

QUESTIONNAIRE / OBSERVATION CHECK LIST

**READINESS FOR CARDIOVASCULAR DISEASE IN
PUBLIC PRIMARY HEALTH CARE
(PUSKESMAS)**

Interview/Observation date : ___/___/___ (hh/mm/yyyy)
 Observer/Interviewer :
 Duration : ___ Menit
 Informant name :
 Informant contact (HP) :

Puskesmas Information :
 1. Puskesmas name :
 2. Address :
 3. Subdistrict/Village : /
 4. Type of Puskesmas : In-patient and Outpatient / Out-patient only
 5. Distance to nearest hospital : (Km)
 6. Distance to MCC : (Km)
 7. Number of beds : Beds (for in-patient puskesmas)
 8. Geographic Location : ___ Latitude / ___ Longitude (DMS)
 9. Number of POSBINDU :

No	Question	Responses			
A. Population Coverage					
A1	Number of Household in the working area	_____ Household			
A2	Number of people living in the area	_____ Persons			
A3	Number of registered participant covered by INHI	_____ Persons			
B. Resources		Number	Trained (Training related to CVD and its risk factors)		
B1	Specialist physician (Total)				
B2	Cardiologist				
B3	Neurologist				
B4	General physician				
B5	Dentist				
B6	Nurses				
B7	Public health / Health educator				
B8	Pharmacist				
B9	Laboratory technician				
C. Number of patient visits per day (LB 1 PKM)		Previous Year		Last month	Average/month
		2019	2020		
C1	Number of patient (total)				
C2	Hypertensive patients				
C3	Diabetes patients				
C4	CVD patients				
C5	Heart failure patients				
C6	Stroke patients				

D. Available tests		Methods of test /Type of device		Available (Y/N)
D1	Total Cholesterol			
D2	HDL Cholesterol			
D3	LDL Cholesterol			
D4	Blood Glucose			
D5	Haemoglobin (Hb) test			
D6	HbA1c			
D7	Creatinin			
D8	Ureum			
D9	Blood Pressure			
E. Available device		Available (Y/N)	Working (Y/N)	Number
E1	ECG Machine			
E2	Tensimeter (Digital/Manual)			
E3	Weight scale			
E4	Height scale			
E5	Thermometer			
E6	Stetoskop			
E7	Oxygen tube			
E8	Glucometer			
E9	CT Scan			
E10	Hb Meter			
F. Essential medicine		Available (Y/N)	Name of drugs	
F1	Statin (e.g : Simvastatin, Atorvastatin, Pravastatin)			
F2	Antiplatelet Drugs (e.g. : Aspirin, Clopidogrel, Dipyridamole, Ticlopidine)			
F3	Anticoagulation Drugs (e.g.: Warfarin, Heparin, Enoxaparin, Edoxaban)			
F4	Beta-blocker (e.g. Bisoprolol, Propranolol)			
F5	ACE inhibitor / ARB (e.g: Lisinopril, kaptopril, Ramipril, dll)			
F6	Calcium Channeling Blockers (e.g : Amlodipin)			
F7	Others			

Infrastructure and supporting equipment						
G1	Telephone (Hotline 24 hours)	Yes / No				
G2	Mobile Phones / HP	Yes / No				
G3	Internet	Yes / No				
G4	Guideline books related to CVD treatment, management and controls	Yes / No (guideline name: _____ _____)				
G. Ambulatory service		Jumlah		Working (Y/N)		
H1	Ambulance					
H2	Mobile Home Care					
I. Services Available						
<i>Apakah puskesmas ini memberikan pelayanan terkait PJPD berikut</i>	<i>CVD Health promotion</i>	<i>CVD Prevention</i>	<i>CVD Diagnosis</i>	<i>CVD Treatment / Management</i>	<i>Long term care / Rehabilitation for CVD</i>	
I1	Non Communicable disease	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :
I2	Diabetes	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :
I3	Hypertension	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :
I3	Coronary heart disease	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :
I4	Stroke	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :	(Yes/No) Mention :
I6	Puskesmas deliver referral service for emergency case for CVD (e.g.; Stroke or Heart attack/ <i>Infark Myocard</i>)				Yes / No	
I7	On the last referral case, where do the patient referred to ?				Health facility name (_____)	