India Human Development Survey-II (IHDS-II), 2011-12

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*University of Maryland*

Data Collection Instrument for Medical Staff and Facilities Data
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INDIA HUMAN DEVELOPMENT SURVEY – II
2011-12

MEDICAL FACILITY QUESTIONNAIRE

1. Name of Village/Town of Facility: _______________________________ MQ1NM

2. Name of Medical Facility: _______________________________ MQ2NM

3a.

4. District: _______________________________ MQ4NM

5. Name of Director: _______________________________ MQ5NM

6. Name of Respondent (IF DIFFERENT): _______________________________ MQ6NM

7. Title of Respondent: _______________________________ MQ7

8. Designation: _______________________________ MQ8aNM

   Administrator=1 Nurse=3

   Doctor=2 Others=4

9.

Ist Data Entry Tick (√) __________

IInd Data Entry Tick (√) __________
INDIA HUMAN DEVELOPMENT SURVEY – II
2011-12

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

MEDICAL FACILITY QUESTIONNAIRE

1. STUDY CODE
   0 4 4 MC1

2. Book Number
   6 MC2

3. Interviewer ID
   Organization ID Interviewer ID MC3a MC3b

4. Interviewer Name
   ____________________________

5. Interviewer Signature
   ____________________________

6. Supervisor ID
   Organization ID Supervisor ID MC6a MC6b

7. Supervisor Name
   ____________________________

8. Supervisor Signature
   ____________________________

9. INTERVIEW DATE:
   ____________________________

10. TIME INTERVIEW BEGAN:
    AM=1 PM=2 MC10 MC10h MC10m

11. Number of visits to complete questionnaire
   ____________________________

12. Completion Status
    Complete = 1 Incomplete= 2 MC12

13. In Village/Locality of sample place?
    Yes=1 No=2 MC14

14. Distance from sample place?
    Km MC14a
### IHDS-2 (MEDICAL QUESTIONNAIRE)

#### PART A: BASIC CHARACTERISTICS

1. **What type of facility is this?**
   - Public Hospital = 1
   - Public Family Planning Centre = 5
   - Community Health Centre = 2
   - Private Hospital = 6
   - Primary Health Centre = 3
   - Private Clinic Or Polyclinic = 7
   - Subcentre = 4
   - Private Doctor = 8
   - Other (specify) = 9

   **TYPE:**
   - MF1
   - MF1NM

2. **Does this facility practice ...**
   - RECORD ALL THAT APPLY
   - **Allopathic medicine?**
     - Yes = 1
     - No = 2
   - **Ayurvedic medicine?**
     - Yes = 1
     - No = 2
   - **Homeopathy?**
     - Yes = 1
     - No = 2
   - **Unani?**
     - Yes = 1
     - No = 2
   - **Other ?**
     - Yes = 1
     - No = 2

3. **Does this medical facility receive funding or other support from ...**
   - the government?
     - Yes = 1
     - No = 2
   - any religious organization?
     - Yes = 1
     - No = 2
   - any non-religious charity or NRI?
     - Yes = 1
     - No = 2

4. **In what year did this medical facility open?**
   - YEAR:

5a. **How far is this facility from the District Hospital?**
   - IF THIS IS A DISTRICT HOSPITAL, WRITE 0
   - Kms.

5b. **How far is this facility from the nearest CHC?**
   - IF THIS IS A CHC OR PUBLIC HOSPITAL, WRITE 0
   - Kms.

6a. **Does this facility have beds for overnight in-patient care?**
   - IF YES: How many beds are available?
     - BEDS:
   - IF NONE, WRITE 0
   - MF6a

6b. **IF YES: On an average day, how many of these beds are occupied?**
   - IF NONE, WRITE 0
   - BEDS:

6c. **On an average, how many out-patients does the facility treat each week?**
   - OUT-PATIENTS ARE TREATED BUT DO NOT STAY OVERNIGHT
   - NUMBER:

7. **What days of the week is the clinic open for OPD (Out Patient Department)?**
   - **Mondays?**
     - HOURS:
   - **Tuesdays?**
     - HOURS:
   - **Wednesdays?**
     - HOURS:
   - **Thursdays?**
     - HOURS:
   - **Fridays?**
     - HOURS:
   - **Saturdays?**
     - HOURS:
   - **Sundays?**
     - HOURS:
   - **IF CLINIC IS CLOSED ON A DAY, WRITE ZERO.**

8a. **Does this medical facility have electricity?**
   - IF YES: How many hours per day is electricity usually available?
     - IF NONE, WRITE 0
     - HOURS:

8b. **IF YES: How often is electric service interrupted?**
   - Almost every day=1
   - Once or twice a week=2
   - 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?
     - Yes as main electricity source=3
     - Yes, for backup=2
     - No=1

9a. **What is the main source of drinking water in this medical facility?**
   - Piped (public supply)=01
   - Covered Well=05
   - Rainwater=09
   - Tube Well=02
   - River, Canal, Stream=06
   - Bottled=10
   - Hand Pump=03
   - Pond=07
   - Open Well=04
   - Tanker=08

9b. **Is this water source inside or outside the facility/ compound?**
   - Outside=1
   - Inside=2

10a. **What toilet facilities are available for the use of patients in the clinic?**
   - No toilet=1
   - Ventilated Improved Pit Latrine=5
   - Traditional Pit Latrine=2
   - Flush Toilet=4

10b. **IF FACILITY HAS A TOILET: Is there a wash basin next to the toilet for washing hands?**
   - Yes=1
   - No=2
PART A: BASIC CHARACTERISTICS (continued)

11a. Is there a fee for patients to register at this facility for the first time they come?

11b. IF YES: How much is that registration fee? IF NO REGISTRATION FEE, WRITE 0

12a. 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 e.g. 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...

13a. Child immunizations?

13b. Contraception: Oral pills?

13c. Contraception: IUD insertion?

13d. Contraception: Male sterilisation/ vasectomy?

13e. Contraception: Female sterilisation/ tubal ligation?

13f. Contraception: Injection?

13g. Incision of abscess/ piercing of boils?

13h. Saline IV?

13i. Setting broken bones?

13j. Treatment of gynaecological conditions such as white discharge?

13k. Treatment of STDs/STIs such as gonorrhea?

13l. DOTS treatment for tuberculosis? (Directly Observed Treatment Short course)

13m. Prenatal care?

13n. Eye exam?

13o. Treatment for diarrhea?

13p. Change a wound dressing?

13q. Stitching wounds?

13r. Treatment for malaria?

13s. Minor Illnesses like fever?

13t. Treatment for Rabies?

13u. Childbirth/Delivery?

13v. Abortion/ Medical Termination of Pregnancy/ or D&C?

13w. Blood transfusion?

13x. Cataract surgery?

13y. Abdominal surgery?

13z. Heart surgery?
**PART B: SERVICES (continued)**

14. Does the clinic do tests for …

<table>
<thead>
<tr>
<th>Test</th>
<th>Yes</th>
<th>No</th>
<th>MF</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a. Pregnancy</td>
<td></td>
<td></td>
<td>14a</td>
</tr>
<tr>
<td>blood test: haemoglobin</td>
<td></td>
<td></td>
<td>14b</td>
</tr>
<tr>
<td>blood test: total white blood cell/lymphocyte (TLC) count</td>
<td></td>
<td></td>
<td>14c</td>
</tr>
<tr>
<td>blood test: HIV/AIDS</td>
<td></td>
<td></td>
<td>14d</td>
</tr>
<tr>
<td>blood test: cholesterol</td>
<td></td>
<td></td>
<td>14e</td>
</tr>
<tr>
<td>urine-analysis:Routine such as sugar or albumin</td>
<td></td>
<td></td>
<td>14f</td>
</tr>
<tr>
<td>urine-analysis: culture</td>
<td></td>
<td></td>
<td>14g</td>
</tr>
<tr>
<td>stool test</td>
<td></td>
<td></td>
<td>14h</td>
</tr>
<tr>
<td>chlorine level in water</td>
<td></td>
<td></td>
<td>14i</td>
</tr>
<tr>
<td>malaria</td>
<td></td>
<td></td>
<td>14j</td>
</tr>
<tr>
<td>cerebral malarial parasite</td>
<td></td>
<td></td>
<td>14k</td>
</tr>
<tr>
<td>TB (tuberculosis) such as sputum testing for mycobacterium</td>
<td></td>
<td></td>
<td>14l</td>
</tr>
<tr>
<td>Pap smear for cervical cancer</td>
<td></td>
<td></td>
<td>14m</td>
</tr>
</tbody>
</table>

15. Now I would like to ask you about what medicines you have in stock at this facility. Do you have …

<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
<th>MF</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a. Penicillin</td>
<td></td>
<td></td>
<td>15a</td>
</tr>
<tr>
<td>15b. Ampicillin</td>
<td></td>
<td></td>
<td>15b</td>
</tr>
<tr>
<td>15c. Tetracycline</td>
<td></td>
<td></td>
<td>15c</td>
</tr>
<tr>
<td>15d. Ciprofloxacin (Cipro)</td>
<td></td>
<td></td>
<td>15d</td>
</tr>
<tr>
<td>15e. Any other antibiotics</td>
<td></td>
<td></td>
<td>15e</td>
</tr>
<tr>
<td>15f. Iron tablets or Folic Acid</td>
<td></td>
<td></td>
<td>15f</td>
</tr>
<tr>
<td>15g. Vitamin A</td>
<td></td>
<td></td>
<td>15g</td>
</tr>
<tr>
<td>15h. BCG vaccination for tuberculosis</td>
<td></td>
<td></td>
<td>15h</td>
</tr>
<tr>
<td>15i. Polio immunization</td>
<td></td>
<td></td>
<td>15i</td>
</tr>
<tr>
<td>15j. Hepatitis B vaccine</td>
<td></td>
<td></td>
<td>15j</td>
</tr>
<tr>
<td>15k. MMR (measles, mumps, rubella) vaccination</td>
<td></td>
<td></td>
<td>15k</td>
</tr>
<tr>
<td>15l. DPT vaccination (diphtheria, pertussis-whooping cough, tetanus)</td>
<td></td>
<td></td>
<td>15l</td>
</tr>
<tr>
<td>15m. Anti-malarial medicine</td>
<td></td>
<td></td>
<td>15m</td>
</tr>
<tr>
<td>15n. Oral Rehydration Salts</td>
<td></td>
<td></td>
<td>15n</td>
</tr>
<tr>
<td>15o. Anti-rabies vaccine</td>
<td></td>
<td></td>
<td>15o</td>
</tr>
<tr>
<td>15p. Adrenaline injection</td>
<td></td>
<td></td>
<td>15p</td>
</tr>
<tr>
<td>15q. Oxytocin injection</td>
<td></td>
<td></td>
<td>15q</td>
</tr>
</tbody>
</table>
### IHDS-2 (MEDICAL QUESTIONNAIRE)

**PART B: SERVICES (continued: equipment)**

16. Now I would like to ask you about what medical equipment is in this medical facility. Does the facility have the following items in good working condition?

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a. Stethoscope</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16b. Sterilisation / Autoclaves</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16c. Weighing scale for adults</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16d. Weighing scale for infants</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16e. Thermometer</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16f. Vaginal speculum</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16g. Sonograph/ Ultrasound</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16h. X-ray machine</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16i. Blood Pressure Gauge</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16j. Oxygen</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16k. Otoscope for ear exam</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16l. Ophthalmoscope for eye exam</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16m. Delivery kit</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16n. Forceps</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16o. Partograph for tracking delivery</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16p. IV stand</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16q. Laryngoscope for throat</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16r. Catheter (urethral)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16s. Microscope</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16t. Centrifuge</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16u. Refrigerator</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16v. Cold chest</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16w. ECG Monitor</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16x. Ambulance</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16y. Wheelchair</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16z. Stretcher on a trolley</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16aa. Computer</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16bb. Internet connection</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16cc. Landline telephone</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16dd. Mobile phone: used for communicating with patients</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

MF16a MF16p
MF16b MF16q
MF16c MF16r
MF16d MF16s
MF16e MF16t
MF16f MF16u
MF16g MF16v
MF16h MF16w
MF16i MF16x
MF16j MF16y
MF16k MF16z
MF16l MF16a
MF16m MF16aaa
MF16n MF16bb
MF16o MF16cc
MF16o MF16dd
### Part C: EMPLOYEES

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?  

18. Are there any sanctioned positions that are currently vacant?  
   - If YES, How many?

---

**IF STAFF IS MORE THAN 12 PEOPLE, ASK IN ORDER OF SENIORITY (Director, Doctors, Nurses, Dais, Paramedics, Technicians, Clerk, Other)**

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>NO.</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Next, please tell me the names of everyone who works here, who has contact with patients.</td>
<td>What is [NAME’s] position?</td>
<td>Was NAME present at interview?</td>
<td></td>
</tr>
<tr>
<td>MF19</td>
<td>MF20</td>
<td>NAME</td>
<td>MF21</td>
<td>MF22</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>15</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

23. Sex  
   - Male=1  
   - Female=2

24. Religion  
   - Hindu=1  
   - Muslim=2  
   - Sikh=4

25. Caste  
   - Brahmin=1  
   - Forward/General (exc. Brahmin)=2  
   - Others=8

26. Does [NAME] live in this village/neighborhood?  
   - Yes=1  
   - No=2

27. How many years has [NAME] worked here?  
   - KILOMETERS YEARS

28. What kind of degree does [NAME] have?  
   - Xth=02  
   - XIIth=03  
   - MBBS=07  
   - Ayurvedic=08  
   - Homeopathy=09  
   - BSc., BA=04  
   - Masters=05  
   - Others=6

29. Does [NAME] have a private medical practice?  
   - Yes=1  
   - No=2  
   - expected=3

30. Is [NAME] present today?  
   - Yes=1  
   - No=2  
   - R.N.=06  
   - Govt.=1  
   - Pvt.=2

---

**Staff Composition**

- Director=1  
- Nurse=3  
- Doctor=2  
- Paramedic=5  
- Teacher=6  
- Clerk=7  
- Respondent=1  
- Present=2  
- Dai=4  
- Other=8  
- Neither=3  
- Primary

- Hindu=1  
- Muslim=2  
- Sikh=4  
- Forward/General (exc. Brahmin)=2  
- Others=8  
- None=01  
- R.N.=06  
- Xth=02  
- XIIth=03  
- MBBS=07  
- Ayurvedic=08  
- Homeopathy=09  
- BSc., BA=04  
- Masters=05  
- Other=10
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 a room where patients are examined? Once you arrive in the room, write down the answers to questions 31 to 37 without asking any questions directly.

Is the examination room a separate room that provides privacy from other patients?

31a. If no: are there curtains for closing the examination area to provide privacy?
   - Separate exam room = 1
   - Same room, with curtains = 2
   - Same room, no curtains = 3

31b. If yes to curtains: are the curtains clean, or do you see bloodstains or other droppings?
   - No curtains = 1
   - Clean = 2
   - Dirty = 3

31c. Is the floor clean, or do you see a lot of dust, or food remnants, or garbage on the floor?
   - Clean = 1
   - Dirty = 2

31d. Are the walls clean, or do you see spider webs, or scribbling, or moisture, or peeled off paint?
   - No sink or basin = 1
   - Sink or basin with no piped water = 2
   - Sink or basin with piped water = 3

31e. Is there a sink or basin in or near the room for washing hands?
   - No sink or basin = 1
   - Sink or basin with no piped water = 2
   - Sink or basin with piped water = 3

31f. Is there an examination table in this room?
   - No exam table = 1
   - Yes exam table = 2

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

32. Write down the type of needle
   - Disposable needle = 1
   - Non-disposable needle = 2
   - Both kinds of needles = 3
   - No needles = 4

If non-disposable needles are used:

33. Can you show me how you sterilize your non-disposable needles?
   - Allow up to three responses
   - Sterilizer = 1
   - Puts needle in boiling water = 2
   - Rinses with alcohol = 3
   - Puts needle in flame = 4
   - Other = 5
   - Not sterilized = 6
   - Not applicable = 9

34. Can you please show me where the vaccines are stored?

End of interview.

Thank the respondent for her or his cooperation.

Is the examination room a separate room that provides privacy from other patients?

35. Facility's floor type (main):
   - Mud = 1
   - Wood, Bamboo = 2
   - Brick = 3
   - Tiles, Mosaic = 6
   - Cement = 5
   - Other = 7

36. Facility's wall type (main):
   - Grass, Thatch = 1
   - GI Sheets, Other Metal = 6
   - Stone = 4
   - Burn Bricks = 5
   - Mud, Unburnt Bricks = 2
   - Plastic = 3
   - Wood = 4
   - Other = 9

37. Facility's roof type (main):
   - Grass, Thatch, Mud, Wood = 01
   - GI Metal, Asbestos = 05
   - Cement, Concrete = 08
   - Stone = 7
   - Other = 10

OBSERVATIONS ON OUTSIDE OF MEDICAL FACILITY:

38. Type of approach road to the hospital
   - Footpath = 1
   - Kutcha = 2
   - Pucca = 3
   - Yes = 1
   - No = 2

Time interview finished:

Comments: