India Human Development Survey (IHDS), 2005

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Medical Questionnaire

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HUMAN DEVELOPMENT PROFILE OF INDIA - II
2004-05

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
&
UNIVERSITY OF MARYLAND, COLLEGE PARK

MEDICAL FACILITY QUESTIONNAIRE

1. STUDY CODE
2. Deck Number
3. Interviewer ID
   Interviewer Name
4. Interviewer Signature
5. Supervisor ID
6. Supervisor Name
7. Supervisor Signature
8. Number of visits to complete questionnaire
9. Completion Status
   Complete = 1
   Incomplete= 2
10. Data Entry ID
11. Data Entry Name
12. Data Entry Signature

INTERVIEW DATE: [ ] [ ] [ ] [ ] MCDATE
TIME INTERVIEW BEGAN: [ ] : [ ] : [ ] [ ] AM=1 [ ] PM=2 MCT1a

Page 1 of 6
PART A:  BASIC CHARACTERISTICS

1. What type of facility is this?

1= PUBLIC HOSPITAL    5= PUBLIC FAMILY PLANNING CENTRE
2= PHC                 6= PRIVATE HOSPITAL
3= COMMUNITY HEALTH C  7= PRIVATE CLINIC OR POLYCLINIC
4= SUBCENTRE           8= PRIVATE DOCTOR

TYPE:  NO= 0  MF1

2. Does this facility practice … allopathic medicine?

YES= 1  MF2a
NO= 0    MF2b

ayurvedic medicine?

YES= 1  MF2c
NO= 0    MF2d

homeopathy?

YES= 1  MF2e
NO= 0    MF2f

unani?

YES= 1  MF2g
NO= 0    MF2h

other?

YES= 1  MF2i
NO= 0    MF2j

RECORD ALL THAT APPLY

3. Does this medical facility receive funding or other support from …

the government?

NO= 0  MF3a
YES= 1  MF3b

a religious organization?

NO= 0  MF3c
YES= 1  MF3d

a non-religious charity or NRI?

YES= 1  MF3e
NO= 0    MF3f

4. In what year did this medical facility open?

YEAR:  NO= 0  MF4

5. How far is this facility from the District Hospital?

Kms.:  NO= 0  MF5

6a. Does this facility have beds for overnight in-patient care?

IF YES:  How many beds are available?

IF NONE, WRITE 0  NO= 0  MF6a

BEDS:

IF YES:  On an average day, how many of these beds are occupied?

IF NONE, WRITE 0  NO= 0  MF6b

BEDS:

6b. IF YES:  On an average day, how many of these beds are occupied?

IF NONE, WRITE 0  NO= 0  MF6c

6c. On average, how many out-patients does the facility treat each week?

(OUT-PATIENTS ARE TREATED BUT DO NOT STAY OVERNIGHT)

NUMBER:  NO= 0  MF6d

7. What days of the week is the clinic open?
For how many hours is the clinic open on …

IF CLINIC IS CLOSED ON A DAY, WRITE ZERO.

Mondays?

HOURS:  NO= 0  MF7a

Tuesdays?

HOURS:  NO= 0  MF7b

Wednesdays?

HOURS:  NO= 0  MF7c

Thursdays?

HOURS:  NO= 0  MF7d

Fridays?

HOURS:  NO= 0  MF7e

Saturdays?

HOURS:  NO= 0  MF7f

Sundays?

HOURS:  NO= 0  MF7g

8. Does this medical facility have electricity?

IF YES:  How many hours per day is electricity usually available?

IF NONE, WRITE 0  NO= 0  MF7h

HOURS:  NO= 0  MF7i

IF ALL DAY, WRITE 24  YES= 24  MF7j

Almost every day= 1
Once or twice a week= 2
Less than once a week= 3

8b. IF YES:  How often is electric service interrupted?

IF NO ELECTRICITY, WRITE 0

NO= 0  MF8a

Once or twice a week= 2  YES= 2  MF8b

Less than once a week= 3

8c. Does this facility have its own electric generator?

IF YES:  Is the generator used as the main source of electricity, or is it used only as a backup?

NO= 0  MF8c

Yes, for backup= 1  YES= 1  MF8d

Yes, as main electricity source= 2

Page 2 of 6
PART A: BASIC CHARACTERISTICS (continued)

9. What is the main source of drinking water in this medical facility?
   1= PIPED INSIDE THE FACILITY  5= DUG, OPEN WELL  9= TANKER TRUCK
   2= PIPED OUTSIDE THE FACILITY  6= HAND PUMP  10= RAINWATER
   3= TUBE WELL  7= RIVER, CANAL, STREAM  11= BOTTLED
   4= COVERED WELL  8= POND  12= OTHER

10. What toilet facilities are available for the use of patients in the clinic?
    0= No toilet belonging to the facility  2= Ventilated Improved Pit Latrine  4= Other
    1= Traditional Pit Latrine  3= Flush Toilet

10b. IF FACILITY HAS A TOILET: Is there a wash basin next to the toilet for washing hands?
     NO= 0  YES= 1
     IF NO TOILET, WRITE 0

11. Is there a fee for patients to register at this facility the first time they come?
    IF YES: How much is that registration fee?
    IF NO REGISTRATION FEE, WRITE 0

12. What is the usual visit fee charged for a routine visit, for instance, for an infant with diarrhea?

12b. Does this fee include basic medicine that would be given for diarrhea?
     IF MEDICINE INCLUDED IN FEE, WRITE 0.
     IF MEDICINE IS NOT INCLUDED: How much would the medicine cost that is most often prescribed for diarrhea?

PART B: SERVICES PROVIDED

Now I would like to ask you about what medical services are available at this facility.

Does this clinic provide....

<table>
<thead>
<tr>
<th>Service Description</th>
<th>No=0</th>
<th>Yes=1</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a. Child immunizations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b. Contraception: Oral pills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c. Contraception: IUD insertion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13d. Contraception: Male sterilisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13e. Contraception: Female sterilisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13f. Contraception: Injection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13g. Incision of abscess/piercing of boils?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13h. Saline I V?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13i. Setting broken bones?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13j. Treatment of gynecological conditions such as white discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13k. Treatment of STDs such as gonorrhea?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13l. Treatment for tuberculosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13m. Prenatal care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13n. Eye exam?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13o. Treatment for diarrhea?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13p. Change a wound dressing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13q. Stitching wounds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13r. Treatment of malaria?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13s. Minor Illnesses like fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13t. Treatment for Rabies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13u. Childbirth delivery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13v. D&amp;C or abortions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13w. Blood transfusion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13x. Cataract surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13y. Abdominal surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13z. Heart surgery?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. **Does the clinic do tests for ...**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Option Options</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a. Blood test: hemoglobin</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14a</td>
<td></td>
</tr>
<tr>
<td>14b. Blood test: leukemia</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14b</td>
<td></td>
</tr>
<tr>
<td>14c. Blood test: AIDS</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14c</td>
<td></td>
</tr>
<tr>
<td>14d. TLC Total lymphocyte count</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14d</td>
<td></td>
</tr>
<tr>
<td>14e. Urinalysis:Routine</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14e</td>
<td></td>
</tr>
<tr>
<td>14f. Urinalysis: Culture</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14f</td>
<td></td>
</tr>
<tr>
<td>14g. Stool test</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14g</td>
<td></td>
</tr>
<tr>
<td>14h. Pregnancy test</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14h</td>
<td></td>
</tr>
<tr>
<td>14i. Malarial parasite</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14i</td>
<td></td>
</tr>
<tr>
<td>14j. Cerebral Malarial parasite</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14j</td>
<td></td>
</tr>
<tr>
<td>14k. TB</td>
<td>NO= 0 / YES, collects &amp; sends out= 1, YES, analyses here= 2</td>
<td>MF14k</td>
<td></td>
</tr>
</tbody>
</table>

15. **Now I would like to ask you about what medical equipment is in this medical facility.**

Does the facility have in good working order a ...  

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Option Options</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a. Stethoscope</td>
<td>NO= 0 / YES= 1</td>
<td>MF15a</td>
<td></td>
</tr>
<tr>
<td>15b. Sterilisation / autoclaves</td>
<td>NO= 0 / YES= 1</td>
<td>MF15b</td>
<td></td>
</tr>
<tr>
<td>15c. Weighing scale for adults</td>
<td>NO= 0 / YES= 1</td>
<td>MF15c</td>
<td></td>
</tr>
<tr>
<td>15d. Weighing scale for infants</td>
<td>NO= 0 / YES= 1</td>
<td>MF15d</td>
<td></td>
</tr>
<tr>
<td>15e. Thermometer</td>
<td>NO= 0 / YES= 1</td>
<td>MF15e</td>
<td></td>
</tr>
<tr>
<td>15f. Vaginal speculum</td>
<td>NO= 0 / YES= 1</td>
<td>MF15f</td>
<td></td>
</tr>
<tr>
<td>15g. Sonograph</td>
<td>NO= 0 / YES= 1</td>
<td>MF15g</td>
<td></td>
</tr>
<tr>
<td>15h. Xray machine</td>
<td>NO= 0 / YES= 1</td>
<td>MF15h</td>
<td></td>
</tr>
<tr>
<td>15i. Blood Pressure Gauge</td>
<td>NO= 0 / YES= 1</td>
<td>MF15i</td>
<td></td>
</tr>
<tr>
<td>15j. Oxygen</td>
<td>NO= 0 / YES= 1</td>
<td>MF15j</td>
<td></td>
</tr>
<tr>
<td>15k. Ear exam</td>
<td>NO= 0 / YES= 1</td>
<td>MF15k</td>
<td></td>
</tr>
<tr>
<td>15l. Delivery kit</td>
<td>NO= 0 / YES= 1</td>
<td>MF15l</td>
<td></td>
</tr>
<tr>
<td>15m. Forceps</td>
<td>NO= 0 / YES= 1</td>
<td>MF15m</td>
<td></td>
</tr>
<tr>
<td>15n. Microscope</td>
<td>NO= 0 / YES= 1</td>
<td>MF15n</td>
<td></td>
</tr>
<tr>
<td>15o. Centrifuge</td>
<td>NO= 0 / YES= 1</td>
<td>MF15o</td>
<td></td>
</tr>
<tr>
<td>15p. Refrigerator</td>
<td>NO= 0 / YES= 1</td>
<td>MF15p</td>
<td></td>
</tr>
<tr>
<td>15q. Cold chest</td>
<td>NO= 0 / YES= 1</td>
<td>MF15q</td>
<td></td>
</tr>
<tr>
<td>15r. ECG Monitor</td>
<td>NO= 0 / YES= 1</td>
<td>MF15r</td>
<td></td>
</tr>
<tr>
<td>15s. Ambulance</td>
<td>NO= 0 / YES= 1</td>
<td>MF15s</td>
<td></td>
</tr>
<tr>
<td>15t. Wheelchair</td>
<td>NO= 0 / YES= 1</td>
<td>MF15t</td>
<td></td>
</tr>
</tbody>
</table>

16. **Now I would like to ask you about the medicines you currently have in stock at this facility.**

Do you usually have ...  

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Option Options</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a. Penicillin</td>
<td>NO= 0 / YES= 1</td>
<td>MF16a</td>
<td></td>
</tr>
<tr>
<td>16b. Ampicillin</td>
<td>NO= 0 / YES= 1</td>
<td>MF16b</td>
<td></td>
</tr>
<tr>
<td>16c. Tetracycline</td>
<td>NO= 0 / YES= 1</td>
<td>MF16c</td>
<td></td>
</tr>
<tr>
<td>16d. Streptomycin</td>
<td>NO= 0 / YES= 1</td>
<td>MF16d</td>
<td></td>
</tr>
<tr>
<td>16e. Any other antibiotics</td>
<td>NO= 0 / YES= 1</td>
<td>MF16e</td>
<td></td>
</tr>
<tr>
<td>16f. Iron tablets or Folic Acid</td>
<td>NO= 0 / YES= 1</td>
<td>MF16f</td>
<td></td>
</tr>
<tr>
<td>16g. Vitamin A</td>
<td>NO= 0 / YES= 1</td>
<td>MF16g</td>
<td></td>
</tr>
<tr>
<td>16h. BCG vaccination</td>
<td>NO= 0 / YES= 1</td>
<td>MF16h</td>
<td></td>
</tr>
<tr>
<td>16i. Polio immunization</td>
<td>NO= 0 / YES= 1</td>
<td>MF16i</td>
<td></td>
</tr>
<tr>
<td>16j. Hepatitis B vaccine</td>
<td>NO= 0 / YES= 1</td>
<td>MF16j</td>
<td></td>
</tr>
<tr>
<td>16k. Anti-malarial medicine</td>
<td>NO= 0 / YES= 1</td>
<td>MF16k</td>
<td></td>
</tr>
<tr>
<td>16l. DPT vaccination</td>
<td>NO= 0 / YES= 1</td>
<td>MF16l</td>
<td></td>
</tr>
<tr>
<td>16m. MMR vaccination</td>
<td>NO= 0 / YES= 1</td>
<td>MF16m</td>
<td></td>
</tr>
</tbody>
</table>
Now I would like to ask you about the people who work at this health facility.

17. How many people currently work at this clinic/center? [NUMBER]  
18. Are there any sanctioned positions that are currently vacant? IF YES, How many? [NUMBER]  

ASK ONLY IF STAFF SIZE IS LESS THAN 13 PEOPLE. WRITE DOWN ALL THE NAMES, THEN ASK QUESTIONS 23 TO 28 FOR EACH PERSON BEFORE GOING ON TO THE NEXT PERSON.

<table>
<thead>
<tr>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Next, please tell me the names of everyone who works here, who has contact with patients. NAME / POSITION</td>
<td>What is NAME's position? Is he/she a doctor, nurse, or what?</td>
<td>Was NAME present at interview?</td>
<td>Sex</td>
<td>Religion</td>
<td>Caste</td>
<td>Does NAME live in this village/neighborhood? IF NO: How far does NAME live from here? KILOMETERS</td>
<td>For how many years has NAME worked here? YEARS</td>
<td>What kind of degree does NAME have?</td>
<td>Does NAME have a private medical practice? 0= No 1= Yes</td>
<td>Is NAME present today?</td>
</tr>
<tr>
<td>1</td>
<td>NAME</td>
<td>MF21a</td>
<td>MF22a</td>
<td>MF23a</td>
<td>MF24a</td>
<td>MF25a</td>
<td>MF26a</td>
<td>MF27a</td>
<td>MF28a</td>
<td>MF29a</td>
<td>MF30a</td>
</tr>
<tr>
<td>2</td>
<td>NAME</td>
<td>MF21b</td>
<td>MF22b</td>
<td>MF23b</td>
<td>MF24b</td>
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<td>MF27b</td>
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<td>MF29b</td>
<td>MF30b</td>
</tr>
<tr>
<td>3</td>
<td>NAME</td>
<td>MF21c</td>
<td>MF22c</td>
<td>MF23c</td>
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<td>MF25c</td>
<td>MF26c</td>
<td>MF27c</td>
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<td>NAME</td>
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<td>MF22d</td>
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<td>MF26d</td>
<td>MF27d</td>
<td>MF28d</td>
<td>MF29d</td>
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</tr>
<tr>
<td>5</td>
<td>NAME</td>
<td>MF21e</td>
<td>MF22e</td>
<td>MF23e</td>
<td>MF24e</td>
<td>MF25e</td>
<td>MF26e</td>
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<td>MF30e</td>
</tr>
<tr>
<td>6</td>
<td>NAME</td>
<td>MF21f</td>
<td>MF22f</td>
<td>MF23f</td>
<td>MF24f</td>
<td>MF25f</td>
<td>MF26f</td>
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<td>MF28f</td>
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<tr>
<td>7</td>
<td>NAME</td>
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<td>8</td>
<td>NAME</td>
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<td>MF22h</td>
<td>MF23h</td>
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<td>MF28h</td>
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<td>MF30h</td>
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<tr>
<td>9</td>
<td>NAME</td>
<td>MF21i</td>
<td>MF22i</td>
<td>MF23i</td>
<td>MF24i</td>
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<td>MF26i</td>
<td>MF27i</td>
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<td>10</td>
<td>NAME</td>
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<td>MF22j</td>
<td>MF23j</td>
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<td>11</td>
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</tr>
<tr>
<td>12</td>
<td>NAME</td>
<td>MF21l</td>
<td>MF22l</td>
<td>MF23l</td>
<td>MF24l</td>
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<td>MF26l</td>
<td>MF27l</td>
<td>MF28l</td>
<td>MF29l</td>
<td>MF30l</td>
</tr>
</tbody>
</table>

1= Director 5= Paramedic 1= Male 1= Primary 1= Hindu 1= Brahmin 0= None 5= R.N. 0= No  
2= Doctor 6= Technician 2= Female 2= Respondant 2= Muslim 2= OBC 1= Xth 6= MBBS 1= No, but  
3= Nurse 7= Clerk 2= Present 3= SC 3= Christian 3= Sikh 2= XIIth 7= Ayurvedic 2= Yes  
4= Dai 8= Other 3= Neither 4= Sikh 4= ST 3= Buddhist 5= MSc., BA 3= BS, BA 4= Masters 9= Other  
5= Buddhist 5= Other 6= Jain 6= Jain 7= Other
Part D: MEDICAL FACILITY OBSERVATION

Now I would like to look at some of the rooms in this health facility and take some notes. Could you please take me to the rooms where patients are examined? ONCE YOU ARRIVE IN THE ROOM, WRITE DOWN THE ANSWERS TO QUESTIONS 26 TO WITHOUT ASKING ANY QUESTIONS DIRECTLY.

IS THE EXAMINATION ROOM A SEPARATE ROOM THAT PROVIDES PRIVACY FROM OTHER PATIENTS?

IF NO: ARE THERE CURTAINS FOR CLOSING THE EXAMINATION AREA TO PROVIDE PRIVACY?

26a. Separate exam room= 1

Same room, with curtains= 2

Same room, No curtains= 3

26b. IF YES TO CURTAINS: ARE THE CURTAINS CLEAN, OR DO YOU SEE BLOODSTAINS OR OTHER DROPPINGS?

No curtains= 0

Clean= 1

Dirty= 2

26c. IS THE FLOOR CLEAN, OR DO YOU SEE A LOT OF DUST, OR FOOD REMNANTS, OR GARBAGE ON THE FLOOR?

No sink or basin= 0

SINK or basin with no piped water= 1

SINK or basin with piped water= 2

26d. ARE THE WALLS CLEAN, OR DO YOU SEE SPIDER WEBS, OR SCRIBBLING, OR MOISTURE, OR PEELED OFF PAINT?

Clean= 1

Dirty= 2

26e. IS THERE A SINK OR BASIN IN or NEAR THE ROOM FOR WASHING HANDS?

No exam table= 0

Yes exam table= 1

26f. IS THERE AN EXAMINATION TABLE IN THIS ROOM?

Disposable needle= 1

Non-disposable needle= 2

Both kinds of needles= 3

No needles= 4

IF NON-DISPOSABLE NEEDLES ARE USED:

Can you see what you use to give patients injections and immunizations?

27. WRITE DOWN THE TYPE OF NEEDLE

ALLOW UP TO THREE RESPONSES

Sterilize: 1

Puts needle in boiling water= 2

Rinses with alcohol= 3

Puts needle in flame= 4

Other= 5

Not sterilized= 6

Not applicable= 9

END OF INTERVIEW.

THANK THE RESPONDENT FOR HIS OR HER COOPERATION

Can you please show me where the vaccines are stored?

Special refrigerator for vaccines= 1

Refrigerator used for other purposes= 2

Cold chain box or other non-electric refrigerator= 3

Not refrigerated storage space= 4

No regular storage space= 5

No vaccinations given here= 9

OBSERVATION OF OUTSIDE OF MEDICAL FACILITY:

33. TYPE OF APPROACH ROAD TO THE HOSPITAL

Footpath= 1

Kutcha= 2

Pucca= 3

34. IS THERE AN ADVERTISEMENT ON THE BUILDING THAT THIS CLINIC DOES SONOGRAMS? (OR A PRACTICE THAT MIGHT DETERMINE THE SEX OF A FETUS)?

No=0

Yes=1

TIME INTERVIEW FINISHED:

TIME:  

hour hour : min min

COMMENTS: