

ICPSR 36151

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

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Data Collection Instrument for Medical Staff
and Facilities Data

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STATE: stateid

DISTRICT: distid

PSU: psuid

CLINIC: clinicid

Govt.=1
Pvt.=2 MQgovt

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. _____

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.

Ist Data Entry Tick (√)

IInd Data Entry Tick (√)



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

1. STUDY CODE

MC1

2. Book Number

MC2

3. Interviewer ID

MC3a
Organization ID

MC3b
Interviewer ID

4. Interviewer Name

5. Interviewer Signature

6. Supervisor ID

MC6a
Organization ID

MC6b
Supervisor ID

7. Supervisor Name

8. Supervisor Signature

9. INTERVIEW DATE :

MC9D
DAY

MC9M
MONTH

MC9Y
YEAR

10. TIME INTERVIEW BEGAN:

MC10h
HOUR

MC10m
MIN

 AM=1
 PM=2
MC10a

11. Number of visits to complete questionnaire

MC11

12. Completion Status

 Complete = 1
 Incomplete= 2
MC12

14. In Village/Locality of sample place?

 Yes=1
 No=2
MC14

IF NO:

14a. Distance from sample place?

 Km
MC14a

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 MF2a
 No = 2

Ayurvedic medicine? Yes = 1 MF2b
 No = 2

Homeopathy? Yes = 1 MF2c
 No = 2

Unani? Yes = 1 MF2d
 No = 2

Other ? Yes = 1 MF2e
 No = 2

3. **Does this medical facility receive funding or other support from ...**

the government? Yes = 1 MF3a
 No = 2

any religious organization? Yes = 1 MF3b
 No = 2

any non-religious charity or NRI? Yes = 1 MF3c
 No = 2

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?**
 (OUT-PATIENTS ARE TREATED BUT DO NOT STAY OVERNIGHT)

NUMBER: MF6c

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

Mondays? HOURS: MF7a

Tuesdays? HOURS: MF7b

Wednesdays? HOURS: MF7c

Thursdays? HOURS: MF7d

Fridays? HOURS: MF7e

Saturdays? HOURS: MF7f

Sundays? HOURS: MF7g

For how many hours is the clinic open on ...

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
 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 MF8b
 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?**

No=1 MF8c
 Yes, for backup=2
 Yes, as main electricity source=3

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 MF9b
 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

MF10a

10b. IF FACILITY HAS A TOILET: **Is there a wash basin next to the toilet for washing hands?**

Yes=1 MF10b
 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?

 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	<input type="text"/>	MF13a
13b. Contraception: Oral pills?	Yes=1 No=2	<input type="text"/>	MF13b
13c. Contraception: IUD insertion?	Yes=1 No=2	<input type="text"/>	MF13c
13d. Contraception: Male sterilisation/ vasectomy?	Yes=1 No=2	<input type="text"/>	MF13d
13e. Contraception: Female sterilisation/ tubal ligation?	Yes=1 No=2	<input type="text"/>	MF13e
13f. Contraception: Injection?	Yes=1 No=2	<input type="text"/>	MF13f
13g. Incision of abscess/ piercing of boils?	Yes=1 No=2	<input type="text"/>	MF13g
13h. Saline IV?	Yes=1 No=2	<input type="text"/>	MF13h
13i. Setting broken bones?	Yes=1 No=2	<input type="text"/>	MF13i
13j. Treatment of gynaecological conditions such as white discharge?	Yes=1 No=2	<input type="text"/>	MF13j
13k. Treatment of STDs/STIs such as gonorrhea?	Yes=1 No=2	<input type="text"/>	MF13k
13l. DOTS treatment for tuberculosis? (Directly Observed Treatment Short course)	Yes=1 No=2	<input type="text"/>	MF13l
13m. Prenatal care?	Yes=1 No=2	<input type="text"/>	MF13m

13n. Eye exam?	Yes=1 No=2	<input type="text"/>	MF13n
13o. Treatment for diarrhea?	Yes=1 No=2	<input type="text"/>	MF13o
13p. Change a wound dressing?	Yes=1 No=2	<input type="text"/>	MF13p
13q. Stitching wounds?	Yes=1 No=2	<input type="text"/>	MF13q
13r. Treatment of malaria?	Yes=1 No=2	<input type="text"/>	MF13r
13s. Minor illnesses like fever?	Yes=1 No=2	<input type="text"/>	MF13s
13t. Treatment for Rabies?	Yes=1 No=2	<input type="text"/>	MF13t
13u. Childbirth/Delivery?	Yes=1 No=2	<input type="text"/>	MF13u
13v. Abortion/ Medical Termination of Pregnancy/ or D&C ?	Yes=1 No=2	<input type="text"/>	MF13v
13w. Blood transfusion?	Yes=1 No=2	<input type="text"/>	MF13w
13x. Cataract surgery?	Yes=1 No=2	<input type="text"/>	MF13x
13y. Abdominal surgery?	Yes=1 No=2	<input type="text"/>	MF13y
13z. Heart surgery?	Yes=1 No=2	<input type="text"/>	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	<input type="checkbox"/>	MF16a
16b. Sterilisation / Autoclaves	Yes= 1 / No= 2	<input type="checkbox"/>	MF16b
16c. Weighing scale for adults	Yes= 1 / No= 2	<input type="checkbox"/>	MF16c
16d. Weighing scale for infants	Yes= 1 / No= 2	<input type="checkbox"/>	MF16d
16e. Thermometer	Yes= 1 / No= 2	<input type="checkbox"/>	MF16e
16f. Vaginal speculum	Yes= 1 / No= 2	<input type="checkbox"/>	MF16f
16g. Sonograph/ Ultrasound	Yes= 1 / No= 2	<input type="checkbox"/>	MF16g
16h. Xray machine	Yes= 1 / No= 2	<input type="checkbox"/>	MF16h
16i. Blood Pressure Gauge	Yes= 1 / No= 2	<input type="checkbox"/>	MF16i
16j. Oxygen	Yes= 1 / No= 2	<input type="checkbox"/>	MF16j
16k. Otoscope for ear exam	Yes= 1 / No= 2	<input type="checkbox"/>	MF16k
16l. Ophthalmoscope for eye exam	Yes= 1 / No= 2	<input type="checkbox"/>	MF16l
16m. Delivery kit	Yes= 1 / No= 2	<input type="checkbox"/>	MF16m
16n. Forceps	Yes= 1 / No= 2	<input type="checkbox"/>	MF16n
16o. Partograph for tracking delivery	Yes= 1 / No= 2	<input type="checkbox"/>	MF16o

16p. IV stand	Yes= 1 / No= 2	<input type="checkbox"/>	MF16p
16q. Laryngoscope for throat	Yes= 1 / No= 2	<input type="checkbox"/>	MF16q
16r. Catheter (urethal)	Yes= 1 / No= 2	<input type="checkbox"/>	MF16r
16s. Microscope	Yes= 1 / No= 2	<input type="checkbox"/>	MF16s
16t. Centrifuge	Yes= 1 / No= 2	<input type="checkbox"/>	MF16t
16u. Refrigerator	Yes= 1 / No= 2	<input type="checkbox"/>	MF16u
16v. Cold chest	Yes= 1 / No= 2	<input type="checkbox"/>	MF16v
16w. ECG Monitor	Yes= 1 / No= 2	<input type="checkbox"/>	MF16w
16x. Ambulance	Yes= 1 / No= 2	<input type="checkbox"/>	MF16x
16y. Wheelchair	Yes= 1 / No= 2	<input type="checkbox"/>	MF16y
16z. Stretcher on a trolley	Yes= 1 / No= 2	<input type="checkbox"/>	MF16z
16aa. Computer	Yes= 1 / No= 2	<input type="checkbox"/>	MF16aa
16bb. Internet connection	Yes= 1 / No= 2	<input type="checkbox"/>	MF16bb
16cc. Landline telephone	Yes= 1 / No= 2	<input type="checkbox"/>	MF16cc
16dd. Mobile phone: used for communicating with patients	Yes= 1 / No= 2	<input type="checkbox"/>	MF16dd

IHDS-2 (MEDICAL QUESTIONNAIRE)

 STATE:

 DISTRICT:

 PSU:

 CLINIC:

 Govt.=1
Pvt.=2

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 currently vacant?
IF YES, How many?

 NUMBER MF18

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.

19 NO.	20 Next, please tell me the names of everyone who works here, who has contact with patients.	21 What is [NAME's] position? Is she/he a doctor, nurse, or what?	22 Was NAME present at interview?
MF19	MF20NAME	MF21	MF22
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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

23 Sex	24 Religion	25 Caste	26 Does [NAME] live in this village / neighborhood? IF NO: How far does [NAME] live from here? KILOMETERS	27 For how many years has [NAME] worked here? YEARS	28 What kind of degree does [NAME] have?	29 Does [NAME] have a private medical practice? Yes=1 No=2	30 Is [NAME] present today? Yes=1 No, but expected=3
MF23	MF24	MF25	MF26	MF27	MF28	MF29	MF30

Hindu=1	Buddhist=5	Brahmin=1	OBC=3
Muslim=2	Jain=6	Forward/General (exc. Brahmin)=2	SC=4
Christian=3	Tribal=7		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 needle= 2
 Both kinds of needles= 3
 No needles= 4

MF32

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

MF33a
 MF33b
 MF33c

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

Special refrigerator for vaccines= 1
 Refrigerator used for other purposes= 2
 Cold chain box or other non-electric refrigerator= 3
 Un-refrigerated storage space= 4
 No regular storage space= 5
 No vaccinations given here= 9

MF34

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
 Other=7

MF35

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
 Cement, Concrete=8
 Other=9

MF36

37. FACILITY'S ROOF TYPE (MAIN):

Grass, Thatch, Mud, Wood=01
 Tile=02
 Slate=03
 Plastic=04
 GI Metal, Asbestos=05
 Cement=06
 Brick=07
 Stone=08
 Concrete=09
 Other=10

MF37

OBSERVATIONS ON OUTSIDE OF MEDICAL FACILITY:

38. TYPE OF APPROACH ROAD TO THE HOSPITAL

Footpath= 1
 Kutcha= 2
 Pucca= 3

MF38

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: :

HOUR MIN

MF39h MF39m

AM=1
 PM=2

MF39a

COMMENTS: