

-----  
 JAMAICAN SURVEY OF LIVING CONDITIONS  
 HEALTH FACILITIES SURVEY  
 -----  
 QUESTIONNAIRE FOR  
 -----  
 PRIVATE SECONDARY AND TERTIARY HEALTH SERVICES  
 -----  
 -----

-----  
 IMPORTANT: SECTION A MUST BE COMPLETED AT STATIN BEFORE  
 THE QUESTIONNAIRE IS SENT OUT TO THE INTERVIEWER.  
 -----

**A. FACILITY IDENTIFICATION**

1. NAME OF FACILITY: \_\_\_\_\_ FACILITY NO: \_\_\_\_\_

2. LOCATION:

Parish: _____	CODE	
Constituency: _____	CODE	
Enumeration District: _____	CODE	

3. TYPE OF FACILITY:

Private Hospital.....1		
Other.....9	CODE	

INTERVIEWER NAME: _____			INTERVIEWER ID#: _____		
TODAY'S DATE?	_____	_____	_____	TIME?	_____
	DAY	MONTH	YEAR		HOUR MIN AM/PM

**SECTION I: FACILITY CHARACTERISTICS**

1. Which parishes form the catchment area for this hospital?  
(LIST AS MANY PARISHES AS APPLY - UP TO 3. IF MORE  
THAN 3 PARISHES, CODE FIRST PARISH AS '999' AND LEAVE  
NAME BLANK.)

a. First Parish: _____	CODE	_____
b. Second Parish: _____	CODE	_____
c. Third Parish: _____	CODE	_____

2. Are the buildings owned, rented, or donated? By whom?

OWNED BY HOSPITAL.....1  
RENTED FROM PRIVATE PARTY...2  
DONATED.....3


3. How long has this hospital been offering services?

LESS THAN 1 YEAR.....1    20 OR MORE YEARS.....6.  
1 YEAR TO LESS THAN 2 YEARS.....2    DON'T KNOW.....9  
2 YEARS TO LESS THAN 5 YEARS.....3  
5 YEARS TO LESS THAN 10 YEARS....4  
10 YEARS TO LESS THAN 20 YEARS...5


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

1 YEAR OR LESS.....1    10 TO 19 YEARS.....4  
2 TO 5 YEARS.....2    20 YEARS OR MORE.....5  
5 TO 9 YEARS.....3    DON'T KNOW.....9


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

YES.....1 (Continue with 5A)  
NO.....2 (Go To Q.6)


5A. What is the capacity of this generator?

\_\_\_\_\_  
KILOWATTS

5B. Does the generator work when needed?

ALWAYS.....1      NEVER.....4  
USUALLY.....2      DON'T KNOW.....8  
SOMETIMES.....3      NOT APPLICABLE.....9

FOR EACH UNIT ASK Q.6-8 ACROSS.	6. Does this facility have a _____ unit?  YES...1 (ASK Q.7) NO....2 (NEXT UNIT)	7. How many refrigerators does the _____ unit have? IF NONE, WRITE '0', AND ASK Q.6 FOR NEXT UNIT.  NUMBER	8. How many of these refrigerators in the _____ unit are working today? IF NONE, WRITE '0'.  NUMBER
a. Blood Bank			
b. Laboratory			
c. Morgue			

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

YES....1 (Continue with Q.9A)  
NO.....2 (Go to Q.10)

9A. How many **other** refrigerators are there?  
IF NONE, WRITE '0' AND GO TO Q.10.

NUMBER

9B. How many work today?

NUMBER

10. Does this hospital have a water storage tank?

YES...1 (Continue with Q.10A)  
NO....2 (Go to Q.11)

10A. What is the size of the storage tank?

GALLONS

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

NUMBER

FOR EACH TYPE OF WARD, ASK Q.12-14.	12. How many _____ wards are in this hospital?	13. How many _____ are currently closed? WRITE '0' IF NONE, AND ASK Q.12 FOR NEXT ITEM.	14. Why are these wards closed? CURRENTLY BEING REPAIRED...1 IN NEED OF REPAIRS.....2 NO EQUIPMENT TO FURBISH...3 INSUFFICIENT STAFF.....4 USED TO STORE OBSOLETE EQUIPMENT.....5 OTHER.....6
a. Medical			
b. Surgical			
c. Pediatrics			
d. Obstetrics			
e. Specialty			

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

YES.....1 (Continue with Q.15A)

NO.....2 (Go to Q.16)

15A. Why aren't these buildings being used?

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

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

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

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

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

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

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

19. How do you sterilize reusable equipment?

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

ASK Q.20 FOR EACH AREA BELOW

20. Does the hospital have hot water in \_\_\_?

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

a. Wards

b. Kitchens

c. Laundry

d. Operating Theatres

21. Does this hospital have a solar water heater?

YES.....1	<input type="text"/>
NO.....2	

22. About how many sinks have soap available today:

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

23. Does this hospital have its own laundry facility?

YES.....1	(Continue with Q.23A)	<input type="text"/>
NO.....2	(Go to Q.24)	

- 23A. Is this facility fully operational today?

YES.....1	<input type="text"/>
NO.....2	

23B. Is this facility manual, semi-automatic, or fully automated?

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

☐  
☐

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

YES.....1 (Continue with Q.24A)  
NO.....2 (Go To Q.25)

☐  
☐

24A. Are any of the following equipment or supplies damaged or obsolete?

ASK Q.24A FOR EACH ITEM

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

25. Are you currently experiencing any of the following problems?	26. How long ago did this problem first occur?
IF YES TO ANY ITEM (a-g), ASK Q.26 ACROSS	DAYS.....1
	WEEKS.....2
YES...1	MONTHS.....3
NO....2	ONE YEAR OR MORE...4
a. A Leaking Roof?	
b. A Hole in the Floor?	
c. Electric Problems Inside the Building?	
d. Plumbing Problems <del>Inside</del> the Building?	
e. Plumbing Problems <del>Outside</del> the Building?	
f. Maintenance of Yard?	
g. Security Problems?	

FOR EACH TYPE, ASK Q.27-29.	27. How many ____ do you have? (IF NONE, NEXT ITEM)	28. Are there any that are not fully functioning today? YES....1 (ASK Q.29) NO.....2 (NEXT ITEM)	29. Why aren't these fully functioning? CURRENTLY BEING REPAIRED OR RENOVATED.....1 IN NEED OF REPAIRS AND UNUSABLE.....2 NO EQUIPMENT TO FURBISH...3 INSUFFICIENT STAFF.....4 OTHER REASON.....9
a. Major Operating Theatre			
b. Minor Operating Theatre			
c. Intensive Care Unit			

FOR EACH TYPE OF PATIENT, ASK Q.30-32.  ASK RESPONDENT TO VERIFY ANSWER TO Q.30 WITH LABORATORY PERSONNEL, IF POSSIBLE	30. When tests are needed, do you collect samples or specimens here or are patients referred elsewhere?  COLLECT HERE.....1 REFERRED OUT.....2	31. Do you analyze, some, all, or none of these samples or specimens here?  ALL TESTS.....1 (ASK Q.32) SOME TESTS.....2 (ASK Q.32) NONE.....3 (NEXT ITEM)	32. What percent samples or specimens of such poor quality that you can't use them for laboratory analysis?  LESS THAN 10 PERCENT.....1 ABOUT 25 PERCENT..2 ABOUT 50 PERCENT..3 ABOUT 75 PERCENT..4 MORE THAN 90 PERCENT.....5
a. Inpatient			
b. Outpatient or Casualty			



FOR EACH TEST ASK Q.33-36.	33. Can the hospital complete laboratory analysis for ____?	34. What percent of samples or specimens are analyzed here?  LESS THAN 10%.....1 ABOUT 25%.2 ABOUT 50%.3 ABOUT 75%.4 MORE THAN 90%.....5  ASK Q.35	35. How long do you usually wait for laboratory test results?  HOURS.....1 DAYS.....2 WEEKS.....3 MONTHS.....4 DON'T KNOW..5  A Analysis is done at hospital	36. How much do patients pay for a ____ test?  B Samples sent out for analysis	A Collect Sample	B Lab Analysis
					AMOUNT	AMOUNT
a. Stool Test: Occult Blood						
b. Stool Test: Parasite						
c. Blood Test: Electrolyte						
d. Blood Test: Full Blood Count						
e. Blood Test: Blood Glucose						
f. Pregnancy Test						
g. Urine Test: Urine Microscopy						
h. VDRL						
i. Swabs for Culture						

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

YES.....1

NO.....2

☐

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

YES.....1 (Continue with Q.38A)

NO.....2 (Go To Section II: PATIENT SERVICES)

☐

38A. How many employees have housing provided by this hospital?

NUMBER

SECTION II: PATIENT SERVICES

CHART 1

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

CHART 1 (CONTINUED)

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

CHART 2

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

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

NUMBER

SECTION III: IMMUNIZATIONS

1. Are immunizations offered either to inpatients or outpatients?

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

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

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

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

SECTION IV: PERSONNEL

CHART 1

IN ALL CLINICS, ASK 1-6 ACROSS INCLUDE ALL STAFF, INPATIENT AND OUTPATIENT	1. How many ____ are on the Estab- lishment/ Cadre?	2. How many ____ are at post?	3. How many ____ are working today?	4. How many ____ are working part-time or on a sessional basis?	5. How many part-time or sess- ional ____ are working today?	6. How many ____ are on study or vacation leave?
	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
a. Physicians or Medical Officers						
b. Psychiatrists						
c. Paediatricians						
d. Obstetricians						
e. Orthopaedists						
f. Specialist Surgeons						
g. Other Medical and Surgical Specialists						
h. Anaesthetists and Nurse Anaesthetists						
i. Midwives						
j. Matrons						
k. Staff Nurses/ Sisters						

CHART 1 (CONTINUED)

	1.	2.	3.	4.	5.	6.
IN ALL CLINICS, ASK 1-6 ACROSS	How many ___ are	How many ___ are	How many ___ are	How many ___ are	How many part-time or sess-	How many ___ are on
INCLUDE ALL STAFF, INPATIENT AND OUTPATIENT	on the Estab- lishment/ Cadre?	at post?	working today?	working part-time or on a sessional basis?	ional ___ are working today?	study or vacation leave?
	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
l. Assistant Nurses and Enrolled Assistant Nurses						
m. Radiographers or Radiology Technicians						
n. Dieticians or Dietetic Assistants						
o. Physio- therapists						
p. Orderlies						
q. Tutors						
r. Medical Records Staff						
s. Adminis- trators						
t. Clerical Staff						
u. Drivers						



CHART 1 (CONTINUED)

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

CHART 2

ASK Q.7 FOR EACH TYPE OF PERSONNEL. IF NO PERSONNEL, WRITE 'N' UNDER Q.7A.	7. What is the wage range for full-time ____ per ____?		
	HOUR.....1 1 WEEK...2 2 WEEKS...3 1 MONTH..4		
	WAGE RANGE		UNIT
	7A	7B	7C
	LOWEST AMOUNT	HIGHEST AMOUNT	PER UNIT
a. Physicians or Medical Officers			
b. Psychiatrists			
c. Paediatrician			
d. Obstetricians			
e. Orthopaedists			
f. Specialist Surgeons			
g. Other Medical and Surgical Specialists			
h. Anaesthetists and Nurse Anaesthetists			
i. Midwives			
j. Matrons			
k. Staff Nurses/Sisters			
l. Assistant Nurses and Enrolled Assistant Nurses			
m. Radiographers or Radiology Technicians			

CHART 2 (CONTINUED)

ASK Q.7 FOR EACH TYPE OF PERSONNEL. IF NO PERSONNEL, WRITE 'N' UNDER Q.7A.	7. What is the wage range for full-time ____ per ____?		
			HOUR.....1 1 WEEK...2 2 WEEKS...3 1 MONTH...4
	WAGE RANGE		UNIT
	7A	7B	7C
	LOWEST AMOUNT	HIGHEST AMOUNT	PER UNIT
n. Dieticians or Dietetic Assistants			
o. Physiotherapists			
p. Orderlies			
q. Tutors			
r. Medical Records Staff			
s. Administrators			
t. Clerical Staff			
u. Drivers			
v. Security			
w. Lab and Med Technicians			
x. Dentists			
y. Dental Nurse or Assistant			
z. Pharmacists			
aa. Pharmacy Technician			

SECTION V: BEDS

FOR EACH CATEGORY ASK ACROSS Q.1-3	1. How many beds are in this facility?		2. How many of these beds are not usable?		3. How many patients stayed at this hospital last night (not including new borns)?	
	NUMBER		NUMBER		NUMBER	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
a. Medicine						
b. Surgery						
c. Pediatrics						
d. Obstetrics						
e. Specialty						

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

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

NO.....2 (Go To Q.5)

4A. Do patients pay per night or per admission?

PER NIGHT.....1

PER ADMISSION....2

4B. How much do they pay?

AMOUNT

5. Does this facility provide food for inpatients?

YES.....1 (Continue with Q.5A)

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

5A. How much do inpatients pay for food, per day?  
(IF FREE, WRITE 0)

AMOUNT

SECTION VI: TRANSPORTATION

1. Does this facility have any vehicles?

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

NO.....2 (Go To Section VII: DRUG SUPPLY AND EQUIPMENT)

FOR EACH VEHICLE TYPE, ASK Q.2-5 ACROSS. IF NONE FOR ANY ITEM, WRITE '0' IN Q.2 AND LEAVE Q.3-5 BLANK.	2. How many ____ do you have?	3. How many ____ are working today?	4. How many ____ are in need of major repair?	5. How many ____ cannot be repaired or are obsolete?
	NUMBER	NUMBER	NUMBER	NUMBER
a. Cars and Jeeps				
b. Utility Vans and Trucks				
c. Buses				
d. Ambulances				
e. Motorcycles and Mopeds				
f. Bicycles				

SECTION VII: DRUG SUPPLY & EQUIPMENT

CHART 1: DRUG SUPPLIES

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

CHART 1: DRUG SUPPLIES (CONTINUED)

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

## CHART 2: EQUIPMENT

ASK ALL QUESTIONS IN ALL HOSPITALS.	6.	7.	8.	9.	10.
ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.	Does this hospital now have any of the following equipment?	How many _____ do you have?	How many _____ work today?	Do you have _____ in stock now?	In the last 6 mos, has there been a week or more when you had no supply of _____?
	YES..1 (Q.7)				
	NO...2 (NEXT ITEM)	NUMBER	NUMBER	YES...1 NO....2	YES....1 NO....2
a. Adult Scales				////////	////////
b. Baby Scales				////////	////////
c. Tape Measures			////////	////////	////////
d. Sphygmometers (Blood Pressure Cuffs)				////////	////////
e. Sthethoscopes				////////	////////
f. Thermometers				////////	////////
g. Glucometers				////////	////////
h. Microscopes				////////	////////
i. Centrifuges				////////	////////
j. Autoclaves And/Or Sterilizers				////////	////////
k. X-ray Mach.				////////	////////
l. Ventilators				////////	////////
m. Dialysis Mach				////////	////////
n. Telephones				////////	////////



CHART 2: EQUIPMENT (CONTINUED)

ASK ALL QUESTIONS IN ALL HOSPITALS. ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.	6. Does this hospital now have any of the following equipment?	7. How many _____ do you have?	8. How many _____ work today?	9. Do you have _____ in stock now?	10. In the last 6 mos, has there been a week or more when you had no supply of _____?
	YES...1 (Q.7) NO...2 (NEXT ITEM)	NUMBER	NUMBER	YES...1 NO...2	YES...1 NO...2
o. Communication Radios				//////////	//////////
p. Gurneys or Stretchers				//////////	//////////
q. IV Stands				//////////	//////////
r. Syringes		//////////	//////////		
s. Needles for syringes		//////////	//////////		
t. Blood sample tubes		//////////	//////////		
u. Containers for Urine		//////////	//////////		
v. Containers for Stool Samples		//////////	//////////		
w. Uristix		//////////	//////////		
x. Supplies to bandage wounds		//////////	//////////		
y. Sterile Scissors		//////////	//////////		

CHART 2: EQUIPMENT (CONTINUED)

ASK ALL QUESTIONS IN ALL HOSPITALS. ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.	6. Does this hospital now have any of the following equipment? YES...1 (Q.7) NO...2 (NEXT ITEM)	7. How many ____ do you have? NUMBER	8. How many ____ work today? NUMBER	9. Do you have ____ in stock now? YES...1 NO...2	10. In the last 6 mos, has there been a week or more when you had no supply of ____? YES...1 NO...2
z. IV Administration Sets		////////	////////		
aa. IV Placement Sets		////////	////////		
bb. Masks		////////	////////		
cc. Gloves		////////	////////		
dd. Linens to Make up Beds		////////	////////		
ee. Sutures		////////	////////		
ff. Plaster of Paris		////////	////////		

CHART 2: EQUIPMENT (CONTINUED)

ASK gg-11 ONLY IF HOSPITAL ROUTINELY DELIVERS BABIES

	6.	7.	8.	9.	10.
	Does this hospital now have any of the following equipment?	How many ____ do you have?	How many ____ work today?	Do you have ____ in stock now?	In the last 6 mos, has there been a week or more when you had no supply of ____?
ASK Q.7-10 FOR ALL ITEMS CODED YES IN Q.6.	YES...1 (Q.7) NO...2 (NEXT ITEM)	NUMBER	NUMBER	YES...1 NO...2	YES...1 NO...2
gg. Neonate Incubators				//////////	//////////
hh. Clean Dry Linens to Wrap Babies		//////////	//////////		
ii. Mucous Extractors for Newborns		//////////	//////////		
jj. Vitamin K		//////////	//////////		
kk. Newborn Eye Drops		//////////	//////////		
ll. Clean Dry Linens to Wrap Neonates		//////////	//////////		

SECTION VIII: FAMILY PLANNING

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

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

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

☐

2. Do clients pay for Family Planning visits, excluding the price of the contraceptives?

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

NO.....2 (Go To Q.3)

☐

- 2A. How much do patients pay for a Family Planning visit (excluding the price of the contraceptives themselves)?

AMOUNT

ASK Q.3-7 ACROSS.	3.	4.	5.	6.	7.
	Does this facility offer ___?	Is ___ in stock today?	In the last 6 mos, has there been a week or more when you had no supply of ___?	Do patients pay for ___? (EXCLUDE COST OF VISIT).	How much do patients pay for ___? (EXCLUDE COST OF VISIT).
	YES.....1 (ASK Q.4) NO.....2 (NEXT ITEM)	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	AMOUNT
a. Condoms					
b. Spermicide					
c. Contraceptive Pills					
d. IUD					
e. Diaphragm					
f. Contraceptive Injection					
g. Tubal Ligation		//////////	//////////		
h. Vasectomy		//////////	//////////		
i. Termination of pregnancy for specific med. indications		//////////	//////////		

**SECTION IX: MATERNAL HEALTH SERVICES**

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

--

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

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

**CHART 1**

<p><b>FOR EACH SERVICE LISTED, ASK Q.2.</b></p>	<p>2. For pregnant women seen here, when is _____ included in a standard prenatal visit?</p> <p><b>(READ CATEGORIES)</b></p> <p>WOMEN AT RISK ONLY.....1</p> <p>FIRST VISIT ONLY.....2</p> <p>SOME VISITS.....3</p> <p>EVERY VISIT.....4</p> <p>NEVER.....5</p>
<p>a. Check for Weight Gain</p>	
<p>b. Check Blood Pressure</p>	
<p>c. Check for Oedema</p>	
<p>d. Check for Abnormal Food Cravings</p>	
<p>e. Measure Height</p>	
<p>f. Immunize</p>	
<p>g. Discuss Diet or Nutrition</p>	
<p>h. Discuss Smoking, Alcohol, Drugs</p>	
<p>i. Discuss High Blood Pressure</p>	
<p>j. Discuss Individual's Particular Risk Factors</p>	

CHART 1 (CONTINUED)

FOR EACH SERVICE LISTED, ASK Q.2.	<p>2. For pregnant women seen here, when is _____ included in a standard prenatal visit?</p> <p>(READ CATEGORIES)</p> <p>WOMEN AT RISK ONLY.....1</p> <p>FIRST VISIT ONLY.....2</p> <p>SOME VISITS.....3</p> <p>EVERY VISIT.....4</p> <p>NEVER.....5</p>
k. Review Warning Signs	
l. Discuss Plans for Emergencies	
m. Advise Patient to Deliver in Hospital	
n. Encourage Breastfeeding	
o. Discuss Ideal Schedule for Prenatal Care	
p. Discuss Family Planning	

CHART 2

FOR EACH SERVICE LISTED, ASK Q.3-5	3. For pregnant women seen here, when is _____ included in a standard prenatal visit?  (READ CATEGORIES)	4A. Where is _____ collected?  4B. Where is laboratory analysis completed for _____ ?	5. For _____ what is the usual waiting period for results?  HOURS....1 DAYS.....2 WEEKS....3 MONTHS...4
	WOMEN AT RISK ONLY.1 FIRST VISIT ONLY...2 SOME VISITS.....3 EVERY VISIT.....4 DELIVERY ONLY.....5 NEVER.....9	ASK FOR 4A AND 4B BEFORE ASKING Q.5.  ONSITE.....1 AT REFERRAL SITE.2	
		A	B
		SAMPLE OR SPECIMEN COLLECTED	LABORATORY ANALYSIS COMPLETED
a. Order Haemoglobin Test			
b. Bloodgroup Test			
c. Order VDRL/STD Test			
d. Order Sickle Cell Test			
e. Order Urine Protein Test			
f. Order Urine Glucose Test			
g. Test for Parasites			



CHART 3

FOR EACH SERVICE, ASK Q.6.	6. Where is it available?
	ONSITE.....1
	AT REFERRAL SITE..2
a. Caesarean Sections	
b. Repair Vaginal or Cervical Tears	
c. Remove Ectopic Pregnancy	
d. Empty Uterus Following Incomplete Spontaneous Abortion	
e. Treat Eclamptic Fits	
f. Treat Puerperal Sepsis	
g. Induce Labor	
h. Intravenous Fluid or Medication	
i. Delivery by Vacuum Extraction	
j. Delivery by Forceps	
k. Fetal Monitoring	
l. Supply Oxygen to Mother	
m. Supply Oxygen to Infant	
n. Suction Machine for Infant	
o. Incubators for Neonates	

CHART 4

FOR EACH COMPLICATION, ASK Q.7-9 ACROSS, BEFORE ASKING ABOUT NEXT COMPLICATION.	7. Do you refer _____ complications to another provider, clinic, or hospital?	8. Where do you usually refer _____ complications?	9. Is there another provider, clinic or hospital that is closer?
YES, TO A PRIVATE PROVIDER.....1 (Q.8)			
YES, TO A PRIVATE HOSPITAL.....2 (Q.8)			
YES, TO A PUBLIC HEALTH CENTRE.....3 (Q.8)			
YES, TO A PUBLIC HOSPITAL.....4 (Q.8)		NAME	CODE
NO.....5 (NEXT)			
a. Pregnancy			
b. Delivery			
c. Postpartum			
d. Pediatric			

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

YES.....1

NO.....2

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

YES, ALWAYS.....1

YES, SOMETIMES....2

NO, NEVER.....3

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

CODE ALL THAT APPLY

PUBLIC CLINICS.....1  
PRIVATE CLINICS.....2  
PRIVATE PHYSICIANS...3  
PUBLIC HOSPITALS.....4  
PRIVATE HOSPITALS....5  
NONE.....9


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

CODE ALL THAT APPLY

PUBLIC CLINICS.....1  
PRIVATE CLINICS.....2  
PRIVATE PHYSICIANS...3  
PUBLIC HOSPITALS.....4  
PRIVATE HOSPITALS....5


-----  
IF POSSIBLE, REVIEW THE OUTPATIENT CLINIC AND THE HOSPITAL'S  
ADMINISTRATIVE RECORDS AND WRITE IN TOTAL FROM PREVIOUS MONTH.  
-----

NUMBER

14. How many antenatal visits did this hospital have last month? \_\_\_\_\_
15. How many postnatal visits did this hospital have last month? (MOTHERS) \_\_\_\_\_
16. How many family planning visits did this hospital have last month? (FEMALE) \_\_\_\_\_
17. How many deliveries did this hospital have last month? \_\_\_\_\_

**SECTION X: PATIENT FLOW, REVENUES AND EXPENDITURES**

**REVIEW HOSPITAL ADMINISTRATIVE RECORDS, IF POSSIBLE, AND WRITE IN TOTAL FROM PREVIOUS MONTH FOR Q.1-3.**

1. How many outpatient visits did you have last month, not including antenatal, postnatal, and family planning visits, or overnight stays? NUMBER
2. How many inpatient days did you have last month (not including deliveries)? NUMBER
3. How many inpatient discharges did you have last month (not including deliveries)? NUMBER

<p>4. What were the total annual <b>revenues</b> from the following sources of payment for 1989?</p> <p>ASK FOR EACH SOURCE (a-d). IF NO INFORMATION AVAILABLE FOR A SOURCE, WRITE 'N'; IF NO REVENUE FOR A SOURCE AMOUNT, WRITE 'O'.</p>	
SOURCE	AMOUNT
a. Patient Fees	
b. Insurance Payment	
c. Government Allocation	
d. Other Income	
GRAND TOTAL	

5. What were the total annual <b>expenditures</b> in 1989 for the following?	
ASK FOR EACH EXPENDITURE. IF NO INFORMATION AVAILABLE FOR AN EXPENDITURE, WRITE 'N' FOR AMOUNT. IF NO EXPENDITURES, WRITE 'O' FOR AMOUNT.	
EXPENDITURE	AMOUNT
a. Salaries and Other Labor Costs	
b. Maintenance	
c. Utilities	
d. Rent or Mortgage Payments	
e. Transportation	
f. Food	
g. Drugs	
h. Other Medical Supplies and Equipment	
GRAND TOTAL	

END INTERVIEW

TIME INTERVIEW COMPLETED?			
	HOUR	MIN	AM/PM