

SECTION B : DEVELOPMENT OF PUSKESMAS/PUSKESMAS PEMBANTU

Now, we would like to ask about the development of the puskesmas/puskesmas pembantu

RESPONDENT IS A PUSKESMAS EMPLOYEE WHO HAS WORKED AT THIS PUSKESMAS FOR A LONG TIME

[illegible]

SECTION B : DEVELOPMENT OF PUSKESMAS/PUSKESMAS PEMBANTU

Now, we would like to ask about the development of the puskesmas/puskesmas pembantu

B05. In the year [...], do you have [...] for more than 6 months?	B06.	B07.	B08a.	B08b.	B09.	B9a.	B10.	B10a.	B11.	B12.	B13.	B14.	B14a.	B14b.	B14c.
(BTYPE)	Laboratory	Medicine room	General practitioner	Specialist doctor	Dentist	Midwife	Puskesmas Pembantu	Polindes	Posyandu	Mobile Puskesmas	Inpatient Facility	Birth-Delivery	Sterilization Service for Male	Sterilization Service for Female	Mass Immunization for TT
b. 2007	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA
c. 2012	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No 6. NA	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No

SECTION B : DEVELOPMENT OF PUSKESMAS/PUSKESMAS PEMBANTU

B15. Is there electricity at this Puskesmas?	No 3 ➔ B17 Yes 1
B16. If there is, please state the electricity source used:	PLN (State Electricity Company) 01 Local Government/Government Agency..... 02 Puskesmas Generator 03 Public/Community/Initiative 04 Private Company/Cooperative..... 05 Other 95
B17. Mention the main water sources used:	Mineral Water (purchased) 10 ➔ B18 Piped water (PAM) 01 ➔ B18 Pump water (electric/manual pump) 02 Well water 03 Spring water 04 Rain water 05 River water 06 Lake water 07 Pond/fishpond 08 Water collection basin 09 Other 95
B17a. Is this [...] water transported by pipes?	No 3 Yes 1
B18. Is this water source in the Puskesmas building?	Yes 1 ➔ B19a No 3
B19. If it is not inside, how far is it from the Puskesmas?	Less than 10 meters 1 10-30 meters 3 more than 30 meters 5
B19a. Does this facility have a toilet?	No 3 ➔ B20a Yes 1
B20. Mention the toilet facilities used:	Private toilet with septic tank 01 Private toilet without septic tank 02 Common toilet 03 Public toilet 04 No toilet 96

B20a. What is the waste water disposal system at this facility?	Drainage ditch (flowing) 01 Drainage ditch (stagnant) 02 Permanent pit 03 Disposed into river 04 Disposed in side/back yard/garden 05 Pond/fishpond/lake/pool 07 Hole (without permanent lining) 08 Paddy field/other field 09 Sea, beach 11 Other 95																																	
B20b. What is the solid waste disposal system at this facility?	Disposed in trash can, collected by sanitation service 01 Burned 02 Disposed into river/creek/sewer 03 Disposed in yard and let decompose 04 Disposed in pit 05 Forest, mountain 07 Sea, lake, beach 08 Paddy field/other field 09 Other 95																																	
B20c. Does this facility have [...]?	<table><tr><td></td><td>1. Yes</td><td>3. No</td></tr><tr><td>a. Registration table/booth</td><td>1</td><td>3</td></tr><tr><td>b. Patient waiting room</td><td>1</td><td>3</td></tr><tr><td>c. Check up room</td><td>1</td><td>3</td></tr><tr><td>d. Injection room</td><td>1</td><td>3</td></tr><tr><td>e. FP/MCH consultation room</td><td>1</td><td>3</td></tr><tr><td>f. FP service room</td><td>1</td><td>3</td></tr><tr><td>g. Delivery room</td><td>1</td><td>3</td></tr><tr><td>h. Inpatient room</td><td>1</td><td>3</td></tr><tr><td>i. Pharmacy</td><td>1</td><td>3</td></tr><tr><td>j. Laboratory</td><td>1</td><td>3</td></tr></table>		1. Yes	3. No	a. Registration table/booth	1	3	b. Patient waiting room	1	3	c. Check up room	1	3	d. Injection room	1	3	e. FP/MCH consultation room	1	3	f. FP service room	1	3	g. Delivery room	1	3	h. Inpatient room	1	3	i. Pharmacy	1	3	j. Laboratory	1	3
	1. Yes	3. No																																
a. Registration table/booth	1	3																																
b. Patient waiting room	1	3																																
c. Check up room	1	3																																
d. Injection room	1	3																																
e. FP/MCH consultation room	1	3																																
f. FP service room	1	3																																
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h. Inpatient room	1	3																																
i. Pharmacy	1	3																																
j. Laboratory	1	3																																

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Now, we want to ask about the activities at this Puskesmas/Pustu.

Name : _____	Position : _____
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C01.	C02a.	C03a.	C02b.	C03b.
When is the Puskesmas open? On [...] days	Opening Hours Counter	Closing Hours Counter	Opening Hours of service	Closing Hours of service
1. Monday	:	:	:	:
2. Tuesday	:	:	:	:
3. Wednesday	:	:	:	:
4. Thursday	:	:	:	:
5. Friday	:	:	:	:
6. Saturday	:	:	:	:

C04. What is the registration fee?	First visits..... a. , Rp. Repeat visits b. , Rp.
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Service in the building

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
1. Inpatients	3. No 1. Yes → ↓	1. , Rp. 3. No Charge	per day		
1a. Inpatient care other than giving birth	3. No 1. Yes → ↓	1. , Rp. 3. No Charge	per day		
2. Curative Care for adult	3. No 1. Yes → ↓	1. , Rp. 3. No Charge	per visit		
2f. Curative care for children	3. No 1. Yes → ↓	1. , Rp. 3. No Charge	per visit		
2a. Check-up+injections and medicine	3. No 1. Yes → ↓	1. , Rp. 3. No Charge	per visit		

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
3. Stitching of wounds:					
a. First stitch	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per stitch		
b. Additional stitches	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per stitch		
4. Changing of wound dressing	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per visit		
5. Incision of abscess/piercing of boils	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per action		
6. Circumcisions	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per time		
7. Medical treatment for tuberculoses [TBC]	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per visit		
8. Check up/health examination	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per visit		
9. Dental exam	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per exam		
10. Prenatal care	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per exam		
11. Aid for childbirth	3. No 1. Yes → ↓	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 3. No Charge	per delivery		
42. Complication of pregnancy	3. No 1. Yes				
43. Complication of childbirth	3. No 1. Yes				
44. Complication of postnatal	3. No 1. Yes				
45. Postnatal care (post childbirth) for at least 3 times	3. No 1. Yes				

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C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
46. Neonatus check up(newborn 0 to 28 days old) with complication	3. No 1. Yes				
47. Baby treatment service (29 days to 11 months old)	3. No 1. Yes				
48. Growth and development monitoring for for babies under 5 years old	3. No 1. Yes				
49. additional nutrition aside from breast milk distribution for babies aged 6 - 24 months of poor families	3. No 1. Yes				
50. Treatment for malnutrition of under-five children	3. No 1. Yes				
15. Supply of Oral Contraceptives:					
a. Microgynon30 [PT Schering]	3. No 1. Yes → ↓	1. □□□□ , □□□□ Rp. 3. No Charge	Per visit	Yes 1 No 3	□□□ weeks 1 NEVER 6
b. Marvelon 28	3. No 1. Yes → ↓	1. □□□□ , □□□□ Rp. 3. No Charge	Per visit	Yes 1 No 3	□□□ weeks 1 NEVER 6
c. Excluton 28	3. No 1. Yes → ↓	1. □□□□ , □□□□ Rp. 3. No Charge	Per visit	Yes 1 No 3	□□□ weeks 1 NEVER 6
d. Nordette	3. No 1. Yes → ↓	1. □□□□ , □□□□ Rp. 3. No Charge	Per visit	Yes 1 No 3	□□□ weeks 1 NEVER 6
f. Pil KB Andalan	3. No 1. Yes → ↓	1. □□□□ , □□□□ Rp. 3. No Charge	Per visit	Yes 1 No 3	□□□ weeks 1 NEVER 6
v. Other _____	3. No 1. Yes → ↓	1. □□□□ , □□□□ Rp. 3. No Charge	Per visit	Yes 1 No 3	□□□ weeks 1 NEVER 6

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C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
17. IUD Copper T	3. No ↓1. Yes →	1. , Rp. 3. No Charge	Per visit	Yes1 No.....3	weeks.....1 NEVER6
a. Insertion	3. No ↓1. Yes →	1. , Rp. 3. No Charge	Per visit for one time insertion	Yes1 No.....3	weeks.....1 NEVER6
b. Removal	3. No ↓1. Yes →	1. , Rp. 3. No Charge	Per visit for one time removal		
18. Contraceptive injection					
a. Depo-Provera	3. No ↓1. Yes →	1. , Rp. 3. No Charge 6. Bring their own	Per injection	Yes1 No.....3	weeks.....1 NEVER6
b. Depo- Progestin	3. No ↓1. Yes →	1. , Rp. 3. No Charge 6. Bring their own	Per injection	Yes1 No.....3	weeks.....1 NEVER6
c. Noristerat	3. No ↓1. Yes →	1. , Rp. 3. No Charge 6. Bring their own	Per injection	Yes1 No.....3	weeks.....1 NEVER6
d. Cyclofeem	3. No ↓1. Yes →	1. , Rp. 3. No Charge 6. Bring their own	Per injection	Yes1 No.....3	weeks.....1 NEVER6
e. Cyclogeston	3. No ↓1. Yes →	1. , Rp. 3. No Charge 6. Bring their own	Per injection	Yes1 No.....3	weeks.....1 NEVER6
f. KB Andalan	3. No ↓1. Yes →	1. , Rp. 3. No Charge 6. Bring their own	Per injection	Yes1 No.....3	weeks.....1 NEVER6

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C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
19a. Norplant					
a. Insertion	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	Per vist for one time insertion	Yes1 No.....3	____ weeks.....1 NEVER6
b. Removal	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	Per visit for one time removal		
c. Insertion of Implanon	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	Per visit for one time insertion	Yes1 No.....3	____ weeks.....1 NEVER6
d. Removal of Implanon	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	Per visit for one time removal		
21. Treatment of contraceptive side effects	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per treatment		
21a. Family Planning check Up/Counseling	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per treatment		
22. Blood pressure examination	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per treatment		
23. Cholesterol exam	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per treatment		
24. Blood sugar test	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per treatment		
25. Osteoporosis exam	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per treatment		
26. Heart examination/ECG	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per treatment		
27. Antibiotic a. Amoxycillin	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	____ weeks.....1 NEVER6
b. Cotrimoxazole	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	____ weeks.....1 NEVER6
c. Ampicillin	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	____ weeks.....1 NEVER6

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C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
d. Procaine Penicillin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
e. Benzathine Penicillin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
f. Gentamycin/kanamycine	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
g. Ceftriaxone	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
h. Ciprofloxacin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
i. Norfloxin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
j. Spectinomycin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
k. Doxycycline	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Injection	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
l. Tetracycline	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Injection	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
m. Erythromycin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
n. Metronidazole	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6
o. Eye oinment Antibiotics	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Tube	Yes1 No.....3	<input type="text"/> <input type="text"/> weeks.....1 NEVER6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
28. Analgetic a. Ibuprofen	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
29. Antipyretic a. Acetosal	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
b. Paracetamol	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
c. Other antipyretic, NSAID	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
30. Anti fungi: a. Nystatin	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
31. Antihelminth: a. Mebendazole	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
32. Anti -TBC (short-term): a. Pyrazinamide	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
b. TB blister pack	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
c. Rifampicin	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
d. Ethambutol	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
e. Isoniazid	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
f. INH	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
g. EH (Etham+Iso)	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
h. Rifater (Rif+Iso+Pyran)	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
33. Anti malaria a. Chloroquine	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
b. Pyrimethamine	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
c. Quinine	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
d. Sulfadoxine	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes1 No.....3	weeks.....1 NEVER6
34. Oralit	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes1 No.....3	weeks.....1 NEVER6
35. Iron tablets / FESO4	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes1 No.....3	weeks.....1 NEVER6
36. Vitamin A	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes1 No.....3	weeks.....1 NEVER6

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C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
37. Medicine to control blood pressure:	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
a. Reserveine	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
b. Captophil	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
c. Lispodipin	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
38. Methyldopa	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
39. Anesthetic	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
a. Valium	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
b. Lidocaine	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
c. Magnesium Sulfate	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
d. Oxytocin-ergometrine	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
40. Simvastatin (Medicine to lower cholesterol)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6
41. Metformin (Medicine to control blood sugar)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks.....1 NEVER6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
42. Vaccines					
a. BCG	3. No ↓1. Yes →	1. [][][][] , [][][][] Rp. 3. No Charge	Per treatment	Yes1 No.....3	[][] weeks.....1 NEVER6
b. DPT (Combo)	3. No ↓1. Yes →	1. [][][][] , [][][][] Rp. 3. No Charge	Per treatment	Yes1 No.....3	[][] weeks.....1 NEVER6
c. Anti polio	3. No ↓1. Yes →	1. [][][][] , [][][][] Rp. 3. No Charge	Per treatment	Yes1 No.....3	[][] weeks.....1 NEVER6
d. Measles	3. No ↓1. Yes →	1. [][][][] , [][][][] Rp. 3. No Charge	Per i treatment	Yes1 No.....3	[][] weeks.....1 NEVER6
e. Tetanus Toxoid	3. No ↓1. Yes →	1. [][][][] , [][][][] Rp. 3. No Charge	Per i treatment	Yes1 No.....3	[][] weeks.....1 NEVER6
f. Hepatitis B, for infants	3. No ↓1. Yes →	1. [][][][] , [][][][] Rp. 3. No Charge	Per treatment	Yes1 No.....3	[][] weeks.....1 NEVER6
g. Hepatitis B, for adult	3. No ↓1. Yes →	1. [][][][] , [][][][] Rp. 3. No Charge	Per treatment	Yes1 No.....3	[][] weeks.....1 NEVER6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C39a	Are there any finding of new patients of positive TB BTA in this puskesmas/pustu?	1. Yes, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> case	3. No
C40a	Is this puskesmas/pustu have treatment of DBD patients handled?	1. Yes, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> case	3. No
C41a	Does this puskesmas/pustu ever handled HIV/AIDS patients?	1. Yes, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> case	3. No

DISEASES		C42ab. Does this puskesmas/pustu ever carried the test of Seksual Contagion[PMS]such as [...] ?	
A.	Vaginal mucous ['duh']	1. Yes, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> case	3. No
B	Penis mucous	1. Yes, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> case	3. No
C	Blood	1. Yes, <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> case	3. No

C43a.	Has this Puskesmas applied age-friendly program (Prilaku Santun Lansia)?	1. Yes	3. No → C11
C44a	What kind of service proviced?	A. Special registration for the elderly B. Special check up for the elderly C. Special Drug Service for the elderly D. <i>One stop service</i> (from registration to receiving medicines attained in one room)	
C45a	Since when did this Puskesmas/Pustu provide special service for the elderly?	1. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8. DON'T KNOW
C46a	What kind of program for the elderly carried out outside this Puskesmas/pustu?	A. Posyandu for elderly B. Counseling through karang taruna (old folk's home) C. Counseling through <i>Karang werda</i> forum in kecamatan/sub-district D. Counseling through old folk's home E. Home visit F. Special event for elderly; <i>talk show</i> , gymnastic competition for elderly, having stroll	

Service outside the building	
C11.	On an average day, how many staff members of the Puskesmas go outside the building for outreach activities?
<input type="text"/> staff 1 No activities..... 6	
Posyandu (Integrated Service Post)	
C14.	How many Posyandu are there in the work region of this Puskesmas?
No Posyandu..... 6 → C14a1 <input type="text"/> Posyandu 1	
C14a.	How many Posyandu are active?
<input type="text"/> Posyandu	
C15a.	In one month, how many times Puskesmas staff go to the Posyandu ?
<input type="text"/> times per month 1 <input type="text"/> times per year 4 DON'T KNOW 8	
C16b.	Since 2007, has the number of Posyandus in the work region of this Puskesmas changed?
Increased a lot..... 1 Increased some..... 2 No change..... 3 Decreased some 4 Decreased a lot 5	
Posyandu for Elderly	
C14a1.	How many Posyandu for Elderly are there in the work region of this Puskesmas?
No Posyandu for Rlderly 6 → C17 <input type="text"/> Posyandu 1	
C14a2.	When did this Posyandu for the Elderly start its activities?
1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW	
C14aa.	How many Posyandu are active?
<input type="text"/> Posyandu	
C15aa.	In one month, how many times Puskesmas staff go to the Posyandu for Elderly?
<input type="text"/> times per month 1 <input type="text"/> times per year 4 DON'T KNOW 8	
C16ba.	Since 2007, has the number of Posyandu for Elderly in the work region of this Puskesmas changed?
Increased a lot..... 01 Increased some..... 02 No change..... 03 Decreased some 04 Decreased a lot 05	

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Puskesmas Pembantu	
C17. How many Puskesmas Pembantu are there in the work region of this Puskesmas?	Not a Puskesmas 6 → C20a NONE 3 → C20a <input type="text"/> <input type="text"/> Pusk. Pembantu..... 1
C19b. Since 2007, have any Puskesmas Pembantu in the work region of this Puskesmas closed?	<input type="text"/> <input type="text"/> number closed 1 NONE 3
Mobile Puskesmas	
C20a. How many times in a month does the Puskesmas staff go on duty trip of the Mobile Puskesmas?	NONE..... 6 → C22a <input type="text"/> <input type="text"/> times per month 1 <input type="text"/> <input type="text"/> times per year 4
C21b. Since 2007, has the number of trips changed?	Increased a lot 01 Increased some 02 No change..... 03 Decreased some 04 Decreased a lot..... 05
UKS /UKGS	
C22a. How many times a month does the Puskesmas/Pustu staff visit the schools for the UKS/UKGS program?	NONE..... 3 → C24 <input type="text"/> <input type="text"/> times per month 1 <input type="text"/> <input type="text"/> times per year 4
C23b. Since 2007, has the number of UKS/UKGS visits per month changed?	Increased a lot 01 Increased some 02 No change..... 03 Decreased some 04 Decreased a lot..... 05
Pondok Bersalin Desa [Polindes]	
C24. Is there a childbirth post (Polindes) program in the work region of this Puskesmas?	No 3 → C27 Yes 1
C25. How many Polindes program are there in the work region of this Puskesmas?	<input type="text"/> <input type="text"/> Polindes
C25b. How many Polindes are still active?	<input type="text"/> <input type="text"/> Polindes
C25c. Since 2007, have any Polindes program in the work region of this Puskesmas closed?	<input type="text"/> <input type="text"/> Number closed..... 1 NONE 3

Medicine Post (Pos Obat Desa)	
C27 Is there a Medicine Post Program in the work region of this Puskesmas?	No..... 3 → C29a Yes 1
C28 How many Medicine Posts program are there in the work region of this Puskesmas?	<input type="text"/> <input type="text"/> Medicine Posts
C28a How many Medicine Posts are still active?	<input type="text"/> <input type="text"/> Medicine Posts
C29 In what year was the first Medicine Post started?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 DON'T KNOW 8
C29ab Since 2007, has the number of Medicine Post in the work region of this Puskesmas changed?	Increased a lot..... 01 Increased some..... 02 No change..... 03 Decreased some 04 Decreased a lot 05
Village Midwife (Bidan Desa)	
C29a How many Village Midwives work in the region of this Puskesmas?	NONE..... 3 → C30 <input type="text"/> <input type="text"/> people 1
C29b In what year did the first Village Midwife start working?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 DON'T KNOW 8
C29c What type of support is usually given to the Village Midwives? (CIRCLE ALL THAT APPLY)	Medical supplies..... A Health supplies..... B Vitamin A..... C Iron tablets D Other..... V
C29db Since 2007, have any village midwives in the work region of this Puskesmas quit working?	<input type="text"/> <input type="text"/> Number who quit..... 1 NONE 3 DON'T KNOW 8
Poskesdes	
C29dc Does this Puskesmas/pustu give counseling for Poskesdes as part of desa siaga program	1. Yes <input type="text"/> <input type="text"/> unit 3.No

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

We would like to ask about the referrals that are usually provided by this facility

(C2 TYPE)	FACILITIES TO WHICH PATIENTS ARE REFERRED		
	Hospital	Other Puskesmas	Private Practice
C30. If a patient is referred to another facility, where do you usually send them?	No..... 3 ➔NEXT COLUMN	No3 ➔NEXT COLUMN	No..... 3 ➔ C30c
	DON'T KNOW 8 ➔NEXT COLUMN	DON'T KNOW8 ➔NEXT COLUMN	DON'T KNOW 8 ➔ C30c
	Yes 1	Yes.....1	Yes 1
	Name : _____	Name : _____	Name : _____
	Address: _____	Address: _____	Address: _____
	Loc: _____	Loc: _____	Loc: _____
	Vill: _____	Vill: _____	Vill: _____
	Kec.: _____	Kec.: _____	Kec.: _____
Kab.: _____	Kab.: _____	Kab.: _____	
C30a. What is the distance that must be traveled from your facility to the referenced facility?	_____ . _____ km	_____ . _____ km	_____ . _____ km
C30b. What type of transportation is used to refer a patient?	Ambulance 1	Ambulance 1	Ambulance 1
	Public transportation..... 2	Public transportation 2	Public transportation..... 2
	Patient transportation 3	Patient transportation 3	Patient transportation 3
	Other 5	Other..... 5	Other 5
C30g. If a poor patient is referred to [...], is he/she provided with transportation to the facility?	1. Yes, transportation is provided using ambulance free of charge	1. Yes, transportation is provided using ambulance free of charge	1. Yes, transportation is provided using ambulance free of charge
	2. Yes, patient is provided with money to travel to the referred facility	2. Yes, patient is provided with money to travel to the referred facility	2. Yes, patient is provided with money to travel to the referred facility
	3. No, neither transportation nor money is provided ➔ NEXT COLUMN	3. No, neither transportation nor money is provided ➔ NEXT COLUMN	3. No, neither transportation nor money is provided ➔ C30c
C30h. What is the market value of the transportation provided?	Rp. _____ , _____ ➔NEXT COLUMN	Rp. _____ , _____ ➔NEXT COLUMN	Rp. _____ , _____ ➔ C30c

C30c. If a patient is in critical or serious condition when referred to another facility, does the staff from this facility accompany the patient?	No 3 ➔ C35
	Yes 1
	Sometimes 5

C30d. Who accompanies the patient?	1. Yes	3. No
	a. Midwife 1	3
	b. Paramedics 1	3
	c. Nurse 1	3
	d. Staff..... 1	3
	v. Others 1	3

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Laboratory Examination

	C35.	C36.	C37.	C38.
TYPE OF EXAMINATION (C3TYPE)	Can this lab work be done in the Puskesmas?	How much is the charge to the patient?	For lab work not done here, is the patient referred outside?	How far is this facility from the Puskesmas?
a. Hemoglobin (Hb)	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
b. Leucocyte calculation	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
c. Blood type calculation	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
d. Erythrocyte calculation	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
e. Urinalysis	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
f. Pregnancy test	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
g. Feces examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
h. Sputum examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
j. Cholesterol test	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
k. Blood Sugar test	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

	C35.	C36.	C37.	C38.
TYPE OF EXAMINATION (C3TYPE)	Can this lab work be done in the Puskesmas?	How much is the charge to the patient?	For lab work not done here, is the patient referred outside?	How far is this facility from the Puskesmas?
l. Osteoporosis / bone density examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
m. Lung examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
n. Heart examination (ECG)	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK

C39.	C40.	C41.	C42a.
	DAY	Number of visitors registered in the registration book	Number of visitors from poor family
RECORD ALL VISITS BY PATIENTS TO THE PUSKESMAS/PUSTU, DURING THE LAST WEEK 1. Date / Month until Date / Month 6. Not practice/operation →D01	a. Monday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	b. Teusday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	c. Wednesday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	d. Thursday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	e. Friday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	f. Saturday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW

SECTION D: PUSKESMAS/PUSTU EMPLOYEES

Name : _____	Position : _____
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Now, we would like to inquire about staff at the Puskesmas/Pustu

D01. How many employees are there working at this facility? [Including Government Employee and those paid by honoraria]	____ employees
--	----------------

Specifically for Government Employee, please specify those according to types of employees

D02.	D03.	D04.
Type of employee	Number of full time employees	Number of part-time employees
a. General practitioners	____ employees	____ employees
b. Dentists	____ employees	____ employees
c. Nurses	____ employees	____ employees
d. Midwives	____ employees	____ employees
e. Bidan Desa (Village Midwife)	____ employees	____ employees
g. Paramedics, non-nurses, other	____ employees	____ employees
k. Pediatricians	____ employees	____ employees
l. Obsetrician/ gynecologist	____ employees	____ employees
m. Specialized in elderly	____ employees	____ employees
j. Public Health	____ employees	____ employees
f. Assistant Nutrition Expert	____ employees	____ employees
h. Health worker	____ employees	____ employees
i. Administrative employees	____ employees	____ employees
v. Other	____ employees	____ employees
INTERVIEWER CHECK: Total employees [a to e + g + k + l + m] full and part-time = (D03 + D04)		____ employees

D05. Are there any employees on honoraria?	No 3→D09 Yes 1
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For honoraria employees, specify according to types:

D06.	D07.	D08.
Types of Employees	Number of full time employees	Number of part-time employees
a. Nurses	____ employees	____ employees
b. Midwives	____ employees	____ employees
c. Bidan Desa (Village Midwife)	____ employees	____ employees
d. Paramedics, other	____ employees	____ employees
e. Staff	____ employees	____ employees
f. Administrative employees	____ employees	____ employees
v. Other _____	____ employees	____ employees
INTERVIEWER CHECK: Total employees [a through d] full and part-time = (D07 + D08)		____ employees

SECTION D: PUSKESMAS/PUSTU EMPLOYEES

Only for doctors, nurses, paramedics and midwives:

D09.	D10.	D15.	D16.	D17.	D11.	D12.	D13.	D14.
Full name	Employee Code	Male/female	How many years has [...] been working in this facility?	How many hours per week does [...] work in this facility?	How many hours per week does [...] provide services to patients?	Is [...] able to speak in the local language?	Does [...] have a private practice?	If yes, how far is the place of the private practice from the Puskesmas?
a.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4
b.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4
c.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4
d.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4
e.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4
f.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4
g.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4
h.	1 2 3 4 5 6 7	Male 1 Female 3	years	hour/week	hour/week	Yes 1 No 3	Yes 1 ➔ No 3 ➔D18	0 1 2 3 4

Code D10 :
1. Doctor (general)
2. Dentist
3. Nurse
4. Midwife
5. Village Midwife
6. Doctor specialist
7. Paramedic

Code D14 :
0 = In Puskesmas/in the yard
Puskesmas
1 = less than 1 Km
2 = 2 - 5 Km
3 = 6 - 10 Km
4 = more than 10 Km

SECTION D: PUSKESMAS/PUSTU EMPLOYEES

D09.	D18.	D19.	D20.	D21.	D22.	D23.	D24.				
Full name	Does [...] provide pre-natal care directly?	Does [...] provide curative cure for children directly?	Does [...] provide curative cure for adult directly?	Does [...] provide care for the elderly directly??	INTERVIEWER CHECK: IS [...] PRESENT TODAY	Does [...] supposed to come today?	Whyi didn't [...] come today?				
a.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	
b.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	
c.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	
d.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	
e.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	
f.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	
g.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	
h.	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No3	01	02	03	04	

Code D24
01. Off duty
02. Vacation
03. No longer work at the facility
04. Sick
05. Family ,member is sick
06. Other authorized absence
07. Late
08. Unauthorized absence
09. Have a break

SECTION E: HEALTH INSTRUMENTS

Name: _____

Position: _____

Please give information about various medical instruments found at this Puskesmas.

E01. TYPE OF INSTRUMENTS (E1TYPE)	E02. Number of [...] instruments at this facility? [including the damaged ones]	E03. The number of instruments owned by this Puskesmas that are in good repair?	E04. The number of privately owned instruments used here?
a. Regular stethoscope	___	___	___
b. Stethoscope for pregnant mothers	___	___	___
c. Blood pressure meter	___	___	___
d. Sterilization/autoclaves	___	___	___
e. Scales for adults	___	___	___
f. Scales for infants	___	___	___
g. Measures for body height	___	___	___
h. Thermometer	___	___	
i. Beds	___	___	
ia.Inpatient bed	___	___	
j. Delivery kit	___	___	___
k. Forceps	___	___	___
l. Vaginal Speculum	___	___	___
m.Sahli Set	___	___	___
n. Tenaculum	___	___	___
o. Uterus Sound	___	___	
p. Gynecology Table	___	___	
q. Bone-setting equipment	___	___	
r. Oxygen Tank	___	___	
s. Incubators	___	___	
t. Minor surgical instruments	___	___	
u. Communication equipments (SSB Radio, phone)	___	___	
v. Scissors	___	___	

E01. TYPE OF INSTRUMENTS (E1TYPE)	E02. Number of [...] instruments at this facility? [including the damaged ones]	E03. The number of instruments owned by this Puskesmas that are in good repair?	E04. The number of privately owned instruments used here?
w. Electrocardiogram	___	___	
aa. Microscopes	___	___	
ba. centrifuges	___	___	
ca. Syringes	___	___	
da. Cholesterol test kit	___	___	
ea. Blood sugar test kit	___	___	

E05. TYPE OF INSTRUMENTS (E2TYPE)	E06. Does this facility have [...]?	E07. Is there enough stock?
a. Antiseptic : 1. Alcohol	3. No ↓ 1. Yes	3. No 1. Yes
2. Betadine	3. No ↓ 1. Yes	3. No 1. Yes
3. Whitfield cream	3. No ↓ 1. Yes	3. No 1. Yes
b. Bandages	3. No ↓ 1. Yes	3. No 1. Yes
c. Gloves	3. No ↓ 1. Yes	3. No 1. Yes
d. Infuse instruments and needles	3. No ↓ 1. Yes	3. No 1. Yes
d1. Disposable needles	3. No ↓ 1. Yes	3. No 1. Yes
d2. Cotton	3. No ↓ 1. Yes	3. No 1. Yes
e. Giemsa dyeing solutions	3. No ↓ 1. Yes	3. No 1. Yes
f. Benedict solutions	3. No ↓ 1. Yes	3. No 1. Yes
g. Wright solutions	3. No ↓ 1. Yes	3. No 1. Yes
h. Pregnancy test (strip)	3. No ↓ 1. Yes	3. No 1. Yes
i. Protein urine tests (strip)	3. No 1. Yes	
j. Glucose urine tests (strip)	3. No 1. Yes	
m. Cholesterol test kit	3. No 1. Yes	
n. Blood sugar test kit	3. No 1. Yes	

SECTION F: DIRECT OBSERVATION

REGISTRATION AND WAITING ROOM

FT1. THE PLACE TO REGISTER IS:	REGISTRATION TABLE 1 WINDOW/BOOTH 2
FT2. DOES THIS ROOM HAVE:	<div>YESNO</div> <div>a. PATIENT REGISTRATION CARDS 13</div> <div>b. REGISTRATION BOOKS 13</div> <div>c. A DRAWER OR PLACE TO STORE FILES..... 13</div>
FT3. IS THE WAITING ROOM CLOSED?	NO WAITING ROOM..... 6 → FT8a NO 3 → FT6 YES 1
FT4. DOES THE ROOM HAVE:	<div>YESNO</div> <div>A. WINDOW 13</div> <div>B. ENOUGH LIGHT 13</div> <div>C. VENTILATION 13</div> <div>D. A FAN 13</div> <div>E. TRASH CAN 13</div> <div>F. BENCH OR CHAIRS 13</div>
FT5. IS THE FLOOR CLEAN ? DIRTY = DUST, FOOD REMNANTS, AND GARBAGE.	DIRTY 1 CLEAN 3
FT6. HOW CLEAN ARE THE WALLS IN THIS ROOM? DIRTY = IF THERE ARE MANY SPIDER WEBS, SCRIBBLINGS, MOISTURE OR PAINT PEELING.	DIRTY 1 CLEAN 3
FT7. WHAT IS THE CONDITION/CLEANLINESS OF THE CEILING IN THIS ROOM? DIRTY = IF THERE ARE MANY SPIDER WEBS, DAMPNESS, ETC.	DIRTY 1 CLEAN 3 BROKEN 5
FT8. When it is the rainy season does this room experience [...]?	<div>YesNo</div> <div>a. Leaks 13</div> <div>b. Splash 13</div> <div>c. Flood 13</div>

FT9. THE STAIRS IS NOT TOO STEEP	Yes 1 No..... 3
FT10. SITTING TOILET IS AVAILABLE TO AVOID THE ELDERLY FROM SQUATTING	Yes 1 No..... 3
FT11. CREEPING OF HANDLING ON THE STAIRS AND TOILET	Yes 1 No..... 3
FT12. SPECIAL COUNTER/ REGISTRATION TABLE FOR ELDERLY	Yes 1 No..... 3

SECTION F: DIRECT OBSERVATION

EXAMINATION ROOM

F1. HOW CLEAN IS THE FLOOR IN THIS ROOM? DIRTY = IF A LOT OF, FOOD REMNANTS, SCATTERED GARBAGE IS FOUND.	DIRTY 1 CLEAN 3																								
F2. HOW CLEAN ARE THE WALLS IN THIS ROOM? DIRTY = IF LOTS OF SPIDER WEBS, SCRIBBLINGS, MOISTURE OR PAINT PEELING OFF	DIRTY 1 CLEAN 3																								
F2a. WHAT IS THE CONDITION/CLEANLINESS OF THE CEILING IN THIS ROOM ? DIRTY = IF THERE ARE LOTS OF SPIDER WEBS, DAMPNESS, ETC.	DIRTY 1 CLEAN 3 BROKEN 5																								
F2b. DOES THE ROOM HAVE:	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>A. WINDOW</td><td>1</td><td>3</td></tr><tr><td>B. ENOUGH LIGHT</td><td>1</td><td>3</td></tr><tr><td>C. VENTILATION</td><td>1</td><td>3</td></tr><tr><td>D. A FAN</td><td>1</td><td>3</td></tr><tr><td>E. WASH BASIN.....</td><td>1</td><td>3</td></tr><tr><td>F. OBSERVATION TABLE</td><td>1</td><td>3</td></tr><tr><td>G. TRASH CAN</td><td>1</td><td>3</td></tr></table>		YES	NO	A. WINDOW	1	3	B. ENOUGH LIGHT	1	3	C. VENTILATION	1	3	D. A FAN	1	3	E. WASH BASIN.....	1	3	F. OBSERVATION TABLE	1	3	G. TRASH CAN	1	3
	YES	NO																							
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E. WASH BASIN.....	1	3																							
F. OBSERVATION TABLE	1	3																							
G. TRASH CAN	1	3																							
F3. ARE THERE CURTAINS SEPARATING THE EXAMINATION ROOMS?	NO 3 → F5 YES..... 1																								
F4. WHAT IS THE CONDITION OF THE CURTAINS? DIRTY = NOT BEEN WASHED FOR A LONG TIME, IF THEY HAVE BLOOD, DIRT, ETC. ON THEM	DIRTY 1 CLEAN 3																								

F5. WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASH STAND WITH RUNNING WATER 1 WASH BASIN WITH CLEAN WATER 3 NOT AVAILABLE 6																								
F8. CHECK: IS THERE A SPECIAL INJECTION ROOM ?	NO 3 → F13 YES 1																								
F9. HOW CLEAN IS THE FLOOR IN THIS ROOM? DIRTY = IF THERE IS LOTS OF DUST, FOOD REMNANTS, SCATTERED GARBAGE.	DIRTY 1 CLEAN 3																								
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F. OBSERVATION TABLE	1	3																							
G. TRASH CAN	1	3																							
F10c. ARE THERE ANY CURTAINS SEPARATING INJECTION ROOM?	NO 3 → F11 YES 1																								

SECTION F: DIRECT OBSERVATION

F10d. WHAT IS THE CONDITION OF THE CURTAINS? DIRTY = NOT BEEN WASHED FOR A LONG TIME, IF THEY HAVE BLOOD, DIRT, ETC. ON THEM.	DIRTY 1 CLEAN 3
F11. WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASH STAND WITH RUNNING WATER 1 WASH BASIN WITH CLEAN WATER .. 3 NOT AVAILABLE 6
F13. For injecting patients, what kind of needle is used?	Disposable 1 ➔ F15 Non disposable 2 Both 3
F14. How are the needles used for injecting patients sterilized? THERE CAN BE MORE THAN ONE ANSWER	With a sterilizer A Boil the needle with boiling water B Rinse it with alcohol..... C Heat the needle with fire..... D Not sterilized E

FP – MCH ROOMS

F15. CHECK POINT: ARE THERE SPECIAL ROOMS FOR FP/MCH?	NO 3 ➔ F30a YES 1
F16. HOW CLEAN ARE THE FLOORS IN THIS ROOM? DIRTY – IF LOTS OF DUST, FOOD REMNANTS, SCATTERED GARBAGE.	DIRTY 1 CLEAN 3
F17a. HOW CLEAN ARE THE CEILINGS IN THIS ROOM? DIRTY – IF THERE ARE LOTS OF SPIDER WEBS, SCRIBBLINGS, MOISTURE, PAINT PEELING OFF.	DIRTY 1 CLEAN 3 BROKEN 5

F17b. DOES THE ROOM HAVE:		YES	NO
	a. WINDOW	1	3
	b. ENOUGH LIGHT	1	3
	c. VENTILATION	1	3
	d. A FAN	1	3
	e. TRASH CAN	1	3
	f. GYNAECOLOGICAL TABLE	1	3
	g. ELIGIBLE WOMEN GRAPHICS	1	3
	h. MCH GRAPHICS	1	3
	i. COUNSELING KIT	1	3
	j. TRASH CAN	1	3
F18. ARE THERE CURTAINS THAT SHUT OFF THE EXAMINATIONS ROOMS?	NO	3 ➔ F20	
	YES	1	
F19. HOW ARE THE CONDITIONS OF THESE CURTAINS? DIRTY = NOT BEEN WASHED FOR A LONG TIME, THEY HAVE BLOOD, DIRT, ETC. ON THEM.	DIRTY	1	
	CLEAN	3	
F20. WHAT ARE THE PROVISIONS FOR WASHING HANDS THAT ARE FOUND IN THIS ROOM?	Wash stand with running water	1	
	Wash basin with clean water	3	
	Not available.....	6	

VACCINE ROOMS

F30a. Does this Puskesmas/Pustu store have vaccines?	No 3 ➔ F40 Yes 1
F30. Where are vaccines stored at this Puskesmas?	No storing place for vaccines available..... 6 ➔ F33 Refrigerator/freezer/special vaccine Cooling box 1 Regular refrigerator 3

SECTION G: FAMILY PLANNING SERVICES

VACCINE STORAGE ROOM

F31. Is there any graphic/record on the freezer's temperature?	No 3 ➔ F33 Yes 1
F32. If there is one, state the the latest record. a. When was the latest record taken b. Freezer's temperature at last record	Date Month Year a. / / b. . Degree Celcius
F33. How many thermos flasks are used for carrying vaccines to the field?	Do not perform immunizations 96 ➔ F40 Thermos 01
F34. For vaccinations, what kind of needle is used?	Disposable..... 1 ➔ F35a Non disposable (CAN BE REUSED) 2 Both 3
F35. How are the needles used for injecting patients sterilized? THERE CAN BE MORE THAN ONE ANSWER	With a sterilizer A Boil the needle with boiling water B Rinse it with alcohol..... C Heat the needle with fire..... D Not sterilized E
F35a. Do you have needles in stock today?	Yes 1 No 3
F35b. In the last 6 months, how many weeks were you out of stock of needles?	Weeks..... 1 Always in stock..... 6 DON'T KNOW 8

LABORATORY

F40. Is there a laboratory at the Puskesmas?	No 3 ➔ SECTION G Yes 1															
F41. HOW CLEAN IS THE FLOOR IN THIS ROOM ? DIRTY = IF A LOT OF DUST, FOOD REMNANTS, SCATTERED GARBAGE	DIRTY 1 CLEAN 3															
F42. HOW CLEAN ARE THE WALLS IN THIS ROOM? DIRTY = IF A LOT OF SPIDER WEBS, SCIBBLINGS, MOISTURE, PAINT PEELING OFF.	DIRTY 1 CLEAN 3															
F43. WHAT PROVISIONS IS MADE FOR HAND WASHING IN THIS ROOM?	WASH STAND WITH RUNNING WATER 1 WASH BASIN WITH CLEAN WATER 3 NONE 6															
F44. IS THERE A GARBAGE CAN IN THIS ROOM?	YES 1 NO 3															
F45. Does this lab have these instruments?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Microscope.....</td><td>1</td><td>3</td></tr><tr><td>b. Centrifuge.....</td><td>1</td><td>3</td></tr><tr><td>c. Spirit Lamp</td><td>1</td><td>3</td></tr><tr><td>d. Slide/ready made glass.....</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Microscope.....	1	3	b. Centrifuge.....	1	3	c. Spirit Lamp	1	3	d. Slide/ready made glass.....	1	3
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SECTION G: FAMILY PLANNING SERVICES

RESPONDENT: PERSON RESPONSIBLE FOR FAMILY PLANNING SERVICE UNIT																	
G0 Name : _____																	
G0x Position : _____																	
G1. How many staff members of the Puskesmas are involved in providing family planning services?	1. <input type="text"/> <input type="text"/> 8. DON'T KNOW																
G2. Mention the number of employees according to the category here below :	<table><thead><tr><th></th><th>Number</th></tr></thead><tbody><tr><td>Doctor</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Midwives</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Village midwives</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Nurses</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Paramedics</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Employees</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Other</td><td><input type="text"/><input type="text"/></td></tr></tbody></table>		Number	Doctor	<input type="text"/> <input type="text"/>	Midwives	<input type="text"/> <input type="text"/>	Village midwives	<input type="text"/> <input type="text"/>	Nurses	<input type="text"/> <input type="text"/>	Paramedics	<input type="text"/> <input type="text"/>	Employees	<input type="text"/> <input type="text"/>	Other	<input type="text"/> <input type="text"/>
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Other	<input type="text"/> <input type="text"/>																

If client desires a certain method that is not available here, where is the patient referred to?		
Type of method	G12.	G13.
	Type of facility	Distance from this Puskesmas
b. Pills	96 ↓ 01 02 03 04 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
c. Injections	96 ↓ 01 02 03 04 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
d. IUD	96 ↓ 01 02 03 04 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
e. Norplant/implant/pins	96 ↓ 01 02 03 04 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
f. Sterilizations	96 ↓ 01 02 03 04 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
g. Condom for female/Femidom	96 ↓ 01 02 03 04 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW

- G12:
01. Government Hospitals

02. Private Hospitals

03. Puskesmas

04. Auxillary Puskesmas
05. Private Clinic

06. Doctors with private practice

07. Midwives/nurses/practicing paramedics

08. Pharmacies

96. NO REFERRAL

SECTION G: FAMILY PLANNING SERVICES

G14.	In what year was the low dose oral contraceptive introduced at this facility?																																									
G15a.	If a mother is breastfeeding her child but wishes to contracept, what methods do you recommend?	Low dose pills A Medium dose pills B IUD C Contraceptive injections D Norplant E Sterilization F Condom G Traditional Methods H																																								
G15b.	If a mother is breastfeeding her child but wishes to contracept, what methods do you recommend the most?	Low dose pills 1 Medium dose pills 2 IUD 3 Contraceptive injections 4 Norplant 5 Sterilization 6 Condom 7 Traditional Methods 8																																								
G16.	In the last year, what complaints have you received from birth control pill users regarding complications/side effects?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. No menstruation.....</td><td>1</td><td>3</td></tr><tr><td>b. Spotting</td><td>1</td><td>3</td></tr><tr><td>c. Meno/metroraia</td><td>1</td><td>3</td></tr><tr><td>d. Change in the menstruation cycle.....</td><td>1</td><td>3</td></tr><tr><td>e. High blood pressure</td><td>1</td><td>3</td></tr><tr><td>f. Weight increase</td><td>1</td><td>3</td></tr><tr><td>g. Cloasma.....</td><td>1</td><td>3</td></tr><tr><td>h. Reduce breast milk</td><td>1</td><td>3</td></tr><tr><td>i. Hair loss.....</td><td>1</td><td>3</td></tr><tr><td>j. Varicose veins.....</td><td>1</td><td>3</td></tr><tr><td>k. Changed sexuality</td><td>1</td><td>3</td></tr><tr><td>l. Discharge.....</td><td>1</td><td>3</td></tr></table>			Yes	No	a. No menstruation.....	1	3	b. Spotting	1	3	c. Meno/metroraia	1	3	d. Change in the menstruation cycle.....	1	3	e. High blood pressure	1	3	f. Weight increase	1	3	g. Cloasma.....	1	3	h. Reduce breast milk	1	3	i. Hair loss.....	1	3	j. Varicose veins.....	1	3	k. Changed sexuality	1	3	l. Discharge.....	1	3
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G17.	In the last year, what complaints have you received from patients receiving contraceptive injections?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. No menstruation.....</td><td>1</td><td>3</td></tr><tr><td>b. Spotting</td><td>1</td><td>3</td></tr><tr><td>c. Meno/metroraia</td><td>1</td><td>3</td></tr><tr><td>d. Change in the menstruation cycle.....</td><td>1</td><td>3</td></tr><tr><td>e. High blood pressure</td><td>1</td><td>3</td></tr><tr><td>f. Weight increase</td><td>1</td><td>3</td></tr><tr><td>g. Cloasma.....</td><td>1</td><td>3</td></tr><tr><td>h. Reduce breast milk</td><td>1</td><td>3</td></tr><tr><td>i. Hair loss.....</td><td>1</td><td>3</td></tr><tr><td>j. Varicose veins.....</td><td>1</td><td>3</td></tr><tr><td>k. Changed sexuality</td><td>1</td><td>3</td></tr><tr><td>l. Discharge.....</td><td>1</td><td>3</td></tr></table>			Yes	No	a. No menstruation.....	1	3	b. Spotting	1	3	c. Meno/metroraia	1	3	d. Change in the menstruation cycle.....	1	3	e. High blood pressure	1	3	f. Weight increase	1	3	g. Cloasma.....	1	3	h. Reduce breast milk	1	3	i. Hair loss.....	1	3	j. Varicose veins.....	1	3	k. Changed sexuality	1	3	l. Discharge.....	1	3
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COMPLICATIONS/SIDE EFFECTS

G18.	In the last year, what complaints have you received for side effects/complications from Cooper T IUD users?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. No menstruation.....</td><td>1</td><td>3</td></tr><tr><td>b. Spotting</td><td>1</td><td>3</td></tr><tr><td>c. Meno/metroraia</td><td>1</td><td>3</td></tr><tr><td>d. Change in the menstruation cycle.....</td><td>1</td><td>3</td></tr><tr><td>e. High blood pressure</td><td>1</td><td>3</td></tr><tr><td>f. Weight increase</td><td>1</td><td>3</td></tr><tr><td>g. Cloasma.....</td><td>1</td><td>3</td></tr><tr><td>h. Reduce breast milk</td><td>1</td><td>3</td></tr><tr><td>i. Hair loss.....</td><td>1</td><td>3</td></tr><tr><td>j. Varicose veins.....</td><td>1</td><td>3</td></tr><tr><td>k. Changed sexuality.....</td><td>1</td><td>3</td></tr><tr><td>l. Discharge.....</td><td>1</td><td>3</td></tr><tr><td>m. Translocation.....</td><td>1</td><td>3</td></tr></table>			Yes	No	a. No menstruation.....	1	3	b. Spotting	1	3	c. Meno/metroraia	1	3	d. Change in the menstruation cycle.....	1	3	e. High blood pressure	1	3	f. Weight increase	1	3	g. Cloasma.....	1	3	h. Reduce breast milk	1	3	i. Hair loss.....	1	3	j. Varicose veins.....	1	3	k. Changed sexuality.....	1	3	l. Discharge.....	1	3	m. Translocation.....	1	3
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G19.	In the last year, what complaints have you received regarding complications/side effects from Implant users?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. No menstruation.....</td><td>1</td><td>3</td></tr><tr><td>b. Spotting</td><td>1</td><td>3</td></tr><tr><td>c. Meno/metroraia</td><td>1</td><td>3</td></tr><tr><td>d. Change in the menstruation cycle.....</td><td>1</td><td>3</td></tr><tr><td>e. High blood pressure</td><td>1</td><td>3</td></tr><tr><td>f. Weight increase</td><td>1</td><td>3</td></tr><tr><td>g. Cloasma.....</td><td>1</td><td>3</td></tr><tr><td>h. Reduce breast milk</td><td>1</td><td>3</td></tr><tr><td>i. Hair loss.....</td><td>1</td><td>3</td></tr><tr><td>j. Varicose veins.....</td><td>1</td><td>3</td></tr><tr><td>k. Changed sexuality.....</td><td>1</td><td>3</td></tr><tr><td>l. Discharge.....</td><td>1</td><td>3</td></tr></table>			Yes	No	a. No menstruation.....	1	3	b. Spotting	1	3	c. Meno/metroraia	1	3	d. Change in the menstruation cycle.....	1	3	e. High blood pressure	1	3	f. Weight increase	1	3	g. Cloasma.....	1	3	h. Reduce breast milk	1	3	i. Hair loss.....	1	3	j. Varicose veins.....	1	3	k. Changed sexuality.....	1	3	l. Discharge.....	1	3			
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SECTION CP: INTERVIEW SESSION NOTES

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

INTERVIEWER NOTE