

INTERVIEWER:

CONFIDENTIAL

IDW:

EDITOR :

EAST INDONESIAN FAMILY LIFE SURVEY 2012

HEALTH FACILITY

INTEGRATED COMMUNITY HEALTH POST FOR ELDERLY

(POSYANDU LANSIA)

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

FACILITY CODE

BOOK TYPE

NAME OF POSYANDU :

	INTERVIEW I	INTERVIEW II	INTERVIEW III	<div>CK1. Interview was entirely/mostly conducted in what language?</div> <div>Other</div> <div>CK2. Other language used (if any):</div> <div>Other</div>	<div>Interview language code :</div> <div><div>00. Indonesian</div><div>01. Javanese</div><div>02. Sunda</div><div>03. Balin</div><div>04. Batak</div><div>05. Bugis</div><div>06. Cina</div><div>07. Madura</div><div>08. Sasak</div><div>09. Minang</div><div>10. Banjar</div><div>11. Bima</div><div>12. Makassar</div><div>13. Nias</div><div>14. Palembang</div><div>15. Sumbawa</div><div>16. Toraja</div><div>17. Lahat</div><div>18. Other South Sumatra</div><div>19. Betawi</div><div>20. Lampung</div><div>91. Other</div></div>
DATE:	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR		
TIME START:	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE		
TIME END:	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE		
RESULT OF INTERVIEW:					
FP2. STATUS SAMPLING	FP3. INTERVIEW RESULTS CODE	FP4. REASON FOR C1 = "3" OR "2" IN FP3.	FP5. EDITING STATUS BY EDITOR	FP6. MONITORING BY LOCAL SUPERVISOR	
Is this facility listed in SD2 and selected as a sample? 1. Yes 3. No	1. Completed → FP5 2. Partially completed 3. Not completed	1. Respondent is traveling 2. Respondent is too busy 3. Refused	1. Edited, no correction necessary 2. Edited and corrected 3. Manual edit without CAFE 4. Entered, not edited	<div>YesNo</div> <div>a. Observed 13</div> <div>b. Edited..... 13</div> <div>c. Verified..... 13</div>	

SECTION LK: CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	
LK02.	Kabupaten/Kotamadya _____	
LK03.	Kecamatan _____	
LK04.	Village/Urban Township/Nagari _____	
LK05.	Region : 1. Urban 2. Rural	
LK08.	a. Address: _____ _____ _____ b. Description of location: _____ _____ _____ c. Postal Code:	
LK09.	Phone number: A. Posyandu . B. Cellphone no. , belonging to _____ W. NOT APPLICABLE Y. DON'T KNOW	
LK14.	a. RT b. RW	a. b.

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

SECTION KR: RESPONDENT’S CHARACTERISTICS

	RESPONDENT I	RESPONDENT II
KR01. Name of Respondent	_____	_____
KR02. Age	____ Years	____ Years
KR02a. Sex	Male..... 1 Female 3	Male1 Female3
KR03. Title/Position [...] in the Posyandu in the village	Head of Posyandu..... 1 Posyandu Cadre..... 2 Other_____ 5	Head of Posyandu.....1 Posyandu Cadre2 Other_____5
KR04. Length of tenure in the position	____ Years	____ years
KR05. Highest level of education attended	01 02 03 04 05 06 11 12 13 14 15 17 60 61 62 63 72 73 74 90 98 95_____	01 02 03 04 05 06 11 12 13 14 15 17 60 61 62 63 72 73 74 90 98 95_____
KR06. Highest grade/class completed	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98
KR07. Length of time residing in this village	____ Years	____ Years

Code KR05

01. No school/Not yet at school

02. Elementary

03. Junior High – General

04. Junior High - Vocational

05. Senior High - General

06. Senior High - Vocational

60. D1, D2, D3 (Junior College)

61. University S1 (Bachelors)

62. University S2 (Masters)

63. University S3 (Doctorate)
11. Adult Educ. A (Kejar Paket A)

12. Adult Educ. B (Kejar Paket B)

13. Open University

14. Islamic School Pesantren

15. Adult Educ. C (Kejar Paket C)

17. School for the disabled

72. Islamic Elementary School (Madrasah Ibtidaiyah)

73. Islamic Junior High School (Madrasah Tsanawiyah)

74. Islamic Senior High School (Madrasah Aaliyah)

90. Kindergarten

98 DON'T KNOW

95 Other _____

Code KR06

00. Never completed class I

01. 1

02. 2

03. 3

04. 4

05. 5

06. 6

07. Graduated

96 No school

98. DON'T KNOW

SECTION A: GENERAL

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

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

A9. What is the age of the oldest person who attends?	1. _ _ years 8. DON'T KNOW
A10. What is the charge (or donation) to use the Posyandu for the Elderly?	1. _ _ _ , _ _ _ Rp. 6. FREE 8. DON'T KNOW

SECTION B : SERVICES AT THE HEALTH POST FOR THE ELDERLY

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

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

B3. Who is providing services to the elderly?	A. Doctor B. Midwife C. Nurse D. Village Midwife E. Cadre of the Health Post F. Community members																					
B4. Do they receive training for care of the elderly?	1. Yes 3. No																					
B5. What is the average time spent by cadres per month?	_____. _____. 1. Jam 2. Hari 3. Minggu																					
B6. How many times in the last year has this Posyandu been visited by staff from the Health Center (Puskesmas)?	NEVER.....6 → B8 DON'T KNOW8 → B8 ____ times1																					
B7. Who usually comes?	<table><tr><td></td><td>1. Yes</td><td>3. No</td></tr><tr><td>a. Nurse</td><td>1</td><td>3</td></tr><tr><td>b. Midwife</td><td>1</td><td>3</td></tr><tr><td>c. Nutritionist</td><td>1</td><td>3</td></tr><tr><td>d. Doctor</td><td>1</td><td>3</td></tr><tr><td>e. Village Midwife</td><td>1</td><td>3</td></tr><tr><td>f. Public Health.....</td><td>1</td><td>3</td></tr></table>		1. Yes	3. No	a. Nurse	1	3	b. Midwife	1	3	c. Nutritionist	1	3	d. Doctor	1	3	e. Village Midwife	1	3	f. Public Health.....	1	3
	1. Yes	3. No																				
a. Nurse	1	3																				
b. Midwife	1	3																				
c. Nutritionist	1	3																				
d. Doctor	1	3																				
e. Village Midwife	1	3																				
f. Public Health.....	1	3																				
B8. Which of the following problems do you face at this health post?	A. Lack of fund B. Lack of medical supply C. Lack of equipment D. Lack of active cadres E. Lack of support from puskesmas F. Lack of support from village / township G. No permanent place H. Lack of interest/ participation V. Others _____ W. NO PROBLEM																					

SECTION D: HEALTH INSTRUMENTS

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

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

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

SECTION SDP : RESOURCES FOR HEALTH POST FOR THE ELDERLY

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

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

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

SECTION CP: INTERVIEWER NOTE

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

INTERVIEWER NOTE