

JAMAICAN SURVEY OF LIVING CONDITIONS  
HEALTH FACILITIES SURVEY

QUESTIONNAIRE FOR

PRIVATE PRIMARY HEALTH SERVICES

IMPORTANT: SECTION A MUST BE COMPLETED AT STATIN BEFORE THE  
QUESTIONNAIRE IS SENT OUT TO THE INTERVIEWER.

A. FACILITY IDENTIFICATION

1. NAME OF FACILITY: \_\_\_\_\_ FACILITY NO: \_\_\_\_\_

2. LOCATION:

Parish: \_\_\_\_\_ CODE

Constituency: \_\_\_\_\_ CODE

Enumeration District: \_\_\_\_\_ CODE

3. TYPE OF FACILITY:

Solo Practitioner....1  
Group Practice.....2  
Other.....9

CODE

INTERVIEWER NAME: _____			INTERVIEWER ID#: _____				
TODAY'S DATE?	_____ DAY	_____ MONTH	_____ YEAR	TIME?	_____ HOUR	_____ MIN	_____ AM/PM

### SECTION I: FACILITY CHARACTERISTICS

1. Which parishes form the catchment area for this facility?  
(LIST AS MANY PARISHES AS APPLY - UP TO 3.)

a. First Parish: _____	CODE	_____
b. Second Parish: _____	CODE	_____
c. Third Parish: _____	CODE	_____

2. Are the buildings owned, rented, or donated? By whom?

OWNED BY CLINIC.....1	DONATED.....3	_____
RENTED FROM PRIVATE PARTY....2	OTHER.....9	_____

3. How long has this health centre been offering services?

LESS THAN 1 YEAR.....1	20 OR MORE YEARS.....6	_____
1 YEAR TO LESS THAN 2 YEARS.....2	DON'T KNOW.....9	
2 YEARS TO LESS THAN 5 YEARS.....3		
5 YEARS TO LESS THAN 10 YEARS....4		
10 YEARS TO LESS THAN 20 YEARS...5		

4. How long ago were the last major repairs or renovations for this health centre completed?

ONE YEAR OR LESS.....1	TEN TO NINETEEN YEARS....4	_____
TWO TO FIVE YEARS.....2	TWENTY YEARS OR MORE.....5	_____
FIVE TO NINE YEARS.....3	DON'T KNOW.....9	

5. Does this building have electricity?

YES.....1 (Continue with 5A)	_____
NO.....2 (Go To Q.6)	_____

- 5A. Do you have a standby power supply such as a generator?

YES.....1 (Continue with 5B)	_____
NO.....2 (Go To Q.6)	_____

5B. Does the generator work when needed?

ALWAYS.....1      NEVER.....4  
USUALLY.....2      DON'T KNOW.....9  
SOMETIMES.....3

  

6. Does this health centre have a refrigerator?

YES.....1 (Continue with Q.6A and 6B)  
NO.....2 (Go To Q.7)

  

6A. What is the **main** source of **power** for this refrigerator?

ELECTRICITY.....1      SOLAR POWER.....3  
GAS, DIESEL, OR KEROSENE...2      NOT APPLICABLE.....9

  

6B. Is the refrigerator working today?

YES.....1  
NO.....2

  

7. What is the **main** source of **water** for this health centre?

PUBLIC WATER SUPPLY....1  
TANK.....2  
OTHER.....9

  

8. What material is the health centre mainly constructed of?

WOOD FRAME.....1      PREFABRICATED.....3  
CEMENT OR CONCRETE BLOCK...2      OTHER MATERIAL.....9

  

9. How many **separate** buildings are there altogether in this health centre?

(Include storage sheds, pharmacy, labs, etc.)

NUMBER

-----  
| IF ONE BUILDING, CONTINUE WITH Q.9A. |  
IF TWO OR MORE BUILDINGS, GO TO Q.10.

IF ONE BUILDING. ASK:

9A. How many **rooms** do you have in this facility?

(Include all rooms, examination, treatment, waiting, storage, records, kitchens, etc.)

NUMBER

10. Are there any rooms, in this (and any other) health centre building that are currently not in use?

YES.....1 (Continue with Q.10A)

NO.....2 (Go to Q.11)

- 10A. Why aren't those rooms being used?

CURRENTLY BEING REPAIRED OR RENOVATED.....1

IN NEED OF REPAIRS AND UNUSABLE.....2

NO EQUIPMENT TO FURBISH ROOM.....3

NO PERSONNEL TO STAFF THEM.....4

USED TO STORE CONDEMNED EQUIPMENT/SUPPLIES...5

OTHER REASON.....9

11. What material is the floor surface mainly made of in this health centre?

WOOD.....1 OTHER MATERIALS....9

CONCRETE OR TILE...2

12. What cleaning agent do you use most often to clean and disinfect floors?

CHLORINE BLEACH.....1 OTHER DISINFECTANT...3

DETERGENT OR SOAP WATER ALONE.....4

(like Pine Action).....2 OTHER.....9

13. What cleaning agent do you use most often to clean and disinfect tables and counters?

CHLORINE BLEACH.....1 OTHER DISINFECTANT....3

DETERGENT OR SOAP WATER ALONE.....4

(like Pine Action).....2 OTHER.....9

14. How do you sterilize reusable equipment?

CHLORINE BLEACH.....1 BOIL.....4

OTHER DISINFECTANT.....2 BAKE.....5

AUTOClave OR OTHER WATER ONLY.....7

MECHANICAL STERILIZER....3 OTHER.....9

15. Where are your sinks for handwashing located? In some examination or treatment rooms, in a central indoor location, outside the health centre, or elsewhere

IN EACH EXAMINATION OR TREATMENT ROOM.....1

IN SOME EXAM OR TREATMENT ROOMS ONLY.....2

IN A CENTRAL LOCATION INDOORS.....3

OUTSIDE THE FACILITY.....4

ELSEWHERE.....9

ALL.....1	NONE .....4
MOST.....2	DON'T KNOW.....5
SOME.....3	

YES.....1 (Continue with Q.17A)  
NO.....2 (Go To Q.18)

ASK Q.17A FOR EACH ITEM

	YES...1	YES...1
	NO....2	NO....2
a. Beds, dental chairs, or other furniture?		d. Sterilizers?
b. Laboratory equipment?		e. Drugs or other supplies?
c. Diagnostic equipment?		f. Other?

**IF YES TO ANY ITEM (a-g), ASK Q.19 ACROSS**

	YES...1
	NO...2

DAYS.....1  
WEEKS.....2  
MONTHS.....3  
ONE YEAR OR MORE..4

- a. A Leaking Roof?
- b. A Hole in the Floor?
- c. Electric Problems Inside the Building?
- d. Plumbing Problems Inside the Building?
- e. Plumbing Problems Outside the Building?
- f. Maintenance of Yard?
- g. Security Problems?

20. Is there a laboratory in the health centre?

YES.....1

NO.....2

☐

21. When tests are needed, do you collect samples or specimens here?

YES.....1 (Continue with Q.22)

NO.....2 (Go to Q.24)

☐

22. Do you analyze some, all, or none of the samples or specimens here?

ALL TESTS.....1 (Continue with Q.22A)

SOME TESTS.....2 (Continue with Q.22A)

NONE.....3 (Go to Q.23A)

☐

**ASK RESPONDENT TO VERIFY ANSWER TO Q.22A WITH LABORATORY PERSONNEL, IF POSSIBLE**

22A. Do you ever receive samples or specimens that are of such poor quality that you can't process them for analysis?

OFTEN.....1

SOMETIMES.....2

RARELY.....3

NEVER.....4

NO LAB PERSONNEL....9

☐

ASK Q.23 A & B FOR ALL TESTS, THEN ASK Q.24.	23A. How much do you charge for patients to take sample or specimen?	23B. How much do you charge patients to analyze a sample or specimen? IF NO SEPARATE FEE FOR ANALYSIS, CODE ITEM AS 'F'. IF NO ANALYSIS, CODE ITEM AS 'N'. ASK Q.24	24. How long do you usually wait for test results for ____? HOURS.....1 DAYS.....2 WEEKS.....3 MONTHS.....4
	AMOUNT	AMOUNT	
a. A Stool Test?			
b. A Blood Test?			
c. A Pregnancy Test?			
d. A Urine Test?			
e. A Blood Glucose Test			

25. Is there an active community group working with this health centre?

YES.....1  
NO.....2

☐

26. Is housing provided by this health centre for its staff?

YES.....1 (Continue with Q.26A)  
NO.....2 (Go To Section II: PATIENT SERVICES)

☐

26A. How many employees have housing provided by this health centre?

NUMBER

SECTION II: PATIENT SERVICES

1. How often is this health centre open for patient services?

LESS THAN ONCE A WEEK..1	3 DAYS PER WEEK.....4
1 DAY PER WEEK.....2	4 DAYS PER WEEK.....5
2 DAYS PER WEEK.....3	5 OR MORE DAYS PER WEEK..6

2. In the **past month**, on how many days were patients registered who could not be seen by medical personnel?

NONE.....1	2 TO 5 DAYS.....3
1 DAY.....2	6 OR MORE DAYS.....4

3. How often are the following services offered at this facility?  
(ASK ITEMS a-n)

LESS THAN ONCE A WEEK.....1	3 DAYS PER WEEK.....4
1 DAY PER WEEK.....2	4 DAYS PER WEEK.....5
2 DAYS PER WEEK.....3	5 OR MORE DAYS PER WEEK.....6
	NOT OFFERED.....9

a. Curative care?	h. Minor surgery?
b. Delivery of babies?	i. Major surgery?
c. Prenatal care?	j. Blood transfusion?
d. Postnatal care?	k. Local anaesthesia?
e. Family planning?	l. General anaesthesia?
f. Nutrition clinic?	m. Dental services?
g. Skin clinic?	n. STD clinic?



SECTION III: IMMUNIZATIONS

1. Do you offer immunization services at this health centre?

YES.....1 (Continue with Q.2)

NO.....2 (Go To Section IV: Personnel)

ASK Q.2-4 FOR EACH VACCINE	2. Do you usually offer  here?  YES....1 NO.....2	3. Do you have _____ in stock today?  YES....1 NO.....2	4. How much must clients pay for the complete vaccine? (ALL DOSES)  AMOUNT
a. BCG			
b. DPT/DT			
c. Polio			
d. Measles			
e. Rubella			
f. Tetanus Toxiod			

SECTION IV: PERSONNEL

CHART 1

ASK Q.1-6 ACROSS.	1. How many are on the Estab- lishment/ Cadre?	2. How many are at post?	3. How many are working today?	4. How many are working part-time or on a sessional basis?	5. How many part-time or sess- ional are working today?	6. How many are on study or vacation leave?
IF THE ANSWER IS ZERO, WRITE '0'.	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
a. Physicians or Medical Officers						
b. Specialist Surgeons						
c. Anaesthetists and Nurse Anaesthetists						
d. Nurse Practitioners						
e. Midwives						
f. Staff Nurses						
g. Assistant Nurses						
h. Radiographers or Radiology Technicians						
i. Nutrition Staff						
j. Orderlies						
k. Medical Records Staff						

CHART 1 (CONTINUED)

ASK Q.1-6 ACROSS.	1.	2.	3.	4.	5.	6.
How many ____ are on the Estab- lishment/ Cadre?	How many ____ are at post?	How many ____ are working today?	How many ____ are working part-time or on a sessional basis?	How many part-time or sess- ional ____ are working today?	How many ____ are on study or vacation leave?	
IF THE ANSWER IS ZERO, WRITE '0'.	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
l. Adminis- trators						
m. Clerical Staff						
n. Drivers						
o. Security/ Watchmen						
	ASK R. TO VERIFY ANSWER WITH LAB PERSONNEL IF POSSIBLE					
p. Lab and Med Technicians						
	ASK R. TO VERIFY ANSWER WITH DENTAL PERSONNEL IF POSSIBLE					
q. Dentists						
r. Dental Nurse or Assistant						
	ASK R. TO VERIFY ANSWER WITH PHARMACY PERSONNEL IF POSSIBLE					
s. Pharmacists						
t. Pharmacy Tech						

CHART 2

<p>ASK Q.7 FOR EACH TYPE OF PERSONNEL</p>	<p>7. What is the wage-range for full-time _____ per _____?</p>		
<p>IF NO PERSONNEL, WRITE 'N' UNDER Q.7A AND ASK NEXT ITEM.</p>	<p>1 HOUR.....1 1 WEEK.....2 2 WEEKS....3 1 MONTH....4</p>		
	<p>WAGE RANGE</p>		<p>UNIT</p>
	<p>7A</p>	<p>7B</p>	<p>7C</p>
	<p>LOWEST AMOUNT</p>	<p>HIGHEST AMOUNT</p>	<p>PER UNIT</p>
<p>a. Physicians or Medical Officers</p>			
<p>b. Specialist Surgeons</p>			
<p>c. Anaesthetists and Nurse Anaesthetists</p>			
<p>d. Nurse Practitioners</p>			
<p>e. Midwives</p>			
<p>f. Staff Nurses</p>			
<p>g. Assistant Nurses</p>			
<p>h. Radiographers or Radiology Technicians</p>			
<p>i. Nutrition Staff</p>			
<p>j. Orderlies</p>			
<p>k. Medical Records Staff</p>			
<p>l. Administrators</p>			

CHART 2 (CONTINUED)

ASK Q.7 FOR EACH TYPE OF PERSONNEL	7. What is the wage-range for full-time _____ per _____?		
IF NO PERSONNEL, WRITE 'N' UNDER Q.7A AND ASK NEXT ITEM.	1 HOUR.....1		
	1 WEEK.....2		
	2 WEEKS....3		
	1 MONTH....4		
	WAGE RANGE		UNIT
	7A	7B	7C
	LOWEST AMOUNT	HIGHEST AMOUNT	PER UNIT
m. Clerical Staff			
n. Drivers			
o. Security/Watchmen			
p. Lab and Med Technicians			
q. Dentists			
r. Dental Nurse or Assistant			
s. Pharmacists			
t. Pharmacy Tech			

SECTION V: BEDS

1. Do you have any overnight patients?

YES.....1 (Continue with Q.2)

NO.....2 (Go to Section VI: TRANSPORTATION)

2. How many beds are in this facility?

NUMBER

3. How many of these beds are **not usable**?

(IF NONE, WRITE 0)

NUMBER

4. How many people stayed in this health centre  
last night, not including newborns?

(IF NONE, WRITE 0)

NUMBER

5. Do overnight inpatients pay a registration fee?

YES.....1 (Continue with Q.5A)

NO.....2 (Go To Q.6)

5A. Do patients pay per night or per admission?

PER NIGHT.....1

PER ADMISSION....2

5B. How much do they pay?

AMOUNT

6. Does this facility provide food for inpatients?

YES.....1

NO.....2 (Go To Section VI: TRANSPORTATION)

6A. How much do inpatients pay for food, per day?

(IF FREE, WRITE 0)

AMOUNT

SECTION VI: TRANSPORTATION

1. Does this facility have any vehicles?

YES.....1 (Continue with Q.2)

NO.....2 (Go To Section VII: DRUG SUPPLY AND EQUIPMENT)

FOR EACH VEHICLE TYPE, ASK Q.2-5 ACROSS. IF NONE FOR ANY ITEM, WRITE '0' IN Q.2 AND LEAVE Q.3-5 BLANK.	2. How many do you have?	3. How many are working today?	4. How many are in need of major repair?	5. How many cannot be repaired or are obsolete?
	NUMBER	NUMBER	NUMBER	NUMBER
a. Cars and Jeeps				
b. Utility Vans and Trucks				
c. Buses				
d. Ambulances				
e. Motorcycles and Mopeds				
f. Bicycles				

SECTION VII: DRUG SUPPLY & EQUIPMENT

CHART 1: DRUG SUPPLIES

ASK R. TO VERIFY THE ANSWERS WITH PHARMACY PERSONNEL IF POSSIBLE.  
ASK ONE ITEM ACROSS, BEFORE ASKING ABOUT NEXT ITEM

ASK Q.1-4 ACROSS.		ASK IF YES TO Q.2				
	1.	2.	3.	4.	5.	
	Are the following drugs in stock today?	Do you normally keep _____ in stock?	In the last 6 mos, have you received a shipment of _____ that was expired when it arrived?	In the last 6 mos, has there been a week or more when you had no supply of _____?	How much do clients pay for _____ per unit?	
	YES...1 NO....2	YES...1 (Q.3) NO....2 (IF NO, ASK ABOUT THE NEXT ITEM)	YES....1 NO.....2	YES....1 NO.....2	COURSE.....1 INJECTION..2 BOTTLE.....3 PACKET.....4 OTHER.....5	
					AMOUNT	UNIT
a. Oral Rehydration Salts						
b. Hydrochlorothiazide						
c. Phenobarbitone						
d. Chloropropamide						
e. Ergometrine Maleate						
f. Sulhamethoxazole + Trimethoprim (Co-trimoxazole)						
g. Benzylbenzoate or Gammabenzene Hexachloride						



CHART 1: DRUG SUPPLIES (CONTINUED)

ASK Q.1-4 ACROSS.		ASK IF YES TO Q.2				
	1.	2.	3.	4.	5.	
	Are the following drugs in stock today?	Do you normally keep ____ in stock?	In the last 6 mos, have you received a shipment of ____ that was <b>expired</b> when it arrived?	In the last 6 mos, has there been a week or more when you had no supply of ____?	How much do clients pay for ____ per unit?	
	YES...1 NO....2	YES...1 (Q.3) NO....2 (IF NO, ASK ABOUT THE NEXT ITEM)	YES....1 NO.....2	YES....1 NO.....2	COURSE.....1 INJECTION...2 BOTTLE.....3 PACKET.....4 OTHER.....5	AMOUNT UNIT
h. Sodium Lactate Compound (Hartman's Solution)						
i. Ferrous Sulphate (or other iron supplement)						

CHART 2: EQUIPMENT

ASK Q.6-10 ACROSS.	6. Does this health centre have any of the following equipment now?	7. How many do you have?	8. How many work today?	9. Do you have in stock now?	10. In the last 6 mos, has there been a week or more when you had no supply of _____?
ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.	YES...1 (Q.7) NO....2 (NEXT ITEM)	NUMBER	NUMBER	YES...1 NO....2	YES....1 NO.....2
a. Adult Scales				////////	////////
b. Baby Scales				////////	////////
c. Metallic Tape Measures			////////	////////	////////
d. Sphygmotono- meters (Blood Pressure Cuffs)				////////	////////
e. Stethoscopes				////////	////////
f. Thermometers				////////	////////
g. Glucometers				////////	////////
h. Microscopes				////////	////////
i. Centrifuges				////////	////////
j. Autoclaves And/Or Sterilizers				////////	////////
k. Telephones				////////	////////
l. Communication Radios				////////	////////
m. Syringes		////////	////////		

CHART 2: EQUIPMENT (CONTINUED)

ASK Q.6-10 ACROSS. ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.	6. Does this health centre have any of the following equipment now?	7. How many do you have?	8. How many work today?	9. Do you have in stock now? YES...1 NO....2	10. In the last 6 mos, has there been a week or more when you had no supply of ____? YES..... NO.....2
	YES...1 (Q.7) NO....2 (NEXT ITEM)	NUMBER	NUMBER		
n. Needles for syringes		////////	////////		
o. Blood sample tubes		////////	////////		
p. Containers for Urine		////////	////////		
q. Containers for Stool Samples		////////	////////		
r. Uristix		////////	////////		
s. Supplies to bandage wounds		////////	////////		
t. Sterile Scissors		////////	////////		

CHART 2: EQUIPMENT (CONTINUED)

ASK u-z ONLY IF HEALTH CENTRE ROUTINELY DELIVERS BABIES

ASK Q.6-10 ACROSS.	6. Does this health centre have any of the following equipment now?	7. How many do you have?	8. How many work today?	9. Do you have in stock now?	10. In the last 6 mos, has there been a week or more when you had no supply of _____?
ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.	YES...1 (Q.7) NO....2 (NEXT ITEM)	NUMBER	NUMBER	YES...1 NO....2	YES....1 NO.....2
u. Clean Dry Linens to Wrap Babies		////////	////////		
v. Mucous Extractors for Newborns		////////	////////		
w. Vitamin K		////////	////////		
x. Silver Nitrate		////////	////////		
y. Diagnostic Sets		////////	////////		
z. Foetal Stethoscopes				////////	////////

SECTION VIII: FAMILY PLANNING

1. Does this facility offer family planning services?

Yes.....1 (Continue with Q.2)

No.....2 (Go to Section IX: MATERNAL HEALTH SERVICES)

2. Do clients pay for Family Planning visits, excluding the price of the contraceptives?

YES.....1 (Continue with Q.2A)

NO.....2 (Go to Q.3)

2A. How much do patients pay for a Family Planning visit, excluding the price of the contraceptives themselves?

AMOUNT

ASK Q.3-7 ACROSS	3.	4.	5.	6.	7.
	Does this facility offer ___?	Is ___ in stock today?	In the last 6 mos, has there been a week or more when you had no supply of ___?	Do patients pay for ___? (EXCLUDE COST OF VISIT)	How much do patients pay for ___? (EXCLUDE COST OF VISIT)
	YES...1 (ASK Q.4-7)				
	NO....2 (NEXT ITEM)	YES...1	YES....1		
		NO....2	NO.....2		
a. Condoms					
b. Spermicide					
c. Contraceptive Pills					
d. IUD					
e. Diaphragm					
f. Contraceptive Injection					
g. Tubal Ligation		////////	////////		

ASK Q.3-7 ACROSS	3.	4.	5.	6.	7.
	Does this facility offer ____?	Is ____ in stock today?	In the last 6 mos, has there been a week or more when you had no supply of ____?	Do patients pay for ____? (EXCLUDE COST OF VISIT)	How much do patients pay for ____? (EXCLUDE COST OF VISIT)
	YES...1 (ASK Q.4-7)				
	NO....2 (NEXT ITEM)	YES...1 NO....2	YES....1 NO.....2		
h. Vasectomy		////////	////////		
i. Termination of pregnancy for specific medical indications		////////	////////		

**SECTION IX: MATERNAL HEALTH SERVICES**

1. Are maternal health services offered at this facility?

Yes.....1 (Continue with Q.2)

No.....2 (Go to Q.6 in Chart 3)

**CHART 1**

<p><b>FOR EACH SERVICE LISTED, ASK Q.2.</b></p>	<p>2. For pregnant women seen here, when is _____ included in a standard prenatal visit?</p> <p><b>(READ CATEGORIES)</b></p> <p>WOMEN AT RISK ONLY.....1</p> <p>FIRST VISIT ONLY.....2</p> <p>SOME VISITS.....3</p> <p>EVERY VISIT.....4</p> <p>NEVER.....5</p>
<p>a. Check for Weight Gain</p>	
<p>b. Check Blood Pressure</p>	
<p>c. Check for Oedema (Water retention)</p>	
<p>d. Check for Abnormal Food Cravings</p>	
<p>e. Measure Height</p>	
<p>f. Immunize</p>	
<p>g. Discuss Diet or Nutrition</p>	
<p>h. Discuss Smoking, Alcohol, Drugs</p>	
<p>i. Discuss High Blood Pressure</p>	
<p>j. Discuss Individual's Particular Risk Factors</p>	

CHART 1 (CONTINUED)

FOR EACH SERVICE LISTED, ASK Q.2.	2. For pregnant women seen here, when is _____ included in a standard prenatal visit?  (READ CATEGORIES)  WOMEN AT RISK ONLY.....1 FIRST VISIT ONLY.....2 SOME VISITS.....3 EVERY VISIT.....4 NEVER.....5
k. Review Warning Signs	
l. Discuss Plans for Emergencies	
m. Advise Patient to Deliver in Hospital	
n. Encourage Breastfeeding	
o. Discuss Ideal Schedule for Prenatal Care	
p. Discuss Family Planning	



CHART 2

FOR EACH SERVICE LISTED, ASK Q.3-5	3. For pregnant women seen here, when is _____ included in a standard prenatal visit?	4A. Where is _____ collected? 4B. Where is laboratory analysis completed for _____ ?	5. For _____ what is the usual waiting period for results?				
	(READ CATEGORIES)						
	WOMEN AT RISK ONLY.1 FIRST VISIT ONLY...2 SOME VISITS.....3 EVERY VISIT.....4 NEVER.....5	ASK FOR 4A AND 4B BEFORE ASKING Q.5.  ONSITE.....1 AT REFERRAL SITE.2	HOURS....1 DAYS....2 WEEKS....3 MONTHS...4				
		<table border="1"> <tr> <td>4A</td> <td>4B</td> </tr> <tr> <td>SAMPLE OR SPECIMEN COLLECTED</td> <td>LABORATORY ANALYSIS COMPLETED</td> </tr> </table>	4A	4B	SAMPLE OR SPECIMEN COLLECTED	LABORATORY ANALYSIS COMPLETED	
4A	4B						
SAMPLE OR SPECIMEN COLLECTED	LABORATORY ANALYSIS COMPLETED						
a. Haemoglobin Test							
b. Bloodgroup Test/RH Factor							
c. VDRL/STD Test							
d. Sickle Cell Test							
e. Urine Protein Test							
f. Urine Glucose Test							
g. Test for Parasites							

CHART 3

FOR EACH SERVICE, ASK Q.6	6. Where is ____ available?
	ONSITE.....1
	AT REFERRAL SITE..2
a. Caesarean Sections	
b. Repair Vaginal or Cervical Tears	

c. Remove Ectopic Pregnancy	
d. Empty Uterus Following Incomplete Spontaneous Abortion	
e. Treat Eclamptic Fits	
f. Treat Puerperal Sepsis	
g. Induce Labor	
h. Intravenous Fluid or Medication	
i. Delivery by Vacuum Extraction or Forceps	
j. Fetal Monitoring	
k. Supply Oxygen to Mother	
l. Supply Oxygen to Infant	
m. Suction Machine for Infant	
n. Incubators for Neonates	

CHART 4

FOR EACH COMPLICATION, ASK Q. 7-9 ACROSS, BEFORE ASKING ABOUT NEXT COMPLICATION.	7. Do you refer _____ complications to another provider, health centre, or hospital?	8. Where do you usually refer _____ complications?	9. Is there another health centre that is closer?
	YES, TO A PRIVATE PROVIDER.....1 (Q.8)		
	YES, TO A PRIVATE HOSPITAL.....2 (Q.8)		
	YES, TO A PUBLIC HEALTH CENTRE.....3 (Q.8)		
	YES, TO A PUBLIC HOSPITAL.....4 (Q.8)	NAME	CODE
	NO.....5 (NEXT)	YES...1	NAME
		NO....2	CODE
a. pregnancy			
b. delivery			
c. postpartum			

10. In the last 6 months, when you referred patients to other providers, health centres, or hospitals, have any ever refused to see the patient?

YES.....1

NO.....2

11. In the last 6 months, when you have referred patients to other providers, health centres, or hospitals, does the patient return to you with a record of what was done at the referral site?

YES, ALWAYS.....1

YES, SOMETIMES....2

NO, NEVER.....3

12. What type of facilities refer maternal health cases to you?

CODE ALL THAT APPLY

TYPE I HEALTH CENTRES...1	TYPE V HEALTH CENTRES..5			
TYPE II HEALTH CENTRES..2	MATERNITY CENTERS.....6			
TYPE III HEALTH CENTRES.3	POLY HEALTH CENTRES....7			
TYPE IV HEALTH CENTRES..4	PRIVATE HEALTH CENTRES.8			
NONE.....9				

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 | IF POSSIBLE, REVIEW HEALTH CENTRE ADMINISTRATIVE RECORDS |  
AND WRITE IN TOTAL FROM PREVIOUS MONTH

NUMBER

13. How many antenatal visits did this health centre have last month? \_\_\_\_\_

14. How many postnatal visits did this health centre have last month? (MOTHERS) \_\_\_\_\_

15. How many family planning visits did this health centre have last month? (FEMALE) \_\_\_\_\_

16. How many deliveries did this health centre have last month? \_\_\_\_\_

**SECTION X: PATIENT FLOW, REVENUES AND EXPENDITURES**

**REVIEW HEALTH CENTRE ADMINISTRATIVE RECORDS, IF POSSIBLE, AND WRITE IN TOTAL FROM PREVIOUS MONTH FOR Q.1-3.**

1. How many outpatient visits did you have last month,  
not including antenatal, postnatal, and family planning  
visits, or overnight stays? NUMBER

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| IF PRIVATE HEALTH CENTRE **ACCEPTS** OVERNIGHT STAYS, ASK Q.2 & 3 |  
IF **NOT ACCEPT** OVERNIGHT STAYS, GO TO Q.4.

2. How many inpatient days did you have last month  
(not including deliveries)? NUMBER

3. How many inpatient discharges did you have last month  
(not including deliveries)? NUMBER

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4. What were the total annual **revenues** from the following sources of  
payment for 1989?

ASK FOR EACH SOURCE (a-c). IF NO INFORMATION AVAILABLE FOR A  
SOURCE, WRITE 'N'; IF NO REVENUE FOR A SOURCE AMOUNT, WRITE 'O'.

SOURCE	AMOUNT
a. Patient Fees	
b. Insurance Payment	
c. Other Income	
=====	=====
GRAND TOTAL	

-----

5. What were the total annual **expenditures** in 1989 for the following?

ASK FOR EACH EXPENDITURE. IF NO INFORMATION AVAILABLE FOR AN EXPENDITURE, WRITE 'N' FOR AMOUNT; IF NO EXPENDITURES, WRITE 'O' FOR AMOUNT.

EXPENDITURE	AMOUNT
a. Salaries and Other Labor Costs	
b. Utilities	
c. Rent or Mortgage Payments	
d. Transportation	
e. Drugs	
f. Other Medical Supplies and Equipment	
GRAND TOTAL	

END INTERVIEW

TIME INTERVIEW ENDED?

\_\_\_\_\_  
HOUR

\_\_\_\_\_  
MIN

\_\_\_\_\_  
AM/PM