CONFIDENTIAL

PROVINCIAL CODE: ☐☐

REGENCY CODE : ☐☐

SAKERTI CODE: ☐☐☐

SURVEY OF HEALTH FACILITIES
1993

PUSKESMAS (COMMUNITY HEALTH CENTER)/ PUSKESMAS PEMBANTU (AUXILIARY COMMUNITY HEALTH CENTER)

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,
UNIVERSITY OF INDONESIA
and

RAND

NO. CODE

Name of Puskesmas : ..... ☐.☐

CONTROL SHEET

CENSUS REGION STATEMENT		CODE
LK A	Province:	[ ][ ]
LK B	District:	[ ][ ]
LK C	SAKERTI '93:	[ ][ ][ ]

FACILITY STATEMENT		CODE
LK 01	Name of Province:	[ ][ ]
LK 02	Name of District:.....	[ ][ ]
LK 03	Name of SubDistrict:	[ ][ ][ ]
LK 04	Region : 1. Urban 2. Rural	[ ]
LK 05	Sub Population Code:	**[1]**
LK 06	Consecutive Number:.....	[ ]
LK 07	Name of Puskesmas/Auxiliary Center:	
LK 08	Address:	
		Post Code:
LK 09	This facility is : 1. A Puskesmas 3. An Auxiliary Puskesmas	[ ]

INTERVIEW NOTES				
		First Visit	Second Visit	Third Visit
LK 10	Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
LK 11	Hour of Start	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 12	Hour of Termination	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 13	Result of Interview	[ ][ ]	[ ][ ]	[ ][ ]

Code of interview result:
01. Completed
02. Partly completed
03. Deferred
04. Denied
05. Inaccessible

SUPERVISION:		CODE
LK 14	Interviewer:	[ ][ ][ ]
LK 15	Editor:	[ ][ ][ ]
LK 16	Local Supervisor :	[ ][ ][ ]
LK 17	Jakarta Supervisor:	[ ][ ]
LK 18	Field Coordinator:	[ ][ ]

SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

THE SECTION A RESPONDENT IS THE PUSKESMAS HEAD. IF AT THE TIME OF THE VISIT THE PUSKESMAS HEAD IS NOT THERE, THE DEPUTY MAY SUBSTITUTE.
IF THE PUSKESMAS HEAD IS A DOCTOR, ASK QUESTION A1 TO A11
IF THE PUSKESMAS HEAD IS NOT A DOCTOR, ASK QUESTION A12 TO A20.

AA	Is the respondent a Puskesmas head ?	1. YES 3. NO	[ ]

AB	Is the respondent a doctor or not ?	1. A doctor: ..... 3. Not a doctor:	to question A1 - A11 to question A12 - A20

ESPECIALLY A DOCTOR:

AC	NAME : .....

AD	AD. OFFICE : .....

A1.	How long has the doctor worked at this Puskesmas ?		**[ ][ ] years**
A2.	Where did the doctor complete his doctor's education ?	**a. At the University: _____** **b. Graduated in the year** :	**a.[ ][ ]** **code filled in by editor.** **b. Year [ ][ ]**
A3.	Is the doctor able to speak the regional language ?	**1. Yes** **3. No**	**[ ]**
A4.	Last month, how many hours a week did the doctor work in the Puskesmas building ?		**[ ][ ] hours per week**
A5.	In rendering services in the building on the average, how many hours a week did the doctor offer his services directly to the patients in this Puskesmas ? [examine the patients]		**[ ][ ] hours per week**
A6.	Are the patients here examined first by the doctor ?	**1. Yes -------> straight to A8.** **3. No**	**[ ]**
A7.	If not, which patients does the doctor examine ? [There can be more than one answer] **1.** patients refered to him by paramedics/midwives **2.** patients with special arrangements **4.** patients with difficult cases		**[ ]**

SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

A8.	How many patients a week does the doctor examine on the average ?	**[ ][ ] patients a week**
A9.	Last month, on the average, how many hours a week did the doctor perform his duties outside the Puskesmas building ? **a.** For administrative activities, like, meetings, seminars. **b.** For field activities like : counseling, Posyandu (integrated service posts) etc.	**a. [ ][ ] hours a week** **b. [ ][ ] hours a week**
A10.	Does the doctor have private practice ? **1. Yes** **3. No------> To A22**	**[ ]**
A11.	If the answer is YES, how far is it from the Puskesmas ? [If he has practice at the Puskesmas, write "0" (zero) !]	**[ ][ ], [ ] km.**

STRAIGHT TO ----------> A22

SPECIAL NON-DOCTOR:

AE	NAME : .....

AF	AF. OFFICE : .....

A12.	How long have you worked at this Puskesmas ?		**[ ][ ] years**
A13.	What is your educational background ?	**a. School: _____** **b. Graduated in the year : :**	**a.[ ][ ]** **code to be filled by editor** **b. Year : [ ][ ]**
A14.	Do you speak the regional language ?	**1. Yes** **3. No**	**[ ]**
A15.	Last month, how many hours a week did you work in the Puskesmas building ?		**[ ][ ] hours per week**
A16.	Do you examine patients in this Puskesmas ?	**1. Yes** **3. No** ----------> to **A19.**	**[ ]**

SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

A17.	In rendering service in the building, how many hours a week on the average do you render direct services to the patients at this Puskesmas ? [examining patients]	**[ ][ ] hours per week**
A18.	On the average how many patients a week do you examine ?	**[ ][ ][ ] patients per week**
A19.	Last month, on the average how many hours a week did you perform your duties outside the Puskesmas building ? **a.** For administrative activities, like : meetings, seminars **b.** For field activities like counseling, Posyandu etc.	**a. [ ][ ] hours per week** **b. [ ][ ] hours per week**
A20.	Do you hold private practice ? **1. Yes** **3. No------> To A22**	**[ ]**
A21.	If the answer is YES, how far from the Puskesmas ? [If you have practice at the Puskesmas write "0" (zero) !]	**[ ][ ] , [ ] km.**

STRAIGHT TO ----------> A 22.

SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

A22. Now we would like to know the dose of some types of medicines you usually supply to adult patients.

Types of Medicine	A23. Amount commonly supplied to adult patients. (in one prescription)			A24. Packages	
	A23a. Amount medicines :	**A23b. [see code]**	**A23c. Number of days**	**A24a. Contents of Units**	**A24b. 1. mg 2. cc**
1. Antibiotics [capsuls and tablets]					
a. Penicillin	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
b. Ampicillin	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
c. Tetracyclin	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
d. Chloroamphenicol	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
2. Analgetics :					
a. Antalgin	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
3. Antipyretics :					
a. Acetosal	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
b. Paracetamol	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
4. Anti-TBC : [for short term treatment]					
a. INH	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
b. Rifampicin	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
c. Ethambutol	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
d. Streptomicyn	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
5. Anti malaria :	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
6. Skin Ointment	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
7. Cough medicine :	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
8. Oralite :	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
9. Contraceptive Injectables:					
a. Depo provera	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
b. Noresterat	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]

Kode A23b:

1. tablets
2. capsul
3. bottles
4. tube
5. package
6. shots

SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

Opinion of Head of Puskesmas/Auxiliary Puskesmas :

A25.	Now we would like to know three main problems you face at this Puskesmas :
1.	----------

2.	----------

3.	----------

A26. We would also like to inquire into various matters at this Puskesmas. Please suggest staff members we should ask about the topics listed below.:

Section	Items to inquired about:	Suggested Respondent:
B.	Development of the Puskesmas from establishment until the present. For this section we would like respondents who have been working here for a number of years.	.....
C.	Activities of Puskesmas	.....
D.	Staff of Puskesmas	.....
E.	Equipment/Supplies of Puskesmas	.....
G.	Family Planning Clinic	.....
H.	Patient Vignette, Family Planning Services	.....
I.	Patient Vignette, Prenatal care	.....
J.	Patient Vignette, fever	.....
K.	Patient Vignette, diarrhea and vomiting	.....

SECTION B : DEVELOPMENT OF PUSKESMAS/AUXILIARY PUSKESMAS

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

Name: _____	Position : _____

B1.	When did this Puskesmas open for services at this location ?		**Year:** [ ][ ]
B2.	When this facility was opened for the first time, what was its function ?	**1.** BP/KIA ----------> **To B3** **2.** Auxiliary Puskesmas -----> **To B4** **3.** Puskesmas ----------> **To B5**	[ ]
B3.	Specifically for BP/KIA In what year did these facilities change ?	**a**. From BP/KIA ---> to Auxiliary Puskesmas/Puskesmas **b**. From Auxiliary Puskesmas -----> to Puskesmas **[IF OF THIS MOMENT IT STILL IS AN AUXILIARY PUSKESMAS WRITE "96" AT B3B].**	**a. Year:** [ ][ ] **b. Year:** [ ][ ]
B4.	**Specifically for Auxiliary Puskesmas :** In what year did this facility change from an Auxiliary Puskesmas to Puskesmas ? **[Write "96" if it is still an Auxiliary Puskesmas]**		**Year:** [ ][ ]

SECTION B : DEVELOPMENT OF PUSKESMAS/AUXILIARY PUSKESMAS

Directions to fill in questions B5 - B14 :

1. Determine first when a certain activity started and put the sign [x] in the box reserved. Then, determine when said activities ceased and put the sign [x] in the box reserved. Connect both [x]es by a straight line to indicate the period during which said activities take place.

2. If the activities still continue through 1993, continue said line without [x] in 1993

3. If these activities ever interrupted e.g for 2 years, put the sign [x] in the year when those activities ceased. When these activities resume, please put down the sign [x] in the year when things started again.

4. If activities started before 1980, put down a line straight away, without [x] in 1980.

B5. Now we would like to ask about the development that occured in the Puskesmas :

	B6. Founding of a Lab	B7. Founding of a Pharmacy	B8. Arrival of a permanent doctor	B9. Arrival of Dentist	B10. First Auxiliary Puskesmas	B11. First Posyandu	B12. Installation of a Mobile Puskesmas	B13. Inpatients facilities	B14. Installation of Service Delivery facilities
a.1980	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
b.1981	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
c.1982	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
c.1983	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
d.1984	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
e.1985	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
f.1986	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
g.1987	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
h.1988	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
i.1989	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
j.1990	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
k.1991	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
l.1992	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
m.1993	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

SECTION B : DEVELOPMENT OF PUSKESMAS/AUXILIARY PUSKESMAS

B15.	Is there electricity at this Puskesmas ? 1. Yes 3. No .....> **To B17**		**[ ]**
B16.	If there is, please state the electricity source used ?: 1. PLN (State Electricity Company) 2. Local Government/Government Agency 3. Puskesmas Generator	 4. Public/Community initiative 5. Private Company/Cooperative 6. Other _____	**[ ]** _____
B17.	Mention the main water sources needed : 01. Piped water (PAM) 02. Pump water (electric/manual pump) 03. Well water 04. Spring water	 05. Rain water 06. River water 07. Lake water 08. Other, please mention those _____	**[ ][ ]**
B18.	Is this water source in the Puskesmas building ?	1. Yes ----------> **to B20** 3. No	**[ ]**
B19.	If it is not inside, how far is it from the Puskesmas ?	1 = less than 10 meters 3 = 10 - 30 meters 5 = more than 30 meter	**[ ]**
B20.	Mention the toilet facilities used : 1. Private toilet with septic tank 2. Private toilet without septic tank	 3. Common toilet 4. No toilet	**[ ]**

SECTION C : ACTIVITIES OF PUSKESMAS

Name:	Position: _____

	C1. When is the Puskesmas open? On ..(days)	C2. Opening Hours :	C3. Closing Hours :
a.	Monday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
b.	Tuesday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
c.	Wednesday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
d.	Thursday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
e.	Friday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
f.	Saturday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]

C4.	What is the registration fee ?	a. First visits	Rp.	[ ][ ][ ][ ][ ]
		b. Repeat visits	Rp.	[ ][ ][ ][ ][ ]

Service in the building :

C5. Type of service :	C6. Is there any [...] service ? 1. Yes ---> To C7 3. No ---> To next line	C7. How many days a week ? [see code C7]	C8. Since what year?	C9. Costs of the service? [including registration fee] (Rupiah)	C10. Units
1. Inpatients	[ ]		[ ][ ]	[ ][ ].[ ][ ][ ]	per diem
2. Curative Care Examination	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per visit
3. Stitching of wounds: a. first stitch b. additional stitches	[ ]		.	[ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	per stitch
4. Changing of wound dressing	[ ]			[ ][ ].[ ][ ][ ]	per visit
5. Incision of abcess/piercing of boils	[ ]			[ ][ ].[ ][ ][ ]	per action

Code C7 : 9 = if the service is offered with special conditions or arrangement .

SECTION C : ACTIVITIES OF PUSKESMAS

C5. Type of Service :	C6. Is there any [...] service ? 1. Yes ---> To C7 3. No ---> To next line	**C7.** How many days a week ? [see code C7]	**C8.** Since what year	C9. Costs of the service? Including registration costs **(Rupiah)**	C10. Unit
6. Circumcisions	[ ]	.		[ ][ ].[ ][ ][ ]	per time
7. Medical treatment for tuberculoses	[ ]	[ ]		[ ][ ].[ ][ ][ ]	per visit
8. Check up/health examination	[ ]			[ ][ ].[ ][ ][ ]	per visit
9. Dental exam	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per exam
10. Prenatal care	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per exam
11. Aid for childbirth	[ ]		[ ][ ]	[ ][ ].[ ][ ][ ]	per delivery
12. Child Immunization :					
a. BCG	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per injection
b. DPT	[ ]		[ ][ ]		
c. Anti polio	[ ]		[ ][ ]		
d Measles	[ ]		[ ][ ]		
13. Immunization of pregnant women**:** Tetanus toxoid	[ ]		[ ][ ]	[ ][ ].[ ][ ][ ]	per injection
14. Immunization against Hepatitis B	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per injection
15. Supply of Oral Contraceptives :					
a. Microgynon	[ ]			[ ][ ].[ ][ ][ ]	one month
b. Marvelon 28	[ ]			[ ][ ].[ ][ ][ ]	
c. Excluton 28	[ ]			[ ][ ].[ ][ ][ ]	
d. Schering	[ ]			[ ][ ].[ ][ ][ ]	
e. Other:	[ ] _____			[ ][ ].[ ][ ][ ]	

Code C7 : 9 = if the service is offered with special conditions or arrangement.

SECTION C : ACTIVITIES OF PUSKESMAS

C5. Type of service :	C6. Is there any [...] service ? 1. Yes ---> To C7 3. No ---> To next line	**C7.** How many days a week ? [see code C7]	**C8.Since what year ?**	**C9. Costs of the service?** [including registration fee] **(Rupiah)**	**C10.** Units
16. IUD Plastic/Lipes loop/spiral a. IUD insertion b. IUD removal	 [ ] [ ]	 [ ] 	 [ ][ ] 	 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	for one time insertion for one time removal
17. IUD Copper T a. insertion b. removal	 [ ] [ ]	 [ ] 	 [ ][ ] 	 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	for one time insertion for one time removal
18. Contraceptive injection : a. Depo-Provera b. Noristrat	 [ ] [ ]	 [ ] 	 [ ][ ] [ ][ ]	 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	 per injection per injection
19. NORPLANT : a. Insertion b. Removal	 [ ] [ ]	 [ ] 	 [ ][ ] 	 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	for one time insertion for one time removal
20. Sterilization : a. for men b. for women	 [ ] [ ]	 [ ] [ ]	 [ ][ ] [ ][ ]	 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	 per procedure
21. Treatment of contraceptive side effects	[ ]			[ ][ ].[ ][ ][ ]	per treatment

Code C7 : 9 = if the service is rendered with special conditions or arrangements

Service outside the building :

C11	On an average day, how many staff members of the Puskesmas go outside the building for outreach activities ?		**[ ][ ] staff**		
C12.	In general, at what hour do the teams go to the field?	**hours:** [ ][ ].[ ][ ]	**C13.**	In general, at what hour do the teams return to the Puskesmas ?	**hours:** [ ][ ].[ ][ ]

SECTION C : ACTIVITIES OF PUSKESMAS

Posyandu (Integrated Service Post):

C14.	How many Posyandus are there in the work region of this Puskesmas ?	**[ ][ ] Posyandu**
C15.	How many teams go and visit Posyandus in one month ?	**[ ][ ] team**
C16.	In each visit to a Posyandu, how many Puskesmas staff members go together in one team ? [not including the driver]	**[ ] staff**

Auxiliary Puskesmas :

C17.	How many Auxiliary Puskesmas are there in the work region of this Puskesmas ?	**[ ][ ] Auxiliary Pus.**
C18.	In one month, how many teams go to the Auxiliary Puskesmas ?	**[ ][ ] team**
C19.	During each visit to the Auxiliary Puskesmas, how many Puskesmas staff members go in one team ? [not including the driver]	**[ ] staff**

Mobile Puskesmas :

C20.	How many days in a month does the Puskesmas staff go on a duty trip of the mobile Puskesmas ?	**[ ][ ] days**
C21.	In each activity of the Mobile Puskesmas how many Puskesmas staff members go on a trip ?	**[ ] staff**

UKS/UKGS :

C22.	How many days in a month does the Puskesmas staff visit the schools for the UKS/UKGS program ?	**[ ][ ] days**
C23.	During each UKS/UKGS visit, how many Puskesmas staff members go along ?	**[ ] staff**

Polindes:

C24.	Is there a childbirth post (Polindes) program in the work region of the Puskesmas ? 1. YES 3. NO --------> straight to **C27**	**[ ]**
C25.	If the answer is yes, how many Polindes are there in the work region of this Puskesmas ?	**[ ][ ]**
C26.	In what year was the first Polindes ?	**[ ][ ]**

Village Medicine Post:

C27.	Is there a Medicine Post in the work region of this Puskesmas ? 1. YES 3. NO -------> straight to **C30**.	**[ ]**
C28.	If the answer is YES, how many Medicine Posts are there in the work region of this Puskesmas?	**[ ][ ]**
C29.	In what year was the first Medicine Post ?	**[ ][ ]**

Reference Activities:

C30.	Does this Puskesmas treat patients referred in from the outside?		**1. Yes** **3. No----> Ke C32** **[ ]**
C31.	If the answer is yes, where do the patients come from? 1. Doctors in private practice 2. Other Puskesmas 3. Auxiliary Puskesmas 4. Midwives, paramedics, nurses in private practice	5. Posyandu 6. Traditional practitioners 7. Village midwives 8. Hospitals 9. Schools	**1. Yes** **3. No-** **1. [ ]** **5. [ ]** **2. [ ]** **6. [ ]** **3. [ ]** **7. [ ]** **4. [ ]** **8. [ ]** **9. [ ]**

SECTION C : ACTIVITIES OF PUSKESMAS

C32.	Does this Puskesmas refer patients to other facilities ?	**1. Yes** [ ] **3. No----> To C34**
C33.	If the answer is YES, where are the patients refered to ? 1.Hospital : Name of the Hospital:..... Location: Village: ..... District: ..... Regency: ..... Province: ..... 2. Private Practitioners 3. Other Puskesmas 4. Other Auxiliary Puskesmas 5. Private practioners/midwives, paramedics, nurses 6. Posyandu/Rural PPKB 7. Traditional practitioners 8. Rural (Village) Midwives	**1. Yes** **3. No-** **1. [ ]** **5. [ ]** **2. [ ]** **6. [ ]** **3. [ ]** **7. [ ]** **4. [ ]** **8. [ ]**

Laboratory Examination:

C34. Type of Examination	**C35** Can this lab work be done in the Puskesmas? **1. Yes ------- > To C36** **3. No----> To C37**	**C36** How much is the charge to the patient ? **(Rupiah)**	**C37** For labwork not done here, is the patient refered outside? 1. Yes ----------> **To C38** 3. No ------> **To next line.**	**C38** How far is this facility from the Puskesmas ?
a. Hemoglobin (Hb)	[ ]	[ ][ ].[ ][ ][ ]	[ ]	[ ][ ] **Km**
b. Leucosit calculation	[ ]	[ ][ ].[ ][ ][ ]	[ ]	[ ][ ] **Km**
c. Blood Type calculation	[ ]	[ ][ ].[ ][ ][ ]	[ ]	[ ][ ] **Km**
d. Eritrosit calculation	[ ]	[ ][ ].[ ][ ][ ]	[ ]	[ ][ ] **Km**
e. Urinalysis	[ ]	[ ][ ].[ ][ ][ ]		
f. Pregnancy test	[ ]	[ ][ ].[ ][ ][ ]		
g. Feces Examination	[ ]	[ ][ ].[ ][ ][ ]		
h. Sputum Examination	[ ]	[ ][ ].[ ][ ][ ]		

SECTION C : ACTIVITIES OF PUSKESMAS

C39. Number of visits of patients to this Puskesmas, during the last week, from Monday to Sunday.	Date : [ ][ ] to [ ][ ] Month : _____
C40. Day :	**C41.** Number of visitors registered in the registration book
a. Monday	**[ ][ ][ ] persons**
b. Tuesday	**[ ][ ][ ] persons**
c. Wednesday	**[ ][ ][ ] persons**
d. Thursday	**[ ][ ][ ] persons**
e. Friday	**[ ][ ][ ] persons**
f. Saturday	**[ ][ ][ ] persons**
g. Sunday	**[ ][ ][ ] persons**

SECTION D : PUSKESMAS EMPLOYEES

Name of respondent:_____	Office: _____

D1.	Now we would like to inquire about staff at the Puskesmas. How many employees are there woking at this facility ? [including Government Employee and those paid by remunerations]	**[ ] [ ]** employee

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

D2.	Type of employee :	**D3.**	Number of full time employees	**D4.**	Number of parttime employees
a.	General practitioners	**a.**	**[ ] [ ]** employees	**a.**	**[ ] [ ]** employees
b.	Dentists	**b.**	**[ ] [ ]** employees	**b.**	**[ ] [ ]** employees
c.	Nurses	**c.**	**[ ] [ ]** employees	**c.**	**[ ] [ ]** employees
d.	Midwives	**d.**	**[ ] [ ]** employees	**d.**	**[ ] [ ]** employees
e.	Assistant Nutritionists	**e.**	**[ ] [ ]** employees	**e.**	**[ ] [ ]** employees
f.	Paramedics without other duties	**f.**	**[ ] [ ]** employees	**f.**	**[ ] [ ]** employees
g.	Employees with special assignments	**g.**	**[ ] [ ]** employees	**g.**	**[ ] [ ]** employees
h.	Administrative employees	**h.**	**[ ] [ ]** employees	**h.**	**[ ] [ ]** employees
i.	Other	**i.**	**[ ] [ ]** employees	**i.**	**[ ] [ ]** employees

D5.	Are there any employees on honoraria?	**1. Yes ----------> To D6** **3. No --------> Straight to D9**	**[ ]**

Especially for honoraria employees, specify according to types :

D6.	Types of Employees :	**D7.**	Number of full time employees	**D8.**	Number of part-time employees
a.	Nurses	**a.**	**[ ] [ ]** employees	**a.**	**[ ] [ ]** employees
b.	Midwives	**b.**	**[ ] [ ]** employees	**b.**	**[ ] [ ]** employees
c.	Other paramedics	**c.**	**[ ] [ ]** employees	**c.**	**[ ] [ ]** employees
d.	Employees with special assignments	**d.**	**[ ] [ ]** employees	**d.**	**[ ] [ ]** employees
e.	Administrative employees	**e.**	**[ ] [ ]** employees	**e.**	**[ ] [ ]** employees
f.	Other	**f.**	**[ ] [ ]** employees	**f.**	**[ ] [ ]** employees

SECTION D : PUSKESMAS EMPLOYEES

Specifically for doctors, nurses, and midwives :

D9. Full name	D10. Code of employee (see code D10)	D11. How many hours a week [...] render services to patients ? hours per week	D12. Can [...] speak regional language here ? 1. Yes 3. No	D13. Do you [...] have a private practice ? 1. Yes ------> To D14 3. No---> To next line	D14. If the answer is YES, how far is it from the Puskesmas ? (see code D14)
a.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
b.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
c.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
d.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
e.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
f.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
g.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
h.	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]

Code D10 :

01. Doctor (Physician)
02. Dentist
03. Nurses/Mantri
04. Midwives

Code D14 :

0 = at Puskesmas/in Puskesmas yard
1 = less than 1 kilometer
2 = 2 -5 Kms
3 = 5 - 10 Kms
4 = More than 10 kms

SECTION E : HEALTH INSTRUMENTS

Name of Respondent _____	Position : _____

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

E1. Type of Instruments	**E2.** Number of [...] instruments at this facility ? [including the damaged ones]	**E3.** The number of instruments owned by this Puskesmas that are in good repair ?	**E4.** The number of privately owned instruments used here?
a. Regular stethoscope	[ ][ ]	[ ]	[ ]
b. Stethoscope for pregnant mothers	[ ][ ]	[ ]	[ ]
c. Tensimeters	[ ][ ]	[ ]	[ ]
d. Sterilizatior/autoclaves	[ ][ ]	[ ]	[ ]
e. Scales for adults	[ ][ ]	[ ]	[ ]
f. Scales for infants	[ ][ ]	[ ]	[ ]
g. Measures for body height	[ ][ ]	[ ]	[ ]
h. Thermometer	[ ][ ]	[ ]	
i. Beds	[ ][ ]	[ ]	
j. Delivery Kit	[ ][ ]	[ ]	[ ]
k. Foceps	[ ][ ]	[ ]	[ ]
l. Vaginal speculum	[ ][ ]	[ ]	[ ]
m. Sahli set	[ ][ ]	[ ]	[ ]

SECTION E : HEALTH INSTRUMENTS

E5. Instruments	E6. Does this facility have [...] ? 1. Yes ----------> To E7 3. No ------> To next line	E7. Do the [...] instruments function properly? 1. Yes 3. No
a. Antiseptic 1. Alcohol ..... 2. Betadine	[ ] [ ]	
b. Bandages	[ ]	
c. Oxygen tubes	[ ]	[ ]
d. Incubators	[ ]	[ ]
e. Minor surgical instruments	[ ]	[ ]
f. SSB Radios	[ ]	[ ]
g. Infuse instruments and needles	[ ]	
h. Gloves	[ ]	
i. Scissors	[ ]	
j. Giemsa dyeing solutions	[ ]	
k. Benedict solutions	[ ]	
l. Wright solutions	[ ]	
m. Pregnancy Test (strips)	[ ]	
n. Protein urine tests (strips)	[ ]	
o. Glucose urine tests (strips)	[ ]	
p. Microscopes	[ ]	[ ]
q. Centrifuges	[ ]	[ ]

SECTION F : DIRECT OBSERVATION

EXAMINATION ROOMS

F1.	How clean is the floor in this room ? [Dirty = if much dust, food remnants/scattered garbage are found]	**1. Dirty** **3. Clean**	**[ ]**
F2.	How clean are the walls in this room ? [Dirty = if many spider webs, scribblings moisture, peeled off paint]	**1. Dirty** **3. Clean**	**[ ]**
F3.	Are there curtains that shut off the examination rooms ?	**1. Yes** **3. No -----> to F5**	**[ ]**
F4.	How are conditions of these curtains ? [Dirty = if these have evidently not been washed for a long time, if there are bloodspots, or other sticking droppings]	**1. Dirty** **3. Clean**	**[ ]**
F5.	What provisions are made for washing hands in this room ?	**1. Wash stand with running water** **3. Wash basin with clean water** **5. Not available**	**[ ]**
F6.	Are there any garbage cans in this room ?	**1. Yes** **3. No**	**[ ]**
F7.	Is there any examination table in this room ?	**1. Yes** **3. No**	**[ ]**

SECTION F : DIRECT OBSERVATION

INJECTION ROOM

F8.	**CHECK POINT: IS THERE A SPECIAL INJECTION ROOM ?** **1. YES --->IF YES, FILL IN F9 TO F14.** **3. NO -->IF NO, PROCEED DIRECTLY TO F15**	**[ ]**

F9.	How clean is the floor in this room ? [Dirty = if there are lot of dust, food remnant/scattered garbage]	**1. Dirty** **3. Clean**	**[ ]**
F10.	How clean are the walls in this room ? [Dirty = if a lot of spider webs, scribblings, moisture, peeled off paint are noted]	**1. Dirty** **3. Clean**	**[ ]**
F11.	What provisions are made for washing hands in this room ?	**1. Wash stand with running water** **3. A wash basin with clean water** **5. Not available**	**[ ]**
F12	Is there a garbage can in this room ?	**1. Yes** **3. No**	**[ ]**
F13.	For injecting patients, what kind of needle is used ?	**1. A disposable needle -------> to F15.** **2. A non-disposable needle** **3. Both**	**[ ]**
F14.	How is equipment sterilized ? [THERE CAN BE MORE THAN ONE ANSWER] **1. With a sterilizor** **2. Boil the needle with boiling water** **4. Rinse it with alcohol**	**8. Heat the needle with fire** **16. Not sterilized** **32. Other, please mention these** _____	**[ ][ ]** _____

SECTION F : DIRECT OBSERVATION

KIA - KB (MCH-FP) ROOMS

F15.	**CHECK POINT: ARE THERE SPECIAL ROOMS FOR KIA-KB ?** **1. YES --->IF YES, FILL IN F16 TO F23** **3. NO -->IF NOT, PROCEED DIRECTLY TO F24.**	**[ ]**

F16.	How clean are the floors in this room ? [Dirty = if much dust, food remnants/scattered garbage are found]	**1. Dirty** **3. Clean**	**[ ]**
F17	How clean are the walls in this room ? [Dirty = if there are found many spider webs, scribblings, moisture, peeled off paint]	**1. Dirty** **3. Clean**	**[ ]**
F18.	Are there curtains that shut off the examination rooms ?	**1. Yes** **3. No ------> to F20**	**[ ]**
F19.	How are the conditions of these curtains ? [Dirty = if these have evidently not been washed for a long time, if there are bloodspots, or other sticking dropping]	**1. Dirty** **3. Clean**	**[ ]**
F20.	What are the provisions for washing hands that are found in this room ?	**1. Wash stand with running water** **3. Wash basin with clean water** **5. Not available**	**[ ]**
F21.	Are there any garbage cans in this room ?	**1. Yes** **3. No**	**[ ]**
F22.	Is there a gynecological table in this room ?	**1. Yes** **3. No**	**[ ]**
F23	Is there a graphic concerning the PWS-KIA attached to the wall ?	**1. Yes** **3. No**	**[ ]**

SECTION F : DIRECT OBSERVATION

PHARMACY

F24. **CHECK POINT IF THERE IS NO SPECIAL PHARMACY, ASK THE EMPLOYEE WHO USUALLY DISTRIBUTES THE MEDICINE**

Types of medicine	F25. Name of brand commonly used [If it is generic medicine, write "generic"]	F26. The charge to the patient (in accordance with A23) [in thousand rupiahs]	F27. Does [...] constitute 1. government supply 3. a puskesmas purchase 5. a combination	F28. Is there any stock today ? 1. Yes 3. No	F29. In the last 6 months how many weeks did the [...] run out ? F29a. medicine coming from the government	F29b. medicines supplied by the government as well as obtained by own purchase
1. Antibiotics : ----> [to F29].					[ ][ ]	[ ][ ]
a. Penicilin	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
b. Ampicilin	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
c. Tetraciclin	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
d. Chloroamphenicol	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
2. Analgetic :						
a. Antalgin	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
3. Antipyretic : ----> [to F29]					[ ][ ]	[ ][ ]
a. Acetosal	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
b. Paracetamol	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
4. Anti - TBC : ----> [to F29]					[ ][ ]	[ ][ ]
a. INH	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
b. Rifampicin	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
c. Ethambutol	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
d. Stretomicyn	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
5. Anti malaria :	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
6. Skin ointment	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
7. Cough syrup :	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
8. Oralit :	.....	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
9. Contraceptive injections :	a. Depo provera	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
	b Noresterat	[ ][ ],[ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
10. Iron tablets/ FESO4			[ ]	[ ]	[ ][ ]	[ ][ ]
11. Vitamin A.			[ ]	[ ]	[ ][ ]	[ ][ ]

Explanation: **F29: If out of stock for more than 3 days, count this one week**

SECTION F : DIRECT OBSERVATION

VACCINE STORAGE ROOM

F30.	Where are vaccines stored at this Puskesmas? **1. Refrigerator/freezer/special vaccine cooling box** **5. Non-electrical refrigerator** **3. Regular refrigerator** **7. No storing place for vaccines available -- to F23**	**[ ]** 1, 3, 5 -----> TO F31 7 ----------> TO F33
F31.	Is there any graphic/record on the freezer's temperature ? **1. There is** **3. There is not**	**[ ]**
F32.	If there is one, state the latest record : **a.** When was the latest record taken **b.** Freezer's temperature at last record	**a. [ ][ ] / [ ][ ] / [ ][ ]** **date month year** **b. [ ][ ]. [ ] degree Celcius**
F33.	How many thermos flasks are used for carrying vaccines to the field ? **[IF YOU DO NOT PERFORM IMMUNIZATION, WRITE "96", STRAIGHT TO F40]**	**[ ][ ] thermos**
F34.	For vaccinations, what kind of needle is used ? **1. Disposable needles** **3. Non disposible [CAN BE REUSED]** **5. Both kinds of needles**	**[ ]**
F35.	What method of sterilization is used ? **[THERE CAN BE MORE THAN ONE ANSWER]** **1. Sterilizer** **8. Heat the needle with fire** **2. Boil the needle with boiling water** **16. Non-sterilized** **4. Rinse it in alcohol** **32. Other, mention these _____**	**[ ][ ]**

SECTION F : DIRECT OBSERVATION

F36.	Stock vaccine :		
	F37. Types of Vaccines	**F38.** Today's stock **1. Available 3. Not available**	**F39.** How many weeks in the last 6 months, were there no vaccines/did you run out of vaccines ? **[IF YOU HAD BEEN OUT OF VACCINES FOR MORE THAN 3 DAYS, COUNT THIS ONE WEEK]**
a.	BCG	**[ ]**	**[ ][ ] weeks**
b.	DPT	**[ ]**	**[ ][ ] weeks**
c.	Anti polio	**[ ]**	**[ ][ ] weeks**
d.	Measles	**[ ]**	**[ ][ ] weeks**
e.	Tetanus Toxoid	**[ ]**	**[ ][ ] weeks**
f.	Hepatitis B	**[ ]**	**[ ][ ] weeks**

SECTION F : DIRECT OBSERVATION

LABORATORY

F40	Is there a laboratory at the Puskesmas ? 1. Yes ---> **IF THE ANSWER IS YES, FILL IN F41 TO F45** 3. No ---> **IF THERE IS NONE, PROCEED DIRECTLY TO SECTION G**	**[ ]**

F41.	How clean is the floor in this room ? [Dirty = if a lot of dust, food remnants/scattered garbage are seen]	**1. Dirty** **3. Clean**	**[ ]**
F42.	How clean are the walls in this room ? [Dirty = if a lot of spider webs, scribblings, moisture, peeled off wall paint are seen]	**1. Dirty** **3. Clean**	**[ ]**
F43.	What provision is made for hand washing in this room ?	**1. Wash stand with running water** **3. Wash basin with clean water** **5. None**	**[ ]**
F44.	Is there a garbage can in this room ?	**1. Yes** **3. No**	**[ ]**
F45.	Does this lab have these instruments ?	**a. Microscope** **b. Centrifuge** **c. Spirit Lamp** **d. Slide/ready made glasses**	**1. Yes** **3. No** **a. [ ]** **b. [ ]** **c. [ ]** **d. [ ]**

SECTION G : FAMILY PLANNING SERVICES

Respondent : Person responsible for Family Planning service unit

Name of respondent :	**Respondent:**

G1.	How many staff members of the Puskesmas are involved in providing family planning services ?	**[ ][ ]**

G2. Mention the number of employees according to the category here below :

	NUMBER		NUMBER
1. Doctor .....>	**1. [ ]**	4. Paramedic ..... >	**4. [ ]**
2. Midwives .....>	**2. [ ]**	5. Employees with special duties ..... >	**5. [ ]**
3. Nurses .....>	**3. [ ]**	6. Other, mention them _____	**6. [ ]** _____

Describe the employees rendering FAMILY PLANNING services :
[ESPECIALLY CONCERNING DOCTORS, MIDWIVES AND NURSES ONLY]

	G3. Name **(initials)**	**G4**. Code of employee **(see code G4)**	**G5.** How long has [ ] rendered Family Planning services at this Puskesmas ? **Year**	**Month**	**G6.** Has [...] ever participated in Family Planning training ? **1. Yes ------> To G7** **3. No ---> To next line**	**G7.** Mention the latest type of training attended ? **(see code G7)**	**G8.** When/in what year was the latest training held ?	**G9**. Duration of training **(see code G9)**	**G10** The organizer of the training is : **(see code G10)**
a.	[ ][ ]	[ ]	[ ][ ]	[ ][ ]	[ ] ----------	[ ]	[ ][ ]	[ ]	[ ] ----------
b.	[ ][ ]	[ ]	[ ][ ]	[ ][ ]	[ ] ----------	[ ]	[ ][ ]	[ ]	[ ] ----------
c.	[ ][ ]	[ ]	[ ][ ]	[ ][ ]	[ ] ----------	[ ]	[ ][ ]	[ ]	[ ] ----------
d.	[ ][ ]	[ ]	[ ][ ]	[ ][ ]	[ ] ----------	[ ]	[ ][ ]	[ ]	[ ] ----------
e.	[ ][ ]	[ ]	[ ][ ]	[ ][ ]	[ ] ----------	[ ]	[ ][ ]	[ ]	[ ] ----------
f.	[ ][ ]	[ ]	[ ][ ]	[ ][ ]	[ ] ----------	[ ]	[ ][ ]	[ ]	[ ] ----------

Code G4 :	**Code G7 :**	**Code G9 :**	**Code G10:**
1. Doctor 2. Midwives 3. Nurses	1. All Family Planning methods 2. IUD insertions 3. Nonplant/implant 4. Treatment of side effects 5. Other, please mention _____	1. Less than 1 week 2. One to two weeks (1 - 2) 3. Two weeks to 1 month 4. Less than 1 month - 3 month 5. More than 3 months (3 months +)	1. Health Department 2. BKKBN 3. IDI/IBI 4. Other, please mention these _____

SECTION G : FAMILY PLANNING SERVICES

If client desires a certain method that is not available here, where is the patient referred to ?

G11. Type of method:	Place of reference	
	G12. Type of facility **(see code G12)** **IF "9" ---> TO NEXT LINE**	**G13.** Distance from this Puskesmas
a. Condoms	**[ ]**	**[ ][ ] Kms**
b. Pills	**[ ]**	**[ ][ ] Kms**
c. Injections	**[ ]**	**[ ][ ] Kms**
d. IUD	**[ ]**	**[ ][ ] Kms**
e. Norplant/implant/pins	**[ ]**	**[ ][ ] Kms**
f. Sterilizations	**[ ]**	**[ ][ ] Kms**

Code G12 :
1. Government Hospitals
2. Private Hospitals
3. Puskesmas
4. Auxiliary Puskesmas
5. Private Clinic
6. Doctors with private practice
7. Midwives/nurses/practicing paramedics
8. Pharmacies
9. No referral

G14.	In what year was the low dose oral contraceptive found at this facility ?	**Years [ ][ ][ ][ ]**
G15.	If a mother is breastfeeding her child but wishes to contracept, what methods do you recommentd ? 1. Low dose pills 2. Medium dose pills 3. IUD 4. Contraceptive injections 5. Norplant 6. Sterilization 7. Condom 8. Traditional Methods	**[ ]**

CASE PICTURE:

PUT A [V] SIGN IN THE COLUMN RESERVED, FOR CASES TO BE FILLED IN :

SECTION H:	1. KB - IUD	**[ ]**
	2. KB - ORAL CONTRACEPTIVE	**[ ]**
SECTION I:	PREGNANCY EXAMINATION	**[ ]**
SECTION J :	COUGH AND FEVER EXAMINATION	**[ ]**
SECTION K :	VOMITING AND DIARRHEA EXAMINATION	**[ ]**

SECTION H: KB - IUD CASE

1. Do you provcide IUD or Spiral service here ? **1. Yes ------> TO QUESTIONNAIRE** **3. No ----> STRAIGHT TO NEXT SECTION**	**[ ]**

2. Name of respondent: .....

3. We would like to know the process by which you provide IUDs to an FP acceptor. We shall explain a case to you. Next we ask you to explain the measures you usually implement successively from the moment the acceptor arrives, you wait upon her, until the service is finished. If in rendering the service there is somebody who assists you, please mention also the steps taken by that assistant.

4. Suppose a woman, aged 22, married, in good health comes here to have an IUD inserted. She is not currently using any contraception devices. What are the steps you take ?

SECTION H: KB - IUD CASE

PUT AN "1" SIGN AT 5A, 6A AND 7A, IF THE MEASURES ARE STATED SPONTANEOUSLY BY THE RESPONDENT. READ THE MEASURES THAT ARE NOT STATED SPONTANEOUSLY, THEN WRITE THE NUMBER "3" AT 5B, 6B AND 7B IF THE ANSWER IS "YES" AND WRITE THE NUMBER "5", IF THE ANSWER IS "NO"

5.	**In order to determine whether the KB-IUD instruments are appropriate for the candidate acceptor, please mention a few matters that should be asked of the candidate acceptor**	**5a.** Spontaneous **1. Yes**	**5b.** Did you also ask : **3. Yes**	**5. No**
1.	Has the candidate given birth before ?	**1 [ ]**	**[ ]**	
2.	Number of children ?	**2 [ ]**	**[ ]**	
3.	Is the candidate pregnant at this moment or not ?	**3 [ ]**	**[ ]**	
4.	Does the candidate still shed blood or not at childbirth ?	**4 [ ]**	**[ ]**	
5.	Date of latest menstruation (period) ?	**5 [ ]**	**[ ]**	
6.	Date of hip inflammation ?	**6 [ ]**	**[ ]**	
7.	History of irregular periods?	**7 [ ]**	**[ ]**	
8.	History of pains in the lower abdomen or above the urinal pouch	**8 [ ]**	**[ ]**	
9.	History of leucorrhea	**9 [ ]**	**[ ]**	

6.	**What are the matters that are discussed regularly with the candidate?**	**6a** Spontaneous **1. Yes**	**6b** Did you also say : **3. Yes**	**5. No**
1.	Explaining the benefits of the IUD	**1 [ ]**	**[ ]**	
2.	Explaining the drawbacks of contraception aside from the IUD	**2 [ ]**	**[ ]**	
3.	Types of IUD and appropriateness of prices	**3 [ ]**	**[ ]**	
4.	Possibility of side effect : Bleeding after insertion of IUD	**4 [ ]**	**[ ]**	
5.	Possibility of side effect : pain when period occurs	**5 [ ]**	**[ ]**	
6.	Possibility of side effect : more menstruation than usual	**6 [ ]**	**[ ]**	
7.	Possibility of side effect : pain when performing intercouse	**7 [ ]**	**[ ]**	
8.	Possibility of side effect : pains after insertion of IUD	**8 [ ]**	**[ ]**	
9.	Possibility of side effect : expulsion of IUD	**9 [ ]**	**[ ]**	
10.	Possibility of side effect : IUD moved	**10 [ ]**	**[ ]**	
11.	Possibility of side effect : leucorrhea after insertion of IUD	**11 [ ]**	**[ ]**	
12.	What must be done after occurence of side effect ?	**12 [ ]**	**[ ]**	
13.	When is intercourse allowed after IUD is attached	**13 [ ]**	**[ ]**	
14.	When must the patient come for a check-up ?	**14 [ ]**	**[ ]**	

7.	**Please recount the steps taken in inserting the IUD, from the moment of preparing the instrument till the insertion of the IUD.**	**7a** Spontaneous **1. Yes**	**7b** Did you also perform these : **3. Yes**	**5. No**
1.	Washing one's hands	**1 [ ]**	**[ ]**	
2.	Putting on one's gloves	**2 [ ]**	**[ ]**	
3.	Sterilization of instruments and / or IUD	**3 [ ]**	**[ ]**	
4.	Internal examination to check infection, erosion, polypus, tumor, or abcess of the womb (uterus)	**4 [ ]**	**[ ]**	
5.	Internal examination to make sure there is no pregnancy	**5 [ ]**	**[ ]**	
6.	Internal examination to determine the position of the uterus	**6 [ ]**	**[ ]**	
7.	Internal examination (with uterus sonde) to determine the measure of the womb cavity	**7 [ ]**	**[ ]**	
8.	Supplying medicines like antibiotics	**8 [ ]**	**[ ]**	

SECTION H : KB - ORAL CONTRACEPTIVE CASE

8. Do you provide oral contraceptives here ? **1. Yes -------> TO QUESTIONNAIRE** **3. No ------> PROCEED TO FOLLOWING SECTIONS**	**[ ]**

9. Name of respondent :: .....

10. We would like to understand the process you use in providing oral contraceptives to a non-contraceptor. We will describe a case, and ask you to explain the steps you usually take. We would like to know the steps in consecutive order, from the arrival of the candidate, your waiting on this person until the treatment is over and the acceptor goes home. If in offering service there were persons who helped you, please state the steps taken by your assistaants.

11. Suppose awoman of 25 years old, married, came here, wishing to use an oral contraceptive. Currently the candidate did not use any contraception. The candidate appears healthy .

SECTION H : KB - ORAL CONTRACEPTIVE CASE

PUT THE NUMBER "1" AT 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED BY THE RESPONDENTS SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS WRITE THE NUMBER "3" AT 12B, 13B AND 14B FOR THE ANSWER "YES" AND WRITE THE NUMBER "5" IF THE ASNWER IS "NO"

12.	**In order to determine whether the KB pill is appropriate for this acceptor :**	**12a.** Spontaneous **1. Yes**	**12b.** Do you also inquire : **3. Yes**	**5. No**
1.	When was the latest menstruation (period) ?	**1.** [ ]	[ ]	
2.	Did you ever take pills before this ?	**2.** [ ]	[ ]	
3.	Is the candidate pregnant at this moment ?	**3.** [ ]	[ ]	
4.	Is she breastfeeding the baby at this moment ?	**4.** [ ]	[ ]	
5.	Does she have varices at her foot ?	**5.** [ ]	[ ]	
6.	History of heart disease	**6.** [ ]	[ ]	
7.	History of jaundice	**7.** [ ]	[ ]	
8.	History of hypertension	**8.** [ ]	[ ]	

13.	**What do you usually discuss with the candidate acceptor :**	**13a** Spontaneous **1. Yes**	**13b** Did you also inquire : **3. Yes**	**5. No**
1.	Rules of taking the oral contraceptive	**1.** [ ]	[ ]	
2.	What needs to be done if the patient forgets to take the pill	**2.** [ ]	[ ]	
3.	When should the candidate return ?	**3.** [ ]	[ ]	
4.	When/where does the candidate obtain additional supplies?	**4.** [ ]	[ ]	
	Explanation of side effects :			
5.	Possibility of the menstruation lengthening/shortening or does not occur at all	**5.** [ ]	[ ]	
6.	Possibility of experiencing nausea and vormiting	**6.** [ ]	[ ]	
7.	Possibility of gaining weight	**7.** [ ]	[ ]	
8.	Possibility of brown spots on one's face	**8.** [ ]	[ ]	

14.	**Examination performed :**	**14a** Spontaneous **1. Yes**	**14b** Do you also perform the examination : **3. Yes**	**5. No**
1.	Checking the weight	**1.** [ ]	[ ]	
2.	Checking blood pressure	**2.** [ ]	[ ]	
3.	Checking swelling of the goiter	**3.** [ ]	[ ]	
4.	Checking of breasts	**4.** [ ]	[ ]	
5.	Lab test : Hb	**5.** [ ]	[ ]	
6.	Lab test : urine	**6.** [ ]	[ ]	

SECTION I : PREGNANCY EXAMINATION CASE

1. Do you provide prenatal care here ? 1. YES ----------> QUESTIONNAIRE 2. NO ----> PROCEED DIRECTLY TO NEXT SECTION	[ ]

2. Name of respondent : .....

3. I would like to understand into the process by which you provide a pregnancy examination. I should like to know anything you do starting from the arrival of the patient, waiting upon the patient until she goes home. I shall describe a pregnant mother, then I shall ask you to explain anything you regularly perform. Please state things in consecutive order.

3. Now I shall describe a case (read it out twice)

Mrs. Ani a married woman, says she has not had her periods for 3 months. She has come to you for a pregnancy examination. This is her first visit. She appearsto be in good health. Please recount everything you would do during Mrs. Ani's first visit.

4. NOTES FOR THE INTERVIEWER : DO NOT READ THESE OUT !! THIS INFORMATION IS ONLY PROVIDED IF THE RESPONDENT ASKS QUESTIONS
Mrs. Ani is 23 years old. This is her second pregnancy. She has a son aged 2 years.

5. Did you record this first visit on a card ? [ ]
1. YES
3. NO

6. PUT THE NUMBER "1" AT NO.7A, IF THE MATTER NOTED IS MENTIONED SPONTANEOUSLY
READ OUT THE THINGS NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3" IF QUESTION 7B IS ANSWERED "YES", AND PUT DOWN THE NUMBER "5" IF IT IS ANSWERED "NO"

7. What exactly did you record ?	**7a.** Spontaneous	**7b.** Did you also ask about:
	1 = Yes	3 = Yes 5 = No
1. Name	1. [ ]	[ ]
2. Age	2. [ ]	[ ]
3. Address	3. [ ]	[ ]
4. Husband's name	4. [ ]	[ ]
5. Husband's age	5. [ ]	[ ]
6. Husband's employment	6. [ ]	[ ]

SECTION I : PREGNANCY EXAMINATION CASE

PUT THE NUMBER "1" AT NO 8A, 9A, 10A, 11A, 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS SUPPLY THE NUMBER "3" IF QUESTIONS 8B, 9B, 10B, 11B, 12B, 13B AND 14B ARE ANSWERED "YES" AND PUT DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

8. How do you determine that Mrs. Ani is pregnant ? By the :	**8a** Spontaneous	**8b.** Did you also inquire about :
	1. Yes	**3. Yes 5. No**
1. Latest menstruation date	[ ]	[ ]
2. A feeling of nausea	[ ]	[ ]
3. Checking the urine?	[ ]	[ ]
9. What did you ask about her pregnancy history :	**9a.** Spontaneous	**9b.** Did you also inquire about :
	1. Yes	**3. Yes 5. No**
1. How many previous pregnancies has Mrs. Ani had?	[ ]	[ ]
2. Has she ever had a miscarriage ?	[ ]	[ ]
3. Did she once have bleeding ?	[ ]	[ ]
4. Did she receive TT (tetanus toxoid) immunization during her previous pregnancy ?	[ ]	[ ]
10. What did you ask about her previous delivery ?	**10a.** Spontaneous	**10b.** Did you also inquire about :
	1. Yes	**3. Yes 5. No**
1. Where did delivery take place ?	[ ]	[ ]
2. Who helped at the delivery ?	[ ]	[ ]
3. Was there any complication in the delivery : bleeding, long labor?	[ ]	[ ]
4. What was the baby's weight	[ ]	[ ]
11. Health history :	**11a.** Spontaneous	**11b.** Did you also inquire about :
	1. Yes	**3. Yes 5. No**
1. History of high blood pressure ?	[ ]	[ ]
2. History of diabetes ?	[ ]	[ ]
3. History of heart disease ?	[ ]	[ ]
4. Any hereditary disease ?	[ ]	[ ]
5. Do you smoke ?	[ ]	[ ]

SECTION I : PREGNANCY EXAMINATION CASE

12.	**Examinations performed :**	**12a.** Spontaneous	**12b.** Do you also perform this :
		1. Yes	**3. Yes 5. No**
1.	Body height	[ ]	[ ]
2.	Body weight	[ ]	[ ]
3.	Blood pressure	[ ]	[ ]
4.	Eye examination : for pale look	[ ]	[ ]
5.	Abdominal examination : for determining size of uterus	[ ]	[ ]
6.	Checking of legs for varicose veins	[ ]	[ ]
7.	Immunization for tetanus toxoid (TT)	[ ]	[ ]
8.	Breast examination	[ ]	[ ]
9.	Determining whether a patient belongs to the "high risk" group	[ ]	[ ]
13.	**Laboratory Examination :**	**13a.** Spontaneous	**13b.** Do you also perform this :
		1. Yes	**3. Yes 5. No**
1.	Pregnancy test	[ ]	[ ]
2.	Hemoglobin test	[ ]	[ ]
3.	Urine examination for diabetes	[ ]	[ ]
4.	Urine examination for proteins	[ ]	[ ]
14.	**Consultation :**	**14a.** Spontaneous	**14b.** Do you also discuss this:
		1. Yes	**3. Yes 5. No**
1.	Advice about nutrition for pregnant mothers	[ ]	[ ]
2.	Supply of vitamins	[ ]	[ ]
3.	Supply of iron tablets	[ ]	[ ]
4.	Advice about sexual relations	[ ]	[ ]
5.	Advice about pregnant mothers	[ ]	[ ]
6.	Schedule for next visit	[ ]	[ ]
7.	Schedule for childbirth	[ ]	[ ]

SECTION I : PREGNANCY EXAMINATION CASE

15. The next case is the following : Mrs. Ani is at an advanced stage of pregnancy estimated to give birth in another two weeks. Mrs. Ani's conditions have so far been good, and she is expected to give birth without complications. Now I would like to know the exact services Mrs. Ani has received until this moment.

PUT A NUMBER "1" AT 16A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY.
READ OUT THE STEPS THAT HAVE NOT BEEN MENTIONED SPONTANEOUSLY, THEN SUPPLY THE NUMBER "3" IF QUESTION 16B IS ANSWERED "YES", AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

	16. What are exactly the examinations and the action taken for Mrs.Ani ?	**16a.** Spontaneous	**16b.** Did you also inquire after :	
		1. Yes	**3. Yes**	**5. No**
	Laboratory examination:			
1.	Hemoglobin for anemia	**1. [ ]**	**[ ]**	
2.	Urine for diabetes	**2. [ ]**	**[ ]**	
3.	Urine for proteinuria	**3. [ ]**	**[ ]**	
4.	Test for any venereal disease	**4. [ ]**	**[ ]**	
5.	Pregnancy examination for determining the size of the embyo	**5. [ ]**	**[ ]**	
6.	Pregnancy examination for dtermining position of the embryo	**6. [ ]**	**[ ]**	
7.	Pelvic examination in order to assess the proportionality between the sizes of the fetal head and the mother’s hips	**7. [ ]**	**[ ]**	
8.	Leg examination for any swelling	**8. [ ]**	**[ ]**	
9.	Monitoring of blood pressure	**9. [ ]**	**[ ]**	
10.	Injection of tetanus toxoid 2X	**10. [ ]**	**[ ]**	

SECTION J : COUGH AND FEVER CASES

1. Do you examine patients ? **1. YES ----------> TO QUESTIONNAIRE** **3. NO -------> TO FURTHER SECTIONS**	**[ ]**

2. Name of respondent : .....

3. We would like to understand the process by which you examine an adult person suffering fever. We should like to find out what is done beginning with the arrival of the patient and ending when the patient goes home. We shall describe a case, subsequently we shall ask you to explain what you do regularly. Please state the facts in consecutive order.

4. Now we shall read out a case (to be read out 2X)

- Mr. Nik came to the Puskesmas with a complaint of cough and fever. Please recount exactly what you did for this patient.

SECTION J : COUGH AND FEVER CASES

PUT THE NUMBER "1" AT 5A, 6A, 7A IF THE STEPS HAVE BEEN SPONTANEOULY MENTIONED.
READ OUT THE STEPS THAT HAVE NOT BEEN SPONTANEOUSLY MENTIONED, THEN WRITE THE NUMBER "3" IF QUESTIONS 5B, 6B AND 7B ARE ANSWERED "YES", AND WRITE DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

5. What questions were asked when you started to examine the patient?	**5a** Spontaneous	**5b.** Did you also ask these questions:
	1. Yes	**3. Yes 5. No**
1. How long have you suffered from coughing and fever ?	[ ]	[ ]
2. Do you have asthma difficulty breathing?	[ ]	[ ]
3. Is there any blood when you cough ?	[ ]	[ ]
4. What was the color of the sputum ?	[ ]	[ ]
5. Do you have any pain in the chest ?	[ ]	[ ]
6. When you conducted a physical examination, what did you do about the patients in question ?	**6a.** Spontaneous	**6b.** Do you also examine :
	1. Yes	**3. Yes 5. No**
1. I examined the consciousness of the patient	[ ]	[ ]
2. I took the temperature	[ ]	[ ]
3. I listened to the sound of the respiration	[ ]	[ ]
4. I observed the ear lobe	[ ]	[ ]
5. I observed the patient's chest/any retraction of the ribs	[ ]	[ ]
6. I looked for any signs of sianosis	[ ]	[ ]
7. What are the laboratory examinations you conduct ?	**7a.** Spontaneous	**7b.** Do you also conduct these :
	1. Yes	**3. Yes 5. No**
1. Routine blood examinations	[ ]	[ ]
2. Thorax/rontgen photographs	[ ]	[ ]
3. Mantoux test	[ ]	[ ]
4. Sputum examination	[ ]	[ ]

SECTION K : VOMITING AND DIARRHEA CASE

1. Do you examine small children or babies ? 1 YES ----------> to QUESTIONNAIRE 3. NO --------> FINISHED	[ ]

2. On this occasion I would like to understand the process by which you examine a child suffering from diarrhea. I would like to know the steps you take from the moment the patient arrives, is waited upon, until he/she leaves for home. Now I will describe a case where a mother comes with her daughter. After that, I request you to explain just what you usually do. Please make consecutive statements.

3. Now I shall read out a case (read it out 2X)

Mrs. Nani came to the clinic together with her daughter Eli, an 8 month baby. She came with complaints about diarrhea for two days, with vomiting. Please tell me just what you did during the first examination.

SUPPLY THE NUMBER "1" TO 4A, IF THE RECORDED MATTER HAS BEEN MENTIONED SPONTANEOUSLY. READ OUT THE MATTER THAT HAS NOT BEEN STATED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF QUESTION 4B HAS BEEN ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

4. What questions did you ask when you started the consultation :	**4a** Spontaneous	**4b.** Did you also ask this question :
	1. Yes	**3. Yes 5. No**
1. When did the diarrhea start ?	[ ]	[ ]
2. How many times a day ?	[ ]	[ ]
3. What did the feces look like ?	[ ]	[ ]
4. How many feces were solid ?	[ ]	[ ]
5. Was there any blood on the feces ?	[ ]	[ ]
6. Was there any fever ?	[ ]	[ ]
5. When you conducted a physical examination what did you do about this patient ?	**5a.** Spontaneous	**5b.** Did you also examine these items:
	1. Yes	**3. Yes 5. No**
1. I checked his/her consciousness	[ ]	[ ]
2. I took the temperature	[ ]	[ ]
3. I examined the crown of the head	[ ]	[ ]
4. I checked the pulse (weak/strong)	[ ]	[ ]
5. I checked for difficulties in breathing	[ ]	[ ]
6. I checked for sianosis	[ ]	[ ]
7. I looked for any tumor of the skin	[ ]	[ ]

SECTION K : VOMITING AND DIARRHEA CASE

PUT THE NUMBER "1" AT 6A, 7A, 8A, 9A IF THE NOTED MATTER IS MENTIONED SPONTANEOUSLY.
READ OUT THE MATTER THAT ARE NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF QUESTIONS 6B, 7B, 8B, 9B ARE ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

6. If this baby has a mild dehydration, what do you do ?	**6a.** Spontaneous	**6b.** Do you also do these :
	1. Yes	**3. Yes 5. No**
1. I consult with someone more expert	[ ]	[ ]
2. I supply oral antibiotics	[ ]	[ ]
3. I administer oralite	[ ]	[ ]
4. I supply a Ringer Lactat infuse medicine	[ ]	[ ]
7. What recommendation did you give to the mother of the patient (Mrs.Nani) when the patient went home :	**7a.** Spontaneous	**7b.** Do youa also do these :
	1. Yes	**3. Yes 5. No**
1. I gave instructions to make an oralite liquid	[ ]	[ ]
2. I gave instructions on how to supply oralite	[ ]	[ ]
3. I instruct the mother to continue to feed with ASI (mother's milk)	[ ]	[ ]
4. Feed other food that is permitted	[ ]	[ ]
5. If condition worsens, come back at once	[ ]	[ ]
6. Return for a checkup before medicine runs out	[ ]	[ ]
8. What are the follow up steps you take, if this case turns out to be a vomiting and diarrhea disease :	**8a.** Spontaneous	**8b.** Do you also do these :
	1. Yes	**3. Yes 5. No**
1. I take a spare rectal swab	[ ]	[ ]
2. I look for a different case in the region of the patient's domicile	[ ]	[ ]
3. Report to the local Puskesmas Health Service	[ ]	[ ]
4. Check the oralite stock	[ ]	[ ]
5. Check the Ringer Lactat stock	[ ]	[ ]