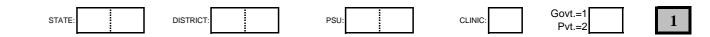**Confidential**

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. **Address:** _____ MQ3aNM

3b. _____ MQ3bNM

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 ☐ MQ8b

9. **Phone Number:** ☐ MQ9a   ☐ MQ9b
   ← STD Code →   ← Landline No. →

Ist Data Entry   Tick (√) ☐

IInd Data Entry   Tick (√) ☐

NCAER

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
PARISILA BHAWAN, 11 I.P. ESTATE

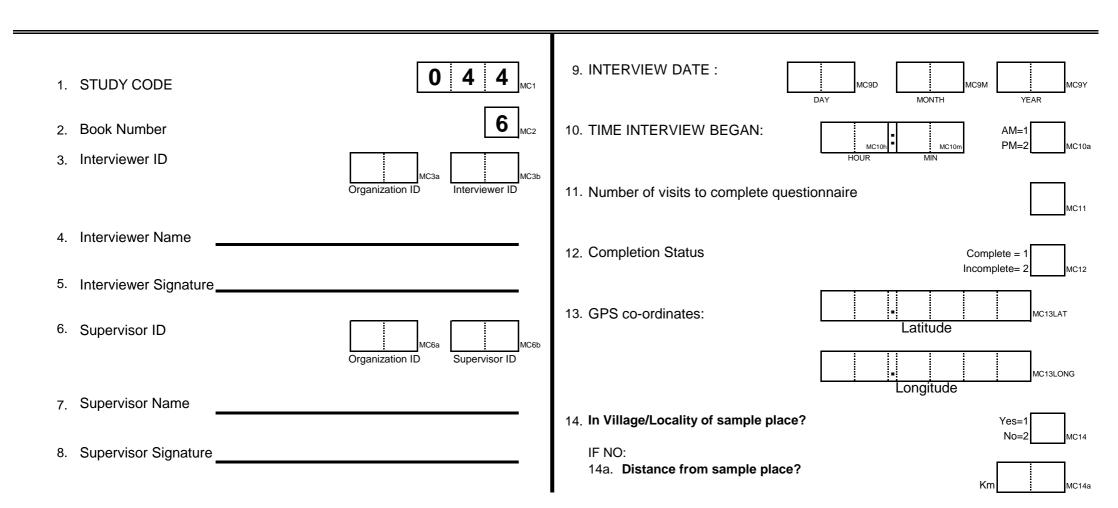STATE: ☐☐ DISTRICT: ☐☐☐ PSU: ☐☐☐ CLINIC: ☐ Govt.=1 Pvt.=2 ☐ **1**

INDIA HUMAN DEVELOPMENT SURVEY – II
2011-12

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

MEDICAL FACILITY QUESTIONNAIRE

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1. STUDY CODE **0** **4** **4** MC1

2. Book Number **6** MC2

3. Interviewer ID ☐☐ MC3a ☐☐ MC3b
   Organization ID   Interviewer ID

4. Interviewer Name _____

5. Interviewer Signature _____

6. Supervisor ID ☐☐ MC6a ☐☐ MC6b
   Organization ID   Supervisor ID

7. Supervisor Name _____

8. Supervisor Signature _____

9. INTERVIEW DATE : ☐☐ MC9D ☐☐ MC9M ☐☐ MC9Y
   DAY   MONTH   YEAR

10. TIME INTERVIEW BEGAN: ☐☐ MC10h : ☐☐ MC10m   AM=1 PM=2 ☐ MC10a
    HOUR   MIN

11. Number of visits to complete questionnaire ☐ MC11

12. Completion Status   Complete = 1 Incomplete= 2 ☐ MC12

13. GPS co-ordinates: ☐☐☐.☐☐☐ MC13LAT
    Latitude
    ☐☐☐.☐☐☐ MC13LONG
    Longitude

14. **In Village/Locality of sample place?** Yes=1 No=2 ☐ MC14

    IF NO:
    14a. **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   Other (specify) = 9
Community Health Centre = 2   Private Hospital = 6   TYPE: ☐ MF1
Primary Health Centre = 3   Private Clinic Or Polyclinic = 7
Subcentre = 4   Private Doctor = 8 _____ MF1NM

2. Does this facility practice …
RECORD ALL THAT APPLY

Allopathic medicine?	Yes = 1 No = 2	☐ MF2a
Ayurvedic medicine?	Yes = 1 No = 2	☐ MF2b
Homeopathy?	Yes = 1 No = 2	☐ MF2c
Unani?	Yes = 1 No = 2	☐ MF2d
Other ?	Yes = 1 No = 2	☐ MF2e

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

the government?	Yes = 1 No = 2	☐ MF3a
any religious organization?	Yes = 1 No = 2	☐ MF3b
any non-religious charity or NRI?	Yes = 1 No = 2	☐ MF3c

4. In what year did this medical facility open?
YEAR: ☐☐☐☐ MF4

5a. How far is this facility from the District Hospital?
IF THIS IS A DISTRICT HOSPITAL, WRITE 0   Kms. ☐☐☐ MF5a

5b. How far is this facility from the nearest CHC?
IF THIS IS A CHC OR PUBLIC HOSPITAL, WRITE 0   Kms. ☐☐☐ MF5b

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

6b. IF YES: On an average day, how many of these beds are occupied? IF NONE, WRITE 0   BEDS: ☐☐☐ MF6b

6c. On an average, how many out-patients does the facility treat each week?
NUMBER: ☐☐☐ MF6c
(OUT-PATIENTS ARE TREATED BUT DO NOT STAY OVERNIGHT)

7. What days of the week is the clinic open for OPD (Out Patient Department)?

For how many hours is the clinic open on …

IF CLINIC IS CLOSED ON A DAY, WRITE ZERO.

Mondays?	HOURS: ☐☐	MF7a
Tuesdays?	HOURS: ☐☐	MF7b
Wednesdays?	HOURS: ☐☐	MF7c
Thursdays?	HOURS: ☐☐	MF7d
Fridays?	HOURS: ☐☐	MF7e
Saturdays?	HOURS: ☐☐	MF7f
Sundays?	HOURS: ☐☐	MF7g

8a. Does this medical facility have electricity?
IF YES: **How many hours per day is electricity usually available?** IF NONE, WRITE 0   IF ALL DAY, WRITE 24   HOURS: ☐☐ MF8a

8b. IF YES: How often is electric service interrupted? IF NO ELECTRICITY, WRITE 0
Almost every day=1
Once or twice a week=2
Less than once a week=3   ☐ MF8b

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=1
Yes, for backup=2
Yes, as main electricity source=3   ☐ MF8c

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   Other=11
Open Well=04   Tanker=08   ☐☐ MF9a

9b. Is this water source inside or outside the facility/ compound?
Outside=1
Inside=2   ☐ MF9b

10a. What toilet facilities are available for the use of patients in the clinic?
No toilet=1   Ventilated Improved Pit Latrine=3
Traditional Pit Latrine=2   Flush Toilet=4   ☐ MF10a

10b. IF FACILITY HAS A TOILET: Is there a wash basin next to the toilet for washing hands?
Yes=1
No=2   ☐ MF10b

IHDS-2 (MEDICAL QUESTIONNAIRE)

STATE: ☐ DISTRICT: ☐ PSU: ☐ CLINIC: ☐ Govt.=1 Pvt.=2 ☐ **3**

PART A: BASIC CHARACTERISTICS (continued)

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

Yes=1
No=2 ☐ MF11a

11b IF YES: **How much is that registration fee?**   IF NO REGISTRATION FEE, WRITE 0
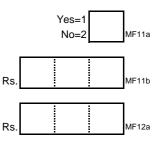
Rs. ☐ MF11b

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

Rs. ☐ MF12a

12b. **Does this fee include basic medicine that would be given e.g. 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?**

Rs. ☐ MF12b

PART B: SERVICES PROVIDED

Now, I would like to ask you about what medical services are available at this facility.
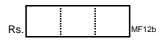**Does this clinic provide….**

13a. **Child immunizations?**   Yes=1 No=2 ☐ MF13a

13b. **Contraception: Oral pills?**   Yes=1 No=2 ☐ MF13b

13c. **Contraception: IUD insertion?**   Yes=1 No=2 ☐ MF13c

13d. **Contraception: Male sterilisation/ vasectomy?**   Yes=1 No=2 ☐ MF13d

13e. **Contraception: Female sterilisation/ tubal ligation?**   Yes=1 No=2 ☐ MF13e

13f. **Contraception: Injection?**   Yes=1 No=2 ☐ MF13f

13g. **Incision of abcess/ piercing of boils?**   Yes=1 No=2 ☐ MF13g

13h. **Saline I V?**   Yes=1 No=2 ☐ MF13h

13i. **Setting broken bones?**   Yes=1 No=2 ☐ MF13i

13j. **Treatment of gynaecological conditions such as white discharge?**   Yes=1 No=2 ☐ MF13j

13k. **Treatment of STDs/STIs such as gonorrhea?**   Yes=1 No=2 ☐ MF13k

13l. **DOTS treatment for tuberculosis?**
(Directly Observed Treatment Short course)   Yes=1 No=2 ☐ MF13l

13m. **Prenatal care?**   Yes=1 No=2 ☐ MF13m

13n. **Eye exam?**   Yes=1 No=2 ☐ MF13n

13o. **Treatment for diarrhea?**   Yes=1 No=2 ☐ MF13o

13p. **Change a wound dressing?**   Yes=1 No=2 ☐ MF13p

13q. **Stitching wounds?**   Yes=1 No=2 ☐ MF13q

13r. **Treatment of malaria?**   Yes=1 No=2 ☐ MF13r

13s. **Minor Illnesses like fever?**   Yes=1 No=2 ☐ MF13s

13t. **Treatment for Rabies?**   Yes=1 No=2 ☐ MF13t

13u. **Childbirth/Delivery?**   Yes=1 No=2 ☐ MF13u

13v. **Abortion/ Medical Termination of Pregnancy/ or D&C ?**   Yes=1 No=2 ☐ MF13v

13w. **Blood transfusion?**   Yes=1 No=2 ☐ MF13w

13x. **Cataract surgery?**   Yes=1 No=2 ☐ MF13x

13y. **Abdominal surgery?**   Yes=1 No=2 ☐ MF13y

13z. **Heart surgery?**   Yes=1 No=2 ☐ MF13z

PART B: SERVICES (continued)

14. Does the clinic do tests for …

14a. Pregnancy Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14a
14b. Blood test: haemoglobin Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14b
14c. Blood test: total white blood cell/ lymphocyte (TLC) count Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14c
14d. Blood test: HIV/AIDS Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14d
14e. Blood test: cholesterol Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14e
14f. Urine-analysis:Routine such as sugar or albumin Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14f
14g. Urine-analysis: culture Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14g
14h. Stool test Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14h
14i. Chlorine level in water Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14i
14j. Malaria Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14j
14k. Cerebral Malarial parasite Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14k
14l. TB (tuberculosis) such as sputum testing for mycobacterium Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14l
14m. Pap smear for cervical cancer Yes, collects & sends out= 1, Yes, analyses here= 2, No= 3		MF14m

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

15a. Penicillin Yes= 1 / No= 2		MF15a
15b. Ampicillin Yes= 1 / No= 2		MF15b
15c. Tetracycline Yes= 1 / No= 2		MF15c
15d. Ciprofloxacin (Cipro) Yes= 1 / No= 2		MF15d
15e. Any other antibiotics Yes= 1 / No= 2		MF15e
15f. Iron tablets or Folic Acid Yes= 1 / No= 2		MF15f
15g. Vitamin A Yes= 1 / No= 2		MF15g
15h. BCG vaccination for tuberculosis Yes= 1 / No= 2		MF15h
15i. Polio immunization Yes= 1 / No= 2		MF15i
15j. Hepatitis B vaccine Yes= 1 / No= 2		MF15j
15k. MMR (measles, mumps, rubella) vaccination Yes= 1 / No= 2		MF15k
15l. DPT vaccination (diphtheria, pertussis-whooping cough, tetanus) Yes= 1 / No= 2		MF15l
15m. Anti-malarial medicine Yes= 1 / No= 2		MF15m
15n. Oral Rehydration Salts Yes= 1 / No= 2		MF15n
15o. Anti-rabies vaccine Yes= 1 / No= 2		MF15o
15p. Adrenaline injection Yes= 1 / No= 2		MF15p
15q. Oxytocin injection Yes= 1 / No= 2		MF15q

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?

16a. **Stethoscope**	Yes= 1/ No= 2	MF16a	16p. **IV stand**	Yes= 1 / No= 2	MF16p
16b. **Sterilisation / Autoclaves**	Yes= 1 / No= 2	MF16b	16q. **Laryngoscope for throat**	Yes= 1 / No= 2	MF16q
16c. **Weighing scale for adults**	Yes= 1/ No= 2	MF16c	16r. **Catheter (urethal)**	Yes= 1 / No= 2	MF16r
16d. **Weighing scale for infants**	Yes= 1 / No= 2	MF16d	16s. **Microscope**	Yes= 1 / No= 2	MF16s
16e. **Thermometer**	Yes= 1/ No= 2	MF16e	16t. **Centrifuge**	Yes= 1 / No= 2	MF16t
16f. **Vaginal speculum**	Yes= 1 / No= 2	MF16f	16u. **Refrigerator**	Yes= 1 / No= 2	MF16u
16g. **Sonograph/ Ultrasound**	Yes= 1 / No= 2	MF16g	16v. **Cold chest**	Yes= 1 / No= 2	MF16v
16h. **Xray machine**	Yes= 1 / No= 2	MF16h	16w. **ECG Monitor**	Yes= 1 / No= 2	MF16w
16i. **Blood Pressure Gauge**	Yes= 1/ No= 2	MF16i	16x. **Ambulance**	Yes= 1 / No= 2	MF16x
16j. **Oxygen**	Yes= 1 / No= 2	MF16j	16y. **Wheelchair**	Yes= 1 / No= 2	MF16y
16k. **Otoscope for ear exam**	Yes= 1 / No= 2	MF16k	16z. **Stretcher on a trolley**	Yes= 1 / No= 2	MF16z
16l. **Ophthalmoscope for eye exam**	Yes= 1 / No= 2	MF16l	16aa. **Computer**	Yes= 1 / No= 2	MF16aa
16m. **Delivery kit**	Yes= 1 / No= 2	MF16m	16bb. **Internet connection**	Yes= 1 / No= 2	MF16bb
16n. **Forceps**	Yes= 1 / No= 2	MF16n	16cc. **Landline telephone**	Yes= 1 / No= 2	MF16cc
16o. **Partograph for tracking delivery**	Yes= 1/ No= 2	MF16o	16dd. **Mobile phone: used for communicating with patients**	Yes= 1 / No= 2	MF16dd

STATE: ☐ DISTRICT: ☐ PSU: ☐ CLINIC: ☐ Govt.=1 Pvt.=2 ☐ **6**

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?** NUMBER ☐ MF17

18. **Are there any sanctioned positions that are curently vacant? IF YES, How many?** NUMBER ☐ MF18

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

WRITE DOWN ALL THE NAMES, THEN ASK QUESTIONS 23 TO 28 FOR EACH PERSON BEFORE GOING ON TO THE NEXT PERSON.

19	20	21	22	23	24	25	26	27	28	29	30
NO.	Next, please tell me the names of everyone who works here, who has contact with patients.	What is [NAME's] position? Is she/he a doctor, nurse, or what?	Was NAME present at interview?	Sex Male=1 Female=2	Religion	Caste	Does [NAME] live in this village / neighborhood? IF NO: How far does [NAME] live from here? KILOMETERS	For how many years has [NAME] worked here? YEARS	What kind of degree does [NAME] have?	Does [NAME] have a private medical practice? Yes=1 No=2	Is [NAME] present today? Yes=1 No=2 No, but expected=3
MF19	MF20NAME	MF21	MF22	MF23	MF24	MF25	MF26	MF27	MF28	MF29	MF30
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Director=1	Paramedi=5	Primary
Doctor=2	Technician=6	Respondent=1
Nurse=3	Clerk=7	Present=2
Dai=4	Other=8	Neither=3

Hindu=1	Buddhist=5	Brahmin=1	OBC=3
Muslim=2	Jain=6	Forward/General	SC=4
Christian=3	Tribal=7	(exc. Brahmin)=2	ST=5
Sikh=4	Others=8		Others=6

None=01	R.N.=06
Xth=02	MBBS=07
XIIth=03	Ayurvedic=08
BSc., BA=04	Homeopathy=09
Masters=05	Other=10

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 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.

31a. 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?
- Separate exam room= 1
- Same room, with curtains= 2
- Same room, No curtains= 3   MF31a

31b. IF YES TO CURTAINS: ARE THE CURTAINS CLEAN, OR DO YOU SEE BLOODSTAINS OR OTHER DROPPINGS?
- No curtains= 1
- Clean= 2
- Dirty= 3   MF31b

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   MF31c

31d. ARE THE WALLS CLEAN, OR DO YOU SEE SPIDER WEBS, OR SCRIBBLING, OR MOISTURE, OR PEELED OFF PAINT?
- Clean= 1
- Dirty= 2   MF31d

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   MF31e

31f. IS THERE AN EXAMINATION TABLE IN THIS ROOM?
- No exam table= 1
- Yes exam table= 2   MF31f

Can I see what you use to give patients injections and immunizations?
32. WRITE DOWN THE TYPE OF NEEDLE
- Disposable needle= 1
- Non-disposable neede= 2
- Both kinds of needles= 3   MF32
- 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   MF33a
- Rinses with alcohol= 3
- Puts needle in flame= 4   MF33b
- Other= 5
- Not sterilized= 6   MF33c
- Not applicable= 9

34. **Can you please show me where the vaccines are stored?**
- Special refrigerator for vaccines= 1
- Regrigerator used for other purposes= 2   MF34
- Cold chain box or other non-electric refrigerator= 3
- Un-refrigerated storage space= 4
- No regular storage space= 5
- No vaccinations given here= 9

END OF INTERVIEW.
THANK THE RESPONDENT FOR HER OR HIS COOPERATION

35. FACILITY'S FLOOR TYPE (MAIN):
- Mud=1
- Wood, Bamboo=2
- Brick=3
- Stone=4
- Cement=5
- Tiles, Mosaic=6   MF35
- Other=7

36. FACILITY'S WALL TYPE (MAIN):
- Grass, Thatch=1
- Mud, Unburnt Bricks=2
- Plastic=3
- Wood=4
- Burn Bricks=5
- GI Sheets, Other Metal=6
- Stone=7   MF36
- Cement, Concrete=8
- Other=9

37. FACILITY'S ROOF TYPE (MAIN):
- Grass, Thatch, Mud, Wood=01
- Tile=02
- Slate=03
- Plastic=04
- GI Metal, Asbestos=05
- Cement=06   MF37
- Brick=07
- Stone=08
- Concrete=09
- Other=10

OBSERVATIONS ON OUTSIDE OF MEDICAL FACILITY:

38. TYPE OF APPROACH ROAD TO THE HOSPITAL
- Footpath= 1
- Kutcha= 2   MF38
- Pucca= 3

39. IS THERE AN ADVERTISEMENT ON THE BUILDING THAT THIS CLINIC DOES SONOGRAMS? (OR A PRACTICE THAT MIGHT DETERMINE THE SEX OF A FETUS)?
- Yes=1
- No=2   MF39

TIME INTERVIEW FINISHED:
TIME: [MF39h] : [MF39m]   HOUR   MIN
- AM=1
- PM=2   MF39a

COMMENTS: