

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 LK : CONTROL SHEET

SAMPLING INFORMATION		CODE
LK01.	Province _____	____
LK02.	Kabupaten/ Kota _____	____
LK03.	Kecamatan _____	____
LK04.	Village/Urban Township _____	____
LK05.	Region : 1. Urban      2. Rural	____

SUPERVISION		CODE
<b>LK15.</b>	Name of Interviewer _____	_____
<b>LK17.</b>	Name of Local Supervisor _____	_____
<b>LK19.</b>	Name of Field Coordinator _____	_____

Facility Address	
<b>LK08.</b> a. Address : _____ : _____ b. Description of location : _____ c. Postal code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>LK08a.</b> A. Phone number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a. code b. number B. Cellphone number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> a. code b. number W. NA Y. DK	
<b>LK08b.</b> E-mail address : _____	
<b>LK09.</b> Sex of respondents	1. Male 3. Female
<b>LK13.</b> Name of Facility: 1. Traditional midwife 5. Others.....	<input type="text"/>

SECTION A : GENERAL

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

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

SECTION A : GENERAL

A09. How many hours a day do you practice and give services to visitors/patients ?	<div>    </div> hours a day → A11
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 ?	Indonesian .....W Javanese .....A Sundanese .....B Balinese .....D Batak .....G Bugis.....H Chinese .....I Maduranese.....C Sasak.....E Minang .....F Banjar .....J Bima .....L Makassar .....M Nias .....N Palembang .....O Sumbawa.....P Toraja .....Q Lahat.....R Other South Sumatra.....S Betawi.....T Lampung.....U Other.....V
A12. What is your religion ?	Islam ..... 01 Protestant ..... 02 Catholic ..... 03 Hindu ..... 04 Budha ..... 05 Kong hu Cu..... 07 Other..... 95
A13. Besides this practice, do you have other work ?	No ..... 3 → B1TYPE Yes ..... 1

A13a. What do you produce/do in your work?	<div></div> <div></div>
A13b. EDITOR: CODE FOR SECTORS	<div></div> .....
A14. Which category best describes the work you do?	Self employed .....01 Self-employed with unpaid family worker/temporary worker.....02 Self-employed with permanent worker .....03 Government worker.....04 Private worker .....05 Unpaid family worker.....06 Casual worker in agriculture .....07 Casual worker not in agriculture.....08
A15. How many hours a week do you work there?	<div>    </div> hours a week

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

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

<b>B16.</b> Where is the treatment usually carried out?	The patient comes to your home.....A At special place for practice .....B You visit your patient's home/place .....C At the hospital .....V
<b>B16a.</b> Do you use any equipment or tools in treating your patients?	No ..... 3 → <b>B16c</b> Yes ..... 1
<b>B16b.</b> What kind of equipment or tools do you normally use?	Medical ..... 1 Non medical ..... 2 Both ..... 3
<b>B16c.</b> 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
<b>B17.</b> Do you provide traditional medicine herbs?	No ..... 3 → <b>B19</b> Yes ..... 1

SECTION B : PRACTICE ACTIVITIES

<b>B18a.</b> Kindly mention the use of the herbs you use for medicine?		<b>1. Yes</b>	<b>3. No</b>
	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	
<b>B19.</b> Do you also give modern medicine ?	No .....	3	→ <b>B21</b>
	Yes .....	1	
<b>B20.</b> If “Yes” , did you ever provide the following medicine :  <b>MENTION ALL ITEM BELOW</b>		<b>1. Yes</b>	<b>3. No</b>
	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
<b>B21.</b> Do you provide FP services ?	No .....	3	→ <b>B11</b>
	Yes .....	1	

<b>B22.</b> If “Yes”, what kind of FP services do you give ?		<b>1. Yes</b>	<b>3. No</b>
	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.

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

SECTION C (TRADITIONAL MIDWIFE)

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

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

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



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                      12. Makassar                      16. Toraja                      20. Lampung 01. Java                      05. Bugis                      09. Minang                      13. Nias                      17. Lahat                      95. Other, _____ 02. Sunda                      06. Cina                      10. Banjar                      14. Palembang                      18. Other South Sumatera                      96. NA 03. Bali                      07. Madura                      11. Bima                      15. Sumbawa                      19. Betawi		

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><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Observed (sup_obs).....</td><td>1</td><td>3</td></tr><tr><td>b. Checked (sup_edit).....</td><td>1</td><td>3</td></tr><tr><td>c. Verified (sup_veri).....</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Observed (sup_obs).....	1	3	b. Checked (sup_edit).....	1	3	c. Verified (sup_veri).....	1	3
	Yes	No												
a. Observed (sup_obs).....	1	3												
b. Checked (sup_edit).....	1	3												
c. Verified (sup_veri).....	1	3												

INTERVIEWER NOTE: