

Village Clinic Survey

(To be filled out by person in charge at village clinic)

Clinic name: _____

Clinic address: County: _____ Town: _____ Village: _____

ID Number: County□ Town□□ Village□□□

Date of surveyed (yyyy/mm/dd): 2009/___/___

Interviewer name: _____

Interviewer signature: _____

Date audited (yyyy/mm/dd): 2009/___/___

Auditor name: _____

Auditor signature: _____

Researcher introduction:

Hello! I am a researcher for the Ningxia healthcare financing reform project. This survey is being done in order to better understand village clinics' staffing and services, so as to provide information for improving health services in the local community. We hope you can cooperate. The contents of the survey will only be used for research and analysis, and all responses will be confidential in accordance with the national government's laws governing survey material. Please answer to the best of your ability. Thank you again!

I have a few initial questions to ask you.

1. In this village, other than this “standard” village clinic are there any other village clinics (including “standard” or private)?

- ① Yes ② No ③ Not sure

2. If yes, please provide the number of “standard” clinics_____, and number of private clinics_____

3. Typically, is the number of villagers going to these other clinics (including private) greater or less than the number coming to yours?

- ① More ② Fewer ③ Not sure

4. Among all the medical treatment utilized in the village, what percentage is provided by your clinic?

- ① _____ % ② Not sure

Part A: Staffing (clinic overall situation)

Note: Please use the following codes to fill in the table below (e.g. if sex = male, please write (1)). If the table is not large enough, you may add rows.

- Gender ① Male ② Female
- Education ① Middle school or below ② High school ③ Vocational School
 ④ College and above
- Training ① Village doctor ② Maternal and child health worker ③ Other
(please list)
- Specialty ① Chinese medicine ② Western medicine ③ Chinese and Western
 medicine fusion ④ Nursing ⑤ Public health ⑥ Other (please list)

#	Name	Gender	Age	Education	Training	Specialty
1						
2						
3						
4						
5						

Part B: 2008 Service Provision (clinic overall situation)

Note: Already providing should be noted as “√”, not yet providing should be denoted as “×”. If not providing, please select a reason from the right-hand column.

Service	Providing? (Y/N)	Reasons for not providing the service (choose up to 3) 1 Insufficient staff 2 Staff skills insufficient 3 Need further equipment 4 Insufficient operating funds 5 Insufficient demand 6 No requirement from management 7 Not permitted 8 Ineffective 9 Not reimbursable 10 Other (please list)
1. Basic health services		
1.1 Common disease treatment		
Home visits		
1.2 TCM therapy		
Common disease TCM treatment		
Acupuncture		
Massage therapy		
Orthopedic disease technique		
2. Preventive health		
2.1 Planned immunizations		
2.2 Maternal healthcare		
Gynecological exam		
Prenatal checkups		
Postnatal checkups		
2.3 Pediatric care		
Periodic checkups		
Parenting guidance		
2.4 Main chronic disease diagnosis and management		
HBP screening		
HBP management and follow-up		
Diabetes screening		
Diabetes case history management and follow-up		
2.5 Health education		
2.6 Behavioral interventions		
Tobacco control		
Nutrition		

Exercise		
3. Health Management		
3.1 Villager case record establishment		
3.2 Villager case record management, follow up and update		
4. Information Management		
4.1 Information collection and reporting for the village		
5. Public health and infectious disease control		
5.1 Monitoring public health emergencies		
5.2 Infectious disease reporting		
5.3 TB patient management		

Part C: 2008 Basic Health Service Provision Quantities (clinic overall situation)

Note: Please list according to OP records if at all possible.

Data source: _____

(1) OP records (2) Estimate (Check both one day, one month, then compare the two and make an estimate)

Service	2008 Service Volume (unit: person-times)
Diagnosis & treatment	
Of which: House visits, i.e. working outside the clinic	
Referring the patient to a higher-level facility	

2. To accomplish the public health tasks assigned, how much time is spent monthly on average by staff in your clinic? _____ person-days

Part D: Basic information about the village doctor

(Ask the person in charge)

1. Name: _____

2. How many years have you worked as a doctor: _____ years

3. Were you a barefoot doctor? ① Yes ② No

Part Five: Village clinic and doctor cost and revenue

Note that items 1-3 in this section refer to the entire clinic whereas 4 only refers to the clinic manager.

1. Drugs purchased by your village clinic from the drug purchasing system in 2008 values _____RMB
2. Annual total revenue
 - 1) 2008 monthly village doctor subsidy: _____RMB
 - 2) 2008 performance-based capitation budget (public health) : _____RMB/person
Total population: _____
 - 3) Immunization charge: _____RMB/visit
Number of planned immunizations given in 2008: _____visits
 - 4) Treatment charge (prescription charge): _____RMB/visit
Average monthly visits in 2008: _____
 - 5) Intramuscular injection charge: _____RMB/visit
Average monthly visits in 2008: _____
 - 6) IV charge: _____RMB/visit
Average monthly visits in 2008: _____
 - 7) 2008 TCM-only income: _____RMB (If you do not provide TCM, please write 0)
3. Village clinic total expenses in 2008
 - 1) fuel expense (required for clinic operation) _____RMB
 - 2) petrol expense (motorcycle; required for clinic operation) _____RMB
 - 3) average monthly utility expense-water, electric (required for clinic operation) _____RMB
 - 4) average monthly communication expense (required for clinic operation) _____RMB
4. I would also like to ask, do you have any other employment aside from your work as a village doctor? ① Yes ②No (If no, skip to 4.2)
 - 1) If you do other work, what percentage of your working time is made up of each of the following areas? (If none, write 0)

Physician_____%

Agriculture_____%

Business_____%

Other (describe _____) _____%

2) Source of income: **(If none, write 0)**

Physician_____RMB/year

Agriculture (household)_____RMB/year

Business_____RMB/year

- If yes, for the household or for you as an individual? ①Household ②Individual

Other_____RMB/year

5. How many members are in your household?_____