

SERVICE AVAILABILITY QUESTIONNAIRE  
UGANDA DEMOGRAPHIC AND HEALTH SURVEY

IDENTIFICATION				
PLACE NAME _____				<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <!-- Grid representation of the form's right side --> </div>
REGION _____				
DISTRICT _____				
COUNTY _____				
SUB-COUNTY/TOWN _____				
PARISH/RC2 NUMBER.....				
CENSUS/EA.....				
DHS/CLUSTER.....				
URBAN/RURAL (urban=1, rural=2).....				
DATE OF VISIT _____		DAY	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <!-- Grid representation of the form's right side --> </div>	
		MONTH		
		YEAR		
		NAME		
INTERVIEWER NAME _____		NAME		
RESULT.....		RESULT		
COMPLETED.....1				
UNABLE TO COMPLETE....2				
(PLS SPECIFY)				
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE	_____	_____	_____	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>

## SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
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QUESTIONS 101 IS TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.

101	TYPE OF LOCALITY (in which cluster is found)	CITY.....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	→ 106 → 106 → 106
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THE REMAINING QUESTIONS ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.

102	What is the name of the nearest urban center?	_____ <input type="text"/>	
103	How far is it in kilometers to the nearest urban center?	KM. TO NEAREST URBAN CENTER..... <input type="text"/>	
104	What are the most commonly used types of transportation to go to the nearest urban center? (CIRCLE ALL APPLICABLE)	MOTORIZED.....A CANOE.....B WALKING.....C CYCLING.....D OTHER.....E	
105	What is the main access route to this (LOCALITY)?	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 WATER.....3 PATH.....4	
106	What are the major economic activities of the (LOCALITY) inhabitants?  RECORD THREE MAJOR ACTIVITIES	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADING/MARKETING.....D SERVICE SECTOR.....E MANUFACTURING.....F MINING/QUERRY.....G  OTHER.....X (SPECIFY)	
107	Is there telephone service in the (LOCALITY ?)	YES.....1 NO.....2	
108	Sometimes children who play normally in the day have difficulty seeing and moving around in the twilight after the sun goes down. In the evening these children may sit alone, hold onto their mother's clothes, be unable to find their toys, or see to eat.  Are you familiar with this condition?	YES.....1 NO.....2	→ 111
109	What do you call this condition?  TRY TO GET THE LOCAL NAME OF THIS DISEASE	_____ <input type="text"/>	
110	Do you know of any children in the community who have (this condition) in the past month?	YES.....1 NO.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
111	Please tell me if the following things are in the (LOCALITY)	KILOMETERS	
	Is there a primary school here?	PRIMARY SCHOOL..... <input type="text"/> <input type="text"/>	
	Is there a secondary school here?	SECONDARY SCHOOL..... <input type="text"/> <input type="text"/>	
	Is there a post office here?	POST OFFICE..... <input type="text"/> <input type="text"/>	
	Is there a local market here?	LOCAL MARKET..... <input type="text"/> <input type="text"/>	
	Is there a cinema/video hall here?	CINEMA/VIDEO HALL..... <input type="text"/> <input type="text"/>	
	Is there any protected well/borehole here/spring water?	PROTECTED WELL/BOREHOLE.. /SPRING WATER <input type="text"/> <input type="text"/>	
	Is there any traditioner healer here?	TRADITIONER HEALER..... <input type="text"/> <input type="text"/>	
	Is there a bank here?	BANK..... <input type="text"/> <input type="text"/>	
	Is there a public transportation here?	PUBLIC TRANSPORTATION.... <input type="text"/> <input type="text"/>	

NOTE: FOR EACH, IF IN LOCALITY, WRITE "00".  
 IF NOT IN LOCALITY, ASK HOW FAR. WRITE IN KILOMETER  
 IF DO NOT KNOW, WRITE "98". IF MORE THAN 97, WRITE "97".

SECTION 1B. HEALTH AND FAMILY PLANNING PROGRAMS IN THE COMMUNITY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
112	Does a community based family planning distribution program cover this (LOCALITY)?	YES.....1 NO.....2	→ 114
113	Are the following methods available from the community based distribution program?  a: Pill?  b: Condom?  c: Vaginals (Diaphragm, Foam, Jelly)?	PILL: YES.....1 NO.....2  CONDOM: YES.....1 NO.....2  VAGINALS: YES.....1 NO.....2	
114	Does a family planning field worker visit this (LOCALITY)?	YES.....1 NO.....2	→ 119
115	How often does the family planning field worker visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH..1 YEAR...2	
116	Does a family planning field worker provide family planning counselling/advice?	YES.....1 NO.....2	
117	Are the following methods available from the family planning field worker?  a: Pill?  b: Condom?  c: Vaginals (Diaphragm, Foam, Jelly)?	PILL: YES.....1 NO.....2  CONDOM: YES.....1 NO.....2  VAGINALS: YES.....1 NO.....2	
118	How many family planning field workers work in this area?  How many of them are government workers ?  How many of them are non-government workers ?	TOTAL NO. OF FP WORKERS..... <input type="text"/> <input type="text"/> NO. OF GOVT WORKERS <input type="text"/> <input type="text"/> NO. OF NON-GOVT WORKER <input type="text"/> <input type="text"/>	
119	Is this area visited regularly by a mobile family planning clinic?	YES.....1 NO.....2	→ 122
120	How often does the mobile family planning clinic visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH..1 YEAR...2	
121	Are the following methods available from the mobile family planning clinic?  a: Pill?  b: IUD?  c: Female /Male Sterilisation?  d: Injection?	PILL: YES.....1 NO.....2  IUD: YES.....1 NO.....2  FEMALE /MALE STERILIZATION: YES.....1 NO.....2  INJECTION: YES.....1 NO.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
122	Have there been any family planning information program in the (LOCALITY) in the last year?	YES.....1 NO.....2	→ 124
123	What specifically was this information promoting?  (CIRCLE ALL APPLICABLE)	CHILD SPACING.....A BENEFITS OF BIRTH CONTROL.....B USE OF FAMILY PLANNING.....C BREAST FEEDING.....D SPECIFIC METHOD(S) PROMOTION....E WHERE METHODS AVAILABLE.....F OTHER (SPECIFY).....X	
124	Is this area visited regularly by a mobile health clinic?	YES.....1 NO.....2	→ 127
125	How often does the mobile health clinic visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH...1 YEAR...2	
126	Does the mobile health clinic provide: a: Basic medications?  b: ORT instruction or ORS packets?  c: Vitamin A capsules?  d: Growth promotion?  e: Iron tablets?  f: Iodized oil capsules/injections?  g: Antenatal care?  h: Immunizations?  i: Curative health care service?  j: AIDS screening/testing?  k: Family planning services?	BASIC MEDICATIONS: YES.....1 NO.....2  ORT/ORS: YES.....1 NO.....2  VITAMIN A: YES.....1 NO.....2  GROWTH PROMOTION: YES.....1 NO.....2  IRON TABLETS: YES.....1 NO.....2  IODIZED OIL: YES.....1 NO.....2  ANTENATAL CARE: YES.....1 NO.....2  IMMUNIZATIONS: YES.....1 NO.....2  CURATIVE HEALTH SERVICE: YES.....1 NO.....2  AIDS SCREENING/TESTING YES.....1 NO.....2  FAMILY PLANNING: YES.....1 NO.....2	
127	Where do most women give birth?	AT HOME.....1 AT TRADITIONAL BIRTH ATND HOME...2 AT HEALTH CENTER/HOSPITAL.....3	
128	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→ 131
129	Does the traditional birth attendant provide iron supplements?	YES.....1 NO.....2	
130	Has the traditional birth attendant had any special training from the government or Ministry of Health or other organization?	YES.....1 NO.....2 DON'T KNOW...8	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
131	Is the area covered by a trained midwife?	YES.....1 NO.....2	→ 133
132	Does the trained midwife provide iron supplements?	YES.....1 NO.....2	
133	Is the area covered by a health worker?	YES.....1 NO.....2	→ 136
134	How often does the health worker visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH...1 YEAR...2	
135	Does the health worker provide: a: Basic medications?  b: ORT instruction or ORS packets?  c: Vitamin A capsules?  d: Growth promotion?  e: Iron tablets?  f: Iodized oil capsules/injections?  g: Antenatal care?  h: Immunizations?  i: Curative health care service?  j: AIDS screening?  k: Family planning services?	BASIC MEDICATIONS: YES.....1 NO.....2  ORT/ORS: YES.....1 NO.....2  VITAMIN A: YES.....1 NO.....2  GROWTH PROMOTION: YES.....1 NO.....2  IRON TABLETS: YES.....1 NO.....2  IODIZED OIL: YES.....1 NO.....2  ANTENATAL CARE: YES.....1 NO.....2  IMMUNIZATIONS: YES.....1 NO.....2  CURATIVE HEALTH SERVICE: YES.....1 NO.....2  AIDS SCREENING: YES.....1 NO.....2  FAMILY PLANNING: YES.....1 NO.....2	
136	Have there been any health information programs in this (LOCALITY) in last year?	YES.....1 NO.....2	→ A201
137	What was the health information program? (CIRCLE ALL APPLICABLE)	BENEFITS OF BREASTFEEDING.....A IMMUNIZATION.....B DIARRHEAL DISEASE CONTROL.....C AIDS.....D DRUG ABUSE.....E GROWTH PROMOTION/NUTRITION.....F VITAMIN A.....G IODINE DEFICIENCY.....H SANITATION.....I FAMILY HYGIENE.....J OTHER (SPECIFY).....X	

SECTION 2.

FACILITY IDENTIFICATION SECTION

A. What is the name of the nearest doctor with a private practice to this community?

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B. What is the name of the nearest pharmacy /drug shop to this community?

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C. What is the name of the nearest Sub-dispensary/dispensary /Delivery Maternity Unit (DMU) to this community?

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D. What is the name of the nearest health centre to this community?

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E. What is the name of the nearest hospital to this community?

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SAQ 7

A. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEGORIE	SKIP TO																				
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2 COVER PAGEE).	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE.....97	→ B201																				
A202	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A203	What is the most common type of transport to the doctor's place?	MOTORIZED.....1 CANOE.....2 WALKING.....3 CYCLING.....4 OTHER.....5																					
A204	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																					
A205	Does this private doctor provide :  antenatal care? delivery care? child immunization? family planning services?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTINATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTINATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		→ A210
	YES	NO	DK																				
ANTINATAL CARE.....1	2	8																					
DELIVERY CARE.....1	2	8																					
CHILD IMMUNIZATION...1	2	8																					
FAMILY PLANNING.....1	2	8																					
A206	Who is the nearest doctor with a private practice who provides family planning services to this community?	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ A210 → A210																				
A207	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A208	What is the most common type of transport to this doctor's place?	MOTORIZED.....1 CANOE.....2 WALKING.....3 CYCLING.....4 OTHER.....5																					
A209	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																					
A210	How many private doctor practices in total are here within 30 kilometers?	NO. PRIVATE DOCTORS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																					



# B. PHARMACY/DRUG SHOP

No.	QUESTIONS	CODING CATEGORIES	SKIP TO				
B201	NAME OF PHARMACY/DRUG STORE. (COPY FROM SECTION 2 COVER PAGE)	PHARMACY/DRUG STORE NAME _____  NOT APPLICABLE.....97	→ C201				
B202	Is that a government pharmacy or is it operated by a non-government organization?	GOVERNMENT .....1 NON-GOVERNMENT.....2					
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B204	What is the most common type of transport to the pharmacy/drug store?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5					
B205	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B206	Does this pharmacy /drug store sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→ B212				
B207	What is the name of the nearest pharmacy /drug store which sells family planning supplies to this community?	PHARMACY/DRUG STORE NAME _____  NOT APPLICABLE.....97 DON'T KNOW.....98	→ B212 → B212				
B208	Is that a government pharmacy/drug store or is it operated by a non-government organization?	GOVERNMENT .....1 NON-GOVERNMENT.....2					
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B210	What is the most common type of transport to the pharmacy/drug store?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5					
B211	How long does it take to get from here to (PHARMACY /DRUG STORE NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B212	How many pharmacies/drug stores in total are there within 30 kilometers?	NO. PHARMACIES/O. STORES WITHIN 30 KM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					

C. SUB DISPENSARY/ DISPENSARY /DELIVERY MATERNITY UNIT

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																												
C201	NAME OF DISPENSARY (COPY FROM SECTION 2 COVER PAGE).	DISPENSARY NAME _____  NOT APPLICABLE.....97	→ D201																												
C202	Is that a government dispensary or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2																													
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
C204	What is the most common type of transport to the dispensary?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
C205	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
C206	Does this dispensary provide:  antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8		FAMILY PLANNING.....1	2	8		→ C213
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C207	What is the name of the nearest dispensary providing family planning services to this community?	DISPENSARY NAME _____  NOT APPLICABLE.....97 DON'T KNOW.....98	→ C213 → C213																												
C208	Is that a government dispensary or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																													
C209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
C210	What is the most common type of transport to the dispensary?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
C211	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
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## D. HEALTH CENTER

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D201	NAME OF HEALTH CENTER (COPY FROM SECTION 2 COVER PAGE).	HEALTH CENTER NAME _____  NOT APPLICABLE.....97	→ E201																												
D202	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT .....1 NON-GOVERNMENT.....2																													
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D211	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
D212	Does this health center provide:  antenatal care? delivery care? growth promotion? child immunization? AIDS screening?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8						
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D213	How many health centers in total are there within 30 kilometers?	NO. HEALTH CENTERS WITHIN 30 KM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													

## E. HOSPITAL

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																												
E201	NAME OF HOSPITAL (COPY FROM SECTION 2 COVER PAGE).	HOSPITAL NAME _____ _____ NOT APPLICABLE.....97	→ 301																												
E202	Is that a government hospital or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2																													
E203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																													
E204	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
E205	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																													
E206	Does this hospital provide:  antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8		FAMILY PLANNING.....1	2	8		→ E213
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FAMILY PLANNING.....1	2	8																													
E207	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ E213 → E213																												
E208	Is that a government hospital or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																													
E209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																													
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E213	How many hospitals in total are there within 30 kilometers?	NO. HOSPITALS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																													

SECTION 3: CONTRACEPTIVE METHOD AND HEALTH SERVICES IDENTIFICATION

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
301	What is the name of the nearest place where birth control pill can be obtained?	NEAREST PILL PROVIDER NAME _____	
301D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
302	What is the name of the nearest place or provider to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME _____	
302D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
303	What is the name of the nearest place to this community where family planning injection can be obtained?	NEAREST INJECTION PROVIDER NAME _____	
303D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
304	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	NEAREST IUD PROVIDER NAME _____	
304D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
305	What is the name of the nearest facility or provider to this community where sterilization can be obtained?	NEAREST STERILIZATION PROVIDER NAME _____	
305D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
306	What is the name of the nearest facility or provider to this community where AIDS treatment/screening can be obtained?	NEAREST AIDS TREATMENT PLACE NAME _____	
306D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
307	What is name of the nearest place to this community where immunizations for children can be obtained?	NEAREST IMMUNIZATION PROVIDER NAME _____	
307D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
308	What is the name of the nearest place to this community where oral rehydration solution (ORS) packets can be obtained?	NEAREST ORS PLACE NAME _____	
308D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
309	If child is sick with cough (respiratory disease), what is name of the nearest place where treatment can be obtained?	NEAREST RESP. DISEASE TREATMENT PLACE _____	
309D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
310	What is the name of the nearest place to this community where antenatal care can be obtained?	NEAREST ANTENATAL PROVIDER NAME _____	
310D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
311	If a woman has a complication in delivery, what is the name of the nearest place where she can be treated?	NEAREST DELIVERY PLACE NAME _____	
311D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	

312. CLUSTER INFORMANTS	
NAME	POSITION/TITLE/OCCUPATION
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
313. TOTAL NUMBER OF INFORMANTS IN THE CLUSTER..... <input type="text"/> <input type="text"/>	

END OF CLUSTER INTERVIEW.

