

INDONESIAN FAMILY LIFE SURVEY 2007

COMMUNITY AND FACILITY PEOPLE CHARACTERISTICS

SERVICE AVAILABILITY ROSTER (SAR)

NAME OF VILLAGE/KELURAHAN :

EA      BOOK TYPE  
 /

<b>DAFTAR ISI</b>		<b>DAFTAR ISI</b>	
1a. Preprinted of Puskesmas <input type="text"/> pages		4a. Preprinted of Elementary School/SD <input type="text"/> pages	
1b. Supplement of Puskesmas <input type="text"/> pages		4b. Supplement of Elementary School/SD <input type="text"/> pages	
2a. Supplement of Posyandu <input type="text"/> pages		5a. Preprinted of Junior High Sch./SMP <input type="text"/> pages	
2c. Supplement of Pos. Lansia <input type="text"/> pages		5b. Supplement of Junior High Sch./SMP <input type="text"/> pages	
3a. Preprinted of Private Practice <input type="text"/> pages		6a. Preprinted of Senior High Sch./SMA <input type="text"/> pages	
3b. Supplement Private Practice <input type="text"/> pages		6b. Supplement of Senior High Sch./SMA <input type="text"/> pages	
7a. Preprinted of Hospital <input type="text"/> pages		<b>TOTAL of SCHOOL FACILITY</b> <input type="text"/> <b>pages</b>	
7b. Supplement of Hospital <input type="text"/> pages			
8a. Supplement of Traditional Practice <input type="text"/> pages			
<b>TOTAL of HEALTH FACILITY</b> <input type="text"/> <b>pages</b>			
		<b>FP5. EDITED STATUS BY EDITOR</b>	<b>FP6. MONITORING BY LOCAL SUPERVISOR</b>
		1. Edited, no correction necessary	Yes No
		2. Edited and corrected	a. Observed ..... 1 3
		3. Manual edit without CAFÉ	b. Edited ..... 1 3
		4. Entered, not edited <input type="text"/>	c. Verified ..... 1 3

SERVICE AVAILIBELITY ROSTER  
IFLS CODE   

							TYPE OF FACILITY			1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital			
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION  4. NCR SECCION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ?  FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ?  If TT, Please ask what year this facility operated ?	LOCATION a. LATITUDE b. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	a. Name:     b. Address :     	4. PP 3. PKK 2. KD	1.   	1. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.   , kilometers  8. DK	1.   . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year  3.    years 8. TT	1.   .   ° ,   ' b.   .   .   ° ,   ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No
	a. Name:     b. Address :     	4. PP 3. PKK 2. KD	1.   	2. Yes    ↓  3. No	a. Village 1.  3. Same 8. DK  b. Kecamatan 11.  13. Same 98. DK	1.   , kilometers  8. DK	1.   . Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	 1. Minutes 2. Hours 3. Days 8. TT → x12	 1. Minutes 2. Hours 3. Days 8. TT	1. Year  3.    years 8. TT	1.   .   ° ,   ' b.   .   .   ° ,   ' 3. Posyandu/Posyandu Lansia/Traditional Practice 6. Outside radius ↓	a.    b.  	1. Yes  3. No

Code of X14b Health:    01. Puskesmas/Pustu/BP    02. Clinic    03. Maternity Clinic 04. Doctor    05. Mantri    06. Nurse    07. Privat Midewife    08. Midwife Village    10. Hospital 11. Traditional Practice    12. Baby Shootsayer    95. Other\_\_\_\_\_

PREPRINTED PRIVATE PRACTICE  
SERVICE AVAILABILITY ROSTER – PREPRINTED  
EA ☐ ☐ ☐ STRATA ☐ PRIVATE PRACTICE

	J01 & J02	J04a	J15	J05 & J06	J07	J08	J09	J10	J11	J11a	J12	J13	J14	J16	J17
N U M B E R	Name and Address and Specific Information on Location	CODE OF FACILI TY	INTERVIEWER NOTE ; WHAT IS THIS FACILITY DUPLICATED ?  FILL THE CODE OF FACILITY DUPLICATED	Desa and kecamatan	Still operating services ?  0. DK Health Fac. 1. Yes 3. No 8. DK Open	What year did close?	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ?  If TT, Please ask what year this facility operated ?	LOCATION c. LATITUDE d. LONGITUDE	INTERVIEW ER NOTE : a. INFORMATI ON OF THE LOCATION b. TYPE OF FACILITY	INTER VIEW ED STAT US	Did this facility have an interview in 1993, 1997, 1998, 2000? reformat
			1. Yes  Code of facility _____ _____  ➔ NEXT ROW 3. No		0. ➔ J13 1. Yes ➔ J09 8. DK ➔ J13 3. No 2. Moved ➔ J09	1. Year  _____ 3. ____ years 8. DK ↓ NEXT ROW	1. ____ , ____  Kilometers 8. DK	1. ____ . ____ Rp  ➔ J11a 3. On foot 5. Personal vehicle 8. DK	_____  1. Minutes 2. Hours 3. Days 8. DK  ➔ J12	_____  1. Minutes 2. Hours 3. Days 8. DK	1. Year  _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No
			1. Yes  Code of facility _____ _____  ➔ NEXT ROW 3. No		0. ➔ J13 1. Yes ➔ J09 8. DK ➔ J13 3. No 2. Moved ➔ J09	1. Year  _____ 3. ____ years 8. DK ↓ NEXT ROW	1. ____ , ____  Kilometers 8. DK	1. ____ . ____ Rp  ➔ J11a 3. On foot 5. Personal vehicle 8. DK	_____  1. Minutes 2. Hours 3. Days 8. DK  ➔ J12	_____  1. Minutes 2. Hours 3. Days 8. DK	1. Year  _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No
			1. Yes  Code of facility _____ _____  ➔ NEXT ROW 3. No		0. ➔ J13 1. Yes ➔ J09 8. DK ➔ J13 3. No 2. Moved ➔ J09	1. Year  _____ 3. ____ years 8. DK ↓ NEXT ROW	1. ____ , ____  Kilometers 8. DK	1. ____ . ____ Rp  ➔ J11a 3. On foot 5. Personal vehicle 8. DK	_____  1. Minutes 2. Hours 3. Days 8. DK  ➔ J12	_____  1. Minutes 2. Hours 3. Days 8. DK	1. Year  _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No

**Code of X14b Education:** 01. Public Elm. Sch. 02. Private Elm. Sch. 03. Public Junior HS 04. Private Junior HS 05. Public Senior HS 06. Private Senior HS 07. Public Senior HS Voc. 08. Private Senior HS Voc. 95. Other, \_\_\_\_\_

CP : CATATAN PEWAWANCARA

	QUESTION NUMBER	NOTES
CP1. Doubtful Answers		
CP4. Other Issues		

INTERVIEWER NOTE: