

Additional file 1, Questionnaire: Determining the main place of practice.

**Determining the main place of practice**

(only for physician who works in more than one PHC facilities which have MoU with Semarang Main Branch Office of BPJS for Health)

Please fill the blank or choose the options by thick ( ✓ ) based on your condition in the following questions.

Type of practice (only PHC facilities which have MoU with Semarang Main Branch Office of BPJS for Health)		Public health centre/PHC Clinic/Solo practice*		Public health centre/PHC Clinic/Solo practice*		Public health centre/PHC Clinic/Solo practice*	
Name and Address of Practice		1. _____		2. _____		3. _____	
No	Questions	Scr		Scr		Scr	
1.	Working period as physician in the place of practice (included before JKN and ASKES era)	<input type="checkbox"/> a. 0 up to ≤ 3 months	0	<input type="checkbox"/> a. 0 up to ≤ 3 months	0	<input type="checkbox"/> a. 0 up to ≤ 3 months	0
		<input type="checkbox"/> b. 3 months up to ≤ 6 months	1	<input type="checkbox"/> b. 3 months up to ≤ 6 months	1	<input type="checkbox"/> b. 3 months up to ≤ 6 months	1
		<input type="checkbox"/> c. > 6 months up to ≤ 2 years	2	<input type="checkbox"/> c. > 6 months up to ≤ 2 years	2	<input type="checkbox"/> c. > 6 months up to ≤ 2 years	2
		<input type="checkbox"/> d. > 2 years	3	<input type="checkbox"/> d. > 2 years	3	<input type="checkbox"/> d. > 2 years	3
2.	Total working hours in a week (include on call)	<input type="checkbox"/> a. ≤ 20 hours	1	<input type="checkbox"/> a. ≤ 20 hours	1	<input type="checkbox"/> a. ≤ 20 hours	1
		<input type="checkbox"/> b. > 20 hours up to ≤ 40 hours	2	<input type="checkbox"/> b. > 20 hours up to ≤ 40 hours	2	<input type="checkbox"/> b. > 20 hours up to ≤ 40 hours	2
		<input type="checkbox"/> c. > 40 hours up to ≤ 50 hours	3	<input type="checkbox"/> c. > 40 hours up to ≤ 50 hours	3	<input type="checkbox"/> c. > 40 hours up to ≤ 50 hours	3
		<input type="checkbox"/> d. > 50 hours	4	<input type="checkbox"/> d. > 50 hours	4	<input type="checkbox"/> d. > 50 hours	4
3.	Do you perform managerial task except working as a physician practice?	<input type="checkbox"/> a. No	1	<input type="checkbox"/> a. No	1	<input type="checkbox"/> a. No	1
		<input type="checkbox"/> b. Yes, having some managerial task (include JKN)	2	<input type="checkbox"/> b. Yes, having some managerial task (include JKN)	2	<input type="checkbox"/> b. Yes, having some managerial task (include JKN)	2
		<input type="checkbox"/> c. Yes, as a manager	3	<input type="checkbox"/> c. Yes, as a manager	3	<input type="checkbox"/> c. Yes, as a manager	3
		<input type="checkbox"/> d. Yes, as an owner and not a manager	3	<input type="checkbox"/> d. Yes, as an owner and not a manager	3	<input type="checkbox"/> d. Yes, as an owner and not a manager	3
		<input type="checkbox"/> e. Yes, as a manager and an owner	4	<input type="checkbox"/> e. Yes, as a manager and an owner	4	<input type="checkbox"/> e. Yes, as a manager and an owner	4
<b>Score</b>							

\*) Cross the options that does not fit

Result (filled by enumerator)	:	_____
Main place of practice	:	_____