

SUPERVISOR: _____	CONFIDENTIAL	IDW: _____
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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

<b>CONTENT</b> 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	<b>CONTENT</b> 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	<b>FP5. EDITED STATUS BY EDITOR</b> 1. Edited, no correction necessary 2. Edited and corrected 3. Manual edit without CAFÉ 4. Entered, not edited _____	<b>FP6. MONITORING BY LOCAL SUPERVISOR</b> <table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Observed .....</td><td>1</td><td>3</td></tr><tr><td>b. Edited.....</td><td>1</td><td>3</td></tr><tr><td>c. Verified .....</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Observed .....	1	3	b. Edited.....	1	3	c. Verified .....	1	3
	Yes	No													
a. Observed .....	1	3													
b. Edited.....	1	3													
c. Verified .....	1	3													

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facylty	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. Addres :    	4. PP  3. PKK  2. KD	1.   	1. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.   , kilometers  8. DK	1.   . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.   ° ,   '  b.   ° ,   ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	2. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.   , kilometers  8. DK	1.   . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.   ° ,   '  b.   ° ,   ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

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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 Facilty	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 c. LATITUDE d. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	3. Yes    ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. , kilometers   8. DK	1. . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3.    years 8. TT	1. a.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b.  	1. Yes   3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	4. Yes    ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. , kilometers   8. DK	1. . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3.    years 8. TT	1. a.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b.  	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 AVAILIBELITY ROSTER

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

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

<b>Code of X14b Health:</b>	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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### SERVICE AVAILABILITY ROSTER

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SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY ROSTER  
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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 Facilty	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 g. LATITUDE h. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	7. Yes        3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.    , kilometers  8. DK	1.    . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	8. Yes        3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.    , kilometers  8. DK	1.    . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No

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	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	9. Yes       3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.    , kilometers  8. DK	1.    . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	10. Yes       3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.    , kilometers  8. DK	1.    . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No

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	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	11. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	12. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	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. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	13. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____  kilometers  8. DK	1. _____. _____  Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year _____  3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____'  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b. ____  	1. Yes   3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	14. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____  kilometers  8. DK	1. _____. _____  Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year _____  3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____'  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b. ____  	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. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	15. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	16. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	1. Yes  3. No

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							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 Facity	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. Addres :    	4. PP  3. PKK  2. KD	1.   	17. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.    , kilometers  8. DK	1.    . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	18. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.    , kilometers  8. DK	1.    . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.    ° ,    '  b.    ° ,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	19. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____  kilometers  8. DK	1. _____. ____  Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year _____  3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____'  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b. ____  	1. Yes   3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	20. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____  kilometers  8. DK	1. _____. ____  Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year _____  3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____'  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b. ____  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facity	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. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	21. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	22. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. Addres :    	4. PP  3. PKK  2. KD	1.   	23. Yes    ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. , kilometers   8. DK	1. . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.     years 8. TT	1. a.     ° ,     '  b.     ° ,     ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b.  	1. Yes   3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	24. Yes    ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. , kilometers   8. DK	1. . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.     years 8. TT	1. a.     ° ,     '  b.     ° ,     ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	25. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____  kilometers  8. DK	1. _____. ____  Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year _____  3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____'  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b. ____  	1. Yes   3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	26. Yes  _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____  kilometers  8. DK	1. _____. ____  Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year _____  3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____'  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.     b. ____  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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 aa. LATITUDE  bb. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	27. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. kilometers  8. DK	1. Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	1. Minutes 2. Hours 3. Days 8. TT → x12	1. Minutes 2. Hours 3. Days 8. TT	1. Year 3. years 8. TT	1. a. ° , '  b. ° , ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b. 	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	28. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. kilometers  8. DK	1. Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	1. Minutes 2. Hours 3. Days 8. TT → x12	1. Minutes 2. Hours 3. Days 8. TT	1. Year 3. years 8. TT	1. a. ° , '  b. ° , ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b. 	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. LATITUDE  dd. 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.   	29. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.  kilometers  8. DK	1.  Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3. years 8. TT	1. a. °  '  b. °  ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Address :    	4. PP  3. PKK  2. KD	1.   	30. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.  kilometers  8. DK	1.  Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3. years 8. TT	1. a. °  '  b. °  ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER



SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facity	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 ff. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	31. Yes  _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, _____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, _____'  b. ____° ____, _____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	32. Yes  _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, _____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, _____'  b. ____° ____, _____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. ____ _____	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facylty	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 gg.           LATITUDE E hh.           LONGITUDE E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:  _____  _____  b. Addres :  _____  _____  _____	4. PP  3. PKK  2. KD	1. _____ _____ _____  33. Yes  _____ _____ _____ _____ _____  3. No		a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____  b. _____	1. Yes  3. No
	a. Name:  _____  _____  b. Addres :  _____  _____  _____	4. PP  3. PKK  2. KD	1. _____ _____ _____  34. Yes  _____ _____ _____ _____ _____  3. No		a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____  b. _____	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 AVAILIBELITY ROSTER

							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 Facilty	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. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	35. Yes  _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	36. Yes  _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. ____ _____	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\_\_\_\_\_

**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 kk. LATITUDE 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. _____ _____ _____	37. Yes  _____ _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____ , _____  kilometers  8. DK	1. _____ , _____  Rupiah → <b>x11a</b> 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT  → <b>x12</b>	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. _____° ____ , _____'  b. _____° ____ , _____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____  b. _____ _____	1. Yes   3. No
	a. Name:  _____  _____  b. Address :  _____  _____  _____  _____	4. PP  3. PKK  2. KD	1. _____ _____ _____	38. Yes  _____ _____ _____ _____ ↓  3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____ , _____  kilometers  8. DK	1. _____ , _____  Rupiah → <b>x11a</b> 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT  → <b>x12</b>	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. _____° ____ , _____'  b. _____° ____ , _____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____  b. _____ _____	1. Yes   3. No

<b>Code of X14b Health:</b>	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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## SERVICE AVAILABILITY ROSTER

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SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facylty	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 mm.      LATITUDE E nn.      LONGITUDE 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.   	39. Yes     3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.      , kilometers  8. DK	1.      . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.      years 8. TT	1.      ° a.      ,      '  b.      ° ,      ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Address :    	4. PP  3. PKK  2. KD	1.   	40. Yes     3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.      , kilometers  8. DK	1.      . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.      years 8. TT	1.      ° a.      ,      '  b.      ° ,      ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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.       LATITUDE pp.       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.   	41. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Address :      	4. PP  3. PKK  2. KD	1.   	42. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facity	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. Addres :    	4. PP  3. PKK  2. KD	1.   	43. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. kilometers  8. DK	1. Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	1. Minutes 2. Hours 3. Days 8. TT → x12	1. Minutes 2. Hours 3. Days 8. TT	1. Year 3. years 8. TT	1. a. ° ',  b. ° ', 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b. 	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	44. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1. kilometers  8. DK	1. Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	1. Minutes 2. Hours 3. Days 8. TT → x12	1. Minutes 2. Hours 3. Days 8. TT	1. Year 3. years 8. TT	1. a. ° ',  b. ° ', 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b. 	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	45. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	46. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. ____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	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 AVAILIBELITY ROSTER



SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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 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.   	47. Yes    ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers   8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Address :      	4. PP  3. PKK  2. KD	1.   	48. Yes    ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers   8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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.       LATITUD E xx.       LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	49. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	50. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. Addres :    	4. PP  3. PKK  2. KD	1.   	51. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.   , kilometers  8. DK	1.   . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.   ° a.   ,   '  b.   ° ,   ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	52. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.   , kilometers  8. DK	1.   . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.    years 8. TT	1.   ° a.   ,   '  b.   ° ,   ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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 aaa.       LATITUDE bbb.       LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	53. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	54. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.       , kilometers  8. DK	1.       . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3.        years 8. TT	1.       ° a.       ,       '  b.       ° ,       ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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 ccc.      LATITUD E ddd.      LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name: _____ _____  b. Addres : _____ _____ _____ _____	4. PP  3. PKK  2. KD	1.      _____ _____ _____  3. No	55. Yes _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1.      _____ , _____ kilometers  8. DK	1.      _____ . _____ Rupiah ➔ x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT ➔ x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year      _____  3.      years 8. TT	1.      _____ ° _____, _____ '  b.      _____ ° _____, _____ ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____  b.      _____ _____	1. Yes  3. No
	a. Name: _____ _____  b. Addres : _____ _____ _____ _____	4. PP  3. PKK  2. KD	1.      _____ _____ _____  3. No	56. Yes _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1.      _____ , _____ kilometers  8. DK	1.      _____ . _____ Rupiah ➔ x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT ➔ x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year      _____  3.      years 8. TT	1.      _____ ° _____, _____ '  b.      _____ ° _____, _____ ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____  b.      _____ _____	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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 fff.LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	57. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.  kilometers   8. DK	1.  Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3. years 8. TT	1.  a. °  '  b. °  ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes   3. No
	a. Name:    b. Addres :    	4. PP  3. PKK  2. KD	1.   	58. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.  kilometers   8. DK	1.  Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3. years 8. TT	1.  a. °  '  b. °  ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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.      LATITUDE E hhh.      LONGITUDE 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.     	59. Yes      3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.      , kilometers  8. DK	1.      . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.      years 8. TT	1.      ° a.      ,      '  b.      ° ,      ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Address :      	4. PP  3. PKK  2. KD	1.     	60. Yes      3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.      , kilometers  8. DK	1.      . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year 3.      years 8. TT	1.      ° a.      ,      '  b.      ° ,      ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. _____ _____ _____	61. Yes  _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Address :    	4. PP  3. PKK  2. KD	1. _____ _____ _____	62. Yes  _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, ____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, ____'  b. ____° ____, ____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ b. ____ _____	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 AVAILIBELITY ROSTER



							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 Facilty	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. LATITUDE  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.   	63. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.  kilometers  8. DK	1.  Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3. years 8. TT	1.  a.  b.  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:    b. Address :    	4. PP  3. PKK  2. KD	1.   	64. Yes   ↓   3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.  kilometers  8. DK	1.  Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	  1. Minutes 2. Hours 3. Days 8. TT → x12	  1. Minutes 2. Hours 3. Days 8. TT	1. Year  3. years 8. TT	1.  a.  b.  3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	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\_\_\_\_\_

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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 mmm.    LATITUD E nnn.    LONGITUD E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name: _____ _____  b. Addres : _____ _____ _____ _____	4. PP  3. PKK  2. KD	1. _____ _____ _____	65. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1.    , _____ kilometers  8. DK	1.    . _____ Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year  3.    years 8. TT	1.    ° a.    ,    '  b.    ° _____,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	1. Yes  3. No
	a. Name: _____ _____  b. Addres : _____ _____ _____ _____	4. PP  3. PKK  2. KD	1. _____ _____ _____	66. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1.    , _____ kilometers  8. DK	1.    . _____ Rupiah → x11a  3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes  2. Hours  3. Days  8. TT → x12	_____  1. Minutes  2. Hours  3. Days  8. TT	1. Year  3.    years 8. TT	1.    ° a.    ,    '  b.    ° _____,    ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	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 AVAILIBELITY ROSTER

SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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 ooo.      LATITUDE E ppp.      LONGITUDE E	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:  _____ _____  b. Addres :  _____ _____ _____ _____	4. PP  3. PKK  2. KD	1.      _____ _____ _____	67. Yes  _____ _____ _____ ↓  3. No	a. Village 1.      _____  3. Same 8. DK  b. Kecamatan 11.      _____  13. Same 98. DK	1.      _____ , _____ kilometers  8. DK	1.      _____ . _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year      _____  3.      years 8. TT	1.      _____ ° a.      _____ , _____ '  b.      _____ ° _____ , _____ ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.      _____ _____ _____ _____  b.      _____ _____	1. Yes  3. No
	a. Name:  _____ _____  b. Addres :  _____ _____ _____ _____	4. PP  3. PKK  2. KD	1.      _____ _____ _____	68. Yes  _____ _____ _____ ↓  3. No	a. Village 1.      _____  3. Same 8. DK  b. Kecamatan 11.      _____  13. Same 98. DK	1.      _____ , _____ kilometers  8. DK	1.      _____ . _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year      _____  3.      years 8. TT	1.      _____ ° a.      _____ , _____ '  b.      _____ ° _____ , _____ ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.      _____ _____ _____ _____  b.      _____ _____	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 AVAILIBELITY 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 qqq. LATITUDE rrr. 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. _____ _____ _____	69. Yes _____ _____ _____ ↓  3. No	a. Village 1. _____ 3. Same 8. DK  b. Kecamatan 11. _____ 13. Same 98. DK	1. _____ , _____ kilometers  8. DK	1. _____ Rupiah → <b>x11a</b> 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____ 1. Minutes 2. Hours 3. Days 8. TT → <b>x12</b>	_____ 1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. _____ years 8. TT	1. _____ ° _____ , _____ ' b. _____ ° _____ , _____ ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	1. Yes  3. No
	a. Name: _____ _____  b. Address : _____ _____ _____ _____	4. PP 3. PKK 2. KD	1. _____ _____ _____	70. Yes _____ _____ _____ ↓  3. No	a. Village 1. _____ 3. Same 8. DK  b. Kecamatan 11. _____ 13. Same 98. DK	1. _____ , _____ kilometers  8. DK	1. _____ Rupiah → <b>x11a</b> 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____ 1. Minutes 2. Hours 3. Days 8. TT → <b>x12</b>	_____ 1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. _____ years 8. TT	1. _____ ° _____ , _____ ' b. _____ ° _____ , _____ ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	1. Yes  3. No

<b>Code of X14b Health:</b>	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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## SERVICE AVAILABILITY ROSTER

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SUPLEMENT FOR HEALTH FACILITY  
SERVICE AVAILIBELITY 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 Facilty	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. _____ _____ _____	71. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, _____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, _____'  b. ____° ____, _____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	1. Yes  3. No
	a. Name:    b. Address :      	4. PP  3. PKK  2. KD	1. _____ _____ _____	72. Yes  _____ _____ _____ _____ 3. No	a. Village 1. _____  3. Same 8. DK  b. Kecamatan 11. _____  13. Same 98. DK	1. _____, _____ kilometers  8. DK	1. _____. _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____  1. Minutes 2. Hours 3. Days 8. TT → x12	_____  1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. ____ years 8. TT	1. a. ____° ____, _____'  b. ____° ____, _____' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. ____ _____	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 AVAILIBELITY ROSTER

	QUESTION NUMBER	NOTES
CP1. Doubtful Answers		
CP4. Other Issues		

INTERVIEWER NOTE: