

INTERVIEWER: _____ [] [] [] []	CONFIDENTIAL	IDW: [] [] [] []
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**INDONESIAN FAMILY LIFE SURVEY 2014
HEALTH FACILITY
COMMUNITY HEALTH CENTER/SUB-CENTER
(PUSKESMAS / PUSKESMAS PEMBANTU)
BOOK B**

SECTIONS : B, C, E, F, G, CP

NAME OF FACILITY: _____

FACILITY CODE: [] [] [] [] [] [] [] [] [] [] / BOOK TYPE: [P] [U] [S]

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.	B11a.	B12.	B13.	B14.	B14a.	B14b.	B14c.
(BTYPE)	Laboratory	Medicine room	General practitioner	Specialist doctor	Dentist	Midwife	Puskesmas Pembantu	Polindes	Posyandu	Posyandu for elderly (Posyandu Lansia)	Mobile Puskesmas	Inpatient Facility	Birth-Delivery	Sterilization Service for Male	Sterilization Service for Female	Mass Immunization for TT
c. 2014	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	1. Yes 3. No

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

SECTION B : DEVELOPMENT OF PUSKESMAS/PUSKESMAS PEMBANTU

B20c. Does this facility have [...]?	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

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.	C02a.	C03a.	C02b.	C03b.
When is the Puskesmas open? On [...] days	Opening Hours Counter	Closing Hours Counter	Opening Hours of service	Closing Hours of service
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.
C04a What is the registration fee for patients with jamkesmas card ?	First visits..... a. ████.███ Rp. Repeat visits..... b. ████.███ Rp.

Service in the building

C05.	C06.	C09a.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service?[notincluding first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
1. Inpatients care for giving birth	3. No ↓ 1. Yes →	1. ████.███ Rp. 3. No Charge	per day		
1a. Inpatient care other than giving birth	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. TYPE OF SERVICE (C1TYPE)	C06. Is there any [...] service?	C09a. Cost of the service?[notincluding first visit registration fee]	C10. Units	C10a. Is this [...] in stock today?	C10b. 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		
42. Complication of pregnancy	3. No 1. Yes				
43. Complication of childbirth	3. No 1. Yes				
44. Complication of postnatal	3. No 1. Yes				
45. Postnatal care (post childbirth) for at least 3 times	3. No 1. Yes				

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.		C06.		C09a.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)		Is there any [...] service?		Cost of the service?[notincluding first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
46.	Neonatal check up (newborn 0 to 28 days old) with complication	3. No	1. Yes				
47.	Post-natal service (29 days to 11 months old)	3. No	1. Yes				
48.	Growth and development monitoring for for babies under 5 years old	3. No	1. Yes				
49.	Additional nutrition aside from breast milk distribution for babies aged 6 - 24 months of poor families	3. No	1. Yes				
50.	Treatment for malnutrition of under-five children	3. No	1. Yes				
15.	Supply of Oral Contraceptives:						
	a. Microgynon30 [PT Schering]	3. No ↓	1. Yes →	1. <input type="text"/> . <input type="text"/> Rp. 3. No Charge	Per Strip	Yes 1 No 3	<input type="text"/> weeks 1 NEVER 6
	b. Marvelon 28	3. No ↓	1. Yes →	1. <input type="text"/> . <input type="text"/> Rp. 3. No Charge	Per Strip	Yes 1 No 3	<input type="text"/> weeks 1 NEVER 6
	c. Excluton 28	3. No ↓	1. Yes →	1. <input type="text"/> . <input type="text"/> Rp. 3. No Charge	Per Strip	Yes 1 No 3	<input type="text"/> weeks 1 NEVER 6
	f. Pil KB Andalan/BKKBN	3. No ↓	1. Yes →	1. <input type="text"/> . <input type="text"/> Rp. 3. No Charge	Per Strip	Yes 1 No 3	<input type="text"/> weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09a.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service?[notincluding first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
17. IUD Copper T					
a. Insertion	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per visit 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		
18. Contraceptive injection					
a. Depo-Provera	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No 3	____ weeks 1 NEVER 6
b. Depo- Progestin/Andalan	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No 3	____ weeks 1 NEVER 6
d. Cyclofeem	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge 6. Bring their own	Per injection	Yes 1 No 3	____ weeks 1 NEVER 6

05.	C06.	C09a.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service?[notincluding first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
19a. Norplant					
a. Insertion	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per visit 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		

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

05. TYPE OF SERVICE (C1TYPE)	C06. Is there any [...] service?	C09a. Cost of the service?[notincluding first visit registration fee]	C10. Units	C10a. Is this [...] in stock today?	C10b. In the last 6 weeks how many weeks was [...] out of stock?
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. Oral antibiotic (most commonly prescribed)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
o. Eye ointment Antibiotics	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Tube	Yes 1 No 3	____ weeks 1 NEVER 6
28. Analgetic (e.g. ibuprofen)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
29. Antipyretic (e.g. acetosal, paracetamol)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
30. Anti fungi (e.g Nystatin)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
31. Antihelminth (e.g. Mebendazole)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
32. Anti -TBC (short-term, e.g. Rifampicin, Ethambutol, Isoniazid/INH)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05. TYPE OF SERVICE (C1TYPE)	C06. Is there any [...] service?	C09. Cost of the service? [including first visit registration fee]	C10. Units	C10a. Is this [...] in stock today?	C10b. In the last 6 weeks how many weeks was [...] out of stock?
33. Anti malaria (e.g Chloroquine, Sulfadoxine)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
34. Oralit	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per Sachet	Yes 1 No 3	____ weeks 1 NEVER 6
35. Iron tablets / FESO4	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per Strip	Yes 1 No 3	____ weeks 1 NEVER 6
36. Vitamin A	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	Per Seeds	Yes 1 No 3	____ weeks 1 NEVER 6
37. Medicine to control blood pressure (e.g. Captopril)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
38. Anesthetic (e.g. Oxytocin-ergometrine)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
39. Medicine to lower cholesterol,(e.g. simvastatin))	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6
40. Medicine to control blood sugar, (e.g. metformin)	3. No ↓ 1. Yes →	1. _____, _____ Rp. 3. No Charge	1. Strip 2. Bottle 3. Ampule 4. Seeds/Grains	Yes 1 No 3	____ weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C05.	C06.	C09a.	C10.	C10a.	C10b.
TYPE OF SERVICE (C1TYPE)	Is there any [...] service?	Cost of the service?[notincluding first visit registration fee]	Units	Is this [...] in stock today?	In the last 6 weeks how many weeks was [...] out of stock?
41. Vaccines					
a. BCG	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
b. DPT (Combo)	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
c. Anti polio	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
d. Measles	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
e. Tetanus Toxoid	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
f. Hepatitis B, for infants	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
g. Hepatitis B, for adult	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
h. Shingles	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
i. Influenza	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6
j. Pneumonia	3. No ↓ 1. Yes →	1. _____ . _____ Rp. 3. No Charge	Per treatment	Yes1 No.....3	____ weeks 1 NEVER 6

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

C39a	Are there any finding of new patients of positive TB BTA in this puskesmas/pustu in the last 12 months?	1. Yes, <input type="text"/> cases	3. No
C40a	Has this puskesmas/pustu treated patients with dengue fever in the last 12 months?	1. Yes, <input type="text"/> cases	3. No
C41a	Has this puskesmas/pustu ever treated HIV/AIDS patients in the last 12 months?	1. Yes, <input type="text"/> cases	3. No

DISEASES		C42ab. Has this puskesmas/pustu ever carried the STD tests using [...] ?	
A	Vaginal mucous	1. Yes, <input type="text"/> cases	3. No
B	Penis mucous	1. Yes, <input type="text"/> cases	3. No
C	Blood	1. Yes, <input type="text"/> cases	3. No

C43a.	Has this Puskesmas applied age-friendly program (Prilaku Santun Lansia)?	1. Yes	3. No → C11
C44a	What kind of services provided in the program?	A. Special registration for the elderly B. Special check up for the elderly C. Special drug Service for the elderly D. <i>One stop service</i> (from registration to receiving medicines attained in one room)	
C45a	Since when did this Puskesmas/Pustu provide special service for the elderly?	1. <input type="text"/> / <input type="text"/> 8. DON'T KNOW	
C46a	What kind of program for the elderly carried out outside this Puskesmas/pustu?	A. Posyandu for elderly B. Counseling through karang taruna (old folk's home) C. Counseling through <i>Karang werda</i> forum in kecamatan/sub-district D. Counseling through old folk's home E. Home visit F. Special event for elderly; <i>talk show</i> , gymnastic competition for elderly, having stroll	

Service outside the building		
C11.	On an average day, how many staff members of the Puskesmas go outside the building for outreach activities such as Posyandu, mobile Puskesmas, etc?	<input type="text"/> 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 <input type="text"/> Posyandu 1
C14a.	How many Posyandu are active?	<input type="text"/> Posyandu
C15a.	In one month, how many times Puskesmas staff go to the Posyandu ?	<input type="text"/> times per month 1 <input type="text"/> times per year 4 DON'T KNOW 8
C16b.	Since 2007, 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 Rlderly 6 → C17 <input type="text"/> Posyandu 1
C14a2.	When did this Posyandu for the Elderly start its activities?	1. Year <input type="text"/> 8. DON'T KNOW
C14aa.	How many Posyandu for elderly are active in the work region of this Puskesmas?	<input type="text"/> Posyandu
C15aa.	In one month, how many times Puskesmas staff go to the Posyandu for Elderly?	<input type="text"/> times per month 1 <input type="text"/> times per year 4 DON'T KNOW 8
C16ba.	Since 2007, has the number of Posyandu for Elderly in the work region of this Puskesmas changed?	Increased a lot 01 Increased some 02 No change..... 03 Decreased some 04 Decreased a lot..... 05

SECTION C: ACTIVITIES OF PUSKESMAS/PUSKESMAS PEMBANTU

Puskesmas Pembantu	
C17. How many Puskesmas Pembantu are there in the work region of this Puskesmas?	Not a Puskesmas 6 → C20a NONE 3 → C20a <input type="text"/> <input type="text"/> Pusk. Pembantu 1
C19b. Since 2007, have any Puskesmas Pembantu in the work region of this Puskesmas closed?	<input type="text"/> <input type="text"/> number closed 1 NONE 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 <input type="text"/> <input type="text"/> times per month 1 <input type="text"/> <input type="text"/> times per year 4
C21b. Since 2007, has the number of trips changed?	Increased a lot01 Increased some02 No change03 Decreased some04 Decreased a lot05
UKS /UKGS	
C22a. How many times a month does the Puskesmas/Pustu staff visit the schools for the UKS/UKGS program?	NONE 3 → C24 <input type="text"/> <input type="text"/> times per month 1 <input type="text"/> <input type="text"/> times per year 4
C23b. Since 2007, has the number of UKS/UKGS visits per month changed?	Increased a lot01 Increased some02 No change03 Decreased some04 Decreased a lot05
Pondok Bersalin Desa [Polindes]	
C24. Is there a childbirth post (Polindes) program / Poskesdes 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?	<input type="text"/> <input type="text"/> Polindes
C25b. How many Polindes are still active?	<input type="text"/> <input type="text"/> Polindes
C25c. Since 2007, have any Polindes program in the work region of this Puskesmas closed?	<input type="text"/> <input type="text"/> Number closed 1 NONE 3

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?	<input type="text"/> <input type="text"/> Medicine Posts
C28a How many Medicine Posts are still active?	<input type="text"/> <input type="text"/> Medicine Posts
C29 In what year was the first Medicine Post started?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 DON'T KNOW 8
C29ab Since 2007, has the number of Medicine Post in the work region of this Puskesmas changed?	Increased a lot01 Increased some02 No change03 Decreased some04 Decreased a lot05
Village Midwife (Bidan Desa)	
C29a How many Village Midwives work in the region of this Puskesmas?	NONE 3 → C30 <input type="text"/> <input type="text"/> people 1
C29b In what year did the first Village Midwife start working?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 2007, have any village midwives in the work region of this Puskesmas quit working?	<input type="text"/> <input type="text"/> Number who quit 1 NONE 3 DON'T KNOW 8
Poskesdes	
C29dc Does this Puskesmas/pustu give counseling for Poskesdes as part of desa siaga program	1.Yes <input type="text"/> <input type="text"/> unit 3.No Poskesdes

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.: _____	No 3 →NEXT COLUMN DON'T KNOW 8 →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 → NEXT COLUMN	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 → NEXT COLUMN	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 →C30c
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

TYPE OF EXAMINATION (C3TYPE)	C35. Can this lab work be done in the Puskesmas?	C36. How much is the charge to the patient?	C37. For lab work not done here, is the patient referred outside?	C38. 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?
i. 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.
	DAY	Number of visitors registered in the registration book	Number of visitors from poor family
RECORD ALL VISITS BY PATIENTS TO THE PUSKESMAS/PUSTU, DURING THE LAST WEEK 1. Date [] [] / Month [] [] until Date [] [] / Month [] [] 6. Not practice/operation →D01	a. Monday [] [] / [] [] Date / Month	1. [] [] [] people 3.NONE ↓ 6. Not Open ↓	1. [] [] [] people 3.NONE 8. DON'T KNOW
	b. Teuesday [] [] / [] [] 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 E: HEALTH INSTRUMENTS

Name: _____ Position: _____

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

E01. TYPE OF INSTRUMENTS (E1TYPE)	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	□□□	
ia. Inpatient bed	□□□	
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	□□□	
ba. centrifuges	□□□	
ca. Syringes	□□□	
da. Cholesterol test kit	□□□	
ea. Blood sugar test kit	□□□	

E05. TYPE OF INSTRUMENTS (E2TYPE)	E06. Does this facility have [...]?	E07. 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 G: FAMILY PLANNING SERVICES

RESPONDENT: PERSON RESPONSIBLE FOR FAMILY PLANNING SERVICE UNIT	
G0 Name :	_____
G0x Position :	_____
G1. How many staff members of the Puskesmas are involved in providing family planning services?	1. <input type="text"/> 8. DON'T KNOW
G2. Mention the number of employees according to the category here below :	Number
Doctor	<input type="text"/>
Midwives	<input type="text"/>
Village midwives	<input type="text"/>
Nurses	<input type="text"/>
Paramedics	<input type="text"/>
Employees.....	<input type="text"/>
Other	<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 05	02 06	03 07	04 08	1. <input type="text"/> , <input type="text"/> km 8. DON'T KNOW
c. Injections	96 ↓	01 05	02 06	03 07	04 08	1. <input type="text"/> , <input type="text"/> km 8. DON'T KNOW
d. IUD	96 ↓	01 05	02 06	03 07	04 08	1. <input type="text"/> , <input type="text"/> km 8. DON'T KNOW
e. Norplant/implant/pins	96 ↓	01 05	02 06	03 07	04 08	1. <input type="text"/> , <input type="text"/> km 8. DON'T KNOW
f. Sterilizations	96 ↓	01 05	02 06	03 07	04 08	1. <input type="text"/> , <input type="text"/> km 8. DON'T KNOW
g. Condom for female/Femidom	96 ↓	01 05	02 06	03 07	04 08	1. <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?																																								
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?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. No menstruation.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>b. Spotting</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>c. Meno/metroragia</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>d. Change in the menstruation cycle</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>e. High blood pressure</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>f. Weight increase</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>g. Cloasma.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>h. Reduce breast milk</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>i. Hair loss</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>j. Varicose veins.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>k. Changed sexuality.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>l. Discharge.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> </tbody> </table>		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
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G17.	In the last year, what complaints have you received from patients receiving contraceptive injections?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. No menstruation.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>b. Spotting</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>c. Meno/metroragia</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>d. Change in the menstruation cycle</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>e. High blood pressure</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>f. Weight increase</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>g. Cloasma.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>h. Reduce breast milk</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>i. Hair loss</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>j. Varicose veins.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>k. Changed sexuality.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>l. Discharge.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> </tbody> </table>		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
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COMPLICATIONS/SIDE EFFECTS

G18.	In the last year, what complaints have you received for side effects/complications from Cooper T IUD users?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. No menstruation.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>b. Spotting</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>c. Meno/metroragia</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>d. Change in the menstruation cycle</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>e. High blood pressure</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>f. Weight increase</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>g. Cloasma.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>h. Reduce breast milk</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>i. Hair loss</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>j. Varicose veins.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>k. Changed sexuality</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>l. Discharge.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>m. Translocation</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> </tbody> </table>		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	m. Translocation	1	3
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G19.	In the last year, what complaints have you received regarding complications/side effects from Implant users?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>a. No menstruation.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>b. Spotting</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>c. Meno/metroragia</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>d. Change in the menstruation cycle</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>e. High blood pressure</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>f. Weight increase</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>g. Cloasma.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>h. Reduce breast milk</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>i. Hair loss</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>j. Varicose veins.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>k. Changed sexuality</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> <tr><td>l. Discharge.....</td><td style="text-align: center;">1</td><td style="text-align: center;">3</td></tr> </tbody> </table>		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			
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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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a. PATIENT REGISTRATION CARDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. REGISTRATION BOOKS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. A DRAWER OR PLACE TO STORE FILES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	a. PATIENT REGISTRATION CARDS	1	3	b. REGISTRATION BOOKS	1	3	c. A DRAWER OR PLACE TO STORE FILES.....	1	3									
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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 → FT8a NO 3 → FT6 YES 1																					
FT4. DOES THE ROOM HAVE:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. WINDOW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>B. ENOUGH LIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>C. VENTILATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>D. A FAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>E. TRASH CAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>F. BENCH OR CHAIRS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </tbody> </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
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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, DAMPNES, ETC.	DIRTY 1 CLEAN 3 BROKEN 5																					
FT8. When it is the rainy season does this room experience [...]?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Leaks</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Splash</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. Flood</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		Yes	No	a. Leaks	1	3	b. Splash	1	3	c. Flood	1	3									
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FT8a. THE STAIRS IS NOT TOO STEEP	Yes..... 1 No..... 3
FT8b. SITTING TOILET IS AVAILABLE TO AVOID THE ELDERLY FROM SQUATTING	Yes..... 1 No..... 3
FT8c. CREEPING OF HANDLING ON THE STAIRS AND TOILET	Yes..... 1 No..... 3
FT8d. SPECIAL COUNTER/ REGISTRATION TABLE FOR ELDERLY	Yes..... 1 No..... 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, DAMPNES, ETC.	DIRTY 1 CLEAN 3 BROKEN 5																								
F2b. DOES THE ROOM HAVE:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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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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																								
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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 AVAILABLE6
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 E

FP – MCH ROOMS

F15. CHECK POINT: ARE THERE SPECIAL ROOMS FOR FP/MCH?	NO 3 → F30a YES 1
F16. HOW CLEAN ARE THE FLOORS IN THIS ROOM? DIRTY – IF LOTS OF DUST, FOOD REMNANTS, SCATTERED GARBAGE.	DIRTY 1 CLEAN3
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:	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
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.	Date Month Year
a. When was the latest record taken	a. <input type="text"/> / <input type="text"/> / <input type="text"/>
b. Freezer's temperature at last record	b. <input type="text"/> , <input type="text"/> Degree Celcius
F33. How many thermos flasks are used for carrying vaccines to the field?	Do not perform immunizations 96 → F40 <input type="text"/> 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?	With a sterilizer A Boil the needle with boiling water B Rinse it with alcohol C Heat the needle with fire D Not sterilized E
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?	<input type="text"/> 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 1 CLEAN 3															
F42. HOW CLEAN ARE THE WALLS IN THIS ROOM?	DIRTY 1 CLEAN 3															
F43. WHAT PROVISIONS IS MADE FOR HAND WASHING IN THIS ROOM?	WASH STAND WITH RUNNING WATER 1 WASHBASIN 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 border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <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> </tbody> </table>		Yes	No	a. Microscope.....	1	3	b. Centrifuge.....	1	3	c. Spirit Lamp	1	3	d. Slide/ready made glass.....	1	3
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SECTION CP: INTERVIEW SESSION NOTES

LANGMAIN (CK1).	Interview was entirely/mostly conducted in what language?	<input type="checkbox"/> other _____
LANGOTHR (CK2).	Other languaged used (if any):	<input type="checkbox"/> other _____
LANGUAGE CODE:		
00. Bahasa Indonesia	04. Batak	08. Sasak
01. Java	05. Bugis	09. Minang
02. Sunda	06. Cina	10. Banjar
03. Bali	07. Madura	11. Bima
		12. Makassar
		13. Nias
		14. Palembang
		15. Sumbawa
		16. Toraja
		17. Lahat
		18. Other South Sumatera
		19. Betawi
		20. Lampung
		95. Other, _____
		96. NA

RESULT (FP3). RESULTS OF INTERVIEW	REASON (FP4). REASON FOR ANSWERING “2” / “3” IN RESULT.	FP6. MONITORING BY SUPERVISOR	
1. Completed →FP6 2. Partly completed 3. Not completed 4. Twin EA with EA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →FP6	1. Respondent was travelling/not in location 2. Respondent was too busy 3. Respondent refused	Yes	No
		a. Observed (sup_obs)..... 1	3
		b. Checked (sup_edit)..... 1	3
		c. Verified (sup_veri)..... 1	3

INTERVIEWER NOTE: