Study No.: |__|__| / |__|__| / |__|__| / |__|__| / |__|__|__|__|
Hos DC R/P O/N Case No.

QMP5

QUality and **A**ccess to **PE**rinatal hospital **C**are at the district level (**QUAPEC)**

INFORMED CONSENT – MATERNAL

For obstetric patient or her family who is most knowledgeable about the patient's condition and characteristics

1. Study number
2. Name of the woman _____
3. Case note number

RESPONDENT INFORMED CONSENT:

SEEK RESPONDENT'S AGREEMENT TO PARTICIPATE BY READING THE STATEMENT BELOW.

My name is _____. I am from the University of Indonesia. Under official permission from the hospital, we are conducting a study to explore information from the patients, mainly about referral and patient's characteristics. The purpose of this activity is mainly to find out any difficulties faced by patients in obtaining health care. I would like to interview you about (the condition of [full name of the patient] or about your condition –depends on whether respondent is the patient her self or other family member*) _____. The information you give us will be treated in the strictest confidence. Participation in this interview is entirely voluntary. You are free not to take part at all or to stop the interview at any time and there will be no implication on the quality and cost of care provided to you by this hospital. However, your answers are very important to us and will help to improve the delivery of health services and access in the utilization of health services, especially for mothers and babies in Indonesia. The interview will last approximately 30 minutes. Are you willing to be interviewed? …… If Yes, would you please sign this form to indicate your consent.*

Full name of respondent _____ Signature _____

1. Agree to be interviewed
2. Do not agree

(circle one of the above accordingly)

Do you have any questions about the interview or may I begin the interview?
If the informant is not willing to be interviewed, thank him/her and end the interview.

Hospital Code	1. Malang Hospital; 2. Pasuruan Hospital	
Date of admission DD/MM/YYYY		/ /
Time of interview HH:MM	Start :	End :
Result of interview	1. Completed 2. Incomplete, reason …… (e.g: patient stopped the interview) 3. Not done, reason…… (e.g.: patient refused, discharged)	

Information on form management

	Filling in form	Check 1 (data collector)	Check 2 (field supervisor)	Entry 1	Entry 2
Name					
Code					
Date	__ / __ / _____	__ / __ / _____	__ / __ / _____	__ / __ / _____	__ / __ / _____
Signature					

QMP5. Form in INPATIENT/FAMILY INTERVIEW For ALL Obstetric Admission

No.	Questions	Response Categories	Code
	I. RESPONDENT'S IDENTITY		
1.1	Name of respondent		
1.2	Sex of respondent	1. Male 2. Female	☐
1.3	Relationship of informant to the patient	1. Husband 2. Parent 3. Parent in law 4. Sibling 5. Sibling in law 6. Other relative 7. Respondent is the patient 8. Other, specify	☐
	II. CHARACTERISTICS OF THE WOMAN AND HER FAMILY		
2.1	Name of the patient		
2.2	Age of the patient [NAME]	_____ years	☐☐
2.3	Occupation of the patient		
2.4	What is the highest level of school [NAME] attended?	0=No schooling 1=primary 2=junior high 3=senior high 4=academy 5=university 6=other, specify _____	☐
2.5	What is the highest (grade/year) [NAME] completed at that level?	Year/grade ..... 88=Don't know	☐☐
2.6	Name of husband		
2.7	Age of husband	_____ years 88=Don't know	☐☐
2.8	Husband's occupation		
2.9	What is the highest level of school that the husband attended?	0=No schooling 1=primary 2=junior high 3=senior high 4=academy 5=university 6=other, specify _____ 8=don't know	☐
2.10	What is the highest (grade/year) that the husband completed at that level?	Year/grade ..... 88=Don't know	☐☐
2.11	Does anyone else in your household have higher level of education than you or your husband?	1=Yes 0=No 8=Don't know	☐☐
	If Q2.11 is YES, ask Q2.12 and 2.13 for member of household referred in Q2.11. If NO, skip to Q2.14.		

2.12	What is the highest level of school that he/she (person you referred to in Q2.11) attended?	0=No schooling 1=primary 2=junior high 3=senior high 4=academy 5=university 6=other, specify _____ 7=NA 8=don't know	☐
2.13	What is the highest (grade/year) that he/she completed at that level?	Year/grade …….. 77=NA 88=Don't know	☐☐
2.14	Address	Village (Desa/Kelurahan) : _____ RT/RW : _____ / _____ Sub-district : _____ District (Kabupaten/Kodya): _____	
2.15	Distance from home to nearest hospital	_____ km 8888=Don't know	☐☐☐☐
2.16	The distance above (2.15) can be reached in …… using what kind of mode of transportation?	_____ minutes 8888=Don't know Mode of transportation: 1. By foot 2. Motorbike/*ojek* 3. Ambulance 4. Public transportation/rent 5. Private car 6. Other (specify) …….	☐☐☐☐ ☐ ☐
2.17	Distance from home to PHC	_____ km 8888=Don't know	☐☐☐☐
2.18	The distance above (2.17) can be reached in …… using what kind of mode of transportation?	_____ minutes 8888=Don't know Mode of transportation: 1. By foot 2. Motorbike/*ojek* 3. Ambulance 4. Public transportation/rent 5. Private car 6. Other (specify) …….	☐☐☐☐ ☐ ☐
2.19	Distance from home to midwife's residence	_____ km 8888=Don't know	☐☐☐☐
2.20	The distance above (2.19) can be reached in …… using what kind of mode of transportation?	_____ minutes 8888=Don't know Mode of transportation: 1. By foot 2. Motorbike/*ojek* 3. Ambulance 4. Public transportation/rent 5. Private car 6. Other (specify) …….	☐☐☐☐ ☐ ☐
2.21	Number of person live in your household		☐☐
2.22	Other member of the family who are chronically ill and dependent		
2.22.1	Number of family member who are chronically ill and dependent		☐☐
2.22.2	Specify the disease:	Person 1 Person 2 Person 3 Person 4	

Would you please tell me about the care she received prior her admission in this hospital

III. REFERRAL INFORMATION					
Information	**Place/Person First**	**Place/Person Second**	**Place/Person Third**	**Place/Person Fourth**	**Place/Person Fifth**
a. Place/person contacted/sought for help					
b. Was this a public or a private sector provider? 1. Public 2. Private 8. DK					
c. Who accompanied the patient? (ANSWERS COULD BE MORE THAN 1) 1. Husband 2. Parent 3. Parent in Law 4. Sibling 5. Other, specify 8. DK					
d. When help/care was sought?	Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
e. Where help/care was provided?					
f. Distance to referral place (answer for both km and minute), from previous place	_____ kms _____ minutes	_____ kms _____ minutes	_____ kms _____ minutes	_____ kms _____ minutes	_____ kms _____ minutes
g. Mode of transportation 1. By foot 2. Motorbike/*ojek* 3. Ambulance 4. Public transportation/rent 5. Private car 6. Other (specify)					
h. When did the provider reach the mother's place, or mother reach the provider's place?	Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
i. How long did it take for the mother to receive the help/care since she reached the provider?	_____ hours _____ minute	_____ hours _____ minute	_____ hours _____ minute	_____ hours _____ minute	_____ hours _____ minute
j. If there was any delay in receiving					

III. REFERRAL INFORMATION					
Information	**Place/Person First**	**Place/Person Second**	**Place/Person Third**	**Place/Person Fourth**	**Place/Person Fifth**
care, what was the reason?					
k. Care provided: (record all types of care given including drug administration etc.)					
l. Summary of conditions					

a. If the mother was referred to more than 5 providers or places, who and where were the referrals made to? _____

b. Please provide the description of each referral event, and any problem occurred during individual referral process (e.g. problems with transportation, lack of drug supplies, etc).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please describe any supports or assistance received by the woman in relation to her index pregnancy or current illness

IV. SUPPORT FROM THE COMMUNITY OR OTHERS			
	What was the form of support?	**Who gave the support?** **Ask "who else"**	**When was it (e.g. prior admission to the hospital, during the woman's pregnancy)**
4.1	Money		
4.2	Transportation		
4.3	Blood		
4.4	Attaining an *SKTM* (a letter stated that the woman is from a poor family)		
4.5	Other, specify (e.g. assistance in taking care of the woman's children): ……..		
4.6	Have you or anyone in your household participated in community health activities organized by … (read all responses). Circle all that apply	COMMUNITY HEALTH COMMITTEE A POSYANDU B BIDAN DI DESA / POLINDES C PKK D PUSKESMAS E OTHER (SPECIFY_____) F	
4.7	Is there any P4K sticker sticked on the wall/door of [NAM]		

Were any of these problems below present?

V. PROBLEMS FOUND				
	System	**Example**	**Code**	**Description**
5.1	Personal/Family/ Community	Delay in mother seeking help/care 1=Yes 2=No 8=Unknown	☐	
5.2		Refusal of treatment or admission 1=Yes 2=No 8=Unknown	☐	
5.3	Logistical systems: Transportation, Communication, Access (Distance, Culture, Socio-economy))	Lack of transportation from home to health facility 1=Yes 2=No 8=Unknown	☐	
5.4		Lack of transportation between health care facilities 1=Yes 2=No 8=Unknown	☐	
5.5		Geographical problem to reach health care facility 1=Yes 2=No 8=Unknown	☐	
5.6		Lack of fund for referral and delivery care 1=Yes 2=No 8=Unknown	☐	
5.7	Administration	Lack of access to Letter of Poverty Proof (SKTM) 1=Yes 2=No 8=Unknown	☐	
5.8	Is there any P4K sticker sticked on the wall/door	1=Yes 2=No 8=Unknown	☐	

No.	Questions	Response Categories	Code
VI. PREVIOUS OBSTETRIC HISTORY			
6.1	Age at first pregnancy of the patient	_____ year	☐☐
6.2	Number of previous births of the patient	1. Live-birth: _____ 2. Still-birth: _____ 3. Abortion, including ectopic pregnancy, Hydatidiform mole:_____ 99. Unknown /No information	1. ☐☐ 2. ☐☐ 3. ☐☐
6.3	Had any of the patient's child died	1. Yes 2. No 9. Unknown /No information	☐
6.4	If Q6.3 is YES, please list age of death of the patient's child	No. | Age | Year/month/days | No. | Age | Year/month/days ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
6.5	Number of current living children		☐☐
6.6	Number of children born premature	1. Yes, spcify ..... 2. No 8. Unknown /No information	☐ ☐☐
6.7	Number of children born less than 2500 gram	1. Yes, specify ..... 2. No 8. Unknown /No information	☐ ☐☐
6.8	Interval between previous and index pregnancy	_____ months 888. Unknown/No information	☐☐
6.9	Where did the patient deliver her previous pregnancy?	1. Home 2. Midwife's home 3. Health centre	☐

		4. Clinic 5. Hospital 6. Others, specify _____ 7. NA	_____
History of complication during previous pregnancy / delivery			
6.10	Ante-partum hemorrhage	1. Yes 2. No 8. NA 9. Unknown	☐
6.11	Massive bleeding after delivery (post-partum)	1. Yes 2. No 8. NA 9. Unknown	☐
6.12	Retained placenta / retained product	1. Yes 2. No 8. NA 9. Unknown	☐
6.13	Obstructed labor / abnormal lie (mal-presentation)	1. Yes 2. No 8. NA 9. Unknown	☐
6.14	Preeclampsia (Severe headache / blurred vision / high blood pressure)	1. Yes 2. No 8. NA 9. Unknown	☐
6.15	Seizure due to eclampsia	1. Yes 2. No 8. NA 9. Unknown	☐
6.16	Caesarean section	1. Yes 2. No 8. NA 9. Unknown	☐
6.17	Was the baby large?	1. Yes 2. No 8. NA 9. Unknown	☐
6.18	Did the mother have an infection or a fever?	1. Yes 2. No 8. NA 9. Unknown	
6.19	Other, specify	1. Yes 2. No 8. NA 9. Unknown	☐ _____

No.	Questions	Response Categories	Code
VII. PRE-NATAL CARE FOR THE INDEX PREGNANCY			
7.1	Did the mother have any antenatal care during this pregnancy?	1. Yes 2. No 9. Unknown	☐
7.2	If yes, where? CHECK ALL THAT APPLY	1. Yes 2. No 7. NA 8. Don't know PUBLIC: Hospital Community health center Clinic Maternity clinic PRIVATE: Hospital Clinic Maternity clinic Private doctor Private midwife Private midwife 'delima' COMMUNITY: Maternity hut/polindes Posyandu In other home/TBA home OTHER, specify	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

7.3	Antenatal care provider	1. Obstetrician 2. General practitioner 3. Midwife 4. Nurse 8. NA	☐ ☐ ☐ ☐
7.4	Number of ANC visits	1. Trimester I _____ visits 2. Trimester II _____ visits 3. Trimester III _____ visits Total: _____ visits 88. NA	☐☐ ☐☐ ☐☐ ☐☐
7.5	When did the mother had her first antenatal care	..... week of pregnancy	
7.6	Did the mother see a TBA during your last pregnancy?	1. Yes, specify service received: _____ 0. No	☐ _____

No.	Questions	Response Categories	Code
		VIII. DELIVERY HISTORY	
8.1	Did the mother come for post abortion care?	1. Yes 2. No 7. NA 9. Unknown	☐
	Fill in 8.2 – 8.12 with NA for condition: abortion, ectopic pregnancy, mola, hiperemesis gravidarum, and other condition when no delivery		
8.2	Date of delivery	___/___/___ dd/mm/yy ___/___/___ dd/mm/yy ___/___/___ dd/mm/yy 77/77/77=NA	Fill in the boxes for each baby ☐☐/☐☐/☐☐ ☐☐/☐☐/☐☐ ☐☐/☐☐/☐☐
8.3	Time of delivery	___: ___ hour/mnt 77. NA 88. Unknown/No information	Fill in the boxes for each baby Baby1 ☐☐-☐☐ Baby 2 ☐☐-☐☐ Baby 3 ☐☐-☐☐
8.4	How long did the mother have cramps (adequate and consistent) until delivering the baby?	_____minute 77. NA 88. Unknown/No information	☐☐☐☐
8.5	During labour, which part of the baby came out first?	1. Head 2. Leg 3. Breech 4. Arm 8. Unknown	Fill in the boxes for each baby Baby1 ☐ Baby2 ☐ Baby3 ☐
8.6	Mode of delivery	1. Spontaneous/Normal 2. Vacuum /forcep extraction 3. Breech manouver 4. External version 5. Embryotomy/decapitation/evisceration 6. C-section/per abdominam	Fill in the box for each baby Baby1 ☐ Baby2 ☐ Baby3 ☐
8.7	Place of delivery	01. Own home/ family's home 02. TBA's home 03. Birthing hut (Polindes) 04. Auxiliary PHC (Pustu) 05. Rumah bidan 06. Hospital 07. On the way to health facility 08. Other: _____	Fill in the box for each baby Baby1 ☐ Baby2 ☐ Baby3 ☐
8.8	Birth attendant	01. TBA	Fill in the box for each baby

		02. Family / relative 03. Midwife – public (bidan-di-desa) 04. Midwife – private (non bidan-di-desa) 05. Midwife - unspecified 06. General practitioner – public 07. General practitioner - private 08. Obstetrician – public 09. Obstetrician – private 10. Other, specify _____ 77. Tujuh percent	Baby1 ☐ Baby2 ☐ Baby3 ☐
8.9	If the mother died, how long did the mother have cramps before she died?	_____minute 7777. NA (not in labour yet or mother died before delivery) 8888. Unknown/No information	☐☐☐☐
8.10	Was there any massive bleeding during delivery?	1. Yes 2. No 7. NA 8. Unknown	☐
8.11	If yes, when	1. Yes 2. No 7. NA 8. Unknown a. Before labor b. During labor c. After delivery d. Abortion	☐ ☐ ☐ ☐
8.12	Was the placenta delivered?	1. Yes 2. No 7. NA 8. Unknown	☐

IX. HISTORY OF ANY CHRONIC AND INFECTIOUS DISEASE (should be extracted from MR)					
9.1	Bronchiale asthma	1. Yes	2. No	8. Dknow	☐
9.2	Epilepsy	1. Yes	2. No	8. Dknow	☐
9.3	Chronic Hypertension before pregnancy	1. Yes	2. No	8. Dknow	☐
9.4	Heart disease	1. Yes	2. No	8. Dknow	☐
9.5	Diabetes before pregnancy	1. Yes	2. No	8. Dknow	☐
9.6	Chronic kidney disease	1. Yes	2. No	8. Dknow	☐
9.7	Malaria	1. Yes	2. No	8. Dknow	☐
9.8	Tuberculosis	1. Yes	2. No	8. Dknow	☐
9.9	Other, specify	1. Yes	2. No	8. Dknow	☐

No.	**Questions**	**Response Categories**	**Code**
		X. ECONOMIC STATUS	
10.1	House ownership	1. Own house 2. Family's house 3. Rent 4. Official house 5. Other, specify	☐
10.2	Do you or does your household have any of the following? READ OUT THE RESPONSES	1=Yes 2=No 8=Don't know A. Electricity B. Radio/transistor C. Television D. Telephone/handphone E. Refrigerator F. Bicycle G. Motorcycle H. Car I. Truck	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10.3	Floor	1. Natural floor (earth/sand/mud) 2. Wood 3. Bamboo 4. Brick/concrete/cement 5. Ceramic 6. Tile 7. Other, specify, _____ 8. Don't know	☐
10.4	Wall	1. Bamboo 2. Wood 3. Brick/concrete 4. Semi-permanent 5. Other, specify, _____ 8. Don't know	☐
10.5	Are you a member of any of the following health insurance / benefit programs?	1. Yes 2. No 8. Don't know 1. Out-of-pocket payment 2. Private insurance 3. Askes PNS/paid by company/Jamsostek 4. Askes Gakin/Jamkesmas/Askeskin/ Jamkesda/ SKTM 5. Other, specify_____	☐ ☐ ☐ ☐ ☐ ☐

No.	Questions	Response Categories	Code
		XI. COST OF CARE	
11.1	How much is the total cost spent by the family for [NAME]'s care in this hospital	***Total cost of care, includes for buying medicines from outside the hospital; excluded cost for the family's transportation and accommodation.***	☐☐☐☐☐☐☐☐
11.2	Method of payment and share of total cost for this care	1. Yes 2. No 8. Don't know 1. Out-of-pocket payment 2. Private insurance 3. Askes PNS/paid by company/Jamsostek 4. Askes Gakin/Jamkesmas/Askeskin/ Jamkesda/ SKTM 5. Other, specify_____	☐ ☐ ☐ ☐ ☐ ☐

CHECK THE COMPLETENESS OF QUESTIONNAIRE.

IF ALL HAS BEEN COMPLETED, WRITE DOWN TIME OF THE INTERVIEW END AND THANK THE RESPONDENT.