INDIA HUMAN DEVELOPMENT SURVEY – II
2011-12

MEDICAL FACILITY QUESTIONNAIRE

1. Name of Village/Town of Facility: ________________________________
2. Name of Medical Facility: ______________________________________
3a. Address: ____________________________________________________
3b. ____________________________________________________________
4. District: ______________________________________________________
5. Name of Director: ______________________________________________
6. Name of Respondent (IF DIFFERENT): _____________________________
7. Title of Respondent: ____________________________________________
8. Designation: __________________________________________________
    Administrator=1    Doctor=2    Nurse=3    Others=4
9. Phone Number: _________________________________________________
   STD Code _____________________________________________________
   Landline No. __________________________________________________

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

2. Book Number

3. Interviewer ID

4. Interviewer Name

5. Interviewer Signature

6. Supervisor ID

7. Supervisor Name

8. Supervisor Signature

9. INTERVIEW DATE:

10. TIME INTERVIEW BEGAN:

11. Number of visits to complete questionnaire

12. Completion Status

13. GPS co-ordinates:

14. In Village/Locality of sample place?

14a. Distance from sample place?
part a: basic characteristics

1. what type of facility is this?
   - public hospital = 1
   - public family planning centre = 5
   - community health centre = 2
   - primary health centre = 3
   - subcentre = 4
   - private hospital = 6
   - private clinic or polyclinic = 7
   - other (specify) = 9

2. does this facility practice ...
   - 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
   - km:

5b. how far is this facility from the nearest chc?
   - if this is a chc or public hospital, write 0
   - km:

6a. does this facility have beds for overnight in-patient care?
   - if yes: how many beds are available?
     - if none, write 0
     - beds:

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:

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?
   - if no electricity, write 0
   - 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
   - tube well = 02
   - hand pump = 03
   - open well = 04
   - covered well = 05
   - hand tanker = 08
   - pond = 07
   - rainwater = 09
   - bottled = 10
   - other = 11

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 = 3
   - 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?

   **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</th>
<th>Yes=1</th>
<th>No=2</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/ vasectomy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13e. Contraception: Female sterilisation/ tubal ligation?</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 gynaecological conditions such as white discharge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13k. Treatment of STDs/STIs such as gonorrhea?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13l. DOTS 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. Abortion/ Medical Termination of Pregnancy/ or D&amp;C ?</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>
### IHDS-2 (MEDICAL QUESTIONNAIRE)

**PART B: SERVICES (continued)**

<table>
<thead>
<tr>
<th>14. Does the clinic do tests for ...</th>
<th>15. Now I would like to ask you about what medicines you have in stock at this facility. Do you have ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a. Pregnancy</td>
<td>15a. Penicillin</td>
</tr>
<tr>
<td>14b. Blood test: haemoglobin</td>
<td>15b. Ampicillin</td>
</tr>
<tr>
<td>14c. Blood test: total white blood cell/lymphocyte (TLC) count</td>
<td>15c. Tetracycline</td>
</tr>
<tr>
<td>14e. Blood test: cholesterol</td>
<td>15e. Any other antibiotics</td>
</tr>
<tr>
<td>14f. Urine-analysis: Routine such as sugar or albumin</td>
<td>15f. Iron tablets or Folic Acid</td>
</tr>
<tr>
<td>14g. Urine-analysis: culture</td>
<td>15g. Vitamin A</td>
</tr>
<tr>
<td>14h. Stool test</td>
<td>15h. BCG vaccination for tuberculosis</td>
</tr>
<tr>
<td>14i. Chlorine level in water</td>
<td>15i. Polio immunization</td>
</tr>
<tr>
<td>14j. Malaria</td>
<td>15j. Hepatitis B vaccine</td>
</tr>
<tr>
<td>14k. Cerebral Malarial parasite</td>
<td>15k. MMR (measles, mumps, rubella) vaccination</td>
</tr>
<tr>
<td>14l. TB (tuberculosis) such as sputum testing for mycobacterium</td>
<td>15l. DPT vaccination (diphtheria, pertussis-whooping cough, tetanus)</td>
</tr>
<tr>
<td>14m. Pap smear for cervical cancer</td>
<td>15m. Anti-malarial medicine</td>
</tr>
<tr>
<td></td>
<td>15n. Oral Rehydration Salts</td>
</tr>
<tr>
<td></td>
<td>15o. Anti-rabies vaccine</td>
</tr>
<tr>
<td></td>
<td>15p. Adrenaline injection</td>
</tr>
<tr>
<td></td>
<td>15q. Oxytocin injection</td>
</tr>
</tbody>
</table>
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</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stethoscope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilisation / Autoclaves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighing scale for adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighing scale for infants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal speculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonograph / Ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure Gauge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otoscope for ear exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmoscope for eye exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forceps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partograph for tracking delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV stand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laryngoscope for throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheter (urethral)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microscope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centrifuge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECG Monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmoscope for eye exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile phone: used for communicating with patients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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>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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MF19</th>
<th>MF20</th>
<th>NAME</th>
<th>MF21</th>
<th>MF22</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MF23</th>
<th>MF24</th>
<th>MF25</th>
<th>MF26</th>
<th>MF27</th>
<th>MF28</th>
<th>MF29</th>
<th>MF30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sex: Male=1, Female=2

Religion: Hindu=1, Buddhist=5, Muslim=2, Jain=6, Sikh=4, Others=8

Caste: Brahmin=1, Forward/General=1, OBC=3, SC=4, ST=5


For how many years has [NAME] worked here?

What kind of degree does [NAME] have?

Does [NAME] have a private medical practice?

Is [NAME] present today?

HINDU-1, BUDDHIST-5, BRAHMIN-1, OBC-3, None-01, R.N.-06

MUSLIM-2, JAIN-6, FORWARD/GENERAL-1, SC-4, XTH-02, MBBS-07

CHRISTIAN-3, TRIBAL-7, (EXC. BRAHMIN)-2, ST-5, XII-03, AYURVEDIC-08

SIKH-4, OTHERS-8, OTHERS-6

BS.C., 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.

- **Is the examination room a separate room that provides privacy from other patients?**
  - Separate exam room = 1
  - Same room, with curtains = 2
  - Same room, no curtains = 3

- **If no: are there curtains for closing the examination area to provide privacy?**
  - No curtains = 1
  - Clean = 2
  - Dirty = 3

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

- **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 piped water = 2
  - Sink or basin with no piped water = 3

- **Is there a sink or basin in or near the room for washing hands?**
  - No sink or basin = 1
  - Yes exam table = 2

- **Can I see what you use to give patients injections and immunizations?**
  - Disposable needle = 1
  - Non-disposable needle = 2
  - Both kinds of needles = 3
  - No needles = 4

**OBSERVATIONS ON OUTSIDE OF MEDICAL FACILITY:**

**Type of approach road to the hospital:**
- Footpath = 1
- Kutcha = 2
- Pucca = 3

**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

**Time interview finished:**
- AM = 1
- PM = 2

**Comments:**

---

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Can you please show me where the vaccines are stored?</td>
<td>Special refrigerator for vaccines= 1</td>
</tr>
<tr>
<td></td>
<td>Refrigerator used for other purposes= 2</td>
</tr>
<tr>
<td></td>
<td>Cold chain box or other non-electric refrigerator= 3</td>
</tr>
<tr>
<td></td>
<td>Un-refrigerated storage space= 4</td>
</tr>
<tr>
<td></td>
<td>No regular storage space= 5</td>
</tr>
<tr>
<td></td>
<td>No vaccinations given here= 9</td>
</tr>
</tbody>
</table>

**END OF INTERVIEW.**

**Thank the respondent for her or his cooperation.**