

Enter Q. ID No.→

--	--	--

Draft: 4 May 2005

Cambodia Public Expenditure Tracking Survey

Health Center/Health Post Questionnaire

Province name	Write province name in the space provided (<i>coder will enter province code later</i>)		Code <input type="text"/> <input type="text"/>
OD name	Write OD name in the space provided (<i>coder will enter OD code later</i>)		Code <input type="text"/> <input type="text"/>
Facility name	Write facility name in the space provided (<i>coder will enter facility code later</i>)		Code <input type="text"/> <input type="text"/>
Type of facility	1=health center with beds 2=health center without beds 3=health post	<input type="text"/>	
Name of commune in which facility is located	Write name of commune in the space provided (<i>coder will enter commune code later</i>)		Code <input type="text"/> <input type="text"/>
Type of area in which the facility is located	1=urban 2=semi-urban 3=rural	<input type="text"/>	
Date of visit	Enter day, month, year (dd.mm.yyyy)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of interviewer	Write name of interviewer in the space provided		

Section 1. General information

The information in this section should be provided by the Facility Chief or Acting Chief.

I would like to ask you some questions about this health facility.

Q#	Question	Category/unit	Skips	Value
1.	What is your current position in this facility?	1=Chief 2=Acting Chief 3=other position		<input type="text"/>
2.	For how long have you had your current position?	Years and months		<div>Years <input type="text"/> <input type="text"/></div> <div>Months <input type="text"/> <input type="text"/></div>
3.	How many villages are served by this facility?	Number		<input type="text"/> <input type="text"/>
4.	How many of these villages are considered to be high-risk for malaria?	Number 99=does not know		<input type="text"/> <input type="text"/>
5.	What is the size of the total population served by this facility?	Number 99,999=does not know		<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
6.	Approximately what percentage of this population belongs to an ethnic minority (i.e., non-Khmer)?	Percentage 99=does not know		<input type="text"/> <input type="text"/>
7.	Can you provide even an approximate estimate of the land area served by this commune?	1=yes 2=no	=>Q.9	<input type="text"/>
8.	What is the approximate land area served by this facility?	Square kilometers		<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Question	Category/unit	Skips	Value
9.	What is the distance from this facility to the most distant village served by this facility?	Kilometers 999=does not know		<input type="text"/> <input type="text"/> <input type="text"/>
10.	How long does it usually take to go there by car or truck during the dry season ?	Minutes (If hours, multiply by 60) 9,999=does not know		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
11.	How long does it usually take to go there by car or truck during the wet season ?	Minutes (If hours, multiply by 60) 9,999=does not know		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
12.	What is the distance from this facility to the OD office?	Kilometers 999=does not know		<input type="text"/> <input type="text"/> <input type="text"/>
13.	How long does it usually take to go there by car or truck during the dry season ?	Minutes (If hours, multiply by 60) 9,999=does not know		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
14.	How long does it usually take to go there by car or truck during the wet season ?	Minutes (If hours, multiply by 60) 9,999=does not know		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
15.	What is the distance from this facility to the PHD office?	Kilometers 999=does not know		<input type="text"/> <input type="text"/> <input type="text"/>
16.	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="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
17.	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="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
18.	In which year did this facility open for the first time?	Year (yyyy) 9999=does not know		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Question	Category/unit	Skips	Value
19.	What type of facility was it at that time?	1=district hospital 2=health center 3=health post 4=khum clinic 5=other 9=does not know		<input type="checkbox"/>
20.	Has this facility been renovated during the past 5 years?	1=yes 2=no 9=does not know	=>Q.25 =>Q.25	<input type="checkbox"/>
21.	Following its most recent renovation, when did the facility begin operating again?	Enter month and year (mm.yyyy)		<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Definition: A health facility is considered to be “operating” when it is actually serving patients on a regular basis.				
22.	What is the current MPA classification of this facility?	1=MPA1 2=MPA3 3=MPA4 4=other 5=not rated 9=does not know		<input type="checkbox"/>
23.	Does this health facility have beds in which patients can stay overnight?	1=yes 2=no	=>Q.26	<input type="checkbox"/>
24.	How many overnight beds does it have?	Number		<input type="checkbox"/> <input type="checkbox"/>
25.	How many of these beds are occupied now?	Number		<input type="checkbox"/> <input type="checkbox"/>
26.	How many permanent personnel are currently working in this facility?	Number		<input type="checkbox"/> <input type="checkbox"/>
Definition: “Permanent” personnel are regular employees of the Government, i.e., civil servants.				
27.	How many temporary personnel are currently working in this facility?	Number		<input type="checkbox"/> <input type="checkbox"/>

Q#	Question	Category/unit	Skips	Value
Definition: "Temporary" personnel are full-time and part-time contracted employees, i.e., all employees other than civil servants.				
	<i>If this facility is a health center or health center with beds, ask the following question. Otherwise =>Q.31</i>			
28.	Does this health center supervise any health posts?	1=yes 2=no	=>Q.31	<input type="checkbox"/>
29.	How many health posts does it supervise?	Number		<input type="checkbox"/>
30.	Do the personnel numbers you reported above include these health posts?	1=yes 2=no		<input type="checkbox"/>
31.	Did this facility have an approved Chapter 11/13 budget for 2003 ?	1=yes 2=no 9=does not know	=>Q.33 =>Q.33	<input type="checkbox"/>
Definition: An "approved budget" is a budget that has been approved by the OD Director.				
32.	How much was this facility's total Chapter 11/13 budget for 2003 ?	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"/>
33.	Did this facility have an approved Chapter 11/13 budget for 2004 ?	1=yes 2=no 9=does not know	=>Q.35 =>Q.35	<input type="checkbox"/>
34.	How much was this facility's total Chapter 11/13 budget for 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"/>
35.	Has this facility been assisted by one or more NGOs at any time during the past 3 years?	1=yes 2=no 9=does not know	=>Q.45 =>Q.45	<input type="checkbox"/>
36.	What is the name of the NGO that has provided the main support to this facility during the past three years?	Write clearly the name of the NGO in the space provided (coder will enter NGO code later)		Code <input type="text"/> <input type="text"/>

Q#	Question	Category/unit	Skips	Value
37.	When did this NGO begin working with this facility?	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"/>
38.	Is this NGO still assisting this facility?	1=yes 2=no 9=does not know	=>Q.40	<input type="text"/>
39.	When did this NGO stop assisting this facility?	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"/>
40.	Did another NGO also provide support to this facility during the past three years?	1=yes 2=no 9=does not know	=>Q.45 =>Q.45	<input type="text"/>
41.	What is the name of this second NGO ?	Write clearly the name of the NGO in the space provided (coder will enter NGO code later)		<div></div> <div>Code <input type="text"/><input type="text"/></div>
42.	When did this second NGO begin working with this facility?	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"/>
43.	Is this second NGO still assisting this facility?	1=yes 2=no 9=does not know	=>Q.45	<input type="text"/>
44.	When did this second NGO stop assisting this facility?	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"/>
45.	Did the OD Director or Acting Director visit this facility at any time during calendar year 2004?	1=yes 2=no 9=does not know	=>Q.47 =>Q.47	<input type="text"/>
46.	How many times did the OD Director or Acting Director visit this facility during calendar year 2004?	Number 99=does not know		<input type="text"/> <input type="text"/>

Please provide the information requested in the table below about the communes and villages served by this health facility.

Q#	Village name	Village code	Commune name	Commune code
	47. Write clearly the name of each village served by this health facility in the space below (<i>Use a separate line for each village. However, if all villages in a commune are served by this facility, you may enter "All villages" on one line and provide only the information requested for the commune on the same line</i>)	Leave blank (<i>coder will enter village codes later</i>) 88=all villages in this commune served by this facility	48. In which commune is this village located? (<i>Write the name of the commune in which this village is located in the space below</i>)	Leave blank (<i>coder will enter the village codes later</i>)
a.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
b.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
c.		<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"/>
e.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
f.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
g.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
h.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
i.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
j.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
k.		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>

Section 2. Drugs, Medical Supplies and Vaccines

The information in this section should be provided by the person in the facility who manages drugs and medical supplies.

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

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

First Quarter 2003

Q#	Question	Category/unit	Skips	Value
1.	Did the facility 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 facility 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 facility 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 facility 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 facility 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 facility 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 facility 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 facility 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 facility'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 ? (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)	10. (The CMS codes of items normally sent to the facility should be entered ahead of time on separate rows of this table)	11. How was the item packaged? (Use the following unit codes) 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 ? (Enter the number of units received) 9,999,999=does not know	13. Which organization provided these items? (Use the following source codes) 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="text"/>
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="text"/>
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"/>
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"/>
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="text"/>

Q#	Item	CMS Code	Unit	Quantity	Source
	9. Which drug, medical supply or vaccine was received during the first quarter of 2003 ? (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)	10. (The CMS codes of items normally sent to the facility should be entered ahead of time on separate rows of this table)	11. How was the item packaged? (Use the following unit codes) 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 ? (Enter the number of units received) 9,999,999=does not know	13. Which organization provided these items? (Use the following source codes) 1=Province pharmacy 2=OD pharmacy 3=NGO 4=Community 5=Other 9=does not know
f.			<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"/>
g.			<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"/>
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 health centers/health posts. 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.					
	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"/>	

(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 facility 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 facility 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 facility'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? (Enter CMS code or write name of item clearly in the space below)	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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
b.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
c.		<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"/>
e.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

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

The information in this section should be provided by the person in the facility who manages the facility's finances.

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

I would like to ask you some questions about National Budget Chapter 11 or 13 funding in the form of cash that the facility 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 facility records, did the facility receive any Chapter 11 or Chapter 13 funding in 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 facility 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"/>	
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"/>	

(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 facility staff

Q#	Salary period	Month and year salary received
	Now I would like to ask when personnel of this facility 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 these salary periods actually received by facility staff? Month and year (mm.yyyy) 99.9999=does not know
a.	January 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b.	February 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c.	March 2003	<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.	April 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e.	May 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f.	June 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g.	July 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h.	August 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i.	September 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j.	October 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k.	November 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l.	December 2003	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m.	January 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
n.	February 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Salary period	Month and year salary received
	Now I would like to ask when personnel of this facility 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 these salary periods actually received by facility staff? Month and year (mm.yyyy) 99.9999=does not know
o.	March 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
p.	April 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
q.	May 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
r.	June 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
s.	July 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
t.	August 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
u.	September 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v.	October 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
w.	November 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
x.	December 2004	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 facility 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 OD.

First Quarter 2003

Q#	Question	Category/unit	Skips	Value
1.	According to facility records, did the OD, PHD or any other agency make any purchases or pay any bills for this facility 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 facility have records of the amount spent or payments made on behalf of the facility 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 facility's records, please provide the information requested below about payments or purchases made on behalf of this facility 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 facility 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 99,999,999=does not know
a.		<input type="checkbox"/>	<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"/>
b.		<input type="checkbox"/>	<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"/>
c.		<input type="checkbox"/>	<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="checkbox"/>	<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"/>
e.		<input type="checkbox"/>	<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"/>
f.		<input type="checkbox"/>	<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"/>
g.		<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/>

(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 facility

Now I would like to ask you some questions about cash advances, payment of incentives or reimbursement of expenses that the facility 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 facility 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 facility 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 9,999,999=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"/>	
4.	Did the facility 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 facility 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 9,999,999=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"/>	

Q#	Question	Category/unit	Skips	Value
7.	Did the facility 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 facility 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 9,999,999=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"/> <input type="checkbox"/>	
10.	Did the facility 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 facility 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 9,999,999=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"/> <input type="checkbox"/>	
13.	Did the facility 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 facility 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 9,999,999=does not know	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
16.	Did the facility 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 facility 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 9,999,999=does not know	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
19.	Did the facility 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 facility 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 9,999,999=does not know	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
22.	Did the facility 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	=>next section =>next section =>next section	<input type="checkbox"/>

Q#	Question	Category/unit	Skips	Value
23.	Does the facility have records of how much in cash advances, cash payments and reimbursements was received during the fourth quarter of 2004 ?	1=yes 2=no	=>next section	<input type="checkbox"/>
24.	How much in cash advances, cash payments and reimbursements was received during the fourth quarter of 2004 ?	Riel 9,999,999=does not know	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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 facility may have received from any source during calendar years 2003 and 2004.

First Quarter 2003

Q#	Question	Category/unit	Skips	Value
1.	According to facility records, did the facility 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 facility 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 facility's records, please provide the information requested below about any medical or other equipment and non-medical supplies that the facility received during the **first quarter of 2003**.

Q #	Item	Source	Unit	Quantity	Unit value
	3. What type of equipment or non-medical supply did this facility during the first quarter of 2003 ? (Use a separate line for each different item)	4. From which source was this equipment or non-medical supply received? (Use the source codes provided below and use a separate line for each different source providing equipment or non-medical supplies)	5. How was this item packaged? 1=individual item 2=bottle 3=carton etc. 99=does not know	6. How many of these units were received by this facility 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 facility? Riel 99,999,999=does not know
	(Codes for source) =>	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) 99=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="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
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="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

Q #	Item	Source	Unit	Quantity	Unit value
	3. What type of equipment or non-medical supply did this facility during the first quarter of 2003 ? (Use a separate line for each different item)	4. From which source was this equipment or non-medical supply received? (Use the source codes provided below and use a separate line for each different source providing equipment or non-medical supplies)	5. How was this item packaged? 1=individual item 2=bottle 3=carton etc. 99=does not know	6. How many of these units were received by this facility 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 facility? Riel 99,999,999=does not know
	(Codes for source) =>	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) 99=does not know
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"/>

(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 facility 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 facility during calendar years 2003 and 2004.

Section 4a. Service statistics

Based on the facility's records, please provide the information requested below about the services provided by this facility 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 hospital 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"/> <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"/> <input type="text"/> <input type="text"/>
c.	Minor surgery, total cases	number	<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.	Antenatal care (ANC), total visits	number	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>
f.	Birth spacing, total visits	number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q#	Type of service	Unit	Value
g.	Obstetric deliveries, total cases	number	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
h.	Inpatient discharges	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"/>
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		

Q#	Type of service	Unit	Value
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"/>
n	Laboratory tests 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 facility during each of the calendar quarters listed below:	1. According to the facility's records, how much user fee revenue was collected in each of these calendar quarters? Riel 999,999,999=does not know
a.	First quarter 2003	<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"/>
b.	Second quarter 2003	<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"/>
c.	Third quarter 2003	<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.	Fourth quarter 2003	<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"/>
e.	First quarter 2004	<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"/>
f.	Second quarter 2004	<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"/>
g.	Third quarter 2004	<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"/>
h.	Fourth quarter 2004	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 facility during each of the calendar quarters listed below:	1. According to the facility's records, what is the value of drugs and medical supplies consumed by this facility during these calendar quarters? Riel 999,999,999=does not know
a.	First quarter 2003	<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"/>
b.	Second quarter 2003	<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"/>
c.	Third quarter 2003	<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.	Fourth quarter 2003	<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"/>
e.	First quarter 2004	<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"/>
f.	Second quarter 2004	<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"/>
g.	Third quarter 2004	<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"/>
h.	Fourth quarter 2004	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>