CONFIDENTIAL

CODE OF PROVINCE

CODE OF REGENCY

CODE OF SAKERTI:

SURVEY OF HEALTH FACILITIES
1993

Practicing Physicians / Clinics

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,
UNIVERSITY OF INDONESIA
and

RAND

NO. CODE

Name of Physician/Clinic :..... .

STATEMENTS OF CENSUS REGIONS		CODE
LK A	Province:	[ ][ ]
LK B	District:	[ ][ ]
LK C	SAKERTI '93:	[ ][ ][ ]

STATEMENT OF FACILITIES		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 :	**[2]**
LK 06	Consecutive Number:.....	[ ]
LK 07	Name of physicians/clinic:	
LK 08	Address:	
		Post Code:
LK 09	This facility is: 1. Practicing physician 3. Clinic	[ ]
LK 10	Sex: 1. Male 3. Female	[ ]

NOTES OF INTERVIEW				
		First Visit	Second Visit	Third Visit
LK 11	Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
LK 12	Hour of Start	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 13	Hour of Termination	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 14	Result	[ ][ ]	[ ][ ]	[ ][ ]

Code of Interview result:
01. Completed
02. Partially completed
03. Deferred
04. Denied
05. Inaccessible

SUPERVISION:		CODE
LK 15	Interviewer:	[ ][ ][ ]
LK 16	Editor:	[ ][ ][ ]
LK 17	Local Supervisor :	[ ][ ][ ]
LK 18	Jakarta Supervisor:	[ ][ ]
LK 19	Field Coordinator:	[ ][ ]

SECTION A : GENERAL

A1. Name : _____	**A2. Age**	**[ ][ ] year**

A3.	At what University did you graduate as physician ? a. Name of University: ..... b. In what year ?	**[ ][ ]** **(code by editor)** **[ ][ ]**
A4.	How long have you been practicing here ?	**a. [ ][ ] year** **b. [ ][ ] month**
A5.	Where is the practice located ? 1. Own home 2. Other place, rented/contracted/income sharing 3. Other place, own property	**[ ]**
A6.	Before practicing here, were you ever a practicing physician at : a. Another location, in the same village b. At another location in the same subdistrict	1. YES 3 NO **a. [ ]** **b. [ ]**
A7.	Do you as a physician also have another place of practice ? 1. Yes 3. No -----> **straight to A9**	

A8	How far is this practice place from here ? **[IF THERE IS MORE THAN ONE PLACE TO PRACTICE MENTION THE NEAREST ONE]** 1. Less than 5 kms 2. Between 5 and 10 kms 3. More than 10 kms	**[ ]**
A9	Do you speak the local regional language ? 1. Yes 3. No	**[ ]**
A10	Do you originate from this province ? 1. YES 3. NO	**[ ]**
A11	What is your religion/belief ? 1. Moslem 4. Buddhism 2. Christian 5. Hindu 3. Catholic 6. Other, ----------	**[ ]** _____

A12.	In the morning, where is your main place of work as a physician ? 1. Community Health Center/Auxiliary Health Center 2. Government Hospital 3. State University 4. Private University 5. Health Office/Administration 6. Indonesian Army Agency 7. BUMN/BUMD health facilities 8. Other department 9. Private health facilities 10. Non-medical private facilities 11. Other _____	**[ ]** **1** **6** **2.** **7** **3** **8** **4** **9** **5** **10** **11** _____

SECTION A : GENERAL

			Code [filled by editor]
A13.	Mention name and location of the main place of work:.	a. Name of agency:	
		b. Name of village:.....	**b.** [ ][ ][ ]
		c. Name of Subdistrict:	**c.** [ ][ ][ ]
		d. Name of Regency:	**d.** [ ][ ]
		e. Province:	**e.** [ ][ ]

A14. Since you have worked here, have there been any of the following changes? **[READ EACH ITEM BELOW!]**	**A15** 1. Yes -- **To A16** 3. No .....>to next line	**A16** If yes, when ? (mention the year)
a. Renovation of place of practice/repairs	[ ]	[ ][ ]
b. Expansion of the building	[ ]	[ ][ ]
c. Adding new services : [e.g. additional FP services, immunization services]	[ ]	[ ][ ]
d. Improvement of facilities/equipment	[ ]	[ ][ ]

A17.	Do you have electricity at this place of practice ? 1. Yes 3. No ----------> **To A19**	[ ]
A18.	If yes, mention the electricity source used : 1. PLN (State Electricity Company) 2. Local Government / Government Agency 3. Generator of Community Health Center 4. Public self reliance 5. Private company/cooperative 6. Other, please mention: _____	[ ]
A19.	Mention the main water source used : 01. Pipewater (PAM) 02. Pump water (electrical/manual) 03. Well 04. Spring 05. Rainwater 06. Riverwater 07. Lake water 08. Other, please mention _____	[ ][ ] _____
A20.	Is this water source situated in the building ? 1. Yes ----------> **to A21** 3. No	[ ]

SECTION A : GENERAL

A21. If not, how far is the water source from the practice ?	1 = less than 10 meters 3 = 10 - 30 meters 5 = more than 30 meters	**[ ]**

A22. Additionally we would like to know the three main/basic problems you face practicing here:

1.....
.....

2.....
.....

3.....
.....

SECTION B : SERVICE AVAILABILITY

B1. When do you open your practice? On :	**B2.** Opening hours :	**B3.** Closing hours :
a. Monday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
b. Tuesday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
c. Wednesday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
d. Thursday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
e. Friday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
f. Saturday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]
g. Sunday	[ ][ ]:[ ][ ]	[ ][ ]:[ ][ ]

Service Availability :

B4. Type of service :	**B5.** Is there any [...] service? 1. Yes ---> To B6 3. No ---> to next line	**B6.** How many days per week?	**B7.** Since what year?	**B8.** Service charges ? **(Rupiah)**	**B9.** Unit
1. In-patients	[ ]		[ ][ ]	[ ][ ].[ ][ ][ ]	per day
2. Only examination	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per visit
3. Examination and injection	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per visit
4. Examination+injection+ medicine	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per visit
5. Examination and medicine	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per visit
6. Stitching of wounds: a. First stitch b. Next stitches	[ ]			[ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	per stitch
7. Change of dressing	[ ]			[ ][ ].[ ][ ][ ]	per visit
8. Abcess incision	[ ]			[ ][ ].[ ][ ][ ]	per action

SECTION B : SERVICE AVAILABILITY

	B4. Type of service :	**B5.** Is there any [...] service? 1. Yes ---> To B6 3. No ---> to next line	**B6.** How many days per week?	**B7.** Since what year?	**B8.** Service charges ? **(Rupiah)**	**B9.** Unit
9.	Circumcision	[ ]			[ ][ ].[ ][ ][ ]	per day
10.	Check up	[ ]			[ ][ ].[ ][ ][ ]	per visit
11.	Tuberculosis treatment	[ ]	[ ]		[ ][ ].[ ][ ][ ]	per visit
12.	Pregnancy examination	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per examination
13.	Delivery	[ ]		[ ][ ]	[ ][ ].[ ][ ][ ]	per delivery
14.	Immunization of babies:					
	a. BCG	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per injection
	b. DPT	[ ]		[ ][ ]	.	
	c. Anti polio	[ ]		[ ][ ]		
	d. Measles	[ ]		[ ][ ]		
15.	Immunization pregnant mother: Tetanus toxoid	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per examination
16.	Immunization Hepatitis B	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per injection
17.	Providing FP pills :					
	a. Microgynon	[ ]			[ ][ ].[ ][ ][ ]	per month
	b. Marvelon 28	[ ]			[ ][ ].[ ][ ][ ]	
	c. Excluton 28	[ ]			[ ][ ].[ ][ ][ ]	
	d. Schering	[ ]			[ ][ ].[ ][ ][ ]	
	e. Other:	[ ] _____			[ ][ ].[ ][ ][ ]	
18.	IUD Plastic/Lipes loop/spiral					
	a. Insertion	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	one insertion
	b. Removal	[ ]			[ ][ ].[ ][ ][ ]	one removal

SECTION B : SERVICE AVAILABILITY

B4. Type of service :	**B5.** Is there any [...] service? 1. Yes ---> To B6 3. No ---> To next line	**B6.** How many days per week?	**B7** Since what year ?	**B8.** Service charges ? **(Rupiah)**	**B9.** Unit
19. IUD Copper T : a. Insertion b. Removal	 [ ] [ ]	 [ ]	 [ ][ ]	 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	 for one insertion for one removal
20. FP injectable contraceptive: a. Depo-Provera b. Noristrat	 [ ] [ ]	 [ ] [ ]	 [ ][ ] [ ][ ]	 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	 per injection
21. FP NORPLANT : a. Insertion b. Removal	 [ ] [ ]	 [ ]		 [ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	 for one insertion for one removal
22. Sterilization : a. for men b. for women	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ].[ ][ ][ ] [ ][ ].[ ][ ][ ]	per measure
23. Infuse services for babies or dehydrated children	[ ]	[ ]	[ ][ ]	[ ][ ].[ ][ ][ ]	per measure
24. Treatment of FP side effect	[ ]			[ ][ ].[ ][ ][ ]	per treatment

Reference activities:

B10.	Does this practice treat patients referred from outside?	**1. Yes** **3. No----> To B12** **[ ]**
B11.	If yes, where do the patients come from ? 1. Other private practicing physicians 2. Community health centers 3. Supporting community health center 4. Midwife/mantri/practicing nurses 5. Health posts/Village PPKB 6. Traditional practice 7. Village Midwife 8. Hospital	**1. Yes** **3.No-** **1. [ ]** **5. [ ]** **2. [ ]** **6. [ ]** **3. [ ]** **7. [ ]** **4. [ ]** **8. [ ]**

SECTION B : SERVICE AVAILABILITY

B12.	Does this practice refer patients to other facilities?	**1. Yes** **3. No----> To B14** **[ ]**
B13.	If yes, where are the patients referred to ? 1.Hospital: Name of Hospital..... Location : Village..... Subdistrict ..... Regency..... Province..... 2. Other private practitioners 3. Community Health Center 4. Supporting Community Health Center 5. Midwife/mantri/private practicing nurse 6. Health Post/Village PPKB 7. Traditional practice 8. Village midwife	**1. Yes** **3.No-** **1. [ ]** **5. [ ]** **2. [ ]** **6. [ ]** **3. [ ]** **7. [ ]** **4. [ ]** **8. [ ]**

Number of visiting patients:

B14. Number of patient visits to this practice during the last week, beginning Monday through Sunday

a. Date : [ ][ ] through [ ][ ]
b. Months : _____

	B15. Day :	**B16.** Number of patients
a.	Monday	**[ ][ ][ ] people**
b.	Tuesday	**[ ][ ][ ] people**
c.	Wednesday	**[ ][ ][ ] people**
d.	Thursday	**[ ][ ][ ] people**
e.	Friday	**[ ][ ][ ] people**
f.	Saturday	**[ ][ ][ ] people**
g.	Sunday	**[ ][ ][ ] people**

SECTION B : SERVICE AVAILABILITY

Laboratory examinations:

B17. Kinds of tests	**B18** Can lab work be done in the Puskesmas? **1. Yes -------> To B19** **3. No---------> To B20**	**B19** How much are the patients charged ? **(Rupiah)**	**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)	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**
b. Leykocyte	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**
c. Blood typing	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**
d. Eritrosite count	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**
e. Urinalisis	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**
f. Pregnancy Test	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**
g. Faeces examination	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**
h. Sputum examination	**[ ]**	**[ ][ ].[ ][ ][ ]**	**[ ][ ] km**

SECTION C : HEALTH INSTRUMENTS

Supply information on the medical instruments at your practice!		
C1. Kinds of instruments and material	**C2**. Do you have this instrument ? **1. Yes ----> To C3** **3. No --->to next line**	**C3.** Does the [...] function properly ? 1. Yes 3. No
a. Regular stetoscope:	**[ ]**	**[ ]**
b. Stetoscope to examine pregnant women:	**[ ]**	**[ ]**
c. Tensimeter:	**[ ]**	**[ ]**
d. Sterilisator/autoclave:	**[ ]**	**[ ]**
e. Adult scales:	**[ ]**	**[ ]**
f. Baby scales:	**[ ]**	**[ ]**
g. Height measurer:	**[ ]**	**[ ]**
h. Thermometer:	**[ ]**	**[ ]**
i. Beds	**[ ]**	**[ ]**
j. Normal delivery set:	**[ ]**	**[ ]**
k. Forceps:	**[ ]**	**[ ]**
l. Vaginal speculum:	**[ ]**	**[ ]**
m. Sahli set:	**[ ]**	**[ ]**

SECTION C : HEALTH INSTRUMENTS

C4. Kinds of Instruments	**C5**. Does this practice place have a [...] ? **1. Yes ----->To C6** **3. No -->to next line**	**C6.** Does the [...] function properly ? 1. Yes 3. No
a. Anti septic:		
1. Alcohol	[ ]	
2. Betadine	[ ]	
b. Bandages	[ ]	[ ]
c. Oxygen tube	[ ]	[ ]
d. Incubator	[ ]	[ ]
e. Minor operating instruments	[ ]	[ ]
f. Infuse instruments and needles	[ ]	[ ]
g. Gloves	[ ]	[ ]
h. Scissors	[ ]	[ ]
i. Giemsa color solution	[ ]	
j. Benedict solution	[ ]	
k. Wright solution	[ ]	
l. Pregnancy test (strip)	[ ]	
m. Protein test (strip)	[ ]	
n. Glucose test (strip)	[ ]	
o. Microscope	[ ]	[ ]
p. Centrifuge.	[ ]	[ ]

SECTION D : STOCK OF MEDICINES

D1.	Do you have medicines in stock for patients coming to be treated here ?	1. YES 3. NO ---------- > straight to D8	[ ]

D2. Now we want to know about several kinds of medicines you regularly provide to **adult patients :**

	D3. Kinds of Medicine	D4. Brands of regularly used medications	D5. Amount usually prescribed to adult patients. (in one prescription)			D6. PACKAGING		D7. Costs charged to patients in accordance with D5 . Examination not included [Thousand of Rupiah]
			D5a. Dose of medicine :	D5b. [see code]	D5c. Number of day	D6a Unit content	D6b. 1. mg 2. cc	
1.	**Antibiotic :**							
	a. Penicilin	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
	b. Ampicilin	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
	c. Tetraciclin	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
	d. Chloroamphenicol	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
2.	**Analgetics :**							
	a. Antalgin	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
3.	**Antipiretics :**							
	a. Acetosal	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
	b. Paracetamol	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
4.	**Anti - TBC :**							
	a. INH	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
	b. Rifampicin	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
	c. Ethambutol	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
	d. Stretomicyn	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
5.	**Anti malaria**	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
6.	**Skin ointment**	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
7.	**Cough medicine**	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
8.	**Oralit :**	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
9.	**FP injection :**	a. Depo provera	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]
		b. Noresterat	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ],[ ][ ][ ]

Code D5b

1. tablet	3. bottle	5. package
2. capsule	4. tube	6. injection

SECTION D : STOCK OF MEDICINES

Kinds of Medicine :	D8. Do you have stock today [stock] 1. Yes 3. No	D9. In the last 6 months,how many weeks were you out of stock [....]
1. **Antibiotics :**		[ ][ ]
a. Penicilin	[ ]	[ ][ ]
b. Ampicilin	[ ]	[ ][ ]
c. Tetraciclin	[ ]	[ ][ ]
d. Chloroamphenicol	[ ]	[ ][ ]
2. **Analgetics :**		
a. Antalgin	[ ]	[ ][ ]
3. **Antipiretics :**		[ ][ ]
a. Acetosal	[ ]	[ ][ ]
b. Paracetamol	[ ]	[ ][ ]
4. **Anti - TBC :**		[ ][ ]
a. INH	[ ]	[ ][ ]
b. Rifampicin	[ ]	[ ][ ]
c. Ethambutol	[ ]	[ ][ ]
d. Stretomicyn	[ ]	[ ][ ]
5. **Anti malaria :**	[ ]	[ ][ ]
6. **Skin ointment**	[ ]	[ ][ ]
7. **Cough medicine :**	[ ]	[ ][ ]
8. **Oralit :**	[ ]	[ ][ ]
9. **FP injection :**		
a. Depo provera	[ ]	[ ][ ]
b. Noresterat	[ ]	[ ][ ]

D10. If you give a prescription, where does the patient buy the medicine ?

1. Pharmacy
2. Dispensary [ ]
3. Other, please mention: ----------

_____

D11. How far is it from this place of practice to the nearest facility [D10] where patients get prescriptions filled?

1. Less than one half km [ ]
2. One half to one kilometer (1/2 - 1km)
3. One to three kilometer (1 - 3 km)
4. Three to five kilometer (3 - 5 km)
5. More than 5 kilometer (5 km +)

SECTION E: DIRECT OBSERVATION

EXAMINATION ROOM

E1.	How clean is the floor in this room? [Dirty = if much dust, food remnants/scattered garbage are found]	**1. Dirty** **3. Clean**	**[ ]**
E2.	How clean are the walls in this room ? [Dirty = If many spider webs, scribbings, dust, moisture, peeled off paint are found]	**1. Dirty** **3. Clean**	**[ ]**
E3.	Are there curtains that shut off the examination room ?	**1. Yes** **3. No**	**[ ]**
E4.	How are the conditions of these curtains ? [Dirty = when it looks unwashed, there are blood stains, or other dirt sticking to it]	**1. Dirty** **3. Clean**	**[ ]**
E5.	What provisions are made for washing hands in this room?	**1. Washing stand with running water** **3. Wash basin with clean water** **5. Nothing available**	**[ ]**
E6.	Is there a trash can in the room ?	**1. Yes** **3. No**	**[ ]**
E7.	Is there an examination table in the room ?	**1. Yes** **3. No**	**[ ]**
E8.	What kind of needles are used for injections?	**1. Disposable [USED ONCE] ------> E10.** **2. Non disposable [USED REPEATEDLY]** **3. Both.**	**[ ]**
E9.	How are needles sterilized? (MORE THAN ONE ANSWER POSSIBLE) **1. With a sterilizer** **2. Boiling the needle in boiling water** **4. Rinsing in alcohol**	**8. By heating the needle with fire** **16. No sterilization** **32. Other, mention _____**	**[ ][ ]** **_____**

SECTION E: DIRECT OBSERVATION

KIA - KB (MCH-FP) ROOM:

E10.	**CHECK POINT: IS THERE A SPECIAL ROOM FOR KIA-KB ACTIVITIES ?** **1. YES --->IF YES, FILL IN E11 TO E18.** **3. NO -->IF NO, STRAIGHT TO E18**	**[ ]**

E11.	How clean is the floor in this room? [Dirty = when there is much dust, food remains are scattered]	**1. Dirty** **3. Clean**	**[ ]**
E12.	How clean are the walls in this room ? [Dirty = if there are many cobwebs, graffiti, moist, peeled wall paint]	**1. Dirty** **3. Clean**	**[ ]**
E13.	Are there curtains that shut off the examination room?	**1. Yes** **3. No**	**[ ]**
E14.	How clean is this curtain ? [Dirty = it has not been washed, there are bloodstains or other dirt sticking to it]	**1. Dirty** **3. Clean**	**[ ]**
E15.	What provisions are made for washing hands in this room?	**1. Washstand with running water** **3. Basin with clean water** **5. Nothing**	**[ ]**
E16.	Is there a wastebasket in the room ?	**1. Yes** **3. No**	**[ ]**
E17.	Is there a gynecological examination table in this room?	**1. Yes** **3. No**	**[ ]**
E18.	Where are the vaccines kept ? **1. Refrigerator/Freezer/special vaccine box** **3. Regular refrigerator**	**5. Refrigerator without electricity** **7. No place to keep vaccine**	**[ ]**

SECTION E: DIRECT OBSERVATION

	How is the stock of vaccine :		
	E19 Types of vaccine	**E20** How is today's stock ? **1. Available 3. Not available**	**E21** How many weeks during the last 6 months, was there no [...] vaccine / out of stock ? **[OUT OF STOCK FOR MORE THAN 3 DAYS MEANS 1 WEEK]**
a.	BCG	**[ ]**	**[ ][ ] weeks**
b.	DPT	**[ ]**	**[ ][ ] weeks**
c.	Anti polio	**[ ]**	**[ ][ ] weeks**
d.	Measles	**[ ]**	**[ ][ ] weeks**
e.	Tetanus Toxoid	**[ ]**	**[ ][ ] weeks**
f.	Hepatitis B	**[ ]**	**[ ][ ] weeks**

SECTION F: FAMILY PLANNING SERVICES

F1.	CHECK POINT: 1. YES ----->IF RENDERING THE KB SERVICES, PLEASE CONTINUE THIS SECTION 3. NO -----> TO CASE ILLUSTRATIONS	[ ]

F2.	Did you ever join KB training ?	1. YES 3. NO	**[ ]**
F3.	Mention the type of training you got 1. All FP methods 2. IUD insertions	3. Norplant/implant 4. Treatment of side effects 5. Other, please mention ----------	**[ ]** _____
F4.	When was the most recent training you had ?	YEAR:	**[ ][ ]**
F5.	Duration of training: 1. Less than 1 week 2. One to two (1-2) weeks	3. 2 weeks to 1 months 4. 1 - 3 months 5.Over 3 months (3 months +)	**[ ]**
F6.	The organizer of training was : 1. Department of Health 2. BKKBN	3. IDI/IBI (Indonesian Doctors Association) 4. Other, please mention	**[ ]**

F7. If there were a candidate who wants to use a certain method, but said method is not available, where is the candidate referred to?

	Types of method:	**F8.** Place of reference **(see code F8)** **if "9" go to next line**	**F9.** Distance from this place
a.	Condom	**[ ]**	**[ ][ ] Km**
b.	Pill	**[ ]**	**[ ][ ] Km**
c.	Injection	**[ ]**	**[ ][ ] Km**
d.	IUD / spiral	**[ ]**	**[ ][ ] Km**
e.	Norplant/implant/susuk	**[ ]**	**[ ][ ] Km**
f.	Sterilization	**[ ]**	**[ ][ ] Km**

Code F8 :
1. Government Hospital
2. Private Hospital
3. Puskesmas
4. Auxiliary Puskesmas
5. Private Clinic
6. Private practicing physician
7. Midwifes/nurses/practicing mantri
8. Pharmacies
9. No reference

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 G: 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 G: 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 FIGURE "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 G : 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 G : 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**
l.	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 and where does the candidate need to get a supply?	**4.** [ ]	[ ]	
	Explanation of side effects :			
5.	Possibility of the menstruation lengthening/shortening or does not occur at all ..	**5.** [ ]	[ ]	
6.	Possibility of experiencing nausea up to 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 H : 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 H : 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 after :
		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 enquire after :
		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 after :
		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 H : 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 H : 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 I : 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 I : 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 question :
	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 J : 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	[ ]	[ ]

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"

SECTION J : VOMITING AND DIARRHEA CASE

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 how to supply oralite	[ ]	[ ]
3. I instruct 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	[ ]	[ ]