

HEALTH SERVICE AND EDUCATION SURVEY

LK, IR, IP, TKS, KG, KF, LG,
AM, OV, KP, OL, CP

BOOK 3 COMMUNITY HEALTH FACILITY

Community Health Facility ID

____ 6 ____

Respondent is Head of Puskesmas [Community Health Facility], Coordinating Midwife, Medicine/Vaccine Room Officer and Administrative Officer.

Name of Puskesmas:

ENUMERATOR, EDITOR AND SUPERVISOR

	Enumerator	Editor	Supervisor
Names and Codes of Officers	_____	_____	_____

RESULTS OF VISITS

	First Visit	Second Visit	Third Visit
Date	____/____/2007	____/____/2007	____/____/2007
Time started/Time completed	____:____ / ____:____	____:____ / ____:____	____:____ / ____:____
Results of Visits	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/ not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/ not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/ not available

RESULTS OF INSPECTION

Inspection by Supervisor	Observation by Supervisor	Check up by Editor
1. Yes 3. No	1. Yes 3. No	1. Entry made, without error 3. Entry made, with correction

LK. LOCATION

LK01	PROVINCE	31. DKI JAKARTA 32. WEST JAVA 35. EAST JAVA	53. NUSA TENGGARA TIMUR 71. NORTH SULAWESI 75. GORONTALO	CODE: <input type="text"/>
LK02	DISTRICT/CITY	CODE: <input type="text"/>		
LK03	SUBDISTRICT (KECAMATAN)	CODE: <input type="text"/>		
LK04	Village/Ward	CODE: <input type="text"/>		
LK09	Address of Community Health Facility/ Puskesmas	<input type="text"/>		
LK10	Telephone/Handphone	A. Phone <input type="text"/> - <input type="text"/> B. Handphone <input type="text"/> - <input type="text"/> W. NOT APPLICABLE		
LK11	LOCATION COORDINATES	a. LATITUDE: <input type="text"/> ° <input type="text"/> ', <input type="text"/> ' c. ELEVATION: <input type="text"/> METER SEA LEVEL b. LONGITUDE : <input type="text"/> ° <input type="text"/> ', <input type="text"/> ' d. ACCURACY: <input type="text"/> METER		

INTRODUCTION

We are from . . . We are doing a study on health service and education in this kecamatan. This Community Health Facility [Puskesmas] has been selected as one of the samples for this study. The data we are collecting include services by Community Health Facility, health officers both those serving in this puskesmas and those serving in auxiliary puskesmas and polindes [village maternity clinic]. We also collect data on services for expenting mothers, mothers giving birth, and children under five. We would appreciate it if you could spare some time to help collect data for this study assure you that the information you give us will be kept confidential. [WAIT FOR THE RESPONSE OF THE RESPONDENT. IF S/HE IS WILLING THEN CONTINUE]. Could we start now?

IR. RESPONDENT IDENTITY

IR01	Name of principal respondent	<input type="text"/>	
IR02	Respondent position	1. Head of Puskesmas 2. Puskesmas doctor (not Puskesmas head) 3. Dentist	4. Nurse/male nurse 5. Coordinating midwife 6. Puskesmas/village midwife 7. Other Puskesmas officers
IR03	What is the name of the officer who is responsible for [...] section?	<input type="text"/>	
	a. Administration	<input type="text"/>	

b. Patient Registration	_____
c. Maternal and Child Health Care (KIA)	_____
d. Family Planning	_____
e. Storage for Puskesmas medicines	_____
f. Vaccine storage	_____

IP. BASIC INFORMATION ON Community Health Facility / PUSKESMAS

IP01	What year was this Community Health Facility / Puskesmas built?	1. <u> </u> <u> </u> <u> </u> <u> </u>	8. DO NOT KNOW
IP02	The work area of this Community Health Facility / Puskesmas:		
	a. Number of villages/ward	<u> </u> <u> </u> Village/Ward	
	b. Size of work area	<u> </u> <u> </u> . <u> </u> <u> </u> <u> </u> km ²	
	c. Size of population	<u> </u> <u> </u> <u> </u> <u> </u> . <u> </u> <u> </u> <u> </u> Person	
	d. Number of Households (KK)	<u> </u> <u> </u> . <u> </u> <u> </u> <u> </u> KK	
	e. Number of Households holding Health Card/Health JPS	<u> </u> <u> </u> . <u> </u> <u> </u> <u> </u> KK	
	f. Number of persons or households holding Askeskin (health insurance for the poor program) Card	1. <u> </u> <u> </u> <u> </u> <u> </u> . <u> </u> <u> </u> <u> </u> <u> </u> Person	3. <u> </u> <u> </u> . <u> </u> <u> </u> <u> </u> <u> </u> KK
IP03	Number of Sub-Community Health Services (branches of Community Health Facility)	<u> </u> <u> </u> <u> </u> <u> </u>	
IP04	Number of ambulances/ floating Puskesmas	<u> </u> <u> </u> <u> </u> <u> </u>	
IP05	Number of midwives	<u> </u> <u> </u> <u> </u> <u> </u>	
IP06	Number of integrated health service post(Posyandu)	<u> </u> <u> </u> <u> </u> <u> </u>	
IP07	Number of active integrated health service posts	<u> </u> <u> </u> <u> </u> <u> </u>	
IP08	Number of cadres of active intergrated health service posts	<u> </u> <u> </u> <u> </u> <u> </u>	
IP09	Number of delivery posts [Pondok Bersalin Desa (Polindes)]	<u> </u> <u> </u> <u> </u> <u> </u>	
IP10	Is there electriity at Community Health Facility /puskesmas?	1. Yes	3. No → IP12
IP11	What is the <u>main source of electricity</u> ?	1. PLN 2. Puskesmas Generator 3. Community self-help generator	4. Private business swasta 95. Other, _____

IP12	What is <u>the main source for water</u> ?	1. Piped water (PAM) 2. Pumped well 3. Well 4. Rain water 5. Lake	6. Spring 7. River/canal 8. Mineral water /Aqua 95. Other, _____
IP13	Where is the main location of that water supply?	1. Inside the building → IP15	3. Outside the building
IP14	What is the distance from Community Health Facility /Puskesmas to the water source (one way)?	_____. _____ meter	
IP15	Does Community Health Facility /Puskesmas have a toilet?	A. Yes, special toilet for patients B. Yes, special toilet for puskesmas officers C. Yes, toilet used commonly by patients and puskesmas officers W. THERE IS NO TOILET → IP17	
IP16	What type of latrine does this Community Health Facility / Puskesmas have?	1. Own latrine with septic tank 2. Own latrine without septic tank	3. Public latrine 6. THERE IS NO LATRINE
IP17	How is the system of waste water disposal in this Community Health Facility / Puskesmas?	1. Drained off 2. Collected 95. Other, _____	
IP18	How is the system of medical waste disposal (such as used syringes and medicaments) in this Community Health Facility / Puskesmas?	1. Burned 4. Buried 2. Piled up 95. Other, _____ 3. Carried away	
IP19	Does this Community Health Facility / Puskesmas have a special room for [...]?		
	a. Counter/registration table	1. Yes	3. No
	b. Waiting room for patients	1. Yes	3. No
	c. Examination room	1. Yes	3. No
	d. Injection/treatment room	1. Yes	3. No
	e. Family planning consultation room//Maternal and Child Health	1. Yes	3. No
	f. Family planning service room	1. Yes	3. No
	g. Delivery room	1. Yes	3. No
	h. Inpatient room	1. Yes	3. No
	i. Medicine room	1. Yes	3. No
	j. Laboratorium	1. Yes	3. No

IP20	Does this Community Health Facility / puskesmas provide emergency reference for pregnant woman, woman in labour, and newly born baby (acts as Puskesmas PONED /Basic Emergency Neonatal Obstetrical Service)?	<div>1. Yes</div> <div>3. No → IP22</div>
IP21	How many villages/ward are being developed by this Community Health Facility / puskesmas in refererral emergency system for pregnant woman, woman in labour, woman in confinement after childbirth, fetus and newly born baby (less than 1 month)?	<div>a. <input type="text"/> village/ward in work area</div> <div>b. <input type="text"/> village/ward outside work area</div>

IP22. Name of Village/Ward in working area	IP23. Number of Integrated Health Post / posyandu in village/ward [...]
a. _____ <input type="checkbox"/> <input type="checkbox"/> <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"/> <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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>
f. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
n. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
o. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
p. _____ <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. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
r. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
s. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
t. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

RB. FEE

RB01	What was the target for service fee for this Community Health Facility / Puskesmas for <u>Budget Year 2006</u> ?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NO TARGET → RB03
RB02	Was the target for <u>Budget Year 2006</u> achieved?	1. Yes 3. No
RB03	What was the total budget of this Community Health Facility / Puskesmas for <u>Budget Year 2006</u> ?	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RB04	What was the total budget allocation that originated from capitalisation of outpatient cost in this Community Health Facility / Puskesmas in <u>Budget Year 2006</u> ?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NO ALLOCATION

TKS. PUSKESMAS HUMAN RESOURCE

Next we would like to ask about about manpower working in the work area of this Community Health Facility / Puskesmas, including those working at Auxiliary Community Health Facility /Pustu/ Village Maternity Clinic/Polindes.

TKSTYPE	TKS01	TKS02
Types of personnel	Number of full timers [...]	Number of part timers [...]
a. General practitioner	<input type="text"/> person	<input type="text"/> person
b. Dentist	<input type="text"/> person	<input type="text"/> person
c. Nurse/male nurse	<input type="text"/> person	<input type="text"/> person
d. Dental care specialist	<input type="text"/> person	<input type="text"/> person
e. Midwife	<input type="text"/> person	<input type="text"/> person
f. Village midwife	<input type="text"/> person	<input type="text"/> person
g. Nutritionist/Assistant nutritionist	<input type="text"/> person	<input type="text"/> person
h. Pharmacist/Assistant pharmacist	<input type="text"/> person	<input type="text"/> person
i. Other health personnel	<input type="text"/> person	<input type="text"/> person
j. Worker	<input type="text"/> person	<input type="text"/> person
k. Administrative personnel	<input type="text"/> person	<input type="text"/> person
v. Other, _____	<input type="text"/> person	<input type="text"/> person
TKS03 INTERVIEWER CHECK : NUMBER OF FULLTIME STAFF [a - f] AND PARTTIME STAFF (TKS01 + TKS02)		<input type="text"/> person

THE FOLLOWING TABLE IS SPECIFICALLY FOR DOCTOR, MIDWIFE AND NURSE IN THIS Community Health Facility / PUSKESMAS AREA

TKS04	TKS05	TKS06	TKS07	TKS08	TKS09	TKS10	TKS11
	Full name	Officer code	When did [...] start serving in this Community Health Facility /puskesmas?	What is the work status of [...] ?	Where does [...] work ?	Does [...] have private practice?	What is the distance from Community Health Facility /Auxiliary Community Health Facility/ Village Maternity Clinic?
01	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
02	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
03	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
04	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
05	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
06	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
07	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
08	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
09	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
10	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
11	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
12	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
13	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
14	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
15	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4

CODE TKS06 : 1. Doctor 3. Midwife 2. Nurse/male nurse 4. Traditional birth attendant	CODE TKS08 : 1. Civil Servant 2. Temporary Civil Servant 3. Local govt. contract	CODE TKS09: 1. Community Health Facility / Puskesmas 2. Auxiliary Community Health Facility / Pustu	CODE TKS11 : 0. At Puskesmas/auxiliary puskesmas/village maternity clinic or yard of Puskesmas/auxiliary puskesmas/village maternity
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	95. Other, specify____	3. Village maternity clinic /traditional birth attendant	1. Less than 1 Km 2. 2-5 Km 3. 6-10 Km 4. More than 10 km
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THE FOLLOWING TABLE IS SPECIFICALLY FOR DOCTOR, MIDWIFE AND NURSE IN THIS PUSKESMAS AREA (continuation)

TKS04	TKS05	TKS06	TKS07	TKS08	TKS09	TKS10	TKS11
	Full name	Officer code	When did [...] start serving in this Community Health Facility?	What is the work status of [...] ?	Where does [...] work ?	Does [...] have private practice?	What is the distance from Community Health Facility /Auxiliary Community Health Facility/ Village Maternity Clinic?
16	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
17	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
18	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
19	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
20	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
21	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
22	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
23	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
24	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
25	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
26	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
27	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
28	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
29	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
30	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4

Code TKS06 : 1. Doctor 3. Midwife 2. Nurse/male nurse 4. Village midwife	Code TKS08 : 1. Civil Servant 2. Temporary Civil Servant 3. Local govt. contract	Code TKS09: 1. Community Health Facility / Puskesmas 2. Auxiliary Community Health Facility / Pustu	Code TKS11 : 0. At Puskesmas/auxiliary Puskesmas/village maternity clinic or yard of Puskesmas/auxiliary Puskesmas/village maternity
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	95. Other, specify_____	3. Village maternity clinic/village birth attendant	1. Less than 1 Km 2. 2-5 Km 3. 6-10 Km 4. More than 10 km
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TKS04	TKS05	TKS06	TKS07	TKS08	TKS09	TKS10	TKS11
	Full name	Officer code	When did [...] start serving in this Auxiliary Community Health Facility?	What is the work status of [...] ?	Where does [...] work ?	Does [...] have private practice?	What is the distance from Community Health Facility /Auxiliary Community Health Facility/ Village Maternity Clinic?
31	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
32	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
33	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
34	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
35	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
36	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
37	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
38	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
39	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
40	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
41	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
42	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
43	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
44	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4
45	_____	1 2 3 4	1. _____ 8. TT	1 2 3 95 _____	1 2 3	1. Yes 3. No ↓	0 1 2 3 4

Code TKS06 : 1. Doctor 3. Midwife 2. Nurse/male nurse 4. Village midwife	Code TKS08 : 1. Civil Servant 2. Temporary Civil Servant 3. Local govt. contract	Code TKS09: 1. Community Health Facility / Puskesmas 2. Auxiliary Community Health Facility 3. Village maternity clinic/village birth	Code TKS11 : 0. At Puskesmas/auxiliary Puskesmas/village maternity clinic or yard of Puskesmas/auxiliary Puskesmas/village maternity
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	95. Other, specify_____	attendant	1. Less than 1 Km 2. 2-5 Km 3. 6-10 Km 4. More than 10 km
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KG. ACTIVITIES OF HEAD OF COMMUNITY HEALTH FACILITY / PUSKESMAS AND COORDINATING MIDWIFE

Next we would like to ask you about your activities last Tuesday to find out how much time you have spared for work in this Community Health Facility / Puskesmas.

KGTYPE	KG01	KG02
Time	Activities carried out by [Community Health Facility HEAD] at [...]	Activities carried out by [COORDINATING MIDWIFE] at [...]
a. 06.00-07.00	A B C D E F G H V _____	A B C D E F G H V _____
b. 07.00-08.00	A B C D E F G H V _____	A B C D E F G H V _____
c. 08.00-09.00	A B C D E F G H V _____	A B C D E F G H V _____
d. 09.00-10.00	A B C D E F G H V _____	A B C D E F G H V _____
e. 10.00-11.00	A B C D E F G H V _____	A B C D E F G H V _____
f. 11.00-12.00	A B C D E F G H V _____	A B C D E F G H V _____
g. 12.00-13.00	A B C D E F G H V _____	A B C D E F G H V _____
h. 13.00-14.00	A B C D E F G H V _____	A B C D E F G H V _____
i. 14.00-15.00	A B C D E F G H V _____	A B C D E F G H V _____
j. 15.00-16.00	A B C D E F G H V _____	A B C D E F G H V _____
k. 16.00-17.00	A B C D E F G H V _____	A B C D E F G H V _____
l. 17.00-18.00	A B C D E F G H V _____	A B C D E F G H V _____
m. 18.00-19.00	A B C D E F G H V _____	A B C D E F G H V _____
n. 19.00-20.00	A B C D E F G H V _____	A B C D E F G H V _____
o. 20.00-21.00	A B C D E F G H V _____	A B C D E F G H V _____

Code KG01 dan KG02

- A. Official business outside Community Health Facility/Puskesmas/Village Maternity Clinic Polindes/ Auxiliary Community Service Facility / Pustu (meeting with district health office head, participate in training, etc.)
- B. Puskesmas/Pustu/Polindes staff meeting
- C. Do administrative work
- D. Provide service at Puskesmas/Pustu/Polindes

- E. Provide service outside Pukesmas/Pustu/Polindes (e.g. extension work in village, posyandu, school, etc)
- F. Provide private practice service
- G. Rest/meals
- H. Personal activity
- V. Other, _____

KF. FACILITY ACTIVITIES

Time schedule of outpatient service at Community Health Facility / Puskesmas

KF1TYPE	KF01	KF02
Day	When is this Community Health Facility / Puskesmas open for service on [...]?	When is this Community Health Facility / Puskesmas closed on hari [...]?
a. Monday	___ : ___	___ : ___
b. Tuesday	___ : ___	___ : ___
c. Wednesday	___ : ___	___ : ___
d. Thursday	___ : ___	___ : ___
e. Friday	___ : ___	___ : ___
f. Saturday	___ : ___	___ : ___

Service inside the building

KF2TYPE	KF03	KF04	KF05
Types of Service	Is there any service for [...]?	How much is the cost for [...]? [incl. ticket for new visit]	Unit
a. New visit (ticket)	1. Yes 3. No ↓	Rp ____ . ____	Per visit
b. Repeat visit (ticket)	1. Yes 3. No ↓	Rp ____ . ____	Per visit
c. Pregnant mother check up by midwife	1. Yes 3. No ↓	Rp ____ . ____	per examination
d. Pregnant mother check up by doctor	1. Yes 3. No ↓	Rp ____ . ____	per examination
e. Delivery service by midwife	1. Yes 3. No ↓	Rp ____ . ____	per delivery
f. Delivery service by doctor	1. Yes 3. No ↓	Rp ____ . ____	per delivery
g. Delivery room	1. Yes 3. No ↓	Rp ____ . ____	per delivery
h. Vacuum extraction/forceps	1. Yes 3. No ↓	Rp ____ . ____	per delivery
i. BCG immunisation	1. Yes 3. No ↓	Rp ____ . ____	Per injection
j. DPT immunisation	1. Yes 3. No ↓	Rp ____ . ____	Per injection
k. Anti polio immunisation	1. Yes 3. No ↓	Rp ____ . ____	Per suntikan

KF2TYPE	KF03	KF04	KF05
Types of Service	Is there any service for [...]?	How much is the cost for [...]? [incl. ticket for new visit]	Unit
l. Measle immunisation	1. Yes 3. No ↓	Rp _____ . _____	Per injection
m. DPT Hep B Combo immunisation	1. Yes 3. No ↓	Rp _____ . _____	Per injection
n. Hepatitis B immunisation for children under 5	1. Yes 3. No ↓	Rp _____ . _____	Per injection
o. Hepatitis B immunisation for patient over 5	1. Yes 3. No ↓	Rp _____ . _____	Per injection
p. Tetanus Toxoid [TT] immunisation for pregnant mother	1. Yes 3. No ↓	Rp _____ . _____	Per injection
q. Family planning pills	1. Yes 3. No ↓	Rp _____ . _____	Per strip pil KB
r. IUD insertion	1. Yes 3. No ↓	Rp _____ . _____	Each insertion
s. IUD retraction	1. Yes 3. No ↓	Rp _____ . _____	Each retraction
t. Implant insertion	1. Yes 3. No ↓	Rp _____ . _____	Each insertion
u. Implant retraction	1. Yes 3. No ↓	Rp _____ . _____	Each retraction
v. Family planning injection	1. Yes 3. No ↓	Rp _____ . _____	Per injection
w. Side effects of use of contraceptive/ IUD control	1. Yes 3. No ↓	Rp _____ . _____	Per retraction
x. Inpatient treatment	1. Yes 3. No ↓	Rp _____ . _____	Per day

Referral

KF3TYPE	KF06	KF07	KF08	KF09
The nearest facility	If you have to refer a patient, do you refer to [...]?	How far is this Community Health Facility / Puskesmas from [...]?	How long does it take by transport usually used by the public to [...]?	Last month, how many patients were referred to [...]?
a. Hospital	1. Yes 8. TT ↓ 3. No ↓	_____,__ Km	1. _____ Minutes 8. DO NOT KNOW	1. _____ Person 8. DO NOT KNOW
b. Other Community Health Facility / Puskesmas	1. Yes 8. TT ↓ 3. No ↓	_____,__ Km	1. _____ Minutes 8. DO NOT KNOW	1. _____ Person 8. DO NOT KNOW
c. Private Practice	1. Yes 8. TT ↓ 3. No ↓	_____,__ Km	1. _____ Minutes 8. DO NOT KNOW	1. _____ Person 8. DO NOT KNOW
d. Laboratory	1. Yes 8. TT ↓ 3. No ↓	_____,__ Km	1. _____ Minutes 8. DO NOT KNOW	1. _____ Person 8. DO NOT KNOW

LG. REPORT ON ACTIVITIES

INSTRUCTIONS FOR INTERVIEWER: COPY THE MONTHLY REPORTS OF COMMUNITY HEALTH FACILITY / PUSKESMAS (LB3 DAN LB4 THE MOST RECENT MONTH)

LG01	THE FOLLOWING DATA WERE BASED ON REPORTS ON ACTIVITIES	Month ____ Year _____
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Types of patients	Number
LG02 New patient	____ . ____
LG03 Old/repeat patient	____ . ____
LG04 General patient	____ . ____
LG05 Family planning service patient	____ . ____
LG06 Maternal and child health care patient	____ . ____
LG07 Health Card/Askeskin program patient	____ . ____

LG08	Number of auxiliary community health facilities submitting reports	____
LG09	Number of village maternity clinics submitting reports	____

Vaccination/Immunisation

LG1TYPE	LG10
Activities Last Month	Number served
a. Baby (0-11 months) given BCG vaccination	<input type="text"/> . <input type="text"/>
b. Baby (0-11 months) given Polio vaccination	<input type="text"/> . <input type="text"/>
c. Baby (0-11 months) given Hepatitis B vaccination	<input type="text"/> . <input type="text"/>
d. Baby (0-11 months) given DPT Hb Combo vaccination	<input type="text"/> . <input type="text"/>
e. Baby (2-11 months) given DPT vaccination	<input type="text"/> . <input type="text"/>
f. Baby (9-11 months) given measles vaccination	<input type="text"/> . <input type="text"/>
g. Pregnant mother given TT vaccination	<input type="text"/> . <input type="text"/>
h. New visit by pregnant mother (K1) pure	<input type="text"/> . <input type="text"/>
i. New visit by pregnant mother (K4)	<input type="text"/> . <input type="text"/>
j. Pregnant mother with complication / high risk attended	<input type="text"/> . <input type="text"/>
k. Pregnant mother with complication / high risk referred	<input type="text"/> . <input type="text"/>
l. Mother in child birth with complication / high risk attended	<input type="text"/> . <input type="text"/>
m. Mother in child birth with complication / high risk referred	<input type="text"/> . <input type="text"/>
n. Delivery assisted by health officer	<input type="text"/> . <input type="text"/>
o. Neonatal visit	<input type="text"/> . <input type="text"/>

Gizi

LG2TYPE	LG11
Activities One Month Ago	Number served
a. Baby 0-11 months weighed	<input type="text"/> . <input type="text"/>
b. Child 12-35 months weighed	<input type="text"/> . <input type="text"/>
c. Child 36-59 months weighed	<input type="text"/> . <input type="text"/>
d. Baby 0-11 months under dotted line and above red line of Health Monitoring Card	<input type="text"/> . <input type="text"/>
e. Child 12-35 months under dotted line and above red line of Health Monitoring Card	<input type="text"/> . <input type="text"/>
f. Child 36-59 months under dotted line and above red line of Health Monitoring Card	<input type="text"/> . <input type="text"/>
g. Baby 0-11 months under red line of Health Monitoring Card	<input type="text"/> . <input type="text"/>
h. Child 12-35 months under red line of Health Monitoring Card	<input type="text"/> . <input type="text"/>
i. Child 36-59 months under red line of Health Monitoring Card	<input type="text"/> . <input type="text"/>
j. Baby 0-11 months with Health Monitoring Card / Meternal Child Health Book	<input type="text"/> . <input type="text"/>
k. Child 12-35 months with Health Monitoring Card / Meternal Child Health Book	<input type="text"/> . <input type="text"/>
l. Child 36-59 months with Health Monitoring Card / Meternal Child Health Book	<input type="text"/> . <input type="text"/>
m. Child 6-11 months given high dose A vitamin	<input type="text"/> . <input type="text"/>
n. Child 1-5 years given high dose A vitamin	<input type="text"/> . <input type="text"/>
o. Mother in confinement given high dose A vitamin	<input type="text"/> . <input type="text"/>
p. Pregnant mother given tablets for blood regeneration (Fe3)	<input type="text"/> . <input type="text"/>
q. Mother in confinement given tablets for blood regeneration (Fe3)	<input type="text"/> . <input type="text"/>
LG12 Child given high dose A vitamin 6 months ago	<input type="text"/> . <input type="text"/>

AM. MEDICAL EQUIPMENT

AMTYPE	AM01
Types of equipment and materials	How many [...] are available at this Community Health Facility / Puskesmas?
a. Hb Meter (HB Sahli Set)	[[]]
b. Forceps	[[]]
c. Vaginal speculum	[[]]
d. Tenaculum	[[]]
e. Uterus sonde	[[]]
f. Gynecological table	[[]]
g. Straight and curved clamps	[[]]
h. Oxygen canister	[[]]
i. Incubator	[[]]
j. Weighing kit	[[]]
k. Thermos/Vaccine carrier	[[]]

OV. MEDICAL SUPPLY AND VACCINE

INSTRUCTIONS FOR INTERVIEWER : ASK THE OFFICER IN CHARGE OF THE MEDICINE ROOM OR THE OFFICER WHO DISTRIBUTES MEDICINE

OVTYPE	OV01	OV02			OV03
Name of medicine	UNIT	Are they available at the Community Health Facility / Puskesmas?			Last month, how many weeks this Community Health Facility / Puskesmas ran out of [...]?
a. Disposable syringe 1ml	Set	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
b. Disposable syringe 2.5 ml	Set	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
c. Disposable syringe 5 ml	Set	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
d. Amoxillin capsule 250 mg	Capsule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
e. Amoxillin caplet 500 mg	Caplet	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
f. Amoxillin dry syrup 125 mg/5ml	Bottle	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
g. Ampicillin caplet 500 mg	Caplet	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
h. Ampicillin dry syrup 125 mg/5ml	Bottle	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
i. Antalgin (Metampiron) Tablet 500 mg	Tablet	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
j. Antalgin injection 250mg/ml – 2 ml	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
k. Paracetamol syrup 120mg/5ml – 60 ml	Bottle	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
l. Paracetamol Tablet 100 mg	Tablet	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
m. Paracetamol Tablet 500 mg	Tablet	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
n. Vitamin A for children under 5	Capsule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
o. BCG	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
p. DPT	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
q. DPT Hepatitis B Combo	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
r. Polio	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
s. Hepatitis B	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
t. Measles	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week
u. Tetanus Toxoid	Ampoule	1. Yes	3.	No 6. Not Applicable ↓	<input type="text"/> Week

OV04	What vaccine storage facility is available at this puskesmas?	A. SPECIAL COOLING BOX FOR VACCINES/COLD CHAIN B. FREEZER C. REFRIGERATOR W. NONE V. OTHER, _____
OV05	What syringe is used for vaccine injection?	1. Disposable (SYRINGE ONLY TO USE ONCE) ➔ KP01 2. Non disposable (SYRINGE CAN BE REUSED) 3. Both
OV06	What sterilisation method is used in this puskesmas?	A. sterilisator B. Heat syringe in boiling water C. Soaked in alcohol D. Heat syringe with flame W. No sterilisation V. Other , _____

KP. INTEGRATED HEALTH POST/POSYANDU ACTIVITIES

INSTRUCTION FOR INTERVIEWER: ASK THE MIDWIFE COORDINATOR ABOUT INTEGRATED HEALTH POST/ POSYANDU ACTIVITIES DURING LAST MONTH

KP01	THE FOLLOWING DATA REFER TO ACTIVITIES OF INTEGRATED HEALTH POST / POSYANDU	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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KP02	KP03	KP04
Names of principal health officers who visit integrated health posts / posyandu (doctor, midwife/ traditional birth attendant, nurse)	How many integrated health posts were visited by [...] last month?	In which village/ward are those integrated health posts located?
1. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. _____ TKS 04: <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10. _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CONTINUATION

KP02	KP03	KP04
Names of principal health officers who visit integrated health posts / posyandu (doctor, midwife/traditional birth attendant, nurse)	How many integrated health posts / posyandu were visited by [...] last month?	In which village/ward are those integrated health posts posyandu located?
6. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
7. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
8. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
9. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
10. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

CONTINUATION

KP02	KP03	KP04
Names of principal health officers who visit integrated health posts / posyandu (doctor, midwife/ traditional birth attendant, nurse)	How many integrated health posts / posyandu were visited by [...] last month?	In which village/ward are those integrated health posts / posyandu located?
11. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
12. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
13. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
14. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
15. _____ TKS 04: ____	____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

OL. DIRECT OBSERVATION

INSTRUCTIONS FOR INTERVIEWER: GO TO THE EXAMINATION ROOM OF PUBLIC CLINIC AND OBSERVE WHAT IS GOING ON THERE.

OL01	IS THE EXAMINATION ROOM COVERED?	1. YES	3. NO
OL02	WHAT IS THE CONDITION OF THE FLOOR OF THE EXAMINATION ROOM?	A. CLEAN B. DIRTY (DUSTY, FOOD REMNANTS/TRASH)	C. GOOD D. DAMAGED
OL03	WHAT IS THE CONDITION OF THE WALL OF THE EXAMINATION ROOM?	A. CLEAN B. DIRTY (DUSTY, SMUDGES, DULL)	C. GOOD D. DAMAGED
OL04	WHAT IS THE CONDITION OF THE CEILING OF THE EXAMINATION ROOM?	A. CLEAN B. DIRTY (DUSTY, COBWEB, WATER MARKS)	C. GOOD D. DAMAGED
OL05.	WHAT IS THE CONDITION OF THE SPACE DIVIDER IN THE EXAMINATION ROOM?	1. CLEAN 2. DIRTY (THERE ARE SMUDGES, ETC.)	6. NO CURTAIN
OL06	DOES EXAMINATION ROOM HAVE [...]?		
	A. WINDOW	1. YES	3. NO
	B. ENOUGH LIGHT	1. YES	3. NO
	C. VENTILATION	1. YES	3. NO
	D. FAN	1. YES	3. NO
	E. EXAMINATION TABLE	1. YES	3. NO
	F. TRASH CAN	1. YES	3. NO
OL07	WHAT FACILITIES ARE AVAILABLE FOR HAND WASHING IN THE EXAMINATION ROOM?	1. WASH BASIN WITH CLEAN WATER 2. CLEAN WATER CONTAINER	6. NOT APPLICABLE (NO FACILITY)
OL08	ASK: DURING RAINY SEASON, IS THERE ANY [...] IN THE EXAMINATION ROOM?		
	A. LEAKING	1. YES	3. NO
	B. MUD	1. YES	3. NO
	C. FLOOD	1. YES	3. NO
OL09	DURING VISIT TO THIS FACILITY, WERE THERE TO BE SEEN ANIMALS ROAMING AROUND THE FACILITY?	1. YES	3. NO → Section CP
OL10	WHAT KINDS OF ANIMALS WERE SEEN ROAMING AROUND THE PUSKESMAS ?	A. DOG B. CAT	D. GOAT/SHEEP/PIG E. MOUSE

	C. CHICKEN	V. OTHER,_____
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CP. INTERVIEWER'S NOTES

CP01	WHAT LANGUAGE WAS USED DURNG THE ENTIRE/MOST OF THE INTERVIEW?	1. INDONESIAN 2. BETAWI 3. SUNDANESE 4. JAVANESE	5. MADURESE 6. SASAK 7. MANDARIN 8. MANADONESE	9. GORONTALO 10. BUGIS 11. MAKASARESE 95. OTHER, _____
CP02	WERE THERE ANY OTHER LANGUAGES USED?	1. YES, <input type="checkbox"/> , _____ (SELECTION CODE SIMILAR TO CP01) 3. NO		
CP03	FOR RESPONDENT WHO IS NOT HEAD OF PUSKESMAS, HOW WASTHE LEVEL OF UNDERSTANDING ON THE CONDITIONS/PROBLEMS IN THA T PUSKESMAS?	1. VERY GOOD 2. GOOD 3. BAD 6. NOT APPLICABLE		
CP04	WHICH QUESTIONS MADE IT DIFFICULT FOR RESPONDENT TO ANSWER? (WRITE DOWN THE QUESTION NUMBER AND SHORT REMARKS)	_____ _____ _____		
CP05	WHICH QUESTION HAS NO DATA? (WRITE DOWN THE QUESTION NUMBER AND SHORT REMARKS)	_____ _____		

[illegible]