

# Indonesia

## Demographic and Health Survey 1994

*BPS*

Central Bureau of Statistics



State Ministry of Population/  
National Family Planning Coordinating Board



Ministry of Health



Demographic and Health Surveys  
Macro International Inc.

# INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994

## HEALTH AND FAMILY PLANNING SERVICE AVAILABILITY QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE
1. PROVINCE .....	<input type="text"/> <input type="text"/>
2. REGENCY/MUNICIPALITY.....	<input type="text"/> <input type="text"/>
3. SUB DISTRICT _____	<input type="text"/> <input type="text"/> <input type="text"/>
4. VILLAGE _____	<input type="text"/> <input type="text"/> <input type="text"/>
5. AREA..... URBAN - 1.....RURAL - 2.....	<input type="text"/>
6. LARGE CITY-1/SMALL CITY-2/TOWN-3/COUNTRYSIDE-4 *)	<input type="text"/>
7. ENUMERATION AREA NUMBER _____	
8. SUSENAS94 SAMPLE CODE.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. IDHS94 SAMPLE CODE.....	<input type="text"/> <input type="text"/> <input type="text"/>
10. INTERVIEWER'S NAME _____	<input type="text"/> <input type="text"/> <input type="text"/>
11. DATE OF FINAL VISIT.....	DATE <input type="text"/> <input type="text"/>
	MONTH <input type="text"/> <input type="text"/>
	YEAR 9 <input type="text"/> 4 <input type="text"/>

FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	DATA ENTRY OPERATOR
NAME _____ <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DATE _____	DATE _____		

NOTES: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*) Cross out category not used

\*\*) Circle selected category

**SECTION 1. COMMUNITY CHARACTERISTICS**

Now, I would like to ask you about the availability of health and family planning service facilities in this enumeration area.

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
101	Are the following services available in this area?	YES	NO	
	Village family planning post (PAKBD)?	PAKBD.....1	2	
	Village family planning distribution post (PPKBD)?	PPKBD.....1	2	
	Sub PPKBD?	SUB PPKBD.....1	2	
	Family planning acceptor group (Paguyuban KB/KA)?	PAGUYUBAN KB/KA.....1	2	
	Health post?	HEALTH POST.....1	2	

Now, I would like to ask you other information about health and family planning facilities available in this area, or closest to this area.

FACILITY	102. Is (FACILITY) available in this area?		103. Where is (FACILITY) located?	104. How far is (FACILITY) (in kilometer) from this area?	105. What is the most common type of transport to (FACILITY)? *	106. How long does it take to get to (FACILITY)?
	YES	NO				
1. General hospital	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
2. Special hospital	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
3. Maternity hospital	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
4. Clinic	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
5. Public health center	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
6. Auxiliary public health center	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
7. Delivery post	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
8. Midwife in village	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
9. Private doctor	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
10. Private midwife	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
11. Pharmacy	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
12. Drugstore	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
13. Traditional birth attendant	1 ↓ 2 →	2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE

\* ) Code for 105  
 1 = Land motorized/Train  
 2 = Water motorized  
 3 = Land non-motorized  
 4 = Water non-motorized

5 = Animal  
 6 = Walking  
 7 = Other \_\_\_\_\_  
 (SPECIFY)

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
107	How far is it to the nearest subdistrict capital in kilometer? (WRITE '000' IF LESS THAN 1 KILOMETER)	KM..... <input type="text"/> <input type="text"/> <input type="text"/> IF '000' →	110
108	What is the most common type of transport to the subdistrict capital?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)	
109	What type is the main road to the subdistrict capital?	PAVED ROAD.....1 DIRT ROAD.....2 RIVER.....3 RAILWAY.....4 FOOTPATH.....5 OTHER _____ 6 (SPECIFY)	
110	How far is it to the regency capital in kilometer? WRITE '000' IF THE REGENCY CAPITAL IS IN THIS AREA.	KM..... <input type="text"/> <input type="text"/> <input type="text"/>	
111	Does the family planning fieldworker (PLKB) assigned to this area live in this village?	YES.....1 NO.....2 DON'T KNOW PLKB'S HOUSE.....3 DON'T KNOW PLKB IS IN CLUSTER...4	114
112	Did the family planning fieldworker visit this area in the last 6 months?	YES.....1 NO.....2	114
113	Among the family planning fieldworkers, who visited this area in the last 6 months, and how many visits?	NUMBER OF VISITS DOCTOR..... <input type="text"/> <input type="text"/> MIDWIFE..... <input type="text"/> <input type="text"/> PPLKB/PLKB..... <input type="text"/> <input type="text"/> OTHER _____ <input type="text"/> <input type="text"/> (SPECIFY)	
114	Was this area visited by a mobile family planning clinic in the last 6 month?	YES.....1 NO.....2	201
115	How many times did the mobile family planning clinic visit?	NUMBER OF VISITS..... <input type="text"/> <input type="text"/>	

**SECTION 2. GENERAL HOSPITAL VISIT**

Date: \_\_\_\_\_ GENERAL HOSPITAL NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_  
 IF THE HOSPITAL IS LOCATED IN THIS AREA, OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS  
 IN RURAL AREA, ASK QS.201 TO 220. CLUSTER CODE

IF THE HOSPITAL HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 3.

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
201	How far is it to the hospital in kilometer?  IF HOSPITAL IS IN THE CLUSTER, RECORD '00'	KM..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>  DON'T KNOW.....98	
201A	What is the most common type of transport to the hospital?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
202	How long does it take to get to (HOSPITAL NAME) using the most common type of transport?  IF HOSPITAL IS IN THIS CLUSTER, RECORD '000'	MINUTES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>  DON'T KNOW.....998	
203	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
204	In what year did this hospital open?	YEAR.....19 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
205	How many beds does the hospital have?	NUMBER OF BEDS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
206	On average, how many outpatients are seen daily at this hospital in the past week? (INCLUDE OLD AND NEW PATIENTS)	NUMBER OF DAILY OUTPATIENTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
207	How many regular staff of the following types does the hospital have? General practitioners? Specialists? Dentists? Pharmacists? Assistant pharmacists? Midwives? Nurses? Health analysts? Nutritionists? X-ray operators? Health workers? Administrative staff? Other staff?	NUMBER: GENERAL PRACTITIONERS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> SPECIALISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DENTISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> PHARMACISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> ASSISTANT PHARMACISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> MIDWIVES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NURSES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HEALTH ANALYSTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NUTRITIONISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> X-RAY OPERATORS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HEALTH WORKERS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> ADMINISTRATIVE STAFF..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> OTHER STAFF..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																														
208	Does the hospital usually use plastic or glass syringes?	PLASTIC.....1 GLASS.....2	→210																																																																														
209	Are the syringes disposable?	NON DISPOSABLE.....1 DISPOSABLE.....2 OTHER _____ 6 (SPECIFY)																																																																															
210	Does the hospital usually use other disposable equipment (intravenous set, catheter, gloves, tongue blade)?	YES.....1 NO.....2																																																																															
211	Does the hospital have the following equipment/facilities/ services?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>Electricity?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Refrigerator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Generator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Telephone or radio transmitter?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Table for gynecological examination?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Examination lamp for gynecological examination?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Weighing scale for baby?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Weighing scale for children?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Weighing scale for mothers?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Blood pressure cuff?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Autoclave?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Incubator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Hemoglobinometer?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Urine protein diagnosis?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Urine sugar diagnosis?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Dental care unit?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>IUD kit?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Implant set?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Sterilization set?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Resuscitation unit?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Transfusion unit?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Baby length measuring tape/scale?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Height board/tape?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Operation room?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Blood reserve?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	Electricity?	1	2	Refrigerator?	1	2	Generator?	1	2	Telephone or radio transmitter?	1	2	Table for gynecological examination?	1	2	Examination lamp for gynecological examination?	1	2	Weighing scale for baby?	1	2	Weighing scale for children?	1	2	Weighing scale for mothers?	1	2	Blood pressure cuff?	1	2	Autoclave?	1	2	Incubator?	1	2	Hemoglobinometer?	1	2	Urine protein diagnosis?	1	2	Urine sugar diagnosis?	1	2	Dental care unit?	1	2	IUD kit?	1	2	Implant set?	1	2	Sterilization set?	1	2	Resuscitation unit?	1	2	Transfusion unit?	1	2	Baby length measuring tape/scale?	1	2	Height board/tape?	1	2	Operation room?	1	2	Blood reserve?	1	2	
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**SERVICES AVAILABLE IN THIS HOSPITAL:**

Now, I would like to ask about maternal and child health facility available in the hospital.  
 ASK QS. 212 TO 214. IF THE SERVICE IS NOT AVAILABLE, CONTINUE WITH THE NEXT SERVICE.

