

ICPSR 22626

**India Human Development Survey
(IHDS), 2005**

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Medical Questionnaire

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CLINIC:

PART A: BASIC CHARACTERISTICS

1. What type of facility is this?

- 1= PUBLIC HOSPITAL 5= PUBLIC FAMILY PLANNING CENTRE
2= PHC 6= PRIVATE HOSPITAL
3= COMMUNITY HEALTH C 7= PRIVATE CLINIC OR POLYCLINIC
4= SUBCENTRE 8= PRIVATE DOCTOR

TYPE: MF1

2. Does this facility practice ... RECORD ALL THAT APPLY

allopathic medicine?

NO= 0
YES= 1 MF2a

ayurvedic medicine?

NO= 0
YES= 1 MF2b

homeopathy?

NO= 0
YES= 1 MF2c

unani?

NO= 0
YES= 1 MF2d

other ?

NO= 0
YES= 1 MF2e

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

the government?

NO= 0
YES= 1 MF3a

a religious organization?

NO= 0
YES= 1 MF3b

a non-religious charity or NRI?

NO= 0
YES= 1 MF3c

4. In what year did this medical facility open?

YEAR: MF4

5. How far is this facility from the District Hospital?

Kms. MF5

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 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 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

8. 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: MF8

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= 0
Yes, for backup= 1
Yes, as main electricity source= 2 MF8c

PART A: BASIC CHARACTERISTICS (continued)

9. What is the main source of drinking water in this medical facility?

- 1= PIPED INSIDE THE FACILITY 5= DUG, OPEN WELL 9= TANKER TRUCK
2= PIPED OUTSIDE THE FACILITY 6= HAND PUMP 10= RAINWATER
3= TUBE WELL 7= RIVER, CANAL, STREAM 11= BOTTLED
4= COVERED WELL 8= POND 12= OTHER

SOURCE: MF9

10. What toilet facilities are available for the use of patients in the clinic?

- 0= No toilet belonging to the facility 2= Ventilated Improved Pit Latrine 4= Other
1= Traditional Pit Latrine 3= Flush Toilet

TOILET: MF10

10b. IF FACILITY HAS A TOILET: Is there a wash basin next to the toilet for washing hands? IF NO TOILET, WRITE 0

NO= 0
YES= 1 MF10b

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

IF YES: How much is that registration fee? IF NO REGISTRATION FEE, WRITE 0

Rs. MF11

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

Rs. MF12

12b. Does this fee include basic medicine that would be given 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....

| | No=0 | Yes=1 | |
|---------------------------------------------------------------------|----------------------|----------------------|-------|
| 13a. Child immunizations? | <input type="text"/> | <input type="text"/> | MF10a |
| 13b. Contraception: Oral pills? | <input type="text"/> | <input type="text"/> | MF10b |
| 13c. Contraception: IUD insertion? | <input type="text"/> | <input type="text"/> | MF10c |
| 13d. Contraception: Male sterilisation? | <input type="text"/> | <input type="text"/> | MF10d |
| 13e. Contraception: Female sterilisation? | <input type="text"/> | <input type="text"/> | MF10e |
| 13f. Contraception: Injection? | <input type="text"/> | <input type="text"/> | MF10f |
| 13g. Incision of abscess/ piercing of boils? | <input type="text"/> | <input type="text"/> | MF10g |
| 13h. Saline I V? | <input type="text"/> | <input type="text"/> | MF10h |
| 13i. Setting broken bones? | <input type="text"/> | <input type="text"/> | MF10i |
| 13j. Treatment of gynecological conditions such as white discharge? | <input type="text"/> | <input type="text"/> | MF10j |
| 13k. Treatment of STDs such as gonorrhea? | <input type="text"/> | <input type="text"/> | MF10k |
| 13l. Treatment for tuberculosis? | <input type="text"/> | <input type="text"/> | MF10l |

| | No=0 | Yes=1 | |
|---------------------------------|----------------------|----------------------|-------|
| 13m. Prenatal care? | <input type="text"/> | <input type="text"/> | MF10m |
| 13n. Eye exam? | <input type="text"/> | <input type="text"/> | MF10n |
| 13o. Treatment for diarrhea? | <input type="text"/> | <input type="text"/> | MF10o |
| 13p. Change a wound dressing? | <input type="text"/> | <input type="text"/> | MF10p |
| 13q. Stitching wounds? | <input type="text"/> | <input type="text"/> | MF10q |
| 13r. Treatment of malaria? | <input type="text"/> | <input type="text"/> | MF10r |
| 13s. Minor illnesses like fever | <input type="text"/> | <input type="text"/> | MF10s |
| 13t. Treatment for Rabies | <input type="text"/> | <input type="text"/> | MF10t |
| 13u. Childbirth delivery? | <input type="text"/> | <input type="text"/> | MF10u |
| 13v. D&C or abortions? | <input type="text"/> | <input type="text"/> | MF10v |
| 13w. Blood transfusion? | <input type="text"/> | <input type="text"/> | MF10w |
| 13x. Cataract surgery? | <input type="text"/> | <input type="text"/> | MF10x |
| 13y. Abdominal surgery? | <input type="text"/> | <input type="text"/> | MF10y |
| 13z. Heart surgery? | <input type="text"/> | <input type="text"/> | MF10z |

PART B: SERVICES (continued)

14. Does the clinic do tests for ...

| | | |
|---------------------------------|-------------------------------------------------------------|-------|
| 14a. Blood test: hemoglobin | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14a |
| 14b. Blood test: leukemia | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14b |
| 14c. Blood test: AIDS | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14c |
| 14d. TLC Total lymphocyte count | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14d |
| 14e. Urinalysis:Routine | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14e |
| 14f. Urinalysis: Culture | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14f |
| 14g. Stool test | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14g |
| 14h. Pregnancy test | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14h |
| 14i. Malarial parasite | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14i |
| 14j. Cerebral Malarial parasite | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14j |
| 14k. TB | NO= 0 / YES, collects & sends out= 1, YES, analyses here= 2 | MF14k |

15. Now I would like to ask you about what medical equipment is in this medical facility.

Does the facility have in good working order a ...

| | | | | | |
|---------------------------------|----------------|-------|-------------------|----------------|-------|
| 15a. Stethoscope | NO= 0 / YES= 1 | MF15a | 15k. Ear exam | NO= 0 / YES= 1 | MF15k |
| 15b. Sterilisation / autoclaves | NO= 0 / YES= 1 | MF15b | 15l. Delivery kit | NO= 0 / YES= 1 | MF15l |
| 15c. Weighing scale for adults | NO= 0 / YES= 1 | MF15c | 15m. Forceps | NO= 0 / YES= 1 | MF15m |
| 15d. Weighing scale for infants | NO= 0 / YES= 1 | MF15d | 15n. Microscope | NO= 0 / YES= 1 | MF15n |
| 15e. Thermometer | NO= 0 / YES= 1 | MF15e | 15o. Centrifuge | NO= 0 / YES= 1 | MF15o |
| 15f. Vaginal speculum | NO= 0 / YES= 1 | MF15f | 15p. Refrigerator | NO= 0 / YES= 1 | MF15p |
| 15g. Sonograph | NO= 0 / YES= 1 | MF15g | 15q. Cold chest | NO= 0 / YES= 1 | MF15q |
| 15h. Xray machine | NO= 0 / YES= 1 | MF15h | 15r. ECG Monitor | NO= 0 / YES= 1 | MF15r |
| 15i. Blood Pressure Gauge | NO= 0 / YES= 1 | MF15i | 15s. Ambulance | NO= 0 / YES= 1 | MF15s |
| 15j. Oxygen | NO= 0 / YES= 1 | MF15j | 15t. Wheelchair | NO= 0 / YES= 1 | MF15t |

16. Now I would like to ask you about the medicines you *currently* have in stock at this facility.

Do you usually have ...

| | | |
|---------------------------------|----------------|-------|
| 16a. Penicillin | NO= 0 / YES= 1 | MF16a |
| 16b. Ampicillin | NO= 0 / YES= 1 | MF16b |
| 16c. Tetracycline | NO= 0 / YES= 1 | MF16c |
| 16d. Streptomycin | NO= 0 / YES= 1 | MF16d |
| 16e. Any other antibiotics | NO= 0 / YES= 1 | MF16e |
| 16f. Iron tablets or Folic Acid | NO= 0 / YES= 1 | MF16f |
| 16g. Vitamin A | NO= 0 / YES= 1 | MF16g |
| 16h. BCG vaccination | NO= 0 / YES= 1 | MF16h |
| 16i. Polio immunization | NO= 0 / YES= 1 | MF16i |
| 16j. Hepatitis B vaccine | NO= 0 / YES= 1 | MF16j |
| 16k. Anti-malarial medicine | NO= 0 / YES= 1 | MF16k |
| 16l. DPT vaccination | NO= 0 / YES= 1 | MF16l |
| 16m. MMR vaccination | NO= 0 / YES= 1 | MF16m |

HDPI-2 (Medical)

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

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

ASK ONLY IF STAFF SIZE IS LESS THAN 13 PEOPLE
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 |
|----|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|
| | Next, please tell me the names of everyone who works here, who has contact with patients. NAME / POSITION | What is NAME's position? Is he/she a doctor, nurse, or what? | Was NAME present at interview? |
| 1 | | MF21a | MF22a |
| 2 | | MF21b | MF22b |
| 3 | | MF21c | MF22c |
| 4 | | MF21d | MF22d |
| 5 | | MF21e | MF22e |
| 6 | | MF21f | MF22f |
| 7 | | MF21g | MF22g |
| 8 | | MF21h | MF22h |
| 9 | | MF21i | MF22i |
| 10 | | MF21j | MF22j |
| 11 | | MF21k | MF22k |
| 12 | | MF21l | MF22l |

1= Director
2= Doctor
3= Nurse
4=Dai

5=Paramedi
6=Technician
7=Clerk
8= Other

1=primary
respondant
2=Present
3=Neither

| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|-------|----------|-------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|------------------------|
| Sex | 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? 0= No 1= Yes | Is NAME present today? |
| MF23a | MF24a | MF25a | MF26a | MF27a | MF28a | MF29a | MF30a |
| MF23b | MF24b | MF25b | MF26b | MF27b | MF28b | MF29b | MF30b |
| MF23c | MF24c | MF25c | MF26c | MF27c | MF28c | MF29c | MF30c |
| MF23d | MF24d | MF25d | MF26d | MF27d | MF28d | MF29d | MF30d |
| MF23e | MF24e | MF25e | MF26e | MF27e | MF28e | MF29e | MF30e |
| MF23f | MF24f | MF25f | MF26f | MF27f | MF28f | MF29f | MF30f |
| MF23g | MF24g | MF25g | MF26g | MF27g | MF28g | MF29g | MF30g |
| MF23h | MF24h | MF25h | MF26h | MF27h | MF28h | MF29h | MF30h |
| MF23i | MF24i | MF25i | MF26i | MF27i | MF28i | MF29i | MF30i |
| MF23j | MF24j | MF25j | MF26j | MF27j | MF28j | MF29j | MF30j |
| MF23k | MF24k | MF25k | MF26k | MF27k | MF28k | MF29k | MF30k |
| MF23l | MF24l | MF25l | MF26l | MF27l | MF28l | MF29l | MF30l |

1= Male
2= Female

1 Hindu
2 Muslim
3 Christian
4 Sikh
5 Buddhist
6 Jain
7 Other

1=Brahmin
2=OBC
3=SC
4=ST
5=Other

0= None
1= Xth
2= XIth
3= BSc., BA
4= Masters

5= R.N.
6= MBBS
7= Ayurvedic
8= Homeopathy
9= Other

0=No
1=No, but expected
2=Yes

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 the rooms where patients are examined?

ONCE YOU ARRIVE IN THE ROOM, WRITE DOWN THE ANSWERS TO QUESTIONS 26 TO 27 WITHOUT ASKING ANY QUESTIONS DIRECTLY.

26a. 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

MF26a

26b. IF YES TO CURTAINS: ARE THE CURTAINS CLEAN, OR DO YOU SEE BLOODSTAINS OR OTHER DROPPINGS?

No curtains= 0

Clean= 1

Dirty= 2

MF26b

26c. IS THE FLOOR CLEAN, OR DO YOU SEE A LOT OF DUST, OR FOOD REMNANTS, OR GARBAGE ON THE FLOOR?

Clean= 1

Dirty= 2

MF26c

26d. ARE THE WALLS CLEAN, OR DO YOU SEE SPIDER WEBS, OR SCRIBBLING, OR MOISTURE, OR PEELED OFF PAINT?

Clean= 1

Dirty= 2

MF26d

26e. IS THERE A SINK OR BASIN IN or NEAR THE ROOM FOR WASHING HANDS ?

No sink or basin= 0

Sink or basin with no piped water= 1

Sink or basin with piped water= 2

MF26e

26f. IS THERE AN EXAMINATION TABLE IN THIS ROOM?

No exam table= 0

Yes exam table= 1

MF26f

Can I see what you use to give patients injections and immunizations?

27. WRITE DOWN THE TYPE OF NEEDLE

Disposable needle= 1

Non-disposable needle= 2

Both kinds of needles= 3

No needles= 4

MF27

IF NON-DISPOSABLE NEEDLES ARE USED:

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

MF28a

MF28b

MF28c

29. 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

Not refrigerated storage space= 4

No regular storage space= 5

No vaccinations given here= 9

MF29

END OF INTERVIEW.

THANK THE RESPONDENT FOR HIS OR HER COOPERATION

30. CLINIC'S PREDOMINANT FLOOR TYPE:

1= MUD

2= WOOD, BAMBOO

3= BRICK

4= STONE

5= CEMENT

6= TILES, MOSAIC

7= OTHER

MF30

31. CLINIC'S PREDOMINANT WALL TYPE:

1= GRASS, THATCH

2= MUD, UNBURNED BRICKS

3= PLASTIC

4= WOOD

5= BURNED BRICKS

6= GI SHEETS, OTHER METAL

7= STONE

8= CEMENT, CONCRETE

9= OTHER

MF31

32. CLINIC'S PREDOMINANT ROOF TYPE:

1= GRASS, THATCH, MUD, WOOD

2= TILE

3= SLATE

4= PLASTIC

5= GI METAL, ASBESTOS

6= CEMENT

7= BRICK

8= STONE

9= CONCRETE

10= OTHER

MF32

OBSERVATION OF OUTSIDE OF MEDICAL FACILITY:

33. TYPE OF APPROACH ROAD TO THE HOSPITAL

Footpath= 1

Kutcha= 2

Pucca= 3

MF33

34. IS THERE AN ADVERTISEMENT ON THE BUILDING THAT THIS CLINIC DOES SONOGRAMS? (OR A PRACTICE THAT MIGHT DETERMINE THE SEX OF A FETUS)?

No=0

Yes=1

MF34

TIME INTERVIEW FINISHED:

TIME:

| | | | |
|------|------|-----|-----|
| | | | |
| HOUR | HOUR | MIN | MIN |

MF28h

COMMENTS:

AM=1

PM=2

MF28a