

INTERVIEWER: _____	CONFIDENTIAL	IDW: _____
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EDITOR: \_\_\_\_\_

EAST INDONESIAN FAMILY LIFE SURVEY 2012  
HEALTH FACILITY

DOCTOR / CLINIC / MIDWIFE / PARAMEDIC / NURSE / VILLAGE MIDWIFE

SECTIONS: LK, PB, A, B, PH, C, BD, E, H, CP

NAME OF FACILITY: \_\_\_\_\_ FACILITY CODE \_\_\_\_\_ / BOOK TYPE \_\_\_\_\_  
P R A

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

SECTION LK : CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	
LK02.	Kabupaten/Kota _____	
LK03.	Kecamatan _____	
LK04.	Village/Urban Township/Nagari _____	
LK05.	Region : 1. Urban    2. Rural	
LK07a.	Facility location : a. Latitude       °       ' b. Longitude       °       '	
LK08.	a. Address : _____ : _____ b. Description of location : _____ c. Postal code : _____	
LK09.	Phone number: A. Phone number       . a. area code    b. number B. Cellphone no.    , belonging to _____ W. NOT APPLICABLE    Y. DON'T KNOW	
LK13.	Name of Facility : 1. Private physician 2. Clinic 3. Midwife 4. Paramedic/Nurse 5. Village midwife	

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

SECTION PB : JOINT PRACTICE

Now, we would like to ask you some information about your place of practice.

<b>PB1.</b> Does this facility have more than one medical workers?	No .....3 ➔SECTION A Yes ..... 1
<b>PB2.</b> How many medical workers practice at this place?	___ medical workers
<b>PB3.</b> How many [...] practice at this place:  A. General practitioner  B. Pediatrician  C. Obstetrician  D. Internist  E. Ear, nose, and throat specialist  F. Dentist  G. Midwife  H. Nurse  I. Other specialist  J. Paramedics	  A. ___ people  B. ___ people  C. ___ people  D. ___ people  E. ___ people  F. ___ people  G. ___ people  H. ___ people  I. ___ people  J. ___ people
<b>PB4.</b> Do the medical workers in this place of practice share the same medical equipment?	Yes ..... 1 No .....3
<b>PB5.</b> In this place of practice, how is the financial matters managed?	Jointly managed ..... 1 Individually managed .....2 Other .....3

SECTION A : GENERAL

Now, we would like to ask about your history.

A1. Name : _____		A2. Age : ____ Years      8. DON'T KNOW	
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A2x Sex	Male ..... 1 Female ..... 3
A2a. Are you a doctor?	Yes ..... 1 No ..... 3
A2b. What is the highest level of education you have completed?	High School/Paramedics School ..... 01 D1/Midwife ..... 02 D2 ..... 03 D3/Akper ..... 04 College/S1 ..... 05 Public Health ..... 06 S2/S3 ..... 07 Other ..... 95
A2bb What Accreditation of universities you?	a. accreditation A b. accreditation B c. accreditation C d. Still in the process waited for the results e. not accredited f. have not been registered Y. Don't know
A2c. Are you a Bidan Delima?	NA (Doctor) ..... 6 → A3 No ..... 3 → A3 Yes ..... 1
A2d. How long was the additional training to be a Bidan Delima?	6. No additional training → A3a 1. Training ____ 1. Weeks 2. Months
A2e. How much is the cost of training and certication to be a Bidan Delima?	1. ____, ____, ____ Rp 3. No charge → A3a

A3. At what university did you graduate as physician: a. Name of University? b. Date graduated?	a. University of Indonesia ..... 01 University of Gadjah Mada ..... 02 University of Airlangga ..... 03 University of Diponegoro ..... 04 University of Padjajaran ..... 05 Other state university ..... 06 Private university ..... 07 Other ..... 95 b. Year of graduation ____									
A3a. In what year did you first start your practice?	Year ____									
A4. How long have you been practicing here?	a. ____ years b. ____ months									
A5. What is the status of the place where you practice?	Own house ..... 01 Government house ..... 02 Other place, rented/contracted/ income sharing ..... 03 Other place, own property ..... 04 Puskesmas/Pustu ..... 05 Hospital ..... 06 Other ..... 95									
A6. Before practicing here, were you ever a practicing physician at :	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. another location, in the same village.....</td><td>1</td><td>3</td></tr><tr><td>b. another location, in the same kecamatan.....</td><td>1</td><td>3</td></tr></table>		Yes	No	a. another location, in the same village.....	1	3	b. another location, in the same kecamatan.....	1	3
	Yes	No								
a. another location, in the same village.....	1	3								
b. another location, in the same kecamatan.....	1	3								
A7. Do you as a physician also have another place of practice?	No ..... 3 → A9 Yes ..... 1									

SECTION A : GENERAL

<b>A8.</b> How far is this practice place from here? <b>[IF THERE IS MORE THAN ONE PLACE TO PRACTICE MENTION THE NEAREST ONE]</b>	Less than 5 km ..... 1 Between 5 and 10 kms ..... 3 More than 10 kms ..... 5
<b>A9.</b> Do you speak the local language?	Yes ..... 1 No ..... 3
<b>A10.</b> Do you originate from this province?	Yes ..... 1 No ..... 3
<b>A10a.</b> Other than this practice, do you have another day job?	No ..... 3 → <b>A17</b> Yes ..... 1
<b>A11.</b> Where is this other job?	Health center/subcenter ..... 01 Government hospital ..... 02 Office/health administration ..... 03 Military agency ..... 04 BUMN/BUMD health facility ..... 05 Other department ..... 06 Private health agency ..... 07 Private non medical facility ..... 08 Village midwife ..... 10 University ..... 11 Other ..... 95
<b>A12.</b> Please give us the name and address of your primary place of work:  <b>(IF ADDRESS IS THE SAME AS IN LK, CIRCLE “3”)</b>	a. Institution ..... b. Address ..... 8. DK c. Village 1. .... 3. Same 8. DK d. Kecamatan 1. .... 3. Same 8. DK e. Kabupaten 1. .... 3. Same 8. DK f. Province 1. .... 3. Same 8. DK
<b>A26.</b> Which category best describes the work you did in your other job?	Unpaid family worker ..... 06 Self employed ..... 01 Self-employed with unpaid family worker/temporary worker ..... 02 Self-employed with permanent worker ..... 03 Government worker ..... 04 Private worker ..... 05 Casual worker in agriculture ..... 07 Casual worker not in agriculture ..... 08
<b>A27.</b> Normally, what is the approximate total number of hours you work per week for your other job?	hours/week ..... 1 DON'T KNOW ..... 8

<b>A27a</b> What is your estimated monthly income from main employment?	1. . . . . Rp.  8. DON'T KNOW 6. Unpaid family worker
<b>A17.</b> Do you have electricity at this place of practice?	No ..... 3 → <b>A19</b> Yes ..... 1
<b>A18.</b> If yes, mention the electricity source used:	PLN (state electricity company) ..... 01 Local government/government agency ..... 02 Generator of community health center ..... 03 Public self reliance ..... 04 Private company/cooperative ..... 05 Other ..... 95
<b>A19.</b> Mention the main water source used:	Mineral water/Aqua ..... 10 → <b>A21a</b> Pipewater (PAM) ..... 01 Pump water (electrical/manual) ..... 02 Well ..... 03 Spring ..... 04 Rainwater ..... 05 Riverwater ..... 06 Lake water ..... 07 Pond/Fish pond ..... 08 Water collection basin ..... 09 Other ..... 95
<b>A20.</b> Is this water source located in the building?	Yes ..... 1 → <b>A21a</b> No ..... 3
<b>A21.</b> If not, how far is the water source from the practice?	Less than 10 meters ..... 1 10 - 30 meters ..... 2 More than 30 meters ..... 3
<b>A21a</b> How about your income from the overall total that you hold practices?	1. . . . . Rp.  8. DON'T KNOW

SECTION A : GENERAL

(ATYPE)	A23.			A24.
	Since 2007 have daily activities been disrupted by [...] ?			How did the change in [...] affect services at this facility?
A. Availability of drugs	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
B. Availability of equipment	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
C. Availability of water	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
D. Price of drugs	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
E. Price of equipment	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
F. Price of fuels	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
G. Price of other goods	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
H. Number of patients	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
I. Number of staff	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
J. Family planning supplies	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
K. Air Quality (Smoke from forest fires)	6. NA ↓	3. No ↓	1. Yes →	1. Yes, became better 2. No change 3. Yes, became worse
	SECTION B	SECTION B		

SECTION B : SERVICE ABILITY

Now, we would like to ask about the time and the types of service in this facility.

(B1TYPE)	B2a.	B2b.	B3a.	B3b.
When do you open your practice? On:	Opening time in morning	Closing time in morning	Opening time in afternoon	Closing time in afternoon
a. Monday _____	:	:	:	:
b. Tuesday _____	:	:	:	:
c. Wednesday _____	:	:	:	:
d. Thursday _____	:	:	:	:
e. Friday _____	:	:	:	:
f. Saturday _____	:	:	:	:
g. Sunday _____	:	:	:	:

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	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. Inpatient	3. No      1. Yes → ↓	1.     ,     Rp. 3. No Charge	per day		
2a. Curative care for adult	3. No      1. Yes → ↓	1.     ,     Rp. 3. No Charge	per visit		
2b. Curative care for children	3. No      1. Yes → ↓	1.     ,     Rp. 3. No Charge	per visit		
2. Only examination	3. No      1. Yes → ↓	1.     ,     Rp. 3. No Charge	per visit		
3. Examination + injection + medicine	3. No      1. Yes → ↓	1.     ,     Rp. 3. No Charge	per visit		
4. Examination + injection	3. No      1. Yes → ↓	1.     ,     Rp. 3. No Charge	per visit		
5. Examination + medicine	3. No      1. Yes → ↓	1.     ,     Rp. 3. No Charge	per visit		

SECTION B : SERVICE ABILITY

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	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?
6. Stitching of wounds a. First stitch	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per stitch		
b. Additional stitches	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per stitch		
7. Changing of wound dressing	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per visit		
8. Incision of abscess/piercing of boils	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per action		
9. Circumcisions	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per time		
11. Medical treatment for tuberculoses [TBC]	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per visit		
10. Check up/health examination	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per visit		
26. Dental exam	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per exam		
12. Prenatal care	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per exam		
13. Aid for childbirth	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per delivery		
17. Supply of Oral Contraceptives a. Microgynon30 [PT Schering]	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
b. Marvelon 28	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
c. Exluton 28	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6



SECTION B : SERVICE ABILITY

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	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. Nordette	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
f. Pil KB Andalan	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
v. Other _____	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
19. IUD Copper T a. Insertion	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment for one time insertion	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
b. Removal	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Pre treatment for one time removal		
20. Contraceptive injection a. Depo-Provera	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
b. Depo- Progestin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
c. Noristerat	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
d. Cyclofeem	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
e. Cyclogeston	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6
f. KB Andalan	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	per treatment	Yes .....1 No.....3	weeks ..... 1 NEVER ..... 6

SECTION B : SERVICE ABILITY

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	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?
21. Norplant a. Insertion	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	Per treatment for one time insertion	Yes ..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
b. Removal	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	Per treatment for one time insertion		
c. Insertion of Implanon	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	Per treatment for one time insertion	Yes ..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
d. Removal of Implanon	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	Per treatment for one time insertion		
24. Treatment of contraceptive side effects	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	per treatment		
25. Family Planning check Up/Counseling	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	per treatment		
27. Blood pressure examination	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	per treatment		
28. Cholesterol exam	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	per treatment		
29. Blood sugar test	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	per treatment		
30. Osteoporosis exam	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	per treatment		
31. Cardio-test (Heart examination/ECG)	3. No      1. Yes → ↓	1.   ,    Rp. 3. No Charge	per treatment		

SECTION B : SERVICE ABILITY

SERVICE TYPE (B2TYPE)	B5.	B6.	B7.	B7a.	B7b.
	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?
32. Vaccines a. BCG	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes ..... 1 No.....3	weeks ..... 1 NEVER ..... 6
b. DPT	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes ..... 1 No.....3	weeks ..... 1 NEVER ..... 6
c. Anti polio	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes ..... 1 No.....3	weeks ..... 1 NEVER ..... 6
d. Measles	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes ..... 1 No.....3	weeks ..... 1 NEVER ..... 6
e. Tetanus Toxoid	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes ..... 1 No.....3	weeks ..... 1 NEVER ..... 6
f. Hepatitis B, for infants	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes ..... 1 No.....3	weeks ..... 1 NEVER ..... 6
g. Hepatitis B, for adult	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment	Yes ..... 1 No.....3	weeks ..... 1 NEVER ..... 6
33 Treatment of Malaria	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment		
34 DBD treatment	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment		
35 Treatment of HIV-AIDS	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment		
36 Treatment of Diarrhea	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per treatment		

SECTION B : SERVICE ABILITY

Now, we would like to ask about patients that cannot be treated and need to be referred to another facility.

(B3TYPE)	A. Hospital	B. Puskesmas	C. Laboratory
<b>B10.</b> If patient must be referred to another facility, do you send the patient to [...]?	<div>1. Yes3. No →</div> <div>↓</div> <div>1. Name8. DK</div> <div>1. Address8. DK</div> <div>1. Location8. DK</div> <div>Vill: 1. 3. Same8. DK</div> <div>Kec: 1. 3. Same8. DK</div> <div>Kab: 1. 3. Same8. DK</div> <div>Prov: 1. 3. Same8. DK</div>	<div>1. Yes3. No →</div> <div>↓</div> <div>1. Name8. DK</div> <div>1. Address8. DK</div> <div>1. Location8. DK</div> <div>Vill: 1. 3. Same8. DK</div> <div>Kec: 1. 3. Same8. DK</div> <div>Kab: 1. 3. Same8. DK</div> <div>Prov: 1. 3. Same8. DK</div>	<div>1. Yes3. No → <b>B14</b></div> <div>↓</div> <div>1. Name8. DK</div> <div>1. Address8. DK</div> <div>1. Location8. DK</div> <div>Vill: 1. 3. Same8. DK</div> <div>Kec: 1. 3. Same8. DK</div> <div>Kab: 1. 3. Same8. DK</div> <div>Prov: 1. 3. Same8. DK</div>
<b>B11.</b> What is the distance that must be traveled from your facility to the referred facility?	<div>1. . Km</div> <div>8. DON'T KNOW</div>	<div>1. . Km</div> <div>8. DON'T KNOW</div>	<div>1. . Km</div> <div>8. DON'T KNOW</div>
<b>B13.</b> Approximately how much does it cost the referred patient to travel one way to the referred facility?	<div>1. , Rupiah</div> <div>8. DON'T KNOW</div>	<div>1. , Rupiah</div> <div>8. DON'T KNOW</div>	<div>1. , Rupiah</div> <div>8. DON'T KNOW</div>
<b>B13a.</b> If a poor patient is referred to [...], is he/she provided with transportation to the facility?	<div>3. No, neither transportation nor money is provided→<b>B10 NEXT COLUMN</b></div> <div>1. Yes, transportation is provided using ambulance free of charge</div> <div>2. Yes, patient is provided with money to travel to the referred facility</div>	<div>3. No, neither transportation nor money is provided→<b>B10 NEXT COLUMN</b></div> <div>1. Yes, transportation is provided using ambulance free of charge</div> <div>2. Yes, patient is provided with money to travel to the referred facility</div>	<div>3. No, neither transportation nor money is provided→<b>B14</b></div> <div>1. Yes, transportation is provided using ambulance free of charge</div> <div>2. Yes, patient is provided with money to travel to the referred facility</div>
<b>B13b.</b> What is the market value of the transportation provided?	<div>1. , Rupiah</div> <div>8. DON'T KNOW</div> <div>→ NEXT COLUMN</div>	<div>1. , Rupiah</div> <div>8. DON'T KNOW</div> <div>→ NEXT COLUMN</div>	<div>1. , Rupiah</div> <div>8. DON'T KNOW</div> <div>→ B14</div>

SECTION B : SERVICE ABILITY

Number of patient visits:

B14.	B15.	B16.			
<b>WRITE ALL PATIENT VISITS IN THIS PRACTICE PLACE DURING THE LAST WEEK, BEGINNING SUNDAY THROUGH SATURDAY!</b>  a. Date   /   / Month   /   /  until b. Date   /   / Month   /   /  c. Not practicing →B16ba	Hari	Number of patient [...] Total			
	A. Sunday	1.	3. NONE	6. Not Open	8. DK
	B. Monday	1.	3. NONE	6. Not Open	8. DK
	C. Tuesday	1.	3. NONE	6. Not Open	8. DK
	D. Wednesday	1.	3. NONE	6. Not Open	8. DK
	E. Thursday	1.	3. NONE	6. Not Open	8. DK
	F. Friday	1.	3. NONE	6. Not Open	8. DK
	G. Saturday	1.	3. NONE	6. Not Open	8. DK

<b>B16ba.</b> Do you provide services free of charge or at discount for the poor?	No ..... 3 → B16f Yes ..... 1
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B5TYPE	B16da.
	How much is the service charge for [...] for the poor?
A. Basic examination + medicine/injection	,       Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
B. Antenatal services	,       Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
C. Delivery	,       Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
E. Child Immunization	,       Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
F. Contraceptive pill	,       Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6
G. Contraceptive injection	,       Rupiah ..... 1 Same as other patients ..... 2 Free of charge ... ..... 3 No service ..... 6

<b>B16f.</b> Since 2007, is there a change in the number of patients visiting this facility per week?	Increased a lot ..... 01 Increased somewhat..... 02 No change ..... 03 Decreased somewhat..... 04 Decreased a lot..... 05
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SECTION B : SERVICE ABILITY

Laboratory examination

B17. KINDS OF TESTS (B4TYPE)	B18. Can lab work be done in this practice?	B19. How much are the patients charged?	B20. When patients are referred to an outside testing site for lab work, what is the distance from this practice to the extended site?
a. Hemoglobin (Hb)	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
b. Leukocyte count	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
c. Blood typing	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
d. Erythrocyte count	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
e. Urinalisis	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
f. Pregnancy Test	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
g. Faeces examination	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
h. Sputum examination	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
i. Cholesterol examination	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
j. Blood sugar test	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
k. Osteoporosis / bone density examination	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW
l. Lung examination	No..... 3 ➔ B20 Yes ..... 1	1.   ,    Rupiah ↓ 8. DON'T KNOW ↓	1.   .    km 8. DON'T KNOW

**SECTION B : SERVICE ABILITY**

	B21	B22
service (B5TYPE)	Do you ever deal with cases of patients [...]	In the past 12 months how many cases are handled?
A. Pregnant women at high risk	3. No ↓ 1. Yes	□ □ □ □
B. Neonatal high risk	3. No ↓ 1. Yes	□ □ □ □
C. born with LBW(Low Birth Weight Babies)	3. No ↓ 1. Yes	□ □ □ □
D. diarrhea patients	3. No ↓ 1. Yes	□ □ □ □
E. Dengue Hemorrhagic Fever patients	3. No ↓ 1. Yes	□ □ □ □
F. Malaria patients	3. No ↓ 1. Yes	□ □ □ □
G. Malnutrition patients	3. No ↓ 1. Yes	□ □ □ □
H. TB patients	3. No ↓ 1. Yes	□ □ □ □
I. HIV-AIDS cases	3. No ↓ 1. Yes	□ □ □ □

SECTION PH: PHARMACY

PH00.	Do you provide prescription for the patients?	No .....3➔PH03 Yes.....1
PH01.	Where do you refer the patients for the medicine?	Pharmacy of private practice .....1 Referred pharmacy .....2
PH02.	Kindly mention the name and address of pharmacy that you usually recommend the patients  <b>INTERVIEWER CHECK: WRITE DOWN THE NAME, ADDRES, LOCATION AND INTERVIEW THE PHARMACY</b>	Pharmacy : _____  Address : _____  : _____  Description of location : _____  Postal code : [ ][ ][ ][ ][ ][ ][ ]  A. Phone number : [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ] a. code b. number  B. Cellphone number : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] belonging to _____  W. NA Y. DK
PH02x	INTERVIEWER’S NOTE: HAS INTERVIEW BEEN CONDUCTED IN DRUG STORE?	No .....3 Yes, with facility code [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] .....1 ➔NEXT SECTION



SECTION PH: PHARMACY

	PH03.	PH04.	PH05.	PH06.	PH07.
TYPE OF MEDICINE	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?
27. Antibiotic a. Amoxycillin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes ..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
b. Cotrimoxazole	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
c. Ampicillin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
d. Procaine Penicillin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
e. Benzathine Penicillin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
f. Gentamycin/kanamycine	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
g. Ceftriaxone	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
h. Ciprofloxacin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
i. Norfloxin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
j. Spectinomycin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
k. Doxycycline	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6

SECTION PH: PHARMACY

TYPE OF MEDICINE	PH03. Is there any [...] service?	PH04. Cost of the service? [including first visit registration fee]	PH05. Units	PH06. Is this [...] in stock today?	PH07. In the last 6 weeks how many weeks was [...] out of stock?
I. Tetracycline	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
m. Erythromycin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
n. Metronidazole	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
o. Eye oinment Antibiotics	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
28. Analgetic a. Ibuprofen	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
29. Antipyretic a. Acetosal	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
b. Paracetamol	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
c. Other antipyretic, NSAID	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
30. Anti fungi: a. Nystatin	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
31. Antihelminth: a. Mebendazole	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
32. Anti -TBC (short-term): a. Pyrazinamide	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6
b. TB blister pack	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule/injection 4. Piece/item	Yes.....1 No .....3	weeks ..... 1 NEVER ..... 6

SECTION PH: PHARMACY

TYPE OF MEDICINE	PH03. Is there any [...] service?	PH04. Cost of the service? [including first visit registration fee]	PH05. Units	PH06. Is this [...] in stock today?	PH07. In the last 6 weeks how many weeks was [...] out of stock?
c. Rifampicin	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/injection 4. Piece/item	Yes ..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
d. Ethambutol	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
e. Isoniazid	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
f. INH	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
g. EH (Etham+Iso)	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
h. Rifater (Rif+Iso+Pyran)	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
33. Anti malaria					
a. Chloroquine	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
b. Pyrimethamine	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
c. Quinine	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
d. Sulfadoxine	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/injection 4. Piece/item	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6
34. Oralit	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	Per sachet	Yes..... 1 No ..... 3	<input type="text"/> <input type="text"/> weeks ..... 1 NEVER ..... 6

SECTION PH: PHARMACY

	PH03.	PH04.	PH05.	PH06.	PH07.
TYPE OF MEDICINE	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?
36. Vitamin A	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	Per capsule	Yes ..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
37. Medicine to control blood pressure: Methyldopa	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
38. Anesthetic					
a. Valium	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
b. Lidocaine	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
c. Magnesium Sulfate	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
d. Oxytocin-ergometrine	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
39. Simvastatin (Medicine to lower cholesterol)	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
40. Metformin (Medicine to control blood sugar)	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6
41 Diazepam (medication to anti-seizure)	3. No ↓ 1. Yes →	1.   ,    Rp. 3. No Charge	1. Strip    3. Ampule/injection 2. Bottle   4. Piece/item	Yes..... 1 No ..... 3	weeks ..... 1 NEVER ..... 6

SECTION C : HEALTH INSTRUMENTS

Now, we want to ask about medical instruments used in this place.

KINDS OF INSTRUMENTS (C1TYPE)	C2.	C3.	C3A.
	Do you have this instrument?	Does the [...] function properly?	Are [...] of these instruments enough to meet your practice's needs?
a. Regular stethoscope	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
b. Stethoscope to examine pregnancy	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
c. Blood pressure monitor	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
d. Sterilisatir.aytickave	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
e. Adult scales	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
f. Baby scales	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
g. Measurers for body height	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
h. Thermometer	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
i. Beds	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
j. Normal delivery set	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
k. Forceps	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
l. Vaginal Speculum	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
m. Sahli Set	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
n. Scalpel	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
o. Hammer for reflexes	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
p. Flash light	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
q. Disposable needles	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
r. Sterile table	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
s. Pinset	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
t. Tongue depressor	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
u. Uteriane sound	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
v. Electrocardiogram (ECG) machine	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
aa. Microscopes	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ba. Centrifuges	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No

KINDS OF INSTRUMENTS (C1TYPE)	C2.	C3.	C3A.
	Do you have this instrument?	Does the [...] function properly?	Are [...] of these instruments enough to meet your practice's needs?
ca. Syringes	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
da. Cholesterol test kit	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ea. Blood sugar test kit	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
fa. Gynecological Table	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ga. Spotlight	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ha. Refrigerator/cold storage	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ia. suction mucus	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No
ja. mask	3. No 1. Yes ↓	1. Yes 3. No	1. Yes 3. No

SECTION C : HEALTH INSTRUMENTS

	C5.	C6.
KINDS OF INSTRUMENTS (C2TYPE)	Does this practice place have a [...]?	Does the [...] function properly?
a. Antiseptic: 1. Alcohol	3. No 1. Yes	
2. Betadine	3. No 1. Yes	
3. Whitfield cream	3. No 1. Yes	
b. Bandages	3. No 1. Yes	
c. Oxygen tank	3. No 1. Yes ↓	1. Yes 3. No
d. Incubator	3. No 1. Yes ↓	1. Yes 3. No
d1. Cotton	3. No 1. Yes	
e. Minor surgical instruments	3. No 1. Yes ↓	1. Yes 3. No
f. Infuse instruments and needles	3. No 1. Yes ↓	1. Yes 3. No
g. Gloves	3. No 1. Yes	
h. Scissors	3. No 1. Yes ↓	1. Yes 3. No
i. Giemsa solution	3. No 1. Yes	
j. Benedict solution	3. No 1. Yes	
k. Wright solution	3. No 1. Yes	
l. Pregnancy test (strip)	3. No 1. Yes	
m. Protein test (strip)	3. No 1. Yes	
n. Glucose test (Strip)	3. No 1. Yes	
t. Cholesterol test kit	3. No 1. Yes ↓	1. Yes 3. No
u. Blood sugar test kit	3. No → BD00a 1. Yes	1. Yes 3. No

SECTION BD: VILLAGE MIDWIFE

Now, we want to ask about the activities of village midwife.

<b>BD00a.</b> INTERVIEWER CHECK : LK13 IS RESPONDENT A VILLAGE MIDWIFE IN THIS VILLAGE? LK13 = 5 (VILLAGE MIDWIFE) ?	NO.....3 ➔SECTION E YES.....1
<b>BD01a.</b> How many hours per week, on average, do you spend your time to : a. Provide antenatal/postnatal services ..... b. Provide Family Planning services ..... c. Treat patient for other problem besides antenatal and postnatal care ..... d. Strengthening community health through Posyandu etc. .... e. Organizing supplementary food program (PMT) ..... f. Administrative tasks/data management ..... v. Other.....	a.    hours b.    hours c.    hours d.    hours e.    hours f.    hours v.    hours
<b>BD01aa.</b> How many hours in a week do you spend your time performing duties as the Village Midwife?	hours/week
<b>BD01ba.</b> On average, the percentage of your patients in a week which are [...] is: a. Female (15 years or more)..... b. Male (15 years or more)..... c. Children 5-14 years..... d. Children less than 5 years.....	a. b. c. d.
<b>BD02a.</b> Of the <b>medical equipment</b> that you used in providing health services, what is the percentage that you privately purchased?	percent
<b>BD03b.</b> Of the <b>medicine</b> that you used in providing health services, what is the percentage that you privately purchased?	percent
<b>BD04b.</b> Of the <b>contraceptives</b> that you used in providing health services, what is the percentage that you privately purchased?	percent

<b>BD04a.</b> Where is your place of practice?	Polindes ..... 01 Puskesmas building ..... 02 Office of village head..... 03 Building/place owned by community ..... 04 Own house ..... 06 Other government building ..... 07 Other..... 95
<b>BD08.</b> Are you in communication with traditional midwives in this village?	No Traditional Midwife..... 6 ➔ SECTION E No ..... 3 Yes ..... 1
<b>BD09.</b> Do you consult with the traditional midwives in this village?	Yes ..... 1 No ..... 3
<b>BD10.</b> Have you ever worked cooperatively with a traditional midwife in performing childbirth?	Yes ..... 1 No ..... 3

SECTION E: DIRECT OBSERVATION

EXAMINATION ROOM

E1.	HOW CLEAN IS THE FLOOR IN THIS ROOM? (DIRTY=IF A LOT OF DUST, FOOD REMNANTS, SCATTERED GARBAGE ARE FOUND)	DIRTY ..... 1 CLEAN ..... 3
E2.	HOW CLEAN ARE THE WALLS IN THIS ROOM? (DIRTY=IF MANY SPIDER WEBS, SCRIBBLING, DUST, MOISTURE, PAINT PEELING OFF ARE FOUND)	DIRTY ..... 1 CLEAN ..... 3
E3.	ARE THERE CURTAINS THAT SEPARATE THE EXAMINATION ROOM?	NO ..... 3 ➔ E5 YES ..... 1
E4.	HOW CLEAN ARE THESE CURTAINS? (DIRTY=WHEN IT LOOKS UNWASHED, THERE ARE BLOOD STAINS, OR OTHER DIRT STICKING TO IT)	DIRTY ..... 1 CLEAN ..... 3
E5.	WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASHING STAND WITH RUNNING WATER ..... 1 WASH BASIN WITH CLEAN WATER ..... 3 NOTHING AVAILABLE ..... 5
E6.	IS THERE A WASTE BASKET IN THE ROOM?	YES ..... 1 NO ..... 3
E7.	IS THERE AN EXAMINATION TABLE IN THE ROOM?	YES ..... 1 NO ..... 3
E8.	What kind of needles are used for injections?	Don't give injections ..... 4 ➔ E10 Disposable (used once) ..... 1 ➔ E10 Non Disposable (used repeatedly) ..... 2 Both ..... 3
E9.	How are needles sterilized?  MORE THAN ONE ANSWER POSSIBLE	With a sterilizer ..... A Boiling the needle in boiling water ..... B Rinsing in alcohol ..... C By heating the needle with fire ..... D No sterilization ..... E Other ..... V

KIA – KB (MCH-FP) ROOM

E10.	CHECK POINT: IS THERE A SPECIAL ROOM FOR MCH-FP ACTIVITIES?	NO ..... 3 ➔ E18 YES ..... 1
E11.	HOW CLEAN ARE THE FLOORS IN THIS ROOM? (DIRTY=IF A LOT OF DUST, FOOD REMNANTS, SCATTERED GARBAGE ARE FOUND)	DIRTY ..... 1 CLEAN ..... 3
E12.	HOW CLEAN ARE THE WALLS IN THIS ROOM? (DIRTY=IF MANY SPIDER WEBS, SCRIBBLING, DUST, MOISTURE, PAINT PEELING OFF ARE FOUND)	DIRTY ..... 1 CLEAN ..... 3
E13.	ARE THERE CURTAINS THAT SEPARATE THE EXAMINATION ROOM?	NO ..... 3 ➔ E15 YES ..... 1
E14.	HOW CLEAN IS THIS CURTAIN? (DIRTY=WHEN IT LOOKS UNWASHED, THERE ARE BLOOD STAINS, OR OTHER DIRT STICKING TO IT)	DIRTY ..... 1 CLEAN ..... 3
E15.	WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASHING STAND WITH RUNNING WATER ..... 1 WASH BASIN WITH CLEAN WATER ..... 3 NOTHING AVAILABLE ..... 5
E16.	IS THERE A WASTEBASKET IN THE ROOM?	YES ..... 1 NO ..... 3
E17.	IS THERE A GYNECOLOGICAL EXAMINATION TABLE IN THIS ROOM?	YES ..... 1 NO ..... 3
E18.	Where are the vaccines kept?  (CIRCLE ALL THAT APPLY)	Refrigerator/freezer/special vaccine box ..... A Regular refrigerator ..... B Refrigerator without electricity ..... C No place to keep vaccine ..... D Other ..... V



SECTION H : VIGNETTES FACILITY

Curative Care for Adult

H1.	Does this health facility provide curative care for adults?	No .....3 →H15 Yes .....1
H2.	Name of Respondent : _____	
H3.	Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife .....04 Paramedic .....05
H4.	In what year did you complete your studies?	_____
H5.	Have you received additional training since you graduated?	No .....3→H9 Yes .....1

Can you tell me, for each of the following areas, whether you received additional training and, if so, when this training occurred?

	H6.	H7.	H8.
	Have you ever received training of [...] after you finished the study?	In the last 12 months?	In the last 5 years?
1. Diagnostic algorithm for adult diseases	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes
2. Non-communicable disease	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes
3. Respiratory disease	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes
4. Antibiotic for respiratory disease	1. Yes 3. No↓	3. No 1. Yes↓	3. No 1. Yes

H9.	For the rest of the interview, we would like to understand the process by which you examine an adult person suffering from cough and fever. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case.
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INSTRUCTIONS TO INTERVIEWER:

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H11 - H14.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H11-H14.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE.

H10.	Pak Widyono came to this facility with a complaint of coughing and a fever. Now I would like to ask you exactly what you would do for this patient..
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H11.	What questions do you ask the patient about his cough and fever, and current health?	Mentioned spontaneously	Prompted
a.	How long have you suffered from this condition?	1	2 3
b.	Any shortness of breath?	1	2 3
c.	Is there any blood when you cough?	1	2 3
d.	What was the color of the sputum?	1	2 3
e.	Do you have any pain in the chest?	1	2 3
f.	Any weight loss?	1	2 3
g.	Is cough productive?	1	2 3
h.	Any contact with others with respiratory problems/TB?	1	2 3
i.	Any night sweats?		

SECTION H : VIGNETTES FACILITY

H11. What questions do you ask the patient about his cough and fever, and current health?	Mentioned spontaneously	Prompted	
j. What medicine have been taken?	1	2	3
k. Any fever?	1	2	3
l. Feeling weak?	1	2	3
m. Any headache	1	2	3
n. Losing appetite?	1	2	3
o. Nauseous?	1	2	3
H12. What questions do you ask the patient about his medical history and behavior?	Mentioned spontaneously	Prompted	
a. Previous TB case or took TB medicine?	1	2	3
b. BCG immunization or ever positive PPD? <i>*Note: PPD = Purified Protein Derivative or Mantoux, examination of TBC</i>	1	2	3
c. History of asthma or COPD? <i>*Note: COPD = Chronic Obstructive Pulmonary Disease, chronic lungs disease</i>	1	2	3
d. History of cardiac problems?	1	2	3
e. History of malignancy or gastric surgery?	1	2	3
f. Medications recently or currently taking?	1	2	3
g. Drug allergies?	1	2	3
h. Smoking history?	1	2	3
i. Number of packages/quantity of smoking?	1	2	3
j. Alcohol use?	1	2	3
k. Live alone or with others?	1	2	3
l. Employment?	1	2	3
m. Family health history?	1	2	3
n. Sanitation, ventilation at home?	1	2	3
H13. What do you do when you conduct a physical examination of the patient?	Mentioned spontaneously	Prompted	
a. Examine general appearance?	1	2	3
b. Take temperature?	1	2	3
c. Listen to respiration?	1	2	3
d. Check for sore throat?	1	2	3
e. Palpitate / feel throat / lymph nodes?	1	2	3
f. Is chest indrawing?	1	2	3
g. Palpate abdomen? <i>*Note: palpation = examination by palpating and pressing</i>	1	2	3
h. Pulse <i>*Note: vital signs = breath, pulse</i> <i>*Note: IPPA = Inspection, Palpation, Percussion, Auscultation</i>	1	2	3
H14. What laboratory examinations would you conduct?	Mentioned spontaneously	Prompted	
a. Chest x-ray	1	2	3
b. PPD or mantoux test	1	2	3
c. Sputum exam for TB	1	2	3
d. Routine bloodwork	1	2	3
e. Liver function	1	2	3
f. CD4/cell count <i>*Note: blood test to see the immune system</i>	1	2	3
g. Urinalysis	1	2	3

SECTION H : VIGNETTES FACILITY

Curative Care for Adult with Diabetes

H15.	Does this health facility provide curative care for adults?	No .....3 → H30 Yes .....1
H16.	Name of respondent_____	
H17.	Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife.....04 Paramedic .....05
H18.	In what year did you complete your studies?	_____
H19.	Have you received additional training since you graduated?	No .....3→H23 Yes .....1

	H20.	H21.	H22.
	Have you ever received training of [...] after you finished the study?	In the last 12 months?	In the last 5 years?
1. Diagnostic algorithm for adult diseases	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. Non-communicable disease	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Mengenai penyakit diabetes	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. Mengenai obat untuk penyakit diabetes	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

H23.	For the rest of the interview, we would like to understand the process by which you examine an adult person suffering from diabetes. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case
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INSTRUCTIONS TO INTERVIEWER:

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H25-H29.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H25-H29.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE.

H24.	Mr. Widyono came to this facility, and presents to you "to get my sugar checked." He has just moved to the community and has never visited the facility. Now I would like to ask you exactly what you would do for this patient.
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H25.	What questions do you ask the patient about his present physical condition, high blood sugar, and medications?	Mentioned spontaneously	Prompted
a.	How long have you suffered from this condition?	1	2 3
b.	Medications recently or currently taking?	1	2 3
c.	Do you have to urinate frequently?	1	2 3
d.	Frequent thirst?	1	2 3
e.	Any weight loss?	1	2 3
f.	Any sweating?	1	2 3
g.	Any anxiety or heart palpitations?	1	2 3
h.	Abdominal fullness prematurely after meals?	1	2 3
i.	Edema or weight retention?	1	2 3
j.	Current treatment for hypertension?	1	2 3

SECTION H : VIGNETTES FACILITY

H26. What questions do you ask Mr. Widyono about his medical history and behavior?	Mentioned spontaneously	Prompted	
a. History of hypertension?	1	2	3
b. History of high cholesterol?	1	2	3
c. Co-existing or prior heart condition?	1	2	3
d. Prior eye examination?	1	2	3
e. Prior hospitalization?	1	2	3
f. Prior diabetic coma?	1	2	3
g. Prior renal failure?	1	2	3
h. Does he smoke regularly?	1	2	3
i. Number of packages/quantity of smoking?	1	2	3
j. Alcohol use?	1	2	3
k. Immunization history?	1	2	3
l. Regular exercise?	1	2	3
m. Questions about nutrition/eating habits?	1	2	3
H27. What do you do when you conduct a physical examination of the patient?	Mentioned spontaneously	Prompted	
a. Blood pressure in one arm	1	2	3
b. Blood pressure in both arms	1	2	3
c. Listen to chest/heart?	1	2	3
d. Listen to abdomen?	1	2	3
e. Examine the feet?	1	2	3
f. Examine peripheral vascular system?	1	2	3
g. Check for edema?	1	2	3
h. Examine prostate?	1	2	3
H28. What laboratory examinations would you conduct?	Mentioned spontaneously	Prompted	
a. Chest x-ray?	1	2	3
b. Blood chemistry: creatinine, glucose?	1	2	3
c. Sputum exam?	1	2	3
d. CBC (Complete Blood Count)? <i>*Note: blood examination to count the red blood cells, white blood cells, and blood platelet</i>	1	2	3
e. Test for triglycerides? <i>*Note: examination to check the lipid excess in the blood</i>	1	2	3
f. Ultrasound?	1	2	3
g. Liver function?	1	2	3
h. HgbA1c? <i>*Note: examination to check the glucose amount in the haemoglobin</i>	1	2	3
i. Hepatic enzymes?	1	2	3
H29. What advice or future examinations would you offer for the patient?	Mentioned spontaneously	Prompted	
a. Recommend stop smoking?	1	2	3
b. Nutritional advice?	1	2	3
c. Advice about exercise?	1	2	3
d. Examine the feet?	1	2	3
e. Refer to other specialist (eye, foot, or heart)?	1	2	3
f. Prescribe anti-hypertensives? <i>*Note: medicine to control high blood pressure</i>	1	2	3
g. Prescribe Metformin? <i>*Note: medicine for diabetes</i>	1	2	3
h. Make an appointment for the next visit?	1	2	3

SECTION H : VIGNETTES FACILITY

Curative care for children

H30.	Does this health facility provide curative care for children?	Yes ..... 1 No ..... 3 →H45
H31.	Name of respondent: _____	
H32.	Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife.....04 Paramedic .....05
H33.	In what year did you complete your studies?	_____
H34.	Have you received additional training since you graduated?	No .....3→H38 Yes.....2

	H35.	H36.	H37.
	Have you ever received training of [...] after you finished the study?	In the last 12 months?	In the last 5 years?
1. Child immunization	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. Treatment of Acute Respiratory Infection	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Treatment of diarrhea	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. Treatment of malaria	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
5. Nutrition	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
6. HIV transmission in pregnancy	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
7. Prenatal care	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

H38.	For the rest of the interview, we would like to understand the process by which you provide curative care for children. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when he/she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case.
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INSTRUCTIONS TO INTERVIEWER:

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H40-H44.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H40-H44.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE:.

H39.	Ny Nani comes to this facility with her daughter, an 8 month old baby. She says that her daughter has had diarrhea for 2 days with vomiting.
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H40.	What are the 13-14 most important questions you ask about the diarrhea and vomiting?	Mentioned spontaneously	Prompted	
a.	When did the diarrhea start?	1	2	3
b.	How frequently does diarrhea occur?	1	2	3
c.	What do the feces/vomit look like of smell like	1	2	3
d.	Any blood in vomit?	1	2	3
e.	Any blood in stools?	1	2	3
f.	Any fever?	1	2	3

SECTION H : VIGNETTES FACILITY

H40. What are the 13-14 most important questions you ask about the diarrhea and vomiting?	Mentioned spontaneously	Prompted
g. Level of activity (active vs listless)?	1	2 3
h. Is the child feeding and drinking?	1	2 3
i. Given any medication already?	1	2 3
j. Any evidence of dehydration?	1	2 3
k. Vomits everything?	1	2 3
l. Has convulsions?	1	2 3
m. Eaten anything unusual?	1	2 3
n. Any ill contacts?	1	2 3
o. Urinating?	1	2 3
H41. What do you ask about the baby's medical history and environment?	Mentioned spontaneously	Prompted
a. History of similar disease?	1	2 3
b. Drug allergies?	1	2 3
c. Any other medical or surgical problems or HIV?	1	2 3
d. Any complications at delivery or prematurity?	1	2 3
e. Access to water or sanitation?	1	2 3
f. Immunization history?	1	2 3
g. Breastfeeding/other fluids?	1	2 3
h. Digestive system normal?	1	2 3
i. Ever had surgery on digestive organs?	1	2 3
k. Eating	1	2 3
l. Baby care	1	2 3
H42. What do you do when you conduct a physical examination of the child?	Mentioned spontaneously	Prompted
a. Check appearance / alertness?	1	2 3
b. Take her temperature?	1	2 3
c. Examine the crown of the head? <i>*Note: is it concave?</i>	1	2 3
d. Check pulse?	1	2 3
e. Weigh?	1	2 3
f. Check height?	1	2 3
g. Determine capillary refill time/check nailbeds?	1	2 3
h. Examine eyes?	1	2 3
i. Check skin turgor/elasticity?	1	2 3
j. Auscultate abdomen for bowel sounds?	1	2 3
k. Palpitate abdomen? <i>*Note: examination of stomach by palpating and pressing</i>	1	2 3
l. Check feces for blood or mucous	1	2 3
m. Check palms of hands?	1	2 3
n. Check for edema in feet?	1	2 3
o. Breathing normally?	1	2 3
p. Blood pressure?	1	2 3
H43. What laboratory examinations would you conduct?	Mentioned spontaneously	Prompted
a. Routine bloodwork/CBC? <i>*Note: CBC = Complete Blood Count</i>	1	2 3
b. Stool culture?	1	2 3
c. Blood smear/dipstick for malaria? <i>*Note: quick test for malaria</i>	1	2 3
H44. If this child has mild dehydration of viral etiology, what would you do?	Mentioned spontaneously	Prompted
a. Recommend to increase fluids?	1	2 3
b. Provide rehydration solution in clinic?	1	2 3

SECTION H : VIGNETTES FACILITY

H44. If this child has mild dehydration of viral etiology, what would you do?	Mentioned spontaneously	Prompted	
c. Show how/ recommend rehydration solution for home?	1	2	3
d. Recommend vitamin supplements?	1	2	3
e. Recommend medicine for fever?	1	2	3
f. Instruct about returning to clinic if health worsens?	1	2	3
g. Update immunizations?	1	2	3
h. Administrate IV fluids?	1	2	3
i. Recommend antibiotics?	1	2	3
j. Hospitalize?	1	2	3
k. Continue to breastfeed?	1	2	3

SECTION H : VIGNETTES FACILITY

Prenatal Care

H45.	Does this health facility provide prenatal care?	Yes ..... 1 No ..... 3 → CP
H46.	Name of respondent : _ .....	
H47.	Can you please tell me your qualifications?	Medical doctor: GP .....01 Medical doctor: specialist.....02 Nurse .....03 Midwife.....04 Paramedic.....05
H48.	In what year did you complete your studies?	_ _ _ _ _
H49.	Have you received additional training since you graduated?	No .....3→H53 Yes .....2

	H50.	H51.	H52.
	Have you ever received training of [...] after you finished the study?	In the last 12 months?	In the last 5 years?
1. Safe delivery	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. High risk pregnancies	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Assistance during labor	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. HIV in pregnancy	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
5. Obstetrical emergencies	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
6. Family planning	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
7. Other	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

H53.	For the rest of the interview, we would like to understand the process by which you provide a pregnancy examination. We would like to know everything you do, beginning with the arrival of the patient, waiting upon the patient and ending when she goes home. I shall describe the patient, and I will ask you a series of questions about activities you perform regularly. Once a section is complete, we are unable to go back and change answers. Now I will read out the case.
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INSTRUCTIONS TO INTERVIEWER:

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H55-H60.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H55-H60.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE:

H54.	Mrs. Ani, a married woman of 26, has not had her period for 3 months. She has come to you for a pregnancy examination. This is her first visit. Please recount everything you would do during the pregnancy examination..
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H55.	What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor? ?	Mentioned spontaneously	Prompted
a.	Number of prior pregnancies?	1	2 3
b.	Number of living children	1	2 3
c.	Number of miscarriages/abortions/stillbirths?	1	2 3
d.	Any bleeding during previous labor?	1	2 3



SECTION H : VIGNETTES FACILITY

H55. What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor? ?	Mentioned spontaneously	Prompted
e. How the last child was delivered?	1	2 3
f. Birth weight of previous child?	1	2 3
g. History of genetic anamolies?	1	2 3
h. Gynecological history (STIs, pap smear, contraceptive use, etc.)	1	2 3
H56. What are themost important questions you ask Mrs. Ani about her current pregnancy?	Mentioned spontaneously	Prompted
a. Last menstrual date?	1	2 3
b. Any health problems now?	1	2 3
c. Any obstetric symptoms (contractions, vaginal bleeding, etc)?	1	2 3
d. Any weight loss/gain, nausea, vomiting?	1	2 3
e. Taking any medications now?	1	2 3
H57. What are the most important questions you want to ask about her medical and social/behavioral history?	Mentioned spontaneously	Prompted
a. Any history of high blood pressure?	1	2 3
b. Any history of diabetes?	1	2 3
c. Any previous STI, including HIV+?	1	2 3
d. Any previous IUD or contraceptive use?	1	2 3
e. Tetanus shot in previous pregnancy?	1	2 3
f. Any previous heart disease?	1	2 3
g. Family history of hereditary disease?	1	2 3
h. Ever had malaria?	1	2 3
i. Present or previous smoker?	1	2 3
j. Any history of alcohol use?	1	2 3
k. Assess whether pregnancy is high risk?	1	2 3
l. Ever had surgery?	1	2 3
m. Any history of asthmatism?	1	2 3
n. Any history of kidney disease?	1	2 3
H58. What would you do when you conduct a physical examination of Mrs. Ani?	Mentioned spontaneously	Prompted
a. Body height?	1	2 3
b. Body weight?	1	2 3
c. Take blood pressure?	1	2 3
d. Palpitate abdomen/measure uterine height?	1	2 3
e. Listen to fetal heartbeat?	1	2 3
f. Pelvic examination? <i>*Note: internal examination</i>	1	2 3
g. Check for edema? <i>*Note: swelling or ‘odim’</i>	1	2 3
h. Upper arm measurement	1	2 3
i. Facial appearance, pale or not	1	2 3
H59. What laboratory examinations would you conduct?	Mentioned spontaneously	Prompted
a. Pregnancy test?	1	2 3
b. Hemoglobin test?	1	2 3
c. Urine examination for	1	2 3
d. Urine protein?	1	2 3
e. Ultrasound?	1	2 3

SECTION H : VIGNETTES FACILITY

H59. What laboratory examinations would you conduct?	Mentioned spontaneously	Prompted	
f. Platelets?	1	2	3
g. Liver enzymes	1	2	3
h. Chem 7/BUN/creatinine <i>*Note:</i>  <i>Chem 7 test is a 7 chemical testing to attain information on body metabolism.</i>  <i>BUN test = blood urea nitrogen to measure the amount of urea nitrogen in the blood and to attain information on the metabolism and liver function.</i>  <i>Creatinine test is to measure the level of creatinine in the blood, to attain information on the function of the kidney.</i>	1	2	3
i. HIV screen	1	2	3
j. STI test: syphilis o	1	2	3
k. Rubella antibodies <i>*Note: to examine if body has had antibody for rubella virus</i>	1	2	3
l. Blood type and rhesus	1	2	3
m. Dental test	1	2	3
H60. What procedures or advice would you give Mrs. Ani before sending her home?	Mentioned spontaneously	Prompted	
a. Advice about nutrition?	1	2	3
b. Administer tetanus toxiod?	1	2	3
c. Supply iron/ folic acid supplementation?	1	2	3
d. Schedule her for another prenatal visit?	1	2	3
e. Make a plan for delivery?	1	2	3
f. Advice about danger signs for emergency	1	2	3
g. Recommendations for lactation / contrace	1	2	3
h. HIV voluntary counseling/test?	1	2	3
i. Complete prenatal card?	1	2	3
j. Rest	1	2	3
k. Maintain cleanliness	1	2	3

SECTION CP: INTERVIEW SESSION NOTE

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

INTERVIEWER NOTE