SERVICES	212 Is (SERVICE) available?	213 How many days per week is (SERVICE) available?	214 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
2 TT immunization for pregnant woman	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
3 Delivery care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
4 Postnatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
6 Child immunization	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
7 Dental and mouth care	YES.....1 NO.....2 215<	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
215	Does this hospital have an ambulance that is available for public use?	YES.....1 NO.....2	
216	How many cases of normal, miscarriage and abnormal delivery were handled in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/> <input type="text"/>	
217	How many cases of emergency operation (related to pregnancy and delivery) in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/> <input type="text"/>	
218	In 1993, how many cases of: Stillbirths?  Infant deaths within one week after birth?  Maternal deaths?	STILLBIRTHS..... <input type="text"/> <input type="text"/> <input type="text"/>  INFANT DEATHS..... <input type="text"/> <input type="text"/> <input type="text"/>  MATERNAL DEATHS..... <input type="text"/> <input type="text"/> <input type="text"/>	
219	What family planning services are available in this hospital:  Pill?  IUD insertion?  IUD removal?  Injection?  Condom?  Norplant/implant insertion?  Norplant/implant removal?  Intravag/diaphragm/jelly/foam?  Female sterilization?  Male sterilization?	YES NO PILL.....1 2 IUD INSERTION.....1 2 IUD REMOVAL.....1 2 INJECTION.....1 2 CONDOM.....1 2 NORPLANT/IMPL.INSERTION..1 2 NORPLANT/IMPLANT REMOVAL.1 2 INTRAVAG/DIAPH./JELLY/FOAM.....1 2 FEMALE STERILIZATION.....1 2 MALE STERILIZATION.....1 2	
220	Does this hospital handle referrals of contraceptive use side effects or complications?	YES.....1 NO.....2	

**SECTION 3. HEALTH CENTER VISIT**

Date: \_\_\_\_\_ NAME: \_\_\_\_\_  
 IF HEALTH CENTER IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK QS.301 TO 320. CLUSTER CODE

IF HEALTH CENTER HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 4

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
301	How far is it to the health center in kilometer?  IF HEALTH CENTER IS IN THE CLUSTER, RECORD '00'	KM..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....98	
301A	What is the most common type of transport to the health center ?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
302	How long does it take to get to the health center using the most common type of transport?  IF HEALTH CENTER IS IN THE CLUSTER, RECORD '000'	MINUTES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....998	
303	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
304	In what year did the health center open?	YEAR.....19 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
305	How many beds does the health center have?	NUMBER OF BEDS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
306	On average, how many outpatients are seen daily at this health center in the past week? (INCLUDE OLD AND NEW PATIENTS)	NUMBER OF DAILY OUTPATIENTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
307	How many regular staff of the following types does the health center have? General practitioners? Specialists? Dentists? Pharmacists? Assistant pharmacists? Midwives? Nurses? Health analysts? Nutritionists? X-ray operators? Health workers? Administrative staff? Other staff?	NUMBERS: GENERAL PRACTITIONERS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> SPECIALISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DENTISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> PHARMACISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> ASSISTANT PHARMACISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> MIDWIVES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NURSES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HEALTH ANALYSTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NUTRITIONISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> X-RAY OPERATORS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HEALTH WORKERS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> ADMINISTRATIVE STAFF..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> OTHER STAFF..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
308	Does the health center usually use plastic or glass syringes? or glass?	PLASTIC.....1 GLASS.....2	→ 310



No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																														
309	Are the syringes disposable?	NON-DISPOSABLE.....1 DISPOSABLE.....2 OTHER _____ 6 (SPECIFY)																																																																															
310	Does the health center usually use other disposable equipment (intravenous set, catheter, gloves, tongue blade)	YES.....1 NO.....2																																																																															
311	Does the health center have the following equipment/facilities/services?	<table border="0"> <thead> <tr> <th></th> <th data-bbox="1230 558 1268 583">YES</th> <th data-bbox="1365 558 1403 583">NO</th> </tr> </thead> <tbody> <tr><td>Electricity?</td><td>ELECTRICITY.....1</td><td>2</td></tr> <tr><td>Refrigerators?</td><td>REFRIGERATOR.....1</td><td>2</td></tr> <tr><td>Generator?</td><td>GENERATOR.....1</td><td>2</td></tr> <tr><td>Telephone or radio transmitter?</td><td>TELEPHONE OR TRANSMITTER..1</td><td>2</td></tr> <tr><td>Table for gynecological examination?</td><td>GYNEC. EXAM TABLE.....1</td><td>2</td></tr> <tr><td>Light for gynecological examination?</td><td>GYNEC. EXAM LIGHT.....1</td><td>2</td></tr> <tr><td>Weighing scale for baby?</td><td>BABY WEIGHING SCALE.....1</td><td>2</td></tr> <tr><td>Weighing scale for children?</td><td>CHILDREN WEIGHING SCALE...1</td><td>2</td></tr> <tr><td>Weighing scale for adult?</td><td>ADULT WEIGHING SCALE.....1</td><td>2</td></tr> <tr><td>Blood pressure cuff?</td><td>BLOOD PRESSURE CUFF.....1</td><td>2</td></tr> <tr><td>Autoclave?</td><td>AUTOCLAVE.....1</td><td>2</td></tr> <tr><td>Incubator?</td><td>INCUBATOR.....1</td><td>2</td></tr> <tr><td>Hemoglobinometer?</td><td>HEMOGLOBINOMETER.....1</td><td>2</td></tr> <tr><td>Urine protein diagnosis?</td><td>URINE PROTEIN DIAGNOSIS...1</td><td>2</td></tr> <tr><td>Urine sugar diagnosis?</td><td>URINE SUGAR DIAGNOSIS....1</td><td>2</td></tr> <tr><td>Dental care unit?</td><td>DENTAL CARE UNIT.....1</td><td>2</td></tr> <tr><td>IUD kit?</td><td>IUD KIT.....1</td><td>2</td></tr> <tr><td>Implant set?</td><td>IMPLANT SET.....1</td><td>2</td></tr> <tr><td>Sterilization set?</td><td>STERILIZATION SET.....1</td><td>2</td></tr> <tr><td>Resuscitation unit?</td><td>RESUSCITATION UNIT.....1</td><td>2</td></tr> <tr><td>Transfusion unit?</td><td>TRANSFUSION UNIT.....1</td><td>2</td></tr> <tr><td>Baby length measuring tape/scale?</td><td>BABY LENGTH SCALE/TAPE....1</td><td>2</td></tr> <tr><td>Height board/tape?</td><td>HEIGHT BOARD/TAPE.....1</td><td>2</td></tr> <tr><td>Operation room?</td><td>OPERATION ROOM.....1</td><td>2</td></tr> <tr><td>Blood reserve?</td><td>BLOOD RESERVE.....1</td><td>2</td></tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY.....1	2	Refrigerators?	REFRIGERATOR.....1	2	Generator?	GENERATOR.....1	2	Telephone or radio transmitter?	TELEPHONE OR TRANSMITTER..1	2	Table for gynecological examination?	GYNEC. EXAM TABLE.....1	2	Light for gynecological examination?	GYNEC. EXAM LIGHT.....1	2	Weighing scale for baby?	BABY WEIGHING SCALE.....1	2	Weighing scale for children?	CHILDREN WEIGHING SCALE...1	2	Weighing scale for adult?	ADULT WEIGHING SCALE.....1	2	Blood pressure cuff?	BLOOD PRESSURE CUFF.....1	2	Autoclave?	AUTOCLAVE.....1	2	Incubator?	INCUBATOR.....1	2	Hemoglobinometer?	HEMOGLOBINOMETER.....1	2	Urine protein diagnosis?	URINE PROTEIN DIAGNOSIS...1	2	Urine sugar diagnosis?	URINE SUGAR DIAGNOSIS....1	2	Dental care unit?	DENTAL CARE UNIT.....1	2	IUD kit?	IUD KIT.....1	2	Implant set?	IMPLANT SET.....1	2	Sterilization set?	STERILIZATION SET.....1	2	Resuscitation unit?	RESUSCITATION UNIT.....1	2	Transfusion unit?	TRANSFUSION UNIT.....1	2	Baby length measuring tape/scale?	BABY LENGTH SCALE/TAPE....1	2	Height board/tape?	HEIGHT BOARD/TAPE.....1	2	Operation room?	OPERATION ROOM.....1	2	Blood reserve?	BLOOD RESERVE.....1	2	
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**SERVICES AVAILABLE AT THE HEALTH CENTER:**

Now, I would like to ask you about maternal and child health services available at this health center. ASK QS.312 TO 314. IF THE SERVICE IS NOT AVAILABLE, CONTINUE WITH THE NEXT SERVICE.

SERVICES	312 Is (SERVICE) available?	313 How many days per week is (SERVICE) available?	313A. How many new or old patients are seen per month?	314 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/>	19 <input type="text"/>
2 IT immunization for pregnant women	YES.....1 NO.....2	<input type="text"/>	<input type="text"/>	19 <input type="text"/>
3 Delivery care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/>	19 <input type="text"/>
4 Postnatal care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/>	19 <input type="text"/>
5 Child growth monitoring	YES.....1 NO.....2	<input type="text"/>	<input type="text"/>	19 <input type="text"/>
6 Immunization for children under 5	YES.....1 NO.....2	<input type="text"/>	<input type="text"/>	19 <input type="text"/>
7 Dental and mouth care	YES.....1 NO.....2	<input type="text"/>	<input type="text"/>	19 <input type="text"/>

315<

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																	
315	Does this health center have an ambulance that is available for public use?	YES.....1 NO.....2																																		
316	How many cases of normal, miscarriage, and abnormal delivery were handled in 1993?	NUMBER OF CASES..... <input type="text"/>																																		
317	What family planning services are available in this health center?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Pill?</td> <td>PILL.....1</td> <td>2</td> </tr> <tr> <td>IUD insertion?</td> <td>IUD INSERTION.....1</td> <td>2</td> </tr> <tr> <td>IUD removal?</td> <td>IUD REMOVAL.....1</td> <td>2</td> </tr> <tr> <td>Injection?</td> <td>INJECTION.....1</td> <td>2</td> </tr> <tr> <td>Condom?</td> <td>CONDOM.....1</td> <td>2</td> </tr> <tr> <td>Norplant/implant insertion?</td> <td>NORPLANT/IMPL. INSERTION.1</td> <td>2</td> </tr> <tr> <td>Norplant/implant removal?</td> <td>NORPLANT/IMPLANT REMOVAL.1</td> <td>2</td> </tr> <tr> <td>Intravag/diaphragm/foam/jelly?</td> <td>INTRAVAG/DIAPHRAGM/ FOAM/JELLY.....1</td> <td>2</td> </tr> <tr> <td>Female sterilization?</td> <td>FEMALE STERILIZATION.....1</td> <td>2</td> </tr> <tr> <td>Male sterilization?</td> <td>MALE STERILIZATION.....1</td> <td>2</td> </tr> </table>		YES	NO	Pill?	PILL.....1	2	IUD insertion?	IUD INSERTION.....1	2	IUD removal?	IUD REMOVAL.....1	2	Injection?	INJECTION.....1	2	Condom?	CONDOM.....1	2	Norplant/implant insertion?	NORPLANT/IMPL. INSERTION.1	2	Norplant/implant removal?	NORPLANT/IMPLANT REMOVAL.1	2	Intravag/diaphragm/foam/jelly?	INTRAVAG/DIAPHRAGM/ FOAM/JELLY.....1	2	Female sterilization?	FEMALE STERILIZATION.....1	2	Male sterilization?	MALE STERILIZATION.....1	2	
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318	Does this health center handle referrals of contraceptive use side effects or complications?	YES.....1 NO.....2	→319																																	
318A	What kind of contraceptive complications often occurred in 1993?	<table border="0"> <tr> <td>WEIGHT GAIN/LOSS.....1</td> </tr> <tr> <td>VARICOSE VEINS.....2</td> </tr> <tr> <td>BLEEDING.....3</td> </tr> <tr> <td>AMENORRHEA.....4</td> </tr> <tr> <td>IUD TRANSLOCATION.....5</td> </tr> <tr> <td>OTHER.....6</td> </tr> <tr> <td>(SPECIFY)</td> </tr> </table>	WEIGHT GAIN/LOSS.....1	VARICOSE VEINS.....2	BLEEDING.....3	AMENORRHEA.....4	IUD TRANSLOCATION.....5	OTHER.....6	(SPECIFY)																											
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**DRUGS AVAILABLE IN THE HEALTH CENTER:**

Now, I would like to ask you about drugs available in this facility.

ASK Q.319 FOR EACH DRUG. IF THE DRUG IS AVAILABLE, ASK Q.320. IF DRUG IS NOT AVAILABLE, ASK ABOUT THE NEXT DRUG.

MEDICINE/VACCINE	319 Is drug available now?	320 Have you ever prescribed (DRUG) in the past 6 months?
1 Paracetamol tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
2 Cotrimoxazole tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetracyclin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
4 Ampicillin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
5 Penicillin injection	YES.....1 NO.....2	YES.....1 NO.....2
6 Gentamicin injection	YES.....1 NO.....2	YES.....1 NO.....2
7 Chloramphenicol injection	YES.....1 NO.....2	YES.....1 NO.....2
8 Chloroquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
9 Pyrimethamine tablet	YES.....1 NO.....2	YES.....1 NO.....2
10 Primaquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
11 Fansidar tablet	YES.....1 NO.....2	YES.....1 NO.....2
12 Quinine tablet	YES.....1 NO.....2	YES.....1 NO.....2
13 Quinine injection	YES.....1 NO.....2	YES.....1 NO.....2
14 Iron folate tablet	YES.....1 NO.....2	YES.....1 NO.....2
15 Salbutamol tablet	YES.....1 NO.....2	YES.....1 NO.....2
16 Oralit (ORT) powder	YES.....1 NO.....2	YES.....1 NO.....2
17 Adrenalin injection	YES.....1 NO.....2	YES.....1 NO.....2
18 Ephedrin injection	YES.....1 NO.....2	YES.....1 NO.....2
19 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
20 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
21 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
22 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
23 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2

FINISH <

**SECTION 4. PRIVATE DOCTOR VISIT**

Date: \_\_\_\_\_ NAME: \_\_\_\_\_  
 IF THE DOCTOR'S PRACTICE IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK QS.401 TO 412. CLUSTER CODE

IF THE DOCTOR HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 5

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																																
401	How far is it to the doctor's office in kilometers?  IF THE DOCTOR'S OFFICE IS IN THE CLUSTER, RECORD '00'	KM..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DON'T KNOW.....98																																																																																	
401A	What is the most common type of transport to the doctor's office?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)																																																																																	
402	How long does it take to get to the doctor's office using the most common type of transport?  IF THE DOCTOR'S OFFICE IS IN THE CLUSTER, RECORD '000'	MINUTES..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DON'T KNOW.....998																																																																																	
403	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8																																																																																	
404	Do you provide family planning services?	YES.....1 NO.....2	→407																																																																																
405	In what year did you provide family planning services for the first time?	YEAR..... 19 <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>																																																																																	
405A	How many days do you provide family planning services in a week?	NUMBER OF DAYS..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>																																																																																	
406	What kind of contraceptive methods are available at this office?  CIRCLE ALL MENTIONED.	PILL.....A IUD.....B INJECTION.....C CONDOM.....D NORPLANT/IMPLANT.....E INTRAVAG/DIAPHRAGM/FOAM/JELLY.....F FEMALE STERILIZATION/TUBECTOMY.....G MALE STERILIZATION/VASECTOMY.....H OTHER _____ X (SPECIFY) NONE.....O																																																																																	
407	How much do you charge for the following methods: Pill?  IUD?  Injection?  Condom?  Implant/Norplant?  Intravag/diaphragm/foam/jelly?  Female sterilization/tubectomy?  Male sterilization/vasectomy?  Other _____ (SPECIFY)	Rp. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table>																																																																																	

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409	Do you have a sterilisator?	YES.....1 NO.....2	→410																																				
410	What type is the sterilisator?  SPECIFY _____																																						
411	Do you have the following equipment/facilities/services:  Electricity? Refrigerator? Piped water? Air conditioner? Table for gynecological examination? Light for gynecological examination? Weighing scale for baby? Weighing scale for adult? Blood pressure cuff? Hemoglobinometer? Microscope?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PIPED WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AIR CONDITIONER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GYNEC. EXAM TABLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GYNEC. EXAM LIGHT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BABY WEIGHING SCALE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ADULT WEIGHING SCALE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE CUFF.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEMOGLOBINOMETER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MICROSCOPE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	REFRIGERATOR.....	1	2	PIPED WATER.....	1	2	AIR CONDITIONER.....	1	2	GYNEC. EXAM TABLE.....	1	2	GYNEC. EXAM LIGHT.....	1	2	BABY WEIGHING SCALE.....	1	2	ADULT WEIGHING SCALE.....	1	2	BLOOD PRESSURE CUFF.....	1	2	HEMOGLOBINOMETER.....	1	2	MICROSCOPE.....	1	2	
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ANTENATAL CARE.....	1	2																																					
DELIVERY CARE.....	1	2																																					
POSTNATAL CARE.....	1	2																																					
IMMUNIZATION UNDER 5.....	1	2																																					
TT IMMUNIZATION.....	1	2																																					
CHILD GROWTH MONITORING...1		2																																					
413	Other than this practice, do you work for the Ministry of Health at the central office, province or regency level, in a government hospital, or for the local government?	YES.....1 NO.....2																																					

**SECTION 5. PRIVATE MIDWIFE VISIT**

Date: \_\_\_\_\_ NAME: \_\_\_\_\_  
 IF THE MIDWIFE'S PRACTICE IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK Qs. 501-514. CLUSTER CODE

IF THE MIDWIFE HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 6

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
501	How far is it to the midwife's office in kilometers?  IF THE MIDWIFE'S OFFICE IS IN THE CLUSTER, RECORD '00'	KM..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....98	
501A	What is the most common type of transport to the midwife's office?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)	
502	How long does it take to get to the midwife's office using the most common type of transport?  IF THE MIDWIFE'S OFFICE IS IN THE CLUSTER, RECORD '000'	MINUTE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....998	
503	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE?  (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
504	Do you provide family planning services?	YES.....1 NO.....2	
505	In what year did you provide family planning services for the first time?	YEAR..... 19 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
505	How many days do you provide family planning services in a week?	NUMBER OF DAYS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
507	What kind of contraceptive methods are available in this office?  CIRCLE ALL MENTIONED.	PILL.....A IUD.....B INJECTION.....C CONDOM.....D INTRAVAG/DIAPHRAGM/FOAM/JELLY.....E OTHER _____ X (SPECIFY) NONE.....0	

508 CHECK 507:

INJECTION <input type="checkbox"/>	OTHER NO INJECTION <input type="checkbox"/>
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→510

No.	QUESTIONS	CODING CATEGORIES	SKIP TO															
509	Where did you get the contraceptive injection?	HEALTH CENTER.....A PHARMACY/DRUG STORE.....B VENDOR.....C OTHER _____ X (SPECIFY) DON'T KNOW.....Z																
510	How much do you charge for the following methods:  Pill?  IUD?  Injection?  Condom (3 pieces)?  Intravag/diaphragm/foam/jelly?  Other _____ (SPECIFY)	Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
511	How many pregnant women did you provide antenatal care to in the past 6 months?	NUMBER OF PREGNANT WOMEN... <input type="text"/> <input type="text"/>																
512	How many deliveries did you assist in the past 6 months?	NUMBER OF DELIVERIES..... <input type="text"/> <input type="text"/>																
513	Are you trained in:  IUD insertion?  IUD removal?  Implant/Norplant insertion?  Implant/Norplant removal?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>IUD INSERTION.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUD REMOVAL.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMPLANT INSERTION.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMPLANT REMOVAL.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	IUD INSERTION.....1	1	2	IUD REMOVAL.....1	1	2	IMPLANT INSERTION.....1	1	2	IMPLANT REMOVAL.....1	1	2	
	YES	NO																
IUD INSERTION.....1	1	2																
IUD REMOVAL.....1	1	2																
IMPLANT INSERTION.....1	1	2																
IMPLANT REMOVAL.....1	1	2																
514	IF YES, How many patients did you see in the past 6 months for: IUD insertion?  IUD removal?  Implant/Norplant insertion?  Implant/Norplant removal?	IUD INSERTION..... <input type="text"/> <input type="text"/> IUD REMOVAL..... <input type="text"/> <input type="text"/> IMPLANT INSERTION..... <input type="text"/> <input type="text"/> IMPLANT REMOVAL..... <input type="text"/> <input type="text"/>																
515	Did you: Receive referred patients in the last 6 months? IF 'YES' How many?  Referred patients in the last 6 months? IF 'YES' How many?	REFERRED PATIENTS RECEIVED..... <input type="text"/> <input type="text"/> SENT..... <input type="text"/> <input type="text"/>																
516	Among the deliveries you assisted in the past 6 months, how many were: Twins?  Breech?  Transverse position?  Collapse of the umbilical cord?	TWINS..... <input type="text"/> <input type="text"/> BREECH..... <input type="text"/> <input type="text"/> TRANSVERSE..... <input type="text"/> <input type="text"/> UMBILICAL CORD PROBLEM..... <input type="text"/> <input type="text"/>																

**SECTION 6. PHARMACY VISIT**

Date: \_\_\_\_\_ NAME: \_\_\_\_\_  
 IF THE PHARMACY IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK Qs. 601-611. CLUSTER CODE

IF THE PHARMACY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 6 [ ] [ ] [ ] [ ]

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
601	How far is it to the pharmacy in kilometers?  IF THE PHARMACY IS IN THE CLUSTER, RECORD '00'	KM..... [ ] [ ]  DON'T KNOW.....98	
601A	What is the most common type of transport to the pharmacy?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)	
602	How long does it take to get to the pharmacy using the most common type of transport?  IF THE PHARMACY IS IN THE CLUSTER, RECORD '000'	MINUTES..... [ ] [ ] [ ] DON'T KNOW.....998	
603	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE?  (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
604	In what year did the pharmacy open?	YEAR.....19 [ ] [ ]	
605	Does the pharmacy provide/sell contraceptives?	YES.....1 NO.....2	
606	IF 'YES', What kind of contraceptive methods are available at this pharmacy? Pill? IUD? Injection? Condom? Implant/Norplant? Intravag/diaphragm/foam/jelly? Other methods?	PILL.....A IUD.....B INJECTION.....C CONDOM.....D IMPLANT/NORPLANT.....E INTRAVAG/DIAPHRAGM/FOAM/JELLY.....F OTHER _____ X (SPECIFY)	
607	Does the pharmacy have the following equipment facilities:  Electricity? Refrigerator? Piped water? Telephone or radio transmitter?	YES NO ELECTRICITY.....1 2 REFRIGERATOR.....1 2 PIPED WATER.....1 2 TELEPHONE/TRANSMITTER.....1 2	
608	Does the pharmacy have:  Pharmacists? Assistant pharmacists?  IF 'YES' FOR ASSISTANT PHARMACISTS: How many?	YES NO PHARMACISTS.....1 2 ASSISTANT PHARMACISTS.....1 2  NO.OF ASSISTANT PHARMACISTS [ ] [ ]	



**DRUGS AVAILABLE IN PHARMACY**

Now, I would like to ask you about drugs available in this facility.

ASK Q.609 FOR EACH DRUG. IF DRUG IS AVAILABLE, ASK Q.610. IF DRUG IS NOT AVAILABLE, GO TO NEXT DRUG.

DRUG/VACCINE	609 Is (DRUG) available now?	610 Have you ever sold (DRUG/VACCINE/OTHER) in the past 6 months?
1 Paracetamol tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
2 Cotrimoxazole tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetracyclin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
4 Ampicillin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
5 Penicillin injection	YES.....1 NO.....2	YES.....1 NO.....2
6 Gentamicin injection	YES.....1 NO.....2	YES.....1 NO.....2
7 Chloramphenicol injection	YES.....1 NO.....2	YES.....1 NO.....2
8 Chloroquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
9 Pyrimethamine tablet	YES.....1 NO.....2	YES.....1 NO.....2
10 Primaquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
11 Fansidar tablet	YES.....1 NO.....2	YES.....1 NO.....2
12 Quinine tablet	YES.....1 NO.....2	YES.....1 NO.....2
13 Quinine injection	YES.....1 NO.....2	YES.....1 NO.....2
14 Iron folate tablet	YES.....1 NO.....2	YES.....1 NO.....2
15 Salbutamol tablet	YES.....1 NO.....2	YES.....1 NO.....2
16 Oralit (ORT) powder	YES.....1 NO.....2	YES.....1 NO.....2
17 Adrenalin injection	YES.....1 NO.....2	YES.....1 NO.....2
18 Ephedrin injection	YES.....1 NO.....2	YES.....1 NO.....2
19 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
20 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
21 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
22 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
23 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2

FINISH ←

611 Does the pharmacy provide/sell generic medicines?	YES.....1 NO.....2
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