

SECTION LK : CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	____
LK02.	Kabupaten/ Kotamadya _____	____
LK03.	Kecamatan _____	____
LK04.	Village/Urban Township/Nagari _____	____
LK05.	Region : 1. Urban 2. Rural	____
LK7a.	Facility Location : a. Latitude ____ ____° ____ , ____'	
	b. Longitude ____ ____° ____ , ____'	
LK08.	a. Address : _____ : _____ b. Description of location : _____ c. Postal code : _____	
LK09.	Phone number: A. Phone number ____ . ____ a. area code b. number B. Cellphone no. ____ , belonging to _____ W. NOT APPLICABLE Y. DON'T KNOW	
LK11.	Facility: 1. Puskesmas 2. Puskesmas Pembantu	____
LK12.	Number of villages/townships covered by this facility	____ villages/townships

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

LK20. Was this Puskesmas/Puskesmas Pembantu interviewed in 1993?	Yes..... 1 No 3
LK21. Was this Puskesmas/Puskesmas Pembantu interviewed in 1997?	Yes..... 1 No 3
LK22. Was this Puskesmas/Puskesmas Pembantu interviewed in 1998?	Yes..... 1 No 3
LK23. Was this Puskesmas/Puskesmas Pembantu interviewed in 2000?	Yes..... 1 No 3

SECTION A : HEAD OF PUSKESMAS/PUSKESMAS PEMBANTU

A26. In this study, we would like to gather some information about this facility. Please give us the names of people, we can ask questions to about the following topics:		
SECTIONS	TOPICS:	Name of Potential Respondent
A.	Head of Puskesmas / Puskesmas Pembantu	_____
B.	Development of Puskesmas / Puskesmas Pembantu	_____
C.	Acitivities of Puskesmas / Puskesmas Pembantu	_____
D.	Puskesmas/ Pustu Employees	_____
E.	Health Instruments	_____
SDP.	Resources of Puskesmas	_____
AKM.	Program of Askeskin/JPKMM (Health Insurance for the Poor)	_____
DM.	Decision making	_____
F.	Direct observation	_____
G.	Family Planning services	_____

SECTION A : HEAD OF PUSKESMAS/PUSKESMAS PEMBANTU

THE RESPONDENT OF SECTION A IS THE PUSKESMAS HEAD. IF AT THE TIME OF THE VISIT THE PUSKESMAS HEAD IS NOT AVAILABLE, THE DEPUTY MAY SUBSTITUTE.

Aa0. Respondent is:

1. Head of Puskesmas/Puskesmas Pembantu

2. Deputy of Head of Puskesmas/Puskesmas Pembantu

3. Other

Aa. Name of head of the Puskesmas/Pustu	1. Head of Puskesmas 3. Official Head of Puskesmas
Ab. Profession of the Facility Head	Doctor 1 →A1 Not a doctor 2
A1a. What is the highest level of education completed by [...]?	High School/Paramedics School..... 01 D1/Midwife..... 02 D2..... 03 D3/Akper..... 04 College/S1 05 Public Health 06 S2/S3 07 Other..... 95 →A2
A1. Where did the head of the Puskesmas/ Pustu complete his/her education?	a. University of Indonesia.....01 University of Gadjah Mada.....02 University of Airlangga.....03 University of Diponegoro.....04 University of Padjajaran05 Other state university06 Private university07 Other.....95 b. Year of graduation [][][][][]
A2. When did the head of the Puskesmas/Pustu start working in this facility?	[][] / [][][][][] Month Year
A3. Is the head of the Puskesmas/Pustu able to speak the local language?	Yes 1 No 3
A4. Last month, how many hours per week did the head of Puskesmas/Pustu work in the building?	1. [][] hours per week 8. DK

A5. In rendering services in the building, on the average, how many hours per week does the head of Puskesmas/Pustu offer his/her services directly to the patients? [examine the patients]	1. [][] hours per week 6. NONE 8. DK
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A6. In general, are patients here directly examined by doctors?	Yes 1 → A9 No 3
A7. If not, which patients does the doctor examine? [CIRCLE ALL THAT APPLY]	Patients referred by paramedics/midwives..... A Patients with special arrangements..... B Patients with difficult cases C Other V
A9. Last month, on the average, how many hours does the head of Puskesmas/Pustu performs his/her duties outside the Puskesmas/Pustu building? a. For administrative activities such as meetings, seminars, etc. b. For field activities such as counseling, Posyandu, etc.	6. NONE 8. DK 1. a. [][] hours per week b. [][] hours per week
A8. On average, how many patients per week examined by the head of the Puskesmas/Pustu?	1. [][][] patients per week 6. NONE 8. DK
A10. Does the head of Puskesmas/Pustu have a private practice?	No 3 → A25 Yes 1
A11. How far is the place of the private practice from the Puskesmas? [IF THE PRACTICE IS AT THE PUSKESMAS OR IN THE YARD OF THE PUSKESMAS, WRITE "0" (ZERO)!]	[][] . [] kilometers

SECTION A : HEAD OF PUSKESMAS/PUSKESMAS PEMBANTU

Opinion of head of puskesmas/pustu / Respondent :

A25. Now, we would like to know three main problems you face at this Puskesmas: .	Lack of fundsA Lack of medical staffB Lack of suppliesC Lack of equipment.....D Coverage too large.....E Lack of support from government official (village, regionl, central)F OtherV
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Now, we would like to know the changes experienced since 2000.

(ATYPE)	A27bb.	A27ab.
	Since 2000, has their been change in [...]?	How was this facility affected?
a. Availability of drugs	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
b. Availability of supplies	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
c. Availability of water	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
d. Price of drugs	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
e. Price of supplies	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
f. Price of fuel	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3

(ATYPE)	A27bb.	A27ab.
	Since 2000, has their been change in [...]?	How was this facility affected?
g. Price of other goods	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
h. Number of patients	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
i. Staff size	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
j. Supply of contraceptives	3. No 1. Yes ➔ ↓	Yes became better..... 1 No change 2 Yes became worse 3
k. Air quality (as the result of forest fire)	3. No 1. Yes ➔ ↓ SECTION B	Yes became better..... 1 No change 2 Yes became worse 3

SECTION B : DEVELOPMENT OF PUSKESMAS/PUSKESMAS PEMBANTU

Now, we would like to ask about the development of the puskesmas/puskesmas pembantu

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

Name : _____	Position : _____
B01. When did this Puskesmas first provide services in this place?	Year: _ _ _ _
B02. When it was first opened, what was this facility established as?	Puskesmas..... 3 →B04a Puskesmas Pembantu 2 →B04 BP/KIA 1
B03. For facility which was originally BP/KIA ; In what year did the facility change : a. From BP/KIA → Puskesmas Pembantu b. From Puskesmas Pembantu → Puskesmas c. From BP/KIA → Puskesmas	a. Year : 1. _ _ _ _ 6. NA 8. DON'T KNOW b. Year : 1. _ _ _ _ 6. NA 8. DON'T KNOW c. Year : 1. _ _ _ _ 6. NA 8. DON'T KNOW → B04a
B04. For facility which was originally Puskesmas Pembantu : In what year did this facility change from Puskesmas Pembantu to Puskesmas ? [WRITE "0-0" IF THE FACILITY IS STILL A PUSKESMAS PEMBANTU]	Year: _ _ _ _
B04a. Has this facility ever moved location?	No 3 → B05 Yes 1
B04b. Why did [...] move location? (CIRCLE ALL THAT APPLY)	Building was too small A Location hard to reach..... B Natural Disaster (include Flood) C Evicted D Other V

SECTION B : DEVELOPMENT OF PUSKESMAS/PUSKESMAS PEMBANTU

Now, we would like to ask about the development of the puskesmas/puskesmas pembantu

B05. In the year [...], do you have [...] for more than 6 months?	B06.	B07.	B08a.	B08b.	B09.	B9a.	B10.	B10a.	B11.	B12.	B13.	B14.	B14a.	B14b.	B14c.
(BTYPE)	Laboratory	Medicine room	General practitioner	Specialist doctor	Dentist	Midwife	Puskesmas Pembantu	Polindes	Posyandu	Mobile Puskesmas	Inpatient Facility	Birth-Delivery	Sterilization Service for Male	Sterilization Service for Female	Mass Immunization for TT
b. 2000	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No 6. NA	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No
c. 2007	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No 6. NA	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No

SECTION B : DEVELOPMENT OF PUSKESMAS/PUSKESMAS PEMBANTU

B15. Is there electricity at this Puskesmas?	No 3 ➔ B17 Yes 1
B16. If there is, please state the electricity source used:	PLN (State Electricity Company) 01 Local Government/Government Agency..... 02 Puskesmas Generator 03 Public/Community/Initiative 04 Private Company/Cooperative..... 05 Other 95
B17. Mention the main water sources used:	Mineral Water (purchased) 10 ➔ B18 Piped water (PAM) 01 ➔ B18 Pump water (electric/manual pump) 02 Well water..... 03 Spring water 04 Rain water 05 River water 06 Lake water..... 07 Pond/fishpond 08 Water collection basin 09 Other 95
B17a. Is this [...] water transported by pipes?	No..... 3 Yes 1
B18. Is this water source in the Puskesmas building?	Yes 1 ➔ B19a No..... 3
B19. If it is not inside, how far is it from the Puskesmas?	Less than 10 meters 1 10-30 meters 3 more than 30 meters 5
B19a. Does this facility have a toilet?	No..... 3 ➔ B20a Yes 1
B20. Mention the toilet facilities used:	Private toilet with septic tank 01 Private toilet without septic tank 02 Common toilet 03 Public toilet 04 No toilet 96

B20a. What is the waste water disposal system at this facility?	Drainage ditch (flowing) 01 Drainage ditch (stagnant) 02 Permanent pit 03 Disposed into river..... 04 Disposed in side/back yard/garden 05 Pond/fishpond/lake/pool 07 Hole (without permanent lining) 08 Paddy field/other field 09 Sea, beach 11 Other 95																																	
B20b. What is the solid waste disposal system at this facility?	Disposed in trash can, collected by sanitation service..... 01 Burned..... 02 Disposed into river/creek/sewer..... 03 Disposed in yard and let decompose..... 04 Disposed in pit..... 05 Forest, mountain 07 Sea, lake, beach..... 08 Paddy field/other field 09 Other 95																																	
B20c. Does this facility have [...]?	<table><tr><td></td><td>1. Yes</td><td>3. No</td></tr><tr><td>a. Registration table/booth</td><td>1</td><td>3</td></tr><tr><td>b. Patient waiting room</td><td>1</td><td>3</td></tr><tr><td>c. Check up room.....</td><td>1</td><td>3</td></tr><tr><td>d. Injection room</td><td>1</td><td>3</td></tr><tr><td>e. FP/MCH consultation room.....</td><td>1</td><td>3</td></tr><tr><td>f. FP service room.....</td><td>1</td><td>3</td></tr><tr><td>g. Delivery room.....</td><td>1</td><td>3</td></tr><tr><td>h. Inpatient room.....</td><td>1</td><td>3</td></tr><tr><td>i. Pharmacy.....</td><td>1</td><td>3</td></tr><tr><td>j. Laboratory.....</td><td>1</td><td>3</td></tr></table>		1. Yes	3. No	a. Registration table/booth	1	3	b. Patient waiting room	1	3	c. Check up room.....	1	3	d. Injection room	1	3	e. FP/MCH consultation room.....	1	3	f. FP service room.....	1	3	g. Delivery room.....	1	3	h. Inpatient room.....	1	3	i. Pharmacy.....	1	3	j. Laboratory.....	1	3
	1. Yes	3. No																																
a. Registration table/booth	1	3																																
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j. Laboratory.....	1	3																																

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Now, we want to ask about the activities at this Puskesmas/Pustu.

Name : _____		Position : _____	
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C01.	C02.	C03.
When is the Puskesmas open? On [...] days	Opening Hours	Closing Hours
1. Monday	____ : ____	____ : ____
2. Tuesday	____ : ____	____ : ____
3. Wednesday	____ : ____	____ : ____
4. Thursday	____ : ____	____ : ____
5. Friday	____ : ____	____ : ____
6. Saturday	____ : ____	____ : ____

C04. What is the registration fee?	First visits..... a. ____ , ____ Rp.
	Repeat visits b. ____ , ____ Rp.

Service in the building

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
1. Inpatients	3. No ↓1. Yes →	1. ____ , ____ Rp. 3. No Charge	per day		
2. Curative Care for adult	3. No ↓1. Yes →	1. ____ , ____ Rp. 3. No Charge	per visit		
2f. Curative care for children	3. No ↓1. Yes →	1. ____ , ____ Rp. 3. No Charge	per visit		
2a. Check-up+injections and medicine	3. No ↓1. Yes →	1. ____ , ____ Rp. 3. No Charge	per visit		

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
3. Stitching of wounds:					
a. First stitch	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per stitch		
b. Additional stitches	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per stitch		
4. Changing of wound dressing	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per visit		
5. Incision of abscess/piercing of boils	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per action		
6. Circumcisions	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per time		
7. Medical treatment for tuberculoses [TBC]	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per visit		
8. Check up/health examination	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per visit		
9. Dental exam	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per exam		
10. Prenatal care	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per exam		
11. Aid for childbirth	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	per delivery		
15. Supply of Oral Contraceptives:					
a. Microgynon30 [PT Schering]	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	Per visit	Yes 1 No 3	____ weeks 1 NEVER 6
b. Marvelon 28	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	Per visit	Yes 1 No 3	____ weeks 1 NEVER 6
c. Excluton 28	3. No ↓1. Yes →	1. _____, _____ Rp. 3. No Charge	Per visit	Yes 1 No 3	____ weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
d. Nordette	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Per visit	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
f. Pil KB Andalan	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Per visit	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
v. Other	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Per visit	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
17. IUD Copper T	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Per visit	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
a. Insertion	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Per visit for one time insertion	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
b. Removal	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Per visit for one time removal		
18. Contraceptive injection					
a. Depo-Provera	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
b. Depo- Progestin	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
c. Noristerat	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
d. Cyclofeem	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6
e. Cyclogeston	3. No ↓1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No..... 3	<input type="text"/> <input type="text"/> weeks..... 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
f. KB Andalan	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No 3	weeks 1 NEVER 6
19a. Norplant					
a. Insertion	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per vist for one time insertion	Yes 1 No 3	weeks 1 NEVER 6
b. Removal	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per visit for one time removal		
c. Insertion of Implanon	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per visit for one time insertion	Yes 1 No 3	weeks 1 NEVER 6
d. Removal of Implanon	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per visit for one time removal		
21. Treatment of contraceptive side effects	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	per treatment		
21a. Family Planning check Up/Counseling	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	per treatment		
22. Blood pressure examination	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	per treatment		
23. Cholesterol exam	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	per treatment		
24. Blood sugar test	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	per treatment		
25. Osteoporosis exam	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	per treatment		
26. Heart examination/ECG	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	per treatment		

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
27. Antibiotic a. Amoxycillin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
b. Cotrimoxazole	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
c. Ampicillin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
d. Procaine Penicillin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
e. Benzathine Penicillin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
f. Gentamycin/kanamycine	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
g. Ceftriaxone	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
h. Ciprofloxacin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
i. Norfloxin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
j. Spectinomycin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
k. Doxycycline	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Injection	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
I. Tetracycline	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Injection	Yes 1 No.....3	weeks..... 1 NEVER6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
m. Erythromycin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
n. Metronidazole	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
o. Eye oinment Antibiotics	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	Tube	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
28. Analgetic a. Ibuprofen	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
29. Antipyretic a. Acetosal	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
b. Paracetamol	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
c. Other antipyretic, NSAID	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
30. Anti fungi: a. Nystatin	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
31. Antihelminth: a. Mebendazole	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
32. Anti -TBC (short-term): a. Pyrazinamide	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6
b. TB blister pack	3. No ↓ 1. Yes →	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	<input type="text"/> <input type="text"/> weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
c. Rifampicin	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
d. Ethambutol	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
e. Isoniazid	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
f. INH	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
g. EH (Etham+Iso)	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
h. Rifater (Rif+Iso+Pyran)	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
33. Anti malaria a. Chloroquine	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
b. Pyrimethamine	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
c. Quinine	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6
d. Sulfadoxine	3. No ↓1. Yes →	1. , Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule	Yes 1 No 3	weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
34. Oralit	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
35. Iron tablets / FESO4	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
36. Vitamin A	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
37. Medicine to control blood pressure: Methyldopa	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
38. Anesthetic	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
a. Valium	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
b. Lidocaine	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
c. Magnesium Sulfate	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
d. Oxytocin-ergometrine	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
39. Simvastatin (Medicine to lower cholesterol)	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
40. Metformin (Medicine to control blood sugar)	3. No ↓1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
41. Vaccines					
a. BCG	3. No ↓1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
b. DPT	3. No ↓1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
c. Anti polio	3. No ↓1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service? [including first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
d. Measles	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per i treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
e. Tetanus Toxoid	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per i treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
f. Hepatitis B, for infants	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6
g. Hepatitis B, for adult	3. No ↓ 1. Yes →	1. , Rp. 3. No Charge	Per treatment	Yes 1 No..... 3	weeks..... 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Service outside the building	
C11. On an average day, how many staff members of the Puskesmas go outside the building for outreach activities?	<div><div></div><div></div><div></div></div> staff 1 No activities 6
Posyandu (Integrated Service Post)	
C14. How many Posyandu are there in the work region of this Puskesmas?	No Posyandu 6 → C14a1 <div><div></div><div></div><div></div></div> Posyandu 1
C14a. How many Posyandu are active?	<div><div></div><div></div><div></div></div> Posyandu
C15a. In one month, how many times Puskesmas staff go to the Posyandu ?	<div><div></div><div></div><div></div></div> times per month..... 1 <div><div></div><div></div><div></div></div> times per year..... 4 DON'T KNOW 8
C16b. Since 2000, has the number of Posyandus in the work region of this Puskesmas changed?	Increased a lot 1 Increased some 2 No change 3 Decreased some 4 Decreased a lot 5
Posyandu for Elderly	
C14a1. How many Posyandu for Elderly are there in the work region of this Puskesmas?	No Posyandu for Elderly 6 → C17 <div><div></div><div></div><div></div></div> Posyandu 1
C14a2. When did this Posyandu for the Elderly start its activities?	1. Year <div><div></div><div></div><div></div><div></div><div></div></div> 8. DON'T KNOW
C14aa. How many Posyandu are active?	<div><div></div><div></div><div></div></div> Posyandu
C15aa. In one month, how many times Puskesmas staff go to the Posyandu for Elderly?	<div><div></div><div></div><div></div></div> times per month..... 1 <div><div></div><div></div><div></div></div> times per year..... 4 DON'T KNOW 8
C16ba. Since 2000, has the number of Posyandu for Elderly in the work region of this Puskesmas changed?	Increased a lot 1 Increased some 2 No change 3 Decreased some 4 Decreased a lot 5

Puskesmas Pembantu	
C17. How many Puskesmas Pembantu are there in the work region of this Puskesmas?	Not a Puskesmas..... 6 → C20a NA 3 → C20a <div><div></div><div></div><div></div></div> Pusk. Pembantu 1
C19b. Since 2000, have any Puskesmas Pembantu in the work region of this Puskesmas closed?	<div><div></div><div></div><div></div></div> number closed 1 NA 3
Mobile Puskesmas	
C20a. How many times in a month does the Puskesmas staff go on duty trip of the Mobile Puskesmas?	NONE 6 → C22a <div><div></div><div></div><div></div></div> times per month 1 <div><div></div><div></div><div></div></div> times per year 4
C21b. Since 2000, has the number of trips changed?	Increased a lot 1 Increased some 2 No change 3 Decreased some..... 4 Decreased a lot..... 5
UKS /UKGS	
C22a. How many times a month does the Puskesmas/Pustu staff visit the schools for the UKS/UKGS program?	NONE 3 → C24 <div><div></div><div></div><div></div></div> times per month 1 <div><div></div><div></div><div></div></div> times per year..... 4
C23b. Since 2000, has the number of UKS/UKGS visits per month changed?	Increased a lot 1 Increased some 2 No change 3 Decreased some..... 4 Decreased a lot..... 5
Pondok Bersalin Desa [Polindes]	
C24. Is there a childbirth post (Polindes) program in the work region of this Puskesmas?	No 3 → C27 Yes 1
C25. How many Polindes program are there in the work region of this Puskesmas?	<div><div></div><div></div><div></div></div> Polindes
C25b. How many Polindes are still active?	<div><div></div><div></div><div></div></div> Polindes
C25c. Since 2000, have any Polindes program in the work region of this Puskesmas closed?	<div><div></div><div></div><div></div></div> Number closed 1 NONE 3

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Medicine Post (Pos Obat Desa)		
C27.	Is there a Medicine Post Program in the work region of this Puskesmas?	No..... 3 → C29a Yes 1
C28.	How many Medicine Posts program are there in the work region of this Puskesmas?	Medicine Posts
C28a.	How many Medicine Posts are still active?	Medicine Posts
C29.	In what year was the first Medicine Post started?	Year 1 DON'T KNOW 8
C29ab.	Since 2000, has the number of Medicine Post in the work region of this Puskesmas changed?	Increased a lot..... 1 Increased some 2 No change 3 Decreased some 4 Decreased a lot 5

Village Midwife (Bidan Desa)		
C29a.	How many Village Midwives work in the region of this Puskesmas?	NONE 3 → C30 people 1
C29b.	In what year did the first Village Midwife start working?	Year 1 DON'T KNOW 8
C29c.	What type of support is usually given to the Village Midwives? (CIRCLE ALL THAT APPLY)	Medical supplies A Health supplies B Vitamin A C Iron tablets D Other..... V
C29db.	Since 2000, have any village midwives in the work region of this Puskesmas quit working?	Number who quit 1 NONE 3 DON'T KNOW 8

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

We would like to ask about the referrals that are usually provided by this facility

(C2 TYPE)	FACILITIES TO WHICH PATIENTS ARE REFERRED		
	Hospital	Other Puskesmas	Private Practice
C30. If a patient is referred to another facility, where do you usually send them?	No..... 3 →NEXT COLUMN DON'T KNOW 8 →NEXT COLUMN Yes 1 Name : _____ Address: _____ Loc: _____ Vill: _____ Kec.: _____ Kab.: _____	No3 →NEXT COLUMN DON'T KNOW8 →NEXT COLUMN Yes.....1 Name : _____ Address: _____ Loc: _____ Vill: _____ Kec.: _____ Kab.: _____	No..... 3 → C30c DON'T KNOW 8 → C30c Yes 1 Name : _____ Address: _____ Loc: _____ Vill: _____ Kec.: _____ Kab.: _____
C30a. What is the distance that must be traveled from your facility to the referenced facility?	_____ . _____ km	_____ . _____ km	_____ . _____ km
C30b. What type of transportation is used to refer a patient?	Ambulance 1 Public transportation..... 2 Patient transportation 3 Other 5	Ambulance 1 Public transportation 2 Patient transportation 3 Other..... 5	Ambulance 1 Public transportation..... 2 Patient transportation 3 Other 5
C30g. If a poor patient is referred to [...], is he/she provided with transportation to the facility?	1. Yes, transportation is provided using ambulance free of charge 2. Yes, patient is provided with money to travel to the referred facility 3. No, neither transportation nor money is provided	1. Yes, transportation is provided using ambulance free of charge 2. Yes, patient is provided with money to travel to the referred facility 3. No, neither transportation nor money is provided	1. Yes, transportation is provided using ambulance free of charge 2. Yes, patient is provided with money to travel to the referred facility 3. No, neither transportation nor money is provided
C30h. What is the market value of the transportation provided?	Rp. _____ , _____ →NEXT COLUMN	Rp. _____ , _____ →NEXT COLUMN	Rp. _____ , _____ → C30c

C30c. If a patient is in critical or serious condition when referred to another facility, does the staff from this facility accompany the patient?	No 3 → C35 Yes 1 Sometimes 5
--	--

C30d. Who accompanies the patient?	1. Yes 3. No
a. Midwife	1 3
b. Paramedics.....	1 3
c. Nurse	1 3
d. Staff	1 3
v. Others	1 3

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Laboratory Examination

	C35.	C36.	C37.	C38.
TYPE OF EXAMINATION (C3TYPE)	Can this lab work be done in the Puskesmas?	How much is the charge to the patient?	For lab work not done here, is the patient referred outside?	How far is this facility from the Puskesmas?
a. Hemoglobin (Hb)	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
b. Leucocyte calculation	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
c. Blood type calculation	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
d. Erythrocyte calculation	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
e. Urinalysis	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
f. Pregnancy test	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
g. Feces examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
h. Sputum examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
j. Cholesterol test	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
k. Blood Sugar test	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

	C35.	C36.	C37.	C38.
TYPE OF EXAMINATION (C3TYPE)	Can this lab work be done in the Puskesmas?	How much is the charge to the patient?	For lab work not done here, is the patient referred outside?	How far is this facility from the Puskesmas?
l. Osteoporosis / bone density examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
m. Lung examination	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK
n. Heart examination (ECG)	No..... 3 → C37 Yes 1	3. No charge 8. DON'T KNOW 1. , Rp.	3. No 1. Yes → ↓	1. . km 8. DK

C39.	C40.	C41.	C42a.
RECORD ALL VISITS BY PATIENTS TO THE PUSKESMAS/PUSTU, DURING THE LAST WEEK 1. Date / Month until Date / Month 6. Not practice/operation →D01	DAY	Number of visitors registered in the registration book	Number of visitors from poor family
	a. Monday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	b. Teusday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	c. Wednesday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	d. Thursday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	e. Friday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW
	f. Saturday / Date / Month	1. people 3. NONE ↓ 6. Not Open ↓	1. people 3. NONE 8. DON'T KNOW

SECTION D: PUSKESMAS/PUSTU EMPLOYEES

Name : _____	Position : _____
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Now, we would like to inquire about staff at the Puskesmas/Pustu

D01. How many employees are there working at this facility? [Including Government Employee and those paid by honoraria]	____ employees
--	----------------

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

D02.	D03.	D04.
Type of employee	Number of full time employees	Number of part-time employees
a. General practitioners	____ employees	____ employees
b. Dentists	____ employees	____ employees
c. Nurses	____ employees	____ employees
d. Midwives	____ employees	____ employees
e. Bidan Desa (Village Midwife)	____ employees	____ employees
g. Paramedics, non-nurses, other	____ employees	____ employees
k. Pediatricians	____ employees	____ employees
l. Obsetrician/ gynecologist	____ employees	____ employees
m. Specialized in elderly	____ employees	____ employees
j. Public Health	____ employees	____ employees
f. Assistant Nutrition Expert	____ employees	____ employees
h. Health worker	____ employees	____ employees
i. Administrative employees	____ employees	____ employees
v. Other	____ employees	____ employees
INTERVIEWER CHECK: Total employees [a to e + g + k + l + m] full and part-time = (D03 + D04)		____ employees

D05. Are there any employees on honoraria?	No 3→ D09 Yes 1
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For honoraria employees, specify according to types:

D06.	D07.	D08.
Types of Employees	Number of full time employees	Number of part-time employees
a. Nurses	____ employees	____ employees
b. Midwives	____ employees	____ employees
c. Bidan Desa (Village Midwife)	____ employees	____ employees
d. Paramedics, other	____ employees	____ employees
e. Staff	____ employees	____ employees
f. Administrative employees	____ employees	____ employees
v. Other	____ employees	____ employees
INTERVIEWER CHECK: Total employees [a through d] full and part-time = (D07 + D08)		____ employees

SECTION D: PUSKESMAS/PUSTU EMPLOYEES

Only for doctors, nurses, paramedics and midwives:

D09.

Full name

a.

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

D10.	D15.	D16.	D17.	D11.	D12.	D13.	D14.
Employee Code	Male/female	How many years has [...] been working in this facility?	How many hours per week does [...] work in this facility?	How many hours per week does [...] provide services to patients?	Is [...] able to speak in the local language?	Does [...] have a private practice?	If yes, how far is the place of the private practice from the Puskesmas?
1 2 3 4 5 6 7	Male 1 Female 3	____ years	____ hour/week	____ hour/week	Yes 1 No 3	Yes 1 ➡ No 3 ↓	0 1 2 3 4
1 2 3 4 5 6 7	Male 1 Female 3	____ years	____ hour/week	____ hour/week	Yes 1 No 3	Yes 1 ➡ No 3 ↓	0 1 2 3 4
1 2 3 4 5 6 7	Male 1 Female 3	____ years	____ hour/week	____ hour/week	Yes 1 No 3	Yes 1 ➡ No 3 ↓	0 1 2 3 4
1 2 3 4 5 6 7	Male 1 Female 3	____ years	____ hour/week	____ hour/week	Yes 1 No 3	Yes 1 ➡ No 3 ↓	0 1 2 3 4
1 2 3 4 5 6 7	Male 1 Female 3	____ years	____ hour/week	____ hour/week	Yes 1 No 3	Yes 1 ➡ No 3 ↓	0 1 2 3 4
1 2 3 4 5 6 7	Male 1 Female 3	____ years	____ hour/week	____ hour/week	Yes 1 No 3	Yes 1 ➡ No 3 ↓	0 1 2 3 4
1 2 3 4 5 6 7	Male 1 Female 3	____ years	____ hour/week	____ hour/week	Yes 1 No 3	Yes 1 ➡ No 3 ↓	0 1 2 3 4

Code D10 :
1. Doctor (general)
2. Dentist
3. Nurse
4. Midwife
5. Village Midwife
6. Doctor specialist
7. Paramedic

Code D14 :
0 = In Puskesmas/in the yard
Puskesmas
1 = less than 1 Km
2 = 2 - 5 Km
3 = 6 - 10 Km
4 = more than 10 Km

SECTION D: PUSKESMAS/PUSTU EMPLOYEES

D09.	D18.	D19.	D20.	D21.	D22.	D23.	D24.
Full name	Does [...] provide pre-natal care directly?	Does [...] provide curative cure for children directly?	Does [...] provide curative cure for adult directly?	Does [...] provide care for the elderly directly??	INTERVIEWER CHECK: IS [...] PRESENT TODAY	Does [...] supposed to come today?	Whiy didn't [...] come today?
a. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09
b. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09
c. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09
d. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09
e. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09
f. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09
g. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09
h. _____	Yes 1 No..... 3	Yes.....1 No3	Yes 1 No..... 3	Yes 1 No..... 3	NO 3 ➡ YES 1 ↓	Yes..... 1 No 3	01 02 03 04 05 06 07 08 09

Code D24
01. Off duty
02. Vacation
03. No longer work at the facility
04. Sick
05. Family ,member is sick
06. Other authorized absence
07. Late
08. Unauthorized absence
09. Have a break

SECTION E: HEALTH INSTRUMENTS

Name: _____

Position: _____

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

E01. TYPE OF INSTRUMENTS (E1TYPE)	E02. Number of [...] instruments at this facility? [including the damaged ones]	E03. The number of instruments owned by this Puskesmas that are in good repair?	E04. The number of privately owned instruments used here?
a. Regular stethoscope	___	___	__
b. Stethoscope for pregnant mothers	___	___	__
c. Blood pressure meter	___	___	__
d. Sterilization/autoclaves	___	___	__
e. Scales for adults	___	___	__
f. Scales for infants	___	___	__
g. Measures for body height	___	___	__
h. Thermometer	___	___	
i. Beds	___	___	
j. Delivery kit	___	___	___
k. Forceps	___	___	___
l. Vaginal Speculum	___	___	___
m.Sahli Set	___	___	___
n. Tenaculum	___	___	___
o. Uterus Sound	___	___	
p. Gynecology Table	___	___	
q. Bone-setting equipment	___	___	
r. Oxygen Tank	___	___	
s. Incubators	___	___	
t. Minor surgical instruments	___	___	
u. Communication equipments (SSB Radio, phone)	___	___	
v. Scissors	___	___	
w. Electrocardiogram	___	___	
aa. Microscopes	___	___	

SECTION E: HEALTH INSTRUMENTS

E01.	E02.	E03.	E04.
TYPE OF INSTRUMENTS (E1TYPE)	Number of [...] instruments at this facility? [including the damaged ones]	The number of instruments owned by this Puskesmas that are in good repair?	The number of privately owned instruments used here?
ba. centrifuges	<input type="text"/>	<input type="text"/>	
ca. Syringes	<input type="text"/>	<input type="text"/>	
da. Cholesterol test kit	<input type="text"/>	<input type="text"/>	
ea. Blood sugar test kit	<input type="text"/>	<input type="text"/>	

E05.	E06.	E07.
TYPE OF INSTRUMENTS (E2TYPE)	Does this facility have [...]?	Is there enough stock?
a. Antiseptic :		
1. Alcohol	3. No ↓ 1. Yes	3. No 1. Yes
2. Betadine	3. No ↓ 1. Yes	3. No 1. Yes
3. Whitfield cream	3. No ↓ 1. Yes	3. No 1. Yes
b. Bandages	3. No ↓ 1. Yes	3. No 1. Yes
c. Gloves	3. No ↓ 1. Yes	3. No 1. Yes
d. Infuse instruments and needles	3. No ↓ 1. Yes	3. No 1. Yes
d1. Disposable needles	3. No ↓ 1. Yes	3. No 1. Yes
d2. Cotton	3. No ↓ 1. Yes	3. No 1. Yes
e. Giemsa dyeing solutions	3. No ↓ 1. Yes	3. No 1. Yes
f. Benedict solutions	3. No ↓ 1. Yes	3. No 1. Yes
g. Wright solutions	3. No ↓ 1. Yes	3. No 1. Yes
h. Pregnancy test (strip)	3. No ↓ 1. Yes	3. No 1. Yes
i. Protein urine tests (strip)	3. No ↓ 1. Yes	
j. Glucose urine tests (strip)	3. No ↓ 1. Yes	
m. Cholesterol test kit	3. No ↓ 1. Yes	
n. Blood sugar test kit	3. No ↓ 1. Yes	

SECTION SDP: RESOURCES OF PUSKESMAS

Now, we would like to ask about the budget of and source of revenue for the Puskesmas.

SDP00.	What Budget Year that has been finished recently?	1. 2007 2. 2006/2007
SDP01a.	What was the budget proposed by Puskesmas to Local Government/Dinas for the past budget year?	1. , , , Rp. 6. Did not propose
SDP01b.	What was the budget of the Puskesmas for the past budget year?	6. Pustu →SDP14 1. , , , Rp.
SDP02a.	For the past budget year, how much comprise from:	
	a. Assistance from regional government	, , , Rp.
	b. Assistance from central government	, , , Rp.
	c. Claim from Askeskin/JPKMM	, , , Rp.
	d. Patients	, , , Rp.
	e. Other assistance	, , , Rp.
SDP03a.	For the past budget year, what was the target of revenue from patients set by regional government/Dinas?	6. NO TARGET →SDP05a 1. , , , Rp.
SDP04a.	What was the realization of the target?	, , , Rp. →SDP06a
SDP05a.	What was the revenue from patients in the last budget year?	, , , Rp.
SDP06a.	What was the percentage of patients revenue directly given back to Dinas?	percent
SDP07a.	At the last budget year 2000, how many percent the recieving from patient that given to the Dinas directly ?	percent

SDP08.	For the present budget year, what is the target of revenue from patients set by regional government/Dinas?	1. , , , Rp. 6. NO TARGET
SDP09.	For the past budget year, what was the Puskesmas expenditure for Posyandu Revitalization Program?	1. , , , Rp. 6. NONE

SDP10.	Who currently determines the budget?	PuskesmasA DinasB Kabupaten Planning UnitC Bupati/Walikota.....D DPRDE Other.....V
SDP11.	Do you have the authority to reallocate between posts of expenditure without approval from the Dinas or any other parties?	Yes 1 No3
SDP12.	Compared to the year 2000, is the Puskesmas budget better or worse?	Much better 1→SECTION AKM Better 2→SECTION AKM Same 3→SECTION AKM Worse 4 Much worse 5
SDP13.	Why the Puskemas budget is worse?	More uncertain.....A Slower fund disbursementB Unadequate fundC Refunding problemD Inflexible allocation for each Expenditure.....E Other.....V →SECTION AKM
SDP14.	What was the revenue from patients in Pustu in the last budget year?	, , , Rp.

SECTION AKM : HEALTH INSURANCE FOR THE POOR

We would like to know about the Health Insurance for the Poor (Askeskin) program in this facilities.

AKM01.	Does this facility provide health services for Askeskin card holders?	No3→SECTION DM Yes 1
AKM02.	Since when did this facility provide the services?	___ / ____ 1 DON'T KNOW 8
AKM03.	If someone needs health services but does not have an ASKESKIN card and cannot afford to pay for the services, is there any way for the person to receive the services free of charge in this Puskesmas/Pustu?	No3→AKM04a Yes 1
AKM04.	How does someone who does not have an ASKESKIN Card can receive health services from this Puskesmas ?	Showing <i>Letter Confirming Poverty Status (SKTM)</i> 1 Showing Health Card 2 Other 5
AKM04a.	How much is the cost paid in the counter by patients with ASKESKIN Card holder?	1. ____ , ____ Rp. 3. Free of charge

Now, we want to ask about service fees charged to ASKESKIN Card holders.

	AKM05.	
SERVICES	How much is additional cost of [...]for someone with ASKESKIN Card? (excluding cost paid in the counter)	
A. General examination + medicine/injection for adult	1. ____ , ____ Rp. 2. No difference	3. Free of charge 6. Service not offered
J. Check-up+injections and medicine for child	1. ____ , ____ Rp. 2. No difference	3. Free of charge 6. Service not offered
B. Prenatal care	1. ____ , ____ Rp. 2. No difference	3. Free of charge 6. Service not offered
C. Birth delivery	1. ____ , ____ Rp. 2. No difference	3. Free of charge 6. Service not offered
G. Child Immunization	1. ____ , ____ Rp. 2. No difference	3. Free of charge 6. Service not offered
H. Oral contraceptive pill	1. ____ , ____ Rp. 2. No difference	3. Free of charge 6. Service not offered
I. Contraceptive injection	1. ____ , ____ Rp. 2. No difference	3. Free of charge 6. Service not offered

AKM07.	What other sources of funds allocated to providing services for the poor?	No..... 3 → SECTION DM Yes 1
AKM08.	Besides ASKESKIN what are the sources of funds to provide services for the poor?	Central government A Kabupaten/Kotamadya government B Religious groups..... C Political groups D Local Non Government Organizations E Other Private F Company G Foreign Government/NGOs/Donor H Others V

SECTION DM: DECISION MAKING

(DMTYPE)	DM1. What level of authority makes the decision on:			
	A	B	C	D
	Puskesmas	Kabupaten Health Unit (Dinas)	Kabupaten Planning Board	Central Government (Health Ministry)
a. Hiring and firing of staff	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
b. Levels and procedure for payroll	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
c. Service provision	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
d. Kinds of medicine to be purchased and time of purchase	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
e. Kinds of medical equipment to be purchased and time of purchase	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
f. Charge of services	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
g. Price of medicine	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
h. Building maintenance and expansion	1 2 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3

CODE FOR DM1 COLUMN A:

- 1. Give suggestions
- 2. Making decisions
- 3. Abide by decision from higher authority

(DMTYPE)	DM2. In the previous years, has this Puskesmas ever submitted suggestions to the Dinas or Central Government on:	
	A. Kabupaten Health Unit (Dinas)	B. Central Government (Health Ministry)
a. Hiring and firing of staff	Yes 1 No 3	Yes 1 No 3
b. Levels and procedures for payroll	Yes 1 No 3	Yes 1 No 3
c. Service provision	Yes 1 No 3	Yes 1 No 3
d. Kinds of medicine to be purchased and time of purchase	Yes 1 No 3	Yes 1 No 3
e. Kinds of medical equipment to be purchased and time of purchase	Yes 1 No 3	Yes 1 No 3
f. Charge of services	Yes 1 No 3	Yes 1 No 3
g. Price of medicine	Yes 1 No 3	Yes 1 No 3
h. Building maintenance and expansion	Yes 1 No 3	Yes 1 No 3

SECTION F: DIRECT OBSERVATION

REGISTRATION AND WAITING ROOM

FT1. THE PLACE TO REGISTER IS:	REGISTRATION TABLE 1 WINDOW/BOOTH 2																					
FT2. DOES THIS ROOM HAVE:	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>a. PATIENT REGISTRATION CARDS.....</td><td>1</td><td>3</td></tr><tr><td>b. REGISTRATION BOOKS.....</td><td>1</td><td>3</td></tr><tr><td>c. A DRAWER OR PLACE TO STORE FILES.....</td><td>1</td><td>3</td></tr></table>		YES	NO	a. PATIENT REGISTRATION CARDS.....	1	3	b. REGISTRATION BOOKS.....	1	3	c. A DRAWER OR PLACE TO STORE FILES.....	1	3									
	YES	NO																				
a. PATIENT REGISTRATION CARDS.....	1	3																				
b. REGISTRATION BOOKS.....	1	3																				
c. A DRAWER OR PLACE TO STORE FILES.....	1	3																				
FT3. IS THE WAITING ROOM CLOSED?	NO WAITING ROOM 6 → F1 NO 3 → FT6 YES 1																					
FT4. DOES THE ROOM HAVE:	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>A. WINDOW</td><td>1</td><td>3</td></tr><tr><td>B. ENOUGH LIGHT</td><td>1</td><td>3</td></tr><tr><td>C. VENTILATION</td><td>1</td><td>3</td></tr><tr><td>D. A FAN</td><td>1</td><td>3</td></tr><tr><td>E. TRASH CAN</td><td>1</td><td>3</td></tr><tr><td>F. BENCH OR CHAIRS</td><td>1</td><td>3</td></tr></table>		YES	NO	A. WINDOW	1	3	B. ENOUGH LIGHT	1	3	C. VENTILATION	1	3	D. A FAN	1	3	E. TRASH CAN	1	3	F. BENCH OR CHAIRS	1	3
	YES	NO																				
A. WINDOW	1	3																				
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C. VENTILATION	1	3																				
D. A FAN	1	3																				
E. TRASH CAN	1	3																				
F. BENCH OR CHAIRS	1	3																				
FT5. IS THE FLOOR CLEAN ? DIRTY = DUST, FOOD REMNANTS, AND GARBAGE.	DIRTY 1 CLEAN 3																					
FT6. HOW CLEAN ARE THE WALLS IN THIS ROOM? DIRTY = IF THERE ARE MANY SPIDER WEBS, SCRIBBLINGS, MOISTURE OR PAINT PEELING.	DIRTY 1 CLEAN 3																					
FT7. WHAT IS THE CONDITION/CLEANLINESS OF THE CEILING IN THIS ROOM? DIRTY = IF THERE ARE MANY SPIDER WEBS, DAMPNESS, ETC.	DIRTY 1 CLEAN 3 BROKEN 5																					
FT8. When it is the rainy season does this room experience [...]?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Leaks</td><td>1</td><td>3</td></tr><tr><td>b. Splash</td><td>1</td><td>3</td></tr><tr><td>c. Flood</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Leaks	1	3	b. Splash	1	3	c. Flood	1	3									
	Yes	No																				
a. Leaks	1	3																				
b. Splash	1	3																				
c. Flood	1	3																				

SECTION F: DIRECT OBSERVATION

EXAMINATION ROOM

F1.	HOW CLEAN IS THE FLOOR IN THIS ROOM? DIRTY = IF A LOT OF, FOOD REMNANTS, SCATTERED GARBAGE IS FOUND.	DIRTY 1 CLEAN 3																								
F2.	HOW CLEAN ARE THE WALLS IN THIS ROOM? DIRTY = IF LOTS OF SPIDER WEBS, SCRIBBLINGS, MOISTURE OR PAINT PEELING OFF	DIRTY 1 CLEAN 3																								
F2a.	WHAT IS THE CONDITION/CLEANLINESS OF THE CEILING IN THIS ROOM ? DIRTY = IF THERE ARE LOTS OF SPIDER WEBS, DAMPNESS, ETC.	DIRTY 1 CLEAN 3 BROKEN 5																								
F2b.	DOES THE ROOM HAVE:	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>A. WINDOW</td><td>1</td><td>3</td></tr><tr><td>B. ENOUGH LIGHT</td><td>1</td><td>3</td></tr><tr><td>C. VENTILATION</td><td>1</td><td>3</td></tr><tr><td>D. A FAN</td><td>1</td><td>3</td></tr><tr><td>E. WASH BASIN</td><td>1</td><td>3</td></tr><tr><td>F. OBSERVATION TABLE</td><td>1</td><td>3</td></tr><tr><td>G. TRASH CAN</td><td>1</td><td>3</td></tr></table>		YES	NO	A. WINDOW	1	3	B. ENOUGH LIGHT	1	3	C. VENTILATION	1	3	D. A FAN	1	3	E. WASH BASIN	1	3	F. OBSERVATION TABLE	1	3	G. TRASH CAN	1	3
	YES	NO																								
A. WINDOW	1	3																								
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C. VENTILATION	1	3																								
D. A FAN	1	3																								
E. WASH BASIN	1	3																								
F. OBSERVATION TABLE	1	3																								
G. TRASH CAN	1	3																								
F3.	ARE THERE CURTAINS SEPARATING THE EXAMINATION ROOMS?	NO 3 → F5 YES 1																								
F4.	WHAT IS THE CONDITION OF THE CURTAINS? DIRTY = NOT BEEN WASHED FOR A LONG TIME, IF THEY HAVE BLOOD, DIRT, ETC. ON THEM	DIRTY 1 CLEAN 3																								

F5.	WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASH STAND WITH RUNNING WATER 1 WASH BASIN WITH CLEAN WATER 3 NOT AVAILABLE 6																								
F8.	CHECK: IS THERE A SPECIAL INJECTION ROOM ?	NO 3 → F13 YES 1																								
F9.	HOW CLEAN IS THE FLOOR IN THIS ROOM? DIRTY = IF THERE IS LOTS OF DUST, FOOD REMNANTS, SCATTERED GARBAGE.	DIRTY 1 CLEAN 3																								
F10.	HOW CLEAN ARE THE WALLS IN THIS ROOM? DIRTY = IF A LOT OF SPIDER WEBS, SCRIBBLINGS, MOISTURE, PAINT PEELING OFF	DIRTY 1 CLEAN 3																								
F10a.	WHAT IS THE CONDITION/CLEANLINESS OF THE CEILING IN THIS ROOM? DIRTY = IF THERE ARE MANY SPIDER WEBS, DAMPNESS, ETC.	DIRTY 1 CLEAN 3 BROKEN 5																								
F10b.	DOES THE ROOM HAVE:	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>A. WINDOW</td><td>1</td><td>3</td></tr><tr><td>B. ENOUGH LIGHT</td><td>1</td><td>3</td></tr><tr><td>C. VENTILATION</td><td>1</td><td>3</td></tr><tr><td>D. A FAN</td><td>1</td><td>3</td></tr><tr><td>E. WASH BASIN</td><td>1</td><td>3</td></tr><tr><td>F. OBSERVATION TABLE</td><td>1</td><td>3</td></tr><tr><td>G. TRASH CAN</td><td>1</td><td>3</td></tr></table>		YES	NO	A. WINDOW	1	3	B. ENOUGH LIGHT	1	3	C. VENTILATION	1	3	D. A FAN	1	3	E. WASH BASIN	1	3	F. OBSERVATION TABLE	1	3	G. TRASH CAN	1	3
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E. WASH BASIN	1	3																								
F. OBSERVATION TABLE	1	3																								
G. TRASH CAN	1	3																								
F10c.	ARE THERE ANY CURTAINS SEPARATING INJECTION ROOM?	NO 3 → F11 YES 1																								

SECTION F: DIRECT OBSERVATION

F10d.	WHAT IS THE CONDITION OF THE CURTAINS? DIRTY = NOT BEEN WASHED FOR A LONG TIME, IF THEY HAVE BLOOD, DIRT, ETC. ON THEM.	DIRTY 1 CLEAN 3
F11.	WHAT PROVISIONS ARE MADE FOR WASHING HANDS IN THIS ROOM?	WASH STAND WITH RUNNING WATER 1 WASH BASIN WITH CLEAN WATER 3 NOT AVAILABLE 6
F13.	For injecting patients, what kind of needle is used?	Disposable..... 1 ➔ F15 Non disposable 2 Both 3
F14.	How are the needles used for injecting patients sterilized? THERE CAN BE MORE THAN ONE ANSWER	With a sterilizer A Boil the needle with boiling water B Rinse it with alcohol..... C Heat the needle with fire..... D Not sterilized..... W

FP – MCH ROOMS

F15.	CHECK POINT: ARE THERE SPECIAL ROOMS FOR FP/MCH?	NO 3 ➔ F24 YES 1
F16.	HOW CLEAN ARE THE FLOORS IN THIS ROOM? DIRTY – IF LOTS OF DUST, FOOD REMNANTS, SCATTERED GARBAGE.	DIRTY 1 CLEAN..... 3
F17a.	HOW CLEAN ARE THE CEILINGS IN THIS ROOM? DIRTY – IF THERE ARE LOTS OF SPIDER WEBS, SCRIBBLINGS, MOISTURE, PAINT PEELING OFF.	DIRTY 1 CLEAN..... 3 BROKEN 5

F17b.	DOES THE ROOM HAVE:	<table><tr><th></th><th>YES</th><th>NO</th></tr><tr><td>a. WINDOW</td><td>1</td><td>3</td></tr><tr><td>b. ENOUGH LIGHT</td><td>1</td><td>3</td></tr><tr><td>c. VENTILATION</td><td>1</td><td>3</td></tr><tr><td>d. A FAN</td><td>1</td><td>3</td></tr><tr><td>e. TRASH CAN</td><td>1</td><td>3</td></tr><tr><td>f. GYNAECOLOGICAL TABLE</td><td>1</td><td>3</td></tr><tr><td>g. ELIGIBLE WOMEN GRAPHICS</td><td>1</td><td>3</td></tr><tr><td>h. MCH GRAPHICS.....</td><td>1</td><td>3</td></tr><tr><td>i. COUNSELING KIT</td><td>1</td><td>3</td></tr><tr><td>j. TRASH CAN</td><td>1</td><td>3</td></tr></table>		YES	NO	a. WINDOW	1	3	b. ENOUGH LIGHT	1	3	c. VENTILATION	1	3	d. A FAN	1	3	e. TRASH CAN	1	3	f. GYNAECOLOGICAL TABLE	1	3	g. ELIGIBLE WOMEN GRAPHICS	1	3	h. MCH GRAPHICS.....	1	3	i. COUNSELING KIT	1	3	j. TRASH CAN	1	3
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h. MCH GRAPHICS.....	1	3																																	
i. COUNSELING KIT	1	3																																	
j. TRASH CAN	1	3																																	
F18.	ARE THERE CURTAINS THAT SHUT OFF THE EXAMINATIONS ROOMS?	NO 3 ➔ F20 YES 1																																	
F19.	HOW ARE THE CONDITIONS OF THESE CURTAINS? DIRTY = NOT BEEN WASHED FOR A LONG TIME, THEY HAVE BLOOD, DIRT, ETC. ON THEM.	DIRTY 1 CLEAN 3																																	
F20.	WHAT ARE THE PROVISIONS FOR WASHING HANDS THAT ARE FOUND IN THIS ROOM?	Wash stand with running water 1 Wash basin with clean water 3 Not available 6																																	

VACCINE ROOMS

F30a.	Does this Puskesmas/Pustu store have vaccines?	No 3 ➔ F40 Yes 1
F30.	Where are vaccines stored at this Puskesmas?	No storing place for vaccines available..... 6 ➔ F33 Refrigerator/freezer/special vaccine Cooling box 1 Regular refrigerator 3

SECTION F: DIRECT OBSERVATION

VACCINE STORAGE ROOM

F31. Is there any graphic/record on the freezer's temperature?	No 3 → F33 Yes 1
F32. If there is one, state the the latest record. a. When was the latest record taken b. Freezer's temperature at last record	Date Month Year a. / / b. . Degree Celcius
F33. How many thermos flasks are used for carrying vaccines to the field?	Do not perform immunizations 96 → F40 Thermos 01
F34. For vaccinations, what kind of needle is used?	Disposable..... 1 → F35a Non disposable (CAN BE REUSED) 2 Both 3

F35. How are the needles used for injecting patients sterilized? THERE CAN BE MORE THAN ONE ANSWER	With a sterilizer A Boil the needle with boiling water B Rinse it with alcohol..... C Heat the needle with fire D Not sterilized W
F35a. Do you have needles in stock today?	Yes 1 No 3
F35b. In the last 6 months, how many weeks were you out of stock of needles?	Weeks..... 1 Always in stock 6 DON'T KNOW 8

LABORATORY

F40. Is there a laboratory at the Puskesmas?	No 3 → SECTION G Yes 1															
F41. HOW CLEAN IS THE FLOOR IN THIS ROOM ? DIRTY = IF A LOT OF DUST, FOOD REMNANTS, SCATTERED GARBAGE	DIRTY 1 CLEAN 3															
F42. HOW CLEAN ARE THE WALLS IN THIS ROOM? DIRTY = IF A LOT OF SPIDER WEBS, SCIBBLINGS, MOISTURE, PAINT PEELING OFF.	DIRTY 1 CLEAN 3															
F43. WHAT PROVISIONS IS MADE FOR HAND WASHING IN THIS ROOM?	WASH STAND WITH RUNNING WATER 1 WASH BASIN WITH CLEAN WATER 3 NONE 6															
F44. IS THERE A GARBAGE CAN IN THIS ROOM?	YES 1 NO 3															
F45. Does this lab have these instruments?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Microscope.....</td><td>1</td><td>3</td></tr><tr><td>b. Centrifuge.....</td><td>1</td><td>3</td></tr><tr><td>c. Spirit Lamp</td><td>1</td><td>3</td></tr><tr><td>d. Slide/ready made glass.....</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Microscope.....	1	3	b. Centrifuge.....	1	3	c. Spirit Lamp	1	3	d. Slide/ready made glass.....	1	3
	Yes	No														
a. Microscope.....	1	3														
b. Centrifuge.....	1	3														
c. Spirit Lamp	1	3														
d. Slide/ready made glass.....	1	3														

SECTION G (FAMILY PLANNING SERVICES)

RESPONDENT: PERSON RESPONSIBLE FOR FAMILY PLANNING SERVICE UNIT																	
Name : _____																	
Position : _____																	
G1. How many staff members of the Puskesmas are involved in providing family planning services?	1. <input type="text"/> <input type="text"/> 8. DON'T KNOW																
G2. Mention the number of employees according to the category here below :	<table><tr><td></td><td>Number</td></tr><tr><td>Doctor</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Midwives</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Village midwives</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Nurses.....</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Paramedics</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Employees</td><td><input type="text"/><input type="text"/></td></tr><tr><td>Other.....</td><td><input type="text"/><input type="text"/></td></tr></table>		Number	Doctor	<input type="text"/> <input type="text"/>	Midwives	<input type="text"/> <input type="text"/>	Village midwives	<input type="text"/> <input type="text"/>	Nurses.....	<input type="text"/> <input type="text"/>	Paramedics	<input type="text"/> <input type="text"/>	Employees	<input type="text"/> <input type="text"/>	Other.....	<input type="text"/> <input type="text"/>
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Nurses.....	<input type="text"/> <input type="text"/>																
Paramedics	<input type="text"/> <input type="text"/>																
Employees	<input type="text"/> <input type="text"/>																
Other.....	<input type="text"/> <input type="text"/>																

If client desires a certain method that is not available here, where is the patient referred to?		
Type of method	G12.	G13.
	Type of facility	Distance from this Puskesmas
b. Pills	96 01 02 03 04 ↓ 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
c. Injections	96 01 02 03 04 ↓ 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
d. IUD	96 01 02 03 04 ↓ 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
e. Norplant/implant/pins	96 01 02 03 04 ↓ 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
f. Sterilizations	96 01 02 03 04 ↓ 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW
g. Condom for female/Femidom	96 01 02 03 04 ↓ 05 06 07 08	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> km 8. DON'T KNOW

- G12:
01. Government Hospitals
02. Private Hospitals
03. Puskesmas
04. Auxillary Puskesmas
05. Private Clinic
06. Doctors with private practice
07. Midwives/nurses/practicing paramedics
08. Pharmacies
96. NO REFERRAL

SECTION G (FAMILY PLANNING SERVICES)

G14.	In what year was the low dose oral contraceptive introduced at this facility?	<div></div>		
G15a.	If a mother is breastfeeding her child but wishes to contracept, what methods do you recommend?	Low dose pills	A	
		Medium dose pills	B	
		IUD	C	
		Contraceptive injections	D	
		Norplant	E	
		Sterilization	F	
		Condom	G	
		Traditional Methods	H	
G15b.	If a mother is breastfeeding her child but wishes to contracept, what methods do you recommend the most?	Low dose pills	1	
		Medium dose pills	2	
		IUD	3	
		Contraceptive injections	4	
		Norplant	5	
		Sterilization	6	
		Condom	7	
		Traditional Methods	8	
G16.	In the last year, what complaints have you received from birth control pill users regarding complications/side effects?		Yes	No
		a. No menstruation.....	1	3
		b. Spotting	1	3
		c. Meno/metroragia	1	3
		d. Change in the menstruation cycle.....	1	3
		e. High blood pressure.....	1	3
		f. Weight increase	1	3
		g. Cloasma.....	1	3
		h. Reduce breast milk	1	3
		i. Hair loss.....	1	3
		j. Varicose veins.....	1	3
		k. Changed sexuality.....	1	3
		l. Discharge.....	1	3
G17.	In the last year, what complaints have you received from patients receiving contraceptive injections?		Yes	No
		a. No menstruation	1	3
		b. Spotting	1	3
		c. Meno/metroragia	1	3
		d. Change in the menstruation cycle	1	3
		e. High blood pressure.....	1	3
		f. Weight increase	1	3
		g. Cloasma	1	3
		h. Reduce breast milk.....	1	3
		i. Hair loss.....	1	3
		j. Varicose veins	1	3
		k. Changed sexuality	1	3
		l. Discharge	1	3

COMPLICATIONS/SIDE EFFECTS

G18.	In the last year, what complaints have you received for side effects/complications from Cooper T IUD users?		Yes	No
		a. No menstruation	1	3
		b. Spotting	1	3
		c. Meno/metroragia	1	3
		d. Change in the menstruation cycle.....	1	3
		e. High blood pressure.....	1	3
		f. Weight increase	1	3
		g. Cloasma	1	3
		h. Reduce breast milk.....	1	3
		i. Hair loss.....	1	3
		j. Varicose veins	1	3
		k. Changed sexuality	1	3
		l. Discharge	1	3
G19.	In the last year, what complaints have you received regarding complications/side effects from Implant users?		Yes	No
		a. No menstruation	1	3
		b. Spotting	1	3
		c. Meno/metroragia	1	3
		d. Change in the menstruation cycle.....	1	3
		e. High blood pressure.....	1	3
		f. Weight increase	1	3
		g. Cloasma	1	3
		h. Reduce breast milk.....	1	3
		i. Hair loss.....	1	3
		j. Varicose veins	1	3
		k. Changed sexuality	1	3
		l. Discharge	1	3

SECTION H (FACILITY VIGNETTES)

Curative Care for Adult

H1. Does this health facility provide curative care for adults?	No3 → H15 Yes 1
H2. Name of Respondent : _____	

H3. Can you please tell me your qualifications?	Medical doctor: GP 1 Medical doctor: specialist.....2 Nurse3 Midwife.....4 Paramedic5
H4. In what year did you complete your studies?	_____
H5. Have you received additional training since you graduated?	No3→H9 Yes 1

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

	H6.	H7.	H8.
	Did you receive training in [...]?	In the last 12 months?	In the last 5 years?
1. Diagnostic algorithm for adult diseases	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. Non-communicable disease	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Respiratory disease	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. Antibiotic for respiratory disease	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

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

1. READ OUT CASE 2 TIMES, AND THEN ASK QUESTIONS H11 -14.
2. FIRST LISTEN TO THE RESPONDENT. ANY RESPONSE THAT HE OR SHE MENTIONS SPONTANEOUSLY SHOULD BE MARKED WITH CODE 1.
3. AFTER THE RESPONDENT IS FINISHED WITH THE WHOLE QUESTIONNAIRE, TELL THE RESPONDENT THAT YOU ARE GOING TO REVIEW THE CASE AGAIN.
4. START FROM THE BEGINNING AND READ THE CASE A SECOND TIME. ASK QUESTIONS H11-H14.
5. READ OUT ANY RESPONSES THAT HE/SHE DID NOT MENTION SPONTANEOUSLY THE FIRST TIME. CODE THE APPROPRIATE RESPONSE.

H10. Pak Widyono came to this facility with a complaint of coughing and a fever. Now I would like to ask you exactly what you would do for this patient..

H11. What questions do you ask the patient about his cough and fever, and current health?	Mentioned spontaneous y	Prompted
a. How long have you suffered from this condition?	1	2 3
b. Any shortness of breath?	1	2 3
c. Is there any blood when you cough?	1	2 3
d. What was the color of the sputum?	1	2 3
e. Do you have any pain in the chest?	1	2 3
f. Any weight loss?	1	2 3
g. Is cough productive?	1	2 3

SECTION H (FACILITY VIGNETTES)

h. Any contact with others with respiratory problems/TB?	1	2	3
H11. What questions do you ask the patient about his cough and fever, and current health?	Mentioned spontaneously	Prompted	
i. Any night sweats?			
j. What medicine have been taken?	1	2	3
k. Any fever?	1	2	3
l. Feeling weak?	1	2	3
m. Any headache	1	2	3
n. Losing appetite?	1	2	3
o. Nauseous?	1	2	3
H12. What questions do you ask the patient about his medical history and behavior?	Mentioned spontaneously	Prompted	
a. Previous TB case or took TB medicine?	1	2	3
b. BCG immunization or ever positive PPD?	1	2	3
c. History of asthma or COPD?	1	2	3
d. History of cardiac problems?	1	2	3
e. History of malignancy or gastric surgery?	1	2	3
f. Medications recently or currently taking?	1	2	3
g. Drug allergies?	1	2	3
h. Smoking history?	1	2	3
i. Number of packages/quantity of smoking?	1	2	3
j. Alcohol use?	1	2	3
k. Live alone or with others?	1	2	3
l. Employment?	1	2	3
m. Family health history?	1	2	3
n. Sanitation, ventilation at home?	1	2	3
H13. What do you do when you conduct a physical examination of the patient?	Mentioned spontaneously	Prompted	
a. Examine general appearance?	1	2	3
b. Take temperature?	1	2	3
c. Listen to respiration?	1	2	3
d. Check for sore throat?	1	2	3
e. Palpitate / feel throat / lymph nodes?	1	2	3
f. Is chest indrawing?	1	2	3
g. Palpate abdomen?	1	2	3
h. Pulse			
H14. What laboratory examinations would you conduct?	Mentioned spontaneously	Prompted	
a. Chest x-ray	1	2	3
b. PPD or mantoux test	1	2	3
c. Sputum exam for TB	1	2	3
d. Routine bloodwork	1	2	3
e. Liver function	1	2	3
f. CD4/cell count	1	2	3
g. Urinalysis	1	2	3

SECTION H (FACILITY VIGNETTES)

Curative Care for Adult with Diabetes

H15. Does this health facility provide curative care for adults?	No3 → H30 Yes 1
H16. Name of respondent_____	
H17. Can you please tell me your qualifications?	Medical doctor: GP 1 Medical doctor: specialist.....2 Nurse3 Midwife.....4 Paramedic5
H18. In what year did you complete your studies?	_____
H19. Have you received additional training since you graduated?	No3→H23 Yes 1

	H20.	H21.	H22.
	Did you receive training in [...]?	In the last 12 months?	In the last 5 years?
1. Diagnostic algorithm for adult diseases	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
2. Non-communicable disease	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
3. Mengenai penyakit diabetes	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes
4. Mengenai obat untuk penyakit diabetes	1. Yes 3. No ↓	3. No 1. Yes↓	3. No 1. Yes

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

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

H24. Mr. Widyono came to this facility, and presents to you "to get my sugar checked." He has just moved to the community and has never visited the facility. Now I would like to ask you exactly what you would do for this patient.

H25. What questions do you ask the patient about his present physical condition, high blood sugar, and medications?	Mentioned spontaneousl y	Prompted
a. How long have you suffered from this condition?	1	2 3
b. Medications recently or currently taking?	1	2 3
c. Do you have to urinate frequently?	1	2 3
d. Frequent thirst?	1	2 3
e. Any weight loss?	1	2 3
f. Any sweating?	1	2 3
g. Any anxiety or heart palpitations?	1	2 3
h. Abdominal fullness prematurely after meals?	1	2 3
i. Edema or weight retention?	1	2 3

SECTION H (FACILITY VIGNETTES)

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

SECTION H (FACILITY VIGNETTES)

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SECTION H (FACILITY VIGNETTES)

Curative care for children

H30. Does this health facility provide curative care for children?		Ya..... 1 Tidak 3
H31. Name of respondent:_____		
H32. Can you please tell me your qualifications?	Medical doctor: GP1 Medical doctor: specialist.....2 Nurse3 Midwife.....4 Paramedic5	
H33. In what year did you complete your studies?	_ _ _ _	
H34. Have you received additional training since you graduated?	No3→H38 Yes..... 1	

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

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

INSTRUCTIONS TO INTERVIEWER:

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

H39. Ny Nani comes to this facility with her daughter, an 8 month old baby. She says that her daughter has had diarrhea for 2 days with vomiting.

H40. What are the 13-14 most important questions you ask about the diarrhea and vomiting?	Mentioned spontaneously	Prompted
a. When did the diarrhea start?	1	2 3
b. How frequently does diarrhea occur?	1	2 3
c. What do the feces/vomit look like of smell like	1	2 3
d. Any blood in vomit?	1	2 3
e. Any blood in stools?	1	2 3

SECTION H (FACILITY VIGNETTES)

f. Any fever?	1	2	3
H40. What are the 13-14 most important questions you ask about the diarrhea and vomiting?	Mentioned spontaneousl y	Prompted	
g. Level of activity (active vs listless)?	1	2	3
h. Is the child feeding and drinking?	1	2	3
i. Given any medication already?	1	2	3
j. Any evidence of dehydration?	1	2	3
k. Vomits everything?	1	2	3
l. Has convulsions?	1	2	3
m. Eaten anything unusual?	1	2	3
n. Any ill contacts?	1	2	3
o. Urinating?	1	2	3
H41. What do you ask about the baby's medical history and environment?	Mentioned spontaneousl y	Prompted	
a. History of similar disease?	1	2	3
b. Drug allergies?	1	2	3
c. Any other medical or surgical problems or HIV?	1	2	3
d. Any complications at delivery or prematurity?	1	2	3
e. Access to water or sanitation?	1	2	3
f. Immunization history?	1	2	3
g. Breastfeeding/other fluids?	1	2	3
h. Digestive system normal?			
i. Ever had surgery on digestive organs?			
k. Eating			
l. Baby care			
H42. What do you do when you conduct a physical examination of the child?	Mentioned spontaneousl y	Prompted	
a. Check appearance / alertness?	1	2	3
b. Take her temperature?	1	2	3
c. Examine the crown of the head?	1	2	3
d. Check pulse?	1	2	3
e. Weigh?	1	2	3
f. Check height?	1	2	3
g. Determine capillary refill time/check nailbeds?	1	2	3
h. Examine eyes?	1	2	3
i. Check skin turgor/elasticity?	1	2	3
j. Auscultate abdomen for bowel sounds?	1	2	3
k. Palpitate abdomen?	1	2	3
l. Check feces for blood or mucous	1	2	3
m. Check palms of hands?	1	2	3
n. Check for edema in feet?	1	2	3
o. Breathing normally?			
p. Blood pressure?			
H43. Apa tes laboratorium yang akan I/B/S lakukan?	Mentioned spontaneousl y	Prompted	
a. Routine bloodwork/CBC?	1	2	3
b. Stool culture?	1	2	3
c. Blood smear/dipstick for malaria?	1	2	3

SECTION H (FACILITY VIGNETTES)

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SECTION H (FACILITY VIGNETTES)

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

SECTION H (FACILITY VIGNETTES)

Prenatal Care

H45. Does this health facility provide prenatal care?		Yes 1 No 3
H46. Name of respondent : _____		
H47. Can you please tell me your qualifications?	Medical doctor: GP 1 Medical doctor: specialist..... 2 Nurse 3 Midwife 4 Paramedic..... 5	
H48. In what year did you complete your studies?	_ _ _ _	
H49. Have you received additional training since you graduated?	No 3 → H53 Yes 1	

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

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

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

H54. Mrs. Ani, a married woman of 26, has not had her period for 3 months. She has come to you for a pregnancy examination. This is her first visit. Please recount everything you would do during the pregnancy examination..

H55. What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor? ?	Mentioned spontaneousl y	Prompted
a. Number of prior pregnancies?	1	2 3
b. Number of living children	1	2 3
c. Number of miscarriages/abortions/stillbirths?	1	2 3

SECTION H (FACILITY VIGNETTES)

d. Any bleeding during previous labor?	1	2	3
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H55. What are most important questions you would ask Mrs. Ani about her previous pregnancies and labor? ?	Mentioned spontaneousl y	Prompted	
e. How the last child was delivered?	1	2	3
f. Birth weight of previous child?	1	2	3
g. History of genetic anamolies?	1	2	3
h. Gynecological history (STIs, pap smear, contraceptive use, etc.)	1	2	3

H56. What are themost important questions you ask Mrs. Ani about her current pregnancy?	Mentioned spontaneousl y	Prompted	
a. Last menstrual date?	1	2	3
b. Any health problems now?	1	2	3
c. Any obstetric symptoms (contractions, vaginal bleeding, etc)?	1	2	3
d. Any weight loss/gain, nausea, vomiting?	1	2	3
e. Taking any medications now?	1	2	3

H57. What are the most important questions you want to ask about her medical and social/behavioral history?	Mentioned spontaneousl y	Prompted	
a. Any history of high blood pressure?	1	2	3
b. Any history of diabetes?	1	2	3
c. Any previous STI, including HIV+?	1	2	3
d. Any previous IUD or contraceptive use?	1	2	3
e. Tetanus shot in previous pregnancy?	1	2	3
f. Any previous heart disease?	1	2	3
g. Family history of hereditary disease?	1	2	3
h. Ever had malaria?	1	2	3
i. Present or previous smoker?	1	2	3
j. Any history of alcohol use?	1	2	3
k. Assess whether pregnancy is high risk?	1	2	3
l. Ever had surgery?	1	2	3
m. Any history of asthmatism?	1	2	3
n. Any history of kidney disease?	1	2	3

H58. What would you do when you conduct a physical examination of Mrs. Ani?	Mentioned spontaneousl y	Prompted	
a. Body height?	1	2	3
b. Body weight?	1	2	3
c. Take blood pressure?	1	2	3
d. Palpitate abdomen/measure uterine height?	1	2	3
e. Listen to fetal heartbeat?	1	2	3
f. Pelvic examination?	1	2	3
g. Check for edema?	1	2	3

H59. What laboratory examinations would you conduct?	Mentioned spontaneousl	Prompted	
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SECTION H (FACILITY VIGNETTES)

	y		
a. Pregnancy test?	1	2	3
b. Hemoglobin test?	1	2	3
c. Urine examination for	1	2	3
d. Urine protein?	1	2	3
H59. What laboratory examinations would you conduct?	Mentioned spontaneousl y	Prompted	
e. Ultrasound?	1	2	3
f. Platelets?	1	2	3
g. Liver enzymes	1	2	3
h. Chem 7/BUN/creatinine	1	2	3
i. HIV screen	1	2	3
j. STI test: syphilis o	1	2	3
k. Rubella antibodies	1	2	3
l. Blood type and rhesus	1	2	3
H60. What procedures or advice would you give Mrs. Ani before sending her home?	Mentioned spontaneousl y	Prompted	
a. Advice about nutrition?	1	2	3
b. Administer tetanus toxiod?	1	2	3
c. Supply iron/ folic acid supplementation?	1	2	3
d. Schedule her for another prenatal visit?	1	2	3
e. Make a plan for delivery?	1	2	3
f. Advice about danger signs for emergency	1	2	3
g. Recommendations for lactation / contrace	1	2	3
h. HIV voluntary counseling/test?	1	2	3
i. Complete prenatal card?	1	2	3

SECTION CP: INTERVIEW SESSION 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