : _____ – _____ a. code b. number B. Cellphone number: _____ – _____ a. code b. number W. NA Y. DK	
LK13.	Name of Facility: 1. Traditional midwife 5. Others _____	_____ _____

SUPERVISION		CODE
LK15.	Name of Interviewer _____	_____
LK16.	Name of Editor _____	_____
LK17.	Name of Local Supervisor _____	_____
LK19.	Name of Field Coordinator _____	_____

SECTION A : GENERAL

A00a	Name		
A00b	Sex	1. Male	3. Female
A00.	Do you give the following health services to a patient ?	<div>1. Yes3. No</div> <div>a. Acupuncture 13</div> <div>b. Orthopedics 13</div> <div>c. Massage (reflexive massage) ... 13</div> <div>d. Operation/ Circumcision 13</div> <div>e. Charm / antidote 13</div> <div>f. Anti black magic/voodoo 13</div> <div>g. Formula / 13</div> <div>h. Special medicine herbs 13</div> <div>i. Delivery 13</div> <div>j. Consultation 13</div> <div>k. Accupressure 13</div> <div>l. Inhalation 13</div> <div>m. Circumcision 13</div> <div>n. Massage for baby..... 13</div> <div>v. Other 13</div>	
A00x.	INTERVIEWER CHECK A00: ARE THE SERVICES PROVIDED ONLY CHARM/ANTIDOTE (e) OR ANTI BLACK MAGIC/MAGICAL (f) OR CONSULTATION (j)	ONLY e, f, j 1 → SECTION CP OTHER SERVICES except e, f, j 3	
A01.	How old are you?	____ Years	
A02.	How long have you been practicing traditional treatment here?	____ Years	
A03.	From whom did you learn this traditional treatment practice?	Parents (inherited) 1 Learned from other people 2 Friend 3 Self-study 4 Other 5	
A05a.	Can you read an Indonesian-language newspaper?	Yes 1 No 3	
A05b.	Can you read a newspaper in another language?	Yes 1 No 3	
A06a.	Can you write a letter in Indonesian?	Yes 1 No 3	
A06b.	Can you write a letter in another language?	Yes 1 No 3	

A04a.	Have you ever attended/are you attending school?	Yes 1 → A7 No 3
A04.	What is the highest education level attended? [NOTE TO INTERVIEWER: IF THEY ARE CURRENTLY ATTENDING SCHOOL, RECORD THE LEVEL THEY ARE CURRENTLY ATTENDING]	Elementary 02 Junior High General 03 Junior High Vocational 04 Senior High General 05 Senior High Vocational 06 College (D1, D2, D3) 60 University (Bachelor) 61 University (Master 62 University (Doctorate) 63 Adult Education A 11 Adult Education B 12 Adult Education C 15 Open University 13 Islamic School (Pesantren) 14 School For Disabled 17 Madrasah, General 70 Islamic Elementary School (Madrasah Ibtidaiyah) 72 Islamic Junior/High School (Madrasah Tsanawiyah) 73 Madrasah Senior High School 74 Kindergarten 90 Don't Know 98 Other 95
A04b.	What is the highest grade completed at that school?	Did not complete first grade at that level 00 <div>1 015 05</div> <div>2 026 06</div> <div>3 03Graduated 07</div> <div>4 04DK 08</div>
A07.	In providing service to visitors/patients, are there specific hours for services ? (e.g. everyday from 8.00 - 14.00)	No 3 → A10 Yes 1
A08.	If YES, how many days a week do you provide services to visitors/patients ?	____ days a week

SECTION A : GENERAL

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

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

CODE A13b

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

SECTION B : PRACTICE ACTIVITIES

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

SECTION B : PRACTICE ACTIVITIES

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

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

SECTION B : PRACTICE ACTIVITIES

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

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

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

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

SECTION C (TRADITIONAL MIDWIFE)

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

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

SECTION CP: INTERVIEWER NOTES

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

INTERVIEWER NOTE: