

HEALTH AND EDUCATION SERVICES SURVEY

IR, RH, CH, PG, KB, SP, FKS, FPD, CP

BOOK 1B MARRIED WOMEN 16-49 YEARS OLD

ID OF WOMEN 16-49 YEARS OLD

2
 EA OX VILLAGE RT ART SPLIT ART

Respondent is woman 16-49 year old and is/was married.

COV1. Name of Respondent:

ART Serial No. :

COV3. INTERVIEWER SHOULD CHECK FORM PR:
RESPONDENT STATUS FOR BOOK 1B?

1. PANEL RESPONDENT

3. NEW RESPONDENT

ENUMERATOR, EDITOR AND SUPERVISOR

	Enumerator	Editor	Supervisor
Names and Codes of Officers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

RESULTS OF VISITS

	First Visit	Second Visit	Third Visit
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2008	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2008	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2008
Time started / Time completed	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Results of Visits	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/not available	1. Completed 2. Partly completed, 3. Respondent declined/absent/not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent /not available

RESULTS OF INSPECTION

Inspection by Supervisor	Observation by Supervisor	Checked up by Editor
1. Yes 3. No	1. Yes 3. No	1. Entry made, without error 3. Entry made, with correction

INTRODUCTION

We would like to ask you about your health, history of your pregnancy, your experience with pregnancy and child birth, family planning, and your family nutrition. We assure you that the information you give us is kept confidential. Could we start the interview now?

IR. IDENTITY OF RESPONDENT

IR01	Age	___ years
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RH. HISTORY OF PREGNANCY

WE would like now to ask you about the history of your pregnancy.

RH01a	INTERVIEWER SHOULD CHECK : COV 3 = PANEL RESPONDENT FOR BOOK 1B?	1. YES	3. NO → RH01
RH01b	Are you pregnant or have just given birth in the last 24 months?	1. Yes → CH01	3. No → SECTION PG
RH01	Have you ever been pregnant that ended in giving birth to live baby, dead baby, or in miscarriage?	1. Yes	3. No → RH26
RH02	Have you ever given birth to a baby?	1. Yes	3. No → RH11
RH03	Do you have boys and girls you gave birth to and live here with you now?	1. Yes	3. No → RH05
RH04	How many boys and girls you gave birth to who live here with you now?	a. Boy ___	b. Girl: ___ c. Total ___
COMPARE TO THE LIST OF HOUSEHOLD MEMBERS TO FIND OUT THE NUMBER OF BOYS AND GIRLS THE RESPONDENT GAVE BIRTH TO AND LIVE IN THIS HOUSEHOLD. IF THE NUMBER OF RH04 IS NOT THE SAME AS THE NUMBER OF THE BOYS AND GIRLS THE RESPONDENT GAVE BIRTH TO AND REGISTERED IN THE LIST OF HOUSEHOLD MEMBERS, DO SOME PROBING TO MAKE SURE ABOUT THE NUMBER. REPEAT THE QUESTION BY READING ALOUD THE NAMES OF THE CHILDREN THE RESPONDENT GAVE BIRTH TO AND REGISTERED IN THE LIST OF HOUSEHOLD MEMBERS (AR01). IF THE NUMBER OF CHILDREN MENTIONED BY THE RESPONDENT IS LARGER THAN THAT IN THE LIST OF HOUSEHOLD MEMBERS, REVISE THE LIST.			
RH05	Do you have boys or girls you gave birth to who are still alive but do not live with you?	1. Yes	3. No → RH11
RH06	How many boys and girls you gave birth to who are still alive but do not live with you?	a. Boy ___	b. Girl: ___ c. Total ___

	[1]	[2]	[3]	[4]
RH07	Names of the children you gave birth to and are still alive but do not live with you			
RH08	Dates of birth	___/___/_____	___/___/_____	___/___/_____
RH09	Sex	1. Male 3. Female	1. Male 3. Female	1. Male 3. Female
RH10	INTERVIEWER SHOULD CHECK : RH06c	1. >1 → COLUMN 2 3. NO ↓	1. >2 → COLUMN 3 3. NO ↓	1. >3 → COLUMN 4 3. NO ↓

RH11	Have you ever given birth to a live baby boy or girl but who later died? PROBING: HAVE YOU EVER GIVEN BIRTH TO A BABY WHO CRIED OR SHOWED SIGNS OF LIFE BUT DID NOT LIVE LONGER?	1. Yes	3. No → RH17
RH12	How many boys and girls you gave birth to were alive and later died?	a. Boy <input type="text"/>	b. Girl : <input type="text"/> c. Total <input type="text"/>

	[1]	[2]	[3]	[4]
RH13	When were the children born?	month <input type="text"/> year <input type="text"/>	month <input type="text"/> year <input type="text"/>	month <input type="text"/> year <input type="text"/>
RH14	Sex	1. Male 3. Female	1. Male 3. Female	1. Male 3. Female
RH15	How long did they live?	<input type="text"/> 1. Minute 4. Month <input type="text"/> 2. Hour 5. Year <input type="text"/> 3. Day	<input type="text"/> 1. Minute 4. Month <input type="text"/> 2. Hour 5. Year <input type="text"/> 3. Day	<input type="text"/> 1. Minute 4. Month <input type="text"/> 2. Hour 5. Year <input type="text"/> 3. Day
RH16	INTERVIEWER SHOULD CHECK: RH12c	1. >1 → COLUMN 2 3. NO ↓	1. >2 → COLUMN 3 3. NO ↓	1. >3 → COLUMN 4 3. NO ↓

RH17	Have you ever been pregnant but the baby was stillborn?	1. Yes	3. No → RH21
RH18	How many times have you had stillbirths?	<input type="text"/>	

	[1]	[2]	[3]	[4]
RH19	When did the still births happened?	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>
RH19a	How many weeks into your pregnancies were they when they occurred?	<input type="text"/> Week	<input type="text"/> Week	<input type="text"/> Week
RH20	INTERVIEWER SHOULD CHECK: RH18	1. >1 → COLUMN 2 3. NO ↓	1. >2 → COLUMN 3 3. NO ↓	1. >3 → COLUMN 4 3. NO ↓

RH21	(Other than the births) Have you ever experienced a miscarriage?	1. Yes	3. No → RH25
RH22	How many times have you experienced miscarriages?	<input type="text"/>	

	[1]	[2]	[3]	[4]
RH23 When did the miscarriages occur?	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RH23a How many weeks into your pregnancies were they when they occurred?	<input type="text"/> <input type="text"/> Week	<input type="text"/> <input type="text"/> Week	<input type="text"/> <input type="text"/> Week	<input type="text"/> <input type="text"/> Week
RH24 INTERVIEWER SHOULD CHECK: RH22	1. >1 → COLUMN 2 3. NO ↓	1. >2 → COLUMN 3 3. NO ↓	1. >3 → COLUMN 4 3. NO ↓	1. >4 → SUPPLEMENT RH23 3. NO ↓

RH25 INSTRUCTION FOR INTERVIEWER: ADD: RH04c + RH06c + RH12c = <input type="text"/> <input type="text"/> To make sure the information I get is correct, you have <input type="text"/> <input type="text"/> children, who were born alive, is that correct?	1. Yes 3. No → CORRECTION RH01-RH15
RH26 Are you pregnant now?	1. Yes 3. No

CH. NOTES ON PREGNANCY

CH01 How many pregnancies did you have or babies did you gave birth to in the last 24 months, whether resulting in live birth, stillbirth, or miscarriage, including present pregnancy?	1. One 2. Two 3. Three 6. NONE → SECTION PG
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	1. Current /last pregnancy in the last 24 months	2. Second last pregnancy in the last 24 months	3. Third last pregnancy in the last 24 months
CH02 Types of pregnancy	1. Pregnant → CH06 2. Miscarriage → CH05 3. Stillborn → CH04 4. Live birth	1. Pregnant → CH06 2. Miscarriage → CH05 3. Stillborn → CH04 4. Live birth	1. Pregnant → CH06 2. Miscarriage → CH05 3. Stillborn → CH04 4. Live birth
CH03 Names of children/ART serial nos. (FILL IN 51 IF CHILD DOES NOT LIVE AT HOME)	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
CH04 How many weeks into your pregnancies were you when they were born?	<input type="text"/> <input type="text"/> week → CH07	<input type="text"/> <input type="text"/> week → CH07	<input type="text"/> <input type="text"/> week → CH07
CH05 How many weeks into your pregnancies were you when you had a miscarriage?	<input type="text"/> <input type="text"/> week → CH07	<input type="text"/> <input type="text"/> week → CH07	<input type="text"/> <input type="text"/> week → CH07
CH06 How many weeks into your pregnancy are you in now?	<input type="text"/> <input type="text"/> week	<input type="text"/> <input type="text"/> week	<input type="text"/> <input type="text"/> week
CH07 During the pregnancy, did you have prenatal check ups?	1. Yes 3. No → CH18	1. Yes 3. No → CH18	1. Yes 3. No → CH18

CH08	In the first 3 months of pregnancy, where and how many times did you have prenatal check ups? (PREGNANCY 1-13 WEEKS OLD)			
	A. Government hospital	A. <input type="text"/> times	A. <input type="text"/> times	A. <input type="text"/> times
	B. Private hospital	B. <input type="text"/> times	B. <input type="text"/> times	B. <input type="text"/> times
	C. Community health centre/Sub- centre	C. <input type="text"/> times	C. <input type="text"/> times	C. <input type="text"/> times
	D. Village maternity hut/village midwife	D. <input type="text"/> times	D. <input type="text"/> times	D. <input type="text"/> times
	E. Private doctor clinic/practice/home	E. <input type="text"/> times	E. <input type="text"/> times	E. <input type="text"/> times
	F. Private midwife clinic/practice/home	F. <input type="text"/> times	F. <input type="text"/> times	F. <input type="text"/> times
	G. Traditional birth attendant home	G. <input type="text"/> times	G. <input type="text"/> times	G. <input type="text"/> times
	H. Integrated service post	H. <input type="text"/> times	H. <input type="text"/> times	H. <input type="text"/> times
	I. Nurse/paramedic clinic/practice/home	I. <input type="text"/> times	I. <input type="text"/> times	I. <input type="text"/> times
	V. Other, <input type="text"/>	V. <input type="text"/> times	V. <input type="text"/> times	V. <input type="text"/> times
	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP
CH09	INTERVIEWER SHOULD CHECK: WHETHER CH04 OR CH05 OR CH06 > 13 WEEKS?	1. YES 3. NO → CH13	1. YES 3. NO → CH13	1. YES 3. NO → CH13
CH10	In the second 3 months of pregnancy, where and how many times did you have prenatal check up? (PREGNANCY 14-26 WEEKS OLD)			
	A. Government hospital	A. <input type="text"/> times	A. <input type="text"/> times	A. <input type="text"/> times
	B. Private hospital	B. <input type="text"/> times	B. <input type="text"/> times	B. <input type="text"/> times
	C. Community health centre/Sub-centre	C. <input type="text"/> times	C. <input type="text"/> times	C. <input type="text"/> times
	D. Village maternity hut/village midwife	D. <input type="text"/> times	D. <input type="text"/> times	D. <input type="text"/> times
	E. Private doctor clinic/practice/home	E. <input type="text"/> times	E. <input type="text"/> times	E. <input type="text"/> times
	F. Private midwife clinic/practice/home	F. <input type="text"/> times	F. <input type="text"/> times	F. <input type="text"/> times
	G. Traditional birth attendant home	G. <input type="text"/> times	G. <input type="text"/> times	G. <input type="text"/> times
	H. Integrated service post	H. <input type="text"/> times	H. <input type="text"/> times	H. <input type="text"/> times
	I. Nurse/paramedic clinic/practice/home	I. <input type="text"/> times	I. <input type="text"/> times	I. <input type="text"/> times
	V. Other, <input type="text"/>	V. <input type="text"/> times	V. <input type="text"/> times	V. <input type="text"/> times
	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP

	1. Current /last pregnancy in the last 24 months	2. Second last pregnancy in the last 24 months	3. Third last pregnancy in the last 24 months
CH11 INTERVIEWER SHOULD CHECK: WHETHER CH04 OR CH05 OR CH06 > 26 WEEKS?	1. YES 3. NO → CH13	1. YES 3. NO → CH13	1. YES 3. NO → CH13
CH12 In <u>the last 3 months</u> of your pregnancy, where and how many times did you have prenatal check up? (PREGNANCY 27 WEEKS OLD UNTIL DELIVERY)			
A. Government hospital	A. <input type="text"/> times	A. <input type="text"/> times	A. <input type="text"/> times
B. Private hospital	B. <input type="text"/> times	B. <input type="text"/> times	B. <input type="text"/> times
C. Community health centre/sub- centre	C. <input type="text"/> times	C. <input type="text"/> times	C. <input type="text"/> times
D. Village maternity hut/village midwife	D. <input type="text"/> times	D. <input type="text"/> times	D. <input type="text"/> times
E. Private doctor clinic/practice/home	E. <input type="text"/> times	E. <input type="text"/> times	E. <input type="text"/> times
F. Private midwife clinic/practice/home	F. <input type="text"/> times	F. <input type="text"/> times	F. <input type="text"/> times
G. Traditional birth attendant home	G. <input type="text"/> times	G. <input type="text"/> times	G. <input type="text"/> times
H. Integrated service post	H. <input type="text"/> times	H. <input type="text"/> times	H. <input type="text"/> times
I. Nurse/paramedic clinic/practice/home	I. <input type="text"/> times	I. <input type="text"/> times	I. <input type="text"/> times
V. Other, <input type="text"/>	V. <input type="text"/> times	V. <input type="text"/> times	V. <input type="text"/> times
W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP
CH13 On average, how much did you pay for prenatal check ups?	Rp <input type="text"/> . <input type="text"/>	Rp <input type="text"/> . <input type="text"/>	Rp <input type="text"/> . <input type="text"/>
CH14 Which health facility did you visit most often to get prenatal check ups?	a. Name of facility: <input type="text"/> b. Address: <input type="text"/> <input type="text"/> c. ID of Facility: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a. Name of facility: <input type="text"/> b. Address: <input type="text"/> <input type="text"/> c. ID of Facility: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a. Name of facility: <input type="text"/> b. Address: <input type="text"/> <input type="text"/> c. ID of Facility: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	1. Current/last pregnancy in the last 24 months	2. Second last pregnancy in the last 24 months	3. Third last pregnancy in the last 24 months
CH15 During your pregnancy, did you receive [...] service at least once?			
a. Body weighing	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
b. Height measurement	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
c. Blood pressure check	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
d. Blood test (Hb, blood type, etc.)	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
e. Stomach height measurement	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
f. Listening to foetus heart	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
g. Internal check	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
h. Hip measurement	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know	1. Yes 3. No 8. Do Not Know
CH16 Did the health provider give you information on indications of pregnancy complication?	1. Yes 3. No → CH18	1. Yes 3. No → CH18	1. Yes 3. No → CH18
CH17 Did the health provider give you information on what had to be done if you thought there was pregnancy complication?	1. Yes 8. Do Not Know 3. No	1. Yes 8. Do Not Know 3. No	1. Yes 8. Do Not Know 3. No
CH18 During pregnancy, did you ever get Tetanus Toxoid (TT) shot/ immunisation for pregnant mothers to prevent the baby from suffering from tetanus or seizures after birth?	1. Yes 3. No → CH20	1. Yes 3. No → CH20	1. Yes 3. No → CH20
CH19 How many times did you get TT shots?	1. 1 times 8. Do Not Know	1. 1 times 8. Do Not Know	1. 1 times 8. Do Not Know
CH20 Did you receive iron pills (for blood regeneration) during your pregnancy?	1. Yes 3. No → CH23	1. Yes 3. No → CH23	1. Yes 3. No → CH23
CH21 How many iron pills did you receive/get?	1. 1-30 pill 4. > 90 pill 2. 31-60 pill 8. Do Not Know 3. 61-90 pill	1. 1-30 pill 4. > 90 pill 2. 31-60 pill 8. Do Not Know 3. 61-90 pill	1. 1-30 pill 4. > 90 pill 2. 31-60 pill 8. Do Not Know 3. 61-90 pill
CH22 Did you consume all iron pills you received?	1. Yes, all of them 2. Yes, most of them 3. Yes, some 6. None	1. Yes, all of them 2. Yes, most of them 3. Yes, some 6. None	1. Yes, all of them 2. Yes, most of them 3. Yes, some 6. None

Post Natal Health Care

	1. Current/last pregnancy in the last 24 months	2. Second last pregnancy in the last 24 months	3. Third last pregnancy in the last 24 months
CH23 INTERVIEWER SHOULD CHECK CH02.	1. CH02 = 1 OR 2 → CH35 3. CH02 = 3 OR 4	1. CH02 = 1 OR 2 → CH35 3. CH02 = 3 OR 4	1. CH02 = 1 OR 2 → CH36 3. CH02 = 3 OR 4
CH24 Where did you give birth?	1. Government hospital 2. Private hospital 3. Community health centre/Sub-centre 4. Village maternity hut/village midwife 5. Private doctor clinic/practice/home 6. Private midwife clinic/practice/home 7. Traditional birth attendant home 8. Own house/house of relatives 9. Nurse/paramedic clinic/practice/home 95. Other, _____	1. Government hospital 2. Private hospital 3. Community health centre/Sub-centre 4. Village maternity hut/village midwife 5. Private doctor clinic/practice/home 6. Private midwife clinic/practice/home 7. Traditional birth attendant home 8. Own house/house of relatives 9. Nurse/paramedic clinic/practice/home 95. Other, _____	1. Government hospital 2. Private hospital 3. Community health centre/Sub-centre 4. Village maternity hut/village midwife 5. Private doctor clinic/practice/home 6. Private midwife clinic/practice/home 7. Traditional birth attendant home 8. Own house/house of relatives 9. Nurse/paramedic clinic/practice/home 95. Other, _____
CH25 Who assisted the delivery?	A. Doctor B. Midwife C. Nurse/paramedic D. Traditional birth attendant E. Family member F. Midwife assistant/nurse G. Integrated service post cadre H. Neighbour V. Other, _____ W. NONE	A. Doctor B. Midwife C. Nurse/paramedic D. Traditional birth attendant E. Family member F. Midwife assistant/nurse G. Integrated service post cadre H. Neighbour V. Other, _____ W. NONE	A. Doctor B. Midwife C. Nurse/paramedic D. Traditional birth attendant E. Family member F. Midwife assistant/nurse G. Integrated service post cadre H. Neighbour V. Other, _____ W. NONE
CH25a Which facility was your preference for [...] delivery?	1. Government hospital 2. Private hospital 3. Community health centre/Sub-centre 4. Village maternity hut/village midwife 5. Private doctor clinic/practice/home 6. Private midwife clinic/practice/home 7. Traditional birth attendant home 8. Own house/house of relatives 9. Nurse/paramedic clinic/practice/home 95. Other, _____	1. Government hospital 2. Private hospital 3. Community health centre/Sub-centre 4. Village maternity hut/village midwife 5. Private doctor clinic/practice/home 6. Private midwife clinic/practice/home 7. Traditional birth attendant home 8. Own house/house of relatives 9. Nurse/paramedic clinic/practice/home 95. Other, _____	1. Government hospital 2. Private hospital 3. Community health centre/Sub-centre 4. Village maternity hut/village midwife 5. Private doctor clinic/practice/home 6. Private midwife clinic/practice/home 7. Traditional birth attendant home 8. Own house/house of relatives 9. Nurse/paramedic clinic/practice/home 95. Other, _____

	1. Current/last pregnancy in the last 24 months	2. Second last pregnancy in the last 24 months	3. Third last pregnancy in the last 24 months
CH26 INTERVIEWER SHOULD CHECK CH02.	1. CH02 = 3 → CH31 3. CH02 = 4	1. CH02 = 3 → CH31 3. CH02 = 4	1. CH02 = 3 → CH31 3. CH02 = 4
CH27 How was the delivery process?	1. Normal 3. Complications	1. Normal 3. Complications	1. Normal 3. Complications
CH28 How much did you pay for the delivery?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CH29 Was the baby weighed after being born?	1. Yes 3. No → CH31 8. TT → CH31	1. Yes 3. No → CH31 8. TT → CH31	1. Yes 3. No → CH31 8. TT → CH31
CH30 What was the weight of the baby upon delivery?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gram	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gram	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> gram
CH31 Did you/your baby receive post natal health care in the first 40 days after delivery?	1. Yes 3. No → CH35	1. Yes 3. No → CH35	1. Yes 3.No → CH36
CH32 In the first 7 days after delivery, how many times did you/your baby receive post natal health care from [...]?			
A. Government hospital	A. <input type="text"/> <input type="text"/> times	A. <input type="text"/> <input type="text"/> times	A. <input type="text"/> <input type="text"/> times
B. Private hospital	B. <input type="text"/> <input type="text"/> times	B. <input type="text"/> <input type="text"/> times	B. <input type="text"/> <input type="text"/> times
C. Community health centre/sub- centre	C. <input type="text"/> <input type="text"/> times	C. <input type="text"/> <input type="text"/> times	C. <input type="text"/> <input type="text"/> times
D. Village maternity clinic/traditional birth attendant	D. <input type="text"/> <input type="text"/> times	D. <input type="text"/> <input type="text"/> times	D. <input type="text"/> <input type="text"/> times
E. Private doctor	E. <input type="text"/> <input type="text"/> times	E. <input type="text"/> <input type="text"/> times	E. <input type="text"/> <input type="text"/> times
F. Private midwife	F. <input type="text"/> <input type="text"/> times	F. <input type="text"/> <input type="text"/> times	F. <input type="text"/> <input type="text"/> times
G. Traditional birth attendant	G. <input type="text"/> <input type="text"/> times	G. <input type="text"/> <input type="text"/> times	G. <input type="text"/> <input type="text"/> times
H. Integrated service post (<i>Posyandu</i>)	H. <input type="text"/> <input type="text"/> times	H. <input type="text"/> <input type="text"/> times	H. <input type="text"/> <input type="text"/> times
I. Nurse/paramedic	I. <input type="text"/> <input type="text"/> times	I. <input type="text"/> <input type="text"/> times	I. <input type="text"/> <input type="text"/> times
V. Other, _____	V. _____ <input type="text"/> <input type="text"/> times	V. _____ <input type="text"/> <input type="text"/> times	V. _____ <input type="text"/> <input type="text"/> times
W. DID NOT GET SERVICES	W.	W.	W.

	1. Current/last pregnancy in the last 24 months	2. Second last pregnancy in the last 24 months	3. Third last pregnancy in the last 24 months
CH33 In the first 8 - 40 days after delivery, how many times did you/your baby receive postnatal health care from [...]?			
A. Government hospital	A. <input type="text"/> <input type="text"/> times	A. <input type="text"/> <input type="text"/> times	A. <input type="text"/> <input type="text"/> times
B. Private hospital	B. <input type="text"/> <input type="text"/> times	B. <input type="text"/> <input type="text"/> times	B. <input type="text"/> <input type="text"/> times
C. Community health centre/sub-centre	C. <input type="text"/> <input type="text"/> times	C. <input type="text"/> <input type="text"/> times	C. <input type="text"/> <input type="text"/> times
D. Village maternity clinic/traditional birth attendant	D. <input type="text"/> <input type="text"/> times	D. <input type="text"/> <input type="text"/> times	D. <input type="text"/> <input type="text"/> times
E. Private doctor	E. <input type="text"/> <input type="text"/> times	E. <input type="text"/> <input type="text"/> times	E. <input type="text"/> <input type="text"/> times
F. Private midwife	F. <input type="text"/> <input type="text"/> times	F. <input type="text"/> <input type="text"/> times	F. <input type="text"/> <input type="text"/> times
G. Traditional birth attendant	G. <input type="text"/> <input type="text"/> times	G. <input type="text"/> <input type="text"/> times	G. <input type="text"/> <input type="text"/> times
H. Integrated service post	H. <input type="text"/> <input type="text"/> times	H. <input type="text"/> <input type="text"/> times	H. <input type="text"/> <input type="text"/> times
I. Nurse/paramedic	I. <input type="text"/> <input type="text"/> times	I. <input type="text"/> <input type="text"/> times	I. <input type="text"/> <input type="text"/> times
V. Other, _____	V. _____ <input type="text"/> <input type="text"/> times	V. _____ <input type="text"/> <input type="text"/> times	V. _____ <input type="text"/> <input type="text"/> times
W. DID NOT GET SERVICES	W	W	W
CH34 On average how much did you pay for post natal health care?	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
CH35 CHECK CH01 OR NUMBER OF BABIES BORN	1. ONE ↓ 2. TWO → CH02, Column 2 (p. 4) 3. THREE → CH02, Column 2 (p. 4) 4. TWIN → CH02, Column 2 (p. 4)	2. TWO ↓ 3. THREE → CH02, Column 3 (p. 4) 4. TWIN → CH02, Column 3 (p. 4)	

Next, we would like to ask you about your last pregnancy/delivery in the last 24 months

CH36	During the last pregnancy, did you receive assistance in the form of cash, goods or information to get health services?	1. Yes 3. No → CH43	8. DO NOT KNOW → CH43
CH37	What kinds of assistance did you receive?	A. Transportation allowance B. Service subsidy allowance C. Information on health care services D. Community support (such as encouragement to visit the <i>posyandu</i> , visit by <i>posyandu</i> cadre)	E. Mother and Child Health Book F. Iron pills G. Vitamin pills H. Medicines V. Other, _____
CH38	INTERVIEWER SHOULD CHECK: WHETHER THERE IS ANSWER A OR B IN CH37?	1. YES	3. NO → CH43
CH39	When did you last receive assistance [A] or [B]?	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8. DO NOT KNOW
CH40	What was the amount of assistance [A] or [B] you received?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CH41	How many times did you receive assistance [A] or [B]?	1. <input type="text"/> times	8. DO NOT KNOW
CH42	During the pregnancy, what was the total amount of assistance [A] or [B] you receive?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CH43	INTERVIEWER SHOULD CHECK CH02: WHETHER COLUMN CH02. TYPES OF PREGNANCY RESULTS = 4. LIVE BIRTH?	1. YES	3. NO → SECTION PG
CH44	During the process of the last delivery, did you receive assistance in the form of cash or goods or information in order to get health care?	1. Yes 3. No → SECTION PG	8. DO NOT KNOW → SECTION PG
CH45	What kind of assistance did you receive?	A. Transportation allowance B. Service subsidy allowance C. Information on health care services D. Community support (such as encouragement to visit the <i>posyandu</i> , visit by <i>posyandu</i> cadre)	E. Mother and Child Health Book F. Iron pills G. Vitamin pills H. Medicines V. Other, _____
CH46	INTERVIEWER SHOULD CHECK: WHETHER THERE IS ANSWER A OR B IN CH45?	1. YES	3. NO → SECTION PG
CH47	If you received cash assistance [A] or [B], when did you last receive it?	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8. DO NOT KNOW
CH48	What was the amount of cash assistance [A] or [B] you last receive?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CH49	How many times did you receive cash assistance [A] or [B]?	1. <input type="text"/> times	8. DO NOT KNOW
CH50	During the last delivery, what was the total amount of cash assistance [A] or [B] you received?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PG01	INTERVIEWER SHOULD CHECK: THIS SUBDISTRICT IS:	1. PNPM MANDIRI-PPK SUBDISTRICT → SECTION KB 3. THERE IS NO PNPM MANDIRI-PPK OR PNPM GENERASI → SECTION KB 2. PNPM GENERASI SEHAT DAN CERDAS SUBDISTRICT
PG02	Did you receive PNPM Generasi coupon book?	1. YES 3. NO → SECTION KB
PG03	May I see it?	1. Shown and contents seen 2. Kept by <i>Posyandu</i> cadre, name of cadre: _____ 3. Shown but it was blank → SECTION KB 4. Not shown, because _____ → SECTION KB

INSTRUCTIONS FOR INTERVIEWER: CHECK RESPONDENT'S COUPON BOOK AND CIRCLE EACH QUESTION FROM A TO K

PG05	INSTRUCTION FOR INTERVIEWER: CHECK THE TYPES OF COUPONS, AS FOLLOWS:	1. HAS NOT BEEN USED 2. STAMPED BUT WAS NOT COLLECTED 3. STAMPED AND WAS COLLECTED 6. NOT APPLICABLE
a.	COUPON FOR PRENATAL CHECK UP 1	1 2 3 6
b.	COUPON FOR PRENATAL CHECK UP 2	1 2 3 6
c.	COUPON FOR PRENATAL CHECK UP 3	1 2 3 6
d.	COUPON FOR PRENATAL CHECK UP 4	1 2 3 6
e.	COUPON FOR IRON PILLS 1	1 2 3 6
f.	COUPON FOR IRON PILLS 2	1 2 3 6
g.	COUPON FOR IRON PILLS 3	1 2 3 6
h.	COUPON FOR IRON PILLS 4	1 2 3 6
i.	COUPON FOR CHILD BIRTH	1 2 3 6
j.	COUPON FOR POSTNATAL CHECK UP 1	1 2 3 6
k.	COUPON FOR POSTNATAL CHECK UP 2	1 2 3 6

KB. FAMILY PLANNING

KB01	INTERVIEWER SHOULD CHECK: MARITAL STATUS (BOOK 1A, QUESTION AR07)	1. RESPONDENT IS MARRIED (AR07 = 2) 3. RESPONDENT IS SINGLE → SECTION SP
KB02	Are you or your spouse using family planning devices to postpone or prevent pregnancy?	1. Yes 3. No → SECTION SP
KB03	What type of family planning devices are you or your spouse using?	1. Pills 2. Monthly injection 3. 3-monthly injection 4. Diaphragm 5. Condom 6. IUD/AKDR/Spiral 7. Norplant/Implant/Susuk KB 8. Female sterilisation/tubal ligation 9. Male sterilisation/Vasectomy 10. Periodical abstinence → SECTION SP 11. Coitus interruptus → SECTION SP 12. Traditional herbs → SECTION SP 13. Traditional massage → SECTION SP 95. Other, _____ → SECTION SP
KB04	When was the last time you/your spouse received contraceptions that you are now using?	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW
KB05	How much did you/your spouse pay the last time for the family planning device (including materials, services and other related expenses)?	1. Rp <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 8. DO NOT KNOW
KB06	Where did you/your spouse get family planning devices from?	1. Government hospital 2. Private hospital 3. Community health centre/Sub- centre 4. Village maternity hut/village midwife 5. Private doctor clinic /practice/home 6. Private midwife clinic/practice/home 7. Nurse/paramedic clinic/practice/home 8. Integrated service post 9. Medical shop/drug store 10. Self-service store/supermarket 11. Village PLKB/BKKBN/BKKN/PPKBN/POS KB 12. Borough/village/hamlet/ neighbourhood/RT/RW apparatus 13. Stall/kiosk 14. Traditional market 15. Itinerant vendor 16. SAFARI KB/free program 95. Other, _____ 98. DO NOT KNOW/DO NOT REMEMBER

SP. STATUS OF WOMEN

SP01	In this household, who makes decision on [...] in relation to your children?	A. Respondent		D. Person living outside the household		
		B. Respondent's spouse		W. NOT APPLICABLE		
		C. Other household member				
	a. Education (such as which school to enter, stop going to school, etc.)	A	B	C	D	W
	b. Health (which health service facility to bring the children to, etc.)	A	B	C	D	W
	c. Disciplinary enforcement	A	B	C	D	W
	d. To have another baby	A	B	C	D	W
SP02	Do you have to ask the permission of other household members to buy [...]?					
	a. Vegetables or fruits	1. Yes	3. No	6. HAVE NEVER BOUGHT		
	b. Clothing for yourself	1. Yes	3. No	6. HAVE NEVER BOUGHT		
	c. Medicines for yourself	1. Yes	3. No	6. HAVE NEVER BOUGHT		
	d. Personal supplies (soap, shampoo, dental paste, sanitary napkins, etc.)	1. Yes	3. No	6. HAVE NEVER BOUGHT		

FKS. HEALTH FACILITY

Next, we would like to ask your opinion on health services in this village/borough, breastfeeding, supplemental nutrition for babies, and liquid and food intakes for babies suffering from diarrhea.

<p>FKS01a Please specify 3 main problems in health services in this village/borough in <u>the last 12 months</u>, starting with the most serious problem!</p> <p>(INTERVIEW INSTRUCTION: DO NOT READ OUT ANSWER SELECTIONS. JUST WRITE DOWN THE CODE, EXCEPT FOR OPTION 95)</p>		
01. HEALTH FACILITY IS NOT AVAILABLE/FAR AWAY	10. INSUFFICIENT CLEAN WATER FACILITY	a. <input type="text"/> _____
02. INSUFFICIENT MEDICINE/MEDICAL EQUIPMENT/FACILITY AND INFRASTRUCTURE	11. PROBLEM WITH TRANSPORTATION TO HEALTH FACILITY	b. <input type="text"/> _____
03. INSUFFICIENT HEALTH WORKERS OR PARAMEDICS	12. WELFARE OF INTEGRATED SERVICE POST CADRES IS STILL LOW	c. <input type="text"/> _____
04. POOR NUTRITION	13. LOW FUNDING FOR HEALTH CARE	
05. EPIDEMIC IS STILL AT LARGE	14. INSUFFICIENT SANITARY FACILITY	
06. HIGH COST OF MEDICAL CARE	95. OTHER, _____	
07. ASKESKIN/HEALTH CARDS ARE INEQUITABLY/WRONGLY DISTRIBUTED	96. NOT APPLICABLE	
08. INSUFFICIENT INTEGRATED SERVICE POST	98. DO NOT KNOW	
09. LOW AWARENESS OF COMMUNITY MEMBERS ABOUT HEALTH		

FKS01	In your opinion, how many times at least a pregnant mother <u>should</u> have prenatal check up?	1. <u> </u> times	8. DO NOT KNOW
FKS02	When <u>should</u> a baby be breastfed after birth?	1. 30 minutes/immediately after birth 2. One day after birth 3. After one day since birth	4. One week after its birth 8. DO NOT KNOW
FKS03	When <u>should</u> water or other liquids be fed to a baby after birth?	1. <u> </u> days after birth	8. DO NOT KNOW
FKS04	When a baby is suffering from diarrhea, how much food <u>should</u> be given?	1. Normal, as usual 2. More than normal 3. Less than normal	4. Stop feeding 8. DO NOT KNOW
FKS05	When a baby is suffering from diarrhea, how much liquids <u>should</u> it receive?	1. Normal, as usual 2. More than normal 3. Less than normal	4. Stop giving liquids 8. DO NOT KNOW
FKS06	Was there any health information outreach activity in which you participated in <u>the last 12 months</u> ?	1. Yes	3. No → SECTION FPD
FKS07	How many times did you participate in health information outreach activity?	<u> </u> times	
FKS08	Who conducted the health information outreach activity?	A. Doctor B. Midwife C. Nurse/paramedic D. Traditional birth attendant	E. <i>Posyandu</i> cadre F. Village head G. Village apparatus other than village head H. Community figure I. Neighbour V. Other, _____ W. NONE

FPD. KNOWLEDGE ON EDUCATION

Next, we would like to ask you about problems in education service in this village/borough

<p>FPD01 Please specify 3 main problems in education/education service for elementary school in this village/borough <u>in the last 12 months</u>, starting with the most serious problem! (INTERVIEW INSTRUCTION: DO NOT READ OUT ANSWER SELECTIONS. JUST WRITE DOWN THE CODE EXCEPT FOR OPTION 95)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>01. EDUCATION FACILITY IS INSUFFICIENT/LACKING/FAR AWAY</p> <p>02. INSUFFICIENT SCHOOL FACILITY AND INFRASTRUCTURE</p> <p>03. INSUFFICIENT TEACHERS</p> <p>04. LOW QUALITY OF TEACHERS</p> <p>05. HIGH EDUCATION COST</p> <p>06. LOW AWARENESS OF COMMUNITY MEMBERS ABOUT EDUCATION</p> <p>07. ABSENCE/LOW STUDENT ATTENDANCE</p> </div> <div style="width: 48%;"> <p>08. INSUFFICIENT FUND FOR SCHOOL OPERATIONS/SCHOLARSHIP</p> <p>09. TRANSPORTATION PROBLEM</p> <p>10. ABSENCE/LOW TEACHER ATTENDANCE</p> <p>11. DROP OUT PROBLEM</p> <p>12. REPEAT PROBLEM (NOT PROMOTED)</p> <p>95. OTHER, _____</p> <p>96. NOT APPLICABLE</p> <p>98. DO NOT KNOW</p> </div> </div>	<p>a. <u> </u> _____</p> <p>b. <u> </u> _____</p> <p>c. <u> </u> _____</p>
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<p>FPD02 Please specify 3 main problems in education service/education service for junior high school in this village/borough in <u>the last 12 months</u>, starting with the most serious problem!</p> <p>(INTERVIEW INSTRUCTION: DO NOT READ OUT ANSWER SELECTIONS. JUST WRITE DOWN THE CODE EXCEPT FOR OPTION 95)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>01. EDUCATION FACILITY IS INSUFFICIENT/LACKING/FAR AWAY</p> <p>02. INSUFFICIENT SCHOOL FACILITY AND INFRASTRUCTURE</p> <p>03. INSUFFICIENT TEACHERS</p> <p>04. LOW QUALITY OF TEACHERS</p> <p>05. HIGH EDUCATION COST</p> <p>06. LOW AWARENESS OF COMMUNITY MEMBERS ABOUT EDUCATION</p> <p>07. ABSENCE/LOW STUDENT ATTENDANCE</p> </div> <div style="width: 48%;"> <p>08. INSUFFICIENT FUND FOR SCHOOL OPERATIONS/SCHOLARSHIP</p> <p>09. TRANSPORTATION PROBLEM</p> <p>10. ABSENCE/LOW TEACHER ATTENDANCE</p> <p>11. DROP OUT PROBLEM</p> <p>12. REPEAT PROBLEM (NOT PROMOTED)</p> <p>95. OTHER, _____</p> <p>96. NOT APPLICABLE</p> <p>98. DO NOT KNOW</p> </div> </div>	<div style="margin-bottom: 10px;">a. _____</div> <div style="margin-bottom: 10px;">b. _____</div> <div style="margin-bottom: 10px;">c. _____</div>
<p>FPD03 Was there any extension activity on the importance of education in which you participated <u>in the last 12 months</u>?</p>	<div style="display: flex; justify-content: space-between;"> 1. Yes 3. No → SECTION CP </div>
<p>FPD04 How many times did you participate in the extension activity on the importance of education?</p>	<div style="text-align: right;"> times</div>
<p>FPD05 Who conducted the extension activity on the importance of education?</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A. School principal</p> <p>B. School teacher</p> <p>C. School committee</p> <p>D. Integrated service post cadre</p> <p>E. Village head</p> </div> <div style="width: 48%;"> <p>F. Village apparatus other than village head</p> <p>G. Community figure</p> <p>H. Neighbour</p> <p>V. Other, _____</p> <p>W. NONE</p> </div> </div>

CP. INTERVIEWER'S NOTES

CP01	WHAT WAS THE LANGUAGE USED DURING THE ENTIRE/MOST OF THE INTERVIEW?	1. INDONESIAN 2. BETAWI 3. SUNDANESE 4. JAVANESE	5. MADURESE 6. SASAK 7. MANDARIN 8. MANADO	9. GORONTALO 10. BUGIS 11. MAKASSARESE 95. OTHER, _____
CP02	WAS THERE ANY OTHER LANGUAGE USED?	1. YES, <u> </u> , _____ (SELECTION CODE THE SAME AS CP01) 3. NO		
CP03	WHO ELSE (ANOTHER PERSON) OTHER THAN THE RESPONDENT WAS PRESENT DURING THE INTERVIEW?	A. NONE B. HUSBAND/WIFE C. CHILD ≥ 5 YEARS OLD D. CHILD < 5 YEARS OLD E. ADULT, ART F. ADULT, NON ART		
CP04	HOW WOULD THE ENUMERATOR EVALUATE THE APPROPRIATENESS OF THE ANSWERS OF THE RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE 4. POOR 5. VERY POOR		
CP05	HOW WOULD THE ENUMERATOR EVALUATE THE SERIOUSNESS OF THE RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE 4. POOR 5. VERY POOR		
CP06	WHICH QUESTIONS MADE IT DIFFICULT, EMBARRASSING, OR CONFUSING TO THE RESPONDENT TO ANSWER? (WRITE DOWN THE SECTION AND QUESTION NUMBERS)	_____ _____ _____		

SECTION	QUESTION NO.	INTERVIEWER'S REMARKS