

INTERVIEWER: _____ [][][][]	CONFIDENTIAL	IDW: [][][][]
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**INDONESIAN FAMILY LIFE SURVEY 2014
HEALTH FACILITY**

TRADITIONAL PRACTICE

SECTIONS : LK, A, B, C, CP

NAME OF FACILITY: _____

FACILITY CODE [][][][][][][][] / BOOK TYPE [T][R][A]

SECTION A : GENERAL

A00a. Name	_____																																																
A00. Sex	1. Male 3. Female																																																
A00. Do you give the following health services to a patient ?	<table border="0"> <tr> <td></td> <td style="text-align: right;">1. Yes</td> <td style="text-align: right;">3. No</td> </tr> <tr> <td>a. Acupuncture.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>b. Orthopedics</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>c. Massage (reflexive massage) ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>d. Operation/ Circumcision.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>e. Charm / antidote</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>f. Anti black magic/voodoo</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>g. Formula /.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>h. Special medicine herbs</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>i. Delivery</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>j. Consultation</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>k. Accupressure</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>l. Inhalation</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>m. Circumcision</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>n. Massage for baby</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>v. Other</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> </table>		1. Yes	3. No	a. Acupuncture.....	1	3	b. Orthopedics	1	3	c. Massage (reflexive massage) ...	1	3	d. Operation/ Circumcision.....	1	3	e. Charm / antidote	1	3	f. Anti black magic/voodoo	1	3	g. Formula /.....	1	3	h. Special medicine herbs	1	3	i. Delivery	1	3	j. Consultation	1	3	k. Accupressure	1	3	l. Inhalation	1	3	m. Circumcision	1	3	n. Massage for baby	1	3	v. Other	1	3
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A00x. INTERVIEWER CHECK A00: ARE THE SERVICES PROVIDED ONLY CHARM/ANTIDOTE (e) OR ANTI BLACK MAGIC/MAGICAL (f) OR CONSULTATION (j)	ONLY e, f, j 1 → CP OTHER SERVICES except e, f, j .. 3																																																
A01. How old are you?	____ Years																																																
A02. How long have you been practicing traditional treatment here?	____ Years																																																
A03. From whom did you learn this traditional treatment practice?	Parents (inherited)..... 1 Learned from other people 2 Friend..... 3 Self-study 4 Other..... 5																																																
A05a. Can you read an Indonesian-language newspaper?	Yes 1 No 3																																																
A05b. Can you read a newspaper in another language?	Yes 1 No 3																																																
A06a. Can you write a letter in Indonesian?	Yes 1 No 3																																																
A06b. Can you write a letter in another language?	Yes 1 No 3																																																

A04a. Have you ever attended/are you attending school?	Yes 1 → A7 No 3																																												
A04. What is the highest education level attended? [NOTE TO INTERVIEWER: IF THEY ARE CURRENTLY ATTENDING SCHOOL, RECORD THE LEVEL THEY ARE CURRENTLY ATTENDING]	<table border="0"> <tr><td>ELEMENTARY</td><td>02</td></tr> <tr><td>JUNIOR HIGH GENERAL</td><td>03</td></tr> <tr><td>JUNIOR HIGH VOCATIONAL</td><td>04</td></tr> <tr><td>SENIOR HIGH GENERAL</td><td>05</td></tr> <tr><td>SENIOR HIGH VOCATIONAL</td><td>06</td></tr> <tr><td>COLLEGE (D1, D2, D3)</td><td>60</td></tr> <tr><td>UNIVERSITY (BACHELOR).....</td><td>61</td></tr> <tr><td>UNIVERSITY (MASTER.....</td><td>62</td></tr> <tr><td>UNIVERSITY (DOCTORATE).....</td><td>63</td></tr> <tr><td>ADULT EDUCATION A</td><td>11</td></tr> <tr><td>ADULT EDUCATION B</td><td>12</td></tr> <tr><td>ADULT EDUCATION C</td><td>15</td></tr> <tr><td>OPEN UNIVERSITY.....</td><td>13</td></tr> <tr><td>ISLAMIC SCHOOL (<i>PESANTREN</i>).....</td><td>14</td></tr> <tr><td>SCHOOL FOR DISABLED</td><td>17</td></tr> <tr><td>MADRASAH, GENERAL.....</td><td>70</td></tr> <tr><td>ISLAMIC ELEMENTARY SCHOOL (<i>MADRASAH IBITDAIYAH</i>).....</td><td>72</td></tr> <tr><td>ISLAMIC JUNIOR/HIGH SCHOOL (<i>MADRASAH TSANAWIYAH</i>).....</td><td>73</td></tr> <tr><td>MADRASAH SENIOR HIGH SCHOOL</td><td>74</td></tr> <tr><td>KINDERGARTEN.....</td><td>90</td></tr> <tr><td>DON'T KNOW</td><td>98</td></tr> <tr><td>OTHER.....</td><td>95</td></tr> </table>	ELEMENTARY	02	JUNIOR HIGH GENERAL	03	JUNIOR HIGH VOCATIONAL	04	SENIOR HIGH GENERAL	05	SENIOR HIGH VOCATIONAL	06	COLLEGE (D1, D2, D3)	60	UNIVERSITY (BACHELOR).....	61	UNIVERSITY (MASTER.....	62	UNIVERSITY (DOCTORATE).....	63	ADULT EDUCATION A	11	ADULT EDUCATION B	12	ADULT EDUCATION C	15	OPEN UNIVERSITY.....	13	ISLAMIC SCHOOL (<i>PESANTREN</i>).....	14	SCHOOL FOR DISABLED	17	MADRASAH, GENERAL.....	70	ISLAMIC ELEMENTARY SCHOOL (<i>MADRASAH IBITDAIYAH</i>).....	72	ISLAMIC JUNIOR/HIGH SCHOOL (<i>MADRASAH TSANAWIYAH</i>).....	73	MADRASAH SENIOR HIGH SCHOOL	74	KINDERGARTEN.....	90	DON'T KNOW	98	OTHER.....	95
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A04b. What is the highest grade completed at that school?	Did not complete first grade at that level 00 1 01 5 05 2 02 6 06 3 03 Graduated 07 4 04 DK 08																																												
A07. In providing service to visitors/patients, are there specific hours for services ? (e.g. everyday from 8.00 - 14.00)	No 3 → A10 Yes 1																																												
A08. If YES, how many days a week do you provide services to visitors/patients ?	____ days a week																																												

SECTION A : GENERAL

A09. How many hours a day do you practice and give services to visitors/patients ?	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> hours a day → A11 </p>
A10. If not, how do you provide services ?	Open 24 hours a day 1 Only by appointment 2 Other, mention 5
A11. In providing services, what language do you usually use ?	IndonesianW JavaneseA SundaneseB BalineseD BatakG BugisH ChineseI MaduraneseC SasakE MinangF BanjarJ BimaL MakassarM NiasN PalembangO SumbawaP TorajaQ LahatR Other South SumatraS BetawiT LampungU OtherV
A12. What is your religion ?	Islam 01 Protestant 02 Catholic 03 Hindu 04 Budha 05 Kong hu Cu 07 Other 95
A13. Besides this practice, do you have other work ?	No 3 → B1TYPE Yes 1

A13a. What do you produce/do in your work?	<p>_____</p> <p>_____</p>
A13b. EDITOR: CODE FOR SECTORS	<p><input type="text"/> <input type="text"/></p>
A14. Which category best describes the work you do?	Self-employed01 Self-employed with unpaid family worker/temporary worker02 Self-employed with permanent worker03 Government worker04 Private worker05 Unpaid family worker06 Casual worker in agriculture07 Casual worker not in agriculture08
A15. How many hours a week do you work there?	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> hours a week </p>

- CODE A13b**
- 01. Farming (including forestry, hunting and fishing)
 - 02. Mining (including excavating)
 - 03. Manufacturing industry
 - 04. Electricity, gas and water
 - 05. Building construction
 - 06. Large trade, retail trade, restaurants and hotels
 - 07. Transportation, warehousing and communications
 - 08. Finance, insurance, lease of buildings, grounds and business services
 - 09. Social services
 - 95. Others

SECTION B : PRACTICE ACTIVITIES

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

SECTION B : PRACTICE ACTIVITIES

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

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

SECTION B : PRACTICE ACTIVITIES

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

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

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

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

SECTION C (TRADITIONAL MIDWIFE)

C00. INTERVIEWER CHECK POINT :	NO 3 → SECTION CP
ARE YOU A TRADITIONAL MIDWIFE ?	YES 1

Now we want to ask about services you provide as a traditional midwife.

C01. Have you ever received training as a traditional midwife?	No 3 → C05 Yes 1
C02. In what year was your most recent training ? IF FORGOTTEN, ASK HOW MANY YEARS AGO IT WAS	Year [] [] [] [] 1 [] [] years ago 3
C03. Who organized the most recent training ?	MidwifeA Community Health Center/PuskesmasB Integrated Community Health Post /Posyandu.....C Other.....V
C04. For how many days did you participate in this training?	[] [] days
C05. Where do you usually provide delivery services?	At homeA At special place for practice B You visit your patient's home/ placeC Other.....V No delivery services.....W
C06. Do you also give TT immunization?	Yes 1 No 3
C07. What is the usual fee for delivery charge?	Rp. [] [] [] [] [] 1 Up to patient 2 Free of charge 3 No delivery services.....6
C07aa How much was the lowest and the highest payment your patient ever paid you?	a. The lowest Rp. [] [] [] [] [] b.The highest Rp. [] [] [] [] []
C07a. Do you provide traditional post natal care for mother after delivery	No 3 → C10 Yes 1

C08. In general, what is the fee for mother care after delivery?	Rp. [] [] [] [] [] 1 Up to patient 2 Free of charge 3
C08a How much was the lowest and the highest payment your patient ever paid you?	a. The lowest Rp. [] [] [] [] [] b.The highest Rp. [] [] [] [] []
C09. For how long do you provide mother care services after delivery?	[] [] days
C10. Do you also provide care for new born baby ?	No 3 → C14 Yes 1
C10a. For how long do you provide services for new born baby?	[] [] days
C11. How much do you charge per visit for the baby's care ?	Rp. [] [] [] [] [] 1 Up to patient 2 Free of charge 3
C11a How much was the lowest and the highest payment your patient ever paid you?	a. The lowest Rp. [] [] [] [] [] b.The highest Rp. [] [] [] [] []
C12. Is immunization included in the baby's care ?	No 3 → C14 Yes 1
C13. What are the charges of immunization ?	Rp. [] [] [] [] [] 1 Up to patient 2 Free of charge 3
C13a How much was the lowest and the highest payment your patient ever paid you?	a. The lowest Rp. [] [] [] [] [] b.The highest Rp. [] [] [] [] []
C14. Do you have the following instruments ?	1. Yes 3. No
MENTION ALL ITEM BELOW	
a. Stethoscope for pregnant mothers 1 3
b. Tensimeter 1 3
c. Adult scales 1 3
d. Baby scales 1 3
e. Height measurer 1 3
f. Normal delivery set/ traditional midwife kit 1 3
g. Forceps 1 3
h. Vaginal speculum 1 3

SECTION CP: INTERVIEWER NOTES

LANGMAIN (CK1).	Interview was entirely/mostly conducted in what language?	<input type="text"/> other _____
LANGOTHR (CK2).	Other languaged used (if any):	<input type="text"/> 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="text"/> →FP6	1. Respondent was travelling/not in location 2. Respondent was too busy 3. Respondent refused	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">Yes</td> <td style="text-align:center;">No</td> </tr> <tr> <td>a. Observed (sup_obs).....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">3</td> </tr> <tr> <td>b. Checked (sup_edit).....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">3</td> </tr> <tr> <td>c. Verified (sup_veri).....</td> <td style="text-align:center;">1</td> <td style="text-align:center;">3</td> </tr> </table>		Yes	No	a. Observed (sup_obs).....	1	3	b. Checked (sup_edit).....	1	3	c. Verified (sup_veri).....	1	3
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b. Checked (sup_edit).....	1	3												
c. Verified (sup_veri).....	1	3												

INTERVIEWER NOTE: