

INTERVIEWER: _____

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IDW:

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SECTION LK : CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	<input type="text"/> <input type="text"/> <input type="text"/>
LK02.	Kabupaten/ Kota _____	<input type="text"/> <input type="text"/> <input type="text"/>
LK03.	Kecamatan _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LK04.	Village/Urban Township _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LK05.	Region : 1. Urban 2. Rural	<input type="text"/>
LK7a.	Facility Location : a. Latitude <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ⁰	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> '
	b. Longitude <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ⁰	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> '
LK08.	a. Address : _____ : _____ b. Description of location : _____ c. Postal code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LK08a.	A. Phone number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a. code b. number B. Cellphone number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a. code b. number W. NA Y. DK	
LK09.	Sex of respondents	1. Male 3. Female
LK13.	Name of Facility: 1. Traditional midwife 5. Others	<input type="text"/>

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

SECTION A : GENERAL

A00. Do you give the following health services to a patient ?	<table><tr><td></td><td>1. Yes</td><td>3. No</td></tr><tr><td>a. Acupuncture</td><td>1</td><td>3</td></tr><tr><td>b. Orthopedics</td><td>1</td><td>3</td></tr><tr><td>c. Massage (reflexive massage) ...</td><td>1</td><td>3</td></tr><tr><td>d. Operation/ Circumcision.....</td><td>1</td><td>3</td></tr><tr><td>e. Charm / antidote</td><td>1</td><td>3</td></tr><tr><td>f. Anti black magic/voodoo</td><td>1</td><td>3</td></tr><tr><td>g. Formula /.....</td><td>1</td><td>3</td></tr><tr><td>h. Special medicine herbs</td><td>1</td><td>3</td></tr><tr><td>i. Delivery</td><td>1</td><td>3</td></tr><tr><td>j. Consultation</td><td>1</td><td>3</td></tr><tr><td>k. Accupressure</td><td>1</td><td>3</td></tr><tr><td>l. Inhalation</td><td>1</td><td>3</td></tr><tr><td>m. Circumcision</td><td>1</td><td>3</td></tr><tr><td>n. Massage for baby.....</td><td>1</td><td>3</td></tr><tr><td>v. Other</td><td>1</td><td>3</td></tr></table>		1. Yes	3. No	a. Acupuncture	1	3	b. Orthopedics	1	3	c. Massage (reflexive massage) ...	1	3	d. Operation/ Circumcision.....	1	3	e. Charm / antidote	1	3	f. Anti black magic/voodoo	1	3	g. Formula /.....	1	3	h. Special medicine herbs	1	3	i. Delivery	1	3	j. Consultation	1	3	k. Accupressure	1	3	l. Inhalation	1	3	m. Circumcision	1	3	n. Massage for baby.....	1	3	v. Other	1	3
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A00x. INTERVIEWER CHECK A00: ARE THE SERVICES PROVIDED ONLY CHARM/ANTIDOTE (e) OR ANTI BLACK MAGIC/MAGICAL (f) OR CONSULTATION (j)	ONLY e, f, j 1 → CP OTHER SERVICES except e, f, j ... 3																																																
A01. How old are you?	____ Years																																																
A02. How long have you been practicing traditional treatment here?	____ Years																																																
A03. From whom did you learn this traditional treatment practice?	Parents (inherited) 1 Learned from other people 2 Friend 3 Self-study 4 Other 5																																																
A05a. Can you read an Indonesian-language newspaper?	Yes 1 No 3																																																
A05b. Can you read a newspaper in another language?	Yes 1 No 3																																																
A06a. Can you write a letter in Indonesian?	Yes 1 No 3																																																
A06b. Can you write a letter in another language?	Yes 1 No 3																																																

A04a. Have you ever attended/are you attending school?	Yes 1 → A7 No 3
A04. What is the highest education level attended? [NOTE TO INTERVIEWER: IF THEY ARE CURRENTLY ATTENDING SCHOOL, RECORD THE LEVEL THEY ARE CURRENTLY ATTENDING]	ELEMENTARY 02 JUNIOR HIGH GENERAL..... 03 JUNIOR HIGH VOCATIONAL..... 04 SENIOR HIGH GENERAL 05 SENIOR HIGH VOCATIONAL 06 COLLEGE (D1, D2, D3) 60 UNIVERSITY (BACHELOR)..... 61 UNIVERSITY (MASTER..... 62 UNIVERSITY (DOCTORATE)..... 63 ADULT EDUCATION A 11 ADULT EDUCATION B 12 ADULT EDUCATION C..... 15 OPEN UNIVERSITY..... 13 ISLAMIC SCHOOL (PESANTREN)..... 14 SCHOOL FOR DISABLED..... 17 MADRASAH, GENERAL..... 70 ISLAMIC ELEMENTARY SCHOOL (MADRASAH IBITDAIYAH)..... 72 ISLAMIC JUNIOR/HIGH SCHOOL (MADRASAH TSANAWIYAH)..... 73 MADRASAH SENIOR HIGH SCHOOL 74 KINDERGARTEN..... 90 DON'T KNOW 98 OTHER..... 95
A04b. What is the highest grade completed at that school?	Did not complete first grade at that level 00 1 01 5 05 2 02 6 06 3 03 Graduated 07 4 04 DK 08
A07. In providing service to visitors/patients, are there specific hours for services ? (e.g. everyday from 8.00 - 14.00)	No 3 → A10 Yes 1
A08. If YES, how many days a week do you provide services to visitors/patients ?	____ days a week

SECTION A : GENERAL

A09. How many hours a day do you practice and give services to visitors/patients ?	<div>hours a day</div> <div>→ A11</div>
A10. If not, how do you provide services ?	Open 24 hours a day 1 Only by appointment 2 Other, mention 5
A11. In providing services, what language do you usually use ?	IndonesianW JavaneseA SundaneseB BalineseD BatakG Bugis.....H ChineseI Maduranese.....C Sasak.....E MinangF BanjarJ BimaL MakassarM NiasN PalembangO Sumbawa.....P TorajaQ Lahat.....R Other South SumatraS Betawi.....T Lampung.....U Other.....V
A12. What is your religion ?	Islam 01 Protestant 02 Catholic 03 Hindu 04 Budha 05 Kong hu Cu..... 07 Other..... 95
A13. Besides this practice, do you have other work ?	No 3 → B01 Yes 1

A13a. What do you produce/do in your work?	<div></div> <div></div>
A13b. EDITOR: CODE FOR SECTORS	<div></div>
A14. Which category best describes the work you do?	Self employed01 Self-employed with unpaid family worker/temporary worker.....02 Self-employed with permanent worker03 Government worker.....04 Private worker05 Unpaid family worker.....06 Casual worker in agriculture07 Casual worker not in agriculture.....08
A15. How many hours a week do you work there?	<div>hours a week</div>

CODE A13b

01. Farming (including forestry, hunting and fishing
02. Mining (including excavating
03. Manufacturing industry
04. Electricity, gas and water
05. Building construction
06. Large trade, retail trade, restaurants and hotels
07. Transportation, warehousing and communications
08. Finance, insurance, lease of buildings, grounds and business services
09. Social services
95. Others

SECTION B : PRACTICE ACTIVITIES

(B1TYPE)		B2a.	B2b.	B3a.	B3b.
Do you provide services on :		Opening Hour	Closing Hour	Opening Hour	Closing Hour
a. Monday	3. No ↓1. Yes	____:____	____:____	____:____	____:____
b. Tuesday	3. No ↓1. Yes	____:____	____:____	____:____	____:____
c. Wednesday	3. No ↓1. Yes	____:____	____:____	____:____	____:____
d. Thursday	3. No ↓1. Yes	____:____	____:____	____:____	____:____
e. Friday	3. No ↓1. Yes	____:____	____:____	____:____	____:____
f. Saturday	3. No ↓1. Yes	____:____	____:____	____:____	____:____
g. Sunday	3. No ↓1. Yes	____:____	____:____	____:____	____:____

SECTION B : PRACTICE ACTIVITIES

B05. What disease/problem can you cure/solve ? [MENTION ALL ITEMS BELOW !]	<table><tr><td></td><td>1. Yes</td><td>3. No</td></tr><tr><td>a. Stomachache/diarrhea</td><td>1</td><td>3</td></tr><tr><td>b. Hemorrhoids</td><td>1</td><td>3</td></tr><tr><td>c. Impotence</td><td>1</td><td>3</td></tr><tr><td>d. Flu/headache</td><td>1</td><td>3</td></tr><tr><td>e. Rheumatism</td><td>1</td><td>3</td></tr><tr><td>f. Orthopedics</td><td>1</td><td>3</td></tr><tr><td>g. Cancer</td><td>1</td><td>3</td></tr><tr><td>h. Sterility</td><td>1</td><td>3</td></tr><tr><td>i. Pain during pregnancy</td><td>1</td><td>3</td></tr><tr><td>j. Delivery care</td><td>1</td><td>3</td></tr><tr><td>k. Skin disease</td><td>1</td><td>3</td></tr><tr><td>l. Insomnia/stress/nervousness ..</td><td>1</td><td>3</td></tr><tr><td>m. Diabetes</td><td>1</td><td>3</td></tr><tr><td>n. Eye complaints</td><td>1</td><td>3</td></tr><tr><td>o. Mental disorder</td><td>1</td><td>3</td></tr><tr><td>p. Convulsion/epilepsy</td><td>1</td><td>3</td></tr><tr><td>q. Kidney failure</td><td>1</td><td>3</td></tr><tr><td>r. Heart problem</td><td>1</td><td>3</td></tr><tr><td>s. High blood pressure</td><td>1</td><td>3</td></tr><tr><td>v. Other.....</td><td>1</td><td>3</td></tr></table>		1. Yes	3. No	a. Stomachache/diarrhea	1	3	b. Hemorrhoids	1	3	c. Impotence	1	3	d. Flu/headache	1	3	e. Rheumatism	1	3	f. Orthopedics	1	3	g. Cancer	1	3	h. Sterility	1	3	i. Pain during pregnancy	1	3	j. Delivery care	1	3	k. Skin disease	1	3	l. Insomnia/stress/nervousness ..	1	3	m. Diabetes	1	3	n. Eye complaints	1	3	o. Mental disorder	1	3	p. Convulsion/epilepsy	1	3	q. Kidney failure	1	3	r. Heart problem	1	3	s. High blood pressure	1	3	v. Other.....	1	3
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B06. How many patients did you examine/treat in the last one week?	_____ patients																																																															
B07. How many patients did you examine/treat in the last one month?	_____, _____ patients																																																															
B08. In general, are your patients adults or children?	Adults (> 15 years) 1 Children (< 15 years) 3 Both 5																																																															
B09. Are your patients in general male or female?	Male 1 Female 3 Both..... 5																																																															
B10. In general, how long does each consultation last ?	_____ hours _____ minutes																																																															
B15. In general, have your patients ever been treated at another place prior to visiting you?	Yes 1 No 3																																																															

B16. Where is the treatment usually carried out?	The patient comes to your home.....A At special place for practiceB You visit your patient's home/placeC At the hospitalV
B16a. Do you use any equipment or tools in treating your patients?	No 3 → B16c Yes 1
B16b. What kind of equipment or tools do you normally use?	Medical 1 Non medical 2 Both 3
B16c. What kind of method of treatment do you use ?	Using animal as medium A Using spells, charm B Using water as medium C Using herb D Others V No other W
B17. Do you provide traditional medicine herbs?	No 3 → B19 Yes 1

SECTION B : PRACTICE ACTIVITIES

B18a. Kindly mention the use of the herbs you use for medicine?		1. Yes	3. No
	a. Antibiotic (to kill germs)	1	3
	b. Analgesics (to remove pain)	1	3
	c. Antipyretics (to lower fever)	1	3
	d. Stomachache/diarrhea	1	3
	e. Hemorrhoids	1	3
	f. Impotence	1	3
	g. Flu/headache	1	3
	h. Rheumatism	1	3
	i. Orthopedics	1	3
	j. Cancer	1	3
	k. Sterility	1	3
	l. Pain during pregnancy	1	3
	m. Delivery care	1	3
	n. Skin disease	1	3
	o. Insomnia/stress/nervousness	1	3
	p. Diabetes/	1	3
	q. Eye complaints	1	3
	r. Mental disorder	1	3
	s. Convulsion/epilepsy	1	3
	t. Kidney problem	1	3
u. Heart problem	1	3	
w. Lowering blood pressure	1	3	
x. Lowering cholesterol level	1	3	
v. Other	1	3	
B19. Do you also give modern medicine ?	No	3 → B21	
	Yes	1	
B20. If “Yes” , did you ever provide the following medicine : MENTION ALL ITEM BELOW		1. Yes	3. No
	a. Antibiotic (to kill germs)	1	3
	b. Analgesics (to remove pain)	1	3
	c. Antipyretics (to lower fever)	1	3
	d. Anti –TBC	1	3
	e. Oralite	1	3
	v. Other	1	3
B21. Do you provide FP services ?	No	3 → B11	
	Yes	1	

SECTION B : PRACTICE ACTIVITIES

B22.	If “Yes”, what kind of FP services do you give ?	1. Yes 3. No	
		a. Medicinal herbs	1 3
		b. Other traditional	1 3
		c. Modern (pill, injection, condom) ...	1 3

Now we want to ask about fees that you charge or that you received from your patients.

B11.	Do you usually charge a fee for your services?	No3→B14 Yes1
B12.	If you do, how much is the usual charge ?	Rp [][][][] , [][][][] 1→B13a Up to the patient 3
B13.	Kindly mention the lowest and highest amount your patients have given you?	A. Lowest charge Rp. [][][][] , [][][][] B. Highest charge Rp. [][][][] , [][][][]
B13a	Does the charge include medicine?	Yes1→B14 No3
B13b.	How much do you usually charge visitors/patients for medicinal herbs / medicine or other prescriptions ?	Rp [][][][] , [][][][] 1→B14 Up to the patient 3
B13c.	Kindly mention the lowest and highest amount your patients have given you for medicinal herbs/medicine or other prescriptions?	A. Lowest charge Rp. [][][][] , [][][][] B. Highest charge Rp. [][][][] , [][][][]
B14.	Do the patients usually give [...] as a token of gratefulness?	1. Yes 3. No a. Money 1 3 b. Rice 1 3 c. Yields from other crops 1 3 d. Other foodstuffs 1 3 e. Livestock 1 3 v. Other 1 3
B14a.	How much is the value of those gifts?	Rp. [][][][] , [][][][] 1 Do not receive any gift..... 2

SECTION C (TRADITIONAL MIDWIFE)

C00. INTERVIEWER CHECK POINT : ARE YOU A TRADITIONAL MIDWIFE ?	NO 3 → SECTION CP YES 1
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Now we want to ask about services you provide as a traditional midwife.

C01. Have you ever received training as a traditional midwife?	No 3 → C05 Yes 1
C02. In what year was your most recent training ? IF FORGOTTEN, ASK HOW MANY YEARS AGO IT WAS	Year 1 years ago 3
C03. Who organized the most recent training ?	Central governmentA Regional government.....B NGOC Religious group.....D Professional group.....E Private sector.....F Political groupG Other.....V
C04. For how many days did you participate in this training? days
C05. Where do you usually provide delivery services?	The patient comes to your homeA At special place for practice B You visit your patient's home/ placeC Other.....V
C06. Do you also give TT immunization?	Yes 1 No 3
C07. What is the usual fee for delivery charge?	Rp., 1 Up to patient 2 Free of charge 3
C07a. Do you provide traditional post natal care for mother after delivery	No 3 → C10 Yes 1

C08. In general, what is the fee for mother care after delivery?	Rp., 1 Up to patient 2 Free of charge 3																											
C09. For how long do you provide mother care services after delivery? days																											
C10. Do you also provide care for new born baby ?	No 3 → C14 Yes 1																											
C10a. For how long do you provide services for new born baby? days																											
C11. How much do you charge per visit for the baby's care ?	Rp., 1 Up to patient 2 Free of charge 3																											
C12. Is immunization included in the baby's care ?	No 3 → C14 Yes 1																											
C13. What are the charges of immunization ?	Rp., 1 Up to patient 2 Free of charge 3																											
C14. Do you have the following instruments ? MENTION ALL ITEM BELOW	<table><tr><td></td><td>1. Yes</td><td>3. No</td></tr><tr><td>a. Stethoscope for pregnant mothers</td><td>1</td><td>3</td></tr><tr><td>b. Tensimeter</td><td>1</td><td>3</td></tr><tr><td>c. Adult scales</td><td>1</td><td>3</td></tr><tr><td>d. Baby scales</td><td>1</td><td>3</td></tr><tr><td>e. Height measurer</td><td>1</td><td>3</td></tr><tr><td>f. Normal delivery set/ traditional midwife kit</td><td>1</td><td>3</td></tr><tr><td>g. Forceps</td><td>1</td><td>3</td></tr><tr><td>h. Vaginal speculum</td><td>1</td><td>3</td></tr></table>		1. Yes	3. No	a. Stethoscope for pregnant mothers	1	3	b. Tensimeter	1	3	c. Adult scales	1	3	d. Baby scales	1	3	e. Height measurer	1	3	f. Normal delivery set/ traditional midwife kit	1	3	g. Forceps	1	3	h. Vaginal speculum	1	3
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SECTION CP: INTERVIEWER NOTES

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

INTERVIEWER NOTE: