

## Demographic Institute

Faculty of Economics, University of Indonesia

### The 1993 Indonesian Family Life Survey: Appendix B, Community- Facility Questionnaires and Interviewer Manual

DRU-1195/3-NICHD/AID

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Prepared for The National Institute for Child  
Health and Human Development and The Agency  
for International Development

#### *Labor and Population Program*

The Demographic Institute of the University of Indonesia (ID-FEUI) conducts research and training in the fields of demography, economics, and public policy, with an emphasis on population issues.

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## PREFACE

The 1993 Indonesia Family Life Survey (IFLS) provides data at the individual and family level on fertility, health, education, migration, and employment. Extensive community and facility data accompany the household data. The survey was a collaborative effort of *Lembaga Demografi* of the University of Indonesia and RAND, with support from the National Institute of Child Health and Human Development, USAID, Ford Foundation, and the World Health Organization. In Indonesia, the 1993 IFLS is also referred to as SAKERTI 93 (Survai Aspek Kehidupan Rumah Tangga Indonesia).

The IFLS covers a sample of 7,224 households spread across 13 provinces on the islands of Java, Sumatra, Bali, West Nusa Tenggara, Kalimantan, and Sulawesi. Together these provinces encompass approximately 83 percent of the Indonesian population and much of its heterogeneity. The survey brings an interdisciplinary perspective to four broad topic areas:

- fertility, family planning, and contraception
- infant and child health and survival
- education, migration and employment
- the social, economic, and health status of adults, young and old

Additionally, extensive community and facility data accompany the household data. Village leaders and heads of the village women's group provided information in each of the 321 enumeration areas from which households were drawn, and data were collected from 6,385 schools and health facilities serving community residents.

This document provides the English translation of the questionnaires for the community and facility survey component (IFLS-CF). The IFLS-CF questionnaires contain the actual questions asked of respondents. The interviewer manual which provides the interviewer with background information on the questions, is still being translated into English. When the translation is complete, the interviewer manual will be added to this document. Those who have ordered the IFLS-CF

questionnaires from RAND will be sent a copy of the interviewer manual when it becomes available. The interviewer manual is not crucial for analysis and its temporary absence should not delay research.

The complete public use file documentation consists of the following publications:

DRU-1195/1-NICHD/AID, *The 1993 Indonesian Family Life Survey: Overview and Field Report*. This report describes the purpose, design, field work and response rates for both the household and the facility components of the IFLS.

DRU-1195/2-NICHD/AID, *The 1993 Indonesian Family Life Survey: Appendix A, Household Questionnaires and Interviewer Manual*. This document provides the English translations of the questionnaires used during the household and individual interviews, as well as the interviewers' instructions.

DRU-1195/3-NICHD/AID, *The 1993 Indonesian Family Life Survey: Appendix B, Community-Facility Questionnaires and Interviewer Manual*. This document provides the English translations of the questionnaires used during the community leader and facility interviews, as well as the interviewers' instructions.

DRU-1195/4-NICHD/AID, *The 1993 Indonesian Family Life Survey: Appendix C, Household Codebook*. The codebook provides descriptions of all variables and their and locations in the IFLS data files. The codebook also presents information on cases that are known anomalies.

DRU-1195/5-NICHD/AID, *The 1993 Indonesian Family Life Survey: Appendix D, Community-Facility Codebook*. The codebook provides descriptions of all variables and their and locations in the IFLS data files. The codebook also presents information on cases that are known anomalies.

DRU-1195/6-NICHD/AID, *The 1993 Indonesian Family Life Survey: Appendix E, Users' Guide*. This report document provides descriptions of the IFLS data format and data files. Guidelines for data use are provided, with special emphasis on working with the household, individual, and facility IDs and making links across different parts of the survey.

Subsequent announcements regarding the 1993 IFLS database can be found on the Family Life Surveys Home Page under the Labor and Population Program Home Page on RAND's external World Wide Web server: <http://www.rand.org>. Users should check this page periodically for updated information on the 1993 IFLS. The FLS Home Page also contains information on the First and Second Malaysian Family Life Surveys conducted in 1976-1977 and in 1988-1989.

Subsequent information about the 1993 IFLS will also appear in the *FLS Newsletter*. The *FLS Newsletter*, meant to serve all FLS data users and interested parties, is a free occasional publication of the RAND Center for the Study of the Family in Economic Development and the RAND Population Research Center. The newsletter disseminates information about surveys fielded by RAND in developing countries. Those who are not already subscribers may either subscribe via the FLS Home Page above or by sending electronic mail to the FLS subscription alias *fls-sub@rand.org*.

## ACKNOWLEDGMENTS

The 1993 Indonesia Family Life Survey (IFLS) provides data at the individual and family level on fertility, health, education, migration, and employment. Extensive community and facility data accompany the household data. The survey was a collaborative effort of *Lembaga Demografi* (LD) of the University of Indonesia and RAND, with support from the National Institute of Child Health and Human Development, USAID, Ford Foundation, and the World Health Organization.

The IFLS questionnaire development, fieldwork, and public use file creation represent the combined efforts of social scientists in Indonesia and the United States. At RAND, Paul Gertler served as Principal Investigator, with Elizabeth Frankenberg and Lynn Karoly as co-Principal Investigators. Sulistinah Achmad was the LD Project Director, with co-Directors I.G.N. Agung and Sri Harijati Hatmadji. In addition, Susan Butler, Theo Downes-LeGuin, Christine Peterson, Polly Phipps and Paramita Sudharto were instrumental to the survey effort.

A number of other researchers at RAND contributed to the design of the questionnaire and implementation of the survey. In particular, Julie DaVanzo, Reta Hendratidewi, Jacob Klerman, Lee Lillard, Jack Molyneaux, Bob Schoeni, James P. Smith, and Duncan Thomas contributed tremendously to questionnaire development. John Adams and Dan McCaffrey developed procedures for sampling and for constructing weights. RAND staff Kim Linton, Nick Murray, Caron Murray, Joanna Nelsen, Judy Perlman, and Carl Serrato played key roles in the logistics of questionnaire production and editing, fieldwork, and data entry. We would also like to acknowledge the input of Angus Deaton (Princeton University), T. Paul Schultz (Yale University), and John Strauss (Michigan State University).

The survey could not have taken place without the efforts of the directors and staff at LD, particularly N. Haidy A. Pasay and Djuhari Wirakartakusumah, the current and former LD directors, respectively, as well as Aris Ananta and Sri Moertiningsih Adioetomo. Eko Ganiarto, Akhir Matua Harahap, Edy Priyono, Gatot Arya Putra, Sapruddin, Sutji

Rochani, and M. Yusuf all participated in questionnaire design, training, and fieldwork for the household survey. Nargis, Darlis Rabai, and Muda Saputra participated in questionnaire design, training, and fieldwork for the community and facility survey. Gita Marina Sapprudin managed the technical production of the instrument, while Ni Wayan Suriastini, Linda Fitriawati, Sugiharso, and Hendratno took responsibility for data entry.

PROVINCE CODE :

REGENCY CODE:

SAKERTI CODE:


# **SURVEY OF COMMUNITY CHARACTERISTICS 1993**

## **BOOK I**

SECTION : A, B, C, D, E, F, G, I, J, and K

Respondents: Village Head/Lurah and Staff

COOPERATION BETWEEN

**DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA**

and

**RAND**

Name of Village: .....

## CONTROL SHEET

STATEMENTS OF CENSUS REGIONAL VILLAGES		CODE
LK. 01	Province .....	[ ][ ]
LK. 02	Regency/City ..... (Kabupaten)	[ ][ ]
LK. 03	District ..... (Kecamatan)	[ ][ ][ ]
LK. 04	Village/Subdistrict ..... (Desa)	[ ][ ][ ]
LK. 05	Region : 1. Town.      2. Village	[ ]
LK. 06	CENSUS REGION .....	[ ][ ][ ][ ]
LK. 07	Sakerti 93 ..... (EA)	[ ][ ][ ][ ]

STATEMENT OF INTERVIEW			
	First Visit	Second Visit	Third Visit
Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
Hour of start	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]
Hour of Termination	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]
Result of Interview	[ ]	[ ]	[ ]
<b>Code of Result of Interview :</b> <div style="display: flex; justify-content: space-between;"> <div> 1. Finished  2. Partly Finished  3. Deferred </div> <div> 4. Denied  5. Inaccessible </div> </div>			

SUPERVISION:		CODE
LK. 08	Name of Interviewer : .....	[ ][ ][ ][ ]
LK. 09	Name of Editor : .....	[ ][ ][ ][ ]
LK. 10	Name Local Supervisor : .....	[ ][ ][ ][ ]
LK. 11	Name of Jakarta Supervisor : .....	[ ][ ][ ][ ]
LK. 12	Name of Field Coordinator : .....	B[ ][ ]

NOTES :



## SECTION A (TRANSPORTATION)

THE TOWN OFFICE IS THE REFERENCE POINT FOR QUESTIONS CONCERNING DISTANCE AND INSTRUMENTS

	A0	A1	A2	A3	A4	A5
	Is the location 1. In the Village 3. Outside Village	Distance from the office of the village headman	Type of public transportation used	Time of one way transportation	Amount of one way costs	Total of operative days [...] in one week
A. Nearest Bus stop, terminal	1. -->TO A5 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	[ ] Days
B. Nearest market	1. -->TO A5 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	[ ] Days
C. Nearest public telephone/telephone office	1. -->TO A5 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	[ ] Days
D. Nearest post office/Expedition office	1. -->TO A5 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	[ ] Days
E. Nearest Bank or other formal financial institution	1. -->TO A5 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	[ ] Days
F. Subdistrict (Kecamatan) Capital	1. -->TO NEXT LINE 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	
G. District (Kabupaten) Capital	1. -->TO NEXT LINE 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	
H. Province Capital	1. -->TO A6 3. -->TO A1-A4	[ ][ ][ ][ ][ ] Kilometers	01 02 03 04 05 06 07 08 09 10 11 12 -----	[ ][ ] hours [ ][ ] minutes	[ ][ ][ ][ ][ ][ ] Rupiah	
<b>Code for A2</b> 01. Trains 02. Four wheeled Motor vehicles (cars) 03. Three wheeled Motor vehicles 04. Two wheeled motor vehicles (motorcycles) 05. Dokar/cidomo (buggy) 06. Becak (pedicab) 07. Bicycles 08. Large Motor Boats 09. Motor boats 10. Non-motor boat 11. On foot 12. Other, please mention _____						

## SECTION A (TRANSPORTATION)

<b>A6.</b> Is there any public three wheeled or four wheeled or motor boat/ship service in this village ? 3. No ---> TO A7 ..... 1. Yes .....	3 -----> <b>TO A7</b> 1
<b>A6a.</b> In what year did the first public motor vehicle service start operating ? If you do not remember, state for how many years public transportation has been operating ?	[ 1][ 9][ ][ ] [ ][ ] Years --> <b>continue to A8</b>
<b>A7.</b> If <b>there is no public motor vehicle service</b> (three wheeled, four wheeled, motor ship or boat) in this village in what year did the <b>nearest</b> public transportation service to this village start to operate ? If you do not remember the year, please state how long it has been operating ?	[ 1][ 9][ ][ ] [ ][ ] Year
<b>A8.</b> What is the prominent type of road in this village ? <b>LAND ROADS :</b> 1. Asphalt or cement roads ..... 2. Paved roads (with stone, pebbles, etc.). ..... 3. Dirt roads ..... 4. Other land roads, please state : ... <b>WATER WAYS :</b> 5. Rivers..... 6. Lakes..... 7. Marshes..... 8. Sea..... 9. Other waterways, please state : ...	[ ] 1 2 3 4 5 6 7 8 9
<b>A8a.</b> Can the main land / water way in this village be traveled by motor vehicles ? 1. Yes .....-> to A9 3. No .....-> to A10	1...-> <b>To A9</b> 3...-> <b>To A10</b>
<b>A9.</b> In this last year, how many months ( a year) can the main road / water way be traveled by motor vehicles ?	[ ][ ] months
<b>A10.</b> What is the price per liter is the price of fuel (Gasoline, solar oil and kerosene) in this village ? 1. Gasoline ..... 2. Solar Oil ..... 3. Kerosene .....	1. [ ][ ][ ] rupiah 2. [ ][ ][ ] rupiah 3. [ ][ ][ ] rupiah

## SECTION B (AVAILABILITY OF ELECTRICITY)

<b>B1.</b> Is there any electricity available in this village ? <b>1. YES</b> <b>3. NO -----&gt; Straight to SECTION C.</b>	[   ]  [ If the answer is 3 straight to Section C ]
<b>B1a.</b> What percent of the households in this village use electricity?	[   ][   ][   ] .percent

	<b>B2</b>	<b>B3</b>	<b>B4</b>	<b>B5</b>	<b>B6</b>
	Does [...] supply any electricity in this village ? 1. Yes ----> <b>To B3</b> 3. No ----> To next line	What year did [   ] become available? Or for how many years has there been electricity?	How many hours in there electricity from said source available every day	Is there still a blackout of electricity ? <b>1. Yes -----&gt; To B6</b> <b>3. No-----&gt; To next line</b>	If the answer is Yes, how frequently ?  <b>(See Code B6)</b>
1. PLN (State Electricity Company)	[   ]	[1][9][   ][   ] [   ][   ] Years	[   ][   ] Hours	[   ]	01   03   05 02   04   06_____
2. Local Government/Government Agency	[   ]	[1][9][   ][   ] [   ][   ] Years	[   ][   ] Hours	[   ]	01   03   05 02   04   06_____
3. Private Corporation/ Cooperatives	[   ]	[1][9][   ][   ] [   ][   ] Years	[   ][   ] Hours	[   ]	01   03   05 02   04   06_____
4. Individual Generator	[   ]	[1][9][   ][   ] [   ][   ] Years	[   ][   ] Hours	[   ]	01   03   05 02   04   06_____
5. Public Self-reliant agencies	[   ]	[1][9][   ][   ] [   ][   ] Years	[   ][   ] Hours	[   ]	01   03   05 02   04   06_____
6. Other, please mention these items	[   ]	[1][9][   ][   ] [   ][   ] Years	[   ][   ] Hours	[   ]	01   03   05 02   04   06_____
<b>Code B6 :</b> 01. Everyday, at least once a day 02. Every week, at least once a week 03. Every fortnight, at least once in a fortnight 04. Every month, at least once in a month 05. In the rainy season 06. Other, please mention these items.					

<b>B7.</b> Among the above electricity sources, please mention one/main source :	[   ]
1. PLN (State Electricity Company) 2. Local Government / Government Agency 3. Private Corporation / Cooperative 4. Individual Generators 5. Public Selfreliance Agency 6. Other, please mention these items	1 2 3 4 5 6_____

## SECTION C (WATER SOURCES AND SANITATION)

WATER SOURCES	DRINKING WATER		BATHING AND WASHING WATER	
	C1	C2	C3	C4
	Where does the village population get water for drinking and cooking. Please circle the appropriate items. . <b>There can be more than one water source</b> 1. YES      3. NO	Among the aforementioned drinking and cooking sources, which is the prominent one ? <b>Only one answer</b>	Where does the village population get water for bathing and washing? <b>There can be more than one water source</b> 1. YES      3. NO	Among the aforementioned bathing and washing water source, which is the most prominent one ? <b>There can be only one answer</b>
		[   ]		[   ]
1. Pipe water (PAM water)	[   ]	1	[   ]	1
2. Pump water (electrical/manual)	[   ]	2	[   ]	2
3. Well water	[   ]	3	[   ]	3
4. Spring water	[   ]	4	[   ]	4
5. Rain water	[   ]	5	[   ]	5
6. River water	[   ]	6	[   ]	6
7. Lake water	[   ]	7	[   ]	7
8 Other, please mention	[   ]	8	[   ]	8
9.Mineral water/aqua (purchased)	[   ]	9		

**C5. CHECK POINT :**  
 \* If the answer to C1 or C3 is just 1 (PAM plumbing water) then ----->  
 continue to **C6**, otherwise continue to C10

## SECTION C (WATER SOURCES AND SANITATION)

## FOR VILLAGES WHERE PIPED/ PAM WATER FACILITIES ARE FOUND

<b>C6.</b> In what year was the plumbing system/PAM introduced into this village? If you should not remember, how many years has there been a plumbing system/PAM in this village ?	[1][9][ ][ ] [ ][ ] Years
<b>C6.a</b> What is the <b>main</b> water source of the plumbing system/PAM that flows in the village ?  1. Water spring 2. Lake 3. Rain 4. River 5. Ground water 6. Other, please mention	[ ][ ]  <div style="display: flex; justify-content: space-between;"> <span>1</span><span>4</span></div> <div style="display: flex; justify-content: space-between;"> <span>2</span><span>5</span></div> <div style="display: flex; justify-content: space-between;"> <span>3</span><span>6 _____</span></div>
<b>C7.</b> Are there often water interruption/water shut-offs from the plumbing system ? <b>1. Yes</b> .....> <b>To C8</b> <b>3. No</b> .....> <b>To C9</b>	1-----> <b>To C8</b> 3-----> <b>To C9</b>
<b>C8.</b> If the answer is yes, how often ?  1. Everyday, at least once a day 2. A week, at least once a week 3. Two (2) at least once every 2 weeks (fortnight) 4. Every month, minimally once a month 5. In the dry season 6. Other, please mention	[ ][ ]  <div style="display: flex; justify-content: space-between;"> <span>1</span><span>4</span></div> <div style="display: flex; justify-content: space-between;"> <span>2</span><span>5</span></div> <div style="display: flex; justify-content: space-between;"> <span>3</span><span>6 _____</span></div>
<b>C9.</b> Before there was any plumbing. where did the <b>majority</b> of the population obtain water from for drinking and cooking? <b>Please give just one answer.</b>  1. Water pumps (electric/manual) 2. Wells 3. Spring water 4. Rain water 5. River water 6. Lake water 7. Drinking water/aqua 9. Other, please state.	[ ][ ]  <div style="display: flex; justify-content: space-between;"> <span>1</span><span>5</span></div> <div style="display: flex; justify-content: space-between;"> <span>2</span><span>6</span></div> <div style="display: flex; justify-content: space-between;"> <span>3</span><span>7</span></div> <div style="display: flex; justify-content: space-between;"> <span>4</span><span>9 _____</span></div>

## SECTION C (WATER SOURCES AND SANITATION)

<b>C10.</b> Are water needs for drinking and cooking met every dry season in this village ? 1. Yes ..... > <b>To C13</b> 3. No	[   ] 1.-----> <b>To C13</b> 3.
<b>C11.</b> How does the population of this village meet the needs of drinking and cooking water every dry season ? 1. By buying water ..... > <b>To C13</b> 3. Not by buying water	[   ] 1.-----> <b>To C13</b> 3.
<b>C12.</b> What is the water source ? <b>(THERE CAN BE MORE THAN ONE ANSWER)</b>  1. Plumbing water (PAM water)                      5. Rain water 2. Pump (electric/manual)                            6. River water 3. Wells    7. Lake water 4. Spring water    8. Other, please mention	1=yes,    3=no  <div style="display: flex; justify-content: space-between;"> <span>1 [   ]</span> <span>5 [   ]</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2 [   ]</span> <span>6 [   ]</span> </div> <div style="display: flex; justify-content: space-between;"> <span>3 [   ]</span> <span>7 [   ]</span> </div> <div style="display: flex; justify-content: space-between;"> <span>4 [   ]</span> <span>8 [   ] _____</span> </div>
<b>C12.a</b> What is the main water source? <b>(ONE ANSWER)</b>  1. Plumbing water (PAM water)                      5. Rain water 2. Pumps (electric/manual)                            6. River water 3. Wells    7. Lake water 4. Spring water    8. Other, please mention	[   ]  <div style="display: flex; justify-content: space-between;"> <span>1</span> <span>5</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2</span> <span>6</span> </div> <div style="display: flex; justify-content: space-between;"> <span>3</span> <span>7</span> </div> <div style="display: flex; justify-content: space-between;"> <span>4</span> <span>8</span> </div>

  

<b>C13.</b> Is there any system of sewage channels/gutters in this village ?	3. No -----> <b>To C16</b> [   ] 1. Yes
<b>C14.</b> In what year was this sewage channel introduced? If you do not remember, how long there been sewage channel in this village ?	<div style="text-align: center;"> <b>[1][9][   ] [   ]</b>  <b>[   ][   ] Years</b> </div>
<b>C15.</b> Do all the households in this village utilize the sewage channel system/gutter ?	1. Yes -----> <b>To C17</b> [   ] 3. No
<b>C16.</b> Approximately in what places do the households in this village dispose of there households sewage? <b>(ONE CAN GIVE MORE THAN ONE ANSWER)</b>  1.Drainage ditch (flowing)                            4.Disposed into rivers 2.Drainage ditch (stagnant)                           5 Thrown away beside/behind the house 3.Water disposal pits                                   6.Other, please mention	1=yes, 3=no  <div style="display: flex; justify-content: space-between;"> <span>1 [   ]</span> <span>4 [   ]</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2 [   ]</span> <span>5 [   ]</span> </div> <div style="display: flex; justify-content: space-between;"> <span>3 [   ]</span> <span>6 [   ] _____</span> </div>

## SECTION C (WATER SOURCES AND SANITATION)

TOILET FACILITIES	C17.	C18.
	Where does the village population defecate? (THERE CAN BE MORE THAN ONE)	Among the aforementioned places which is the main one? (ONLY ONE ANSWER)
	1=yes, 3=no	[ ]
1. Private toilet with septic tank	1 [ ]	1
5. In the river / gutter	5 [ ]	5
2. Private toilet without septic tank	2 [ ]	2
6. In the garden/field	6 [ ]	6
3. Common toilet shared with neighbors	3 [ ]	3
7. Other, please mention	7 [ ] _____	7
4. Public lavatory	4 [ ]	4

VARIOUS TYPES OF GARBAGE DISPOSALS	C19	C19.a
	How does the population of this village manage the garbage? THERE ARE MORE THAN ONE ANSWER POSSIBLE	What is the <b>most important</b> way of garbage in this village (ONLY ONE ANSWER)
	1=YES, 3=NO	[ ]
1. Disposed in garbage cans/barrels, carried away by sanitation worker	1 [ ]	1 ----> to C20
2. Burnt	2 [ ]	2 ----> to section D
3. Thrown into the river	3 [ ]	3 ----> to section D
4. Dumped onto the yard/in the garden, let decompose	4 [ ]	4 ----> to section D
5. Thrown into pits	5 [ ]	5 ----> to section D
6. Other, please mention	6 [ ] .....	6 ----> to section D
C20. Starting from what year has the garbage been collected regularly? If you do not remember, for how many years ?		[1][9][ ][ ] [ ][ ] Year
C21. How much are the costs for garbage collecting (sanity dues) a month for each household ?		[ ][ ][ ][ ][ ][ ] Rupiah per month

## SECTION D (AGRICULTURE AND INDUSTRY)

<b>D1.CHECK POINT :</b> <b>IS THIS VILLAGE</b> <b>CHECK WITH GUIDING SHEET 05</b>	<b>1=Urban,</b> <b>3=Rural</b>	1. --> <b>TO D28</b> 3. ---> <b>TO D2.</b>
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<b>D2</b>	<b>D3</b>	<b>D4</b>	<b>D5</b>	<b>D6</b>
Mention <b>three foremost crops</b> cultivated in this village/region in 1992 / 1993 ?	Was there any <b>harvest</b> of [...] in 1992 / 1993 1. Yes      3. No	How many times were the harvest in this village in 1992/1993 ?	In general the products [...] were to be : <b>1. Sold</b> <b>3.For own consumption</b>	<b>IF RICE:</b> mention the variety of rice generally grown in this village ! <b>IF NOT RICE, STRAIGHT TO D7</b>
1. ----- .	3 --> <b>TO D6</b> 1 ----->	[   ][   ] times	1      3	-----
2 ----- .	3 --> <b>TO D6</b> 1 ----->	[   ][   ] times	1      3	-----
3. ----- .	3 --> <b>TO D6</b> 1 ----->	[   ][   ] times	1      3	-----

<b>D7.</b> Are there any irrigated ricefield ? 3. No-----> to <b>D11</b> 1. Yes	<b>3.-----&gt; to D11</b> <b>1.</b> [   ]
---	--

Type of irrigation	<b>D8</b>	<b>D9</b>	<b>D10</b>
	Is there [.....] irrigation in this village? <b>1 Yes                      3 No</b>	How many hectares of ricefields are watered by employing [...] irrigation system ?	Who manages the [.....] irrigation system ? <b>THERE MAY BE MORE THAN ONE ANSWER</b> <b>Answer Codes : 1=yes, 3=no</b>
1.      Technical	1 -----> 3 --> <b>TO NEXT LINE</b>	[   ][   ][   ][   ] Hectares	4. Personal      [   ] 5. Government's [   ] 6. Public        [   ]
2.      Semi-technical	1 -----> 3 --> <b>TO NEXT LINE</b>	[   ][   ][   ][   ] Hectares	4. Personal      [   ] 5. Government's [   ] 6. Public        [   ]
3.      Primitive	1 -----> 3 --> <b>TO NEXT LINE</b>	[   ][   ][   ][   ] Hectares	4. Personal      [   ] 5. Government's [   ] 6. Public        [   ]



## SECTION D (AGRICULTURE AND INDUSTRY)

<b>D11.</b> Are there any <b>commercial</b> enterprises in <b>cattle breeding</b> or <b>fish ponds</b> in this village ?	3. No ---> <b>TO D13</b> 1. Yes
<b>D12.</b> Please mention any kind of <b>fowl, cattle or fish ponds</b> that are cultivated !! <b>MENTION ONLY FOUR PROMINENT ONES</b>	1 ..... 3..... 2 ..... 4.....
<b>D13.</b> Are there any <b>agricultural extension programs</b> that are connected with <b>farming enterprise</b> (on <b>D2</b> ) or with <b>cattle/fish pond enterprise</b> (from <b>D11</b> ) ?	3. No ---> <b>TO D19</b> 1. Yes

<b>D14</b>	<b>D15</b>	<b>D16</b>	<b>D17</b>	<b>D18</b>
Please mention any program that was ever undertaken in this village. Mention these beginning from the most recent one, back to 1980	Who organized the [...] program ? Please state the name of the institution in full.	What were the goods/services that were made available/were given by this [...] program ?	What crops were comprised in this [...] program ? <b>RANK CODES :</b> 4 = PERENNIAL CROPS (NON-RICE) 6 = HARD CROPS <b>ANSWER CODES :</b> 1=YES, 3=NO THERE CAN BE MORE THAN ONE ANSWER	In what year was the [...] program implemented ?
1. .... ..... .....	..... ..... .....	..... ..... .....	2. Rice ..... [ ] 4. .... [ ] 6. .... [ ]	[1][9][ ][ ] <b>through</b> [1][9][ ][ ]
2. .... ..... .....	..... ..... .....	..... ..... .....	2. Rice ..... [ ] 4. .... [ ] 6. .... [ ]	[1][9][ ][ ] <b>through</b> [1][9][ ][ ]
3 ..... ..... .....	..... ..... .....	..... ..... .....	2. Rice ..... [ ] 4. .... [ ] 6. .... [ ]	[1][9][ ][ ] <b>through</b> [1][9][ ][ ]
4 ..... ..... .....	..... ..... .....	..... ..... .....	2. Rice ..... [ ] 4. .... [ ] 6. .... [ ]	[1][9][ ][ ] <b>through</b> [1][9][ ][ ]
5. .... ..... .....	..... ..... .....	..... ..... .....	2. Rice ..... [ ] 4. .... [ ] 6. .... [ ]	[1][9][ ][ ] <b>through</b> [1][9][ ][ ]

## SECTION D (AGRICULTURE AND INDUSTRY)

## WAGES OF FARM LABORER FOR THE FOLLOWING CROPS ..... [SEE D2, LINE 1]

D19				D20	D21
How much are the present wages for the farmer laborers per diem, according to the type of work and the type of laborer ?				Is this type of [ ] work usually given by piece to the workers in this village ?	How many rupiahs on average are paid for each hectare of [...] work ?
Type of Work	Adult males	Adult females	Children		
1. Tilling the field	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]
2. Planting	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]
3. Weeding	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]
4. Harvesting	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]

## FARM LABORER'S WAGES : FOR THESE CROPS ..... [SEE D2, LINE 2]

D22				D23	D24
How much are the present wages for the farmer laborers per diem, according to the type of work and the type of laborer ?				Is this type of [...] work usually given wholesale to the workers in this village?	How many rupiahs is the average lump sum for each hectare of [...] work ?
Type of Work	Adult males	Adult females	Children		
1. Tilling the field	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]
2. Planting	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]
3. Weeding	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]
4. Harvesting	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	Rupiahs [ ].[ ][ ][ ]	1. Yes-----> 3. No -----> to next line	Rupiahs [ ].[ ][ ][ ][ ][ ][ ]

## SECTION D (AGRICULTURE AND INDUSTRY)

## FARM LABORER'S WAGES FOR THESE CROPS..... [SEE D2 LINE 3]

D25				D26	D27
How much are the average wages of this village according to the type of work and the type of laborers ?				Is the type of [ ] work usually given by piece to this village ?	How many rupiahs on average are paid for each hectare of [ ] work ?
Type of work	Adult males	Adult females	Children (10-17 years)		
1. Tilling the field	[ ] [ ] [ ] Rupiah	[ ] [ ] [ ] Rupiah	[ ] [ ] [ ] Rupiah	1. Yes-----> 3. No -----> to next line	[ ] [ ] [ ] [ ] [ ] [ ] Rupiah
2. Planting	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	1. Yes-----> 3. No -----> to next line	[ ] [ ] [ ] [ ] [ ] [ ] Rupiah
3. Weeding	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	1. Yes-----> 3. No -----> to next line	[ ] [ ] [ ] [ ] [ ] [ ] Rupiah
4. Harvesting	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	1. Yes-----> 3. No -----> to next line	[ ] [ ] [ ] [ ] [ ] [ ] Rupiah

<b>D28</b> Are there any factories in this village ? (no cottage industry)	3. No ---> TO D32 1. Yes
---	-----------------------------

D29	D30	D31	D31.a	D31.b	D31.c
What are the types of product produced by this factory ? <b>MENTION JUST FIVE FOREMOST TYPES</b>	When did the [....] factory start operating ? 1. < than one year ago 3. 1 - 5 years ago 5. > than 5 years ago	How far is it from the office of the village headman to the [...] factory ?	What are the average wages of <b>adult male</b> (daily) laborers per diem at the [...] factory ?	What are the average wages of (daily) <b>adult female</b> laborers per diem at the [...] factory?	What are the average wages of (daily) <b>child laborers</b> per diem at the [...] factory ?
1. ....	1                      3                      5	[ ] [ ] [ ] Kilometers	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah
2. ....	1                      3                      5	[ ] [ ] [ ] Kilometers	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah
3. ....	1                      3                      5	[ ] [ ] [ ] Kilometers	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah
4. ....	1                      3                      5	[ ] [ ] [ ] Kilometers	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah
5. ....	1                      3                      5	[ ] [ ] [ ] Kilometer	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah	[ ] [ ] [ ] [ ] Rupiah

## SECTION D (AGRICULTURE AND INDUSTRY)

<b>D32.</b> Are there any cottage industries in this village ? .....	3. No ----->TO D36 1. Yes
--	------------------------------

D33	D34	D34.a	D34.b	D34.c	D35
What types of products are produced by said cottage industry ? <b>MENTION ONLY FIVE FOREMOST TYPES</b>	Does this cottage industry generally employ any laborers? <b>1=yes, 3=no</b>	How much are the average wages of (daily) <b>adult male</b> laborers per diem in the cottage industry of [ ]?	How much are the average wages of (daily) <b>adult female</b> laborers per diem in the cottage industry of [ ]?	How much are the average wages (daily) <b>child</b> laborers per diem in the cottage industry of [ ]?	What is the monthly revenue of the [ ] cottage industry ?
1. ....	1 ---> to D34a through D34c 3 ----> D35	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ][ ][ ][ ] Rupiah
2. ....	1 ---> to D34a through D34c 3 ----> D35	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ][ ][ ][ ] Rupiah
3. ....	1 ---> to D34a through D34c 3 ----> D35	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ][ ][ ][ ] Rupiah
4. ....	1 ---> to D34a through D34c 3 ----> D35	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ][ ][ ][ ] Rupiah
5. ....	1 ---> to D34a through D34c 3 ----> D35	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ] Rupiah	[ ].[ ][ ][ ][ ][ ][ ] Rupiah

<b>D36.</b> Is there in this village any Public Works Project ?	3. No ----->TO SECTION E 1. Yes
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<b>D37a</b> What are the wages of adult male laborers per diem in the Public Works Project ?	[ ].[ ][ ][ ] rupiahs per diem
<b>D37b</b> What are the wages for adult female laborers per diem in the Public Works Project ?	[ ].[ ][ ][ ] rupiahs per diem

## SECTION E (HISTORY AND CLIMATE)

<b>E1.</b> Has this village ever changed its name ? 3. No _____ > to E6 1. Yes	<b>3-----&gt; TO E6</b> <b>1.</b>
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<b>E2</b>	<b>E3</b>		<b>E4</b>	<b>E5</b>
What was the year of this change of name ?	What were the old names of the old village regency and province and the the new one (since 1961) ?		What was the main reason for the change of names of this village in [1][9][ ][ ] ?	Did the geographical size of the village: expand, shrink, or remain the same when the name changed in [1][9][ ][ ] ?
		<b>A.Old Name</b> ..... ..... ..... .....	<b>B.New Name</b> ..... ..... ..... .....	
1. [1][9][ ][ ]	1.Village Subdistrict District Province	..... ..... ..... .....	..... ..... ..... .....	1. Establishment a new village 2. Expansion of village 3. Breakup of village 4. Other,
2. [1][9][ ][ ]	2.Village Subdistrict District Province	..... ..... ..... .....	..... ..... ..... .....	1. Expand 2. Shrink 3. Stationary/no change
3.[1][9][ ][ ]	3.Village Subdistrict District Province	..... ..... ..... .....	..... ..... ..... .....	1. Expand 2. Shrink 3. Stationary/no change
4. [1][9][ ][ ]	4.Village Subdistrict District Province	..... ..... ..... .....	..... ..... ..... .....	1. Expand 2. Shrink 3. Stationary/no change
5. [1][9][ ][ ]	5.Village Subdistrict District Province	..... ..... ..... .....	..... ..... ..... .....	1. Expand 2. Shrink 3. Stationary/no change

## SECTION E (HISTORY AND CLIMATE)

<b>E6.</b> Dis this village ever change in geographical size. without having to change its name ? <b>3=no----</b> > to E8 <b>1=yes</b>	<b>3-----&gt; TO E8</b> <b>1.</b>
--	--------------------------------------

<b>E7</b> Since 1961, in what years have their been any shrinking/expansion in the geographical size of the village?	
<b>Year</b>	<b>Write down Code :</b> <b>1=expansion</b> <b>3= shrinking</b>
1 [1][9][ ][ ]	[ ]
2 [1][9][ ][ ]	[ ]
3 [1][9][ ][ ]	[ ]
4 [1][9][ ][ ]	[ ]
5 [1][9][ ][ ]	[ ]

<b>E8</b>	In what months of 1992 did the rainy season occur ? <b>see code E8.</b>	A E I	B F J	C G K	D H L
<b>E9</b>	Normally speaking/as a rule, in what months the rainy season take place? <b>see code E9</b>	A E I	B F J	C G K	D H L

**Code E8 and E9 :**

A = January

E = May

I = September

B = February

F = June

J = October

C = March

G = July

K = November

= April

H = August

L = December

<b>E10</b>		<b>E11</b>
Mention the year of the important events in this village since 1980 (natural disasters (floods, fires, earthquakes, volcanic eruptions), epidemic, crop failures/famines, election of village headman, introduction of electricity, building of infrastructure, arrivals of national leaders and the like). {After reaching the last line, especially important events:national disasters, crop failures, and famines-----> ask questions E11, for other important events proceed directly to Section F} .		How many percent of the village population of this village have been affected by their consequences ?
1. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50 %
2. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50 %
3. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50 %

## SECTION E (HISTORY AND CLIMATE)

E10		E11
Mention the year of the important events in this village since 1980 (By important events are meant i.a natural disasters (floods/ fires, earthquakes, volcanic eruptions), epidemics, crops failures/famines. elections of village headmen, introduction of electricity, building of infrastructure, arrivals of national leaders and the like).. {After reaching the last line, especially important events, national disasters, crop failures, and famines-----> ask question E11, for other important events proceed directly to Section F} .		How many percent of the village population of this village have been affected by their consequences ?
4. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%
5. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%
6. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%
7. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%
8. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%
9. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%
10. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%
11. ....	[ 1 ][ 9 ][ ][ ]	1. The entire population 2. Between 50 and 90% 3. Less than 50%

## SECTION F (MIGRATION)

<b>F1.</b> Was there any period since 1980, when the number of the village population increased or decreased spectacularly as a consequence of population migration ? 3. No ---> <b>TO F5</b> ..... 1. Yes .....	3 -----> <b>TO F5</b> 1
--	----------------------------

If the answer is "YES"; fill in the columns here below. Please start from the period/year 1980 through now !

	<b>F2</b>	<b>F3</b>	<b>F4</b>
	<b>Period / Year :</b>	<b>1. Increased 3. Decreased</b>	<b>Reason for increase/decrease</b>
A.	19 [ ][ ] - 19 [ ][ ]	1 3	1 2 3 4 5 6 7 8 9 10 11 12 _____
B.	19 [ ][ ] - 19 [ ][ ]	1 3	1 2 3 4 5 6 7 8 9 10 11 12 _____
C.	19 [ ][ ] - 19 [ ][ ]	1 3	1 2 3 4 5 6 7 8 9 10 11 12 _____

**Code for various reason [ F4 ] :**

1. Opening of new job opportunities
2. Founding of Public service centers
3. Clearing of new land/expansion of land
4. Appearance of new housing

5. Shortage in job opportunities
6. Shortage of public service centers
7. Shrinking of land (e.g. by conservation, abrasion, etc.)
8. Decrease of housing facilities (e.g. through eviction)

9. Receivers of resettlers (transmigrants)
10. National disasters: floods, earthquakes (including weather, climate change)
11. Incidence of epidemics
12. Other, please mention

<b>F5.</b> Were there ever any special programs/projects (like housing, land clearing or population settling) in this village/subdistrict which result in increase or decrease of population since 1980 ? 3. No ---> <b>TO G1</b> ..... 1. Yes .....			3 -----> <b>TO SECTION G</b> 1	
<b>F6</b>	<b>F6.a</b>	<b>F7</b>	<b>F8</b>	
Name of program/project (Declare e.g.: Resettlement transmigration, Resettling of isolated tribes, etc.)	Did the projects resulted in an increase of the population ?	Name of the sponsoring agency (these can be Government Institutions, Private Institutions, Foreign Institutions )	a. Started	b. Finished
A. ....	1. Yes, (it increased) 3. No, (it decreased)	A. ....	19 [ ][ ]	19 [ ][ ]
B. ....	1. Yes, (it increased) 3. No (it decreased)	B. ....	19 [ ][ ]	19 [ ][ ]
C. ....	1. Yes, (it increased) 3. No (it decreased)	C. ....	19 [ ][ ]	19 [ ][ ]
D. ....	1. Yes, (it increased) 3. No (it decreased)	D. ....	19 [ ][ ]	19 [ ][ ]



## SECTION G (CREDIT)

<b>G1.</b> Is there in this village any bank or other financial institution (including a mobile bank) for saving or supplying credit (e.g. BRI (Bank Rakyat Indonesia, KUD (Rural Unit Cooperative or other formal cooperatives)	3. No .....>TO G6 1. Yes
--	-----------------------------

<b>G2</b>	<b>G2.a</b>	<b>G2.b</b>	<b>G3</b>	<b>G4</b>
State the name of the bank or financial institution in this village ? (STATE ONLY THE FOUR MOST IMPORTANT ONES)	Mention <b>two</b> names of credit programs supplied ?	Does the credit program (G2.a) include in the consumption credit ? 1. YES= consumer's credit 3.No = non-consumer's credit	In what year was [    ] opened in this village ?	Who is the owner of [    ] <b>Answer Code :</b> 1=Government 2=Private 3=Cooperative
1. ....	_____	[    ]	[1][9] [    ]	[    ]
	_____	[    ]		
2. ....	_____	[    ]	[1][9] [    ]	[    ]
	_____	[    ]		
3. ....	_____	[    ]	[1][9] [    ]	[    ]
	_____	[    ]		
4. ....	_____	[    ]	[1][9] [    ]	[    ]
	_____	[    ]		

<b>G5.</b> Before there were any of the abovementioned formal financial institutions. how many kilometers was the distance from the village office to the closest bank/formal financial institutions ?	[    ][    ][    ],[    ][    ] Kilometers
--	--

<b>G6.</b> Is there in this village any individual who lends money with interest ? 3. No-----> to section I 1. Yes	3. No .....>TO SECTION I 1. Yes
<b>G7.</b> How large is the monthly interest to be paid for a loan of maximally <b>Rp.100,000</b> ?	[    ][    ][    ] percent per month

## SECTION I (HISTORY OF THE PRESENCE OF SCHOOLS)

	I.1	I.2	I.3	I.4	I.5	I.6	I.7	I.8	I.9	I.10
	Please state the name and location ; Elementary school (or its equal) and Junior and the Senior High school (its equal) in this village !	Level or type of school [I.1..] <b>see code I2</b>	Who is the school manager [I.1..] <b>see code I3</b>	Is this school [I.1..] in the village? 1 = yes 3=no	What are the main means of public transportation that are used [I.1..] school ? <b>see code I5</b>	How many km is the <b>distance</b> from the [I.1..] school to the office of the village head	How much does <b>transportation cost</b> to that school from the office of the village head one way ?	How much is the average time for a trip from the office of the village had to the [I.1..] school using the [I.6] transportation means?	In what year was the [I.1] school founded? If you do not remember, how many years has the [I.1] school been there ?	According to you, how is the quality of the [I.1] school mentioned before? See code I.10
<b>1</b>	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>2</b>	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>3</b>	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>4</b>	1. Name : _____ 2. Village: _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>CODE I.2 :</b> 02= Elementary School/ its equal 03=Junior Highschool/its equal 04=Junior Highschool Vocational or its equal 05=Senior Highschool General or its equal 06=Senior highschool Vocational or its equal		<b>CODE I.3 :</b> 1=State - Non religious 2=State - religious 3=Private - Non religious 4=Private Muslim 5=Private Catholic 6=Private Protestant and the like		<b>CODE I.5 :</b> 01.Trains 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles 04.2 wheeled motor vehicles 05. Dokars/Cidomo (buggies) 06. Becaks (pedicabs) 07. Bicycles / ojek 08. Motorships 09. Motor boats 10.Non-motor boat 11. On foot 12. Other, please mention				<b>Code I.10:</b> 1= good 2=fair 3=poor		

## SECTION I (HISTORY OF THE PRESENCE OF SCHOOLS)

	I.1	I.2	I.3	I.4	I.5	I.6	I.7	I.8	I.9	I.10
	Please state the name and location : Elementary School or its equal and Junior and Senior Highschool (its equal) in this village !	Level or type of school [I.1] <b>see code I.2</b>	Who is the school manager [I.1] <b>see code I.3</b>	Is this school [I.1] in the village? <b>1 = yes</b> <b>3=no</b>	What are the main means of public transportation that are used [I.1] school? <b>see code I.5</b>	How many km is the <b>distance</b> from the [I.1] school to the office of the village head?	How much does <b>transportation cost</b> to that school from the office of the village head one way ?	How much is the average time for a trip from the office of the village head to the [I.1] school using the [I.6] transportation means ?	In what year was the [I.1] school founded? If you do not remember, how many years has the [I.1] school been here ?	According to you, how is the quality of the [I.1] school mentioned before? See code I.10
5	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years	1 2 3
6	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years	1 2 3
7	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years	1 2 3
8	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years	1 2 3
CODE I.2 : 02= Elementary School/ its equal 03=Junior Highschool/its equal 04=Junior Highschool Vocational or its equal 05=Senior Highschool General or its equal 06=Senior highschool Vocational or its equal		CODE I.3 : 1=State - Non religious 2=State - religious 3=Private - Non religious 4=Private Muslim 5=Private Catholic 6=Private Protestant and the like		CODE I.5 : 01.Trains 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles 04.2 wheeled motor vehicles 05. Dokars/Cidomo (buggies) 06. Becaks (pedicabs)		07. Bicycles / ojek 08. Motorships 09. Motor boats 10.Non-motor boat 11. On foot 12. Other, please mention		Code I.10: 1= good 2=fair 3=poor		

## SECTION I (HISTORY OF THE PRESENCE OF SCHOOLS)

		A. Elementary School	B. Junior Highschool	C. Senior Highschool
<b>I.11</b>	When was the first [...] in this village or in this neighboring village ? If you do not remember for how many years has there been the first [...] in the village or in this neighboring village ? <b>[IF THE ANSWER IS: 96,97,98,99 ---&gt; PROCEED DIRECTLY TO NEXT COLUMN]</b>	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years
<b>I.12</b>	Is the first [...] still open now ? 1. Yes 3. No -----> <b>to I.14</b>	[ ][ ] 1 3 -----> <b>to I.14</b>	[ ][ ] 1 3 -----> <b>to I.14</b>	[ ][ ] 1 3 -----> <b>to I.14</b>
<b>I.13</b>	<b>What is the number</b> of said school (from I.1. above) <b>(THIS CAN BE ASKED WHILE SHOWING THE FIRST ON THE SECOND KI-1 PAGE OR KI-2 PAGE, IF IT IS ALREADY WRITTEN, PLEASE CONTINUE TO THE FIRST JUNIOR HIGH SCHOOL)</b>	[ ] -----> <b>to first junior highschool</b>	[ ] -----> <b>to first senior highschool</b>	[ ] -----> <b>to Section J</b>
<b>I.14</b>	In what year was the first [...] closed? If you do not remember, for how many years has the aforesaid [...] been closed ?	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years
<b>I.15</b>	After the first [...] mentioned above was closed, was there a period in the [...] in this village or in the neighboring villages, so that the students of this [level..] were compelled to stop attending the [...] school ? 1. Yes 3 No -----> <b>to first junior high school</b>	[ ][ ] 1 3 ----> <b>to first junior high school</b>	[ ][ ] 1 3 ----> <b>to first senior highschool</b>	[ ][ ] 1 3 ----> <b>to Section J</b>
<b>I.16</b>	In what period (in what year) was there a vacuum of [...] in this village/subdistrict or in the neighboring village/subdistrict ?	[1][9][ ][ ] to [1][9][ ][ ] <b>first junior highschool</b>	[1][9][ ][ ] to [1][9][ ][ ] <b>to first senior highschool</b>	[1][9][ ][ ] to [1][9][ ][ ] <b>to Section J</b>

## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> : [...] <b>health facilities</b> that are generally used by the village population	Is the afore-mentioned health facility <b>owned by the Government</b> ? <b>1 = yes</b> <b>3=no</b>	Is the afore-mentioned [...] health facility <b>in</b> the village ? <b>1 = yes</b> <b>3=no</b>	What is the <b>means of transportation</b> that is generally used to reach the [...] health facilities see <b>code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman ?	How much are the <b>transportation costs</b> of the health facility from the office of the village head one way ?	How much is the average <b>time</b> of the trip from the office of the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If you do not remember, for how many years has this [...] health facility been there ?
1.HOSPITAL : 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	1  3	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	
2.HOSPITAL : 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	1  3	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	
3.HOSPITAL : 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	1  3	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	
4.COMMUNITY HEALTH CENTER 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] [ ] years
5.COMMUNITY HEALTH CENTER 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] [ ] years

CODE J.4 : 01.Train  
02.4 wheeled motor vehicles  
03.3 wheeled motor vehicles

04.2 wheeled motor vehicles  
05. Dokars / Cidomo  
06. Becaks (pedicabs)

07. Bicycles/ojeks  
08. Motor ships  
09. Motor boats

10.Non motor boats  
11. On foot  
12. Other, please mention

## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> [...] <b>health facilities</b> that are generally used by the village population	Is the aforementioned health facility <b>owned by the Government ?</b> 1 = yes 3=no	Is the aforementioned [...] health facility <b>in</b> the village ? 1 = yes 3=no	What is <b>the means of transportation</b> that is generally used to reach the [...] health facilities <b>see code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman ?	How much are the <b>transportation costs</b> of the health facility from the office of the village head one way?	How much is the average <b>time</b> of the trip from the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If you do not remember, for how many years has this [...] health facility been here ?
<b>6.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>7.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>8.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>9. PRACTICE OF GEN'L PRACTICIONER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>10 PRACTICE OF GEN'L PRACTICIONER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>KODE J.4 :</b> 01. Train 02. 4 wheeled motor vehicles 03. 3 wheeled motor vehicles 04.2 wheeled motor vehicles 05. Dokars/Cidomos (Buggy) 06. Becaks (pedicabs) 07. Bicycles/ojeks 08. Motor ships 09/ Motor boats 10.Non-motor boats 11. On foot 12.Other, please mention							

## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> [...] <b>health facilities</b> that are generally used by the village population	Is the aforementioned health facility <b>owned by the Government?</b> 1 = yes 3=no	Is the aforementioned [...] health facility <b>in</b> the village ? 1 = yes 3=no	What is the <b>means of transportation</b> that is generally used to reach the [...] health facilities <b>see code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman ?	How much are the <b>transportation costs</b> of the health facility from the office of the village head one way ?	How much is the average <b>time</b> of the trip from the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If yo do not remember, for how many years has this [...] health facility been there ?
<b>11 PRACTICE OF GEN'L PRACTITIONER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>12 PARAMEDIC/PRACTICAL NURSE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>13 PARAMEDIC/PRACTICAL NURSE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>14 PARAMEDIC/PRACTICAL NURSE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>15.MATERNITY WARD</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years

CODE J.4 :	01.Train 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles	04.2 wheeled motor vehicles 05. Dokars / Cidomo 06. Becaks (pedicabs)	07. Bicycles/ojeks 08. Motor ships 09. Motor boats	10. Non-motor boats 11. On foot 12. Other, please mention
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## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> : [...] <b>health facilities</b> that are generally used by the village population	Is the aforementioned health facility <b>owned by the Government</b> ? 1 = yes 3 = no	Is the aforementioned [...] health facility in the village? 1 = yes 3 = no	What is the <b>means of transportation</b> that is generally used to reach the [...] health facilities? <b>see code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman?	How much are the <b>transportation costs</b> of the aforementioned health facility from the office of the village head one way?	How much is the average <b>time</b> of the trip from the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If you do not remember, for how many years has this [...] health facility been there ?
<b>16. MATERNITY WARD</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years
<b>17. MIDWIFE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years
<b>18. MIDWIFE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years

<b>CODE J.4 :</b> 01. Train 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles	04.2 wheeled motor vehicles 05. Dokars / Cidomos 06. Becaks (pedicabs)	07. Bicycles / ojek 08. Motorship 09. Motor boats	10. Non-motor boats 11. On foot 12. Other, please mention
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<b>J.9</b>	Is there any village midwife in this village ? 3. No-----> to J11 1. Yes	[ ][ ]
<b>J.10</b>	On what line is this midwife ? 17 or 18 <b>(THIS CAN BE DONE WHILE INDICATING PAGE KJ4)</b>	[ ][ ]

<b>J.11</b>	What is the total of all Posyandu (Intergrated Service Posts) in this village ?	[ ][ ]
<b>J.12</b>	In what year was the first Posyandu founded in the village? If you do not remember, approximately how many years ago did the first Posyandu appear in this village ?	[1][9][ ][ ] [ ][ ] years



## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

<b>J.13</b>	How often do Puskesmas employees visit the Posyandu in this village? [see code J13]	[   ]
<b>J.14</b>	Before there was a Posyandu, was there in this village a Pos KB Gizi (Nutrients FP Post) <b>1. YES</b> <b>3. NO -----&gt; TO J16</b>	[   ]
<b>J.15</b>	In what year was the first Pos KB Gizi founded in this village? If you do not remember, for how many years has the first Pos KB Gizi been in this village ?	[1] [9][   ] [   ] years
<b>J.16</b>	How many PPKBDs (Family Planning Distribution Points) are there in this village ?	[   ]
<b>J.17</b>	In what year was the first PPKBD founded in this village? If you do not remember, approximately how many years ago was the first PPKBD founded in this village ?	[1] [9][   ] [   ] years

Kode J.13 dan J.18 :

1. More than once a month  
2. once every month3. Once every two months  
4. Once every 3-4 months5. Once every 5-7 months  
6. Once every 8-12 months

<b>J.18</b>	How often do Family Planning Field Workers visit the village? [SEE CODE J.18]	[   ]
<b>J.19</b>	Is there in this village a village polyclinic (general dispensary) <b>1. YES</b> <b>3. NO</b>	[   ]
<b>J.20</b>	Is there in this village Medicinal Post ? <b>1. YES</b> <b>3. NO</b>	[   ]
<b>J.21</b>	Is there in this village a Group of People Interested in Health of Mother and Children (KPKIA) ? <b>1. YES 3. NO</b>	[   ]
<b>J.22</b>	Is there in this village a Ten Houses (Dasa Wisma) Program ? <b>1. YES</b> <b>3. NO</b>	[   ]
<b>J.23</b>	Is there in this village a Health Fund Program ? <b>1=yes, 3=no</b>	[   ]

<b>J.24</b>	Has there been any mass immunization/vaccination for all the population ? <b>1. YES</b> <b>3. NO -----&gt;to SECTION K.</b>	1 3- > to section K
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<b>J.25</b>								
In what years were mass immunization/vaccination and what were the types of mass immunization/vaccination conducted since '80?								
YEAR	Types of immunization/mass vaccination [SEE CODE J.25, ENCIRCLE THE APPROPRIATE ANSWER CODE, THERE CAN BE MORE THAN ONE ANSWER]							Code J.25: A. Meas./smalpx B. BCG C. Polio D. DPT E. Tetanus Tox. F. Hepatitis B G. Other, _____
a. 19 [   ]	A	B	C	D	E	F	G.-----	
b. 19 [   ]	A	B	C	D	E	F	G.-----	
c. 19 [   ]	A	B	C	D	E	F	G.-----	
d. 19 [   ]	A	B	C	D	E	F	G.-----	
e. 19 [   ]	A	B	C	D	E	F	G.-----	
f. 19 [   ]	A	B	C	D	E	F	G.-----	

## SECTION K (IDENTITY OF RESPONDENTS)

	RESPONDENT 1	RESPONDENT 2	RESPONDENT 3
1.Name of Respondent :			
2.Age :	[ ][ ] Years	[ ][ ] Years	[ ][ ] Years
3.Sex : 1=Male, 3=Female	[ ]	[ ]	[ ]
4.Office/Position in this village :			
5.Duration of Office/Position :	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months
6.Last level of education completed *	[ ][ ]	[ ][ ]	[ ][ ]
7.Time living in village:	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months
8.Joining in answering the section: :	A B C D E F G I J K "S"	A B C D E F G I J K "S"	A B C D E F G I J K "S"

	RESPONDENT 4	RESPONDENT 5	RESPONDENT 6
1.Name of Respondent :			
2.Age :	[ ][ ] Years	[ ][ ] Years	[ ][ ] Years
3.Sex : 1= male , 3=female	[ ]	[ ]	[ ]
4.Duration of Office/Position :			
5.Duration of Office/Position :	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months
6.Last level of education completed *	[ ][ ]	[ ][ ]	[ ][ ]
7.Time living in this village:	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months	[ ][ ] Years, [ ][ ] Months
8.Joining in answering the section: :	A B C D E F G I J K "S"	A B C D E F G I J K "S"	A B C D E F G I J K "S"

**\*Code of last level of education :**

01. I did not (not yet) go to school  
 02. Elementary School  
 03. General Junior Highschool

04. Vocational Junior Highschool  
 05. General Senior Highschool  
 06. Vocational Senior Highschool

07. Diploma (D1, D2)  
 08. Diploma (D3)  
 09. University (S1, S2, S3)

10. Other, please mention: .....  
**DO NOT FORGET TO FILL IN BOOK  
 II AND TO CONDUCT DIRECT  
 OBSERVATIONS**

PROVINCE CODE :

REGENCY CODE:

SAKERTI CODE:


# **SURVEY OF COMMUNITY CHARACTERISTICS 1993**

## **BOOK II**

SECTION : S AND OL

Source of Data : Documents of Village Office and  
Interviewers of Village Heads/Lurahs and Special Staff S12-S18

COOPERATION OF

**DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA**

and

**RAND**

**Name of Village:** .....

## CONTROL SHEET

STATEMENTS OF THE REGIONAL CONSENSUS VILLAGE		CODE
LK. 01	Province .....	[ ][ ]
LK. 02	Regency / City ..... (Kabupaten)	[ ][ ]
LK. 03	District ..... (Kecamatan)	[ ][ ][ ]
LK. 04	Village/Subdistrict ..... (Desa)	[ ][ ][ ]
LK. 05	Region : 1. Town.      2. Village	[ ]
LK. 06	CENSUS REGION .....	[ ][ ][ ][ ]
LK. 07	Sakerti 93 ..... (EA)	[ ][ ][ ]

NOTES OF DATA				
	I	II	III	IV
Date	-----/-----/-----	-----/-----/-----	-----/-----/-----	-----/-----/-----
Hour of Start	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]
Hour of Termination	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]
Way of Filling In	[ ]	[ ]	[ ]	[ ]
Result of Filling In	[ ]	[ ]	[ ]	[ ]
<b>Code of way of filling in :</b> 1. Copying at Office of village/subdistrict Head 2. Copying at lodging place 3. Interview		<b>Code of Result of Filling In :</b> 1. Finished 2. Partially Finished		

SUPERVISION:		CODE
LK. 08	Name of Interviewer : .....	[ ][ ][ ][ ]
LK. 09	Name of Editor : .....	[ ][ ][ ][ ]
LK. 10	Name of Local Supervisor : .....	[ ][ ][ ][ ]
LK. 11	Name of Jakarta Supervisor : .....	[ ][ ][ ]
LK. 12	Name of Field Coordinator : .....	[ ][ ][ ]

SOURCE OF DATA :
1. ....
2. ....
3. ....
4. ....
5. ....

### STATISTICS OF VILLAGE (S)

### PATTERNS OF LAND USE:

<p><b>S1.</b> What is the most important use of land in this village/subdistrict?</p> <p>1. Region of settlement .....</p> <p>2. Region of slums .....</p> <p>3. Region of farming/fisheries/estates .....</p> <p>4. Region of industry/mining/manufacturing .....</p> <p>5. Region of trade .....</p> <p>6. Other, please mention .....</p>	<p>[    ]</p> <p>if answer is no.6, please mention:</p> <p>_____</p>
--	--

**PHYSICAL CONDITION :**

<b>S2.</b>	Extent of Region .....	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] <b>Ha</b>
<b>S3.</b>	Utilization of Land :	<b>Ha (hectares)</b>
<b>I.</b>	<b>Wet ricefields are worked for farming :</b>	<b>I.</b> [ ] [ ] [ ] [ ] [ ] [ ]
	1. Irrigated .....	<b>I.1.</b> [ ] [ ] [ ] [ ] [ ] [ ]
	2. Tidal ricefield.....	<b>I.2.</b> [ ] [ ] [ ] [ ] [ ] [ ]
	3. Ricefields dependent on rain .....	<b>I.3.</b> [ ] [ ] [ ] [ ] [ ] [ ]
<b>II.</b>	<b>Wet ricefields not worked for farming .....</b>	<b>II.</b> [ ] [ ] [ ] [ ] [ ] [ ]
<b>III.</b>	<b>Dry land worked for farming :</b>	<b>III.</b> [ ] [ ] [ ] [ ] [ ] [ ]
	4. Dry ricefield/shifting cultivation/garden plots .....	<b>III.4.</b> [ ] [ ] [ ] [ ] [ ] [ ]
	5. Fishponds.....	<b>III.5.</b> [ ] [ ] [ ] [ ] [ ] [ ]
	6. Grassfields/meadows .....	<b>III.6.</b> [ ] [ ] [ ] [ ] [ ] [ ]
	7. Other (including plantations and worked forests) .....	<b>III.7.</b> [ ] [ ] [ ] [ ] [ ] [ ]
<b>IV.</b>	<b>Dry land not worked for farming (forests not worked, rivers, etc)</b>	<b>IV.</b> [ ] [ ] [ ] [ ] [ ] [ ]
<b>V.</b>	<b>Land for construction projects, and yards arround buildings.....</b>	<b>V.</b> [ ] [ ] [ ] [ ] [ ] [ ]
<b>VI.</b>	<b>Other (e.g. rocks/lime/steep land etc)</b>	<b>VI.</b> [ ] [ ] [ ] [ ] [ ] [ ]

## STATISTICS OF VILLAGE (S)

<b>S4</b>	General layout of this village land : 1. plains (flat) ..... 3. mountainous ..... 5. hilly .....	1 3 5	[     ]
<b>S5</b>	<b>Productivity</b> of the village soil in general : 1. high ..... 3. low ..... 5. average .....	1 3 5	[     ]
<b>S6</b>	Is there any village border that abuts on the sea ? 1. YES (so this is a coastal region) ..... 3. NO (not a coastal region) .....	1 3	[     ]

<b>S7</b>	Average rainfall in 1991/1992	[   ] [   ] [   ] , [   ] <b>millimeters/years</b>
<b>S8</b>	Altitude of village above sea level : 1. less than 500 meters ..... 3. 500 - 700 meters ..... 5. more than 700 meters .....	1 3 5
<b>S9</b>	Number of Family Heads (KK)	[   ] [   ] [   ] [   ] <b>KK</b>

<b>Type of Employment :</b>	<b>S10.</b> What are the enterprises of the village population ? (THERE CAN BE MORE THAN ONE ANSWER)  1=YES, 3=NO	<b>S11</b> What are the main enterprises of the village population ? (ONLY ONE ANSWER)
01 Farming (including forestry, hunting and fishing)	<b>01</b> [     ]	<b>01</b> [     ] [     ] [     ]
02 Mining (including excavating)	<b>02</b> [     ]	<b>02</b>
03 Processing industry	<b>03</b> [     ]	<b>03</b>
04 Electricity, gas and water	<b>04</b> [     ]	<b>04</b>
05 Building construction	<b>05</b> [     ]	<b>05</b>
06 Large trade, retail trade, restaurants and hotels	<b>06</b> [     ]	<b>06</b>
07 Transportation, warehousing and communications	<b>07</b> [     ]	<b>07</b>
08 Finance, insurance, lease of buildings, grounds and trade services	<b>08</b> [     ]	<b>08</b>
09 Social services	<b>09</b> [     ]	<b>09</b>
10 Other, please mention	<b>10</b> [     ] _____	<b>10</b>

## STATISTICS OF VILLAGE (S)

## Conditions of houses inhabited by the majority of the public :

<b>S12</b>	What is the average number of rooms found in a village house? [COUNT THE NUMBER OF ALL ROOMS INCLUDING THE RECEPTION ROOM, THE BATHROOM AND THE KITCHEN]	[   ] [   ] <b>rooms</b>	<b>S16</b>	What is the most common floor type used in the houses in this village?  (SEE CODE S16)	[   ] if answer is 7 please state it _____
<b>S13</b>	What is the average size of the houses in this village ? (only the extent of the house buildings)	[   ] [   ] [   ] [   ] <b>square meters</b>	<b>S17</b>	What is the price of an average house (see S12-S16) in this village ?	[   ] [   ] [   ] [   ] [   ] [   ] [   ] rupiahs
<b>S14</b>	What is the most common rooftype used in this village?  (SEE CODE S14)	[   ] if answer is 6, please state it _____	<b>S18</b>	What is the rent/contract per annum of an average house (see S12-S16) in this village ?	[   ] [   ] [   ] [   ] [   ] [   ] [   ] rupiahs
<b>S15</b>	What is the most common type of outer walls used in the houses in this village?  (SEE CODE S15)	[   ] if answer is 4, please state it _____			

**Code for S14 :**

1. Concrete
2. Wood
3. Corrugated iron/asbestos
4. Rooftiles
5. Foliage
6. Other, please state \_\_\_\_\_

**Code for S15 :**

1. Cement walls
2. Lumber/boards/plywood
3. Bamboo/woven mats
4. Other, please mention \_\_\_\_\_

**Code for S16 :**

1. Ceramics/marble/granite
2. Tiles/teraso
3. Cement/bricks
4. Lumber/boards
5. Bamboo
6. Dirt/sand
7. Other, please mention \_\_\_\_\_

## SECTION OL (DIRECT OBSERVATION)

DIRECT OBSERVATION IS CONDUCTED ON THE MAIN ROADS LEADING TO THE VILLAGE OFFICES

<b>CLEANLINESS IN THE VILLAGE ,</b>	<b>ANSWER WITH:</b>	<b>1. YES 3. NO</b>
-------------------------------------	---------------------	-------------------------

<b>OL.1</b>	Is the air in this village generally polluted (for whatever reason)	[   ]
<b>OL.2</b>	Is there generally any exposed garbage pile visible along the roads ?	[   ]
<b>OL.3</b>	Is there generally any exposed cattle manure pile in this village ?	[   ]
<b>OL.4</b>	Is there in general any blocked water duct or obstructed river/gutter in this village ?	[   ]
<b>OL.5</b>	Are there standing pools of water? (not including marshes, lakes) in this village ?	[   ]

<b>OL.6</b>	Are there generally any cattle visible in this village (no fowl) that are roaming around in the settlements of the population ?	[   ]
<b>OL.7</b>	Are the house yards in this village generally swept clean ?	[   ]
<b>OL.8</b>	Is the grass growing in public squares in this village generally well cared for ?	[   ]
<b>OL.9</b>	Are there in general many flies visible (near the food vendors) ?	[   ]

## WELFARE OF THE VILLAGE

<b>OL10</b>	Are there many TV antennas in this village? 1. MANY 3. RARELY.	[   ]
<b>OL11</b>	What is the most common type of outside walls in the houses of this village ? [SEE CODE OL11]	[   ] _____

<b>OL12</b>	What is the most common type of floor most used in the greater part of the houses in this village ? [SEE CODE OL12]	[   ] _____
<b>OL13</b>	What is the most common type of roof used in the greater part of the houses in this village ? [SEE CODE OL13]	[   ] _____

<b>Code OL.11 :</b> 1.Cement walls 2.Lumber/boards/triplex 3.Bamboo/wickerwork 4.Other, _____	<b>Code OL.12 :</b> 1.Ceramics/marble/granite 2.Tiles/teraso 3.Cement/bricks 4.Lumber/boards 5.Bamboo 6.Dirt/sand 7.Other, _____	<b>Code OL.13 :</b> 1. Concrete 2. Lumber 3.Corrugated iron/asbest 4.Rooftiles 5.Leaves 6.Other, ____
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## SECTION OL (DIRECT OBSERVATION)

## WELFARE OF VILLAGE (continued)

<b>OL14</b>	Are there in this village many houses that use window panes ? 1. MANY 3. RARELY	[    ]	<b>OL18</b>	Does one see in this village many adults with footwear on ? 1. YES 3. NO	[    ]
<b>OL15</b>	Does one see in this village many children in neat clothes ? 1. YES 3. NO	[    ]	<b>OL19</b>	Does one see in this village many private cars ? 1. MANY 3. RARELY	[    ]
<b>OL16</b>	Does one see in this village many children with footwear on ? 1. YES 3. NO	[    ]	<b>OL20</b>	Does one see in this village many private motorcycles ? 1. MANY 3. RARELY	[    ]
<b>OL17</b>	Does one see in this village many adults wearing neat clothes ? 1. YES 3. NO	[    ]	<b>OL21</b>	What is the pavement material most used in this village ? 1. Asphalt 2.. Soil paved with other material 3. Dirt 4. Boards 5. Other	[    ]

## SOCIAL ORGANIZATIONS IN THIS VILLAGE .

ANSWER WITH :

1. YES  
3. NO

<b>OL22</b>	Is there in this village an Environment Security Post (Poskamling) ?	[    ]	<b>OL24</b>	Does this village have a Village Hall or Convention Hall ?	[    ]
<b>OL23</b>	Are there in this village any signs/sign boards with public facility directions ?	[    ]	<b>OL25</b>	Does one see in this village any board with 10 Main Aspects of the Association of Family Welfare (PKK) ?	[    ]

PROVINCIAL CODE:

REGENCY CODE:

SAKERTI CODE:


# **SURVEY OF COMMUNITY CHARACTERISTICS 1993**

## **PKK (Association of Family Activities) BOOK**

SECTION I, J AND H

Respondent : CHAIRMAN VILLAGE PKK/WIFE OF VILLAGE HEAD

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS ,  
UNIVERSITY OF INDONESIA

and

RAND

Name of Village : .....

## CONTROL SHEET

STATEMENTS OF THE REGIONAL CONSENSUS VILLAGE		CODE
LK. 01	Province .....	[ ][ ]
LK. 02	Regency/City ..... (Kabupaten)	[ ][ ]
LK. 03	District ..... (Kecamatan)	[ ][ ][ ]
LK. 04	Village/Subdistrict ..... (Desa)	[ ][ ][ ]
LK. 05	Region : 1. Town.      2. Village	[ ]
LK. 06	CENSUS REGION .....	[ ][ ][ ][ ]
LK. 07	Sakerti 93 ..... (EA)	[ ][ ][ ][ ]

SUPERVISION:		CODE
LK. 08	Name of Interviewer : .....	[ ][ ][ ][ ]
LK. 09	Name of Editor : .....	[ ][ ][ ][ ]
LK. 10	Name of Local Supervisor : .....	[ ][ ][ ][ ]
LK. 11	Name of Jakarta Supervisor : .....	[ ][ ][ ][ ]
LK. 12	Name of Field Coordinator : .....	B[ ][ ][ ]

NOTES OF THE INTERVIEW			
	First Visit	Second Visit	Third Visit
Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
Hour of Start	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]
Hour of Termination	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ]
Result of Interview	[ ]	[ ]	[ ]
<b>Code of Results of Interview :</b> <div style="display: flex; justify-content: space-between;"> <div> 1. Completed  2. Partially completed  3. Deferred </div> <div> 4. Denied  5. Inaccessible </div> </div>			

	RESPONDENT I	RESPONDENT II
Name of Respondent:	.....	.....
Age:	[ ][ ][ ]	[ ][ ][ ]
Office/Position at PKK Village/Subdistrict:	.....	.....
Duration of office:	[ ][ ][ ][ ]	[ ][ ][ ][ ]
Last level of completed education:	[ ][ ][ ][ ]	[ ][ ][ ][ ]
Time of stay in this village:	[ ][ ][ ][ ]	[ ][ ][ ][ ]
Joined in answering the section:	I J H	I J H

<b>Code of last level of education:</b>	04. Vocational Junior Highschool	08. Diploma 3
01. Not going to school	05. General Senior Highschool	09. University: S1, S2, S3.
02. Elementary School	06. Vocational Highschool	10. Other, please mention
03. General Junior Highschool	07. Diploma, D2	

## SECTION H ( AVAILABILITY OF FOODSTUFFS )

For each following foods, please fill in the information of the price estimate and the availability during the last year !

TYPES OF FOODSTUFFS	H1	H1.a	H1.b	H1.c	H1.d	H2	H3
	How much is the average [...] price per unit	What is the Unit: 1. Kg 3.Can 2. Liter 4.Package 5.Other (ANSWER: 1 or 2 DIRECTLY TO H1.d or H2)	Volume per Unit (for cans, packages, other):	Volume measured in: 1. Gram 2. Cc 3. Kg 4. Liter 5. Other	Brand or seal of [...]	Was the population of the regional community ever short of [...] supplies during the last 12 months?	How long, during the last 12 months was [...] not available on the nearest market?
1. Good quality rice	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
2. Average quality rice	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
3. Low quality rice	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
4. Sweet potatoes fresh/wet cassava	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
5. Gaplek (tapioca)	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
6. Tapioca Flour	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
7. Beef (good boneless quality)	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
8. Buffalo beef (good boneless quality)	[ ] [ ] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [ ] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months

## SECTION H ( AVAILABILITY OF FOODSTUFFS )

TYPES OF FOODSTUFFS	H1	H1.a	H1.b	H1.c	H1.d	H2	H3
	How much is the average [...] price per unit	What is the Unit: 1. Kg 3.Can 2. Liter 4.Package 5.Other (ANSWER: 1 or 2 DIRECTLY TO H1.d or H2)	Voume per unit	Volume measure: 1. Gram 2. Cc 3. Kg 4. Liter 5. Other	Brand or seal of [...]	Was the population of the regional community ever short of [...] supplies during the last 12 months	How long, during the last 12 months was [...] not available on the nearest market?
9.Goat meat (good boneless quality)	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
10. Mutton (good boneless quality)	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
11.Salted (dried) fish	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
12. Wheat Flour	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
13. Frying Oil	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
14. Granulated Sugar	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
15. Salt	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
16. Baby porridge formula	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
17. Baby milk formula	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No ->TO NEXT LINE	[ ] [ ] Months
18. Sweet Condensed Milk	[ ] [.] [ ] [ ] Rupiah	1 2 3 4 5 _____	[ ] [.] [ ] [ ]	1 2 3 4 5 _____		1. Yes ----> TO H3 3. No---->INTERVIEW COMPLETED	[ ] [ ] Months

## SECTION I (HISTORY OF THE PRESENCE OF SCHOOLS)

	<b>I.1</b>	<b>I.2</b>	<b>I.3</b>	<b>I.4</b>	<b>I.5</b>	<b>I.6</b>	<b>I.7</b>	<b>I.8</b>	<b>I.9</b>	<b>I.10</b>
	Please state the name and location ; Elementary school (or its equal) and Junior and the Senior High school (its equal) in this village !	Level or type of school [I.1..] <b>see code I2</b>	Who is the school manager [I.1..] <b>see code I3</b>	Is this school [I.1..] in the village? 1 = yes 3=no	What are the main means of public transportation that are used [I.1..] school ? <b>see code I5</b>	How many km is the <b>distance</b> from the [I.1..] school to the office of the village head	How much does <b>transportation cost</b> to that school from the office of the village head one way ?	How much is the average time for a trip from the office of the village had to the [I.1..] school using the [I.6] transportation means?	In what year was the [I.1] school founded? If you do not remember, how many years has the [I.1] school been there ?	According to you, how is the quality of the [I.1] school mentioned before? See code I.10
<b>1</b>	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>2</b>	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>3</b>	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>4</b>	1. Name : _____ 2. Village: _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
<b>CODE I.2 :</b> 02= Elementary School/ its equal 03=Junior Highschool/its equal 04=Junior Highschool Vocational or its equal 05=Senior Highschool General or its equal 06=Senior highschool Vocational or its equal		<b>CODE I.3 :</b> 1=State - Non religious 2=State - religious 3=Private - Non religious 4=Private Muslim 5=Private Catholic 6=Private Protestant and the like		<b>CODE I.5 :</b> 01.Trains 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles 04.2 wheeled motor vehicles 05. Dokars/Cidomo (buggies) 06. Becaks (pedicabs)			07. Bicycles / ojek 08. Motorships 09. Motor boats 10.Non-motor boat 11. On foot 12. Other, please mention		<b>Code I.10:</b> 1= good 2=fair 3=poor	

## SECTION I (HISTORY OF THE PRESENCE OF SCHOOLS)

	I.1	I.2	I.3	I.4	I.5	I.6	I.7	I.8	I.9	I.10
	Please state the name and location : Elementary School or its equal and Junior and Senior Highschool (its equal) in this village !	Level or type of school [I.1] <b>see code I.2</b>	Who is the school manager [I.1] <b>see code I.3</b>	Is this school [I.1] in the village? <b>1 = yes</b> <b>3=no</b>	What are the main means of public transportation that are used [I.1] school? <b>see code I.5</b>	How many km is the <b>distance</b> from the [I.1] school to the office of the village head?	How much does <b>transportation cost</b> to that school from the office of the village head one way ?	How much is the average time for a trip from the office of the village head to the [I.1] school using the [I.6] transportation means ?	In what year was the [I.1] school founded? If you do not remember, how many years has the [I.1] school been here ?	According to you, how is the quality of the [I.1] school mentioned before? See code I.10
5	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
6	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
7	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
8	1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____	02 03 04 05 06	1 2 3 4 5 6	1  3	01 02 03 04 05 06 07 08 09 10 11 12 _____	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years	1 2 3
CODE I.2 : 02=Elementary School/ equal 03=Junior Highschool/its equal 04=Junior Highschool Vocational or its equal 05=Senior Highschool General or its equal 06=Senior highschool Vocational or its equal		CODE I.3 : 1=State - Non religious 2=State - religious 3=Private - Non religious 4=Private Muslim 5=Private Catholic 6=Private Protestant and the like		CODE I.5 : 01.Trains 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles 04.2 wheeled motor vehicles 05. Dokars/Cidomo (buggies) 06. Becaks (pedicabs)		07. Bicycles / ojek 08. Motorships 09. Motor boats/ces 10.Non-motor boat 11. On foot 12. Other, mention		Code I.10: 1= good 2=fair 3=poor		

## SECTION I (HISTORY OF THE PRESENCE OF SCHOOLS)

		A. Elementary School	B. Junior Highschool	C. Senior Highschool
<b>I.11</b>	When was the first [...] in this village or in this neighboring village ? If you do not remember for how many years has there been the first [...] in the village or in this neighboring village ? <b>[IF THE ANSWER IS: 96,97,98,99 ---&gt; PROCEED DIRECTLY TO NEXT COLUMN]</b>	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years
<b>I.12</b>	Is the first [...] still open now ? 1. Yes 3. No -----> <b>to I.14</b>	[ ][ ] 1 3 -----> <b>to I.14</b>	[ ][ ] 1 3 -----> <b>to I.14</b>	[ ][ ] 1 3 -----> <b>to I.14</b>
<b>I.13</b>	<b>What is the number</b> of said school (from I.1. above) <b>(THIS CAN BE ASKED WHILE SHOWING THE FIRST ON THE SECOND KI-1 PAGE OR KI-2 PAGE, IF IT IS ALREADY WRITTEN, PLEASE CONTINUE TO THE FIRST JUNIOR HIGH SCHOOL)</b>	[ ][ ] -----> <b>to first junior high school</b>	[ ][ ] -----> <b>to first senior high school</b>	[ ][ ] -----> <b>to Section J</b>
<b>I.14</b>	In what year was the first [...] closed? If you do not remember, for how many years has the aforesaid [...] been closed ?	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years	[1][9][ ][ ] [ ][ ] years
<b>I.15</b>	After the first [...] mentioned above was closed, was there a period in the [...] in this village or in the neighboring villages, so that the students of this [level..] were compelled to stop attending the [...] school ? 1. Yes 3 No -----> <b>to first junior high school</b>	[ ][ ] 1 3 ----> <b>to first junior high school</b>	[ ][ ] 1 3 -----> <b>to first senior high school</b>	[ ][ ] 1 3 -----> <b>to Section J</b>
<b>I.16</b>	In what period (in what year) was there a vacuum of [...] in this village/subdistrict or in the neighboring village/subdistrict ?	[1][9][ ][ ] to [1][9][ ][ ] <b>first junior high school</b>	[1][9][ ][ ] to [1][9][ ][ ] <b>to first senior high school</b>	[1][9][ ][ ] to [1][9][ ][ ] <b>to Section J</b>



## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> : [...] <b>health facilities</b> that are generally used by the village population	Is the aforementioned health facility <b>owned by the Government</b> ? 1 = yes 3=no	Is the aforementioned [...] health facility <b>in</b> the village ? 1 = yes 3=no	What is <b>the means of transportation</b> that is generally used to reach the [...] health facilities <b>see code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman ?	How much are the <b>transportation costs</b> of the health facility from the office of the village head one way ?	How much is the average <b>time</b> of the trip from the office of the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If you do not remember, for how many years has this [...] health facility been there ?
<b>1.HOSPITAL :</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	1   3	1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	
<b>2.HOSPITAL :</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	1   3	1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	
<b>3.HOSPITAL :</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____	1   3	1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	
<b>4.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] [ ] years
<b>5.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] [ ] rupiah	[ ] [ ] [ ] hours [ ] [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] [ ] years

CODE J.4 : 01.Train  
02.4 wheeled motor vehicles  
03.3 wheeled motor vehicles

04.2 wheeled motor vehicles  
05. Dokars / Cidomo  
06. Becaks (pedicabs)

07. Bicycles/ojeks  
08. Motor ships  
09. Motor boats

10.Non motor boats  
11. On foot  
12. Other, please mention

## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> [...] <b>health facilities</b> that are generally used by the village population	Is the aforementioned health facility <b>owned by the Government</b> ? <b>1 = yes</b> <b>3=no</b>	Is the aforementioned [...] health facility <b>in</b> the village ? <b>1 = yes</b> <b>3=no</b>	What is <b>the means of transportation</b> that is generally used to reach the [...] health facilities <b>see code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman ?	How much are the <b>transportation costs</b> of the health facility from the office of the village head one way?	How much is the average <b>time</b> of the trip from the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If you do not remember, for how many years has this [...] health facility been here ?
<b>6.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>7.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>8.COMMUNITY HEALTH CENTER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>9. PRACTICE OF GEN'L PRACTICIONER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>10 PRACTICE OF GEN'L PRACTICIONER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province : _____		1  3	01 02 03 04 05 06 07 08 09 10 11 12	[ ] [ ] [ ] [ ] kilometers	[ ] [ ] [ ] [ ] rupiah	[ ] [ ] hours [ ] [ ] minutes	[1][9][ ] [ ] [ ] [ ] years
<b>KODE J.4 :</b> 01. Train 02. 4 wheeled motor vehicles 03. 3 wheeled motor vehicles 04.2 wheeled motor vehicles 05. Dokars/Cidomos (Buggy) 06. Becaks (pedicabs) 07. Bicycles/ojeks 08. Motor ships 09/ Motor boats 10.Non-motor boats 11. On foot 12.Other, please mention							

## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> [...] <b>health facilities</b> that are generally used by the village population	Is the aforementioned health facility <b>owned by the Government?</b> 1 = yes 3=no	Is the aforementioned [...] health facility <b>in</b> the village ? 1 = yes 3=no	What is <b>the means of transportation</b> that is generally used to reach the [...] health facilities <b>see code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman ?	How much are the <b>transportation costs</b> of the health facility from the office of the village head one way ?	How much is the average <b>time</b> of the trip from the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If yo do not remember, for how many years has this [...] health facility been there ?
<b>11 PRACTICE OF GEN'L PRACTITIONER</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>12 PARAMEDIC/PRACTICAL NURSE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>13 PARAMEDIC/PRACTICAL NURSE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>14 PARAMEDIC/PRACTICAL NURSE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years
<b>15.MATERNITY WARD</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ]  [ ][ ] years

CODE J.4 :	01.Train 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles	04.2 wheeled motor vehicles 05. Dokars / Cidomo 06. Becaks (pedicabs)	07. Bicycles/ojeks 08. Motor ships 09. Motor boats	10. Non-motor boats 11. On foot 12. Other, please mention
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## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

J.1	J.2	J.3	J.4	J.5	J.6	J.7	J.8
Please state <b>name and location</b> : [...] <b>health facilities</b> that are generally used by the village population	Is the aforementioned health facility <b>owned by the Government</b> ? <b>1 =yes</b> <b>3=no</b>	Is the aforementioned [...] health facility <b>in</b> the village? <b>1 = yes</b> <b>3=no</b>	What is <b>the means of transportation</b> that is generally used to reach the [...] health facilities? <b>see code J.4</b>	How many km is the <b>distance</b> of said [...] health facility from the office of the village headman?	How much are the <b>transportation costs</b> of the aforementioned health facility from the office of the village head one way?	How much is the average <b>time</b> of the trip from the village head to said health facility ?	<b>In what year</b> was the inception of the [...] health facility? If you do not remember, for how many years has this [...] health facility been there ?
<b>16. MATERNITY WARD</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years
<b>17. MIDWIFE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years
<b>18. MIDWIFE</b> 1. Name : _____ 2. Village : _____ 3. District : _____ 4. Regency : _____ 5. Province: _____		1   3	01 02 03 04 05 06 07 08 09 10 11 12	[ ][ ][ ][ ][ ][ ] kilometers	[ ][ ][ ][ ][ ][ ][ ] rupiah	[ ][ ] hours [ ][ ] minutes	[1][9][ ][ ] [ ][ ] years

<b>CODE J.4 :</b> 01. Train 02.4 wheeled motor vehicles 03.3 wheeled motor vehicles	04.2 wheeled motor vehicles 05. Dokars / Cidomos 06. Becaks (pedicabs)	07. Bicycles / ojek 08. Motorship 09. Motor boats	10. Non-motor boats 11. On foot 12. Other, please mention
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<b>J.9</b>	Is there any village midwife in this village ? 3. No-----> to J11 1. Yes	[ ][ ]
<b>J.10</b>	On what line is this midwife ? 17 or 18 <b>(THIS CAN BE DONE WHILE INDICATING PAGE KJ4)</b>	[ ][ ]

<b>J.11</b>	What is the total of all Posyandu (Integrated Service Posts) in this village?	[ ][ ][ ]
<b>J.12</b>	In what year was the first Posyandu founded in the village? If you do not remember, approximately how many years ago did the first Posyandu appear in this village ?	[1][9][ ][ ] [ ][ ] years

## SECTION J (HISTORY OF THE EXISTENCE OF HEALTH FACILITIES)

<b>J.13</b>	How often do Puskesmas employees visit the Posyandu in this village? [see code J13]	[ ]	<b>J.18</b>	How often do Family Planning Field Workers visit the village? [SEE CODE J.18]	[ ][ ]
<b>J.14</b>	Before there was a Posyandu, was there in this village a Pos KB Gizi (Nutrients FP Post) <b>1. YES</b> <b>3. NO -----&gt; TO J16</b>	[ ]	<b>J.19</b>	Is there in this village a village polyclinic (general dispensary) <b>1. YES</b> <b>3. NO</b>	[ ]
<b>J.15</b>	In what year was the first Pos KB Gizi founded in this village? If you do not remember, for how many years has the first Pos KB Gizi been in this village ? [ ][ ] years	[1][9][ ][ ]	<b>J.20</b>	Is there in this village Medicinal Post ? <b>1. YES</b> <b>3. NO</b>	[ ]
<b>J.16</b>	How many PPKBDs (Family Planning Distribution Points) are there in this village ?	[ ][ ]	<b>J.21</b>	Is there in this village a Group of People Interested in Health of Mother and Children (KPKIA) ? <b>1. YES 3. NO</b>	[ ]
<b>J.17</b>	In what year was the first PPKBD founded in this village? If you do not remember, approximately how many years ago was the first PPKBD founded in this village ? [ ][ ] years	[1][9][ ][ ]	<b>J.22</b>	Is there in this village a Ten Houses (Dasa Wisma) Program ? <b>1. YES</b> <b>3. NO</b>	[ ]
<b>Kode J.13 dan J.18 :</b> <b>1. More than once a month</b> <b>3. Once every two months</b> <b>5. Once every 5-7 mnths</b> <b>2. once every month</b> <b>4. Once every 3-4 months</b> <b>6. Once every 8-12 mnths</b>			<b>J.23</b>	Is there in this village a Health Fund Program ? <b>1=yes, 3=no</b>	[ ]

<b>J.24</b>	Has there been any mass immunization/vaccination for all the population ? <b>1. YES</b> <b>3. NO -----&gt;to SECTION K.</b>	<sup>1</sup> <b>3- &gt; to section K</b>
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<b>J.25</b>									
In what years were mass immunization/vaccination and what were the types of mass immunization/vaccination conducted since '80?									
YEAR	Types of immunization/mass vaccination [SEE CODE J.25, ENCIRCLE THE APPROPRIATE ANSWER CODE, THERE CAN BE MORE THAN ONE ANSWER]								<b>Code J.25:</b> <b>A. Measl./smalpx</b> <b>B. BCG</b> <b>C. Polio</b> <b>D. DPT</b> <b>E. Tetanus Tox.</b> <b>F. Hepatitis B</b> <b>G. Other, _____</b>
<b>a.</b> 19 [ ][ ]	A	B	C	D	E	F	G.-----		
<b>b.</b> 19 [ ][ ]	A	B	C	D	E	F	G.-----		
<b>c.</b> 19 [ ][ ]	A	B	C	D	E	F	G.-----		
<b>d.</b> 19 [ ][ ]	A	B	C	D	E	F	G.-----		
<b>e.</b> 19 [ ][ ]	A	B	C	D	E	F	G.-----		
<b>f.</b> 19 [ ][ ]	A	B	C	D	E	F	G.-----		

PROVINCIAL CODE:

--	--

REGENCY CODE :

--	--

SAKERTI CODE:

--	--	--

# SURVEY OF HEALTH FACILITIES 1993

PUSKESMAS (COMMUNITY HEALTH CENTER)/  
PUSKESMAS PEMBANTU  
(AUXILIARY COMMUNITY HEALTH CENTER)

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA  
and

RAND

Name of Puskesmas : .....

NO. CODE

	.	
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**CONTROL SHEET**
**KOMFAS '93**

CENSUS REGION STATEMENT		CODE
LK A	Province: .....	[ ][ ]
LK B	District: .....	[ ][ ]
LK C	SAKERTI '93: .....	[ ][ ][ ]

FACILITY STATEMENT		CODE
LK 01	Name of Province: .....	[ ][ ]
LK 02	Name of District:.....	[ ][ ]
LK 03	Name of SubDistrict: .....	[ ][ ][ ]
LK 04	Region : 1. Urban                      2. Rural	[ ]
LK 05	Sub Population Code:	[ 1 ]
LK 06	Consecutive Number:.....	[ ]
LK 07	Name of Puskesmas/Auxiliary Center:	
LK 08	Address:	
	Post Code:	
LK 09	This facility is : 1. A Puskesmas 3. An Auxiliary Puskesmas	[ ]

INTERVIEW NOTES				
		First Visit	Second Visit	Third Visit
LK 10	Date	----/----/----	----/----/----	----/----/----
LK 11	Hour of Start	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
LK 12	Hour of Termination	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
LK 13	Result of Interview	[ ][ ]	[ ][ ]	[ ][ ]
<b>Code of interview result:</b>		03. Deferred 01. Completed                      04. Denied 02. Partly completed            05. Inaccessible		

SUPERVISION:		CODE
LK 14	Interviewer:	[ ][ ][ ]
LK 15	Editor:	[ ][ ][ ]
LK 16	Local Supervisor :	[ ][ ][ ]
LK 17	Jakarta Supervisor: .....	[ ][ ]
LK 18	Field Coordinator: .....	[ ][ ]

## SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

THE SECTION A RESPONDENT IS THE PUSKESMAS HEAD. IF AT THE TIME OF THE VISIT THE PUSKESMAS HEAD IS NOT THERE, THE DEPUTY MAY SUBSTITUTE.

IF THE PUSKESMAS HEAD IS A DOCTOR, ASK QUESTION A1 TO A11

IF THE PUSKESMAS HEAD IS NOT A DOCTOR, ASK QUESTION A12 TO A20.

AA	Is the respondent a Puskesmas head ?	1. YES 3. NO	[   ]
----	--------------------------------------	-----------------	-------

AB	Is the respondent a doctor or not ?	1. A doctor: ..... 3. Not a doctor: .....	to question A1 - A11 to question A12 - A20
----	-------------------------------------	--	---

## ESPECIALLY A DOCTOR:

AC	NAME : .....
----	--------------

AD	AD. OFFICE : .....
----	--------------------

A1.	How long has the doctor worked at this Puskesmas ?	[   ][   ] years
A2.	Where did the doctor complete his doctor's education ? <b>a. At the University:</b> ..... <b>b. Graduated in the year :</b> .....	<b>a.</b> [   ][   ] code filled in by editor. <b>b. Year</b> [   ][   ]
A3.	Is the doctor able to speak the regional language ? <b>1. Yes</b> <b>3. No</b>	[   ]
A4.	Last month, how many hours a week did the doctor work in the Puskesmas building ?	[   ][   ] hours per week
A5.	In rendering services in the building on the average, how many hours a week did the doctor offer his services directly to the patients in this Puskesmas ? [examine the patients]	[   ][   ] hours per week
A6.	Are the patients here examined first by the doctor ? <b>1. Yes -----&gt; straight to A8.</b> <b>3. No</b>	[   ]
A7.	If not, which patients does the doctor examine ? [There can be more than one answer] <b>1.</b> patients referred to him by paramedics/midwives <b>2.</b> patients with special arrangements <b>4.</b> patients with difficult cases	[   ]



## SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

<b>A8.</b>	How many patients a week does the doctor examine on the average ?	[   ] [   ] <b>patients a week</b>
<b>A9.</b>	Last month, on the average, how many hours a week did the doctor perform his duties outside the Puskesmas building ? <b>a.</b> For administrative activities, like, meetings, seminars. <b>b.</b> For field activities like : counseling, Posyandu (integrated service posts) etc.	<b>a.</b> [   ] [   ] <b>hours a week</b> <b>b.</b> [   ] [   ] <b>hours a week</b>
<b>A10.</b>	Does the doctor have private practice ? <b>1. Yes</b> <b>3. No-----&gt; To A22</b>	[   ]
<b>A11.</b>	If the answer is YES, how far is it from the Puskesmas ? [If he has practice at the Puskesmas, write "0" (zero) ! ]	[   ] [   ] , [   ] <b>km.</b>

STRAIGHT TO -----&gt; A22

## SPECIAL NON-DOCTOR:

<b>AE</b>	NAME : .....	<b>AF</b>	AF. OFFICE : .....
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<b>A12.</b>	How long have you worked at this Puskesmas ?	[   ] [   ] <b>years</b>
<b>A13.</b>	What is your educational background ? <b>a. School:</b> _____ <b>b. Graduated in the year : :</b>	<b>a.</b> [   ] [   ] <b>code to be filled by editor</b> <b>b. Year :</b> [   ] [   ]
<b>A14.</b>	Do you speak the regional language ? <b>1. Yes</b> <b>3. No</b>	[   ]
<b>A15.</b>	Last month, how many hours a week did you work in the Puskesmas building ?	[   ] [   ] <b>hours per week</b>
<b>A16.</b>	Do you examine patients in this Puskesmas ? <b>1. Yes</b> <b>3. No -----&gt; to A19.</b>	[   ]

## SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

<b>A17.</b>	In rendering service in the building, how many hours a week on the average do you render direct services to the patients at this Puskesmas ? [examining patients]	[   ][   ] hours per week
<b>A18.</b>	On the average how many patients a week do you examine ?	[   ][   ][   ] patients per week
<b>A19.</b>	Last month, on the average how many hours a week did you perform your duties outside the Puskesmas building ? <b>a.</b> For administrative activities, like : meetings, seminars <b>b.</b> For field activities like counseling, Posyandu etc.	<b>a.</b> [   ][   ] hours per week <b>b.</b> [   ][   ] hours per week
<b>A20.</b>	Do you hold private practice ? <b>1. Yes</b> <b>3. No-----&gt; To A22</b>	[   ]
<b>A21.</b>	If the answer is YES, how far from the Puskesmas ? [If you have practice at the Puskesmas write "0" (zero) !]	[   ][   ], [   ] km.

STRAIGHT TO -----> A 22.
--------------------------

## SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

<b>A22.</b> Now we would like to know the dose of some types of medicines you usually supply to adult patients.					
Types of Medicine	A23. Amount commonly supplied to adult patients. (in one prescription)			A24. Packages	
	A23a. Amount medicines :	A23b. [see code]	A23c. Number of days	A24a. Contents of Units	A24b. 1. mg 2. cc
<b>1. Antibiotics [capsuls and tablets]</b> a. Penicillin b. Ampicillin c. Tetracyclin d. Chloroamphenicol	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ] [ ] [ ] [ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ] [ ] [ ]
<b>2. Analgetics :</b> a. Antalgin	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
<b>3. Antipyretics :</b> a. Acetosal b. Paracetamol	[ ][ ] [ ][ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ]
<b>4. Anti-TBC : [for short term treatment]</b> a. INH b. Rifampicin c. Ethambutol d. Streptomycin	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ] [ ] [ ] [ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ] [ ] [ ]
<b>5. Anti malaria :</b>	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
<b>6. Skin Ointment</b>	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
<b>7. Cough medicine :</b>	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
<b>8. Oralite :</b>	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]
<b>9. Contraceptive Injectables:</b> a. Depo provera b. Noresterat	[ ][ ] [ ][ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ]

**Kode A23b:**1. tablets  
2. capsul3. bottles  
4. tube5. package  
6. shots

## SECTION A : HEAD OF PUSKESMAS / AUXILIARY PUSKESMAS

## Opinion of Head of Puskesmas/Auxiliary Puskesmas :

<b>A25.</b>	Now we would like to know three main problems you face at this Puskesmas :
1.	..... .....
2.	..... .....
3.	..... .....

<b>A26.</b> We would also like to inquire into various matters at this Puskesmas. Please suggest staff members we should ask about the topics listed below.:		
Section	Items to inquired about:	Suggested Respondent:
<b>B.</b>	Development of the Puskesmas from establishment until the present. For this section we would like respondents who have been working here for a number of years.	.....
<b>C.</b>	Activities of Puskesmas	.....
<b>D.</b>	Staff of Puskesmas	.....
<b>E.</b>	Equipment/Supplies of Puskesmas	.....
<b>G.</b>	Family Planning Clinic	.....
<b>H.</b>	Patient Vignette, Family Planning Services	.....
<b>I.</b>	Patient Vignette, Prenatal care	.....
<b>J.</b>	Patient Vignette, fever	.....
<b>K.</b>	Patient Vignette, diarrhea and vomiting	.....

## SECTION B : DEVELOPMENT OF PUSKESMAS/AUXILIARY PUSKESMAS

THE RESPONDENT IS A PUSKESMAS EMPLOYEE WHO HAS WORKED AT THIS PUSKESMAS FOR A LONG TIME

Name: _____	Position : _____
-------------	------------------

<b>B1.</b>	When did this Puskesmas open for services at this location ?	Year: [   ][   ]
<b>B2.</b>	When this facility was opened for the first time, what was its function ? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>1.</b> BP/KIA -----&gt; <b>To B3</b>  <b>2.</b> Auxiliary Puskesmas -----&gt; <b>To B4</b>  <b>3.</b> Puskesmas -----&gt; <b>To B5</b> </div> <div></div> </div>	[   ]
<b>B3.</b>	Specifically for BP/KIA In what year did these facilities change ? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>a.</b> From BP/KIA ---&gt; to Auxiliary Puskesmas/Puskesmas  <b>b.</b> From Auxiliary Puskesmas -----&gt; to Puskesmas  <b>[If of this moment it still is an Auxiliary Puskesmas write "96" at B3B].</b> </div> <div></div> </div>	<b>a. Year:</b> [   ][   ] <b>b. Year:</b> [   ][   ]
<b>B4.</b>	<b>Specifically for Auxiliary Puskesmas :</b> In what year did this facility change from an Auxiliary Puskesmas to Puskesmas ? <b>[Write "96" if it is still an Auxiliary Puskesmas]</b>	Year: [   ][   ]

## SECTION B : DEVELOPMENT OF PUSKESMAS/AUXILIARY PUSKESMAS

**Directions to fill in questions B5 - B14 :**

1. Determine first when a certain activity started and put the sign [x] in the box reserved. Then, determine when said activities ceased and put the sign [x] in the box reserved. Connect both [x]es by a straight line to indicate the period during which said activities take place.
2. If the activities still continue through 1993, continue said line without [x] in 1993
3. If these activities ever interrupted e.g for 2 years, put the sign [x] in the year when those activities ceased. When these activities resume, please put down the sign [x] in the year when things started again.
4. If activities started before 1980, put down a line straight away, without [x] in 1980.

**B5. Now we would like to ask about the development that occurred in the Puskesmas :**

	<b>B6. Founding of a Lab</b>	<b>B7. Founding of a Pharmacy</b>	<b>B8. Arrival of a permanent doctor</b>	<b>B9. Arrival of Dentist</b>	<b>B10. First Auxiliary Puskesmas</b>	<b>B11. First Posyandu</b>	<b>B12. Installation of a Mobile Puskesmas</b>	<b>B13. Inpatients facilities</b>	<b>B14. Installation of Service Delivery facilities</b>
<b>a.1980</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>b.1981</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>c.1982</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>c.1983</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>d.1984</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>e.1985</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>f.1986</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>g.1987</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>h.1988</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>i.1989</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>j.1990</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>k.1991</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>l.1992</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>m.1993</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

## SECTION B : DEVELOPMENT OF PUSKESMAS/AUXILIARY PUSKESMAS

<b>B15.</b>	Is there electricity at this Puskesmas ? 1. Yes 3. No .....> <b>To B17</b>	[   ]
<b>B16.</b>	If there is, please state the electricity source used ?: 1. PLN (State Electricity Company) 2. Local Government/Government Agency 3. Puskesmas Generator 4. Public/Community initiative 5. Private Company/Cooperative 6. Other _____	[   ] _____
<b>B17.</b>	Mention the main water sources needed : 01. Piped water (PAM) 02. Pump water (electric/manual pump) 03. Well water 04. Spring water 05. Rain water 06. River water 07. Lake water 08. Other, please mention those _____	[   ][   ]
<b>B18.</b>	Is this water source in the Puskesmas building ? 1. Yes -----> <b>to B20</b> 3. No	[   ]
<b>B19.</b>	If it is not inside, how far is it from the Puskesmas ? 1 = less than 10 meters 3 = 10 - 30 meters 5 = more than 30 meter	[   ]
<b>B20.</b>	Mention the toilet facilities used : 1. Private toilet with septic tank 2. Private toilet without septic tank 3. Common toilet 4. No toilet	[   ]

## SECTION C : ACTIVITIES OF PUSKESMAS

Name: _____	Position: _____
-------------	-----------------

	C1. When is the Puskesmas open? On ..(days)	C2. Opening Hours :	C3. Closing Hours :
a.	Monday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
b.	Tuesday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
c.	Wednesday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
d.	Thursday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
e.	Friday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
f.	Saturday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]

C4.	What is the registration fee ?	a. First visits Rp.	[ ][ ] [ ][ ] [ ][ ]
		b. Repeat visits Rp.	[ ][ ] [ ][ ] [ ][ ]

## Service in the building :

C5. Type of service :	C6. Is there any [...] service ? 1. Yes ---> To C7 3. No ---> To next line	C7. How many days a week ? [see code C7]	C8. Since what year?	C9. Costs of the service? [including registration fee] (Rupiah)	C10. Units
1. Inpatients	[ ]		[ ][ ]	[ ][ ] : [ ][ ] [ ][ ]	per diem
2. Curative Care Examination	[ ]	[ ]	[ ][ ]	[ ][ ] : [ ][ ] [ ][ ]	per visit
3. Stitching of wounds: a. first stitch b. additional stitches	[ ]			[ ][ ] : [ ][ ] [ ][ ] [ ][ ] : [ ][ ] [ ][ ]	per stitch
4. Changing of wound dressing	[ ]			[ ][ ] : [ ][ ] [ ][ ]	per visit
5. Incision of abcess/piercing of boils	[ ]			[ ][ ] : [ ][ ] [ ][ ]	per action
Code C7 : 9 = if the service is offered with special conditions or arrangement .					



## SECTION C : ACTIVITIES OF PUSKESMAS

C5. Type of Service :	C6. Is there any [...] service ? 1. Yes ---> To C7 3. No ---> To next line	C7. How many days a week ? [see code C7]	C8. Since what year	C9. Costs of the service? Including registration costs (Rupiah)	C10. Unit
6. Circumcisions	[ ]			[ ][ ] [ ][ ][ ]	per time
7. Medical treatment for tuberculoses	[ ]	[ ]		[ ][ ] [ ][ ][ ]	per visit
8. Check up/health examination	[ ]			[ ][ ] [ ][ ][ ]	per visit
9. Dental exam	[ ]	[ ]	[ ][ ]	[ ][ ] [ ][ ][ ]	per exam
10. Prenatal care	[ ]	[ ]	[ ][ ]	[ ][ ] [ ][ ][ ]	per exam
11. Aid for childbirth	[ ]		[ ][ ]	[ ][ ] [ ][ ][ ]	per delivery
12. Child Immunization : a. BCG b. DPT c. Anti polio d. Measles	[ ] [ ] [ ] [ ]	[ ]    	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ][ ]    	per injection
13. Immunization of pregnant women: Tetanus toxoid	[ ]		[ ][ ]	[ ][ ] [ ][ ][ ]	per injection
14. Immunization against Hepatitis B	[ ]	[ ]	[ ][ ]	[ ][ ] [ ][ ][ ]	per injection
15. Supply of Oral Contraceptives : a. Microgynon b. Marvelon 28 c. Excluton 28 d. Schering e. Other: .....	[ ] [ ] [ ] [ ] [ ] _____	     	     	[ ][ ] [ ][ ][ ] [ ][ ] [ ][ ][ ] [ ][ ] [ ][ ][ ] [ ][ ] [ ][ ][ ] [ ][ ] [ ][ ][ ]	one month

**Code C7 : 9 =** if the service is offered with special conditions or arrangement.

## SECTION C : ACTIVITIES OF PUSKESMAS

C5. Type of service :	C6. Is there any [...] service ? 1. Yes ---> To C7 3. No ---> To next line	C7. How many days a week ? [see code C7]	C8. Since what year ?	C9. Costs of the service? [including registration fee] (Rupiah)	C10. Units
16. IUD Plastic/Lipes loop/spiral a. IUD insertion b. IUD removal	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]	for one time insertion for one time removal
17. IUD Copper T a. insertion b. removal	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]	for one time insertion for one time removal
18. Contraceptive injection : a. Depo-Provera b. Noristrat	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]	per injection per injection
19. NORPLANT : a. Insertion b. Removal	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]	for one time insertion for one time removal
20. Sterilization : a. for men b. for women	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]	per procedure
21. Treatment of contraceptive side effects	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ]	per treatment

**Code C7 : 9 =** if the service is rendered with special conditions or arrangements

## Service outside the building :

<b>C11</b>	On an average day, how many staff members of the Puskesmas go outside the building for outreach activities ?	[ ][ ] staff			
<b>C12.</b>	In general, at what hour do the teams go to the field?	<b>hours:</b> [ ][ ][ ][ ]	<b>C13.</b>	In general, at what hour do the teams return to the Puskesmas ?	<b>hours:</b> [ ][ ][ ][ ]

## SECTION C : ACTIVITIES OF PUSKESMAS

## Posyandu (Integrated Service Post):

<b>C14.</b>	How many Posyandus are there in the work region of this Puskesmas ?	[   ][   ] <b>Posyandu</b>
<b>C15.</b>	How many teams go and visit Posyandus in one month ?	[   ][   ] <b>team</b>
<b>C16.</b>	In each visit to a Posyandu, how many Puskesmas staff members go together in one team ? [not including the driver]	[   ] <b>staff</b>

## Mobile Puskesmas :

<b>C20.</b>	How many days in a month does the Puskesmas staff go on a duty trip of the mobile Puskesmas ?	[   ][   ] <b>days</b>
<b>C21.</b>	In each activity of the Mobile Puskesmas how many Puskesmas staff members go on a trip ?	[   ] <b>staff</b>

## Polindes:

<b>C24.</b>	Is there a childbirth post (Polindes) program in the work region of the Puskesmas ? 1. YES 3. NO -----> straight to <b>C27</b>	[   ]
<b>C25.</b>	If the answer is yes, how many Polindes are there in the work region of this Puskesmas ?	[   ][   ]
<b>C26.</b>	In what year was the first Polindes ?	[   ][   ]

## Reference Activities:

<b>C30.</b>	Does this Puskesmas treat patients referred in from the outside?	<b>1. Yes</b> <b>3. No----</b> > Ke <b>C32</b>	[   ]
<b>C31.</b>	If the answer is yes, where do the patients come from? 1. Doctors in private practice 2. Other Puskesmas 3. Auxiliary Puskesmas 4. Midwives, paramedics, nurses in private practice 5. Posyandu 6. Traditional practitioners 7. Village midwives 8. Hospitals 9. Schools	<b>1. Yes</b> <b>3. No-</b>  1. [   ] 2. [   ] 3. [   ] 4. [   ] 5. [   ] 6. [   ] 7. [   ] 8. [   ] 9. [   ]	

## Auxiliary Puskesmas :

<b>C17.</b>	How many Auxiliary Puskesmas are there in the work region of this Puskesmas ?	[   ][   ] <b>Auxiliary Pus.</b>
<b>C18.</b>	In one month, how many teams go to the Auxiliary Puskesmas ?	[   ][   ] <b>team</b>
<b>C19.</b>	During each visit to the Auxiliary Puskesmas, how many Puskesmas staff members go in one team ? [not including the driver]	[   ] <b>staff</b>

## UKS/UKGS :

<b>C22.</b>	How many days in a month does the Puskesmas staff visit the schools for the UKS/UKGS program ?	[   ][   ] <b>days</b>
<b>C23.</b>	During each UKS/UKGS visit, how many Puskesmas staff members go along ?	[   ] <b>staff</b>

## Village Medicine Post:

<b>C27.</b>	Is there a Medicine Post in the work region of this Puskesmas ? 1. YES 3. NO -----> straight to <b>C30.</b>	[   ]
<b>C28.</b>	If the answer is YES, how many Medicine Posts are there in the work region of this Puskesmas?	[   ][   ]
<b>C29.</b>	In what year was the first Medicine Post ?	[   ][   ]

<b>C32.</b>	Does this Puskesmas refer patients to other facilities ?	<b>1. Yes</b> <b>3. No----&gt; To C34</b>	[     ]
<b>C33.</b>	<p>If the answer is YES, where are the patients referred to ?</p> <div> <div> 1.Hospital : Name of the Hospital:.....  Location: Village: .....  District: .....  Regency: .....  Province: ..... </div> <div> 3. Other Puskesmas  4. Other Auxiliary Puskesmas  5. Private practioners/midwives, paramedics, nurses  6. Posyandu/Rural PPKB  7. Traditional practitioners  8. Rural (Village) Midwives </div> </div>	<b>1. Yes</b> <b>3. No-</b>	<b>1.</b> [     ] <b>5.</b> [     ] <b>2.</b> [     ] <b>6.</b> [     ] <b>3.</b> [     ] <b>7.</b> [     ] <b>4.</b> [     ] <b>8.</b> [     ]

**Laboratory Examination:**

<b>C34.</b> Type of Examination	<b>C35</b> Can this lab work be done in the Puskesmas? <b>1. Yes ----- &gt; To C36</b> <b>3. No-----&gt; To C37</b>	<b>C36</b> How much is the charge to the patient ?  <b>(Rupiah)</b>	<b>C37</b> For labwork not done here, is the patient referred outside? <b>1. Yes -----&gt; To C38</b> <b>3. No -----&gt; To next line.</b>	<b>C38</b> How far is this facility from the Puskesmas ?
a. Hemoglobin (Hb) .....	[   ]	[   ][   ][   ][   ]	[   ]	[   ][   ] <b>Km</b>
b. Leucosit calculation .....	[   ]	[   ][   ][   ][   ]	[   ]	[   ][   ] <b>Km</b>
c. Blood Type calculation .....	[   ]	[   ][   ][   ][   ]	[   ]	[   ][   ] <b>Km</b>
d. Eritrosit calculation .....	[   ]	[   ][   ][   ][   ]	[   ]	[   ][   ] <b>Km</b>
e. Urinalysis .....	[   ]	[   ][   ][   ][   ]		
f. Pregnancy test .....	[   ]	[   ][   ][   ][   ]		
g. Feces Examination .....	[   ]	[   ][   ][   ][   ]		
h. Sputum Examination .....	[   ]	[   ][   ][   ][   ]		

SECTION C : ACTIVITIES OF PUSKESMAS

<b>C39. Number of visits of patients to this Puskesmas, during the last week, from Monday to Sunday.</b>		Date : [    ][    ] to [    ][    ] Month : _____
<b>C40. Day :</b>		<b>C41. Number of visitors registered in the registration book</b>
<b>a.</b> Monday .....		[    ][    ][    ] <b>persons</b>
<b>b.</b> Tuesday .....		[    ][    ][    ] <b>persons</b>
<b>c.</b> Wednesday .....		[    ][    ][    ] <b>persons</b>
<b>d.</b> Thursday .....		[    ][    ][    ] <b>persons</b>
<b>e.</b> Friday .....		[    ][    ][    ] <b>persons</b>
<b>f.</b> Saturday .....		[    ][    ][    ] <b>persons</b>
<b>g.</b> Sunday .....		[    ][    ][    ] <b>persons</b>

## SECTION D : PUSKESMAS EMPLOYEES

Name of respondent: _____		Office: _____	
---------------------------	--	---------------	--

  

<b>D1.</b>	Now we would like to inquire about staff at the Puskesmas.  How many employees are there working at this facility ? [including Government Employee and those paid by remunerations]	[   ] [   ] employee	
<b>Specifically for Government Employee, please specify those according to types of employee :</b>			
<b>D2.</b>	Type of employee :	<b>D3.</b> Number of full time employees	<b>D4.</b> Number of parttime employees
a.	General practitioners	a. [   ] [   ] employees	a. [   ] [   ] employees
b.	Dentists	b. [   ] [   ] employees	b. [   ] [   ] employees
c.	Nurses	c. [   ] [   ] employees	c. [   ] [   ] employees
d.	Midwives	d. [   ] [   ] employees	d. [   ] [   ] employees
e.	Assistant Nutritionists	e. [   ] [   ] employees	e. [   ] [   ] employees
f.	Paramedics without other duties	f. [   ] [   ] employees	f. [   ] [   ] employees
g.	Employees with special assignments	g. [   ] [   ] employees	g. [   ] [   ] employees
h.	Administrative employees	h. [   ] [   ] employees	h. [   ] [   ] employees
i.	Other	i. [   ] [   ] employees	i. [   ] [   ] employees
<b>D5.</b>	Are there any employees on honoraria? <div style="text-align: right;">1. Yes -----&gt; To D6 3. No -----&gt; Straight to D9</div>		[   ]
<b>Especially for honoraria employees, specify according to types :</b>			
<b>D6.</b>	Types of Employees :	<b>D7.</b> Number of full time employees	<b>D8.</b> Number of part-time employees
a.	Nurses	a. [   ] [   ] employees	a. [   ] [   ] employees
b.	Midwives	b. [   ] [   ] employees	b. [   ] [   ] employees
c.	Other paramedics	c. [   ] [   ] employees	c. [   ] [   ] employees
d.	Employees with special assignments	d. [   ] [   ] employees	d. [   ] [   ] employees
e.	Administrative employees	e. [   ] [   ] employees	e. [   ] [   ] employees
f.	Other	f. [   ] [   ] employees	f. [   ] [   ] employees

## SECTION D : PUSKESMAS EMPLOYEES

Specifically for doctors, nurses, and midwives :

D9. Full name	D10. Code of employee (see code D10)	D11. How many hours a week [...] render services to patients ? hours per week	D12. Can [...] speak regional language here ? 1. Yes 3. No	D13. Do you [...] have a private practice ? 1. Yes -----> To D14 3. No---> To next line	D14. If the answer is YES, how far is it from the Puskesmas ? (see code D14)
a. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
b. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
c. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
d. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
e. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
f. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
g. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]
h. ....	[ ][ ]	[ ][ ]	[ ]	[ ]	[ ]

## Code D10 :

01. Doctor (Physician)  
02. Dentist  
03. Nurses/Mantri  
04. Midwives

## Code D14 :

0 = at Puskesmas/in Puskesmas yard  
1 = less than 1 kilometer  
2 = 2 -5 Kms

3 = 5 - 10 Kms  
4 = More than 10 kms

## SECTION E : HEALTH INSTRUMENTS

Name of Respondent \_\_\_\_\_

Position : \_\_\_\_\_

**Please give information about various medical instruments found at this Puskesmas !**

<b>E1. Type of Instruments</b>	<b>E2. Number of [...] instruments at this facility ? [including the damaged ones]</b>	<b>E3. The number of instruments owned by this Puskesmas that are in good repair ?</b>	<b>E4. The number of privately owned instruments used here?</b>
a. Regular stethoscope .....	[ ][ ]	[ ]	[ ]
b. Stethoscope for pregnant mothers .....	[ ][ ]	[ ]	[ ]
c. Tensimeters .....	[ ][ ]	[ ]	[ ]
d. Sterilization/autoclaves .....	[ ][ ]	[ ]	[ ]
e. Scales for adults .....	[ ][ ]	[ ]	[ ]
f. Scales for infants .....	[ ][ ]	[ ]	[ ]
g. Measures for body height .....	[ ][ ]	[ ]	[ ]
h. Thermometer .....	[ ][ ]	[ ]	
i. Beds .....	[ ][ ]	[ ]	
j. Delivery Kit .....	[ ][ ]	[ ]	[ ]
k. Foceps .....	[ ][ ]	[ ]	[ ]
l. Vaginal speculum .....	[ ][ ]	[ ]	[ ]
m. Sahli set .....	[ ][ ]	[ ]	[ ]



## SECTION E : HEALTH INSTRUMENTS

E5. Instruments	E6. Does this facility have [...] ? 1. Yes -----> To E7 3. No -----> To next line	E7. Do the [...] instruments function properly? 1. Yes 3. No
a. Antiseptic 1. Alcohol ..... 2. Betadine .....	[ ] [ ]	
b. Bandages .....	[ ]	
c. Oxygen tubes .....	[ ]	[ ]
d. Incubators .....	[ ]	[ ]
e. Minor surgical instruments .....	[ ]	[ ]
f. SSB Radios .....	[ ]	[ ]
g. Infuse instruments and needles .....	[ ]	
h. Gloves .....	[ ]	
i. Scissors .....	[ ]	
j. Giemsa dyeing solutions .....	[ ]	
k. Benedict solutions .....	[ ]	
l. Wright solutions .....	[ ]	
m. Pregnancy Test (strips).....	[ ]	
n. Protein urine tests (strips) .....	[ ]	
o. Glucose urine tests (strips) .....	[ ]	
p. Microscopes .....	[ ]	[ ]
q. Centrifuges .....	[ ]	[ ]

## SECTION F : DIRECT OBSERVATION

## EXAMINATION ROOMS

<b>F1.</b>	How clean is the floor in this room ? [ Dirty = if much dust, food remnants/scattered garbage are found ] <b>1. Dirty</b> <b>3. Clean</b>	[    ]
<b>F2.</b>	How clean are the walls in this room ? [ Dirty = if many spider webs, scribbles moisture, peeled off paint ] <b>1. Dirty</b> <b>3. Clean</b>	[    ]
<b>F3.</b>	Are there curtains that shut off the examination rooms ? <b>1. Yes</b> <b>3. No -----&gt; to F5</b>	[    ]
<b>F4.</b>	How are conditions of these curtains ? [ Dirty = if these have evidently not been washed for a long time, if there are bloodspots, or other sticking droppings ] <b>1. Dirty</b> <b>3. Clean</b>	[    ]
<b>F5.</b>	What provisions are made for washing hands in this room ? <b>1. Wash stand with running water</b> <b>3. Wash basin with clean water</b> <b>5. Not available</b>	[    ]
<b>F6.</b>	Are there any garbage cans in this room ? <b>1. Yes</b> <b>3. No</b>	[    ]
<b>F7.</b>	Is there any examination table in this room ? <b>1. Yes</b> <b>3. No</b>	[    ]

## SECTION F : DIRECT OBSERVATION

## INJECTION ROOM

F8.	<b>CHECK POINT: IS THERE A SPECIAL INJECTION ROOM ?</b> <b>1. YES ---&gt;IF YES, FILL IN F9 TO F14.</b> <b>3. NO --&gt;IF NO, PROCEED DIRECTLY TO F15</b>	[    ]
-----	---	--------

F9.	How clean is the floor in this room ? [ Dirty = if there are lot of dust, food remnant/scattered garbage ] <div style="float: right;"> <b>1. Dirty</b>  <b>3. Clean</b> </div>	[    ]
F10.	How clean are the walls in this room ? [ Dirty = if a lot of spider webs, scribbings, moisture, peeled off paint are noted ] <div style="float: right;"> <b>1. Dirty</b>  <b>3. Clean</b> </div>	[    ]
F11.	What provisions are made for washing hands in this room ? <div style="float: right;"> <b>1. Wash stand with running water</b>  <b>3. A wash basin with clean water</b>  <b>5. Not available</b> </div>	[    ]
F12.	Is there a garbage can in this room ? <div style="float: right;"> <b>1. Yes</b>  <b>3. No</b> </div>	[    ]
F13.	For injecting patients, what kind of needle is used ? <div style="float: right;"> <b>1. A disposable needle -----&gt; to F15.</b>  <b>2. A non-disposable needle</b>  <b>3. Both</b> </div>	[    ]
F14.	How is equipment sterilized ? [THERE CAN BE MORE THAN ONE ANSWER] <div style="display: flex; justify-content: space-between;"> <div> <b>1. With a sterilizer</b>  <b>2. Boil the needle with boiling water</b>  <b>4. Rinse it with alcohol</b> </div> <div> <b>8. Heat the needle with fire</b>  <b>16. Not sterilized</b>  <b>32. Other, please mention these _____</b> </div> </div>	[    ][    ] _____

## SECTION F : DIRECT OBSERVATION

## KIA - KB (MCH-FP) ROOMS

<b>F15. CHECK POINT: ARE THERE SPECIAL ROOMS FOR KIA-KB ?</b> <b>1. YES ---&gt;IF YES, FILL IN F16 TO F23</b> <b>3. NO --&gt;IF NOT, PROCEED DIRECTLY TO F24.</b>			[   ]
<b>F16.</b>	How clean are the floors in this room ? [ Dirty = if much dust, food remnants/scattered garbage are found ]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>F17</b>	How clean are the walls in this room ? [ Dirty = if there are found many spider webs, scribbles, moisture, peeled off paint ]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>F18.</b>	Are there curtains that shut off the examination rooms ?	<b>1. Yes</b> <b>3. No -----&gt; to F20</b>	[   ]
<b>F19.</b>	How are the conditions of these curtains ? [ Dirty = if these have evidently not been washed for a long time, if there are bloodspots, or other sticking dropping ]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>F20.</b>	What are the provisions for washing hands that are found in this room ?	<b>1. Wash stand with running water</b> <b>3. Wash basin with clean water</b> <b>5. Not available</b>	[   ]
<b>F21.</b>	Are there any garbage cans in this room ?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>F22.</b>	Is there a gynecological table in this room ?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>F23</b>	Is there a graphic concerning the PWS-KIA attached to the wall ?	<b>1. Yes</b> <b>3. No</b>	[   ]

## SECTION F : DIRECT OBSERVATION

## PHARMACY

**F24. CHECK POINT IF THERE IS NO SPECIAL PHARMACY, ASK THE EMPLOYEE WHO USUALLY DISTRIBUTES THE MEDICINE**

Types of medicine	F25. Name of brand commonly used  [If it is generic medicine, write "generic"]	F26. The charge to the patient (in accordance with A23)  [in thousand rupiahs]	F27. Does [...] constitute  1. government supply 3. a puskesmas purchase 5. a combination	F28. Is there any stock today ?  1. Yes 3. No	F29. In the last 6 months how many weeks did the [...] run out ?	
					F29a. medicine coming from the government	F29b. medicines supplied by the government as well as obtained by own purchase
1. Antibiotics : ----> [to F29]. a. Penicilin b. Ampicilin c. Tetracilin d. Chloroamphenicol	..... ..... ..... .....	[ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]
2. Analgetic : a. Antalgin	.....	[ ][ ][ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
3. Antipyretic : ----> [to F29] a. Acetosal b. Paracetamol	..... .....	[ ][ ][ ] [ ][ ][ ]	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ]
4. Anti - TBC : ----> [to F29] a. INH b. Rifampicin c. Ethambutol d. Stretomicyn	..... ..... ..... .....	[ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]
5. Anti malaria :	.....	[ ][ ][ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
6. Skin ointment	.....	[ ][ ][ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
7. Cough syrup :	.....	[ ][ ][ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
8. Oralit :	.....	[ ][ ][ ]	[ ]	[ ]	[ ][ ]	[ ][ ]
9. Contraceptive injections : a. Depo provera b Noresterat	..... .....	[ ][ ][ ] [ ][ ][ ]	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ] [ ][ ]
10. Iron tablets/ FESO4			[ ]	[ ]	[ ][ ]	[ ][ ]
11. Vitamin A.			[ ]	[ ]	[ ][ ]	[ ][ ]

Explanation: F29: If out of stock for more than 3 days, count this one week

## SECTION F : DIRECT OBSERVATION

## VACCINE STORAGE ROOM

<b>F30.</b>	Where are vaccines stored at this Puskesmas? <b>1. Refrigerator/freezer/special vaccine cooling box</b> <b>3. Regular refrigerator</b> <b>5. Non-electrical refrigerator</b> <b>7. No storing place for vaccines available -- to F23</b>	[   ] 1, 3, 5 -----> TO F31 7 -----> TO F33
<b>F31.</b>	Is there any graphic/record on the freezer's temperature ? <b>1. There is</b> <b>3. There is not</b>	[   ]
<b>F32.</b>	If there is one, state the latest record : <b>a.</b> When was the latest record taken <b>b.</b> Freezer's temperature at last record	<b>a.</b> [   ][   ] / [   ][   ] / [   ][   ] date month year <b>b.</b> [   ][   ]. [   ][   ] degree Celcius
<b>F33.</b>	How many thermos flasks are used for carrying vaccines to the field ? [ IF YOU DO NOT PERFORM IMMUNIZATION, WRITE "96", STRAIGHT TO F40 ]	[   ][   ] thermos
<b>F34.</b>	For vaccinations, what kind of needle is used ? <b>1. Disposable needles</b> <b>3. Non disposable [CAN BE REUSED]</b> <b>5. Both kinds of needles</b>	[   ]
<b>F35.</b>	What method of sterilization is used ? <b>1. Sterilizer</b> <b>2. Boil the needle with boiling water</b> <b>4. Rinse it in alcohol</b> <b>8. Heat the needle with fire</b> <b>16. Non-sterilized</b> <b>32. Other, mention these _____</b> [THERE CAN BE MORE THAN ONE ANSWER]	[   ][   ]

## SECTION F : DIRECT OBSERVATION

<b>F36.</b>	Stock vaccine :		
	<b>F37.</b> Types of Vaccines	<b>F38.</b> Today's stock <b>1. Available    3. Not available</b>	<b>F39.</b> How many weeks in the last 6 months, were there no vaccines/did you run out of vaccines ? [IF YOU HAD BEEN OUT OF VACCINES FOR MORE THAN 3 DAYS, COUNT THIS ONE WEEK]
a.	BCG	[   ]	[   ][   ] weeks
b.	DPT	[   ]	[   ][   ] weeks
c.	Anti polio	[   ]	[   ][   ] weeks
d.	Measles	[   ]	[   ][   ] weeks
e.	Tetanus Toxoid	[   ]	[   ][   ] weeks
f.	Hepatitis B	[   ]	[   ][   ] weeks

## SECTION F : DIRECT OBSERVATION

## LABORATORY

F40	Is there a laboratory at the Puskesmas ?	[    ]
	1. Yes ---> <b>IF THE ANSWER IS YES, FILL IN F41 TO F45</b>	
	3. No ---> <b>IF THERE IS NONE, PROCEED DIRECTLY TO SECTION G</b>	

F41.	How clean is the floor in this room ? [ Dirty = if a lot of dust, food remnants/scattered garbage are seen ]	[    ]
	<b>1. Dirty</b> <b>3. Clean</b>	
F42.	How clean are the walls in this room ? [ Dirty = if a lot of spider webs, scribbings, moisture, peeled off wall paint are seen ]	[    ]
	<b>1. Dirty</b> <b>3. Clean</b>	
F43.	What provision is made for hand washing in this room ?	[    ]
	<b>1. Wash stand with running water</b> <b>3. Wash basin with clean water</b> <b>5. None</b>	
F44.	Is there a garbage can in this room ?	[    ]
	<b>1. Yes</b> <b>3. No</b>	
F45.	Does this lab have these instruments ?	<b>1. Yes</b> a. [    ] b. [    ] c. [    ] d. [    ] <b>3. No</b>
	<b>a. Microscope</b> <b>b. Centrifuge</b> <b>c. Spirit Lamp</b> <b>d. Slide/ready made glasses</b>	



## SECTION G : FAMILY PLANNING SERVICES

Respondent : Person responsible for Family Planning service unit

<b>Name of respondent :</b>	<b>Respondent:</b>
<b>G1.</b> How many staff members of the Puskesmas are involved in providing family planning services ? <span style="float: right;">[   ][   ]</span>	
<b>G2.</b> Mention the number of employees according to the category here below : <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: right; margin-bottom: 5px;"><b>NUMBER</b></p> <p>1. Doctor .....&gt; <b>1.</b> [   ]</p> <p>2. Midwives .....&gt; <b>2.</b> [   ]</p> <p>3. Nurses .....&gt; <b>3.</b> [   ]</p> </div> <div style="width: 45%;"> <p style="text-align: right; margin-bottom: 5px;"><b>NUMBER</b></p> <p>4. Paramedic .....&gt; <b>4.</b> [   ]</p> <p>5. Employees with special duties .....&gt; <b>5.</b> [   ]</p> <p>6. Other, mention them ..... <b>6.</b> [   ] .....</p> </div> </div>	

**Describe the employees rendering FAMILY PLANNING services :**  
**[ESPECIALLY CONCERNING DOCTORS, MIDWIVES AND NURSES ONLY]**

G3. Name  (initials )	G4. Code of employee  (see code G4)	G5. How long has [   ] rendered Family Planning services at this Puskesmas ?  Year      Month		G6. Has [...] ever participated in Family Planning training ?  1. Yes -----> To G7 3. No ---> To next line	G7. Mention the latest type of training attended ?  (see code G7)	G8. When/in what year was the latest training held ?	G9. Duration of training  (see code G9)	G10 The organizer of the training is :  (see code G10)
a. [   ][   ]	[   ]	[   ][   ]	[   ][   ]	[   ] -----	[   ]	[   ][   ]	[   ]	[   ] -----
b. [   ][   ]	[   ]	[   ][   ]	[   ][   ]	[   ] -----	[   ]	[   ][   ]	[   ]	[   ] -----
c. [   ][   ]	[   ]	[   ][   ]	[   ][   ]	[   ] -----	[   ]	[   ][   ]	[   ]	[   ] -----
d. [   ][   ]	[   ]	[   ][   ]	[   ][   ]	[   ] -----	[   ]	[   ][   ]	[   ]	[   ] -----
e. [   ][   ]	[   ]	[   ][   ]	[   ][   ]	[   ] -----	[   ]	[   ][   ]	[   ]	[   ] -----
f. [   ][   ]	[   ]	[   ][   ]	[   ][   ]	[   ] -----	[   ]	[   ][   ]	[   ]	[   ] -----

<b>Code G4 :</b> 1. Doctor 2. Midwives 3. Nurses	<b>Code G7 :</b> 1. All Family Planning methods 2. IUD insertions 3. Nonplant/implant 4. Treatment of side effects 5. Other, please mention .....	<b>Code G9 :</b> 1. Less than 1 week 2. One to two weeks (1 - 2) 3. Two weeks to 1 month 4. Less than 1 month - 3 month 5. More than 3 months (3 months +)	<b>Code G10:</b> 1. Health Department 2. BKKBN 3. IDI/IBI 4. Other, please mention these .....
---	--	---	--

## SECTION G : FAMILY PLANNING SERVICES

If client desires a certain method that is not available here, where is the patient referred to ?		
G11. Type of method:	Place of reference	
	G12. Type of facility (see code G12) IF "9" ---> TO NEXT LINE	G13. Distance from this Puskesmas
a. Condoms	[   ]	[   ][   ] Kms
b. Pills	[   ]	[   ][   ] Kms
c. Injections	[   ]	[   ][   ] Kms
d. IUD	[   ]	[   ][   ] Kms
e. Norplant/implant/pins	[   ]	[   ][   ] Kms
f. Sterilizations	[   ]	[   ][   ] Kms

**Code G12 :**

1. Government Hospitals
2. Private Hospitals
3. Puskesmas
4. Auxiliary Puskesmas

5. Private Clinic
6. Doctors with private practice
7. Midwives/nurses/practicing paramedics
8. Pharmacies
9. No referral

<b>G14.</b>	In what year was the low dose oral contraceptive found at this facility ?	<b>Years</b> [   ][   ][   ][   ]
<b>G15.</b>	If a mother is breastfeeding her child but wishes to contracept, what methods do you recommend ? <div style="display: flex; justify-content: space-between;"> <div>           1. Low dose pills            2. Medium dose pills            3. IUD            4. Contraceptive injections         </div> <div>           5. Norplant            6. Sterilization            7. Condom            8. Traditional Methods         </div> </div>	[   ]

**CASE PICTURE:**

PUT A [V] SIGN IN THE COLUMN RESERVED, FOR CASES TO BE FILLED IN :

SECTION H:	1. KB - IUD	[    ]
	2. KB - ORAL CONTRACEPTIVE	[    ]
SECTION I:	PREGNANCY EXAMINATION	[    ]
SECTION J :	COUGH AND FEVER EXAMINATION	[    ]
SECTION K :	VOMITING AND DIARRHEA EXAMINATION	[    ]

## SECTION H: KB - IUD CASE

1. Do you provide IUD or Spiral service here ?

1. Yes -----> TO QUESTIONNAIRE

3. No ----> STRAIGHT TO NEXT SECTION

[    ]

2. Name of respondent: .....

3. We would like to know the process by which you provide IUDs to an FP acceptor. We shall explain a case to you. Next we ask you to explain the measures you usually implement successively from the moment the acceptor arrives, you wait upon her, until the service is finished. If in rendering the service there is somebody who assists you, please mention also the steps taken by that assistant.

4. Suppose a woman, aged 22, married, in good health comes here to have an IUD inserted. She is not currently using any contraception devices. What are the steps you take ?

## SECTION H: KB - IUD CASE

PUT AN "1" SIGN AT 5A, 6A AND 7A, IF THE MEASURES ARE STATED SPONTANEOUSLY BY THE RESPONDENT.  
 READ THE MEASURES THAT ARE NOT STATED SPONTANEOUSLY, THEN WRITE THE NUMBER "3" AT 5B, 6B AND 7B IF  
 THE ANSWER IS "YES" AND WRITE THE NUMBER "5", IF THE ANSWER IS "NO"

5. In order to determine whether the KB-IUD instruments are appropriate for the candidate acceptor, please mention a few matters that should be asked of the candidate acceptor	5a. Spontaneous  1. Yes	5b. Did you also ask :  3. Yes 5. No
1. Has the candidate given birth before ? 2. Number of children ? 3. Is the candidate pregnant at this moment or not ? 4. Does the candidate still shed blood or not at childbirth ? 5. Date of latest menstruation (period) ? 6. Date of hip inflammation ? 7. History of irregular periods? 8. History of pains in the lower abdomen or above the urinal pouch 9. History of leucorrhea	1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
6. What are the matters that are discussed regularly with the candidate?	6a Spontaneous  1. Yes	6b Did you also say :  3. Yes 5. No
1. Explaining the benefits of the IUD 2. Explaining the drawbacks of contraception aside from the IUD 3. Types of IUD and appropriateness of prices 4. Possibility of side effect : Bleeding after insertion of IUD 5. Possibility of side effect : pain when period occurs 6. Possibility of side effect : more menstruation than usual 7. Possibility of side effect : pain when performing intercourse 8. Possibility of side effect : pains after insertion of IUD 9. Possibility of side effect : expulsion of IUD 10. Possibility of side effect : IUD moved 11. Possibility of side effect : leucorrhea after insertion of IUD 12. What must be done after occurrence of side effect ? 13. When is intercourse allowed after IUD is attached 14. When must the patient come for a check-up ?	1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ] 13 [ ] 14 [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
7. Please recount the steps taken in inserting the IUD, from the moment of preparing the instrument till the insertion of the IUD.	7a Spontaneous  1. Yes	7b Did you also perform these :  3. Yes 5. No
1. Washing one's hands 2. Putting on one's gloves 3. Sterilization of instruments and / or IUD 4. Internal examination to check infection, erosion, polypus, tumor, or abcess of the womb (uterus) 5. Internal examination to make sure there is no pregnancy 6. Internal examination to determine the position of the uterus 7. Internal examination (with uterus sonde) to determine the measure of the womb cavity 8. Supplying medicines like antibiotics	1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION H : KB - ORAL CONTRACEPTIVE CASE

8. Do you provide oral contraceptives here ?

1. Yes -----> TO QUESTIONNAIRE

3. No -----> PROCEED TO FOLLOWING SECTIONS

[    ]

9. Name of respondent :: .....

10. We would like to understand the process you use in providing oral contraceptives to a non-contraceptor. We will describe a case, and ask you to explain the steps you usually take. We would like to know the steps in consecutive order, from the arrival of the candidate, your waiting on this person until the treatment is over and the acceptor goes home. If in offering service there were persons who helped you, please state the steps taken by your assistants.

11. Suppose a woman of 25 years old, married, came here, wishing to use an oral contraceptive. Currently the candidate did not use any contraception. The candidate appears healthy .

## SECTION H : KB - ORAL CONTRACEPTIVE CASE

PUT THE NUMBER "1" AT 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED BY THE RESPONDENTS SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS WRITE THE NUMBER "3" AT 12B, 13B AND 14B FOR THE ANSWER "YES" AND WRITE THE NUMBER "5" IF THE ANSWER IS "NO"

12. In order to determine whether the KB pill is appropriate for this acceptor :	12a. Spontaneous  1. Yes	12b. Do you also inquire : 3. Yes 5. No
1. When was the latest menstruation (period) ? ..... 2. Did you ever take pills before this ? ..... 3. Is the candidate pregnant at this moment ? ..... 4. Is she breastfeeding the baby at this moment ? ..... 5. Does she have varices at her foot ? ..... 6. History of heart disease ..... 7. History of jaundice ..... 8. History of hypertension .....	1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] 7. [ ] 8. [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ]
13. What do you usually discuss with the candidate acceptor :	13a Spontaneous  1. Yes	13b Did you also inquire : 3. Yes 5. No
1. Rules of taking the oral contraceptive ..... 2. What needs to be done if the patient forgets to take the pill ..... 3. When should the candidate return ? ..... 4. When/where does the candidate obtain additional supplies? .....  <b>Explanation of side effects :</b> 5. Possibility of the menstruation lengthening/shortening or does not occur at all .. 6. Possibility of experiencing nausea and vomiting ..... 7. Possibility of gaining weight ..... 8. Possibility of brown spots on one's face .....	1. [ ] 2. [ ] 3. [ ] 4. [ ]  5. [ ] 6. [ ] 7. [ ] 8. [ ]	[ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ]
14. Examination performed :	14a Spontaneous  1. Yes	14b Do you also perform the examination : 3. Yes 5. No
1. Checking the weight ..... 2. Checking blood pressure ..... 3. Checking swelling of the goiter ..... 4. Checking of breasts ..... 5. Lab test : Hb ..... 6. Lab test : urine .....	1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ]	[ ] [ ] [ ] [ ] [ ] [ ]

## SECTION I : PREGNANCY EXAMINATION CASE

1. Do you provide prenatal care here ?  
 1. YES -----> QUESTIONNAIRE  
 2. NO ----> PROCEED DIRECTLY TO NEXT SECTION

[    ]

2. Name of respondent : .....

3. I would like to understand into the process by which you provide a pregnancy examination. I should like to know anything you do starting from the arrival of the patient, waiting upon the patient until she goes home. I shall describe a pregnant mother, then I shall ask you to explain anything you regularly perform. Please state things in consecutive order.

3. Now I shall describe a case (read it out twice)

Mrs. Ani a married woman, says she has not had her periods for 3 months. She has come to you for a pregnancy examination. This is her first visit. She appears to be in good health. Please recount everything you would do during Mrs. Ani's first visit.

4. NOTES FOR THE INTERVIEWER : DO NOT READ THESE OUT !! THIS INFORMATION IS ONLY PROVIDED IF THE RESPONDENT ASKS QUESTIONS

Mrs. Ani is 23 years old. This is her second pregnancy. She has a son aged 2 years.

5. Did you record this first visit on a card ?

[    ]

1. YES  
 3. NO

6. PUT THE NUMBER "1" AT NO.7A, IF THE MATTER NOTED IS MENTIONED SPONTANEOUSLY  
 READ OUT THE THINGS NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3" IF QUESTION 7B IS ANSWERED "YES", AND PUT DOWN THE NUMBER "5" IF IT IS ANSWERED "NO"

7. What exactly did you record ?	7a. Spontaneous	7b. Did you also ask about:
	1 = Yes	3 = Yes    5 = No
1. Name	1. [    ]	[    ]
2. Age	2. [    ]	[    ]
3. Address	3. [    ]	[    ]
4. Husband's name	4. [    ]	[    ]
5. Husband's age	5. [    ]	[    ]
6. Husband's employment	6. [    ]	[    ]



## SECTION I : PREGNANCY EXAMINATION CASE

PUT THE NUMBER "1" AT NO 8A, 9A, 10A, 11A, 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS SUPPLY THE NUMBER "3" IF QUESTIONS 8B, 9B, 10B, 11B, 12B, 13B AND 14B ARE ANSWERED "YES" AND PUT DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

<b>8. How do you determine that Mrs. Ani is pregnant ? By the :</b>	<b>8a</b> Spontaneous	<b>8b.</b> Did you also inquire about :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. Latest menstruation date	[   ]	[   ]
2. A feeling of nausea	[   ]	[   ]
3. Checking the urine?	[   ]	[   ]
<b>9. What did you ask about her pregnancy history :</b>	<b>9a.</b> Spontaneous	<b>9b.</b> Did you also inquire about :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. How many previous pregnancies has Mrs. Ani had?	[   ]	[   ]
2. Has she ever had a miscarriage ?	[   ]	[   ]
3. Did she once have bleeding ?	[   ]	[   ]
4. Did she receive TT (tetanus toxoid) immunization during her previous pregnancy ?	[   ]	[   ]
<b>10. What did you ask about her previous delivery ?</b>	<b>10a.</b> Spontaneous	<b>10b.</b> Did you also inquire about :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. Where did delivery take place ?	[   ]	[   ]
2. Who helped at the delivery ?	[   ]	[   ]
3. Was there any complication in the delivery : bleeding, long labor?	[   ]	[   ]
4. What was the baby's weight	[   ]	[   ]
<b>11. Health history :</b>	<b>11a.</b> Spontaneous	<b>11b.</b> Did you also inquire about :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. History of high blood pressure ?	[   ]	[   ]
2. History of diabetes ?	[   ]	[   ]
3. History of heart disease ?	[   ]	[   ]
4. Any hereditary disease ?	[   ]	[   ]
5. Do you smoke ?	[   ]	[   ]

## SECTION I : PREGNANCY EXAMINATION CASE

12. Examinations performed :	12a. Spontaneous	12b. Do you also perform this :
	1. Yes	3. Yes 5. No
1. Body height	[ ]	[ ]
2. Body weight	[ ]	[ ]
3. Blood pressure	[ ]	[ ]
4. Eye examination : for pale look	[ ]	[ ]
5. Abdominal examination : for determining size of uterus	[ ]	[ ]
6. Checking of legs for varicose veins	[ ]	[ ]
7. Immunization for tetanus toxoid (TT)	[ ]	[ ]
8. Breast examination	[ ]	[ ]
9. Determining whether a patient belongs to the "high risk" group	[ ]	[ ]
13. Laboratory Examination :	13a. Spontaneous	13b. Do you also perform this :
	1. Yes	3. Yes 5. No
1. Pregnancy test	[ ]	[ ]
2. Hemoglobin test	[ ]	[ ]
3. Urine examination for diabetes	[ ]	[ ]
4. Urine examination for proteins	[ ]	[ ]
14. Consultation :	14a. Spontaneous	14b. Do you also discuss this:
	1. Yes	3. Yes 5. No
1. Advice about nutrition for pregnant mothers	[ ]	[ ]
2. Supply of vitamins	[ ]	[ ]
3. Supply of iron tablets	[ ]	[ ]
4. Advice about sexual relations	[ ]	[ ]
5. Advice about pregnant mothers	[ ]	[ ]
6. Schedule for next visit	[ ]	[ ]
7. Schedule for childbirth	[ ]	[ ]

## SECTION I : PREGNANCY EXAMINATION CASE

**15.** The next case is the following : Mrs. Ani is at an advanced stage of pregnancy estimated to give birth in another two weeks. Mrs. Ani's conditions have so far been good, and she is expected to give birth without complications. Now I would like to know the exact services Mrs. Ani has received until this moment.

**PUT A NUMBER "1" AT 16A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY.**

**READ OUT THE STEPS THAT HAVE NOT BEEN MENTIONED SPONTANEOUSLY, THEN SUPPLY THE NUMBER "3" IF QUESTION 16B IS ANSWERED "YES", AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"**

<b>16. What are exactly the examinations and the action taken for Mrs. Ani ?</b>	<b>16a.</b> Spontaneous	<b>16b.</b> Did you also inquire after :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
<b>Laboratory examination:</b>		
<b>1.</b> Hemoglobin for anemia	<b>1.</b> [   ]	[   ]
<b>2.</b> Urine for diabetes	<b>2.</b> [   ]	[   ]
<b>3.</b> Urine for proteinuria	<b>3.</b> [   ]	[   ]
<b>4.</b> Test for any venereal disease	<b>4.</b> [   ]	[   ]
<b>5.</b> Pregnancy examination for determining the size of the embryo	<b>5.</b> [   ]	[   ]
<b>6.</b> Pregnancy examination for determining position of the embryo	<b>6.</b> [   ]	[   ]
<b>7.</b> Pelvic examination in order to assess the proportionality between the sizes of the fetal head and the mother's hips	<b>7.</b> [   ]	[   ]
<b>8.</b> Leg examination for any swelling	<b>8.</b> [   ]	[   ]
<b>9.</b> Monitoring of blood pressure	<b>9.</b> [   ]	[   ]
<b>10.</b> Injection of tetanus toxoid 2X	<b>10.</b> [   ]	[   ]

## SECTION J : COUGH AND FEVER CASES

<b>1.</b> Do you examine patients ? <b>1. YES -----&gt; TO QUESTIONNAIRE</b> <b>3. NO -----&gt; TO FURTHER SECTIONS</b>	[    ]
---	--------

<b>2.</b> Name of respondent : .....
--------------------------------------

<b>3. We would like to understand the process by which you examine an adult person suffering fever. We should like to find out what is done beginning with the arrival of the patient and ending when the patient goes home. We shall describe a case, subsequently we shall ask you to explain what you do regularly. Please state the facts in consecutive order.</b>
---

<b>4. Now we shall read out a case (to be read out 2X)</b> <ul style="list-style-type: none"> <li>Mr. Nik came to the Puskesmas with a complaint of cough and fever. Please recount exactly what you did for this patient.</li> </ul>
--

## SECTION J : COUGH AND FEVER CASES

PUT THE NUMBER "1" AT 5A, 6A, 7A IF THE STEPS HAVE BEEN SPONTANEOUSLY MENTIONED.  
 READ OUT THE STEPS THAT HAVE NOT BEEN SPONTANEOUSLY MENTIONED, THEN WRITE THE NUMBER "3" IF  
 QUESTIONS 5B, 6B AND 7B ARE ANSWERED "YES", AND WRITE DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

<b>5. What questions were asked when you started to examine the patient?</b>	<b>5a.</b> Spontaneous  <b>1. Yes</b>	<b>5b.</b> Did you also ask these questions:  <b>3. Yes    5. No</b>
1. How long have you suffered from coughing and fever ? 2. Do you have asthma difficulty breathing? 3. Is there any blood when you cough ? 4. What was the color of the sputum ? 5. Do you have any pain in the chest ?	[   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ]
<b>6. When you conducted a physical examination, what did you do about the patients in question ?</b>	<b>6a.</b> Spontaneous  <b>1. Yes</b>	<b>6b.</b> Do you also examine :  <b>3. Yes    5. No</b>
1. I examined the consciousness of the patient 2. I took the temperature 3. I listened to the sound of the respiration 4. I observed the ear lobe 5. I observed the patient's chest/any retraction of the ribs 6. I looked for any signs of sianosis	[   ] [   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ] [   ]
<b>7. What are the laboratory examinations you conduct ?</b>	<b>7a.</b> Spontaneous  <b>1. Yes</b>	<b>7b.</b> Do you also conduct these :  <b>3. Yes    5. No</b>
1. Routine blood examinations 2. Thorax/rontgen photographs 3. Mantoux test 4. Sputum examination	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]

## SECTION K : VOMITING AND DIARRHEA CASE

1. Do you examine small children or babies ?  
 1 YES -----> to QUESTIONNAIRE  
 3. NO -----> FINISHED

[   ]

2. On this occasion I would like to understand the process by which you examine a child suffering from diarrhea. I would like to know the steps you take from the moment the patient arrives, is waited upon, until he/she leaves for home. Now I will describe a case where a mother comes with her daughter. After that, I request you to explain just what you usually do. Please make consecutive statements.

3. Now I shall read out a case (read it out 2X)

Mrs. Nani came to the clinic together with her daughter Eli, an 8 month baby. She came with complaints about diarrhea for two days, with vomiting. Please tell me just what you did during the first examination.

SUPPLY THE NUMBER "1" TO 4A, IF THE RECORDED MATTER HAS BEEN MENTIONED SPONTANEOUSLY. READ OUT THE MATTER THAT HAS NOT BEEN STATED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF QUESTION 4B HAS BEEN ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

4. What questions did you ask when you started the consultation :	4a Spontaneous	4b. Did you also ask this question :	
	1. Yes	3. Yes	5. No
1. When did the diarrhea start ?	[   ]	[   ]	[   ]
2. How many times a day ?	[   ]	[   ]	[   ]
3. What did the feces look like ?	[   ]	[   ]	[   ]
4. How many feces were solid ?	[   ]	[   ]	[   ]
5. Was there any blood on the feces ?	[   ]	[   ]	[   ]
6. Was there any fever ?	[   ]	[   ]	[   ]
5. When you conducted a physical examination what did you do about this patient ?	5a. Spontaneous	5b. Did you also examine these items:	
	1. Yes	3. Yes	5. No
1. I checked his/her consciousness	[   ]	[   ]	[   ]
2. I took the temperature	[   ]	[   ]	[   ]
3. I examined the crown of the head	[   ]	[   ]	[   ]
4. I checked the pulse (weak/strong)	[   ]	[   ]	[   ]
5. I checked for difficulties in breathing	[   ]	[   ]	[   ]
6. I checked for sianosis	[   ]	[   ]	[   ]
7. I looked for any tumor of the skin	[   ]	[   ]	[   ]

## SECTION K : VOMITING AND DIARRHEA CASE

PUT THE NUMBER "1" AT 6A, 7A, 8A, 9A IF THE NOTED MATTER IS MENTIONED SPONTANEOUSLY.  
 READ OUT THE MATTER THAT ARE NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF  
 QUESTIONS 6B, 7B, 8B, 9B ARE ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER  
 IS "NO"

<b>6. If this baby has a mild dehydration, what do you do ?</b>	<b>6a.</b> Spontaneous  <b>1. Yes</b>	<b>6b.</b> Do you also do these :  <b>3. Yes    5. No</b>
1. I consult with someone more expert 2. I supply oral antibiotics 3. I administer oralite 4. I supply a Ringer Lactat infuse medicine	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]
<b>7. What recommendation did you give to the mother of the patient (Mrs.Nani) when the patient went home :</b>	<b>7a.</b> Spontaneous  <b>1. Yes</b>	<b>7b.</b> Do you also do these :  <b>3. Yes    5. No</b>
1. I gave instructions to make an oralite liquid 2. I gave instructions on how to supply oralite 3. I instruct the mother to continue to feed with ASI (mother's milk) 4. Feed other food that is permitted 5. If condition worsens, come back at once 6. Return for a checkup before medicine runs out	[   ] [   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ] [   ]
<b>8. What are the follow up steps you take, if this case turns out to be a vomiting and diarrhea disease :</b>	<b>8a.</b> Spontaneous  <b>1. Yes</b>	<b>8b.</b> Do you also do these :  <b>3. Yes    5. No</b>
1. I take a spare rectal swab 2. I look for a different case in the region of the patient's domicile 3. Report to the local Puskesmas Health Service 4. Check the oralite stock 5. Check the Ringer Lactat stock	[   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ]

CODE OF PROVINCE

CODE OF REGENCY

CODE OF SAKERTI:


# SURVEY OF HEALTH FACILITIES 1993

## Practicing Physicians / Clinics

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA

and

RAND

NO. CODE

Name of Physician/Clinic :.....

	•	
--	---	--



STATEMENTS OF CENSUS REGIONS		CODE
LK A	Province: .....	[ ][ ]
LK B	District: .....	[ ][ ]
LK C	SAKERTI '93: .....	[ ][ ][ ]

STATEMENT OF FACILITIES		CODE
LK 01	Name of Province: .....	[ ][ ]
LK 02	Name of District: .....	[ ][ ][ ]
LK 03	Name of Subdistrict: .....	[ ][ ][ ]
LK 04	Region : 1. Urban                      2. Rural	[ ]
LK 05	Sub Population Code :	[ 2 ]
LK 06	Consecutive Number:.....	[ ]
LK 07	Name of physicians/clinic:	
LK 08	Address:	
	Post Code:	
LK 09	This facility is: 1. Practicing physician 3. Clinic	[ ]
LK 10	Sex:                      1. Male 3. Female	[ ]

NOTES OF INTERVIEW				
		First Visit	Second Visit	Third Visit
LK 11	Date	----/----/----	----/----/----	----/----/----
LK 12	Hour of Start	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]
LK 13	Hour of Termination	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]
LK 14	Result	[ ][ ]	[ ][ ]	[ ][ ]
<b>Code of Interview result:</b>		03. Deferred 01. Completed                      04. Denied 02. Partially completed        05. Inaccessible		

SUPERVISION:		CODE
LK 15	Interviewer: .....	[ ][ ][ ]
LK 16	Editor: .....	[ ][ ][ ]
LK 17	Local Supervisor : .....	[ ][ ][ ]
LK 18	Jakarta Supervisor: .....	[ ][ ]
LK 19	Field Coordinator: .....	[ ][ ]

<b>A12.</b>	In the morning, where is your main place of work as a physician ?		[      ]	
	1. Community Health Center/Auxiliary Health Center	7. BUMN/BUMD health facilities	<b>1</b>	<b>6</b>
	2. Government Hospital	8. Other department	<b>2.</b>	<b>7</b>
	3. State University	9. Private health facilities	<b>3</b>	<b>8</b>
	4. Private University	10. Non-medical private facilities	<b>4</b>	<b>9</b>
	5. Health Office/Administration	11. Other _____	<b>5</b>	<b>10</b>
	6. Indonesian Army Agency			<b>11</b>

## SECTION A : GENERAL

<b>A13.</b>	Mention name and location of the main place of work:.	a. Name of agency: .....	<b>Code</b> [filled by editor]
		b. Name of village: .....	
		c. Name of Subdistrict: .....	
		d. Name of Regency: .....	
		e. Province: .....	

<b>A14.</b> Since you have worked here, have there been any of the following changes? [READ EACH ITEM BELOW!]	<b>A15</b> 1. Yes -- <b>To A16</b> 3. No .....>to next line	<b>A16</b> If yes, when ? (mention the year)
a. Renovation of place of practice/repairs	[   ]	[   ][   ]
b. Expansion of the building	[   ]	[   ][   ]
c. Adding new services : [e.g. additional FP services, immunization services]	[   ]	[   ][   ]
d. Improvement of facilities/equipment	[   ]	[   ][   ]

<b>A17.</b>	Do you have electricity at this place of practice ? 1. Yes 3. No -----> <b>To A19</b>	[   ]
<b>A18.</b>	If yes, mention the electricity source used : 1. PLN (State Electricity Company) 2. Local Government / Government Agency 3. Generator of Community Health Center 4. Public self reliance 5. Private company/cooperative 6. Other, please mention: _____	[   ]
<b>A19.</b>	Mention the main water source used : 01. Pipewater (PAM) 02. Pump water (electrical/manual) 03. Well 04. Spring 05. Rainwater 06. Riverwater 07. Lake water 08. Other, please mention _____	[   ][   ] _____
<b>A20.</b>	Is this water source situated in the building ? 1. Yes -----> <b>to A21</b> 3. No	[   ]

## SECTION A : GENERAL

<b>A21.</b> If not, how far is the water source from the practice ? <div style="text-align: right;"> 1 = less than 10 meters  3 = 10 - 30 meters  5 = more than 30 meters </div>	[    ]
---	--------

<b>A22.</b> Additionally we would like to know the three main/basic problems you face practicing here: 1..... ..... 2..... ..... 3..... .....
---

## SECTION B : SERVICE AVAILABILITY

B1. When do you open your practice? On :	B2. Opening hours :	B3. Closing hours :
a. Monday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
b. Tuesday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
c. Wednesday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
d. Thursday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
e. Friday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
f. Saturday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
g. Sunday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]

## Service Availability :

B4. Type of service :	B5. Is there any [...] service? 1. Yes ---> To B6 3. No ---> to next line	B6. How many days per week?	B7. Since what year?	B8. Service charges ? (Rupiah)	B9. Unit
1. In-patients	[ ]		[ ][ ]	[ ][ ] . [ ][ ] [ ][ ]	per day
2. Only examination	[ ]	[ ]	[ ][ ]	[ ][ ] . [ ][ ] [ ][ ]	per visit
3. Examination and injection	[ ]	[ ]	[ ][ ]	[ ][ ] . [ ][ ] [ ][ ]	per visit
4. Examination+injection+medicine	[ ]	[ ]	[ ][ ]	[ ][ ] . [ ][ ] [ ][ ]	per visit
5. Examination and medicine	[ ]	[ ]	[ ][ ]	[ ][ ] . [ ][ ] [ ][ ]	per visit
6. Stitching of wounds: a. First stitch b. Next stitches	[ ]			[ ][ ] . [ ][ ] [ ][ ] [ ][ ] . [ ][ ] [ ][ ]	per stitch
7. Change of dressing	[ ]			[ ][ ] . [ ][ ] [ ][ ]	per visit
8. Abscess incision	[ ]			[ ][ ] . [ ][ ] [ ][ ]	per action

## SECTION B : SERVICE AVAILABILITY

B4. Type of service :	B5. Is there any [...] service? 1. Yes ---> To B6 3. No ---> to next line	B6. How many days per week?	B7. Since what year?	B8. Service charges ? (Rupiah)	B9. Unit
9. Circumcision	[ ]			[ ][ ][ ][ ][ ][ ]	per day
10. Check up	[ ]			[ ][ ][ ][ ][ ][ ]	per visit
11. Tuberculosis treatment	[ ]	[ ]		[ ][ ][ ][ ][ ][ ]	per visit
12. Pregnancy examination	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per examination
13. Delivery	[ ]		[ ][ ]	[ ][ ][ ][ ][ ][ ]	per delivery
14. Immunization of babies:					
a. BCG	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per injection
b. DPT	[ ]		[ ][ ]		
c. Anti polio	[ ]		[ ][ ]		
d. Measles	[ ]		[ ][ ]		
15. Immunization pregnant mother: Tetanus toxoid	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per examination
16. Immunization Hepatitis B	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per injection
17. Providing FP pills :					
a. Microgynon	[ ]			[ ][ ][ ][ ][ ][ ]	per month
b. Marvelon 28	[ ]			[ ][ ][ ][ ][ ][ ]	
c. Excluton 28	[ ]			[ ][ ][ ][ ][ ][ ]	
d. Schering	[ ]			[ ][ ][ ][ ][ ][ ]	
e. Other: .....	[ ] _____			[ ][ ][ ][ ][ ][ ]	
18. IUD Plastic/Lipes loop/spiral					
a. Insertion	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	one insertion
b. Removal	[ ]			[ ][ ][ ][ ][ ][ ]	one removal

## SECTION B : SERVICE AVAILABILITY

B4. Type of service :	B5. Is there any [...] service? 1. Yes ---> To B6 3. No ----> To next line	B6. How many days per week?	B7 Since what year ?	B8. Service charges ? (Rupiah)	B9. Unit
19. IUD Copper T : a. Insertion b. Removal	[ ] [ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]	for one insertion for one removal
20. FP injectable contraceptive: a. Depo-Provera b. Noristat	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ]	per injection
21. FP NORPLANT : a. Insertion b. Removal	[ ] [ ]	[ ]		[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ]	for one insertion for one removal
22. Sterilization : a. for men b. for women	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ]	per measure
23. Infuse services for babies or dehydrated children	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ][ ]	per measure
24. Treatment of FP side effect	[ ]			[ ][ ][ ][ ][ ][ ][ ]	per treatment

## Reference activities:

B10.	Does this practice treat patients referred from outside?	1. Yes 3. No----> To B12 [ ]
B11.	If yes, where do the patients come from ? 1. Other private practicing physicians 2. Community health centers 3. Supporting community health center 4. Midwife/mantri/practicing nurses 5. Health posts/Village PPKB 6. Traditional practice 7. Village Midwife 8. Hospital	1. Yes 1. [ ] 2. [ ] 3. [ ] 4. [ ] 3.No- 5. [ ] 6. [ ] 7. [ ] 8. [ ]

## SECTION B : SERVICE AVAILABILITY

<b>B12.</b>	Does this practice refer patients to other facilities?	<b>1. Yes</b> <b>3. No----</b> To B14 [   ]
<b>B13.</b>	If yes, where are the patients referred to ? 1. Hospital: Name of Hospital..... 3. Community Health Center Location : Village..... 4. Supporting Community Health Center Subdistrict ..... 5. Midwife/mantri/private practicing nurse Regency..... 6. Health Post/Village PPKB Province..... 7. Traditional practice 2. Other private practitioners 8. Village midwife	<b>1. Yes</b> <b>3.No-</b> <b>1.</b> [   ] <b>5.</b> [   ] <b>2.</b> [   ] <b>6.</b> [   ] <b>3.</b> [   ] <b>7.</b> [   ] <b>4.</b> [   ] <b>8.</b> [   ]

## Number of visiting patients:

<b>B14.</b> Number of patient visits to this practice during the last week, beginning Monday through Sunday		a. Date : [   ] [   ] through [   ] [   ] b. Months : _____
<b>B15. Day :</b>	<b>B16. Number of patients</b>	
<b>a.</b> Monday .....	[   ] [   ] [   ] people	
<b>b.</b> Tuesday .....	[   ] [   ] [   ] people	
<b>c.</b> Wednesday .....	[   ] [   ] [   ] people	
<b>d.</b> Thursday .....	[   ] [   ] [   ] people	
<b>e.</b> Friday .....	[   ] [   ] [   ] people	
<b>f.</b> Saturday .....	[   ] [   ] [   ] people	
<b>g.</b> Sunday .....	[   ] [   ] [   ] people	



## SECTION B : SERVICE AVAILABILITY

## Laboratory examinations:

<b>B17.</b> Kinds of tests	<b>B18</b> Can lab work be done in the Puskesmas? 1. Yes -----> To B19 3. No-----> To B20	<b>B19</b> How much are the patients charged ? (Rupiah)	<b>B20</b> When patients are referred to an outside testing site for lab work, what is the distance from this practice to the extended site?
a. Hemoglobin (Hb) .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
b. Leykocyte .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
c. Blood typing .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
d. Eritrosite count .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
e. Urinalisis .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
f. Pregnancy Test .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
g. Faeces examination .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
h. Sputum examination .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km

## SECTION C : HEALTH INSTRUMENTS

Supply information on the medical instruments at your practice!		
C1. Kinds of instruments and material	C2. Do you have this instrument ? 1. Yes ----> To C3 3. No --->to next line	C3. Does the [...] function properly ? 1. Yes 3. No
a. Regular stethoscope: .....	[   ]	[   ]
b. Stethoscope to examine pregnant women: .....	[   ]	[   ]
c. Tensimeter: .....	[   ]	[   ]
d. Sterilisator/autoclave: .....	[   ]	[   ]
e. Adult scales: .....	[   ]	[   ]
f. Baby scales: .....	[   ]	[   ]
g. Height measurer: .....	[   ]	[   ]
h. Thermometer: .....	[   ]	[   ]
i. Beds .....	[   ]	[   ]
j. Normal delivery set:.....	[   ]	[   ]
k. Forceps:.....	[   ]	[   ]
l. Vaginal speculum: .....	[   ]	[   ]
m. Sahli set:.....	[   ]	[   ]

## SECTION C : HEALTH INSTRUMENTS

C4. Kinds of Instruments	C5. Does this practice place have a [...] ? 1. Yes ---->To C6 3. No -->to next line	C6. Does the [...] function properly ? 1. Yes 3. No
a. Anti septic: 1. Alcohol 2. Betadine	[ ] [ ]	
b. Bandages	[ ]	[ ]
c. Oxygen tube	[ ]	[ ]
d. Incubator	[ ]	[ ]
e. Minor operating instruments	[ ]	[ ]
f. Infuse instruments and needles	[ ]	[ ]
g. Gloves	[ ]	[ ]
h. Scissors	[ ]	[ ]
i. Giemsa color solution	[ ]	
j. Benedict solution	[ ]	
k. Wright solution	[ ]	
l. Pregnancy test (strip)	[ ]	
m. Protein test (strip)	[ ]	
n. Glucose test (strip)	[ ]	
o. Microscope	[ ]	[ ]
p. Centrifuge.	[ ]	[ ]

## SECTION D : STOCK OF MEDICINES

D1.	Do you have medicines in stock for patients coming to be treated here ?	1. YES 3. NO ----- > straight to D8	[     ]
-----	---	--	---------

D2. Now we want to know about several kinds of medicines you regularly provide to <b>adult patients</b> :							
D3. Kinds of Medicine	D4. Brands of regularly used medications	D5. Amount usually prescribed to adult patients. (in one prescription)			D6. PACKAGING		D7. Costs charged to patients in accordance with D5 . Examination not included [Thousand of Rupiah]
		D5a. Dose of medicine :	D5b. [see code]	D5c. Number of day	D6a Unit content	D6b. 1. mg 2. cc	
1. <b>Antibiotic :</b> a. Penicilin b. Ampicilin c. Tetracilin d. Chloroamphenicol	..... ..... ..... .....	[   ][   ] [   ][   ] [   ][   ] [   ][   ]	[   ] [   ] [   ] [   ]	[   ][   ] [   ][   ] [   ][   ] [   ][   ]	[   ][   ][   ][   ] [   ][   ][   ][   ] [   ][   ][   ][   ] [   ][   ][   ][   ]	[   ] [   ] [   ] [   ]	[   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ]
2. <b>Analgetics :</b> a. Antalgin	.....	[   ][   ]	[   ]	[   ][   ]	[   ][   ][   ][   ]	[   ]	[   ][   ][   ][   ][   ][   ]
3. <b>Antipiretics :</b> a. Acetosal b. Paracetamol	..... .....	[   ][   ] [   ][   ]	[   ] [   ]	[   ][   ] [   ][   ]	[   ][   ][   ][   ] [   ][   ][   ][   ]	[   ] [   ]	[   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ]
4. <b>Anti - TBC :</b> a. INH b. Rifampicin c. Ethambutol d. Stretomicyn	..... ..... ..... .....	[   ][   ] [   ][   ] [   ][   ] [   ][   ]	[   ] [   ] [   ] [   ]	[   ][   ] [   ][   ] [   ][   ] [   ][   ]	[   ][   ][   ][   ] [   ][   ][   ][   ] [   ][   ][   ][   ] [   ][   ][   ][   ]	[   ] [   ] [   ] [   ]	[   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ]
5. <b>Anti malaria</b>	.....	[   ][   ]	[   ]	[   ][   ]	[   ][   ][   ][   ]	[   ]	[   ][   ][   ][   ][   ][   ]
6. <b>Skin ointment</b>	.....	[   ][   ]	[   ]	[   ][   ]	[   ][   ][   ][   ]	[   ]	[   ][   ][   ][   ][   ][   ]
7. <b>Cough medicine</b>	.....	[   ][   ]	[   ]	[   ][   ]	[   ][   ][   ][   ]	[   ]	[   ][   ][   ][   ][   ][   ]
8. <b>Oralit :</b>	.....	[   ][   ]	[   ]	[   ][   ]	[   ][   ][   ][   ]	[   ]	[   ][   ][   ][   ][   ][   ]
9. <b>FP injection :</b>	a. Depo provera b. Noresterat	[   ][   ] [   ][   ]	[   ] [   ]	[   ][   ] [   ][   ]	[   ][   ][   ][   ] [   ][   ][   ][   ]	[   ] [   ]	[   ][   ][   ][   ][   ][   ] [   ][   ][   ][   ][   ][   ]

## Code D5b

1. tablet

3. bottle

5. package

2. capsule

4. tube

6. injection

## SECTION D : STOCK OF MEDICINES

Kinds of Medicine :	D8. Do you have stock today [stock]  1. Yes 3. No	D9. In the last 6 months,how many weeks were you out of stock [....]
<b>1. Antibiotics :</b>		[ ][ ]
a. Penicilin	[ ]	[ ][ ]
b. Ampicilin	[ ]	[ ][ ]
c. Tetracilin	[ ]	[ ][ ]
d. Chloroamphenicol	[ ]	[ ][ ]
<b>2. Analgetics :</b>		[ ][ ]
a. Antalgin	[ ]	[ ][ ]
<b>3. Antipiretics :</b>		[ ][ ]
a. Acetosal	[ ]	[ ][ ]
b. Paracetamol	[ ]	[ ][ ]
<b>4. Anti - TBC :</b>		[ ][ ]
a. INH	[ ]	[ ][ ]
b. Rifampicin	[ ]	[ ][ ]
c. Ethambutol	[ ]	[ ][ ]
d. Stretomicyn	[ ]	[ ][ ]
<b>5. Anti malaria :</b>	[ ]	[ ][ ]
<b>6. Skin ointment</b>	[ ]	[ ][ ]
<b>7. Cough medicine :</b>	[ ]	[ ][ ]
<b>8. Oralit :</b>	[ ]	[ ][ ]
<b>9. FP injection :</b>		[ ][ ]
a. Depo provera	[ ]	[ ][ ]
b. Noresterat	[ ]	[ ][ ]

**D10.** If you give a prescription, where does the patient buy the medicine ?

1. Pharmacy
2. Dispensary [ ]
3. Other, please mention: -----

**D11.** How far is it from this place of practice to the nearest facility [D10] where patients get prescriptions filled?

1. Less than one half km [ ]
2. One half to one kilometer (1/2 - 1km)
3. One to three kilometer (1 - 3 km)
4. Three to five kilometer (3 - 5 km)
5. More than 5 kilometer (5 km +)

## SECTION E: DIRECT OBSERVATION

## EXAMINATION ROOM

<b>E1.</b>	How clean is the floor in this room? [ Dirty = if much dust, food remnants/scattered garbage are found]	<b>1. Dirty</b> <b>3. Clean</b>	[    ]
<b>E2.</b>	How clean are the walls in this room ? [ Dirty = If many spider webs, scribbings, dust, moisture, peeled off paint are found]	<b>1. Dirty</b> <b>3. Clean</b>	[    ]
<b>E3.</b>	Are there curtains that shut off the examination room ?	<b>1. Yes</b> <b>3. No</b>	[    ]
<b>E4.</b>	How are the conditions of these curtains ? [ Dirty = when it looks unwashed, there are blood stains, or other dirt sticking to it]	<b>1. Dirty</b> <b>3. Clean</b>	[    ]
<b>E5.</b>	What provisions are made for washing hands in this room?	<b>1. Washing stand with running water</b> <b>3. Wash basin with clean water</b> <b>5. Nothing available</b>	[    ]
<b>E6.</b>	Is there a trash can in the room ?	<b>1. Yes</b> <b>3. No</b>	[    ]
<b>E7.</b>	Is there an examination table in the room ?	<b>1. Yes</b> <b>3. No</b>	[    ]
<b>E8.</b>	What kind of needles are used for injections?	<b>1. Disposable [USED ONCE] -----&gt; E10.</b> <b>2. Non disposable [USED REPEATEDLY]</b> <b>3. Both.</b>	[    ]
<b>E9.</b>	How are needles sterilized? (MORE THAN ONE ANSWER POSSIBLE) <b>1. With a sterilizer</b> <b>2. Boiling the needle in boiling water</b> <b>4. Rinsing in alcohol</b>	<b>8. By heating the needle with fire</b> <b>16. No sterilization</b> <b>32. Other, mention _____</b>	[    ][    ] _____

## SECTION E: DIRECT OBSERVATION

## KIA - KB (MCH-FP) ROOM:

<b>E10. CHECK POINT: IS THERE A SPECIAL ROOM FOR KIA-KB ACTIVITIES ?</b> <b>1. YES ---&gt;IF YES, FILL IN E11 TO E18.</b> <b>3. NO --&gt;IF NO, STRAIGHT TO E18</b>			[   ]
<b>E11.</b>	How clean is the floor in this room? [Dirty = when there is much dust, food remains are scattered]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E12.</b>	How clean are the walls in this room ? [Dirty = if there are many cobwebs, graffiti, moist, peeled wall paint]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E13.</b>	Are there curtains that shut off the examination room?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E14.</b>	How clean is this curtain ? [Dirty = it has not been washed, there are bloodstains or other dirt sticking to it]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E15.</b>	What provisions are made for washing hands in this room?	<b>1. Washstand with running water</b> <b>3. Basin with clean water</b> <b>5. Nothing</b>	[   ]
<b>E16.</b>	Is there a wastebasket in the room ?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E17.</b>	Is there a gynecological examination table in this room?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E18.</b>	Where are the vaccines kept ? <b>1. Refrigerator/Freezer/special vaccine box</b> <b>3. Regular refrigerator</b>	<b>5. Refrigerator without electricity</b> <b>7. No place to keep vaccine</b>	[   ]

## SECTION E: DIRECT OBSERVATION

	How is the stock of vaccine :		
	<b>E19</b> Types of vaccine	<b>E20</b> How is today's stock ? <b>1. Available    3. Not available</b>	<b>E21</b> How many weeks during the last 6 months, was there no [...] vaccine / out of stock ? [OUT OF STOCK FOR MORE THAN 3 DAYS MEANS 1 WEEK]
a.	BCG	[   ]	[   ][   ] weeks
b.	DPT	[   ]	[   ][   ] weeks
c.	Anti polio	[   ]	[   ][   ] weeks
d.	Measles	[   ]	[   ][   ] weeks
e.	Tetanus Toxoid	[   ]	[   ][   ] weeks
f.	Hepatitis B	[   ]	[   ][   ] weeks



## SECTION F: FAMILY PLANNING SERVICES

<b>F1. CHECK POINT:</b> 1. YES ----->IF RENDERING THE KB SERVICES, PLEASE CONTINUE THIS SECTION 3. NO -----> TO CASE ILLUSTRATIONS		[   ]
--	--	-------

<b>F2.</b>	Did you ever join KB training ? 1. YES 3. NO	[   ]
<b>F3.</b>	Mention the type of training you got 1. All FP methods 2. IUD insertions 3. Norplant/implant 4. Treatment of side effects 5. Other, please mention -----	[   ] _____
<b>F4.</b>	When was the most recent training you had ? YEAR:	[   ][   ]
<b>F5.</b>	Duration of training: 1. Less than 1 week 2. One to two (1-2) weeks 3. 2 weeks to 1 months 4. 1 - 3 months 5. Over 3 months (3 months +)	[   ]
<b>F6.</b>	The organizer of training was : 1. Department of Health 2. BKKBN 3. IDI/IBI (Indonesian Doctors Association) 4. Other, please mention	[   ]

<b>F7. If there were a candidate who wants to use a certain method, but said method is not available, where is the candidate referred to?</b>		
<b>Types of method:</b>	<b>F8. Place of reference</b> (see code F8) if "9" go to next line	<b>F9. Distance from this place</b>
a. Condom	[   ]	[   ][   ] Km
b. Pill	[   ]	[   ][   ] Km
c. Injection	[   ]	[   ][   ] Km
d. IUD / spiral	[   ]	[   ][   ] Km
e. Norplant/implant/susuk	[   ]	[   ][   ] Km
f. Sterilization	[   ]	[   ][   ] Km
<b>Code F8 :</b> 1. Government Hospital 2. Private Hospital 3. Puskesmas 4. Auxiliary Puskesmas		5. Private Clinic 6. Private practicing physician 7. Midwives/nurses/practicing mantri 8. Pharmacies 9. No reference

**CASE PICTURE:**

PUT A [V] SIGN IN THE COLUMN RESERVED, FOR CASES TO BE FILLED IN :

SECTION H:	1. KB - IUD	[    ]
	2. KB - ORAL CONTRACEPTIVE	[    ]
SECTION I:	PREGNANCY EXAMINATION	[    ]
SECTION J :	COUGH AND FEVER EXAMINATION	[    ]
SECTION K :	VOMITING AND DIARRHEA EXAMINATION	[    ]

## SECTION G: KB - IUD CASE

1. Do you provide IUD or Spiral service here ?

1. Yes -----> TO QUESTIONNAIRE

3. No ----> STRAIGHT TO NEXT SECTION

[    ]

2. Name of respondent: .....

3. We would like to know the process by which you provide IUDs to an FP acceptor. We shall explain a case to you. Next we ask you to explain the measures you usually implement successively from the moment the acceptor arrives, you wait upon her, until the service is finished. If in rendering the service there is somebody who assists you, please mention also the steps taken by that assistant.

4. Suppose a woman, aged 22, married, in good health comes here to have an IUD inserted. She is not currently using any contraception devices. What are the steps you take ?

## SECTION G: KB - IUD CASE

PUT AN "1" SIGN AT 5A, 6A AND 7A, IF THE MEASURES ARE STATED SPONTANEOUSLY BY THE RESPONDENT.  
 READ THE MEASURES THAT ARE NOT STATED SPONTANEOUSLY, THEN WRITE THE NUMBER "3" AT 5B, 6B AND 7B IF  
 THE ANSWER IS "YES" AND WRITE THE FIGURE "5", IF THE ANSWER IS "NO"

<b>5. In order to determine whether the KB-IUD instruments are appropriate for the candidate acceptor, please mention a few matters that should be asked of the candidate acceptor</b>	<b>5a.</b> Spontaneous  <b>1. Yes</b>	<b>5b.</b> Did you also ask :  <b>3. Yes    5. No</b>
1. Has the candidate given birth before ? 2. Number of children ? 3. Is the candidate pregnant at this moment or not ? 4. Does the candidate still shed blood or not at childbirth ? 5. Date of latest menstruation (period) ? 6. Date of hip inflammation ? 7. History of irregular periods? 8. History of pains in the lower abdomen or above the urinal pouch 9. History of leucorrhea	1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>6. What are the matters that are discussed regularly with the candidate?</b>	<b>6a</b> Spontaneous  <b>1. Yes</b>	<b>6b</b> Did you also say :  <b>3. Yes    5. No</b>
1. Explaining the benefits of the IUD 2. Explaining the drawbacks of contraception aside from the IUD 3. Types of IUD and appropriateness of prices 4. Possibility of side effect : Bleeding after insertion of IUD 5. Possibility of side effect : pain when period occurs 6. Possibility of side effect : more menstruation than usual 7. Possibility of side effect : pain when performing intercourse 8. Possibility of side effect : pains after insertion of IUD 9. Possibility of side effect : expulsion of IUD 10. Possibility of side effect : IUD moved 11. Possibility of side effect : leucorrhea after insertion of IUD 12. What must be done after occurrence of side effect ? 13. When is intercourse allowed after IUD is attached 14. When must the patient come for a check-up ?	1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ] 13 [ ] 14 [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>7. Please recount the steps taken in inserting the IUD, from the moment of preparing the instrument till the insertion of the IUD.</b>	<b>7a</b> Spontaneous  <b>1. Yes</b>	<b>7b</b> Did you also perform these :  <b>3. Yes    5. No</b>
1. Washing one's hands 2. Putting on one's gloves 3. Sterilization of instruments and / or IUD 4. Internal examination to check infection, erosion, polypus, tumor, or abcess of the womb (uterus) 5. Internal examination to make sure there is no pregnancy 6. Internal examination to determine the position of the uterus 7. Internal examination (with uterus sonde) to determine the measure of the womb cavity 8. Supplying medicines like antibiotics	1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

## SECTION G : KB - ORAL CONTRACEPTIVE CASE

8. Do you provide oral contraceptives here ?

1. Yes -----> TO QUESTIONNAIRE

3. No -----> PROCEED TO FOLLOWING SECTIONS

[     ]

9. Name of respondent :: .....

10. We would like to understand the process you use in providing oral contraceptives to a non-contraceptor. We will describe a case, and ask you to explain the steps you usually take. We would like to know the steps in consecutive order, from the arrival of the candidate, your waiting on this person until the treatment is over and the acceptor goes home. If in offering service there were persons who helped you, please state the steps taken by your assistants.

11. Suppose a woman of 25 years old, married, came here, wishing to use an oral contraceptive. Currently the candidate did not use any contraception. The candidate appears healthy .

## SECTION G : KB - ORAL CONTRACEPTIVE CASE

PUT THE NUMBER "1" AT 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED BY THE RESPONDENTS SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS WRITE THE NUMBER "3" AT 12B, 13B AND 14B FOR THE ANSWER "YES" AND WRITE THE NUMBER "5" IF THE ANSWER IS "NO"

<b>12. In order to determine whether the KB pill is appropriate for this acceptor :</b>	<b>12a.</b> Spontaneous  <b>1. Yes</b>	<b>12b.</b> Do you also inquire : <b>3. Yes 5. No</b>
1. When was the latest menstruation (period) ? ..... 2. Did you ever take pills before this ? ..... 3. Is the candidate pregnant at this moment ? ..... 4. Is she breastfeeding the baby at this moment ? ..... 5. Does she have varices at her foot ? ..... 6. History of heart disease ..... 7. History of jaundice ..... 8. History of hypertension .....	1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] 7. [ ] 8. [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>13. What do you usually discuss with the candidate acceptor :</b>	<b>13a</b> Spontaneous  <b>1. Yes</b>	<b>13b</b> Did you also inquire : <b>3. Yes 5. No</b>
1. Rules of taking the oral contraceptive ..... 2. What needs to be done if the patient forgets to take the pill ..... 3. When should the candidate return ? ..... 4. When and where does the candidate need to get a supply? .....  <b>Explanation of side effects :</b> 5. Possibility of the menstruation lengthening/shortening or does not occur at all .. 6. Possibility of experiencing nausea up to vomiting ..... 7. Possibility of gaining weight ..... 8. Possibility of brown spots on one's face .....	1. [ ] 2. [ ] 3. [ ] 4. [ ]  5. [ ] 6. [ ] 7. [ ] 8. [ ]	[ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ]
<b>14. Examination performed :</b>	<b>14a</b> Spontaneous  <b>1. Yes</b>	<b>14b</b> Do you also perform the examination : <b>3. Yes 5. No</b>
1. Checking the weight ..... 2. Checking blood pressure ..... 3. Checking swelling of the goiter ..... 4. Checking of breasts ..... 5. Lab test : Hb ..... 6. Lab test : urine .....	1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ]	[ ] [ ] [ ] [ ] [ ] [ ]

## SECTION H : PREGNANCY EXAMINATION CASE

1. Do you provide prenatal care here ?  
 1. YES -----> QUESTIONNAIRE  
 2. NO ----> PROCEED DIRECTLY TO NEXT SECTION

[     ]

2. Name of respondent : .....

3. I would like to understand into the process by which you provide a pregnancy examination. I should like to know anything you do starting from the arrival of the patient, waiting upon the patient until she goes home. I shall describe a pregnant mother, then I shall ask you to explain anything you regularly perform. Please state things in consecutive order.

3. Now I shall describe a case (read it out twice)

Mrs. Ani a married woman, says she has not had her periods for 3 months. She has come to you for a pregnancy examination. This is her first visit. She appears to be in good health. Please recount everything you would do during Mrs. Ani's first visit.

4. NOTES FOR THE INTERVIEWER : DO NOT READ THESE OUT !! THIS INFORMATION IS ONLY PROVIDED IF THE RESPONDENT ASKS QUESTIONS

Mrs. Ani is 23 years old. This is her second pregnancy. She has a son aged 2 years.

5. Did you record this first visit on a card ?

[     ]

1. YES  
 3. NO

6. PUT THE NUMBER "1" AT NO.7A, IF THE MATTER NOTED IS MENTIONED SPONTANEOUSLY  
 READ OUT THE THINGS NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3" IF QUESTION 7B IS ANSWERED "YES", AND PUT DOWN THE NUMBER "5" IF IT IS ANSWERED "NO"

7. What exactly did you record ?	7a. Spontaneous	7b. Did you also ask about:
	1 = Yes	3 = Yes    5 = No
1. Name	1. [     ]	[     ]
2. Age	2. [     ]	[     ]
3. Address	3. [     ]	[     ]
4. Husband's name	4. [     ]	[     ]
5. Husband's age	5. [     ]	[     ]
6. Husband's employment	6. [     ]	[     ]

## SECTION H : PREGNANCY EXAMINATION CASE

PUT THE NUMBER "1" AT NO 8A, 9A, 10A, 11A, 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS SUPPLY THE NUMBER "3" IF QUESTIONS 8B, 9B, 10B, 11B, 12B, 13B AND 14B ARE ANSWERED "YES" AND PUT DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

<b>8. How do you determine that Mrs. Ani is pregnant ? By the :</b>	<b>8a.</b> Spontaneous  <b>1. Yes</b>	<b>8b.</b> Did you also inquire about :  <b>3. Yes    5. No</b>
<b>1.</b> Latest menstruation date  <b>2.</b> A feeling of nausea  <b>3.</b> Checking the urine?	[   ] [   ] [   ]	[   ] [   ] [   ]
<b>9. What did you ask about her pregnancy history :</b>	<b>9a.</b> Spontaneous  <b>1. Yes</b>	<b>9b.</b> Did you also inquire after :  <b>3. Yes    5. No</b>
<b>1.</b> How many previous pregnancies has Mrs. Ani had? <b>2.</b> Has she ever had a miscarriage ? <b>3.</b> Did she once have bleeding ? <b>4.</b> Did she receive TT (tetanus toxoid) immunization during her previous pregnancy ?	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]
<b>10. What did you ask about her previous delivery ?</b>	<b>10a.</b> Spontaneous  <b>1. Yes</b>	<b>10b.</b> Did you also enquire after :  <b>3. Yes    5. No</b>
<b>1.</b> Where did delivery take place ? <b>2.</b> Who helped at the delivery ? <b>3.</b> Was there any complication in the delivery : bleeding, long labor? <b>4.</b> What was the baby's weight	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]
<b>11. Health history :</b>	<b>11a.</b> Spontaneous  <b>1. Yes</b>	<b>11b.</b> Did you also inquire after :  <b>3. Yes    5. No</b>
<b>1.</b> History of high blood pressure ? <b>2.</b> History of diabetes ? <b>3.</b> History of heart disease ? <b>4.</b> Any hereditary disease ? <b>5.</b> Do you smoke ?	[   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ]



## SECTION H : PREGNANCY EXAMINATION CASE

12. Examinations performed :	12a. Spontaneous	12b. Do you also perform this :
	1. Yes	3. Yes 5. No
1. Body height	[ ]	[ ]
2. Body weight	[ ]	[ ]
3. Blood pressure	[ ]	[ ]
4. Eye examination : for pale look	[ ]	[ ]
5. Abdominal examination : for determining size of uterus	[ ]	[ ]
6. Checking of legs for varicose veins	[ ]	[ ]
7. Immunization for tetanus toxoid (TT)	[ ]	[ ]
8. Breast examination	[ ]	[ ]
9. Determining whether a patient belongs to the "high risk" group	[ ]	[ ]
13. Laboratory Examination :	13a. Spontaneous	13b. Do you also perform this :
	1. Yes	3. Yes 5. No
1. Pregnancy test	[ ]	[ ]
2. Hemoglobin test	[ ]	[ ]
3. Urine examination for diabetes	[ ]	[ ]
4. Urine examination for proteins	[ ]	[ ]
14. Consultation :	14a. Spontaneous	14b. Do you also discuss this:
	1. Yes	3. Yes 5. No
1. Advice about nutrition for pregnant mothers	[ ]	[ ]
2. Supply of vitamins	[ ]	[ ]
3. Supply of iron tablets	[ ]	[ ]
4. Advice about sexual relations	[ ]	[ ]
5. Advice about pregnant mothers	[ ]	[ ]
6. Schedule for next visit	[ ]	[ ]
7. Schedule for childbirth	[ ]	[ ]

## SECTION H : PREGNANCY EXAMINATION CASE

**15.** The next case is the following : Mrs. Ani is at an advanced stage of pregnancy estimated to give birth in another two weeks. Mrs. Ani's conditions have so far been good, and she is expected to give birth without complications. Now I would like to know the exact services Mrs. Ani has received until this moment.

**PUT A NUMBER "1" AT 16A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY.**

**READ OUT THE STEPS THAT HAVE NOT BEEN MENTIONED SPONTANEOUSLY, THEN SUPPLY THE NUMBER "3" IF QUESTION 16B IS ANSWERED "YES", AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"**

16. What are exactly the examinations and the action taken for Mrs. Ani ?	16a. Spontaneous	16b. Did you also inquire after :
	1. Yes	3. Yes    5. No
<b>Laboratory examination:</b>		
1. Hemoglobin for anemia	1. [   ]	[   ]
2. Urine for diabetes	2. [   ]	[   ]
3. Urine for proteinuria	3. [   ]	[   ]
4. Test for any venereal disease	4. [   ]	[   ]
5. Pregnancy examination for determining the size of the embryo	5. [   ]	[   ]
6. Pregnancy examination for determining position of the embryo	6. [   ]	[   ]
7. Pelvic examination in order to assess the proportionality between the sizes of the fetal head and the mother's hips	7. [   ]	[   ]
8. Leg examination for any swelling	8. [   ]	[   ]
9. Monitoring of blood pressure	9. [   ]	[   ]
10. Injection of tetanus toxoid 2X	10. [   ]	[   ]

## SECTION I : COUGH AND FEVER CASES

<b>1.</b> Do you examine patients ? <b>1. YES -----&gt; TO QUESTIONNAIRE</b> <b>3. NO -----&gt; TO FURTHER SECTIONS</b>	[    ]
---	--------

<b>2.</b> Name of respondent : .....
--------------------------------------

<b>3. We would like to understand the process by which you examine an adult person suffering fever. We should like to find out what is done beginning with the arrival of the patient and ending when the patient goes home. We shall describe a case, subsequently we shall ask you to explain what you do regularly. Please state the facts in consecutive order.</b>
---

<b>4. Now we shall read out a case (to be read out 2X)</b> <ul style="list-style-type: none"> <li>Mr. Nik came to the Puskesmas with a complaint of cough and fever. Please recount exactly what you did for this patient.</li> </ul>
--

## SECTION I : COUGH AND FEVER CASES

PUT THE NUMBER "1" AT 5A, 6A, 7A IF THE STEPS HAVE BEEN SPONTANEOUSLY MENTIONED.  
 READ OUT THE STEPS THAT HAVE NOT BEEN SPONTANEOUSLY MENTIONED, THEN WRITE THE NUMBER "3" IF  
 QUESTIONS 5B, 6B AND 7B ARE ANSWERED "YES", AND WRITE DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

<b>5. What questions were asked when you started to examine the patient?</b>	<b>5a.</b> Spontaneous	<b>5b.</b> Did you also ask these question :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. How long have you suffered from coughing and fever ? 2. Do you have asthma difficulty breathing? 3. Is there any blood when you cough ? 4. What was the color of the sputum ? 5. Do you have any pain in the chest ?	[   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ]
<b>6. When you conducted a physical examination, what did you do about the patients in question ?</b>	<b>6a.</b> Spontaneous	<b>6b.</b> Do you also examine :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. I examined the consciousness of the patient 2. I took the temperature 3. I listened to the sound of the respiration 4. I observed the ear lobe 5. I observed the patient's chest/any retraction of the ribs 6. I looked for any signs of sianosis	[   ] [   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ] [   ]
<b>7. What are the laboratory examinations you conduct ?</b>	<b>7a.</b> Spontaneous	<b>7b.</b> Do you also conduct these :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. Routine blood examinations 2. Thorax/rontgen photographs 3. Mantoux test 4. Sputum examination	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]

## SECTION J : VOMITING AND DIARRHEA CASE

1. Do you examine small children or babies ?  
 1 YES -----> to QUESTIONNAIRE  
 3. NO -----> FINISHED

[    ]

2. On this occasion I would like to understand the process by which you examine a child suffering from diarrhea. I would like to know the steps you take from the moment the patient arrives, is waited upon, until he/she leaves for home. Now I will describe a case where a mother comes with her daughter. After that, I request you to explain just what you usually do. Please make consecutive statements.

3. Now I shall read out a case (read it out 2X)

Mrs. Nani came to the clinic together with her daughter Eli, an 8 month baby. She came with complaints about diarrhea for two days, with vomiting. Please tell me just what you did during the first examination.

SUPPLY THE NUMBER "1" TO 4A, IF THE RECORDED MATTER HAS BEEN MENTIONED SPONTANEOUSLY. READ OUT THE MATTER THAT HAS NOT BEEN STATED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF QUESTION 4B HAS BEEN ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

4. What questions did you ask when you started the consultation :	4a Spontaneous	4b. Did you also ask this question :
	1. Yes	3. Yes    5. No
1. When did the diarrhea start ?	[    ]	[    ]
2. How many times a day ?	[    ]	[    ]
3. What did the feces look like ?	[    ]	[    ]
4. How many feces were solid ?	[    ]	[    ]
5. Was there any blood on the feces ?	[    ]	[    ]
6. Was there any fever ?	[    ]	[    ]
5. When you conducted a physical examination what did you do about this patient ?	5a. Spontaneous	5b. Did you also examine these items:
	1. Yes	3. Yes    5. No
1. I checked his/her consciousness	[    ]	[    ]
2. I took the temperature	[    ]	[    ]
3. I examined the crown of the head	[    ]	[    ]
4. I checked the pulse (weak/strong)	[    ]	[    ]
5. I checked for difficulties in breathing	[    ]	[    ]
6. I checked for sianosis	[    ]	[    ]
7. I looked for any tumor of the skin	[    ]	[    ]

PUT THE NUMBER "1" AT 6A, 7A, 8A, 9A IF THE NOTED MATTER IS MENTIONED SPONTANEOUSLY. READ OUT THE MATTER THAT ARE NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF QUESTIONS 6B, 7B, 8B, 9B ARE ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

## SECTION J : VOMITING AND DIARRHEA CASE

6. If this baby has a mild dehydration, what do you do ?	6a. Spontaneous	6b. Do you also do these :
	1. Yes	3. Yes 5. No
1. I consult with someone more expert	[ ]	[ ]
2. I supply oral antibiotics	[ ]	[ ]
3. I administer oralite	[ ]	[ ]
4. I supply a Ringer Lactat infuse medicine	[ ]	[ ]
7. What recommendation did you give to the mother of the patient (Mrs.Nani) when the patient went home :	7a. Spontaneous	7b. Do you also do these :
	1. Yes	3. Yes 5. No
1. I gave instructions to make an oralite liquid	[ ]	[ ]
2. I gave instructions how to supply oralite	[ ]	[ ]
3. I instruct to continue to feed with ASI (mother's milk)	[ ]	[ ]
4. Feed other food that is permitted	[ ]	[ ]
5. If condition worsens, come back at once	[ ]	[ ]
6. Return for a checkup before medicine runs out	[ ]	[ ]
8. What are the follow up steps you take, if this case turns out to be a vomiting and diarrhea disease :	8a. Spontaneous	8b. Do you also do these :
	1. Yes	3. Yes 5. No
1. I take a spare rectal swab	[ ]	[ ]
2. I look for a different case in the region of the patient's domicile	[ ]	[ ]
3. Report to the local Puskesmas Health Service	[ ]	[ ]
4. Check the oralite stock	[ ]	[ ]
5. Check the Ringer Lactat stock	[ ]	[ ]

PROVINCIAL CODE

REGENCY CODE

SAKERTI CODE


# SURVEY OF HEALTH FACILITIES 1993

## Nurses/Midwives/Paramedics (Mantris)

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA

and

RAND

Name of Respondent : . .....

--	--

NO. CODE

## CONTROL SHEET

STATEMENT OF CENSUS REGION		CODE
LK A	Province: .....	[ ][ ]
LK B	District: .....	[ ][ ]
LK C	SAKERTI '93: .....	[ ][ ][ ]

STATEMENT OF FACILITIES		CODE
LK 01	Name of Province: .....	[ ][ ]
LK 02	Name of District: .....	[ ][ ][ ]
LK 03	Name of Subdistrict: .....	[ ][ ][ ]
LK 04	Region: 1. Urban                  2. Rural	[ ]
LK 05	Sub Population Code:	[ 3 ]
LK 06	Consecutive Number: .....	[ ]
LK 07	Name of Respondent:	
LK 08	Address:	
	Mail Code:	
LK 09	Type of employees: 1. Nurses/ Paramedics 3. Midwives	[ ]
LK 10	Gender: 1. Male 3. Female	[ ]

NOTES OF INTERVIEW				
		First Visit	Second Visit	Third Visit
LK 11	Date	----/----/----	----/----/----	----/----/----
LK 12	Hour of Start	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
LK 13	Hour of Termination	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
LK 14	Result of Interview	[ ][ ]	[ ][ ]	[ ][ ]
<b>Code of result of Interview:</b>		03. Deferred 01. Completed                      04. Denied 02. Partially completed        05. Inaccessible		

CONTROL:		CODE
LK 15	Interviewer:	
LK 16	Editor:	
LK 17	Local Supervisor :	
LK 18	Jakarta Supervisor: .....	[ ][ ][ ]
LK 19	Field Coordinator: .....	[ ][ ][ ]



## SECTION A : GENERAL

<b>A1. Name :</b> _____	<b>A2. Age</b>	<b>[   ][   ] years</b>
-------------------------	----------------	-------------------------

<b>A3.</b>	What was the highest general education your received? 01. Elementary School 02. Junior Highschool 03. Senior Highschool	[   ]
<b>A4.</b>	In what year did you graduate ?	[   ][   ]
<b>A5.</b>	What was your education in the field of health ? 01. SPK (School of Health Education) 02. School for Midwives 03. Academy for Nurses 04. Other, please mention: .....	[   ]
<b>A6.</b>	In what year did you graduate ?	[   ][   ]
<b>A7.</b>	How long have you been practicing here ?	a. [   ][   ] years b. [   ][   ] months
<b>A8</b>	Where is the practice located? 1. Private House 2. Other place/Rent/Contract/Profit sharing 3. Other place, privating owned	[   ]
<b>A9</b>	Before practicing here, did you ever practice in : a. Another place, same village b. Another place, same district	1. YES 3. NO a. [   ] b. [   ]
<b>A10</b>	Do you currently have additinal practices at other locations? 1. Yes 3. No -----> <b>straight to A12</b>	[   ]
<b>A11</b>	How far is the other place of practice from here? <b>[IF THERE ARE MORE THAN ONE PLACE OF PRACTICE, PLEASE STATE THE NEAREST ONE]</b> 1. Less than 5 kms 2. Between 5 and 10 kms 3. More than 10 kms	[   ]
<b>A12</b>	Do you speak the local/regional language? 1. Yes 3. No	[   ]
<b>A13</b>	Do you originate from this province ? 1. YES 3. NO	[   ]
<b>A14.</b>	What is your religion/belief ? 1. Islam 2. Christian 3. Catholic 4. Buddhism 5. Hinduism 6. Other -----	[   ]

<b>A15.</b>	In the morning, where is your place of work ?	<div> <div>1. Health Center/Auxiliary Health Center</div> <div>2. Government Hospital</div> <div>3. Public University</div> <div>4. Private University</div> <div>5. Health Office/Administration</div> <div>6. Armed Forces Agency</div> </div> <div> <div>7. Health Insurance BUMN/BUMD</div> <div>8. Other departments</div> <div>9. Private health instruments</div> <div>10. Private non-medical</div> <div>11. Other _____</div> </div>	<div> <div>1</div> <div>2.</div> <div>3</div> <div>4</div> <div>5</div> </div> <div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> </div> <div>11 _____</div>
<b>A16.</b>	Mention the name and location of the main place of work:.	<div>a. Name of agency: .....</div> <div>b. Name of village: .....</div> <div>c. Name of district: .....</div> <div>d. Name of regency: .....</div> <div>e. Province: .....</div>	<div>Code</div> <div>[to be filled in by editor]</div> <div>b. [ ][ ][ ]</div> <div>c. [ ][ ][ ]</div> <div>d. [ ][ ][ ]</div> <div>e. [ ][ ][ ]</div>

<b>A17.</b> Since you have worked here, have there been any of the following changes? <b>[READ OUT EACH ITEM BELOW!]</b>	<b>A18</b> 1. Yes -- <b>To A19</b> 3. No .....>to next line	<b>A19</b> If the naswer is yes, when ? (State the year)
a. Improvement or renovation of the place of practice	[    ]	[   ][    ]
b. Expansion of the building	[    ]	[   ][    ]
c. Additional new services [e.g. addition of KB service, immunization service]	[    ]	[   ][    ]
d. Improvement of facilities/equipment	[    ]	[   ][    ]

<b>A20.</b> Do you have electricity at this place of practice? 1. Yes 3. No -----> <b>To A22</b>	[     ]
<b>A21.</b> If the answer is yes, mention the electricity source used :  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1. PLN (State Electricity Company)            2. Local Government/Government Agency            3. Puskesmas Generator         </div> <div style="width: 45%;">           4. Social Self-reliance            5. Private Company/Cooperative            6. Other, please mention: _____         </div> </div>	[     ]

**A25.** Herewith we would like to know three main matters (three essential matters) that you were faced with during you practice in this place.

1.....  
.....

2.....  
.....

3.....  
.....

## SECTION B : SERVICE AVAILABILITY

<b>B1.</b> When do you open your practice ? On these days :	<b>B2.</b> Practice hours :	<b>B3.</b> Closing hours :
a. Monday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
b. Tuesday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
c. Wednesday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
d. Thursday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
e. Friday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
f. Saturday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]
f. Sunday .....	[ ][ ] : [ ][ ]	[ ][ ] : [ ][ ]

## Service Availability :

<b>B4.</b> Type of service :	<b>B5.</b> Is there any [...] service ? 1. Yes ---> To B6 3. No ---> To next line	<b>B6.</b> How many days (per week)	<b>B7.</b> Since what year?	<b>B8.</b> Service charges ? (Rupiah)	<b>B9.</b> Units
1. In patients	[ ]		[ ][ ]	[ ][ ] : [ ][ ]	per day
2. Examination only	[ ]	[ ]	[ ][ ]	[ ][ ] : [ ][ ]	per visit
3. Examination + injections	[ ]	[ ]	[ ][ ]	[ ][ ] : [ ][ ]	per visit
4. Examination + injection + medicines	[ ]	[ ]	[ ][ ]	[ ][ ] : [ ][ ]	per visit
5. Examination + medicines	[ ]	[ ]	[ ][ ]	[ ][ ] : [ ][ ]	per visit
6. Stitching wounds: a. First stitch b. Next stitch	[ ]			[ ][ ] : [ ][ ] [ ][ ] : [ ][ ]	per stitch
7. Change of dressing	[ ]			[ ][ ] : [ ][ ]	per visit
8. Abscess incision	[ ]			[ ][ ] : [ ][ ]	per action

## SECTION B : SERVICE AVAILABILITY

B4. Type of service	B5. Is there any [...] service ? 1. Yes ---> To B6 3. No---> To next line	B6. How many days ? (in a week)	B7. Since what year ?	B8. Service charges ? (Rupiah)	B9. Units
9. Circumcision	[ ]			[ ][ ][ ][ ][ ][ ]	per time
10. Check Up	[ ]			[ ][ ][ ][ ][ ][ ]	per visit
11. Treatment of tuberculosis	[ ]	[ ]		[ ][ ][ ][ ][ ][ ]	per visit
12. Pregnancy Examination	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per examination
13. Delivery	[ ]		[ ][ ]	[ ][ ][ ][ ][ ][ ]	per childbirth
14. Immunization of healthy babies: a. BCG b. DPT c. Anti polio d. Smallpox	[ ] [ ] [ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ][ ][ ][ ] . [ ][ ][ ][ ][ ][ ]	per injection
15. Immunization of pregnant mother: Tetanus toxoid	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per injection
16. Immunization of Hepatitis B	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per injection
17. Supply of KB pills : a. Microgynon b. Marvelon 28 c. Excluton 28 d. Schering e. Other: .....	[ ] [ ] [ ] [ ] [ ] _____			[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]	per month
18. Plastic/Lipes loop/IUD a. Insertion b. Removal	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]	for one insertion for one removal

## SECTION B : SERVICE AVAILABILITY

B4. Type of service	B5. Is there any [...] service ? 1. Yes--> To B6 3. No--> To next line	B6. How many days ? (per week)	B7. Starting what year ?	B8. Cost of service ? (Rupiah)	B9. Units
19. IUD Copper T a. Insertion b. Removal	[ ] [ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]	one insertion one removal
20. Injectable contraceptive a. Depo-Provera b. Noristrat	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]	per injection
21. NORPLANT a. Insertion a. Removal	[ ] [ ]	[ ]		[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]	for one time attachment for one time dettachment
22. Sterilization : a. for men b. for women	[ ] [ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ]	per action
23. Infuse services for dehydrated babies or children	[ ]	[ ]	[ ][ ]	[ ][ ][ ][ ][ ][ ]	per action
24. Treatment for FP side effects:	[ ]			[ ][ ][ ][ ][ ][ ]	per examination

## Reference Activities :

B10.	Does this practice treat patients referred from outside?	1. Yes 3. No--> To12 [ ]
B11.	If yes, where do the patients come from? 1. Private Doctors 2. Community Health Center 3. Auxiliary Health Center 4. Other midwives/paramedics/other private practice nurses. 5. Integrated Service Posts (Posyandu Village PPKB) 6. Traditional Practice 7. Village midwives 8. Hospitals	1. Yes 1. [ ] 2. [ ] 3. [ ] 4. [ ] 3.No 5. [ ] 6. [ ] 7. [ ] 8. [ ]

## SECTION B : SERVICE AVAILABILITY

<b>B12.</b>	Does this practice refer patients to other facilities?	<b>1. Yes</b> <b>3. No----</b> To B14 [   ]
<b>B13.</b>	If yes, where are the patients referred to ? 1. Hospital: Name of Hospital:..... Location : Village: ..... District: ..... Regency: ..... Province: ..... 2. Other private doctor	3. Puskesmas (Community Health Center) 4. Auxiliary Puskesmas 5. Midwives/mantris/practitioning private nurses 6. Posyandu / Village PPKB 7. Traditional Practice 8. Village Midwives

## Number of patients visiting the place of practice:

<b>B14.</b> Number of patient visits in the place of practice during the last week, starting from Monday to Sunday :		a. Date : [   ] [   ] through [   ] [   ] b. Month : _____
<b>B15. Days :</b>	<b>B16. Number of visitors</b>	
<b>a.</b> Monday .....	[   ] [   ] [   ] persons	
<b>b.</b> Tuesday .....	[   ] [   ] [   ] persons	
<b>c.</b> Wednesday .....	[   ] [   ] [   ] persons	
<b>d.</b> Thursday .....	[   ] [   ] [   ] persons	
<b>e.</b> Friday .....	[   ] [   ] [   ] persons	
<b>f.</b> Saturday .....	[   ] [   ] [   ] persons	
<b>g.</b> Sunday .....	[   ] [   ] [   ] persons	

## SECTION B : SERVICE AVAILABILITY

## Laboratory Examinations:

<b>B17.</b> Type of examination	<b>B18.</b> Can this lab work be done at this practice?  1. Yes ----- > To B19 3. No----> To B20	<b>B19.</b> How much are the patients charged?  (Rupiah)	<b>B20.</b> When patients are referred to an outside testing site for lab work, what is the distance from this practice to the external testing site?
a. Hemoglobin (Hb) .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
b. Leukocyte Count .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
c. Blood typing .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
d. Eritrosite Count .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
e. Urinalysis .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
f. Pregnancy test .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
g. Feces examination .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km
h. Sputum examination .....	[   ]	[   ][   ][   ][   ][   ][   ]	[   ][   ] km



## SECTION C : HEALTH INSTRUMENTS

Supply information on the medical instruments at your practice.		
C1. Types of instruments	C2. Do you have this instrument? 1. Yes --> <b>To C3</b> 3. No ---> <b>To next line</b>	C3. Do these instruments function properly? 1. Properly 3. Not properly
a. Regular Stethoscopes: .....	[   ]	[   ]
b. Stethoscope for pregnant mothers: .....	[   ]	[   ]
c. Tensimeter: .....	[   ]	[   ]
d. Sterilizers/autoclaves: .....	[   ]	[   ]
e. Adult scales: .....	[   ]	[   ]
f. Baby scales: .....	[   ]	[   ]
g. Body height mesurers: .....	[   ]	[   ]
h. Thermometer: .....	[   ]	[   ]
i. Beds .....	[   ]	[   ]
j. Sets of normal childbirth instruments: .....	[   ]	[   ]
k. Forceps: .....	[   ]	[   ]
l. Vaginal speculum: .....	[   ]	[   ]
m. Sahli set: .....	[   ]	[   ]

## SECTION C : HEALTH INSTRUMENTS

C4. Types of Instruments	C5. Do you have this instrument? 1. Yes ---->To C6 3. No -->To next line	C6. Do these instruments function properly? 1. Properly 3. Not properly
a. Anti-sceptic: 1. Alcohol 2. Betadine	[ ] [ ]	
b. Bandages	[ ]	[ ]
c. Oxygen tubes	[ ]	[ ]
d. Incubators	[ ]	[ ]
e. Minor surgical instruments	[ ]	[ ]
f. Infuse instruments and needles	[ ]	[ ]
g. Gloves	[ ]	[ ]
h. Scissors	[ ]	[ ]
i. Giemsa dye solution	[ ]	
j. Benedict solution	[ ]	
k. Wright solution	[ ]	
l. Pregnancy test (strips)	[ ]	
m. Protein test (strips)	[ ]	
n. Glucose test (strips)	[ ]	
o. Microscopes	[ ]	[ ]
p. Centrifuges.	[ ]	[ ]

## SECTION D : STOCK OF MEDICINES

D1.	Do you have medicines in stock for patients coming to be treated here ?	1. YES 3. NO ----- > straight to D8	[     ]
-----	---	--	---------

D2. Now we would like to know about several kinds of medicines you regularly provide to <b>adult patients</b> :							
D3. Type of medicines	D4. Brands of regularly used medicines	D5. Amount usually prescribed to adult patients (one prescription)			D6. PACKAGING		D7. Charges to patients, in keeping with D5. Not including examinations [in thousand rupiahs]
		D5a. Dosage of medicine:	D5b. [see code]	D5c. Number of days	D6a Unit content	D6b. 1. mg 2. cc	
<b>1. Antibiotics :</b> a. Penicilin b. Ampicilin c. Tetracyclin d. Chloroamphenicol	..... ..... ..... .....	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ] [ ] [ ] [ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ] [ ] [ ]	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]
<b>2. Analgetics :</b> a. Antalgin	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ][ ][ ]
<b>3. Antipiretics :</b> a. Acetosal b. Paracetamol	..... .....	[ ][ ] [ ][ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ]	[ ][ ][ ][ ] [ ][ ][ ][ ]
<b>4. Anti - TBC :</b> a. INH b. Rifampicin c. Ethambutol d. Stretomycyn	..... ..... ..... .....	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ] [ ] [ ] [ ]	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ] [ ] [ ]	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]
<b>5. Anti malaria</b>	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ][ ][ ]
<b>6. Skin Ointment</b>	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ][ ][ ]
<b>7. Cough drugs</b>	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ][ ][ ]
<b>8. Oralite</b>	.....	[ ][ ]	[ ]	[ ][ ]	[ ][ ][ ][ ]	[ ]	[ ][ ][ ][ ]
<b>9. FP injection</b>	a. Depo provera b. Noresterat	[ ][ ] [ ][ ]	[ ] [ ]	[ ][ ] [ ][ ]	[ ][ ][ ][ ] [ ][ ][ ][ ]	[ ] [ ]	[ ][ ][ ][ ] [ ][ ][ ][ ]

**Code D5b**1. tablet  
2. capsule3. bottles  
4. tube5. package  
6. injection

## SECTION D : STOCK OF MEDICINES

Types of Medicine:	<b>D8.</b> Do you have stock today ? [stock]  <b>1. Yes</b> <b>3. No</b>	<b>D9.</b> In the last 6 months, how many weeks were you out of [...]  
<b>1. Antibiotics :</b> a.Penicilin b.Ampicilin c.Tetracilin d.Chloroamphenicol	 [ ]  [ ]  [ ]  [ ]	 [ ][ ]  [ ][ ]  [ ][ ]  [ ][ ]
<b>2. Analgetics :</b> a. Antalgin	 [ ]	 [ ][ ]
<b>3. Antipiretics :</b> a.Acetosal b.Paracetamol	 [ ]  [ ]	 [ ][ ]  [ ][ ]  [ ][ ]
<b>4. Anti - TBC :</b> a.INH b.Rifampicin c.Ethambutol d.Stretomicyn	 [ ]  [ ]  [ ]  [ ]	 [ ][ ]  [ ][ ]  [ ][ ]  [ ][ ]
<b>5. Anti malaria :</b>	 [ ]	 [ ][ ]
<b>6. Skin Ointment :</b>	 [ ]	 [ ][ ]
<b>7. Cough drugs :</b>	 [ ]	 [ ][ ]
<b>8. Oralite :</b>	 [ ]	 [ ][ ]
<b>9. KB injection :</b> a. Depo provera b. Noresterat	 [ ]  [ ]	 [ ][ ]  [ ][ ]

<b>D10.</b> If you write a prescription, where do the patients get it filled?  1. At the pharmacies 2. At drugstore [ ] 3. Other, please mention: -----
<b>D11.</b> How far is it from this place of practice to the nearest facility [D10] where patients get prescriptions filled  1. Less than 0,5 kms [ ] 2. One half to one kilometer (0,5 - 1 km) 3. One to three kilometers (1 - 3 kms) 4. Three to five kilometers (3 - 5 kms) 5. More than five kilometers (5 kms +)

**SECTION E: DIRECT OBSERVATION****EXAMINATION ROOM**

<b>E1.</b>	How clean is the floor in this room? [ Dirty = if much dust, food remnants/scattered garbage are found]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E2.</b>	How clean are the walls in this room ? [ Dirty = If many spider webs, dust, moisture, peeled off paint are found]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E3.</b>	Are there curtains that shut off the examination room ?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E4.</b>	How are the conditions of these curtains ? [ Dirty = when it looks unwashed, there are blood stains, or other dirt sticking to it]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E5.</b>	What provisions are made for washing hands in this room?	<b>1. Washing stand with running water</b> <b>3. Wash basin with clean water</b> <b>5. Nothing available</b>	[   ]
<b>E6.</b>	Is there a trash can in the room ?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E7.</b>	Is there an examination table in the room ?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E8.</b>	What kind of needles are used for injections?	<b>1. Disposable [USED ONCE] -----&gt; E10.</b> <b>2. Non disposable [USED REPEATEDLY]</b> <b>3. Both.</b>	[   ]
<b>E9.</b>	How are needles sterilized? (MORE THAN ONE ANSWER POSSIBLE) <b>1. With a sterilizer</b> <b>2. Boiling the needle in boiling water</b> <b>4. Rinsing in alcohol</b>	<b>8. By heating the needle with fire</b> <b>16. No sterilization</b> <b>32. Other, mention _____</b>	[   ][   ] _____

## SECTION E: DIRECT OBSERVATION

## KIA - KB (MCH-FP) ROOM:

<b>E10. CHECK POINT: IS THERE A SPECIAL ROOM FOR KIA-KB ACTIVITIES ?</b> <b>1. YES ---&gt;IF YES, FILL IN E11 TO E18.</b> <b>3. NO --&gt;IF NO, STRAIGHT TO E18</b>			[   ]
<b>E11.</b>	How clean is the floor in this room? [Dirty = when there is much dust, food remains are scattered]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E12.</b>	How clean are the walls in this room ? [Dirty = if there are many cobwebs, graffiti, moist, peeled wall paint]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E13.</b>	Are there curtains that shut off the examination room?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E14.</b>	How clean is this curtain ? [Dirty = it has not been washed, there are bloodstains or other dirt sticking to it]	<b>1. Dirty</b> <b>3. Clean</b>	[   ]
<b>E15.</b>	What provisions are made for washing hands in this room?	<b>1. Washstand with running water</b> <b>3. Basin with clean water</b> <b>5. Nothing</b>	[   ]
<b>E16.</b>	Is there a wastebasket in the room ?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E17.</b>	Is there a gynecological examination table in this room?	<b>1. Yes</b> <b>3. No</b>	[   ]
<b>E18.</b>	Where are the vaccines kept ? <b>1. Refrigerator/Freezer/special vaccine box</b> <b>3. Regular refrigerator</b>	<b>5. Refrigerator without electricity</b> <b>7. No place to keep vaccine</b>	[   ]

**SECTION E: DIRECT OBSERVATION**

	How is the stock of vaccine :		
	<b>E19</b> Types of vaccine	<b>E20</b> How is today's stock ? <b>1. Available    3. Not available</b>	<b>E21</b> How many weeks during the last 6 months, was there no [...] vaccine / out of stock ? [OUT OF STOCK FOR MORE THAN 3 DAYS MEANS 1 WEEK]
a.	BCG	[   ]	[   ][   ] weeks
b.	DPT	[   ]	[   ][   ] weeks
c.	Anti polio	[   ]	[   ][   ] weeks
d.	Measles	[   ]	[   ][   ] weeks
e.	Tetanus Toxoid	[   ]	[   ][   ] weeks
f.	Hepatitis B	[   ]	[   ][   ] weeks

## SECTION F: FAMILY PLANNING SERVICES

<b>F1. CHECK POINT:</b> 1. YES ----->IF RENDERING THE KB SERVICE, PLEASE CONTINUE THIS SECTION 3. NO -----> TO CASE PICTURE	[    ]
---	--------

<b>F2.</b>	Did you ever join the KB training ? 1. YES 3. NO	[    ]
<b>F3.</b>	State the types of trainings you attended ? 1. All KB methods 2. IUD insertions 3. Norplant/implant 4. Treatment of side effects 5. Other, please mention -----	[    ] _____
<b>F4.</b>	When was the latest training you attended ? YEAR:	[   ][   ]
<b>F5.</b>	Duration of training: 1. Less than 1 week 2. One to two weeks (1 - 2 weeks) 3. Two weekd to one month 4. Less than 1 - 3 months 5. More than 3 months (3 months +)	[    ]
<b>F6.</b>	The organizer of the training was : 1. The Health Department 2. BKKBN (National Coordinating Board of Planned Parenthood) 3. IDI/IBI (Indonesian Doctors Association) 4. Other, please mention	[    ]

<b>F7. If there were a candidate acceptor who desires to use a certain method, but said method is not available where is the candidate acceptor referred to ?:</b>		
<b>Types of methods:</b>	<b>F8. Place of reference</b> (see code F8) If "9" straight to next line	<b>F9. Distance from this place</b>
a. Condom	[    ]	[   ][   ] Km
b. Pills	[    ]	[   ][   ] Km
c. Injections	[    ]	[   ][   ] Km
d. IUD / spirals	[    ]	[   ][   ] Km
e. Norplant/implant/pins	[    ]	[   ][   ] Km
f. Sterilization	[    ]	[   ][   ] Km
<b>Code F8 :</b> 1. Government Hospitals 2. Private Hospitals 3. Puskesmas 4. Auxiliary Puskesmas		5. Private Clinic 6. Private Practitioning Doctors 7. Midwives/nurses/practitioning mantris 8. Pharmacies 9. No reference



## SECTION F: FAMILY PLANNING SERVICES

<b>F10</b>	In what year were the low-dose FP pills introduced at this facility ?	<b>Year</b> [   ][   ][   ][   ]
<b>F11.</b>	If a mother breastfeeds her child and she is eager to use the KB instruments, what do you recommend ? 01. Low-dose pills 02. Medium dose pills 03. IUDs 04. KB injections 05. KB Norplant pins 06. Sterilization 07. Condom 08. Traditional methods	[   ][   ]

**CASE PICTURE:**

PUT A [V] SIGN IN THE COLUMN RESERVED, FOR CASES TO BE FILLED IN :

SECTION G:	1. KB - IUD	[    ]
	2. KB - PILL	[    ]
SECTION H:	PREGNANCY EXAMINATION	[    ]
SECTION I :	FEVER EXAMINATION	[    ]
SECTION J :	VOMIT AND DEFECATING EXAMINATION	[    ]

## SECTION G: KB - IUD CASE

1. Do you provide IUD or Spiral service here ?

1. Yes -----> TO QUESTIONNAIRE

3. No ----> STRAIGHT TO NEXT SECTION

[    ]

2. Name of respondent: .....

3. We would like to know the process by which you provide IUDs to an FP acceptor. We shall explain a case to you. Next we ask you to explain the measures you usually implement successively from the moment the acceptor arrives, you wait upon her, until the service is finished. If in rendering the service there is somebody who assists you, please mention also the steps taken by that assistant.

4. Suppose a woman, aged 22, married, in good health comes here to have an IUD inserted. She is not currently using any contraception devices. What are the steps you take ?

## SECTION G: KB - IUD CASE

PUT AN "1" SIGN AT 5A, 6A AND 7A, IF THE MEASURES ARE STATED SPONTANEOUSLY BY THE RESPONDENT.  
 READ THE MEASURES THAT ARE NOT STATED SPONTANEOUSLY, THEN WRITE THE NUMBER "3" AT 5B, 6B AND 7B IF  
 THE ANSWER IS "YES" AND WRITE THE FIGURE "5", IF THE ANSWER IS "NO"

<b>5. In order to determine whether the KB-IUD instruments are appropriate for the candidate acceptor, please mention a few matters that should be asked of the candidate acceptor</b>	<b>5a.</b> Spontaneous  <b>1. Yes</b>	<b>5b.</b> Did you also ask :  <b>3. Yes    5. No</b>
1. Has the candidate given birth before ? 2. Number of children ? 3. Is the candidate pregnant at this moment or not ? 4. Does the candidate still shed blood or not at childbirth ? 5. Date of latest menstruation (period) ? 6. Date of hip inflammation ? 7. History of irregular periods? 8. History of pains in the lower abdomen or above the urinal pouch 9. History of leucorrhea	1 [   ] 2 [   ] 3 [   ] 4 [   ] 5 [   ] 6 [   ] 7 [   ] 8 [   ] 9 [   ]	[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]
<b>6. What are the matters that are discussed regularly with the candidate?</b>	<b>6a</b> Spontaneous  <b>1. Yes</b>	<b>6b</b> Did you also say :  <b>3. Yes    5. No</b>
1. Explaining the benefits of the IUD 2. Explaining the drawbacks of contraception aside from the IUD 3. Types of IUD and appropriateness of prices 4. Possibility of side effect : Bleeding after insertion of IUD 5. Possibility of side effect : pain when period occurs 6. Possibility of side effect : more menstruation than usual 7. Possibility of side effect : pain when performing intercourse 8. Possibility of side effect : pains after insertion of IUD 9. Possibility of side effect : expulsion of IUD 10. Possibility of side effect : IUD moved 11. Possibility of side effect : leucorrhea after insertion of IUD 12. What must be done after occurrence of side effect ? 13. When is intercourse allowed after IUD is attached 14. When must the patient come for a check-up ?	1 [   ] 2 [   ] 3 [   ] 4 [   ] 5 [   ] 6 [   ] 7 [   ] 8 [   ] 9 [   ] 10 [   ] 11 [   ] 12 [   ] 13 [   ] 14 [   ]	[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]
<b>7. Please recount the steps taken in inserting the IUD, from the moment of preparing the instrument till the insertion of the IUD.</b>	<b>7a</b> Spontaneous  <b>1. Yes</b>	<b>7b</b> Did you also perform these :  <b>3. Yes    5. No</b>
1. Washing one's hands 2. Putting on one's gloves 3. Sterilization of instruments and / or IUD 4. Internal examination to check infection, erosion, polypus, tumor, or abcess of the womb (uterus) 5. Internal examination to make sure there is no pregnancy 6. Internal examination to determine the position of the uterus 7. Internal examination (with uterus sonde) to determine the measure of the womb cavity 8. Supplying medicines like antibiotics	1 [   ] 2 [   ] 3 [   ] 4 [   ] 5 [   ] 6 [   ] 7 [   ] 8 [   ]	[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]

## SECTION G : KB - ORAL CONTRACEPTIVE CASE

8. Do you provide oral contraceptives here ?

1. Yes -----> TO QUESTIONNAIRE

3. No -----> PROCEED TO FOLLOWING SECTIONS

[    ]

9. Name of respondent :: .....

10. We would like to understand the process you use in providing oral contraceptives to a non-contraceptor. We will describe a case, and ask you to explain the steps you usually take. We would like to know the steps in consecutive order, from the arrival of the candidate, your waiting on this person until the treatment is over and the acceptor goes home. If in offering service there were persons who helped you, please state the steps taken by your assistants.

11. Suppose a woman of 25 years old, married, came here, wishing to use an oral contraceptive. Currently the candidate did not use any contraception. The candidate appears healthy .

## SECTION G : KB - ORAL CONTRACEPTIVE CASE

PUT THE NUMBER "1" AT 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED BY THE RESPONDENTS SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS WRITE THE NUMBER "3" AT 12B, 13B AND 14B FOR THE ANSWER "YES" AND WRITE THE NUMBER "5" IF THE ANSWER IS "NO"

<b>12. In order to determine whether the KB pill is appropriate for this acceptor :</b>	<b>12a.</b> Spontaneous  <b>1. Yes</b>	<b>12b.</b> Do you also inquire : <b>3. Yes 5. No</b>
1. When was the latest menstruation (period) ? ..... 2. Did you ever take pills before this ? ..... 3. Is the candidate pregnant at this moment ? ..... 4. Is she breastfeeding the baby at this moment ? ..... 5. Does she have varices at her foot ? ..... 6. History of heart disease ..... 7. History of jaundice ..... 8. History of hypertension .....	1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] 7. [ ] 8. [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>13. What do you usually discuss with the candidate acceptor :</b>	<b>13a</b> Spontaneous  <b>1. Yes</b>	<b>13b</b> Did you also inquire : <b>3. Yes 5. No</b>
1. Rules of taking the oral contraceptive ..... 2. What needs to be done if the patient forgets to take the pill ..... 3. When should the candidate return ? ..... 4. When and where does the candidate need to get a supply? .....  <b>Explanation of side effects :</b> 5. Possibility of the menstruation lengthening/shortening or does not occur at all .. 6. Possibility of experiencing nausea up to vomiting ..... 7. Possibility of gaining weight ..... 8. Possibility of brown spots on one's face .....	1. [ ] 2. [ ] 3. [ ] 4. [ ]  5. [ ] 6. [ ] 7. [ ] 8. [ ]	[ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ]
<b>14. Examination performed :</b>	<b>14a</b> Spontaneous  <b>1. Yes</b>	<b>14b</b> Do you also perform the examination : <b>3. Yes 5. No</b>
1. Checking the weight ..... 2. Checking blood pressure ..... 3. Checking swelling of the goiter ..... 4. Checking of breasts ..... 5. Lab test : Hb ..... 6. Lab test : urine .....	1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ]	[ ] [ ] [ ] [ ] [ ] [ ]

## SECTION H : PREGNANCY EXAMINATION CASE

1. Do you provide prenatal care here ?  
 1. YES -----> QUESTIONNAIRE  
 2. NO ----> PROCEED DIRECTLY TO NEXT SECTION

[    ]

2. Name of respondent : .....

3. I would like to understand into the process by which you provide a pregnancy examination. I should like to know anything you do starting from the arrival of the patient, waiting upon the patient until she goes home. I shall describe a pregnant mother, then I shall ask you to explain anything you regularly perform. Please state things in consecutive order.

3. Now I shall describe a case (read it out twice)

Mrs. Ani a married woman, says she has not had her periods for 3 months. She has come to you for a pregnancy examination. This is her first visit. She appears to be in good health. Please recount everything you would do during Mrs. Ani's first visit.

4. NOTES FOR THE INTERVIEWER : DO NOT READ THESE OUT !! THIS INFORMATION IS ONLY PROVIDED IF THE RESPONDENT ASKS QUESTIONS

Mrs. Ani is 23 years old. This is her second pregnancy. She has a son aged 2 years.

5. Did you record this first visit on a card ?

[    ]

1. YES  
 3. NO

6. PUT THE NUMBER "1" AT NO.7A, IF THE MATTER NOTED IS MENTIONED SPONTANEOUSLY  
 READ OUT THE THINGS NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3" IF QUESTION 7B IS ANSWERED "YES", AND PUT DOWN THE NUMBER "5" IF IT IS ANSWERED "NO"

7. What exactly did you record ?	7a. Spontaneous	7b. Did you also ask about:
	1 = Yes	3 = Yes    5 = No
1. Name	1. [    ]	[    ]
2. Age	2. [    ]	[    ]
3. Address	3. [    ]	[    ]
4. Husband's name	4. [    ]	[    ]
5. Husband's age	5. [    ]	[    ]
6. Husband's employment	6. [    ]	[    ]

## SECTION H : PREGNANCY EXAMINATION CASE

PUT THE NUMBER "1" AT NO 8A, 9A, 10A, 11A, 12A, 13A AND 14A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY. READ OUT THE STEPS THAT ARE NOT MENTIONED SPONTANEOUSLY, AFTER THIS SUPPLY THE NUMBER "3" IF QUESTIONS 8B, 9B, 10B, 11B, 12B, 13B AND 14B ARE ANSWERED "YES" AND PUT DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

<b>8. How do you determine that Mrs. Ani is pregnant ? By the :</b>	<b>8a.</b> Spontaneous	<b>8b.</b> Did you also inquire about :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. Latest menstruation date 2. A feeling of nausea 3. Checking the urine?	[   ] [   ] [   ]	[   ] [   ] [   ]
<b>9. What did you ask about her pregnancy history :</b>	<b>9a.</b> Spontaneous	<b>9b.</b> Did you also inquire after :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. How many previous pregnancies has Mrs. Ani had? 2. Has she ever had a miscarriage ? 3. Did she once have bleeding ? 4. Did she receive TT (tetanus toxoid) immunization during her previous pregnancy ?	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]
<b>10. What did you ask about her previous delivery ?</b>	<b>10a.</b> Spontaneous	<b>10b.</b> Did you also enquire after :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. Where did delivery take place ? 2. Who helped at the delivery ? 3. Was there any complication in the delivery : bleeding, long labor? 4. What was the baby's weight	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]
<b>11. Health history :</b>	<b>11a.</b> Spontaneous	<b>11b.</b> Did you also inquire after :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. History of high blood pressure ? 2. History of diabetes ? 3. History of heart disease ? 4. Any hereditary disease ? 5. Do you smoke ?	[   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ]



## SECTION H : PREGNANCY EXAMINATION CASE

12. Examinations performed :	12a. Spontaneous	12b. Do you also perform this :
	1. Yes	3. Yes 5. No
1. Body height	[ ]	[ ]
2. Body weight	[ ]	[ ]
3. Blood pressure	[ ]	[ ]
4. Eye examination : for pale look	[ ]	[ ]
5. Abdominal examination : for determining size of uterus	[ ]	[ ]
6. Checking of legs for varicose veins	[ ]	[ ]
7. Immunization for tetanus toxoid (TT)	[ ]	[ ]
8. Breast examination	[ ]	[ ]
9. Determining whether a patient belongs to the "high risk" group	[ ]	[ ]
13. Laboratory Examination :	13a. Spontaneous	13b. Do you also perform this :
	1. Yes	3. Yes 5. No
1. Pregnancy test	[ ]	[ ]
2. Hemoglobin test	[ ]	[ ]
3. Urine examination for diabetes	[ ]	[ ]
4. Urine examination for proteins	[ ]	[ ]
14. Consultation :	14a. Spontaneous	14b. Do you also discuss this:
	1. Yes	3. Yes 5. No
1. Advice about nutrition for pregnant mothers	[ ]	[ ]
2. Supply of vitamins	[ ]	[ ]
3. Supply of iron tablets	[ ]	[ ]
4. Advice about sexual relations	[ ]	[ ]
5. Advice about pregnant mothers	[ ]	[ ]
6. Schedule for next visit	[ ]	[ ]
7. Schedule for childbirth	[ ]	[ ]

## SECTION H : PREGNANCY EXAMINATION CASE

**15.** The next case is the following : Mrs. Ani is at an advanced stage of pregnancy estimated to give birth in another two weeks. Mrs. Ani's conditions have so far been good, and she is expected to give birth without complications. Now I would like to know the exact services Mrs. Ani has received until this moment.

**PUT A NUMBER "1" AT 16A, IF THE STEPS ARE MENTIONED SPONTANEOUSLY.**

**READ OUT THE STEPS THAT HAVE NOT BEEN MENTIONED SPONTANEOUSLY, THEN SUPPLY THE NUMBER "3" IF QUESTION 16B IS ANSWERED "YES", AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"**

<b>16. What are exactly the examinations and the action taken for Mrs. Ani ?</b>	<b>16a.</b> Spontaneous	<b>16b.</b> Did you also inquire after :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
<b>Laboratory examination:</b>		
<b>1.</b> Hemoglobin for anemia	<b>1.</b> [   ]	[   ]
<b>2.</b> Urine for diabetes	<b>2.</b> [   ]	[   ]
<b>3.</b> Urine for proteinuria	<b>3.</b> [   ]	[   ]
<b>4.</b> Test for any venereal disease	<b>4.</b> [   ]	[   ]
<b>5.</b> Pregnancy examination for determining the size of the embryo	<b>5.</b> [   ]	[   ]
<b>6.</b> Pregnancy examination for determining position of the embryo	<b>6.</b> [   ]	[   ]
<b>7.</b> Pelvic examination in order to assess the proportionality between the sizes of the fetal head and the mother's hips	<b>7.</b> [   ]	[   ]
<b>8.</b> Leg examination for any swelling	<b>8.</b> [   ]	[   ]
<b>9.</b> Monitoring of blood pressure	<b>9.</b> [   ]	[   ]
<b>10.</b> Injection of tetanus toxoid 2X	<b>10.</b> [   ]	[   ]

## SECTION I : COUGH AND FEVER CASES

<b>1.</b> Do you examine patients ? <b>1. YES -----&gt; TO QUESTIONNAIRE</b> <b>3. NO -----&gt; TO FURTHER SECTIONS</b>	[    ]
---	--------

<b>2.</b> Name of respondent : .....
--------------------------------------

<b>3. We would like to understand the process by which you examine an adult person suffering fever. We should like to find out what is done beginning with the arrival of the patient and ending when the patient goes home. We shall describe a case, subsequently we shall ask you to explain what you do regularly. Please state the facts in consecutive order.</b>
---

<b>4. Now we shall read out a case (to be read out 2X)</b> <ul style="list-style-type: none"> <li>Mr. Nik came to the Puskesmas with a complaint of cough and fever. Please recount exactly what you did for this patient.</li> </ul>
--

## SECTION I : COUGH AND FEVER CASES

PUT THE NUMBER "1" AT 5A, 6A, 7A IF THE STEPS HAVE BEEN SPONTANEOUSLY MENTIONED.  
 READ OUT THE STEPS THAT HAVE NOT BEEN SPONTANEOUSLY MENTIONED, THEN WRITE THE NUMBER "3" IF  
 QUESTIONS 5B, 6B AND 7B ARE ANSWERED "YES", AND WRITE DOWN THE NUMBER "5" IF THE ANSWER IS "NO"

<b>5. What questions were asked when you started to examine the patient?</b>	<b>5a.</b> Spontaneous	<b>5b.</b> Did you also ask these question :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. How long have you suffered from coughing and fever ? 2. Do you have asthma difficulty breathing? 3. Is there any blood when you cough ? 4. What was the color of the sputum ? 5. Do you have any pain in the chest ?	[   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ]
<b>6. When you conducted a physical examination, what did you do about the patients in question ?</b>	<b>6a.</b> Spontaneous	<b>6b.</b> Do you also examine :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. I examined the consciousness of the patient 2. I took the temperature 3. I listened to the sound of the respiration 4. I observed the ear lobe 5. I observed the patient's chest/any retraction of the ribs 6. I looked for any signs of sianosis	[   ] [   ] [   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ] [   ] [   ]
<b>7. What are the laboratory examinations you conduct ?</b>	<b>7a.</b> Spontaneous	<b>7b.</b> Do you also conduct these :
	<b>1. Yes</b>	<b>3. Yes    5. No</b>
1. Routine blood examinations 2. Thorax/rontgen photographs 3. Mantoux test 4. Sputum examination	[   ] [   ] [   ] [   ]	[   ] [   ] [   ] [   ]

## SECTION J : VOMITING AND DIARRHEA CASE

1. Do you examine small children or babies ?  
 1 YES -----> to QUESTIONNAIRE  
 3. NO -----> FINISHED

[   ]

2. On this occasion I would like to understand the process by which you examine a child suffering from diarrhea. I would like to know the steps you take from the moment the patient arrives, is waited upon, until he/she leaves for home. Now I will describe a case where a mother comes with her daughter. After that, I request you to explain just what you usually do. Please make consecutive statements.

3. Now I shall read out a case (read it out 2X)

Mrs. Nani came to the clinic together with her daughter Eli, an 8 month baby. She came with complaints about diarrhea for two days, with vomiting. Please tell me just what you did during the first examination.

SUPPLY THE NUMBER "1" TO 4A, IF THE RECORDED MATTER HAS BEEN MENTIONED SPONTANEOUSLY. READ OUT THE MATTER THAT HAS NOT BEEN STATED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF QUESTION 4B HAS BEEN ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

4. What questions did you ask when you started the consultation :	4a Spontaneous	4b. Did you also ask this question :	
	1. Yes	3. Yes	5. No
1. When did the diarrhea start ?	[   ]	[   ]	[   ]
2. How many times a day ?	[   ]	[   ]	[   ]
3. What did the feces look like ?	[   ]	[   ]	[   ]
4. How many feces were solid ?	[   ]	[   ]	[   ]
5. Was there any blood on the feces ?	[   ]	[   ]	[   ]
6. Was there any fever ?	[   ]	[   ]	[   ]
5. When you conducted a physical examination what did you do about this patient ?	5a. Spontaneous	5b. Did you also examine these items:	
	1. Yes	3. Yes	5. No
1. I checked his/her consciousness	[   ]	[   ]	[   ]
2. I took the temperature	[   ]	[   ]	[   ]
3. I examined the crown of the head	[   ]	[   ]	[   ]
4. I checked the pulse (weak/strong)	[   ]	[   ]	[   ]
5. I checked for difficulties in breathing	[   ]	[   ]	[   ]
6. I checked for sianosis	[   ]	[   ]	[   ]
7. I looked for any tumor of the skin	[   ]	[   ]	[   ]

PUT THE NUMBER "1" AT 6A, 7A, 8A, 9A IF THE NOTED MATTER IS MENTIONED SPONTANEOUSLY. READ OUT THE MATTER THAT ARE NOT MENTIONED SPONTANEOUSLY, THEN PUT DOWN THE NUMBER "3", IF QUESTIONS 6B, 7B, 8B, 9B ARE ANSWERED "YES" AND SUPPLY THE NUMBER "5" IF THE ANSWER IS "NO"

## SECTION J : VOMITING AND DIARRHEA CASE

6. If this baby has a mild dehydration, what do you do ?	6a. Spontaneous	6b. Do you also do these :
	1. Yes	3. Yes 5. No
1. I consult with someone more expert	[ ]	[ ]
2. I supply oral antibiotics	[ ]	[ ]
3. I administer oralite	[ ]	[ ]
4. I supply a Ringer Lactat infuse medicine	[ ]	[ ]
7. What recommendation did you give to the mother of the patient (Mrs.Nani) when the patient went home :	7a. Spontaneous	7b. Do you also do these :
	1. Yes	3. Yes 5. No
1. I gave instructions to make an oralite liquid	[ ]	[ ]
2. I gave instructions how to supply oralite	[ ]	[ ]
3. I instruct to continue to feed with ASI (mother's milk)	[ ]	[ ]
4. Feed other food that is permitted	[ ]	[ ]
5. If condition worsens, come back at once	[ ]	[ ]
6. Return for a checkup before medicine runs out	[ ]	[ ]
8. What are the follow up steps you take, if this case turns out to be a vomiting and diarrhea disease :	8a. Spontaneous	8b. Do you also do these :
	1. Yes	3. Yes 5. No
1. I take a spare rectal swab	[ ]	[ ]
2. I look for a different case in the region of the patient's domicile	[ ]	[ ]
3. Report to the local Puskesmas Health Service	[ ]	[ ]
4. Check the oralite stock	[ ]	[ ]
5. Check the Ringer Lactat stock	[ ]	[ ]

CODE OF PROVINCE

CODE OF REGENCY

CODE SAKERTI :


# SURVEY OF HEALTH FACILITIES 1993

INTEGRATED HEALTH SERVICE POSTS (POSYANDU)/  
VILLAGE PLANNED PARENTHOOD CONSTRUCTION ASSISTANCE (PPKBD)

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA

and

RAND

NO. CODE

Name of Posyandu / Village PPKB:.....

	.	
--	---	--

**CONTROL SHEET**
**KOMFAS '93**

INFORMATION OF CENSUS REGION								
LK A	Province	[ ][ ]	LK B	District	[ ][ ]	LK C	SAKERTI '93	[ ][ ][ ]

INFORMATION OF FACILITIES		CODE
LK 01	Name of Province: .....	[ ][ ]
LK 02	Name of District: .....	[ ][ ]
LK 03	Name of Subdistrict: .....	[ ][ ][ ]
LK 04	Region : 1. Urban                      2. Rural	[ ]
LK 05	Code Sub Population:	[ 4 ]
LK 06	Consecutive Number: .....	[ ]

LK 07	Name of Posyandu/Village PPKB:
LK 08	Address:
	Post Code:

NOTES OF INTERVIEWS				
		First Visit	Second Visit	Third Visit
LK 09	Date	----/----/----	----/----/----	----/----/----
LK 10	Hour of Start	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
LK 11	Hour of Termination	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]
LK 12	Result of interview	[ ][ ]	[ ][ ]	[ ][ ]
<b>Code of results of interview:</b> 03. Deferred 01. Completed    04. Refused 02. Completed    05. Inaccessible				

SUPERVISION:		CODE
LK 13	Interviewer: .....	[ ][ ][ ]
LK 14	Local Supervisor: .....	[ ][ ][ ]
LK 15	Jakarta Supervisor: .....	[ ][ ]
LK 16	Field Coordinator: .....	[ ][ ]

**SECTION LK**
**FILE: BKPPKLK1**



<b>A1.</b>	When did the Health Post / PPKBD start its activities ?	[   ][   ]
<b>A2.</b>	Before this Health Post was established, did this village have a Weighing Pos or a FP post? <b>1. Yes</b> <b>3. No</b>	[   ]
<b>A3.</b>	How many times a month does this Health Post/PPKBD carry out activities ?	[   ][   ] <b>times a month</b>
<b>A4.</b>	How many workers (cadres or PPKBD) work in this Health Post ?	[   ][   ] <b>cadres</b>
<b>A5.</b>	When does this Health Post/PPKBD have activities ? (FILL IN ONLY ONE !) <b>a.</b> Every month, on (date)	<b>a1. open day 1</b> [   ][   ] <b>a2. open day 2</b> [   ][   ]
	<b>b.</b> Every month, on what day which week ?      1. Monday                                  4. Thursday 2. Tuesday                                  5. Friday 3. Wednesday                              6. Saturday	<b>b1. open day 1:</b> b11 day [   ]; b12 week [   ] <b>b2. open day 2:</b> b21 day [   ]; b22 week [   ]
<b>A6.</b>	Mention the opening and closing hours of this Health Post/PPKBD.	<b>a. opening hours</b> [   ][   ].[   ][   ] <b>b. closing hours</b> [   ][   ].[   ][   ]

<b>A7.</b>	When the Health Post is not open, and someone needs pills or oralit, where can they get them ? (see code A7)	[    ]
<b>A8.</b>	When a mother wants use the PP device [...], where is she referred to ? (See code A8)	
	<b>a.</b> IUD .....	[    ]
	<b>b.</b> Insertion .....	[    ]
	<b>c.</b> Sterilization .....	[    ]

<b>A9.</b>	In general, where do mothers go for prenatal care in this village ? (See code A9)	[    ]
<b>A10.</b>	In general where do mothers in this village give birth to (See code A10) their babies ?	[    ]
<b>A11.</b>	Usually, who assists the mothers in giving birth to their babies ? (See code A11)	[    ]

Code for A7 and A8		Code for A9 and A10		Code for A11	
1. Public Health Center	5. Dispensary	1. Public Health Center	5. Private Practice	1. Physician	4. Traditional Midwife
2. Assisting Public Health Center	6. Private Practice	2. Assisting Public Health Center.	6. Traditional Midwife	2. Nurse	5. Midwife in village
3. Hospital	7. Cadre's Home	3. Hospital	7. Poindes	3. Practizing Midwife	6. Other
4. Clinic		4. Clinic	8. Own home		

## SECTION A : GENERAL

**A12.** Mention 3 (three) main problems faced by this Health Post/PPKBD :

- a. -----
- b. -----
- c. -----

**A13.** Mention 3 (three) main problems concerning the health of mothers and children :

- a. -----  
-----
- b. -----  
-----
- c. -----  
-----

## SECTION B : SERVICES AT HEALTH POST / VILLAGE PPKB

SPECIFICALLY FOR HEALTH POST :

RESPONDENT :			FUNCTION :			
--------------	--	--	------------	--	--	--

  

B1. Kinds of services :	B2. Are there [...] services ? 1. Yes ----> To B3 3. No ----> To next line 5. Yes, at cadre's home	B3. When did it start ?  Year?	B4. How many people visited the Health Post during the last three months ?			B5. Service charges ?  (Rupiah)	
			MAY.'93	JUNE.'93	JULY.'93		
a. Weighing of babies/children	[ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ][ ][ ][ ]	each weighing
b. Supplying supplementary food	[ ]	[ ][ ]				[ ][ ][ ][ ][ ]	each meal
c. Supplying oralit	[ ]	[ ][ ]				[ ][ ][ ][ ][ ]	per package
d. Immunization service	[ ]	[ ][ ]				[ ][ ][ ][ ][ ]	per injection
e. Pregnancy examination	[ ]	[ ][ ]				[ ][ ][ ][ ][ ]	per examine
f. Treatment of patients	[ ]	[ ][ ]				[ ][ ][ ][ ][ ]	per visit
g. Child Development	[ ]	[ ][ ]					
h. Mother & Child Health Groups	[ ]	[ ][ ]					

B6.	Mention source of funds for Health Post activities !	1.YES 3.NO
1.	Monthly routine contribution of villagers	[ ]
2.	Village/district budget	[ ]
3.	Health Post donation	[ ]
4.	Health Funds	[ ]
5.	Contribution from certain donors	[ ]
6.	Other, mention : .....	[ ] .....

## SECTION B : SERVICES AT HEALTH POST / VILLAGE PPKB

## FP SERVICES AT HEALTH POST AND VILLAGE PPKB

B7. Types of Family Planning Services :		B8. Are there any [...] services ? 1. Yes ----> To B9 3. No ----> To next line 5. Yes, at cadre's home	B9. Starting when? What year ?	B10. Charge per unit (Rupiah)	Information on units
B7a	<b>Oral Contraceptives:</b> 1. Microgynon 2. Marvelon 28 3. Excluton 28 4. Schering 5. Norideck	 [   ] [   ] [   ] [   ] [   ]	 [   ][   ] [   ][   ] [   ][   ] [   ][   ] [   ][   ]	 [   ][   ] . [   ][   ][   ] [   ][   ] . [   ][   ][   ] [   ][   ] . [   ][   ][   ] [   ][   ] . [   ][   ][   ] [   ][   ] . [   ][   ][   ]	 per month
B7b	<b>Condom</b>	[   ]	[   ][   ]	[   ][   ] . [   ][   ][   ]	per package
B7c	<b>Injectable Contraceptive :</b> 1. Depo Provera 2. Noristrat	 [   ] [   ]	 [   ][   ] [   ][   ]	 [   ][   ] . [   ][   ][   ] [   ][   ] . [   ][   ][   ]	 per injection per injection
B7d	<b>Overcoming side effects</b>	[   ]	[   ][   ]	[   ][   ] . [   ][   ][   ]	per visit

## SECTION C : HEALTH POST / PPKBD MANPOWER

WRITE DOWN INITIALS OF NAMES OF CADRES WORKING AT HEALTH POST/PPKB HERE. CHOOSE ONLY THOSE WHO ARE ACTIVE IN THE BOARD.

C1. Name (initial)	C2. Highest level of education (see code C2)	C3. Cadre training			C4. How long have you worked at this Health Post/PPKBD	
		C3a. When was the last training [year?]	C3b. For how long [days]	C3c. Did you ever join TKA training ? 1. Yes 3. No	a. (years)	b. (months)
a. [ ][ ]	[ ][ ] .....	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
b. [ ][ ]	[ ][ ] .....	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
c. [ ][ ]	[ ][ ] .....	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
d. [ ][ ]	[ ][ ] .....	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
e. [ ][ ]	[ ][ ] .....	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
f. [ ][ ]	[ ][ ] .....	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]
g. [ ][ ]	[ ][ ] .....	[ ][ ]	[ ][ ]	[ ]	[ ][ ]	[ ][ ]

## Code C2 :

01. Not/not yet graduated from ES  
 02. Elementary School  
 03. General Junior High School  
 04. Vocational Junior High School  
 05. General Senior High School

06. Vocational Senior High School  
 07. Diploma (D1, D2)  
 08. Diploma (D3)  
 09. University (S1, S2, S3)  
 10. Other, mention \_\_\_\_\_

## SECTION C : HEALTH POST / PPKBD MANPOWER

<b>C5.</b> How many times was this Health Post/PPKBD visited by manpower from Public Health Center/PLKB ? <b>[FOR HELTH POST VISIT OF COMMUNITY HEALTH CENTER MANPOWER, AND FOR VILLAGE PPKB, VISITS FROM PLKB]</b> 1. once a month 2. twice a month 3. once in two months 4. once in three or four months 5. twice a year 6. once a year 7. other, mention .....	<div style="text-align: right;">[   ]</div> <hr style="width: 10%; margin-left: auto;"/>
<b>C6.</b> Who usually comes ? <b>[READ OUT THE CATEGORY OF PERSONNEL BELOW]</b> 1. nurse 2. midwife 3. immunization on personnel 4. physician 5. PLKB/PLKB Supervisor	<div style="text-align: right;"> <b>1. Yes      3. No</b>  [   ]      [   ]  [   ]      [   ]  [   ]      [   ]  [   ]      [   ]  [   ]      [   ] </div>
<b>C7.</b> Are there other visits from Community Health Center personnel outside Health Post opening days,for the following activities : <b>[READ OUT THE CATEGORIES OF ACTIVITIES]</b> 1. information on immunization 2. information on FP 3. PP Medical Team 4. sanitation program 5. information on Mother and Child Health	<div style="text-align: right;"> <b>1. Yes -----&gt; to C8</b>  <b>3. No -----&gt; to section D</b>    [   ]      [   ]  [   ]      [   ]  [   ]      [   ]  [   ]      [   ]  [   ]      [   ] </div>
<b>C8.</b> If YES, how many times a year do these visits occur ? <b>[READ OUT CATEGORIES OF ACTIVITIES]</b> 1. information on immunization ..... 2. PP information ..... 3. PP Medical Team ..... 4. Sanitation Programs ..... 5. Information on Mother and Child Health.....	<div style="text-align: right;"> <b>Number of visits</b>  <b>[see code C8]</b> </div>
	<div style="text-align: right;"> [   ]      [   ]  [   ]      [   ]  [   ]      [   ]  [   ]      [   ]  [   ]      [   ] </div>
<b>Code for C8</b> 1. once a month 2. once in two months 3. once in three or four months 4. twice a year 5. once a year	

## SECTION D : HEALTH INSTRUMENTS

Kindly give information on health instruments at this Health Post / PPKBD				
D1. Kinds of Instruments	D2. Is the [...] instruments here ? 1. Yes ----> To D3 3. No ----> To next line	D3. If there is, how many are there ? [existing stock at Health Post]	D4. How often is the Health Post supplied? (see code D4)	D5. Who brings the supply ? (see code D5)
a. Baby scales	[ ]			
b. Height measure	[ ]			
c. Health cards	[ ]	[ ][ ][ ] cards	[ ]	[ ]
d. Pregnant Mother cards	[ ]	[ ][ ][ ] cards	[ ]	[ ]
e. PP pills	[ ]	[ ][ ][ ] pill strip	[ ]	[ ]
f. Condom	[ ]	[ ][ ][ ] package	[ ]	[ ]
g. Demonstration tools	[ ]		[ ]	[ ]
h. Oralit	[ ]	[ ][ ] packages	[ ]	[ ]
i. Iron tablets/Sulfas Ferosus	[ ]	[ ][ ][ ] tablets	[ ]	[ ]
j. Vitamin A	[ ]	[ ][ ][ ] tablets	[ ]	[ ]
k. Other medicine	[ ]		[ ]	[ ]
l. Children's toys	[ ]			

<b>Code D4 :</b> 1. once a month 2. once in two months 3. once in three or four months 4. twice a year 5. once a year	<b>Code D5 :</b> 1. Staff of Community Health Center 2. PLKB 3. Village Head 4. The Health Post personnel 5. Other, mention : -----
--	--

CONFIDENTIAL

CODE OF PROVINCE :

CODE SAKERTI :

CODE OF REGENCY :


# SURVEY OF HEALTH FACILITIES 1993

## TRADITIONAL PRACTICE

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA  
and

RAND

NO. CODE

Name of Respondent :.....

--	--



## CONTROL SHEET

INFORMATION OF CENSUS REGION		CODE
LK A	Province: .....	[ ][ ]
LK B	District: .....	[ ][ ]
LK C	SAKERTI '93: .....	[ ][ ][ ]

INFORMATION OF FACILITIES		CODE
LK 01	Name of Province: .....	[ ][ ]
LK 02	Name of District: .....	[ ][ ]
LK 03	Name of Subdistrict: .....	[ ][ ][ ]
LK 04	Region : 1. Urban      2. Rural	[ ]
LK 05	Code Sub Population:	[ 5 ]
LK 06	Consecutive Number:.....	[ ]
LK 07	Name : _____	
LK 08	Address:	
	Post Code:	
LK 09	Sex: 1. Male 3. Female	[ ]

NOTES OF INTERVIEWS				
		First Visit	Second Visit	Third Visit
LK 10	Date	----/----/----	----/----/----	----/----/----
LK 11	Hour of Start	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]
LK 12	Hour of Termination	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]	[ ][ ]-[ ][ ]
LK 13	Results of interview	[ ][ ]	[ ][ ]	[ ][ ]
<b>Code of results of interview:</b> 01. Finished 02. Partly finished			03. Postponed 04. Refused 05. Unable to contact	

SUPERVISION:		CODE
LK 14	Interviewer:	[ ][ ][ ]
LK 15	Editor:	[ ][ ][ ]
LK 16	Local Supervisor: .....	[ ][ ][ ]
LK 17	Jakarta Supervisor: .....	[ ][ ]
LK 18	Field Supervisor: .....	[ ][ ]

[illegible]

7.	In providing service to visitors/patients, are there specific hours for services ? (e.g. everyday from 8.00 - 14.00)  1. YES 3. NO -----> Go to A10	[     ]
8.	If YES, how many days a week do you provide services to visitors/patients ?	[     ] <b>days a week</b>
9.	How many hours a day do you practice and give services to visitors/patients ?  <b>Straight to A11</b>	[     ][     ] <b>hours a day</b>
10.	If not, how do you provide services ?  1. Open 24 hours a day 2. Only by appointment 3. Other, mention : _____	[     ]  _____
11.	In providing services, what language do you usually use ?  1. Indonesian 3. Regional language, mention : .....	[     ]  _____
12.	What is your religion ?  1. Islam 2. Protestant 3. Catholic 4. Hindu 5. Budha 6. Other, mention: ____	[     ]  _____

## SECTION A: GENERAL

<b>13.</b> Besides this practice, do you have other work ? 1. Yes 3. No -----> <b>To Section B</b>	[    ]
<b>14.</b> What order kind of work is that ? 1. Agriculture 2. Industry 3. Home Industry 4. Services 5. Government 6. Trade 7. Other, mention : _____	[    ]  _____
<b>15.</b> How many hours a week do you work there ?	[    ][    ] hours a week

## SECTION B : PRACTICE ACTIVITIES

1.	QUESTION B1 IS ONLY FILLED IN IF THERE IS A CERTAIN PRACTICE. IF QUESTION IS ANSWERED "NO", STRAIGHT TO B4		
	When do you have practice ?		
	<b>Day</b>	<b>2. Opening Hour</b>	<b>3. Closing Hour</b>
a.	Monday	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
b.	Tuesday	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
c.	Wednesday	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
d.	Thursday	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
e.	Friday	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
f.	Saturday	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
g.	Sunday	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]

4.	Do you give [...] services to patients ? [MENTION ALL ITEMS BELOW !]	<b>1=Yes 3=No</b>
	a. Accupuncture b. Orthopedics c. Massage (Reflexive massage) d. Operation / Circumcision e. Inner power/mysticism/meditation/paranormal f. Charm/antidote g. Anti black magic/magical formula/voodoo h. Special medicinal herbs i. Delivery j. Good deeds k. Other, mention : .....  <b>NOTE :</b> <b>IF ONLY PROVIDING CIRCUMCISION SERVICES, GO STRAIGHT TO B6</b>	a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ] j. [ ] k. [ ]  _____
5.	What disease/problem can you cure/solve ? [MENTION ALL ITEMS BELOW !]	<b>1=Yes 3=No</b>
	a. Stomachache/diarrhea b. Haemorrhoids c. Impotence d. Flu/headache e. Rheumatism f. Orthopedics g. Cancer h. Sterility i. Pain during pregnancy j. Delivery care k. Skin disease l. Insomnia/stress/nervousness m. Diabetes n. Eye complaints o. Possessed by a spirit p. Convulsion/epilepsy q. Other, mention _____  _____	a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ] j. [ ] k. [ ] l. [ ] m. [ ] n. [ ] o. [ ] p. [ ] q. [ ]  _____

## SECTION B : PRACTICE ACTIVITIES

6.	How many patients do you usually examine/treat per week ?	[   ] [   ] patients
7.	How many patients do you usually examine/treat a month ?	[   ] [   ] [   ] patients
8.	In general, are your patients adults or children ? 1. Adults ( > 15 years ) 3. Children ( < 15 years ) 5. Both	[   ]
9.	Are your patients in general male or female ? 1. Male 3. Female	[   ]
10.	In general, how long does each consultation last ?	[   ] [   ] <b>hours</b>  [   ] [   ] <b>minutes</b>

11.	Do you usually charge a fee for services ? 1. Yes 3. No -----> <b>To No. 14</b>	[   ]
12.	If you do, how much is the usual charge ?	[   ] [   ] [   ] thousands [   ] [   ] [   ] rupiah
13.	Kindly mention your lowest and highest charges ? 1. Lowest charge    Rp. [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] 3. Highest charge    Rp. [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]	
14.	Do the patients usually give [...] as a token of gratefulness ? [MENTION ALL ITEMS BELOW !]  a. Money b. Rice c. Yields from other crops d. Other foodstuffs e. Livestock f. Other _____	1. Yes 3. No  a. [   ] b. [   ] c. [   ] d. [   ] e. [   ] f. [   ] _____
15.	In general, have your patients ever been treated at another place prior to visiting you?  1. Yes 3. Not yet	[   ]

## SECTION B : PRACTICE ACTIVITIES

16.	Where is the treatment usually carried out ? 1. The patient comes at your home/place 3. You visit your patient's home/place	[   ]	20.	If YES, did you ever provide the following medicine: [MENTION THE ITEMS BELOW !]  a. Antibiotics (to kill germs) b. Analgetics (to remove pain) c. Antipyretics (to lower fever)  d. Anti-TBC e. Oralite f. Other, .....	1. Yes 3. No  a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]
17.	Do you provide traditional medicinal herbs ? 1. Yes-- 3. No-----> <b>To B19</b>	[   ]		21.	Do you provide FP services ? 1. Yes 3. No -----> <b>To B23</b>
18.	Kindly mention the herbs you use for your medicine. 1. ----- 2. ----- 3. ----- 4. ----- 5. ----- 6. ----- 7. ----- 8. -----		22.		If yes, what kinds of FP services do you give ? 1. Medicinal herbs 2. Other traditional _____ 3. Modern (pill, injection, condom) 4. Abortion
19.	Do you also give modern medicine ? 1. Yes-- 3. No -----> <b>To B21</b>	[   ]		23.	How much do you charge visitors/patients for medicinal herbs/medicine or other prescriptions ?  1. Lowest charge    Rp. [   ][   ][   ][   ][   ][   ][   ][   ][   ][   ] 3. Highest charge    Rp. [   ][   ][   ][   ][   ][   ][   ][   ][   ][   ]
24.	CHECK POINT: ARE YOU A TRADITIONAL MIDWIFE ?  1. YES -----> TO SECTION C 3. NO -----> FINISHED				

1.	Have you ever received training as a traditional midwife ? 1. Yes 3. No -----> <b>To No. 5</b>	[ ]
2.	In what year was your most recent training ? [IF FORGOTTEN, ASK HOW MANY YEARS AGO IT WAS]	1 9 [ ][ ] [ ][ ] years
3.	Who organized the training ? 1. Government 2. UNICEF / World Organization 3. Foundation , _____ 4. Other, _____	[ ] _____
4.	For how many days did you participate in this training ?	[ ][ ]days
5.	Where do you usually provide delivery services ? 1. in your home/place 3. in the patient's home/place 5. at a special place for practice	[ ]
6.	Do you also give TT immunization ? 1. Yes 3. No	[ ]

7.	What is the usual fee for delivery charges ?	[    ][    ][    ] thousands [    ][    ][    ] rupiah
8.	In general, what is the fee for mother care after delivery ?	[    ][    ][    ] thousands [    ][    ][    ] rupiah
9.	When do you usually provide services for the patients ?	[    ] days a week
10.	Do you also provide care for new born baby ? 1. Yes 3. No -----> <b>To No.14</b>	[    ]
11.	How much do you charge per visit for the baby's care ?	[    ][    ][    ] thousands [    ][    ][    ] rupiah
12.	Is immunization included in the baby's care ? 1. Yes 3. No-----> <b>To No.14</b>	[    ]
13.	What are the charges for immunization ?	[    ][    ][    ] thousands [    ][    ][    ] rupiah

SECTION C : TRADITIONAL MIDWIFE

<b>14.</b> Do you have the following instruments ? [MENTION ALL ITEMS BELOW !]			<b>1. Yes</b>
a. Stethoscope for pregnant mothers	e. Height measurer	a. [ ]	<b>3. No</b>
b. Tensimeter	f. Normal delivery set/traditional midwife kit	b. [ ]	e. [ ]
c. Adult scales	g. Forceps	c. [ ]	f. [ ]
d. Baby scales	h. Vaginal speculum	d. [ ]	g. [ ]
			h. [ ]



PROVINCIAL CODE :

DISTRICT CODE :

SAKERTI CODE :  
(EA)

# SURVEY OF EDUCATIONAL FACILITIES 1993

## PRIMARY SCHOOL QUESTIONNAIRE

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS,  
UNIVERSITY OF INDONESIA  
and

RAND

KOMFAS CODE

Name of School : \_\_\_\_\_

## CONTROL SHEET

**KOMFAS '93**  
**FILE: BUKSLK1**

INFORMATION OF ENUMERATION AREA		
A. Province : _____ [ II ]	B. Regency/City : _____ [ II ] (Kabupaten)	C. Sakerti Code (EA) _____ [ II ]

INFORMATION OF FACILITY		CODE
01.	Name of Province : _____	[    ][    ]
02.	Name of Regency/City: _____ (Kabupaten)	[    ][    ]
03.	Name of District : _____ (Kecamatan)	[    ][    ][    ]
04.	Region: 1. Town                      2. Village	[    ]
05.	Code of Sub Population	[    ]
06.	School Consecutive Number	[    ]
07.	School Statistics Number	[    ][    ][    ][    ] [    ][    ][    ][    ] [    ][    ][    ][    ]

NOTES OF INTERVIEW			
	First Visit	Second Visit	Third Visit
Date	____/____/____	____/____/____	____/____/____
Starting Hour	[   ][   ]-[   ][   ]	[   ][   ]-[   ][   ]	[   ][   ]-[   ][   ]
Completing Hour	[   ][   ]-[   ][   ]	[   ][   ]-[   ][   ]	[   ][   ]-[   ][   ]
Code of Interview Result	[   ]	[   ]	[   ]

**Code of Interview Result :**

1. Finished	4. Refused
2. Partly Finished	5. Cannot be reached
3. Deferred	

<b>INFORMATION OF SCHOOL</b>		<b>CODE</b>
<b>08.</b>	Status of this School 1. Public Primary School 3. Private Primary School	[    ]
<b>09.</b>	State the complete address of this school  Name of School : _____  Address : _____ _____  Town : _____ Post Code : _____	

SUPERVISION			CODE
10.	Interviewer	: _____	[ II II ]
11.	Editor	: _____	[ II II ]
12.	Local Supervisor	: _____	[ II II ]
13.	Jakarta Supervisor	: _____	[ II ]
14.	Field Coordinator	: _____	[ II ]

## SECTION A : SCHOOL PRINCIPAL

If the Respondent is not the School Principal, the questions should be asked with respect to the School Principal.

1. Name of School Principal : _____ <b>If Respondent is the School Principal -----&gt; Straight to No. 3</b>	
2. a. Name of Respondent : _____ b. Position of Respondent : _____	
3. When were you (the School Principal) born ? <b>(If he/she has forgotten the birth date, please ask the present age)</b>	1 9 [ ][ ] [ ][ ] years
4. Sex of the School Principal 1. Male 3. Female	[ ]
5. When was the School Principal appointed Principal of this school ?	1 9 [ ][ ]
6. What is the highest level of education from which the School Principal graduated?  01. Primary School                      08. Bachelor of Arts 02. Junior Secondary                  09. Master of Arts of School of Teaching                  Teaching 03. Junior Secondary                  10. Master of Arts School                                  11. Post Graduate 04. Senior Secondary School of Teaching 05. Senior Sec. School 06. Junior Secondary Teacher Training School, D1 07. D2, D3, Bachelor of Arts of Teaching	[ ][ ]

7. Please mention the graduation year of your highest level of education	1 9 [ ][ ]
8. Who appointed you as a School Principal at this school ?  1. Ministry of Education and Culture 3. Ministry of Religious Affairs 5. Foundation 7. Office of Education and Teaching, Ministry of Home Affairs	[ ]
9. Aside from being a School Principal here, were you ever a School Principal elsewhere ?  1. Yes 3. No -----> <b>To No. 11</b>	[ ]
10. How long was your experience as a School Principal at those other schools ?	[ ][ ] years
11. Aside from being a School Principal in this school, do you hold any other job ?  1. Yes 3. No -----> <b>To No. 13</b>	[ ]
12. If yes, how many hours per week do you spend in that job ?	<b>hours per week</b> [ ][ ]

## SECTION A : SCHOOL PRINCIPAL

If the Respondent is not the School Principal, the questions should be asked with respect to the School Principal.

<p><b>13.</b> In the last 5 years, did you ever attend any management training in keeping with the duties of School Principal ?</p> <p>1. Yes 3. No -----&gt; <b>To No. 15</b></p>	<p>[    ]</p>
<p><b>14.</b> If yes, what was the amount of time of those trainings ?</p>	<p>[   ][   ][   ] <b>days</b></p>

<p><b>15.</b> During School Year 1992-1993, do you engage in the following activities ?</p> <p>a. Act as a substitute teacher b. Supervise teachers in class preparation c. Supervise the teaching process in class d. Guide the teachers regarding course material e. Chair teachers meetings f. Discuss the curriculum g. Organize meetings with the parents h. Make comparative studies i. Attend seminars and meetings j. Discuss school planning with the Regional Office or Foundation</p>	<p><b>1. Yes</b> <b>3. No</b></p> <p><b>a.</b> [    ] <b>b.</b> [    ] <b>c.</b> [    ] <b>d.</b> [    ] <b>e.</b> [    ] <b>f.</b> [    ] <b>g.</b> [    ] <b>h.</b> [    ] <b>i.</b> [    ] <b>j.</b> [    ]</p>
--	--

**FILE: BUKSA01**

## SECTION B : SCHOOL

1. What year was this school founded ?	1 9 [ ][ ]
2. Did this school ever close temporarily? 1. Yes 3. No -----> <b>To No. 4</b>	[ ]
3. If yes, mention the period when the school activities stopped  (If the period lasted less than one year, round off to one year)  1. 1 9 [ ][ ] to 1 9 [ ][ ] 2. 1 9 [ ][ ] to 1 9 [ ][ ] 3. 1 9 [ ][ ] to 1 9 [ ][ ]	
4. Who administers this school ? 1. Ministry of Education and Culture ----> <b>To No.7</b> 3. Ministry of Religious Affairs 5. Foundation 7. Office of Education and Teaching, Ministry of Home Affairs	[ ]
5. Does this school have a religious orientation ? 1. Yes 3. No -----> <b>To No. 7</b>	[ ]

6. If yes, state the religious orientation  1. Islamic 2. Catholic 3. Protestant 4. Buddha 5. Hindu	[ ]
7. What is the language predominantly used in teaching at this school ?  1. Indonesian (Bahasa Indonesia) 3. Regional Language, please mention _____	[ ]
8. During School Year 1992-1993, how many weeks was this school in session?	[ ][ ] weeks
9. During School Year 1992-1993, how many days per week was this school in session?	[ ] days
10. What time is this school held ?  1. In the morning [ ][ ][ ][ ] to [ ][ ][ ][ ] 3. In the afternoon [ ][ ][ ][ ] to [ ][ ][ ][ ]	

## SECTION B : SCHOOL

<b>11.</b> Is this school complex shared with other schools ?  1. Yes 3. No -----> <b>To No. 15</b>	[   ]
--	-------

Please mention the users of this school complex

Type of School	<b>12. Status of School</b>  <b>1. Public</b> <b>3. Private</b>	<b>13. Time of Use</b>  <b>1. Morning</b> <b>7 - 12 am</b> <b>3. Afternoon</b> <b>1 - 5 pm</b> <b>5. Evening</b> <b>6 - 9 pm</b>	<b>14. Name of School</b>
a. Primary School	[   ]	[   ]	_____
b. Junior Secondary School	[   ]	[   ]	_____
c. Senior Secondary School	[   ]	[   ]	_____
d. Academy	[   ]	[   ]	_____
e. University	[   ]	[   ]	_____
f. Others, please mention _____	[   ]	[   ]	_____
g. Others, please mention _____	[   ]	[   ]	_____
h Others, please mention _____	[   ]	[   ]	_____

## SECTION B : SCHOOL

<b>15.</b> Does this school use handbooks or compulsory reading books ?  1. Yes 3. No -----> <b>To No. 17</b>	[   ]
<b>16.</b> If yes, is there a problem with the supply of handbooks or compulsory reading books at this school ?  1. Big 3. Small 5. No problem	[   ]
<b>17.</b> During School Year 1992-1993, did any students receive scholarships to attend this school ?  1. Yes 3. No -----> <b>To No. 20</b>	[   ]

<b>18.</b> If yes, how many students receive scholarships ?	[   ][   ] <b>students</b>
<b>19.</b> Who provided these scholarships ?   a. Government b. Foundation c. Individual d. Society e. POMG (Teacher and Student Parents Organization) f. Others, please mention _____	<b>1. Yes</b> <b>3. No</b>   <b>a.</b> [   ] <b>b.</b> [   ] <b>c.</b> [   ]  <b>d.</b> [   ] <b>e.</b> [   ] <b>f.</b> [   ]



**SECTION B : SCHOOL**

Does this school have the following facilities ?

20. Type of Facility	21. Does this school have the following facilities ? 1. Yes 3. No -----> To the next line	22. How well are they equipped? 1. Adequate 3. Excellent 5. Inadequate	23. How much are these facilities used? 1. Optimal      3. Insufficient 2. Moderate    4. Not at all
a. Library	[   ]	[   ]	[   ]
b. Sports Field	[   ]	[   ]	[   ]
c. Sports Equipment	[   ]	[   ]	[   ]
d. School Health Service	[   ]	[   ]	[   ]
e. Canteen or Cafeteria	[   ]	[   ]	[   ]
f. Auditorium	[   ]	[   ]	[   ]

## SECTION C : TEACHER

Respondent is a Sixth Grade Teacher who teaches Indonesian Language and Mathematics.

Questions No. 1-7 and 9-14 only be asked once, if the Indonesian Language Teacher is also the Mathematics Teacher (1 person).

The interviews of the Indonesian language Teacher and Mathematics Teacher are conducted separately.

If Sixth Grade consists of more than one class, Section C should only be asked to one Teacher. If the Teacher of Indonesian Language or Mathematics teaches more than one Sixth Grade, Section C is only asked for the first class that is to whom those subjects are taught.

	A. Indonesian Language Teacher	B. Mathematics Teacher
1. Name of Teacher	_____	_____
2. When were you born? (If he/she has forgotten the date, please ask the present age)	1 9 [ ] [ ] [ ] [ ] years	1 9 [ ] [ ] [ ] [ ] years
3. Sex of Respondent 1. Male 3. Female	[ ]	[ ]
4. Aside from Indonesian Language and Mathematics, what courses do you teach at this school? a. Religion b. Pancasila Moral Education c. Education of History of National Struggle d. Social Sciences e. Natural Sciences f. Sports and Health g. Arts h. Special Skill i. Regional Languages j. English language	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ]	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ]
5. What is the highest level of education you graduated from? 01. Primary School                      07. D2, D3, Bachelor of Arts of Teaching 02. Junior Sec. School of Taching                      08. Bachelor of Arts 03. Junior Sec. School                      09. Master of Arts of Teaching 04. Senior Sec. School of Teaching                      10. Master of Arts 05. Senior Sec. School                      11. Post Graduate 06. Junior Sec. Teacher Training School, D1	[ ] [ ] [ ]	[ ] [ ] [ ]

## SECTION C : TEACHER

	A. Indonesian Language Teacher	B. Mathematics Teacher
6. Please state the year of your graduation from the highest level of education you completed:	1 9 [ ] [ ]	1 9 [ ] [ ]
7. Please state your entire teaching experience	[ ] [ ] years	[ ] [ ] years
8. During the last five years, did you ever attend teacher's trainings or upgrading? a. Long term b. Short term	1. Yes                      3. No  a. [ ] b. [ ]	1. Yes                      3. No  a. [ ] b. [ ]
9. How many hours per week do you work at this school?	[ ] [ ] hours per week	[ ] [ ] hours per week
10. Please state your monthly income from teaching at this school	[ ] [ ] [ ] thousand rupiah	[ ] [ ] [ ] thousand rupiah
11. Do you receive any teacher's allowance from this school ? 1. Yes 3. No -----> <b>To No. 13</b>	[ ]	[ ]
12. If yes, what type allowance do you receive from this school? a. Housing Allowance b. Food Allowance c. Health Insurance d. School Uniform	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ]	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ]
13. Apart from teaching at this school, do you have any other job? 1. Yes 3. No -----> <b>To No. 15</b>	[ ]	[ ]
14. How many hours per week do you spend on that job ?	[ ] [ ] hours per week	[ ] [ ] hours per week

## SECTION C : TEACHER

	A. Indonesian Language Teacher	B. Mathematics Teacher
<b>15.</b> What Curriculum do you use in teaching Indonesian Language and Mathematics in Grade VI ? 1. Curriculum 1976 3. Curriculum 1984 5. Others, please mention _____	[   ]	[   ]
<b>16.</b> What year were the handbooks or compulsory reading books for Indonesian Language and Mathematics you are using published ?	1 9 [   ][   ]	1 9 [   ][   ]
<b>17.</b> When you are teaching Indonesian Language and Mathematics in the class, besides using the handbooks or the compulsory reading books, do you also use other supporting books or materials ? 1. Yes 3. No -----> <b>To No. 19</b>	[   ]	[   ]
<b>18.</b> If yes, please state the supporting materials that you use in teaching Indonesian Language and Mathematics  1. School Work Sheet 2. Textbooks 3. Demonstration Tools 4. Writing Tools	1. Yes                      3. No  a. [   ] b. [   ] c. [   ] d. [   ]	1. Yes                      3. No  a. [   ] b. [   ] c. [   ] d. [   ]
<b>19.</b> Does every student have an Indonesian Language or Mathematics textbooks which he/she uses in the class during the teaching period ? 1. Yes -----> <b>To No. 21</b> 3. No	[   ]	[   ]

## SECTION C : TEACHER

	A. Indonesian Language Teachers	B. Mathematics Teachers
20. On average, what percentage of students do not have Indonesian Language and Mathematics textbooks to use in class ?	[   ][   ][   ] percent	[   ][   ][   ] percent
21. Does every student have Indonesian Language and Mathematics textbooks to be taken home for study and doing homework ? 1. Yes -----> To No. 23 3. No	[   ]	[   ]
22. On average what percentage of students do not have Indonesian Language and Mathematics textbooks to be taken home ?	[   ][   ][   ] percent	[   ][   ][   ] percent
23. What percentage of students in your class receive Indonesian Language and Mathematics textbooks from the following sources ?  a. Receive from school free of charge b. Borrow from school c. Buy from school d. Buy from other places e. Borrow from other places f. Photocopy	percent  a. [   ][   ] b. [   ][   ] c. [   ][   ] d. [   ][   ] e. [   ][   ] f. [   ][   ]	percent  a. [   ][   ] b. [   ][   ] c. [   ][   ] d. [   ][   ] e. [   ][   ] f. [   ][   ]
24. If the student borrows the Indonesian Language and Mathematics textbooks from school, can these books be taken home in the evening ? 1. Yes 3. No	[   ]	[   ]
25. How many students are enrolled in this class ?	[   ][   ][   ] students	
26. On average, how many students attend this class everyday ?	[   ][   ][   ] students	[   ][   ][   ] students

## OBSERVATION SHEET

	A. Indonesian Language Teacher	B. Mathematics Teacher
<b>1.</b> Were there any other people present in the room during interview ? 1. Yes 3. No -----> <b>To No. 4</b>	[   ]	[   ]
<b>2.</b> Who exactly were present during interview ? a. School Principal b. Deputy School Principal c. Teachers d. Foundation Officer e. Administrative Staff	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]
<b>3.</b> Did those present also answer the question in this interview ? a. The School Principal b. The Deputy School Principal c. The teachers d. The Officers of the Foundation e. The Administration Staff	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]
<b>4.</b> Were the respondents able to answer the questions fluently ? 1. Yes 3. No	[   ]	[   ]

## SECTION D : OBSERVATION

## DIRECT OBSERVATION IN THE CLASSROOM OF GRADE VI

Especially questions No. 7-9, and No. 13-14 are asked to the Respondent

1.	In the classroom of Grade VI, is there a desk for the teacher ? 1. Yes 3. No	[   ]
2.	Please count the number of seats in this classroom (If one bench can be used for six students, then the count is 6 seats)	[   ][   ] seats
3.	The number of benches occupied by students in this class	[   ][   ] benches
4.	Are the blackboards, chalk, and erasers in the classroom usable ? 1. Yes 3. No	[   ]
5.	Is teaching in this classroom ever disrupted by inadequate lighting?	1. Yes    3. No [   ]
6.	Does this classroom use any electric lighting ? 1. Yes 3. No -----> To No. 10	[   ]
7.	If yes, what is the main source of electricity ? 1. PLN (State Electricity Company) 2. Local Government Agency 3. School Generator 4. Social Self Supporting Association 5. Private Company or Cooperative	[   ]

8.	Did this classroom ever lose electrical power, so that the study activities were disrupted ? 1. Yes 3. No -----> To No. 10	[   ]
9.	When disruptions occur is a substitute electricity source available ? 1. Yes 3. No	[   ]
10.	Please describe the floor in this classroom  1. Ceramics, marble, granite    4. Wood, boards 2. Stone, tiles, terraso        5. Bamboo 3. Cement, red bricks         6. Earthen floor	[   ]
11.	Please decribe the walls in this classroom  1. Cement, batako walls 2. Woodwork, boards, plywood 3. Bamboo, woven mats	[   ]
12.	Please describe the roof used in this classroom  1. Concrete 2. Wood, Shingles 3. Corrugated iron 4. Rooftiles 5. Asbestos 6. Foliage, palm fiber	[   ]

## SECTION D : OBSERVATION

<b>13.</b> During the rainy season, did this classroom experience probles with a. Leakage b. Floods c. Splash rains	<b>1. Yes</b> <b>3. No</b>  <b>a.</b> [    ] <b>b.</b> [    ] <b>c.</b> [    ]
<b>14.</b> Describe the main water source used  1. Piped water/PAM                      5. Spring water 2. Electric water pumps/ manual water pumps                      6. Rain water 3. Well water                                7. River water 4. Sea water                                 8. Lake water	[    ][    ]



## SECTION E : STATISTICS AND EBTANAS SCORE

## Statistics School Year 1992-1993

Category	1. Number of Classes	Number of Pupils and Teachers by Sex 1992-1993	
		2. Female	3. Male
a. Number of Classes and Pupils			
a1. Grade I	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a2. Grade II	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a3. Grade III	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a4. Grade IV	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a5. Grade V	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a6. Grade VI	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
b. Number of Repeaters by Grade			
b1. Grade I		[ ][ ][ ] pupils	[ ][ ][ ] pupils
b2. Grade II		[ ][ ][ ] pupils	[ ][ ][ ] pupils
b3. Grade III		[ ][ ][ ] pupils	[ ][ ][ ] pupils
b4. Grade IV		[ ][ ][ ] pupils	[ ][ ][ ] pupils
b5. Grade V		[ ][ ][ ] pupils	[ ][ ][ ] pupils
b6. Grade VI		[ ][ ][ ] pupils	[ ][ ][ ] pupils
c. Number of Teachers by Responsibility			
c1. Headmasters		[ ][ ][ ] persons	[ ][ ][ ] persons
c2. All Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons
c3. Class Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons
c4. Religion Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons
c5. Sport and Health Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons
c6. Art Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons

## SECTION E : STATISTICS AND EBTANAS SCORE

Herewith we would like to have information regarding the report of Ebtanas Score School Year 1992-1993, especially for Indonesian Language and Mathematics. In this study we need the average marks of the tests results of 25 students who will be selected at random. The stages are as follows :

**FIRST ROUND**

1. Count the number of students who have taken the Ebtanas test for Indonesian Language and Mathematics. For example, participants of Ebtanas for Indonesian Language = **53** students, therefore  $(N) = 53$  students. Write the figure **53** in column **1a**.
2. The interval of the selection  $[ I ]$  is a rounding up of  $(N/25)$ . Example  $N=53$  round up from  $(53/25) = 3$ . Write the figure **3** in column **2a**.
3. The Consecutive Numbers of the First Selected Participants are : **1, 21, ..... kI. (with  $kI < N$ )**  
In case  $N = 53$ , the First Round of Selected Participants have the Numbers : **3, 6, 9, ..... 48, and 51.**  
So the number of Selected Participants of the First Round is  $k = (N/I) = (51/3) = 17$ . Write the figure **17** in column **3a**.

**EXAMINE**

4. Is the number of Selected Participants =  $< 25$  ?  
If No -----> **STOP**  
Yes -----> continue to stage 5.
5. Thus , **the number of participants still needed** =  $X = (25 - k)$   
In this case it has been calculated (see stage 3), that  $k = 17$ . So,  $X = (25 - 17) = 7$ .
6. **EXAMINE : If ,  $X = 1$  -----> To stage 7 If  $X > 1$  To stage 8**
7. As  $X = 1$ , for the purpose of determining the Number of the Final Selected Participant, another student is needed.  
Thus the Final Selected Participant is Participant Number  **$(I - (N - kI))$** .

**SECOND ROUND**

8. If at the sixth stage,  $X > 1$  ----->, then  
determine a New Interval  $[ IB ]$  which constitutes a rounding down from  $(N/25-k)$   
In case  $N = 53$ ,  **$IB = \text{rounding up } (53/(25-17)) = 7$**  . Write number **7** in column **4a**.
9. The Number of the First Selected Participant  **$(NPP) = IB - (N - kI)$**   
In example  $N = 53$ ,  **$NPP = 7 - (53 - 51) = 4$** . Write number **4** in column **5a**
10. The Consecutive Order of the Selected Participants in the Second Round is  $NPP, NPP+IB, NPP + 2IB$ , etc.  
So in example  $N = 53$ , the Consecutive Order of Selected Participants in the Second Round is **4, 10, 16, ...**
11. **BEFORE WRITINGDOWN THE EBTANAS MARKS, PLEASE EXAMINE : IF THERE ARE ANY SELECTED PARTICIPANTS IN THE FIRST ROUND. IF SO, PLEASE REPLACE HIS/HER NUMBER BY THE NUMBER OF A PREVIOUS PARTICIPANT.**
12. Subsequently, write the **EBTANAS SCORE** for each selected participant in the second round.

## SECTION E : STATISTICS AND EBTANAS SCORE

	A. INDONESIAN LANGUAGE		B. MATHEMATICS	
1. Number of Ebtanas participants = $N$	1a.		1b.	
2. Number of Ebtanas participants divided by 25 = $[I]$ . Please round up.	2a.		2b.	
3. Number of selected participants = rounding downward of $(N/I) = k$	3a.		3b.	
4. <b>SECOND ROUND :</b> IB = rounding down of $\{N/(25 - k)\}$	4a.		4b.	
5. Number of First Selected Participant = $[NPP] = \{IB - (N - kI)\}$	5a.		5b.	
	Selected Students	Student Marks	Selected Students	Student Marks
	1.		1.	
	2.		2.	
	3.		3.	
	4.		4.	
	5.		5.	
	6.		6.	
	7.		7.	
	8.		8.	
	9.		9.	
	10.		10.	
	11.		11.	
	12.		12.	
	13.		13.	
	14.		14.	
	15.		15.	
	16.		16.	
	17.		17.	
	18.		18.	
	19.		19.	
	20.		20.	
	21.		21.	
	22.		22.	
	23.		23.	
	24.		24.	
	25.		25.	

## SECTION F: SCHOOL REVENUE CURRICULAR YEAR 1992 - 1993

## SCHOOL REVENUE

1. Category	2. Amount (Rupiah )
1. Contribution of Supporter of Education (SPP) per month	[ ][ ] [.] [ ][ ] [.] [ ][ ]
2. Costs for Maintenance Buildup of Education (BP3) beginning of curricular year  a. Monthly Routine b. Incidental	[ ][ ] [.] [ ][ ] [.] [ ][ ]
	[ ][ ] [.] [ ][ ] [.] [ ][ ]
3. OSI (Organization of Students)	[ ][ ] [.] [ ][ ] [.] [ ][ ]
4. Saving	[ ][ ] [.] [ ][ ] [.] [ ][ ]
5. Formative and Summative Tests	[ ][ ] [.] [ ][ ] [.] [ ][ ]
6. Ebtanas	[ ][ ] [.] [ ][ ] [.] [ ][ ]
7. School Uniforms	[ ][ ] [.] [ ][ ] [.] [ ][ ]
8. Compulsory Books	[ ][ ] [.] [ ][ ] [.] [ ][ ]
9. Costs of Extracurricular Practice	[ ][ ] [.] [ ][ ] [.] [ ][ ]
10. Other, please mention those items _____	[ ][ ] [.] [ ][ ] [.] [ ][ ]

CODE OF PROVINCE :

CODE OF REGENCY :

SAKERTI CODE :  
(EA)

# **SURVEY OF EDUCATIONAL FACILITIES 1993**

## **JUNIOR HIGH SCHOOL QUESTIONNAIRE**

COOPERATION OF

DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS ,  
UNIVERSITY OF INDONESIA  
and

RAND

Name of School : \_\_\_\_\_

KOMFAS CODE

# CONTROL SHEET

KOMFAS '93  
FILE: BKSPLK1

## STATEMENT OF CENSUS REGIONS

A. Province ..... [ ][ ]	B. Regency / City ..... [ ][ ] (Kabupaten)	C. Sakerti Code [ ][ ][ ] (EA)
--------------------------	---	-----------------------------------

STATEMENT OF FACILITY		CODE
01.	Name of Province .....	[ ][ ]
02.	Name of Regency/City: ..... (Kabupaten)	[ ][ ]
03.	Name of District : ..... (Kecamatan)	[ ][ ][ ][ ]
04.	Region : 1. Town          2. Village	[ ]
05.	Sub Population Code .....	[ ]
06.	Concecutive School Number .....	[ ][ ]
07.	Statistic School Number .....	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]

NOTES OF INTERVIEW			
	First Visit	Second Visit	Third Visit
Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
Hour of Start	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]
Hour of Termination	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]
Code of Interview	[ ]	[ ]	[ ]
<b>Code of Interview Result :</b> 1. Finished 2. Partly Finished 3. Deffered 4. Denied 5. Not accessible			

STATEMENT OF SCHOOL		CODE
08.	Type of this school 1. General Junior High School 3. Vocational Junior High School	[ ]
09.	Status of this school 1. Public Junior High School 3. Private Junior High School	[ ]
10.	State the full address of this school Name of the School : -----  Address : ----- -----  Town : ----- Mark Code : -----	

SUPERVISION		KODE
11.	Interviewer : -----	[ ][ ]
12.	Editor : -----	[ ][ ][ ][ ]
13.	Local Supervisor : -----	[ ][ ][ ][ ]
14.	Jakarta Supervisor : -----	[ ][ ][ ]
15.	Field Coordinator : -----	[ ][ ][ ]

## OBSERVATION SHEET

<b>1.</b> Were there any other people present in the room during interview? 1. Yes 3. No -----> <b>To No. 4</b>	[   ]
<b>2.</b> Who was present during interview? a. Deputy School Principal b. Teachers c. Foundation Officers d. Administrative Staff	<b>1. Yes</b> <b>3. No</b> a. [   ] b. [   ] c. [   ] d. [   ]
<b>3.</b> Did those present also answer the questions in this interview? a. Deputy School Principal b. Teachers c. Foundation Officers d. Administrative Staff	<b>1. Yes</b> <b>3. No</b> a. [   ] b. [   ] c. [   ] d. [   ]
<b>4.</b> Were the respondents able to answer the questions easily? 1. Yes 3. No	[   ]

## SECTION A : SCHOOL PRINCIPAL

If the Respondent is not the School Principal, the questions should be asked with respect to the School Principal.

1. Name of School Principal : _____ <b>If Respondent is the School Principal -----&gt; Straight to No. 3</b>	
2. a. Name of Respondent : _____ b. Position of Respondent : _____	
3. When were you (the School Principal) born ? <b>(If he/she has forgotten the birth date, please ask the present age)</b>	1 9 [ ][ ] [ ][ ] years
4. Sex of the School Principal 1. Male 3. Female	[ ]
5. When was the School Principal appointed Principal of this school ?	1 9 [ ][ ]
6. What is the highest level of education from which the School Principal graduated?  01. Primary School            08. Bachelor of Arts 02. Junior Secondary        09. Master of Arts of School of Teaching        Teaching 03. Junior Secondary        10. Master of Arts School                        11. Post Graduate 04. Senior Secondary School of Teaching 05. Senior Sec. School 06. Junior Secondary Teacher Training School, D1 07. D2, D3, Bachelor of Arts of Teaching	[ ][ ]

7. Please mention the graduation year of your highest level of education	1 9 [ ][ ]
8. Who appointed you as a School Principal at this school ?  1. Ministry of Education and Culture 3. Ministry of Religious Affairs 5. Foundation 7. Office of Education and Teaching, Ministry of Home Affairs	[ ]
9. Aside from being a School Principal here, were you ever a School Principal elsewhere ?  1. Yes 3. No -----> <b>To No. 11</b>	[ ]
10. How long was your experience as a School Principal at those other schools ?	[ ][ ] years
11. Aside from being a School Principal in this school, do you hold any other job ?  1. Yes 3. No -----> <b>To No. 13</b>	[ ]
12. If yes, how many hours per week do you spend in that job ?	<b>hours per week</b> [ ][ ]



## SECTION A : SCHOOL PRINCIPAL

If the Respondent is not the School Principal, the questions should be asked with respect to the School Principal.

<p><b>13.</b> In the last 5 years, did you ever attend any management training in keeping with the duties of School Principal ?</p> <p>1. Yes 3. No -----&gt; <b>To No. 15</b></p>	<p>[    ]</p>
<p><b>14.</b> If yes, what was the amount of time of those trainings ?</p>	<p>[    ][    ] <b>days</b></p>

<p><b>15.</b> During School Year 1992-1993, do you engage in the following activities ?</p> <p>a. Act as a substitute teacher b. Supervise teachers in class preparation c. Supervise the teaching process in class d. Guide the teachers regarding course material e. Chair teachers meetings f. Discuss the curriculum g. Organize meetings with the parents h. Make comparative studies i. Attend seminars and meetings j. Discuss school planning with the Regional Office or Foundation</p>	<p><b>1. Yes</b> <b>3. No</b></p> <p><b>a.</b> [    ] <b>b.</b> [    ] <b>c.</b> [    ] <b>d.</b> [    ] <b>e.</b> [    ] <b>f.</b> [    ] <b>g.</b> [    ] <b>h.</b> [    ] <b>i.</b> [    ] <b>j.</b> [    ]</p>
--	--

## SECTION B : SCHOOL

1. What year was this school founded ?	1 9 [ ][ ]	6. If yes, state the religious orientation	[ ]
2. Did this school ever close temporarily? 1. Yes 3. No -----> <b>To No. 4</b>	[ ]	1. Islamic 2. Catholic 3. Protestant 4. Buddha 5. Hindu	
3. If yes, mention the period when the school activities stopped  (If the period lasted less than one year, round off to one year)  1. 1 9 [ ][ ] to 1 9 [ ][ ] 2. 1 9 [ ][ ] to 1 9 [ ][ ] 3. 1 9 [ ][ ] to 1 9 [ ][ ]		7. What is the language predominantly used in teaching at this school ?  1. Indonesian (Bahasa Indonesia) 3. Regional Language, please mention _____	[ ]
4. Who administers this school ?  1. Ministry of Education and Culture ----> <b>To No.7</b> 3. Ministry of Religious Affairs 5. Foundation 7. Office of Education and Teaching, Ministry of Home Affairs	[ ]	8. During School Year 1992-1993, how many weeks was this school in session?	[ ][ ] weeks
5. Does this school have a religious orientation ?  1. Yes 3. No -----> <b>To No. 7</b>	[ ]	9. During School Year 1992-1993, how many days per week was this school in session?	[ ] days
11. Is this school complex shared with other schools ?  1. Yes 3. No -----> <b>To No. 15</b>		10. What time is this school held ?  1. In the morning [ ][ ][ ][ ] to [ ][ ][ ][ ] 3. In the afternoon [ ][ ][ ][ ] to [ ][ ][ ][ ]	[ ]

**SECTION B : SCHOOL**

Please mention the users of this school complex

Type of School	12. Status of School  1. Public 3. Private	13. Time of Use  1. Morning 7 - 12 am 3. Afternoon 1 - 5 pm 5. Evening 6 - 9 pm	14. Name of School
a. Primary School	[   ]	[   ]	_____
b. Junior Secondary School	[   ]	[   ]	_____
c. Senior Secondary School	[   ]	[   ]	_____
d. Academy	[   ]	[   ]	_____
e. University	[   ]	[   ]	_____
f. Others, please mention _____	[   ]	[   ]	_____
g. Other _____	[   ]	[   ]	_____
h. Others _____	[   ]	[   ]	_____

## SECTION B : SCHOOL

<b>15.</b> Does this school use handbooks or compulsory reading books ?  1. Yes 3. No -----> <b>To No. 17</b>	[   ]	<b>18.</b> If yes, how many students receive scholarships ?	[   ][   ] <b>students</b>
<b>16.</b> If yes, is there a problem with the supply of handbooks or compulsory reading books at this school ?  1. Big 3. Small 5. No problem	[   ]	<b>19.</b> Who provided these scholarships ?  a. Government b. Foundation c. Individual d. Society e. POMG (Teacher and Student Parents Organization) f. Others, please mention _____	<b>1. Yes</b> <b>3. No</b>  a. [   ] b. [   ] c. [   ] d. [   ] e. [   ] f. [   ]
<b>17.</b> During School Year 1992-1993, did any students receive scholarships to attend this school ?  1. Yes 3. No -----> <b>To No. 20</b>	[   ]		

**SECTION B : SCHOOL**

Does this school have the following facilities ?

20. Type of Facility	21. Does this school have the following facilities ? 1. Yes 3. No -----> To the next line	22. How well are they equipped? 1. Adequate 3. Excellent 5. Inadequate	23. How much are these facilities used? 1. Optimal      3. Insufficient 2. Moderate    4. Not at all
a. Library	[   ]	[   ]	[   ]
b. Sports Field	[   ]	[   ]	[   ]
c. Sports Equipment	[   ]	[   ]	[   ]
d. School Health Service	[   ]	[   ]	[   ]
e. Canteen or Cafeteria	[   ]	[   ]	[   ]
f. Auditorium	[   ]	[   ]	[   ]

## SECTION C : TEACHER

Respondent is a Ninth Grade Teacher who teaches Indonesian Language and Mathematics.

Questions No. 1-7 and 9-14 only be asked once, if the Indonesian Language Teacher is also the Mathematics Teacher (1 person).

The interviews of the Indonesian language Teacher and Mathematics Teacher are conducted separately.

If Ninth Grade consists of more than one class, Section C should only be asked to one Teacher. If the Teacher of Indonesian Language or Mathematics teaches more than one Ninth Grade, Section C is only asked for the first class that is to whom those subjects are taught.

	A. Indonesian Language Teacher	B. Mathematics Teacher
1. Name of Teacher	_____	_____
2. When were you born ? (If he/she has forgotten the date, please ask the present age)	1 9 [ ] [ ] [ ] [ ] years	1 9 [ ] [ ] [ ] [ ] years
3. Sex of Respondent 1. Male 3. Female	[ ]	[ ]
4. Aside from Indonesian Language and Mathematics, what courses do you teach at this school ? a. Religion b. Pancasila Moral Education c. Education of History of National Struggle d. Social Sciences e. Natural Sciences f. Sports and Health g. Arts h. Special Skill i. Regional Languages	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ]	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ]
5. What is the highest level of education you graduated from ? 01. Primary School                      07. D2, D3, Bachelor of Arts of Teaching 02. Junior Sec. School of Taching      08. Bachelor of Arts 03. Junior Sec. School                      09. Master of Arts of Teaching 04. Senior Sec. School of Teaching      10. Master of Arts 05. Senior Sec. School                      11. Post Graduate 06. Junior Sec. Teacher Training School, D1	[ ] [ ]	[ ] [ ]

## SECTION C : TEACHER

	A. Indonesian Language Teacher	B. Mathematics Teacher
6. Please state the year of your graduation from the highest level of education you completed:	1 9 [ ] [ ]	1 9 [ ] [ ]
7. Please state your entire teaching experience	[ ] [ ] years	[ ] [ ] years
8. During the last five years, did you ever attend teacher's trainings or upgrading ? a. Long term b. Short term	1. Yes                      3. No  a. [ ] b. [ ]	1. Yes                      3. No  a. [ ] b. [ ]
9. How many hours per week do you work at this school ?	[ ] [ ] hours per week	[ ] [ ] hours per week
10. Please state your monthly income from teaching at this school	[ ] [ ] [ ] thousand rupiah	[ ] [ ] [ ] thousand rupiah
11. Do you receive any teacher's allowance from this school ? 1. Yes 3. No -----> <b>To No. 13</b>	[ ]	[ ]
12. If yes, what type allowance do you receive from this school ? a. Housing Allowance b. Food Allowance c. Health Insurance d. School Uniform e. Others, please mention _____	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ]	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ]
13. Apart from teaching at this school, do you have any other job ? 1. Yes 3. No -----> <b>To No. 15</b>	[ ]	[ ]
14. How many hours per week do you spend on that job ?	[ ] [ ] hours per week	[ ] [ ] hours per week
	A. Indonesian Language Teacher	B. Mathematics Teacher

## SECTION C : TEACHER

<b>15.</b> What Curriculum do you use in teaching Indonesian Language and Mathematics in Grade IX ? 1. Curriculum 1976 3. Curriculum 1984 5. Others, please mention _____	[    ]	[    ]
<b>16.</b> What year were the handbooks or compulsory reading books for Indonesian Language and Mathematics you are using published ?	1 9 [    ][    ]	1 9 [    ][    ]
<b>17.</b> When you are teaching Indonesian Language and Mathematics in the class, besides using the handbooks or the compulsory reading books, do you also use other supporting books or materials ?  1. Yes 3. No -----> <b>To No. 19</b>	[    ]	[    ]
<b>18.</b> If yes, please state the supporting materials that you use in teaching Indonesian Language and Mathematics  1. School Work Sheet 2. Textbooks 3. Demonstration Tools 4. Writing Tools	1. Yes                      3. No  a. [    ] b. [    ] c. [    ] d. [    ]	1. Yes                      3. No  a. [    ] b. [    ] c. [    ] d. [    ]
<b>19.</b> Does every student have an Indonesian Language or Mathematics textbooks which he/she uses in the class during the teaching period ?  1. Yes -----> <b>To No. 21</b> 3. No	[    ]	[    ]



## SECTION C : TEACHER

	A. Indonesian Language Teachers	B. Mathematics Teachers
20. On average, what percentage of students do not have Indonesian Language and Mathematics textbooks to use in class ?	[   ][   ][   ] percent	[   ][   ][   ] percent
21. Does every student have Indonesian Language and Mathematics textbooks to be taken home for study and doing homework ? 1. Yes -----> To No. 23 3. No	[   ]	[   ]
22. On average what percentage of students do not have Indonesian Language and Mathematics textbooks to be taken home ?	[   ][   ][   ] percent	[   ][   ][   ] percent
23. What percentage of students in your class receive Indonesian Language and Mathematics textbooks from the following sources ?  a. Receive from school free of charge b. Borrow from school c. Buy from school d. Buy from other places e. Borrow from other places f. Photocopy	percent  a. [   ][   ] b. [   ][   ] c. [   ][   ] d. [   ][   ] e. [   ][   ] f. [   ][   ]	percent  a. [   ][   ] b. [   ][   ] c. [   ][   ] d. [   ][   ] e. [   ][   ] f. [   ][   ]
24. If the student borrows the Indonesian Language and Mathematics textbooks from school, can these books be taken home in the evening ? 1. Yes 3. No	[   ]	[   ]
25. How many students are enrolled in this class ?	[   ][   ][   ] students	
26. On average, how many students attend this class everyday ?	[   ][   ][   ] students	[   ][   ][   ] students

## OBSERVATION SHEET

	A. Indonesian Language Teacher	B. Mathematics Teacher
<b>1.</b> Were there any other people present in the room during interview ? 1. Yes 3. No -----> <b>To No. 4</b>	[   ]	[   ]
<b>2.</b> Who exactly were present during interview ? a. School Principal b. Deputy School Principal c. Teachers d. Foundation Officer e. Administrative Staff	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]
<b>3.</b> Did those present also answer the question in this interview ? a. The School Principal b. The Deputy School Principal c. The teachers d. The Officers of the Foundation e. The Administration Staff	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]	<b>1. Yes</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]
<b>4.</b> Were the respondents able to answer the questions fluently ? 1. Yes 3. No	[   ]	[   ]

## SECTION D : OBSERVATION

## DIRECT OBSERVATION IN THE CLASSROOM OF GRADE IX

Especially questions No. 7-9, and No. 13-14 are asked to the Respondent

1.	In the classroom of Grade IX, is there a desk for the teacher ? 1. Yes 3. No	[   ]
2.	Please count the number of seats in this classroom (If one bench can be used for six students, then the count is 6 seats)	[   ][   ] seats
3.	The number of benches occupied by students in this class	[   ][   ] benches
4.	Are the blackboards, chalk, and erasers in the classroom usable ? 1. Yes 3. No	[   ]
5.	Is teaching in this classroom ever disrupted by inadequate lighting?	1. Yes    3. No [   ]
6.	Does this classroom use any electric lighting ? 1. Yes 3. No -----> To No. 10	[   ]
7.	If yes, what is the main source of electricity ? 1. PLN (State Electricity Company) 2. Local Government Agency 3. School Generator 4. Social Self Supporting Association 5. Private Company or Cooperative	[   ]

8.	Did this classroom ever lose electrical power, so that the study activities were disrupted ? 1. Yes 3. No -----> To No. 10	[   ]
9.	When disruptions occur is a substitute electricity source available ? 1. Yes 3. No	[   ]
10.	Please describe the floor in this classroom  1. Ceramics, marble, granite    4. Wood, boards 2. Stone, tiles, terraso        5. Bamboo 3. Cement, red bricks         6. Earthen floor	[   ]
11.	Please decribe the walls in this classroom  1. Cement, batako walls 2. Woodwork, boards, plywood 3. Bamboo, woven mats	[   ]
12.	Please describe the roof used in this classroom  1. Concrete 2. Wood, Shingles 3. Corrugated iron 4. Rooftiles 5. Asbestos 6. Foliage, palm fiber	[   ]

**SECTION D : OBSERVATION**

<b>13.</b> During the rainy season, did this classroom experience probles with a. Leakage b. Floods c. Splash rains	<b>1. Yes</b> <b>3. No</b>  <b>a.</b> [    ] <b>b.</b> [    ] <b>c.</b> [    ]
<b>14.</b> Describe the main water source used  1. Piped water/PAM                      5. Spring water 2. Electric water pumps/ manual water pumps                      6. Rain water 3. Well water                                7. River water 4. Sea water                                 8. Lake water	[    ][    ]

**SECTION E : STATISTICS AND EBTANAS SCORE****Statistics School Year 1992-1993**

Category	1. Number of Classes	Number of Pupils and Teachers by Sex 1992-1993	
		2. Female	3. Male
a. Number of Classes and Pupils			
a1. Grade VII	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a2. Grade VIII	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a3. Grade IX	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
b. Number of Repeaters by Grade			
b1. Grade VII		[ ][ ] pupils	[ ][ ] pupils
b2. Grade VIII		[ ][ ] pupils	[ ][ ] pupils
b3. Grade IX		[ ][ ] pupils	[ ][ ] pupils
c. Number of Teachers by Responsibility			
c1. Principal		[ ][ ] persons	[ ][ ] persons
c2. All Teachers		[ ][ ] persons	[ ][ ] persons
c3. Class Teachers		[ ][ ] persons	[ ][ ] persons
c4. Permanent Teachers		[ ][ ] persons	[ ][ ] persons
c5. Non-permanent Teachers		[ ][ ] persons	[ ][ ] persons

## SECTION E : STATISTICS AND EBTANAS SCORE

Herewith we would like to have information regarding the report of Ebtanas Score School Year 1992-1993, especially for Indonesian Language and Mathematics. In this study we need the average marks of the tests results of 25 students who will be selected at random. The stages are as follows :

**FIRST ROUND**

1. Count the number of students who have taken the Ebtanas test for Indonesian Language and Mathematics. For example, participants of Ebtanas for Indonesian Language = **53** students, therefore  $(N) = 53$  students. Write the figure **53** in column **1a**.
2. The interval of the selection  $[ I ]$  is a rounding up of  $(N/25)$ . Example  $N=53$  round up from  $(53/25) = 3$ . Write the figure **3** in column **2a**.
3. The Consecutive Numbers of the First Selected Participants are : **1, 2I, ..... kI. (with  $kI < N$ )**  
In case  $N = 53$ , the First Round of Selected Participants have the Numbers : **3, 6, 9, ..... 48, and 51.**  
So the number of Selected Participants of the First Round is  $k = (N/I) = (51/3) = 17$ . Write the figure **17** in column **3a**.

**EXAMINE**

4. Is the number of Selected Participants =  $< 25$  ?  
If            No -----> **STOP**  
              Yes -----> continue to stage 5.
5. Thus , **the number of participants still needed** =  $X = (25 - k)$   
In this case it has been calculated (see stage 3), that  $k = 17$ . So,  $X = (25 - 17) = 7$ .
6. **EXAMINE : If ,  $X = 1$  -----> To stage 7 If  $X > 1$  To stage 8**
7. As  $X = 1$ , for the purpose of determining the Number of the Final Selected Participant, another student is needed.  
Thus the Final Selected Participant is Participant Number  **$(I - (N - kI))$** .

**SECOND ROUND**

8. If at the sixth stage,  $X > 1$  ----->, then  
determine a New Interval  $[ IB ]$  which constitutes a rounding down from  $(N/25-k)$   
In case  $N = 53$ ,  **$IB = \text{rounding up } (53/(25-17)) = 7$**  . Write number **7** in column **4a**.
9. The Number of the First Selected Participant  **$(NPP) = IB - (N - kI)$**   
In example  $N = 53$ ,  **$NPP = 7 - (53 - 51) = 4$** . Write number **4** in column **5a**
10. The Consecutive Order of the Selected Participants in the Second Round is  $NPP, NPP+IB, NPP + 2IB$ , etc.  
So in example  $N = 53$ , the Consecutive Order of Selected Participants in the Second Round is **4, 10, 16, ...**
11. **BEFORE WRITINGDOWN THE EBTANAS MARKS, PLEASE EXAMINE : IF THERE ARE ANY SELECTED PARTICIPANTS IN THE FIRST ROUND. IF SO, PLEASE REPLACE HIS/HER NUMBER BY THE NUMBER OF A PREVIOUS PARTICIPANT.**
12. Subsequently, write the **EBTANAS SCORE** for each selected participant in the second round.

## SECTION E : STATISTICS AND EBTANAS SCORE

	A. INDONESIAN LANGUAGE		B. MATHEMATICS	
1. Number of Ebtanas participants = $N$	1a.		1b.	
2. Number of Ebtanas participants divided by 25 = $[I]$ . Please round up.	2a.		2b.	
3. Number of selected participants = rounding downward of $(N/I) = k$	3a.		3b.	
4. <b>SECOND ROUND :</b> IB = rounding down of $\{N/(25 - k)\}$	4a.		4b.	
5. Number of First Selected Participant = $[NPP] = \{IB - (N - kI)\}$	5a.		5b.	
	<b>Selected Students</b>	<b>Student Marks</b>	<b>Selected Students</b>	<b>Student Marks</b>
	1.		1.	
	2.		2.	
	3.		3.	
	4.		4.	
	5.		5.	
	6.		6.	
	7.		7.	
	8.		8.	
	9.		9.	
	10.		10.	
	11.		11.	
	12.		12.	
	13.		13.	
	14.		14.	
	15.		15.	
	16.		16.	
	17.		17.	
	18.		18.	
	19.		19.	
	20.		20.	
	21.		21.	
	22.		22.	
	23.		23.	
	24.		24.	
	25.		25.	

## SECTION F : SCHOOL REVENUE CURRICULAR YEAR 1992 - 1993

## SCHOOL REVENUE

1. Category	2. Amount (Rupiah )
1. Contribution of Supporter of Education (SPP) per month	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
2. Costs for Maintenance Buildup of Education (BP3) beginning of curricular year  a. Monthly Routine b. Incidental	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
3. OSI (Organization of Students)	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
4. Saving	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
5. Formative and Summative Tests	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
6. Ebtanas	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
7. School Uniforms	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
8. Compulsory Books	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
9. Costs of Extracurricular Practice	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
10. Other, please mention those items _____	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]



CONFIDENTIAL

PROVINCE CODE :

REGENCY CODE :

SAKERTI CODE :

# **SURVEY OF EDUCATIONAL FACILITIES 1993**

## **SENIOR HIGH SCHOOL QUESTIONNAIRE**

COOPERATION OF

**DEMOGRAPHIC INSTITUTE, FACULTY OF ECONOMICS ,  
UNIVERSITY OF INDONESIA  
and**

**RAND**

KOMFAS CODE

Name of School : \_\_\_\_\_

# CONTROL SHEET

KOMFAS '93  
FILE: BKSALK1

## STATEMENT OF CENSUS REGIONS

A. Province ..... [ ][ ]	B. Regency / City ..... [ ][ ] (Kabupaten)	C. Sakerti Code [ ][ ][ ] (EA)
--------------------------	---	-----------------------------------

STATEMENT OF FACILITY		CODE
01.	Name of Province .....	[ ][ ]
02.	Name of Regency/City: ..... (Kabupaten)	[ ][ ]
03.	Name of District : ..... (Kecamatan)	[ ][ ][ ][ ]
04.	Region : 1. Town          2. Village	[ ]
05.	Sub Population Code .....	[ ]
06.	Concecutive School Number .....	[ ][ ]
07.	Statistic School Number .....	[ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]

NOTES OF INTERVIEW			
	First Visit	Second Visit	Third Visit
Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
Hour of Start	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]
Hour of Termination	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ]
Code of Interview	[ ]	[ ]	[ ]
<b>Code of Interview Result :</b> 1. Finished 2. Partly Finished 3. Deffered 4. Denied 5. Not accessible			

STATEMENT OF SCHOOL		CODE
08.	Type of this school 1. General Senior High School 3. Vocational Senior High School	[ ]
09.	Status of this school 1. Public Senior High School 3. Private Senior High School	[ ]
10.	State the full address of this school Name of the School : .....  Address : ..... .....  Town : ..... Mark Code : .....	

SUPERVISION		KODE
11.	Interviewer : .....	[ ][ ]
12.	Editor : .....	[ ][ ][ ][ ]
13.	Local Supervisor : .....	[ ][ ][ ][ ]
14.	Jakarta Supervisor : .....	[ ][ ][ ]
15.	Field Coordinator : .....	[ ][ ][ ]

## SECTION A : SCHOOL PRINCIPAL

If the Respondent is not the School Principal, the questions should be asked with respect to the School Principal.

1. Name of School Principal : _____ <b>If Respondent is the School Principal -----&gt; Straight to No. 3</b>	
2. a. Name of Respondent : _____ b. Position of Respondent : _____	
3. When were you (the School Principal) born ? <b>(If he/she has forgotten the birth date, please ask the present age)</b>	1 9 [ ][ ] [ ][ ] years
4. Sex of the School Principal 1. Male 3. Female	[ ]
5. When was the School Principal appointed Principal of this school ?	1 9 [ ][ ]
6. What is the highest level of education from which the School Principal graduated?  01. Primary School                      08. Bachelor of Arts 02. Junior Secondary                  09. Master of Arts of School of Teaching                  Teaching 03. Junior Secondary                  10. Master of Arts School                                  11. Post Graduate 04. Senior Secondary School of Teaching 05. Senior Sec. School 06. Junior Secondary Teacher Training School, D1 07. D2, D3, Bachelor of Arts of Teaching	[ ][ ]

7. Please mention the graduation year of your highest level of education	1 9 [ ][ ]
8. Who appointed you as a School Principal at this school ?  1. Ministry of Education and Culture 3. Ministry of Religious Affairs 5. Foundation 7. Office of Education and Teaching, Ministry of Home Affairs	[ ]
9. Aside from being a School Principal here, were you ever a School Principal elsewhere ?  1. Yes 3. No -----> <b>To No. 11</b>	[ ]
10. How long was your experience as a School Principal at those other schools ?	[ ][ ] years
11. Aside from being a School Principal in this school, do you hold any other job ?  1. Yes 3. No -----> <b>To No. 13</b>	[ ]
12. If yes, how many hours per week do you spend in that job ?	<b>hours per week</b> [ ][ ]

## SECTION A : SCHOOL PRINCIPAL

If the Respondent is not the School Principal, the questions should be asked with respect to the School Principal.

<p><b>13.</b> In the last 5 years, did you ever attend any management training in keeping with the duties of School Principal ?</p> <p>1. Yes</p> <p>3. No -----&gt; <b>To No. 15</b></p>	<p>[    ]</p>
<p><b>14.</b> If yes, what was the amount of time of those trainings ?</p>	<p>[    ][    ] <b>days</b></p>

<p><b>15.</b> During School Year 1992-1993, do you engage in the following activities ?</p> <p>a. Act as a substitute teacher</p> <p>b. Supervise teachers in class preparation</p> <p>c. Supervise the teaching process in class</p> <p>d. Guide the teachers regarding course material</p> <p>e. Chair teachers meetings</p> <p>f. Discuss the curriculum</p> <p>g. Organize meetings with the parents</p> <p>h. Make comparative studies</p> <p>i. Attend seminars and meetings</p> <p>j. Discuss school planning with the Regional Office or Foundation</p>	<p><b>1. Yes</b></p> <p><b>3. No</b></p> <p><b>a.</b> [    ]</p> <p><b>b.</b> [    ]</p> <p><b>c.</b> [    ]</p> <p><b>d.</b> [    ]</p> <p><b>e.</b> [    ]</p> <p><b>f.</b> [    ]</p> <p><b>g.</b> [    ]</p> <p><b>h.</b> [    ]</p> <p><b>i.</b> [    ]</p> <p><b>j.</b> [    ]</p>
---	--

<p><b>1.</b> Were there any other people present in the room during interview?</p> <p>1. Yes</p> <p>3. No -----&gt; <b>To No. 4</b></p>	<p>[    ]</p>
<p><b>2.</b> Who was present during interview?</p> <p>a. Deputy School Principal</p> <p>b. Teachers</p> <p>c. Foundation Officers</p> <p>d. Administrative Staff</p>	<p><b>1. Yes</b> <b>3. No</b></p> <p>a. [    ]</p> <p>b. [    ]</p> <p>c. [    ]</p> <p>d. [    ]</p>
<p><b>3.</b> Did those present also answer the questions in this interview?</p> <p>a. Deputy School Principal</p> <p>b. Teachers</p> <p>c. Foundation Officers</p> <p>d. Administrative Staff</p>	<p><b>1. Yes</b> <b>3. No</b></p> <p>a. [    ]</p> <p>b. [    ]</p> <p>c. [    ]</p> <p>d. [    ]</p>
<p><b>4.</b> Were the respondents able to answer the questions easily?</p> <p>1. Yes</p> <p>3. No</p>	<p>[    ]</p>

## SECTION B : SCHOOL

1. What year was this school founded ?	1 9 [ ][ ]	6. If yes, state the religious orientation	[ ]
2. Did this school ever close temporarily? 1. Yes 3. No -----> <b>To No. 4</b>	[ ]	1. Islamic 2. Catholic 3. Protestant 4. Buddha 5. Hindu	
3. If yes, mention the period when the school activities stopped  (If the period lasted less than one year, round off to one year)  1. 19 [ ][ ] to 19 [ ][ ] 2. 19 [ ][ ] to 19 [ ][ ] 3. 19 [ ][ ] to 19 [ ][ ]		7. What is the language predominantly used in teaching at this school ?  1. Indonesian (Bahasa Indonesia) 3. Regional Language, please mention _____	[ ]
4. Who administers this school ?  1. Ministry of Education and Culture ----> <b>To No.7</b> 3. Ministry of Religious Affairs 5. Foundation 7. Office of Education and Teaching, Ministry of Home Affairs	[ ]	8. During School Year 1992-1993, how many weeks was this school in session?	[ ][ ] weeks
5. Does this school have a religious orientation ?  1. Yes 3. No -----> <b>To No. 7</b>	[ ]	9. During School Year 1992-1993, how many days per week was this school in session?	[ ] days
		10. What time is this school held ?  1. In the morning [ ][ ][ ][ ] to [ ][ ][ ][ ] 3. In the afternoon [ ][ ][ ][ ] to [ ][ ][ ][ ]	

## SECTION B : SCHOOL

<b>11.</b> Is this school complex shared with other schools ?  1. Yes 3. No -----> <b>To No. 15</b>	[   ]
--	-------

Please mention the users of this school complex

Type of School	<b>12. Status of School</b>  <b>1. Public</b> <b>3. Private</b>	<b>13. Time of Use</b>  <b>1. Morning</b> 7 - 12 am <b>3. Afternoon</b> 1 - 5 pm <b>5. Evening</b> 6 - 9 pm	<b>14. Name of School</b>
a. Primary School	[   ]	[   ]	_____
b. Junior Secondary School	[   ]	[   ]	_____
c. Senior Secondary School	[   ]	[   ]	_____
d. Academy	[   ]	[   ]	_____
e. University	[   ]	[   ]	_____
f. Others, please mention _____	[   ]	[   ]	_____
g. Others _____	[   ]	[   ]	_____
h. Others _____	[   ]	[   ]	_____

## SECTION B : SCHOOL

<b>15.</b> Does this school use handbooks or compulsory reading books ?  1. Yes 3. No -----> <b>To No. 17</b>	[   ]
<b>16.</b> If yes, is there a problem with the supply of handbooks or compulsory reading books at this school ?  1. Big 3. Small 5. No problem	[   ]
<b>17.</b> During School Year 1992-1993, did any students receive scholarships to attend this school ?  1. Yes 3. No -----> <b>To No. 20</b>	[   ]

<b>18.</b> If yes, how many students receive scholarships ?	[   ][   ] <b>students</b>
<b>19.</b> Who provided these scholarships ?  a. Government b. Foundation c. Individual d. Society e. POMG (Teacher and Student Parents Organization) f. Others, please mention _____	<b>1. Yes</b> <b>3. No</b>  a. [   ] b. [   ] c. [   ] d. [   ] e. [   ] f. [   ]



**SECTION B : SCHOOL**

Does this school have the following facilities ?

20. Type of Facility	21. Does this school have the following facilities ? 1. Yes 3. No -----> To the next line	22. How well are they equipped? 1. Adequate 3. Excellent 5. Inadequate	23. How much are these facilities used? 1. Optimal      3. Insufficient 2. Moderate    4. Not at all
a. Library	[   ]	[   ]	[   ]
b. Sports Field	[   ]	[   ]	[   ]
c. Sports Equipment	[   ]	[   ]	[   ]
d. School Health Service	[   ]	[   ]	[   ]
e. Canteen or Cafeteria	[   ]	[   ]	[   ]
f. Auditorium	[   ]	[   ]	[   ]

## SECTION C : TEACHER

Respondent is a Twelfth Grade Teacher who teaches Indonesian Language and Mathematics.

Questions No. 1-7 and 9-14 only be asked once, if the Indonesian Language Teacher is also the Mathematics Teacher (1 person).

The interviews of the Indonesian language Teacher and Mathematics Teacher are conducted separately.

If Twelfth Grade consists of more than one class, Section C should only be asked to one Teacher. If the Teacher of Indonesian Language or Mathematics teaches more than one Twelfth Grade, Section C is only asked for the first class that is to whom those subjects are taught.

	A. Indonesian Language Teacher	B. Mathematics Teacher
1. Name of Teacher	_____	_____
2. When were you born ? (If he/she has forgotten the date, please ask the present age)	1 9 [ ] [ ] [ ] [ ] years	1 9 [ ] [ ] [ ] [ ] years
3. Sex of Respondent 1. Male 3. Female	[ ]	[ ]
4. Aside from Indonesian Language and Mathematics, what courses do you teach at this school ? a. Religion b. Pancasila Moral Education c. Education of History of National Struggle d. Social Sciences e. Natural Sciences f. Sports and Health g. Arts h. Special Skill i. Regional Languages	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ]	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ] e. [ ] f. [ ] g. [ ] h. [ ] i. [ ]
5. What is the highest level of education you graduated from ? 01. Primary School 02. Junior Sec. School of Taching 03. Junior Sec. School 04. Senior Sec. School of Teaching 05. Senior Sec. School 06. Junior Sec. Teacher Training School, D1 07. D2, D3, Bachelor of Arts of Teaching 08. Bachelor of Arts 09. Master of Arts of Teaching 10. Master of Arts 11. Post Graduate	[ ] [ ]	[ ] [ ]

## SECTION C : TEACHER

	A. Indonesian Language Teacher	B. Mathematics Teacher
6. Please state the year of your graduation from the highest level of education you completed:	1 9 [ ] [ ]	1 9 [ ] [ ]
7. Please state your entire teaching experience	[ ] [ ] years	[ ] [ ] years
8. During the last five years, did you ever attend teacher's trainings or upgrading ? a. Long term b. Short term	1. Yes                      3. No  a. [ ] b. [ ]	1. Yes                      3. No  a. [ ] b. [ ]
9. How many hours per week do you work at this school ?	[ ] [ ] hours per week	[ ] [ ] hours per week
10. Please state your monthly income from teaching at this school	[ ] [ ] [ ] thousand rupiah	[ ] [ ] [ ] thousand rupiah
11. Do you receive any teacher's allowance from this school ? 1. Yes 3. No -----> <b>To No. 13</b>	[ ]	[ ]
12. If yes, what type allowance do you receive from this school ? a. Housing Allowance b. Food Allowance c. Health Insurance d. School Uniform e. Others, please mention _____	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ]	1. Yes                      3. No  a. [ ] b. [ ] c. [ ] d. [ ]
13. Apart from teaching at this school, do you have any other job ? 1. Yes 3. No -----> <b>To No. 15</b>	[ ]	[ ]
14. How many hours per week do you spend on that job ?	[ ] [ ] hours per week	[ ] [ ] hours per week

## SECTION C : TEACHER

	A. Indonesian Language Teacher	B. Mathematics Teacher
<b>15.</b> What Curriculum do you use in teaching Indonesian Language and Mathematics in Grade XII ? 1. Curriculum 1976 3. Curriculum 1984 5. Others, please mention _____	[   ]	[   ]
<b>16.</b> What year were the handbooks or compulsory reading books for Indonesian Language and Mathematics you are using published ?	1 9 [   ][   ]	1 9 [   ][   ]
<b>17.</b> When you are teaching Indonesian Language and Mathematics in the class, besides using the handbooks or the compulsory reading books, do you also use other supporting books or materials ? 1. Yes 3. No -----> <b>To No. 19</b>	[   ]	[   ]
<b>18.</b> If yes, please state the supporting materials that you use in teaching Indonesian Language and Mathematics  1. School Work Sheet 2. Textbooks 3. Demonstration Tools 4. Writing Tools	1. Yes                      3. No  a. [   ] b. [   ] c. [   ] d. [   ]	1. Yes                      3. No  a. [   ] b. [   ] c. [   ] d. [   ]
<b>19.</b> Does every student have an Indonesian Language or Mathematics textbooks which he/she uses in the class during the teaching period ? 1. Yes -----> <b>To No. 21</b> 3. No	[   ]	[   ]

## SECTION C : TEACHER

	A. Indonesian Language Teachers	B. Mathematics Teachers
20. On average, what percentage of students do not have Indonesian Language and Mathematics textbooks to use in class ?	[   ][   ][   ] percent	[   ][   ][   ] percent
21. Does every student have Indonesian Language and Mathematics textbooks to be taken home for study and doing homework ? 1. Yes -----> To No. 23 3. No	[   ]	[   ]
22. On average what percentage of students do not have Indonesian Language and Mathematics textbooks to be taken home ?	[   ][   ][   ] percent	[   ][   ][   ] percent
23. What percentage of students in your class receive Indonesian Language and Mathematics textbooks from the following sources ?  a. Receive from school free of charge b. Borrow from school c. Buy from school d. Buy from other places e. Borrow from other places f. Photocopy	percent  a. [   ][   ] b. [   ][   ] c. [   ][   ] d. [   ][   ] e. [   ][   ] f. [   ][   ]	percent  a. [   ][   ] b. [   ][   ] c. [   ][   ] d. [   ][   ] e. [   ][   ] f. [   ][   ]
24. If the student borrows the Indonesian Language and Mathematics textbooks from school, can these books be taken home in the evening ? 1. Yes 3. No	[   ]	[   ]
25. How many students are enrolled in this class ?	[   ][   ][   ] students	
26. On average, how many students attend this class everyday ?	[   ][   ][   ] students	[   ][   ][   ] students

## OBSERVATION SHEET

	A. Indonesian Language Teacher	B. Mathematics Teacher
<b>1.</b> Were there any other people present in the room during interview ? 1. Yes 3. No -----> <b>To No. 4</b>	[   ]	[   ]
<b>2.</b> Who exactly were present during interview ? a. School Principal b. Deputy School Principal c. Teachers d. Foundation Officer e. Administrative Staff	<b>1. Yes</b> <b>3. No</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]	<b>1. Yes</b> <b>3. No</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]
<b>3.</b> Did those present also answer the question in this interview ? a. The School Principal b. The Deputy School Principal c. The teachers d. The Officers of the Foundation e. The Administration Staff	<b>1. Yes</b> <b>3. No</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]	<b>1. Yes</b> <b>3. No</b> a. [   ] b. [   ] c. [   ] d. [   ] e. [   ]
<b>4.</b> Were the respondents able to answer the questions fluently ? 1. Yes 3. No	[   ]	[   ]

## SECTION D : OBSERVATION

## DIRECT OBSERVATION IN THE CLASSROOM OF GRADE XII

Especially questions No. 7-9, and No. 13-14 are asked to the Respondent

1.	In the classroom of Grade IX, is there a desk for the teacher ? 1. Yes 3. No	[   ]
2.	Please count the number of seats in this classroom (If one bench can be used for six students, then the count is 6 seats)	[   ][   ] seats
3.	The number of benches occupied by students in this class	[   ][   ] benches
4.	Are the blackboards, chalk, and erasers in the classroom usable ? 1. Yes 3. No	[   ]
5.	Is teaching in this classroom ever disrupted by inadequate lighting?	1. Yes    3. No [   ]
6.	Does this classroom use any electric lighting ? 1. Yes 3. No -----> To No. 10	[   ]
7.	If yes, what is the main source of electricity ? 1. PLN (State Electricity Company) 2. Local Government Agency 3. School Generator 4. Social Self Supporting Association 5. Private Company or Cooperative	[   ]

8.	Did this classroom ever lose electrical power, so that the study activities were disrupted ? 1. Yes 3. No -----> To No. 10	[   ]
9.	When disruptions occur is a substitute electricity source available ? 1. Yes 3. No	[   ]
10.	Please describe the floor in this classroom  1. Ceramics, marble, granite    4. Wood, boards 2. Stone, tiles, terraso        5. Bamboo 3. Cement, red bricks         6. Earthen floor	[   ]
11.	Please decribe the walls in this classroom  1. Cement, batako walls 2. Woodwork, boards, plywood 3. Bamboo, woven mats	[   ]
12.	Please describe the roof used in this classroom  1. Concrete 2. Wood, Shingles 3. Corrugated iron 4. Rooftiles 5. Asbestos 6. Foliage, palm fiber	[   ]

**SECTION D : OBSERVATION**

<b>13.</b> During the rainy season, did this classroom experience probles with a. Leakage b. Floods c. Splash rains	<b>1. Yes</b> <b>3. No</b>  <b>a.</b> [    ] <b>b.</b> [    ] <b>c.</b> [    ]
<b>14.</b> Describe the main water source used  1. Piped water/PAM                      5. Spring water 2. Electric water pumps/ manual water pumps                      6. Rain water 3. Well water                                7. River water 4. Sea water                                 8. Lake water	[    ][    ]



## SECTION E: STATISTICS AND EBTANAS SCORE

## Statistics School Year 1992-1993

Category	1. Number of Classes	Number of Pupils and Teachers by Sex 1992-1993	
		2. Female	3. Male
a. Number of Classes and Pupils			
a1. Grade X	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a2. Grade XI	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
a3. Grade XII	[ ][ ] classes	[ ][ ][ ] pupils	[ ][ ][ ] pupils
b. Number of Repeaters by Grade			
b1. Grade X		[ ][ ][ ] pupils	[ ][ ][ ] pupils
b2. Grade XI		[ ][ ][ ] pupils	[ ][ ][ ] pupils
b3. Grade XII		[ ][ ][ ] pupils	[ ][ ][ ] pupils
c. Number of Teachers by Responsibility			
c1. Principal		[ ][ ][ ] persons	[ ][ ][ ] persons
c2. All Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons
c3. Class Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons
c4. Permanent Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons
c5. Non-permanent Teachers		[ ][ ][ ] persons	[ ][ ][ ] persons

## SECTION E : STATISTICS AND EBTANAS SCORE

Herewith we would like to have information regarding the report of Ebtanas Score School Year 1992-1993, especially for Indonesian Language and Mathematics. In this study we need the average marks of the tests results of 25 students who will be selected at random. The stages are as follows :

**FIRST ROUND**

1. Count the number of students who have taken the Ebtanas test for Indonesian Language and Mathematics. For example, participants of Ebtanas for Indonesian Language = **53** students, therefore  $(N) = 53$  students. Write the figure **53** in column **1a**.
2. The interval of the selection  $[ I ]$  is a rounding up of  $(N/25)$ . Example  $N=53$  round up from  $(53/25) = 3$ . Write the figure **3** in column **2a**.
3. The Consecutive Numbers of the First Selected Participants are : **1, 2I, ..... kI. (with  $kI < N$ )**  
In case  $N = 53$ , the First Round of Selected Participants have the Numbers : **3, 6, 9, ....., 48, and 51.**  
So the number of Selected Participants of the First Round is  $k = (N/I) = (51/3) = 17$ . Write the figure **17** in column **3a**.

**EXAMINE**

4. Is the number of Selected Participants =  $< 25$  ?  
If No -----> **STOP**  
Yes -----> continue to stage 5.
5. Thus , **the number of participants still needed** =  $X = (25 - k)$   
In this case it has been calculated (see stage 3), that  $k = 17$ . So,  $X = (25 - 17) = 7$ .
6. **EXAMINE : If ,  $X = 1$  -----> To stage 7 If  $X > 1$  To stage 8**
7. As  $X = 1$ , for the purpose of determining the Number of the Final Selected Participant, another student is needed.  
Thus the Final Selected Participant is Participant Number  **$(I - (N - kI))$** .

**SECOND ROUND**

8. If at the sixth stage,  $X > 1$  ----->, then  
determine a New Interval  $[ IB ]$  which constitutes a rounding down from  $(N/25-k)$   
In case  $N = 53$ ,  **$IB = \text{rounding up } (53/(25-17)) = 7$**  . Write number **7** in column **4a**.
9. The Number of the First Selected Participant  **$(NPP) = IB - (N - kI)$**   
In example  $N = 53$ ,  **$NPP = 7 - (53 - 51) = 4$** . Write number **4** in column **5a**
10. The Consecutive Order of the Selected Participants in the Second Round is  $NPP, NPP+IB, NPP + 2IB$ , etc.  
So in example  $N = 53$ , the Consecutive Order of Selected Participants in the Second Round is **4, 10, 16, ...**
11. **BEFORE WRITINGDOWN THE EBTANAS MARKS, PLEASE EXAMINE : IF THERE ARE ANY SELECTED PARTICIPANTS IN THE FIRST ROUND. IF SO, PLEASE REPLACE HIS/HER NUMBER BY THE NUMBER OF A PREVIOUS PARTICIPANT.**
12. Subsequently, write the **EBTANAS SCORE** for each selected participant in the second round.

## SECTION E: STATISTICS AND EBTANAS SCORE

	A. INDONESIAN LANGUAGE		B. MATHEMATICS	
1. Number of Ebtanas participants = $N$	1a.		1b.	
2. Number of Ebtanas participants divided by 25 = $[I]$ . Please round up.	2a.		2b.	
3. Number of selected participants = rounding downward of $(N/I) = k$	3a.		3b.	
4. <b>SECOND ROUND :</b> IB = rounding down of $\{N/(25 - k)\}$	4a.		4b.	
5. Number of First Selected Participant = $[NPP] = \{IB - (N - kI)\}$	5a.		5b.	
	Selected Students	Student Marks	Selected Students	Student Marks
	1.		1.	
	2.		2.	
	3.		3.	
	4.		4.	
	5.		5.	
	6.		6.	
	7.		7.	
	8.		8.	
	9.		9.	
	10.		10.	
	11.		11.	
	12.		12.	
	13.		13.	
	14.		14.	
	15.		15.	
	16.		16.	
	17.		17.	
	18.		18.	
	19.		19.	
	20.		20.	
	21.		21.	
	22.		22.	
	23.		23.	
	24.		24.	
	25.		25.	

## SECTION F: SCHOOL REVENUE CURRICULAR YEAR 1992 - 1993

## SCHOOL REVENUE

1. Category	2. Amount (Rupiah )
1. Contribution of Supporter of Education (SPP) per month	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
2. Costs for Maintenance Buildup of Education (BP3) beginning of curricular year  a. Monthly Routine b. Incidental	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
3. OSI (Organization of Students)	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
4. Saving	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
5. Formative and Summative Tests	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
6. Ebtanas	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
7. School Uniforms	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
8. Compulsory Books	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
9. Costs of Extracurricular Practice	[ ][ ][ ][ ][ ][ ][ ][ ][ ]
10. Other, please mention those items _____	[ ][ ][ ][ ][ ][ ][ ][ ][ ]