

JAMAICAN SURVEY OF LIVING CONDITIONS  
HEALTH FACILITIES SURVEY

QUESTIONNAIRE FOR

PUBLIC SECONDARY AND TERTIARY HEALTH SERVICES

**IMPORTANT:** SECTIONS A AND B 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:

Type A	Hospital.....1	Specialty Hospital....4	CODE <input type="text"/>
Type B	Hospital.....2	Other.....9	
Type C	Hospital.....3		

**B. FACILITY CATCHMENT AREA**

**INSTRUCTIONS:** THERE IS SPACE TO RECORD UP TO 4 PARISHES. IF ALL  
JAMAICA, LEAVE PARISH BLANK AND CODE FIRST PARISH '999' AND LEAVE  
REMAINDER BLANK. FOR EACH PARISH, WRITE IN NAME. IF ONLY 1 PARISH:  
WRITE IN INFORMATION IN ITEM 4A; CODE ITEMS 4B, 4C, AND 4D (PARISH)  
'999'. IF ONLY 2 PARISHES: WRITE IN INFORMATION IN ITEMS 4A AND 4B,  
CODE ITEMS 4C AND 4D (PARISH) '999'.

4A. PARISH NAME: \_\_\_\_\_  
(If all Jamaica, leave parish name blank and  
code parish as '999')

CODE

4B. PARISH NAME: \_\_\_\_\_  
(If all Jamaica, leave blank)

CODE

4C. PARISH NAME: \_\_\_\_\_  
(If all Jamaica, leave blank)

CODE

4D. PARISH NAME: \_\_\_\_\_  
(If all Jamaica, leave blank)

CODE

INTERVIEWER NAME: _____			INTERVIEWER ID#: _____		
TODAY'S DATE?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME?	<input type="text"/>
	DAY	MONTH	YEAR		HOUR MIN AM/PM

**SECTION I: FACILITY CHARACTERISTICS**

1. How long has this hospital 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		<input type="text"/>
5 YEARS TO LESS THAN 10 YEARS....4		<input type="text"/>
10 YEARS TO LESS THAN 20 YEARS...5		

2. How long ago was the last total or partial renovation for this hospital completed?

1 YEAR OR LESS.....1	10 TO 19 YEARS.....4	<input type="text"/>
2 TO 5 YEARS.....2	20 YEARS OR MORE.....5	<input type="text"/>
5 TO 9 YEARS.....3	DON'T KNOW.....9	

3. Do you have a stand-by power supply such as a generator?

YES.....1 (Continue with 3A)  
NO.....2 (Go To Q.4)

3A. What is the capacity of this generator?

\_\_\_\_\_  
KILOWATTS

3B. Does the generator work when needed?

ALWAYS.....1	NEVER.....4	<input type="text"/>
USUALLY.....2	DON'T KNOW.....8	<input type="text"/>
SOMETIMES.....3	NOT APPLICABLE.....9	

FOR EACH UNIT ASK Q.4-6 ACROSS.	4. Does this facility have a _____ unit?	5. How many refrigerators does the _____ unit have?  IF NONE, WRITE '0', AND ASK Q.4 FOR NEXT UNIT.	6. How many of these refrigerators in the _____ unit are working today?  IF NONE, WRITE '0'.
	YES....1 (ASK Q.5) NO....2 (NEXT UNIT)	NUMBER	NUMBER
a. Blood Bank			
b. Laboratory			
c. Morgue			

7. Are there any **other** refrigerators in this facility?

YES.....1 (Continue with Q.7A)

NO.....2 (Go to Q.8)

7A. How many **other** refrigerators are there?  
(IF NONE, WRITE '0' AND GO TO Q.8.)

NUMBER

7B. How many work today?

NUMBER

8. Does this hospital have a water storage tank?

YES....1 (Continue with Q.8A)

NO.....2 (Go to Q.9)

8A. What is the size of the storage tank?

GALLONS

9. How many **separate** buildings are there altogether in this hospital? (Include storage sheds, pharmacy, labs, etc.)

NUMBER

FOR EACH TYPE OF WARD, ASK Q.10-12.	10. How many ____ wards are in this hospital?  WRITE '0' IF NONE AND ASK NEXT ITEM.	11. How many ____ are currently closed?  WRITE '0' IF NONE AND ASK Q.10 FOR NEXT ITEM.	12. Why are these wards closed?  CURRENTLY BEING REPAIRED.....1 IN NEED OF REPAIRS.....2 NO EQUIPMENT TO REFURBISH....3 INSUFFICIENT STAFF.....4 USED TO STORE OBSOLETE EQUIPMENT.....5 OTHER.....9
	NUMBER	NUMBER	
a. Medical			
b. Surgical			
c. Pediatrics			
d. Obstetrics			
e. Specialty			

13. Are there any buildings that are currently not being used for the purpose intended?

YES.....1 (Continue with Q.13A)  
NO.....2 (Go to Q.14)

13A. Why aren't these buildings being used?

CURRENTLY BEING REPAIRED OR RENOVATED.....1  
IN NEED OF REPAIRS AND UNUSABLE.....2  
NO EQUIPMENT TO FURBISH.....3  
INSUFFICIENT STAFF.....4  
USED TO STORE CONDEMNED EQUIPMENT/SUPPLIES.....5  
OTHER REASON.....9

14. What material is the floor surface mainly made of in this hospital?

WOOD.....1 OTHER MATERIALS....9  
CONCRETE OR TILE...2

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

CHLORINE BLEACH.....1 OTHER DISINFECTANT....3  
DETERGENT OR SOAP  
(like Pine Action).....2 WATER ALONE.....4  
OTHER.....9

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

CHLORINE BLEACH.....1	OTHER DISINFECTANT....3	<input type="text"/>
DETERGENT OR SOAP	WATER ALONE.....4	<input type="text"/>
(like Pine Action).....2	OTHER.....9	

17. How do you sterilize reusable equipment?

CHLORINE BLEACH.....1	BOIL.....4	<input type="text"/>
OTHER DISINFECTANT.....2	BAKE.....5	<input type="text"/>
AUTOClave OR OTHER	WATER ONLY.....7	
MECHANICAL STERILIZER....3	OTHER.....9	

- ASK Q.18 FOR EACH AREA BELOW 18. Does the hospital have hot water in \_\_\_?

YES, IN ALL.....1
YES, IN SOME ONLY.....2
NO.....3

a. Wards

b. Kitchens

c. Laundry

d. Operating Theatres

19. Does this hospital have a solar water heater?

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

20. About how many sinks have soap available today:

ALL.....1	NONE .....4	<input type="text"/>
MOST.....2	DON'T KNOW.....5	<input type="text"/>
SOME.....3		

21. Does this hospital have its own laundry facility?

YES.....1 (Continue with Q.21A)  
NO.....2 (Go to Q.22)

- 21A. Is this facility fully operational today?

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

21B. Is this facility manual, semi-automatic, or fully automated?

MANUAL.....1 FULLY AUTOMATED.....3  
SEMI-AUTOMATIC.....2

☐  
☐

22. Do you have any equipment or supplies that are obsolete, damaged beyond use or otherwise unusable? (CODE ALL THAT APPLY)

YES.....1 (Continue with Q.22A)  
NO.....2 (Go To Q.23)

☐  
☐

22A. Are any of the following equipment or supplies damaged or obsolete?

ASK Q.22A FOR EACH ITEM

	YES...1	NO....2	YES...1	NO....2
a. Beds, dental chairs, or other furniture?				
b. IV stands?				
c. Gurneys or stretchers?				
d. Laboratory Equipment?				
e. Diagnostic Equipment?				
f. Sterilizers?				
g. Drugs or other supplies?				

23. Are you currently experiencing any of the following problems?	24. How long ago did this problem first occur?
IF YES TO ANY ITEM (a-g), ASK Q.24 ACROSS	DAYS.....1
	WEEKS.....2
YES...1	MONTHS.....3
NO...2	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?	

FOR EACH TYPE, ASK QUESTIONS 25-27	25. How many _____ do you have? (If none, next item)	26. Are there any that are not fully functioning today? YES....1 (ASK Q.27) NO.....2 (NEXT ITEM)	27. Why aren't these fully functioning? CURRENTLY BEING REPAIRED OR RENOVATED.....1 IN NEED OF REPAIRS AND UNUSABLE.....2 NO EQUIPMENT TO FURBISH..3 INSUFFICIENT STAFF.....4 OTHER REASON.....9
a. Major Operating Theatre			
b. Minor Operating Theatre			
c. Intensive Care Unit			

FOR EACH TYPE OF PATIENT, ASK Q.28-30.	28.	29.	30.
ASK RESPONDENT TO VERIFY ANSWER TO Q.30 WITH LABORATORY PERSONNEL, IF POSSIBLE	When tests are needed, do you collect samples or specimens here or are patients referred elsewhere?	Do you <b>analyze</b> , some, all, or none of these samples or specimens here?  ALL TESTS.....1 (ASK Q.30) SOME TESTS.....2 (ASK Q.30) NONE.....3 (NEXT ITEM)	What percent samples or specimens of such poor quality that you can't use them for laboratory analysis?  LESS THAN 10 PERCENT.....1 ABOUT 25 PERCENT..2 ABOUT 50 PERCENT..3 ABOUT 75 PERCENT..4 MORE THAN 90 PERCENT.....5
a. Inpatient			
b. Outpatient or Casualty			

FOR EACH TEST ASK Q.31-33	31. Can the hospital complete laboratory analysis for ____? YES..1 (ASK Q.32) NO...2 (ASK Q.33)	32. What percent of samples or specimens are analyzed here? LESS THAN 10%..1 ABOUT 25%.....2 ABOUT 50%.....3 ABOUT 75%.....4 MORE THAN 90%..5  ASK Q.33	33. How long do you usually wait for laboratory test results? HOURS.....1 DAYS.....2 WEEKS.....3 MONTHS.....4 DON'T KNOW...5  A ANALYSIS IS DONE AT HOSPITAL  B SAMPLES SENT OUT FOR ANALYSIS
a. Stool Test: Occult Blood			
b. Stool Test: Parasite			
c. Blood Test: Electrolyte			
d. Blood Test: Full Blood Count			
e. Blood Test: Blood Glucose			
f. Pregnancy Test			
g. Urine Test: Urine Microscopy			
h. VDRL			
i. Swabs for Culture			

34. What proportion of **outpatients** are charged for laboratory tests?

NONE.....1  
LESS THAN HALF...2  
HALF.....3

MORE THAN HALF.....4  
ALL.....5

35. Is there an active community group or friends working with this hospital?

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

36. Is housing provided by this hospital for its employees?

YES.....1 (Continue with Q.36A)  
NO.....2 (Go To Section II: PATIENT SERVICES)

36A. How many employees have housing provided by this hospital?

NUMBER

SECTION II: PATIENT SERVICES

CHART 1

<p>FOR EACH SERVICE, ASK Q.1, SEPARATELY FOR INPATIENT ADMISSIONS AND OUTPATIENT CARE.</p>	1. How often are _____ services offered at this hospital?	
	<p>LESS THAN ONCE A WEEK..1  1 DAY PER WEEK.....2  2 DAYS PER WEEK.....3  3 DAYS PER WEEK.....4  4 DAYS PER WEEK.....5  5 DAYS PER WEEK.....6  24 HOUR SERVICE.....7  NOT OFFERED.....9</p>	
	1A	1B
	INPATIENT ADMISSIONS	OUTPATIENT/CASUALTY
	a. Curative/casualty care?	
	b. Delivery?	
	c. Prenatal care?	
	d. Postnatal care?	
	e. Family planning?	
	f. Nutrition clinic?	
g. Minor surgery?		
h. Major surgery?		
i. Blood transfusion?		
j. Local anaesthesia?		
k. General anaesthesia?		
l. Dental service?		
m. STD clinic?		
n. Opthamology (eyes)?		

CHART 1 (CONTINUED)

<p>FOR EACH SERVICE, ASK Q.1, SEPARATELY FOR INPATIENT ADMISSIONS AND OUTPATIENT CARE.</p>	<p>1. How often are _____ services offered at this hospital?</p> <p>LESS THAN ONCE A WEEK..1 1 DAY PER WEEK.....2 2 DAYS PER WEEK.....3 3 DAYS PER WEEK.....4 4 DAYS PER WEEK.....5 5 DAYS PER WEEK.....6 24 HOUR SERVICE.....7 NOT OFFERED.....9</p>	
	<p>1A INPATIENT ADMISSIONS</p>	<p>1B OUTPATIENT/CASUALTY</p>
<p>o. Plastic surgery?</p>		
<p>p. Neuro surgery?</p>		
<p>q. Urology?</p>		
<p>r. Orthopaedics?</p>		
<p>s. Ears, nose, and throat (ENT)?</p>		
<p>t. Dermatology?</p>		
<p>u. Radiology?</p>		

CHART 2

FOR EACH SERVICE, ASK Q.2, SEPARATELY FOR INPATIENT ADMISSIONS AND OUTPATIENT CARE.	2. How many patients are on the waiting list for ____?	
	2A INPATIENT ADMISSIONS	2B OUTPATIENT/CASUALTY
a. Opthamology (eyes)?		
b. Orthopaedics?		
c. Ears, nose, and throat (ENT)?		
d. Neuro surgery?		
e. Special Radiologic Investigation?		
f. Radiotherapy?		

3. Last week, approximately how many patients could not be seen in casualty on a daily basis?

NUMBER

SECTION III: IMMUNIZATIONS

1. Are immunizations offered either to inpatients or to outpatients?

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

NO.....2 (Go to SECTION IV: PERSONNEL)

ASK Q.4 IF ANSWER TO  
Q.2 IS 'YES'.  
WRITE 'O' IF FREE.

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

SECTION IV: PERSONNEL

CHART 1

IN ALL CLINICS, ASK 1-6 ACROSS INCLUDE ALL STAFF, INPATIENT AND OUTPATIENT	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?
	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
a. Physicians or Medical Officers						
b. Psychiatrists						
c. Paediatricians						
d. Obstetricians						
e. Orthopaedists						
f. Specialist Surgeons						
g. Other Medical and Surgical Specialists						
h. Anaesthetists and Nurse Anaesthetists						
i. Midwives						
j. Matrons						
k. Staff Nurses/ Sisters						

CHART 1 (CONTINUED)

IN ALL CLINICS, ASK 1-6 ACROSS INCLUDE ALL STAFF, INPATIENT AND OUTPATIENT	1. How many ____ are on the Establishment/ 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?
	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
l. Assistant Nurses and Enrolled Assistant Nurses						
m. Radiographers or Radiology Technicians						
n. Dieticians or Dietetic Assistants						
o. Physio- therapists						
p. Orderlies						
q. Tutors						
r. Medical Records Staff						
s. Adminis- trators						
t. Clerical Staff						
u. Drivers						

CHART 1 (CONTINUED)

	1.	2.	3.	4.	5.	6.
IN ALL CLINICS, ASK 1-6 ACROSS	How many ___ are	How many ___ are	How many ___ are	How many ___ are	How many part-time	How many ___ are on
INCLUDE ALL STAFF, INPATIENT AND OUTPATIENT	on the Estab- lishment/ Cadre?	at post?	working today?	working part-time or on a sessional basis?	or sess- ional ___ are working today?	study or vacation leave?
	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
v. Security/ Watchmen						
	ASK R. TO VERIFY ANSWER WITH LAB PERSONNEL IF POSSIBLE					
w. Lab and Med Technicians						
	ASK R. TO VERIFY ANSWER WITH DENTAL PERSONNEL IF POSSIBLE					
x. Dentists						
y. Dental Nurse or Assistant						
	ASK R. TO VERIFY WITH PHARMACY PERSONNEL IF POSSIBLE					
z. Pharmacists						
aa. Pharmacy Technician						

SECTION V: BEDS

FOR EACH CATEGORY ASK ACROSS Q.1-3	1. How many beds are in this facility?		2. How many of these beds are not usable	
	NUMBER		NUMBER	
	MALE	FEMALE	MALE	FEMALE
a. Medicine				
b. Surgery				
c. Pediatrics				
d. Obstetrics				
e. Specialty				

3. Do overnight patients pay for their lodging, not  
their lodging, not including food?

YES.....1 (Continue with Q.3A)

NO.....2 (Go To Q.4)

3A. Do patients pay per night or per admission?

PER NIGHT.....1

PER ADMISSION....2

3B. How much do they pay?

AMOUNT

4. Does this facility provide food for inpatients?

YES.....1 (Continue with Q.4A)

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

4A. How much do inpatients pay for food, per day?

(If free, write 0)

AMOUNT

5. In the last month, what percent of patients admitted did not pay or were exempted from fees?

LESS THAN 10 PERCENT....1  
ABOUT 25 PERCENT.....2  
ABOUT 50 PERCENT.....3  
ABOUT 75 PERCENT.....4  
MORE THAN 90 PERCENT....5

--

- 5A. What were the reasons for nonpayment of fees?  
(CODE ALL THAT APPLY)

EXEMPTION.....1  
DID NOT KNOW FEE SCHEDULE.....2  
NO CASHIER.....3  
OTHER.....9


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 Q.1-5 FOR EACH DRUG.	1. Are the following drugs in stock today?	2. Do you normally keep ____ in stock? YES...1 (Q.3) NO...2 (IF NO, ASK ABOUT THE NEXT ITEM)	3. In the last 6 mos, have you received a shipment of ____ that was expired when it arrived? YES...1 NO...2	4. In the last 6 mos, has there been a week or more when you had no supply of ____? YES...1 NO...2	5. How much do clients pay for ____ per unit? COURSE.....1 INJECTION...2 BOTTLE.....3 PACKET.....4 OTHER.....9	AMOUNT	UNIT
a. Oral Rehydration Salts							
b. Hydrochlorothiazide							
c. Phenobarbitone							
d. Chlorpropamide							
e. Ergometrine Maleate							
f. Sulphamethoxazole + Trimethoprim							
g. Diphenhydramine Hydrochlor							
h. Sodium Lactate Compound (Hartman's)							

CHART 1: DRUG SUPPLIES (CONTINUED)

ASK Q.1-5 FOR EACH DRUG.	1. Are the following drugs in stock today?	2. Do you normally keep ____ in stock? YES...1 (Q.3) NO....2 (IF NO, ASK ABOUT THE NEXT ITEM)	3. In the last 6 mos, have you rec- eived a shipment of ____ that was <b>expired</b> when it arrived? YES....1 NO.....2	4. In the last 6 mos, has there been a week or more when you had no supply of ____? YES.....1 NO.....2	5. How much do clients pay for ____ per unit? COURSE.....1 INJECTION...2 BOTTLE.....3 PACKET.....4 OTHER.....9	AMOUNT	UNIT
i. Antiseptics (Any)							
j. X-Ray Films (Any)							



CHART 2: EQUIPMENT (CONTINUED)

ASK ALL QUESTIONS IN ALL HOSPITALS.	6. Does this hospital now have any of the following equipment?	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
o. Communication Radios				//////////	//////////
p. Gurneys or Stretchers				//////////	//////////
q. IV Stands				//////////	//////////
r. Syringes		//////////	//////////		
s. Needles for syringes		//////////	//////////		
t. Blood sample tubes		//////////	//////////		
u. Containers for Urine		//////////	//////////		
v. Containers for Stool Samples		//////////	//////////		
w. Uristix		//////////	//////////		
x. Supplies to bandage wounds		//////////	//////////		
y. Sterile Scissors		//////////	//////////		
z. IV Administration Sets		//////////	//////////		

CHART 2: EQUIPMENT (CONTINUED)

ASK ALL QUESTIONS IN ALL HOSPITALS.	6. Does this hospital now have any of the following equipment?	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
aa. IV Placement Sets		//////////	//////////		
bb. Masks		//////////	//////////		
cc. Gloves		//////////	//////////		
dd. Linens to Make up Beds		//////////	//////////		
ee. Sutures		//////////	//////////		
ff. Plaster of Paris		//////////	//////////		

CHART 2: EQUIPMENT (CONTINUED)

ASK gg-11 ONLY IF HOSPITAL ROUTINELY DELIVERS BABIES

	6. Does this hospital now have any of the following equipment?	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 _____?
	YES...1 (Q.7) NO...2 (NEXT ITEM)	NUMBER	NUMBER	YES...1 NO...2	YES...1 NO...2
ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.					
gg. Neonate Incubators				//////////	//////////
hh. Clean Dry Linens to Wrap Babies		//////////	//////////		
ii. Mucous Extractors for Newborns		//////////	//////////		
jj. Vitamin K		//////////	//////////		
kk. Newborn Eye Drops		//////////	//////////		
ll. Clean Dry Linens to Wrap Neonates		//////////	//////////		

SECTION VIII: FAMILY PLANNING

1. Does this facility offer family planning services in the **outpatient** clinic?

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

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

2. How often do patients give a donation for Family Planning **visits**, excluding donations or contraceptives?

NEVER.....1 (Go to Q.3)

LESS THAN HALF THE TIME..2 (Continue with Q.2A)

HALF THE TIME.....3 (Continue with Q.2A)

MORE THAN HALF THE TIME..4 (Continue with Q.2A)

ALL OF THE TIME.....5 (Continue with Q.2A)

- 2A. When patients do give a donation, how much do they usually give?

AMOUNT

3. How often do patients usually give a donation for **contraceptives**, excluding the cost of the visit?

NEVER.....1 (Go to Q.4)

LESS THAN HALF THE TIME..2 (Continue with Q.3A)

HALF THE TIME.....3 (Continue with Q.3A)

MORE THAN HALF THE TIME..4 (Continue with Q.3A)

ALL OF THE TIME.....5 (Continue with Q.3A)

- 3A. When patients do give a donation, how much do they usually give?

AMOUNT



SECTION IX: MATERNAL HEALTH SERVICES

1. Does this hospital offer prenatal care in the outpatient clinic?

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

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

CHART 1

<p>FOR EACH SERVICE LISTED, ASK Q.2.</p>	<p>2. For pregnant women seen here, when is _____ included in a standard prenatal visit?</p> <p>(READ CATEGORIES)</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>
a. Check for Weight Gain	
b. Check Blood Pressure	
c. Check for Oedema	
d. Check for Abnormal Food Cravings	
e. Measure Height	
f. Immunize	
g. Discuss Diet or Nutrition	
h. Discuss Smoking, Alcohol, Drugs	
i. Discuss High Blood Pressure	
j. Discuss Individual's Particular Risk Factors	

CHART 1 (CONTINUED)

<p>FOR EACH SERVICE LISTED, ASK Q.2.</p>	<p>2. For pregnant women seen here, when is _____ included in a standard prenatal visit?</p> <p>(READ CATEGORIES)</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>k. Review Warning Signs</p>	
<p>l. Discuss Plans for Emergencies</p>	
<p>m. Advise Patient to Deliver in Hospital</p>	
<p>n. Encourage Breastfeeding</p>	
<p>o. Discuss Ideal Schedule for Prenatal Care</p>	
<p>p. Discuss Family Planning</p>	

CHART 2

FOR EACH SERVICE LISTED, ASK Q.3-5	3. For pregnant women seen here, when is _____ included in a standard prenatal visit?  (READ CATEGORIES)	4A. Where is _____ collected?  4B. Where is laboratory analysis completed for _____ ?	5. For _____ what is the usual waiting period for results?
	WOMEN AT RISK ONLY.1	ASK FOR 4A AND 4B	
	FIRST VISIT ONLY...2	BEFORE ASKING Q.5.	HOURS....1
	SOME VISITS.....3		DAYS.....2
	EVERY VISIT.....4		WEEKS....3
	DELIVERY ONLY.....5	ONSITE.....1	MONTHS...4
	NEVER.....9	AT REFERRAL SITE.2	
		A B	
		SAMPLE OR LABORATORY SPECIMEN ANALYSIS COLLECTED COMPLETED	
a. Order Haemoglobin Test			
b. Bloodgroup Test			
c. Order VDRL/STD Test			
d. Order Sickle Cell Test			
e. Order Urine Protein Test			
f. Order 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	
j. Delivery by Forceps	
k. Fetal Monitoring	
l. Supply Oxygen to Mother	
m. Supply Oxygen to Infant	
n. Suction Machine for Infant	
o. 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, clinic, or hospital?	8. Where do you usually refer _____ complications?	9. Is there another clinic or hospital 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)		
a. Pregnancy			
b. Delivery			
c. Postpartum			
d. Pediatric			

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

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

11. In the last 6 months, when you have referred patients for maternal health care to other providers, clinics, or hospitals, does the patient return to you with a record of what was done at the other hospital?

YES, ALWAYS.....1  
YES, SOMETIMES....2  
NO, NEVER.....3

12. What type of facilities refer maternal health cases for **inpatient care** to you?

CODE ALL THAT APPLY

TYPE I CLINICS.....1	TYPE V CLINICS.....5
TYPE II CLINICS.....2	MATERNITY CENTERS....6
TYPE III CLINICS.....3	POLY CLINICS.....7
TYPE IV CLINICS.....4	PRIVATE CLINICS.....8
	OTHER HOSPITALS.....9


13. What type of facilities refer maternal health cases for **outpatient care** to you?

CODE ALL THAT APPLY

TYPE I CLINICS.....1	TYPE V CLINICS.....5
TYPE II CLINICS.....2	MATERNITY CENTERS....6
TYPE III CLINICS.....3	POLY CLINICS.....7
TYPE IV CLINICS.....4	PRIVATE CLINICS.....8
	OTHER HOSPITALS.....9


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END INTERVIEW
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TIME INTERVIEW COMPLETED?	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
	HOUR	MIN
		AM/PM
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