

Enter Q. ID No.→

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Draft: 4 May 2005

Cambodia Public Expenditure Tracking Survey

Referral Hospital Questionnaire

Province name	Write province name in the space provided (<i>coder will enter province code later</i>)	Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
OD name	Write OD name in the space provided (<i>coder will enter OD code later</i>)	Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Hospital name	Write hospital name in the space provided (<i>coder will enter hospital code later</i>)	Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Name of commune in which hospital is located	Write name of commune in the space provided (<i>coder will enter commune code later</i>)	Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Type of area in which the hospital is located	1=urban 2=semi-urban 3=rural	<input style="width: 30px; height: 30px;" type="text"/>
Date of visit	Enter day, month, year (dd.mm.yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
Name of interviewer	Write name of interviewer in the space provided	

Enter Q. ID No.→

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Section 1. General information

The information in this section should be provided by the Hospital Director or Acting Director.

I would like to ask you some questions about this referral hospital.

Q#	Question	Category/unit	Skips	Value
1.	What is your current position in this hospital?	1=Director 2=Acting Director 3=other position		<input type="checkbox"/>
2.	For how long have you had your current position?	Years and months		Years <input type="checkbox"/> <input type="checkbox"/>
				Months <input type="checkbox"/> <input type="checkbox"/>
3.	How many administrative districts are served by this hospital?	Number		<input type="checkbox"/> <input type="checkbox"/>
4.	What is the approximate size of the population served by this referral hospital?	Number 999,999=does not know		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.	What is the distance from this hospital to the Province Health Department (PHD) office?	Kilometers 999=does not know		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.	How long does it usually take to go there by car or truck during the dry season ?	Minutes (If hours, multiply by 60) 99,999=does not know		<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	How long does it usually take to go there by car or truck during the wet season ?	Minutes (If hours, multiply by 60) 99,999=does not know		<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8.	In which year did this hospital open for the first time?	Year (yyyy) 9999=does not know		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Q#	Question	Category/unit	Skips	Value
9.	What type of hospital was it at that time?	1=provincial hospital 2=district hospital 3=other 9=does not know		<input type="checkbox"/>
10.	Has this hospital been renovated during the past 5 years?	1=yes 2=no 9=does not know	=>Q.12 =>Q.12	<input type="checkbox"/>
11.	Following its most recent renovation, when did the hospital begin operating again?	Enter month and year (mm.yyyy) 99.9999=does not know		<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Definition: A hospital is considered to be “operating” when it is actually serving patients on a regular basis.				
12.	What is the current CPA classification of this hospital?	1=CPA1 2=CPA2 3=CPA3 4=other 5=not rated 9=does not know		<input type="checkbox"/>
13.	How many overnight beds is this hospital authorized to have at this time?	Number		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Definition: Authorized beds are those included in the Health Coverage Plan or other official planning document of the Ministry of Health.				
14.	How many overnight beds does the hospital have that are available for use by patients at this time?	Number		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15.	How many of these beds are occupied now?	Number		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16.	How many permanent personnel are currently working in this hospital?	Number		<input type="checkbox"/> <input type="checkbox"/>
Definition: “Permanent” personnel are regular employees of the Government, i.e., civil servants.				

Q#	Question	Category/unit	Skips	Value
17.	How many temporary personnel are currently working in this hospital?	Number		<input type="text"/> <input type="text"/> <input type="text"/>
Definition: "Temporary" personnel are full-time and part-time contracted employees, i.e., all employees other than civil servants.				
18.	Did this hospital have an approved Chapter 11/13 budget for 2003 ?	1=yes 2=no 9=does not know	=>Q.20 =>Q.20	<input type="checkbox"/>
Definition: An "approved budget" is a budget that has been approved by the PHD Director.				
19.	How much was this hospital's total Chapter 11/13 budget for 2003 ?	Riel 9,999,999,999= does not know		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
20.	Did this hospital have an approved Chapter 11/13 budget for 2004 ?	1=yes 2=no 9=does not know	=>Q.22 =>Q.22	<input type="checkbox"/>
21.	How much was this hospital's total Chapter 11/13 budget for 2004 ?	Riel 9,999,999,999= does not know		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
22.	Has this hospital been assisted by one or more NGOs at any time during the past 3 years?	1=yes 2=no 9=does not know	=>Q.32 =>Q.32	<input type="checkbox"/>
23.	What is the name of the NGO that has provided the main support to this hospital during the past three years?	Write clearly the name of the NGO in the space provided (<i>coder will enter NGO code later</i>)		Code <input type="text"/> <input type="text"/>
24.	When did this NGO begin working with this hospital?	Month and year (mm.yyyy) 99.9999=does not know		<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
25.	Is this NGO still assisting this hospital?	1=yes 2=no 9=does not know	=>Q.27	<input type="checkbox"/>
26.	When did this NGO stop assisting this hospital?	Month and year (mm.yyyy) 99.9999=does not know		<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Question	Category/unit	Skips	Value	
27.	Did another NGO also provide support to this hospital during the past three years?	1=yes 2=no 9=does not know	=>Q.32 =>Q.32	<input type="checkbox"/>	
28.	What is the name of this second NGO ?	Write clearly the name of the NGO in the space provided (<i>coder will enter NGO code later</i>)		<input type="text"/>	Code <input type="checkbox"/> <input type="checkbox"/>
29.	When did this second NGO begin working with this hospital?	Month and year (mm.yyyy) 99.9999=does not know		<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
30.	Is this second NGO still assisting this hospital?	1=yes 2=no 9=does not know	=>Q.32	<input type="checkbox"/>	
31.	When did this second NGO stop assisting this hospital?	Month and year (mm.yyyy) 99.9999=does not know		<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
32.	Did the PHD Director or Acting Director visit this hospital at any time during calendar year 2004?	1=yes 2=no 9=does not know	=>next section =>next section	<input type="checkbox"/>	
33.	How many times did the PHD Director or Acting Director visit this hospital during calendar year 2004?	Number 99=does not know		<input type="checkbox"/> <input type="checkbox"/>	

Section 2. Drugs, Medical Supplies and Vaccines

The information in this section should be provided by the hospital pharmacist.

Section 2a. Drugs, medical supplies and vaccines received by the hospital

I would like to ask you about drugs, medical supplies or vaccines (not including bed nets and insecticide) that the hospital received during calendar years 2003 and 2004.

First Quarter 2003

Q#	Question	Category/unit	Skips	Value
1.	Did the hospital receive any drugs, medical supplies or vaccines from the Province pharmacy during the first quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.3 =>Q.3 =>Q.3 =>Q.3	<input type="checkbox"/>
2.	Does the hospital have records of the quantities of drugs, medical supplies and vaccines received from the Province pharmacy during the first quarter of 2003 ?	1=yes 2=no 9=does not know		<input type="checkbox"/>
3.	Did the hospital receive any drugs, medical supplies or vaccines from the OD pharmacy during the first quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.5 =>Q.5 =>Q.5 =>Q.5	<input type="checkbox"/>
4.	Does the hospital have records of the quantities of drugs, medical supplies and vaccines received from the OD pharmacy during the first quarter of 2003 ?	1=yes 2=no 9=does not know		<input type="checkbox"/>
5.	Did the hospital receive any drugs, medical supplies or vaccines from an NGO during the first quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.7 =>Q.7 =>Q.7 =>Q.7	<input type="checkbox"/>
6.	Does the hospital have records of the quantities of drugs, medical supplies and vaccines received from NGOs during the first quarter of 2003 ?	1=yes 2=no 9=does not know		<input type="checkbox"/>
7.	Did the hospital receive any drugs, medical supplies or vaccines from the community or any other source not previously mentioned during the first quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.9 =>Q.9 =>Q.9 =>Q.9	<input type="checkbox"/>
8.	Does the hospital have records of the quantities of drugs, medical supplies and vaccines received from the community or another source during the first quarter of 2003 ?	1=yes 2=no 9=does not know		<input type="checkbox"/>

Based on the hospital's records, please provide the information requested below for each item received during the **first quarter of 2003**.

Q#	Item	CMS Code	Unit	Quantity	Source
	9. Which drug, medical supply or vaccine was received during the first quarter of 2003 ? <i>(Describe each different item, using a separate row for each different item or for each different form of packaging or for each different organization providing the item)</i>	10. (The CMS codes of items normally sent to the hospital should be entered ahead of time on separate rows of this table)	11. How was the item packaged? <i>(Use the following unit codes)</i> 1=kit 2=tablet or capsule 3=vial 4=floc??? 5=box or carton 6=bottle or jar 7=individual item etc. 99=does not know	12. How many of these units were received during the first quarter of 2003 ? <i>(Enter the number of units received)</i> 99,999,999=does not know	13. Which organization provided these items? <i>(Use the following source codes)</i> 1=Province pharmacy 2=OD pharmacy 3=NGO 4=Community 5=Other 9=does not know
a.			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
b.			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
c.			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
d.			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
e.			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

Q#	Item	CMS Code	Unit	Quantity	Source
	9. Which drug, medical supply or vaccine was received during the first quarter of 2003 ? <i>(Describe each different item, using a separate row for each different item or for each different form of packaging or for each different organization providing the item)</i>	10. (The CMS codes of items normally sent to the hospital should be entered ahead of time on separate rows of this table)	11. How was the item packaged? <i>(Use the following unit codes)</i> 1=kit 2=tablet or capsule 3=vial 4=floc??? 5=box or carton 6=bottle or jar 7=individual item etc. 99=does not know	12. How many of these units were received during the first quarter of 2003 ? <i>(Enter the number of units received)</i> 99,999,999=does not know	13. Which organization provided these items? <i>(Use the following source codes)</i> 1=Province pharmacy 2=OD pharmacy 3=NGO 4=Community 5=Other 9=does not know
f.			□ □	□ □ , □ □ □ , □ □ □	□
g.			□ □	□ □ , □ □ □ , □ □ □	□
h.			□ □	□ □ , □ □ □ , □ □ □	□
i.			□ □	□ □ , □ □ □ , □ □ □	□

This table will be longer than its present form. It should have as many rows as there are CMS codes for drugs and medical supplies normally sent to hospitals. Those CMS codes would be pre-printed in the rows of column 3. In addition, the table should include several rows with blanks in column 3 to accommodate other drugs and medical supplies, duplicate drugs or medical supplies from non-CMS sources, or the same drugs or medical supplies packaged in another way. The column total in the bottom row is used as a check on numbers entered in column 5. This checksum will be especially useful during data entry when errors in entering large numbers are extremely common.

Q#	Item	CMS Code	Unit	Quantity	Source
	9. Which drug, medical supply or vaccine was received during the first quarter of 2003 ? <i>(Describe each different item, using a separate row for each different item or for each different form of packaging or for each different organization providing the item)</i>	10. (The CMS codes of items normally sent to the hospital should be entered ahead of time on separate rows of this table)	11. How was the item packaged? <i>(Use the following unit codes)</i> 1=kit 2=tablet or capsule 3=vial 4=floc??? 5=box or carton 6=bottle or jar 7=individual item etc. 99=does not know	12. How many of these units were received during the first quarter of 2003 ? <i>(Enter the number of units received)</i> 99,999,999=does not know	13. Which organization provided these items? <i>(Use the following source codes)</i> 1=Province pharmacy 2=OD pharmacy 3=NGO 4=Community 5=Other 9=does not know
	COLUMN TOTAL			<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	

(Similar questions to Q.1-Q.13, i.e., Q.14-Q.104, would be asked for quarters 2-4 in 2003 and quarters 1-4 in 2004.)

Section 2b. Stockouts of drugs, medical supplies and vaccines

Q#	Question	Category/unit	Skips	Value
1.	Did this hospital run out of any drugs, medical supplies or vaccines at any time during calendar years 2003 and 2004?	1=yes 2=no 3=no records for this period 4=refused to respond 9=does not know	=>next section =>next section =>next section =>next section	<input type="checkbox"/>
2.	Does the hospital have records of which items were temporarily out of stock and when such stockouts occurred?	1=yes 2=no 4=refused to respond 9=does not know	=>next section =>next section =>next section	<input type="checkbox"/>

Based on the hospital's records, please provide the following information for each item for which a stockout occurred during calendar years 2003 or 2004.

Q#	Item	Year	Beginning Quarter	Ending Quarter
	3. Which item was temporarily out of stock? <i>(Enter CMS code or write name of item clearly in the space below)</i>	4. In which calendar year did this stockout begin? (yyyy)	5. In which calendar quarter did the stockout begin? 1=first quarter 2=second quarter 3=third quarter 4=fourth quarter 9=does not know	6. In which calendar quarter did the stockout end? 1=same quarter 2=next quarter 3=more than two quarters later 9=does not know
a.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3. Financial resources, equipment and non-medical supplies

The information in this section should be provided by the hospital accountant.

Section 3a. National Budget resources provided directly in the form of cash

I would like to ask you some questions about National Budget Chapter 11 or 13 funding in the form of cash that the hospital may have received for its routine operating costs during calendar years 2003 and 2004, not including cash provided by National Programs or other sources for per diems and incentives in connection with National Program activities.

First Quarter 2003

Q#	Question	Category/unit	Skips	Value
1.	According to hospital records, did the hospital receive any Chapter 11 or Chapter 13 funding (in the form of cash) during the first quarter of 2003 ?	1=yes 2=no 3=no records for this period 4=refused to respond 9=does not know	=>Q.5 =>Q.5 =>Q.5 =>Q.5	<input type="checkbox"/>
2.	Does the hospital have records of the funding (cash) received by main budget chapter during the first quarter of 2003 ?	1=yes 2=available records do not have this information 3=has records but does not want to provide information 4=refused to respond 9=does not know	=>Q.5 =>Q.5 =>Q.5 =>Q.5	<input type="checkbox"/>
3.	How much Chapter 11 funding (cash) was received during the first quarter of 2003 ?	Riel	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
4.	How much Chapter 13 funding (cash) was received during the first quarter of 2003 ?	Riel	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	

(Similar questions to Q.1-Q.4, i.e., Q.5-Q.36, would be asked for quarters 2-4 of 2003 and quarters 1-4 of 2004)

Section 3b. Salaries and Chapter 10 allowances paid to hospital staff

Q#	Salary period	Month and year salary received
	Now I would like to ask when personnel of this hospital actually received their salaries and Chapter 10 allowances for the following periods:	1. In which month and year were salaries and Chapter 10 allowances for this salary period actually received by hospital staff? Month and year (mm.yyyy) 99.9999=does not know
a.	January 2003	□□.□□□□
b.	February 2003	□□.□□□□
c.	March 2003	□□.□□□□
d.	April 2003	□□.□□□□
e.	May 2003	□□.□□□□
f.	June 2003	□□.□□□□
g.	July 2003	□□.□□□□
h.	August 2003	□□.□□□□
i.	September 2003	□□.□□□□
j.	October 2003	□□.□□□□
k.	November 2003	□□.□□□□
l.	December 2003	□□.□□□□
m.	January 2004	□□.□□□□
n.	February 2004	□□.□□□□

Q#	Salary period	Month and year salary received
	Now I would like to ask when personnel of this hospital actually received their salaries and Chapter 10 allowances for the following periods:	1. In which month and year were salaries and Chapter 10 allowances for this salary period actually received by hospital staff? Month and year (mm.yyyy) 99.9999=does not know
o.	March 2004	□ □ . □ □ □ □
p.	April 2004	□ □ . □ □ □ □
q.	May 2004	□ □ . □ □ □ □
r.	June 2004	□ □ . □ □ □ □
s.	July 2004	□ □ . □ □ □ □
t.	August 2004	□ □ . □ □ □ □
u.	September 2004	□ □ . □ □ □ □
v.	October 2004	□ □ . □ □ □ □
w.	November 2004	□ □ . □ □ □ □
x.	December 2004	□ □ . □ □ □ □

Section 3c. Chapter 11/13 payments and procurements by OD or PHD

Now I would like to ask you about any purchases (procurements) or payments (for example, for utilities) that the OD or other district-level agency (for example, the District Department of Finance or Treasury) or the PHD or other province-level agency (for example, the Province Department of Finance or Treasury) may have made using Chapter 11 or Chapter 13 funds on behalf of this hospital during calendar years 2003 and 2004, including any items that the OD, PHD or these other agencies may have purchased for distribution to several facilities in the province or OD.

First Quarter 2003

Q#	Question	Category/unit	Skips	Value
1.	According to hospital records, did the OD, PHD or any other agency make any purchases or pay any bills for this hospital using Chapter 11 or Chapter 13 funds during the first quarter of 2003 ?	1=yes 2=no 3=no records for this period 4=refused to respond 9=does not know	=>Q.6 =>Q.6 =>Q.6 =>Q.6	<input type="checkbox"/>
2.	Does the hospital have records of the amount spent or payments made on behalf of the hospital with Chapter 11 or Chapter 13 funds during the first quarter of 2003 ?	1=yes 2=available records do not have this information 3=has records but does not want to provide information 4=refused to respond 9=does not know	=>Q.6 =>Q.6 =>Q.6 =>Q.6	<input type="checkbox"/>

Based on the hospital's records, please provide the information requested below about payments or purchases made on behalf of this hospital using Chapter 11 or Chapter 13 funds during the **first quarter of 2003**.

Q#	Item	Budget chapter	Value
	3. For what purpose was the payment made or what item was purchased for this hospital during the first quarter of 2003 ? <i>(Use a separate line for each different payment purpose or item purchased)</i>	4. From which budget chapter? 1=Chapter 11 2=Chapter 13 9=does not know	5. How much was spent on this item? Riel 999,999,999=does not know
a.		<input type="checkbox"/>	□ □ □ , □ □ □ , □ □ □
b.		<input type="checkbox"/>	□ □ □ , □ □ □ , □ □ □
c.		<input type="checkbox"/>	□ □ □ , □ □ □ , □ □ □
d.		<input type="checkbox"/>	□ □ □ , □ □ □ , □ □ □
e.		<input type="checkbox"/>	□ □ □ , □ □ □ , □ □ □
f.		<input type="checkbox"/>	□ □ □ , □ □ □ , □ □ □
g.		<input type="checkbox"/>	□ □ □ , □ □ □ , □ □ □
	COLUMN TOTAL		□ , □ □ □ , □ □ □ , □ □ □

(Similar questions to Q.1-Q.5, i.e., Q.6-Q.40, would be asked for quarters 2-4 of 2003 and quarters 1-4 of 2004)

Section 3d. Other financial resources received by the hospital

Now I would like to ask you some questions about cash advances, cash payment of incentives or reimbursement of expenses that that the hospital or its personnel may have received during calendar years 2003 and 2004 from National Programs or other sources (for example, donor-funded projects such as HSSP, NGOs or the community) to support National Program activities, including funds that may have been received from any of these sources through the OD office or PHD office.

Q#	Question	Category/unit	Skips	Value
1.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the first quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.4 =>Q.4 =>Q.4	<input type="checkbox"/>
2.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the first quarter of 2003 ?	1=yes 2=no	=>Q.4	<input type="checkbox"/>
3.	How much in cash advances, cash payments and reimbursements was received during the first quarter of 2003 ?	Riel 99,999,999=does not know	<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the second quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.7 =>Q.7 =>Q.7	<input type="checkbox"/>
5.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the second quarter of 2003 ?	1=yes 2=no	=>Q.7	<input type="checkbox"/>
6.	How much in cash advances, cash payments and reimbursements was received during the second quarter of 2003 ?	Riel 99,999,999=does not know	<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Q#	Question	Category/unit	Skips	Value
7.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the third quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.10 =>Q.10 =>Q.10	<input type="checkbox"/>
8.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the third quarter of 2003 ?	1=yes 2=no	=>Q.10	<input type="checkbox"/>
9.	How much in cash advances, cash payments and reimbursements was received during the third quarter of 2003 ?	Riel 99,999,999=does not know	<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the fourth quarter of 2003 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.13 =>Q.13 =>Q.13	<input type="checkbox"/>
11.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the fourth quarter of 2003 ?	1=yes 2=no	=>Q.13	<input type="checkbox"/>
12.	How much in cash advances, cash payments and reimbursements was received during the fourth quarter of 2003 ?	Riel 99,999,999=does not know	<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the first quarter of 2004 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.16 =>Q.16 =>Q.16	<input type="checkbox"/>
14.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the first quarter of 2004 ?	1=yes 2=no	=>Q.16	<input type="checkbox"/>

Q#	Question	Category/unit	Skips	Value
15.	How much in cash advances, cash payments and reimbursements was received during the first quarter of 2004 ?	Riel 99,999,999=does not know		<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
16.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the second quarter of 2004 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.19 =>Q.19 =>Q.19	<input type="checkbox"/>
17.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the second quarter of 2004 ?	1=yes 2=no	=>Q.19	<input type="checkbox"/>
18.	How much in cash advances, cash payments and reimbursements was received during the second quarter of 2004 ?	Riel 99,999,999=does not know		<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
19.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the third quarter of 2004 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.22 =>Q.22 =>Q.22	<input type="checkbox"/>
20.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the third quarter of 2004 ?	1=yes 2=no	=>Q.22	<input type="checkbox"/>
21.	How much in cash advances, cash payments and reimbursements was received during the third quarter of 2004 ?	Riel 99,999,999=does not know		<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
22.	Did the hospital or its personnel receive any cash advances, cash payments or reimbursements of this type during the fourth quarter of 2004 ?	1=yes 2=no 3=no records are available for this period 9=does not know	=>Q.25 =>Q.25 =>Q.25	<input type="checkbox"/>

Q#	Question	Category/unit	Skips	Value
23.	Does the hospital have records of how much in cash advances, cash payments and reimbursements was received during the fourth quarter of 2004 ?	1=yes 2=no	=>Q.25	<input type="checkbox"/>
24.	How much in cash advances, cash payments and reimbursements was received during the fourth quarter of 2004 ?	Riel 99,999,999=does not know		<input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 3e. Equipment and non-medical supplies provided to facilities

Now I would like to ask you some questions about medical or other equipment and non-medical supplies (for example, bed nets and insecticide) that the hospital may have received from any source during calendar years 2003 and 2004.

First Quarter 2003

Q#	Question	Category/unit	Skips	Value
1.	According to hospital records, did the hospital receive any medical or other equipment or any non-medical supplies from any source during the first quarter of 2003 ?	1=yes 2=no 3=no records for this period 4=refused to respond 9=does not know	=>Q.8 =>Q.8 =>Q.8 =>Q.8	<input type="checkbox"/>
2.	Does the hospital have records of the equipment and non-medical supplies received during the first quarter of 2003 ?	1=yes 2=available records do not have this information 3=has records but does not want to provide information 4=refused to respond 9=does not know	=>Q.8 =>Q.8 =>Q.8 =>Q.8	<input type="checkbox"/>

Based on the hospital's records, please provide the information requested below about any medical or other equipment and non-medical supplies that the hospital received during the **first quarter of 2003**.

Q #	Item	Source	Unit	Quantity	Unit value
	3. What type of equipment or non-medical supply did the hospital receive during the first quarter of 2003 ? <i>(Use a separate line for each different item)</i>	4. From which source was this equipment or non-medical supply received? <i>(Use the source codes provided below and use a separate line for each different source providing equipment or non-medical supplies)</i>	5. How was this item packaged? 1=individual item 2=bottle 3=carton etc.	6. How many of these units were received by this hospital during the first quarter of 2003 ?	7. What was the approximate value of each unit of this equipment or non-medical supply at the time it was received by the hospital? Riel 999,999,999=does not know
	<i>(Codes for source) =></i>	01=OD office 02=PHD office 03=Central MOH	04=Central Medical Stores 05=Other National Program	06=directly from donor 07=directly from donor-supported project	08=directly from NGO 09=directly from community 10=other (specify)
a.		□ □	□	□, □ □ □	□ □ □, □ □ □, □ □ □
b.		□ □	□	□, □ □ □	□ □ □, □ □ □, □ □ □

Q #	Item	Source	Unit	Quantity	Unit value
	3. What type of equipment or non-medical supply did the hospital receive during the first quarter of 2003 ? <i>(Use a separate line for each different item)</i>	4. From which source was this equipment or non-medical supply received? <i>(Use the source codes provided below and use a separate line for each different source providing equipment or non-medical supplies)</i>	5. How was this item packaged? 1=individual item 2=bottle 3=carton etc.	6. How many of these units were received by this hospital during the first quarter of 2003 ?	7. What was the approximate value of each unit of this equipment or non-medical supply at the time it was received by the hospital? Riel 999,999,999=does not know
	<i>(Codes for source) =></i>	01=OD office 02=PHD office 03=Central MOH	04=Central Medical Stores 05=Other National Program	06=directly from donor 07=directly from donor-supported project	08=directly from NGO 09=directly from community 10=other (specify)
c.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
d.		<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
	COLUMN TOTAL				<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

(Similar questions to Q.1-Q.7, i.e., Q.8-Q56, would be asked for quarters 2-4 of 2003 and quarters 1-4 of 2004)

Section 4. Service Delivery, User Fees and Consumption of Drugs and Medical Supplies

The information in this section should be provided by the person in the hospital who is in charge of compiling statistics to send to the OD.

I would like to ask you about the services provided, the user fee revenue collected and the drugs and medical supplies consumed by this hospital during calendar years 2003 and 2004.

Section 4a. Service statistics

Based on the hospital’s records, please provide the information requested below about the services provided by this hospital during each quarter of calendar years 2003 and 2004.

First quarter, 2003

Q#	Type of service	Unit	Value
			1. How many of each type of service were provided by this facility during the first quarter of 2003 ? 888,888=service not available 999,999=no records available
a.	General consultations, total visits (new and old)	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b.	Dental visits, total (new and old)	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
	Surgery		
c.1	Minor surgery, total cases	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c.2	Major surgery, total cases	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
d.	Antenatal care (ANC), total visits	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
e.	Post-natal care (PNC), total visits	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Type of service	Unit	Value
f.	Birth spacing, total visits	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
g.	Obstetric deliveries, total cases	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Inpatient activities			
h.1	Inpatient discharges	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
h.2	Inpatient days	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Vaccinations			
i.1	BCG	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i.2	OPV0	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i.3	OPV1	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i.4	OPV2	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i.5	OPV3	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i.6	DPT1	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i.7	DPT2	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Type of service	Unit	Value
i.8	DPT3	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i.9	Rouvax	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
	Tetanol vaccine, pregnant women		
j.1	TT1	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
j.2	TT2	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
j.3	TT3+4+5	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
	Tetanol vaccine, non-pregnant women (ages 15-44)		
k.1	TT1	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
k.2	TT2	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
k.3	TT3+4+5	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
l.	Referral cases	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
	Outreach		
m.1	Outreach visits	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
m.2	Outreach activities	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Type of service	Unit	Value
Laboratory and Radiology			
n.1	Laboratory tests performed	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
n.2	Number of radiology procedures performed	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
o.	Health education sessions held	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

(Similar questions to Q.1, i.e., Q.2-Q.8, should be asked for quarters 2-4 of calendar year 2003 and for quarters 1-4 of calendar year 2004.)

Section 4b. User fee revenue

Q#	Calendar quarter	User fee revenue collected
	Now I would like to ask you about the user fee revenue collected by this hospital during each of the calendar quarters listed below:	1. According to the hospital's records, how much user fee revenue was collected during each of these calendar quarters? Riel 999,999,999=does not know
a.	First quarter 2003	□ □ □ , □ □ □ , □ □ □
b.	Second quarter 2003	□ □ □ , □ □ □ , □ □ □
c.	Third quarter 2003	□ □ □ , □ □ □ , □ □ □
d.	Fourth quarter 2003	□ □ □ , □ □ □ , □ □ □
e.	First quarter 2004	□ □ □ , □ □ □ , □ □ □
f.	Second quarter 2004	□ □ □ , □ □ □ , □ □ □
g.	Third quarter 2004	□ □ □ , □ □ □ , □ □ □
h.	Fourth quarter 2004	□ □ □ , □ □ □ , □ □ □
	COLUMN TOTAL	□ , □ □ □ , □ □ □ , □ □ □

Section 4c. Consumption of drugs and medical supplies

Q#	Calendar quarter	Value drugs and medical supplies consumed
	Now I would like to ask you about the value of the drugs and medical supplies consumed by this hospital during each of the calendar quarters listed below:	1. According to the hospital's records, what is the value of drugs and medical supplies consumed by this hospital during each of these calendar quarters? Riel 999,999,999=does not know
a.	First quarter 2003	□ □ □ , □ □ □ , □ □ □
b.	Second quarter 2003	□ □ □ , □ □ □ , □ □ □
c.	Third quarter 2003	□ □ □ , □ □ □ , □ □ □
d.	Fourth quarter 2003	□ □ □ , □ □ □ , □ □ □
e.	First quarter 2004	□ □ □ , □ □ □ , □ □ □
f.	Second quarter 2004	□ □ □ , □ □ □ , □ □ □
g.	Third quarter 2004	□ □ □ , □ □ □ , □ □ □
h.	Fourth quarter 2004	□ □ □ , □ □ □ , □ □ □
	COLUMN TOTAL	□ , □ □ □ , □ □ □ , □ □ □