CONFIDENTIAL

CODE OF PROVINCE :

CODE SAKERTI :

CODE OF REGENCY :

SURVEY OF HEALTH FACILITIES
1993

TRADITIONAL PRACTICE

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,
UNIVERSITY OF INDONESIA
and

RAND

NO. CODE

Name of Respondent :.....

CONTROL SHEET

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

INFORMATION 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	Code Sub Population:	**[5]**
LK 06	Consecutive Number:.....	[ ]
LK 07	Name : _____	
LK 08	Address:	
		Post Code:
LK 09	Sex: 1. Male 3. Female	[ ]

NOTES OF INTERVIEWS				
		First Visit	Second Visit	Third Visit
LK 10	Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
LK 11	Hour of Start	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 12	Hour of Termination	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
LK 13	Results of interview	[ ][ ]	[ ][ ]	[ ][ ]

Code of results of interview:
01. Finished
02. Partly finished
03. Postponed
04. Refused
05. Unable to contact

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

SECTION A: GENERAL

1.	How old are you ?	**[ ] [ ]** years
2.	How long have you been practizing traditional treatment here ?	**[ ] [ ]** years
3.	From whom did you learn this traditional treatment practice ? 1. Parents (inherited) 2. Learned from other people 3. Friend 4. Self-study 5. Other, mention	**[ ]** _____
4.	What is your highest level of education ? 1. Did not/not yet go to school 2. Elementary School 3. Junior High School 4. Senior High School 5. Academy / University 6. Other, ...	**[ ]** _____
5.	Can you read written Indonesian ? 1. Yes 3. No	**[ ]**
6.	Can you write Indonesian ? 1. Yes 3. No	**[ ]**

7.	In providing service to visitors/patients, are there specific hours for services ? (e.g. everyday from 8.00 - 14.00) 1. YES 3. NO ---------> Go to A10	**[ ]**
8.	If YES, how many days a week do you provide services to visitors/patients ?	**[ ]** **days a week**
9.	How many hours a day do you practice and give services to visitors/patients ? **Straight to A11**	**[ ][ ]** **hours a day**
10.	If not, how do you provide services ? 1. Open 24 hours a day 2. Only by appointment 3. Other, mention : _____	**[ ]** _____
11.	In providing services, what language do you usually use ? 1. Indonesian 3. Regional language, mention :	**[ ]** _____
12.	What is your religion ? 1. Islam 4. Hindu 2. Protestant 5. Budha 3. Catholic 6. Other, mention: __	**[ ]** _____

SECTION A: GENERAL

13.	Besides this practice, do you have other work ? 1. Yes 3. No -------> **To Section B**	**[ ]**
14.	What order kind of work is that ? 1. Agriculture 2. Industry 3. Home Industry 4. Services 5. Government 6. Trade 7. Other, mention : _____	**[ ]** _____
15.	How many hours a week do you work there ?	**[ ][ ]** hours a week

SECTION B : PRACTICE ACTIVITIES

1.	**QUESTION B1 IS ONLY FILLED IN IF THERE IS A CERTAIN PRACTICE. IF QUESTION IS ANSWERED "NO", STRAIGHT TO B4** When do you have practice ?		
	Day	**2.** Opening Hour	**3.** Closing Hour
a.	Monday	[ ] [ ].[ ] [ ]	[ ] [ ].[ ] [ ]
b.	Tuesday	[ ] [ ].[ ] [ ]	[ ] [ ].[ ] [ ]
c.	Wednesday	[ ] [ ].[ ] [ ]	[ ] [ ].[ ] [ ]
d.	Thursday	[ ] [ ].[ ] [ ]	[ ] [ ].[ ] [ ]
e.	Friday	[ ] [ ].[ ] [ ]	[ ] [ ].[ ] [ ]
f.	Saturday	[ ] [ ].[ ] [ ]	[ ] [ ].[ ] [ ]
g.	Sunday	[ ] [ ].[ ] [ ]	[ ] [ ].[ ] [ ]

4.	Do you give [...] services to patients ? **[MENTION ALL ITEMS BELOW !]**	**1=Yes** **3=No**
a.	Accupuncture	**a. [ ]**
b.	Orthopedics	**b. [ ]**
c.	Massage (Reflexive massage)	**c. [ ]**
d.	Operation / Circumcision	**d. [ ]**
e.	Inner power/mysticism/meditation/paranormal	**e. [ ]**
f.	Charm/antidote	**f. [ ]**
g.	Anti black magic/magical formula/voodoo	**g. [ ]**
h.	Special medicinal herbs	**h. [ ]**
i.	Delivery	**i. [ ]**
j.	Good deeds	**j. [ ]**
k.	Other, mention :	**k. [ ]**
	NOTE : **IF ONLY PROVIDING CIRCUMCISION SERVICES, GO STRAIGHT TO B6**	_____

5.	What disease/problem can you cure/solve ? **[MENTION ALL ITEMS BELOW !]**	**1=Yes** **3=No**
a.	Stomachache/diarrhea	a. [ ]
b.	Haemorrhoids	b. [ ]
c.	Impotence	c. [ ]
d.	Flu/headache	d. [ ]
e.	Rheumatism	e. [ ]
f.	Orthopedics	f. [ ]
g.	Cancer	g. [ ]
h.	Sterility	h. [ ]
i.	Pain during pregnancy	i. [ ]
j.	Delivery care	j. [ ]
k.	Skin disease	k. [ ]
l.	Insomnia/stress/nervousness	l. [ ]
m.	Diabetis	m. [ ]
n.	Eye complaints	n. [ ]
o.	Possessed by a spirit	o. [ ]
p.	Convulsion/epilepsy	p. [ ]
q.	Other, mention _____	q. [ ]
		_____

SECTION B : PRACTICE ACTIVITIES

6.	How many patients do you usually examine/treat per week ?	**[ ] [ ]** patients
7.	How many patients do you usually examine/treat a month ?	**[ ][ ][ ]** patients
8.	In general, are your patients adults or children ? 1. Adults (> 15 years) 3. Children (< 15 years) 5. Both	**[ ]**
9.	Are your patients in general male or female ? 1. Male 3. Female	**[ ]**
10.	In general, how long does each consultation last ?	**[ ][ ] hours** **[ ][ ] minutes**

11.	Do you usually charge a fee for services ? 1. Yes 3. No ----------> **To No. 14**	**[ ]**
12.	If you do, how much is the usual charge ?	**[ ][ ][ ]** thousands **[ ][ ][ ]** rupiah
13.	Kindly mention your lowest and highest charges ? 1. Lowest charge Rp. **[ ][ ][ ].[ ][ ][ ].[ ][ ][ ]** 3. Highest charge Rp. **[ ][ ][ ].[ ][ ][ ].[ ][ ][ ]**	
14.	Do the patients usually give [...] as a token of gratefulness ? **[MENTION ALL ITEMS BELOW !]** a. Money b. Rice c. Yields from other crops d. Other foodstuffs e. Livestock f. Other _____	**1. Yes** **3. No** **a. [ ]** **b. [ ]** **c. [ ]** **d. [ ]** **e. [ ]** **f. [ ]** _____
15.	In general, have your patients ever been treated at another place prior to visiting you? 1. Yes 3. Not yet	**[ ]**

SECTION B : PRACTICE ACTIVITIES

16.	Where is the treatment usually carried out ? 1. The patient comes at your home/place 3. You visit your patient's home/place	**[ ]**
17.	Do you provide traditional medicinal herbs ? 1. Yes-- 3. No----------> **To B19**	**[ ]**
18.	Kindly mention the herbs you use for your medicine. **1.** ---------- **2.** ---------- **3.** ---------- **4.** ---------- **5.** ---------- **6.** ---------- **7.** ---------- **8.** ----------	
19.	Do you also give modern medicine ? 1. Yes-- 3. No --------> **To B21**	**[ ]**

20.	If YES, did you ever provide the following medicine: [MENTION THE ITEMS BELOW !] a. Antibiotics (to kill germs) b. Analgetics (to remove pain) c. Antipyretics (to lower fever) d. Anti-TBC e. Oralite f. Other, ...	**1. Yes** **3. No** **a. [ ]** **b. [ ]** **c. [ ]** **d. [ ]** **e. [ ]** _____
21.	Do you provide FP services ? 1. Yes 3. No -------> **To B23**	**[ ]**
22.	If yes, what kinds of FP services do you give ? 1. Medicinal herbs 2. Other traditional_____ 3. Modern (pill, injection, condom) 4. Abortion	**1. Yes--** **3. No** **a. [ ]** **b. [ ]** _____ **c. [ ]** **d. [ ]**
23.	How much do you charge visitors/patients for medicinal herbs/medicine or other prescriptions ? 1. Lowest charge Rp. **[ ][ ][ ].[ ][ ][ ].[ ][ ][ ]** 3. Highest charge Rp. **[ ][ ][ ].[ ][ ][ ].[ ][ ][ ]**	

24.	CHECK POINT: ARE YOU A TRADITIONAL MIDWIFE ?	1. YES --------> TO SECTION C 3. NO -----> FINISHED

SECTION C : TRADITIONAL MIDWIFE

1.	Have you ever received training as a traditional midwife ? 1. Yes 3. No --------> **To No. 5**	**[ ]**
2.	In what year was your most recent training ? **[IF FORGOTTEN, ASK HOW MANY YEARS AGO IT WAS]**	**1 9 [ ] [ ]** **[ ] [ ]** years
3.	Who organized the training ? 1. Government 2. UNICEF / World Organization 3. Foundation , _____ 4. Other, _____	**[ ]** _____
4.	For how many days did you participate in this training ?	**[ ] [ ]**days
5.	Where do you usually provide delivery services ? 1. in your home/place 3. in the patient's home/place 5. at a special place for practice	**[ ]**
6.	Do you also give TT immunization ? 1. Yes 3. No	**[ ]**
7.	What is the usual fee for delivery charges ?	**[ ][ ][ ]** thousands **[ ][ ][ ]** rupiah
8.	In general, what is the fee for mother care after delivery ?	**[ ][ ][ ]** thousands **[ ][ ][ ]** rupiah
9.	When do you usually provide services for the patients ?	**[ ]** days a week
10.	Do you also provide care for new born baby ? 1. Yes 3. No ----------> **To No.14**	**[ ]**
11.	How much do you charge per visit for the baby's care ?	**[ ][ ][ ]** thousands **[ ][ ][ ]** rupiah
12.	Is immunization included in the baby's care ? 1. Yes 3. No---------> **To No.14**	**[ ]**
13.	What are the charges for immunization ?	**[ ][ ][ ]** thousands **[ ][ ][ ]** rupiah

SECTION C : TRADITIONAL MIDWIFE

14. Do you have the following instruments ? **[MENTION ALL ITEMS BELOW !]** a. Stetoscope for pregnant mothers b. Tensimeter c. Adult scales d. Baby scales e. Height measurer f. Normal delivery set/traditional midwife kit g. Forceps h. Vaginal speculum		**1. Yes** **3. No** a. **[ ]** b. **[ ]** c. **[ ]** d. **[ ]** e. **[ ]** f. **[ ]** g. **[ ]** h. **[ ]**