

EDITOR: _____
INTERVIEWER: _____

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2000

BOOK T
(TRACKING BOOK)
SECTION: SC

BOOK T OF _____

INTERVIEW	1	2	3
DATE:	____ / ____ Date / Month	____ / ____ Date / Month	____ / ____ Date / Month
TIME STARTED:	____ / ____ Hour/Minute	____ / ____ Hour/Minute	____ / ____ Hour/Minute
TIME FINISHED:	____ / ____ Hour/Minute	____ / ____ Hour/Minute	____ / ____ Hour/Minute
INTERVIEW'S RESULT	____	____	____

TB1.	What is the final result of the interview?	Interviewed 1 ➔ INTERVIEWER CHECK Refused 2 ➔ INTERVIEWER CHECK Died 4 ➔ TB3 Household was not found 5 ➔ TB5 Joined with other IFLS household 3
TB2.	What is the HH id for this joined IFLS household ?	____ ➔ INTERVIEWER CHECK
TB3.	What's the name of the informant ?	_____
TB4.	Relationship of informant with the household.	Neighbor 1 Family 2 Friend..... 3 Head of RT/RW 4 ➔ INTERVIEWER CHECK
TB5.	Where does the new address for tracking from?	Address book..... 1 Form T1 3
TB6.	Is the (physical) building found ?	Yes..... 1 No, information is not complete 3 Other 5 ➔ INTERVIEWER CHECK

CODE OF INTERVIEW'S RESULT:

1. Interviewed
2. Refused
3. Joined with other IFLS household
4. Died
5. Household was not found
6. Household cannot be interviewed yet

INTERVIEWER CHECK

IF TB1 = 1 ➔ BOOK K
IF TB1 = 2 ➔ SECTION SC
IF TB1 = 3 ➔ FINISHED
IF TB1 = 4 ➔ FINISHED
IF TB1 = 5 ➔ FORM T1

SECTION SC (SAMPLING DESCRIPTION AND INTERVIEW NOTES)

INTERVIEWER NOTES: ANSWER THE QUESTIONS FOR HOUSEHOLD WHO REFUSED INTERVIEW

SAMPLING DESCRIPTION		CODE
SC01.	PROVINCE: _____	____
SC02.	DISTRICT: _____	____
SC03.	SUB-DISTRICT: _____	_____
SC04.	VILLAGE: _____	_____
SC05.	URBAN/RURAL: 1. URBAN 2. RURAL	____
SC10.	NAME OF FIELD COORDINATOR: _____	_____
SC11a.	NAME OF ASSISTANT FIELD COORDINATOR: _____	_____
SC12.	NAME OF LOCAL SUPERVISOR: _____	_____
SC14.	NAME OF INTERVIEWER 1: _____	_____
SC15.	NAME OF INTERVIEWER 2: _____	_____
SC18a.	Name of informant: _____	Number of household member ____ ...1
SC18b.	INTERVIEWER CHECK:	New household member3
SC19.	Household address: _____	
SC19a.	RW	_____
SC19b.	Telephone No.....	____ - _____
SC20.	Special notes on household address/location (distance, building on the same street): _____	
SC21.	Estimate the distance of the new location from the old location of the household:	____ . ____ kilometer in the same village..... 01 Move out of the village, same sub-district 11 Move out of the village, same district 12 Move out of the village, same province 13 Move out of the village, different province 14 DON'T KNOW 98 SAME LOCATION 96

SECTION SC (SAMPLING DESCRIPTION AND INTERVIEW NOTES)

SC22. INTERVIEWER NOTES AND SKETCH OF LOCATION

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FORM T1

FORM FOR THE NEW LOCATION OF A PANEL HOUSEHOLD

BOOK T

FORM T1 OF	FT01. INTERVIEWER NAME_____	FT02. DATE : / / HOUR: .
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<div>FT03. NAME OF HOUSEHOLD HEAD TO BE TRACKED: _____</div> <div>FT04. HHID </div> <div>FT05. Name of Informant: _____ Address _____ Loc. Note: _____ Telephone No. - A. Village _____ B. Subdistrict _____ C. District _____ D. Province _____ E. Country _____</div> <div>FT06. Relationship of Informant with Panel Household Informant from 199301 Informant from 199708 Informant from 199809 Neighbor02 Family03 Community Leader (RT/RW)04 Friend07 Other, specify _____05</div>	<div>FT07. Where does the family live now? Address 1. _____ 8. DON'T KNOW Loc. Note: 1. _____ 8 DON'T KNOW Telephone No. 1. - 8. DON'T KNOW A. Village 1. _____ 8. DON'T KNOW B. Subdistrict 1. _____ 8. DON'T KNOW C. District 1. _____ 8. DON'T KNOW D. Province 1. _____ 8. DON'T KNOW E. Country 1. _____ 8. DON'T KNOW</div> <div>FT07a. What is the distance from this household to the new location where the household moved to? 1. , . kilometer 8. DON'T KNOW</div>
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FT08. Do you know another person in the new location who might have information on the location of this family?				FT08a. Do you know where [INFORMANT'S NAME] work in the new location?			
Name of Informant	1. _____	8. DON'T KNOW	6. DOESN'T WORK	Name of workplace	1. _____	8. DON'T KNOW	6. DOESN'T WORK
Address	1. _____ _____	8. DON'T KNOW	6. DOESN'T WORK	Address of workplace	1. _____	8. DON'T KNOW	6. DOESN'T WORK
Loc. Note:	1. _____ _____	8. DON'T KNOW	6. DOESN'T WORK	Loc. Note:	1. _____ _____	8. DON'T KNOW	6. DOESN'T WORK
Telephone No.	1. [] [] [] [] - [] [] [] [] [] [] [] []	8. DON'T KNOW	6. DOESN'T WORK	Telephone No.	1. [] [] [] [] - [] [] [] [] [] [] [] []	8. DON'T KNOW	6. DOESN'T WORK
A. Village	1. _____	8. DON'T KNOW	6. DOESN'T WORK	A. Village	1. _____	8. DON'T KNOW	6. DOESN'T WORK
B. Subdistrict	1. _____	8. DON'T KNOW	6. DOESN'T WORK	B. Subdistrict	1. _____	8. DON'T KNOW	6. DOESN'T WORK
C. District	1. _____	8. DON'T KNOW	6. DOESN'T WORK	C. District	1. _____	8. DON'T KNOW	6. DOESN'T WORK
D. Province	1. _____	8. DON'T KNOW	6. DOESN'T WORK	D. Province	1. _____	8. DON'T KNOW	6. DOESN'T WORK
E. Country	1. _____	8. DON'T KNOW	6. DOESN'T WORK	E. Country	1. _____	8. DON'T KNOW	6. DOESN'T WORK

FT21 Do you know the workplace of the household head or of another holdhold member?		
<div> <div> Name of Head of Household: _____ Name of workplace 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Address of workplace 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Loc. Note: 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Telephone No. 1. [] [] [] [] [] - [] [] [] [] [] [] [] [] [] A. Village 1. _____ 8. DON'T KNOW 6. DOESN'T WORK B. Subdistrict 1. _____ 8. DON'T KNOW 6. DOESN'T WORK C. District 1. _____ 8. DON'T KNOW 6. DOESN'T WORK D. Province 1. _____ 8. DON'T KNOW 6. DOESN'T WORK E. Country 1. _____ 8. DON'T KNOW 6. DOESN'T WORK </div> <div> Name of Head of Household: _____ Name of workplace 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Address of workplace 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Loc. Note: 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Telephone No. 1. [] [] [] [] [] - [] [] [] [] [] [] [] [] [] A. Village 1. _____ 8. DON'T KNOW 6. DOESN'T WORK B. Subdistrict 1. _____ 8. DON'T KNOW 6. DOESN'T WORK C. District 1. _____ 8. DON'T KNOW 6. DOESN'T WORK D. Province 1. _____ 8. DON'T KNOW 6. DOESN'T WORK E. Country 1. _____ 8. DON'T KNOW 6. DOESN'T WORK </div> <div> Name of Head of Household: _____ Name of workplace 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Address of workplace 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Loc. Note: 1. _____ 8. DON'T KNOW 6. DOESN'T WORK Telephone No. 1. [] [] [] [] [] - [] [] [] [] [] [] [] [] [] A. Village 1. _____ 8. DON'T KNOW 6. DOESN'T WORK B. Subdistrict 1. _____ 8. DON'T KNOW 6. DOESN'T WORK C. District 1. _____ 8. DON'T KNOW 6. DOESN'T WORK D. Province 1. _____ 8. DON'T KNOW 6. DOESN'T WORK E. Country 1. _____ 8. DON'T KNOW 6. DOESN'T WORK </div> </div>		

HHID :

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 PID :

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CONFIDENTIAL

FORM T2

FORM FOR TRACKING A HOUSEHOLD MEMBER

FORM T2 <input type="text"/> OF <input type="text"/>	FT01. NAME OF INTERVIEWER _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 	FT02. DATE : <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"/> HOUR : <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
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FT03.	NAME OF HH MEMBER WHO MUST BE TRACKED :	_____
FT04.	HHID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HHM <input type="text"/> <input type="text"/> PIDLINK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FT04a.	DOES HOUSEHOLD MEMBER NEED TO BE TRACKED?	YES..... 1 → FT05 NO 3
FT04b.	HHID AND PERSON I.D FROM IFLS97:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →FINISHED
FT05.	SEX: (AR07)	MALE 1 FEMALE 3
FT06.	WHEN WAS HHM BORN: (AR08)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month / Year
FT07.	AGE NOW: (AR09)	<input type="text"/> <input type="text"/> YEARS
FT12.	BOOK III STATUS 97 (AR01g)	<input type="text"/>
FT13.	BOOK IV STATUS 97 (AR01h)	<input type="text"/>
FT08.	WHEN DID HHM MOVE? (AR18e)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month / Year

FT09.	WHY DID HH MEMBER MOVE? (AR18f)	LOOK FOR WORK/WORK 01 SCHOOL 02 FOLLOW SPOUSE/PARENTS..... 03 MARRIAGE 04 SEPARATION/DIVORCE 05 DEATH 06 BIRTH 07 HELP FAMILY 08 NEED A PLACE TO STAY 09 DON'T KNOW 98 OTHER, _____ 10
FT10.	WHERE DOES THE HH MEMBER LIVE NOW? (AR18i)	<input type="text"/> <input type="text"/>
FT15.	Name of Informant :	Name _____ Address _____ Loc. Note: _____ Telephone No. <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"/> A. Village _____ B. Subdistrict _____ C. District _____ D. Province _____ E. Country _____

CODE FT10								
00. In this household	11. Aceh	16. South Sumatra	33. Central Java	53. East Nusa Tenggara	63. South Kalimantan	73. South Sulawesi	86. Singapore	93. Holland
01. In the same village	12. North Sumatra	17. Bengkulu	34. D.I. Yogyakarta	54. East Timor	64. East Kalimantan	74. Southeast Sulawesi	87. Argentina	94. Brunei
02. In the same subdistrict	13. West Sumatra	18. Lampung	35. East Java	60. Kalimantan	70. Sulawesi	81. Maluku	88. Yemen	95. Hong Kong
03. In the same district	14. Riau	31. Jakarta	51. Bali	61. West Kalimantan	71. North Sulawesi	82. Irian Jaya	89. Taiwan	96. Japan
04. In the same province	15. Jambi	32. West Java	52. West Nusa Tenggara	62. Central Kalimantan	72. Central Sulawesi	85. Malaysia	90. USA	97. South Korea
10. Sumatra							91. Saudi Arabia	98. DON'T KNOW
							92. Australia	99. Other

FT16.	Relationship of informant with HH Member	Informant from IFLS 1993.....01 Informant from IFLS 1997.....08 Informant from IFLS 1998.....09 Neighbor.....02 Family.....03 Community Leader (RT/RW).....04 Friend.....07 Other.....05
FT17.	Where does HH Member live now?	Address 1. 8. DON'T KNOW Loc. Note 1. 8. DON'T KNOW Tele. No. 1. - 8. DON'T KNOW A. Village 1. 8. DON'T KNOW B. Subdistrict 1. 8. DON'T KNOW C. District 1. 8. DON'T KNOW D. Province 1. 8. DON'T KNOW E. Country 1. 8. DON'T KNOW
FT18.	Do you know of another person in the new location who can give us information on the location of (HHM)?	Name of Informant 1. 8. DON'T KNOW Address 1. 8. DON'T KNOW Loc. Note 1. 8. DON'T KNOW Tele. No. 1. - 8. DON'T KNOW A. Village 1. 8. DON'T KNOW B. Subdistrict 1. 8. DON'T KNOW C. District 1. 8. DON'T KNOW D. Province 1. 8. DON'T KNOW E. Country 1. 8. DON'T KNOW
FT19.	When was the last time (HHM) was here?	/ 1 Month / Year DON'T KNOW 8 Other 3
FT20.	Is (HHM) going to return to this Household or Village in the near future?	No..... 3 ➔ FT22 Yes 1 DON'T KNOW 8
FT21.	When will (HHM) return again to this HH?	/ 1 Month / Year DON'T KOW 8 Other 3

FT22.	Can you tell us where (HHM) works	Name of Workplace: 1. 8. DON'T KNOW 6. DOESN'T WORK Address of Workplace 1. 8. DON'T KNOW Loc. Note : 1. 8. DON'T KNOW Tele. No 1. - 8. DON'T KNOW A. Village 1. 8. DON'T KNOW B. Subdistrict 1. 8. DON'T KNOW C. District 1. 8. DON'T KNOW D. Province 1. 8. DON'T KNOW E. Country 1. 8. DON'T KNOW
FT22a.	Can you tell us the name and address of (HHM) school?	Name of school: 1. 8. DON'T KNOW 6. N/A Address 1. 8. DON'T KNOW Loc. Note: 1. 8. DON'T KNOW
FT23.	Is there any person in this area who could give us additional information? [NAME OF SECOND INFORMANT]	Name of Informant 1. 8. DON'T KNOW Address 1. 8. DON'T KNOW Loc. Note 1. 8. DON'T KNOW Tele. No. 1. - 8. DON'T KNOW A. Village 1. 8. DON'T KNOW B. Subdistrict 1. 8. DON'T KNOW C. District 1. 8. DON'T KNOW D. Province 1. 8. DON'T KNOW E. Country 1. 8. DON'T KNOW
FT23a.	Where does [SECOND INFORMANT] work?	Name of Workplace: 1. 8. DON'T KNOW 6. NONE Address of Workplace 1. 8. DON'T KNOW Loc. Note : 1. 8. DON'T KNOW Tele. No 1. - 8. DON'T KNOW A. Village 1. 8. DON'T KNOW B. Subdistrict 1. 8. DON'T KNOW C. District 1. 8. DON'T KNOW D. Province 1. 8. DON'T KNOW E. Country 1. 8. DON'T KNOW

FT25. INTERVIEWER NOTES: SKETCH NEW ADDRESS OR ROUTE TO NEW LOCATION OF PANEL HHM

FT26. COMPLETE THE INFORMATION OF HHM NOT LIVING (AR00) AT ORIGINAL HOUSEHOLD (AR01a=3)

AR00	NAME	AR01g Status Book III Year 1997	AR01h Status Book IV Year 1997
1. <div><div></div><div></div><div></div></div>		<div><div></div><div></div></div>	<div><div></div><div></div></div>
2. <div><div></div><div></div><div></div></div>		<div><div></div><div></div></div>	<div><div></div><div></div></div>
3. <div><div></div><div></div><div></div></div>		<div><div></div><div></div></div>	<div><div></div><div></div></div>
4. <div><div></div><div></div><div></div></div>		<div><div></div><div></div></div>	<div><div></div><div></div></div>
5. <div><div></div><div></div><div></div></div>		<div><div></div><div></div></div>	<div><div></div><div></div></div>
6. <div><div></div><div></div><div></div></div>		<div><div></div><div></div></div>	<div><div></div><div></div></div>
7. <div><div></div><div></div><div></div></div>		<div><div></div><div></div></div>	<div><div></div><div></div></div>

FT24. INTERVIEWER CHECK: FT17
ADDRESS IS CLEAR AND HHM CAN BE RECONTACTED.....
ADDRESS IS CLEAR BUT HHM CANNOT BE RECONTACTED.....
ADDRESS IS NOT CLEAR.....

1. ➔ CONTACT AND INTERVIEW

3. ➔ REFER TO LOCAL SUPERVISOR

5. ➔ CONTACT ADDITIONAL INFORMANTS

➔NEXT HHM

EDITOR:
INTERVIEWER:
(IDIVWR)

CONFIDENTIAL
REGISTER BOOK
INDONESIA FAMILY LIFE SURVEY 2000

BOOK K
(CONTROL BOOK)

HHID :

SECTIONS: SC, AR, KRK, IK, FP, CP
Respondent is a HH Member 18 Years or Older who is Knowledgeable About Characteristics of Household Members

NAME OF RESPONDENT: _____ AR00 (PID)

RSPNDNT: RESPONDENT IS:.....1. HEAD OF HOUSEHOLD 2. SPOUSE OF HEAD OF HOUSEHOLD 3. OTHER HOUSEHOLD MEMBER 4. NON-HOUSEHOLD MEMBER	
R1. TOTAL NUMBER OF INDIVIDUAL RESPONDENTS WHO MUST BE TRACKED (FROM FP10): <u> </u>	R2. CODE OF FINAL INTERVIEW OUTCOME: 1. COMPLETED ALL BOOKS K - 5 2. COMPLETED SOME OF BOOKS K - 5 3. BOOK K ONLY NO ONE INTERVIEWED (AR01i=3) 4. BOOK K ONLY, OTHERS _____

INTERVIEW LANGUAGE CODES
00. Indonesian
01. Javanese
02. Sundanese
03. Balinese
04. Batak
05. Bugis
06. Chinese
07. Maduranese
08. Sasak
09. Minang
10. Banjar
11. Bima
12. Makassar
13. Nias
14. Palembang
15. Sumbawa
16. Toraja
17. Lahat
18. Other South Sumatra
19. Betawi
20. Lampung
96. NONE
91. Other_____

INTERVIEW SESSIONS OF BOOK K: (NUMVIS)

INTERVIEW	1	2	3	LANGMAIN. Interview was entirely/mostly conducted in what language? <u> </u> Other: _____ LANGOTHR. Other language used (if any): <u> </u> Other: _____
DATE:	<u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u>	
	DAY/MONTH	DAY/MONTH	DAY/MONTH	
TIME STARTED:	<u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u>	
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE	
TIME END:	<u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u>	<u> </u> <u> </u> / <u> </u> <u> </u>	
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE	

RESULT OF BOOK K INTERVIEWER	REASON	EDIT_CK. REVIEW BY EDITOR	SUP. LOCAL SUPERVISOR MONITORING	
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	Yes	No
			a. Observed1	3
			b. Edited1	3

SECTION SC (SAMPLING DESCRIPTION AND INTERVIEW NOTES)

INTERVIEWER NOTE: TO BE COMPLETED BY HOUSEHOLDS WHO EITHER WERE INTERVIEWED (R1=1) OR REFUSED (R2=2).

RESPONDENT IS THE WIFE OF THE HEAD OF HOUSEHOLD OR THE HEAD OF THE HOUSEHOLD. FOR PANEL HOUSEHOLDS IT MAY BE NECESSARY TO UPDATE SC02, 03 AND 04.

SAMPLING INFORMATION		CODE
SC01.	PROVINCE: _____	____
SC02.	MUNICIPALITY (KABUPATEN/KOTAMADYA): _____	____
SC03.	SUBDISTRICT (KECAMATAN): _____	____
SC04.	VILLAGE (DESA/KELURAHAN) _____	____
SC05.	AREA: 1. URBAN 2. RURAL	____
SC10.	NAME OF FIELD COORDINATOR: _____	____
SC11a.	NAME OF ASSISTANT FIELD COORDINATOR: _____	____
SC12.	NAME OF LOCAL SUPERVISOR : _____	____
SC14.	NAME OF INTERVIEWER 1: _____	____
SC15.	NAME OF INTERVIEWER 2: _____	____
SC17.	Number of Householders IFLS 2000	____
SC18.	Name of Head of the Household: _____	
SC19.	Household Address (include house #): _____	
SC19a.	RW	____
SC19b.	TELEPHONE NUMBER	____ . ____
SC20.	Special notes on household address/location (distance, building on the same street): _____	
SC21.	Estimate the distance of the new location from the old location of the household:	____ . ____ kilometer in the same village..... 01 Move out of the village, same sub-district 11 Move out of the village, same district 12 Move out of the village, same province 13 Move out of the village, different province..... 14 DON'T KNOW 98 SAME LOCATION 96

SC22. INTERVIEWER NOTES AND SKETCH OF LOCATION

HOUSEHOLD ROSTER

AR00c. INTERVIEWER CHECK	
<div>PANEL HOUSEHOLD1</div> <div>↓</div> <div>↓</div> <div>↓</div> <div>INSERT PREPRINTED HH ROSTER</div>	<div>NEW HOUSEHOLD3</div> <div>↓</div> <div>↓</div> <div>↓</div> <div>USE NEW HH ROSTER</div>

SECTION AR (LIST OF HOUSEHOLD MEMBERS)

HOUSEHOLD (RT):	is a person or group of persons who occupy a part of or an entire building and who usually live together and eat from the same kitchen. What is meant by eating from one kitchen is that the arrangement to fulfill daily necessities is jointly managed.
HEAD OF THE HOUSEHOLD (KRT):	is a person among the group of householders who is responsible for satisfying daily necessities of the household or a person who is regarded/assigned as the head of the household.
HOUSEHOLDER (ART):	is anyone who usually lives in the household, whether she/he is at home during the survey or is temporarily absent. A householder who has been away for 6 or more months, and a householder who has been away for less than 6 months but plans to move out/be away for 6 or more months is not regarded as a householder. A guest who has stayed in the household for 6 or more months or a guest who has stayed in the household for less than 6 months but plans to stay for 6 or more months is regarded as a householder. (The name of a householder is to be written on one line only.)

AR00x.	INTERVIEWER CHECK AR00c	NEW HH 3 ➔AR00b PANEL HH..... 1
AR00a.	I would like to know about the people who live in this household. In 1997 a fieldworker came to your home and listed the names of household members. Now we would like to know whether those individuals still live in this household INTERVIEWER INSTRUCTION: READ THE NAME OF THE HOUSEHOLD MEMBERS FROM PREPRINTED HH ROSTER AND ASK QUESTION AR01a.	
AR00b.	I would like to know the names of all the people who live in this household. Please list all the people that stay here, eat and cook together in the household. (NOTE WITH REFERENCE TO THE ROSTER: THE NAMES THAT ARE RECORDED HERE ARE ONLY THE PEOPLE WHO USUALLY STAY IN THIS HOUSEHOLD: ADULTS, CHILDREN, AND INFANTS. LIST THE HOUSEHOLD HEAD, THE WIFE OF THE HOUSEHOLD HEAD, THEIR CHILDREN (BIRTH, STEP, ADOPTED), PARENTS, IN-LAWS, SIBLINGS, SIBLINGS IN-LAW, GRANDCHILDREN, GRANDPARENTS, AUNTS AND UNCLES, NIECES AND NEPHEWS, COUSINS, BOARDERS, AND SERVANTS (NON-FAMILY MEMBERS).	

SECTION AR (LIST OF HOUSEHOLD MEMBERS)

AR03.	Is there any child/infant who lives here who has not been listed?	Yes 1 No 3	PUT IN ROSTER, AR01
AR04.	Is there any other person like a servant, friend or boarder who has not been listed?	Yes 1 No 3	PUT IN ROSTER, AR01
AR05.	Is there another person who usually lives here, but is away for less than 6 months?	Yes 1 No 3	PUT IN ROSTER, AR01
AR06.	Is there another person who has stayed for at least 6 months or less than 6 months but intended to stay here for at least 6 months?	Yes 1 No 3	PUT IN ROSTER, AR01

HOW TO FILL INTERVIEW'S STATUS (AR01i)

1. Household panel	a) AR01a = 1 or AR01a = 5 → AR01i = 1 b) AR01a = 0 or AR01a = 3 → AR01i = 3
2. New households formed in the last survey or in 2000.	a) AR01a = 1 or AR01a = 5 and HHM panel '93 → AR01i = 1 Spouse of panel '93 → AR01i = 1 Child of panel '93 → AR01i = 1 b) AR01a = 0 or AR01a = 3 → AR01i = 3 c) AR01a = 1 or AR01a = 5 and HHM is not panel '93, not spouse of panel '93, Not child of panel '93 → AR01i = 3

SECTION AR (HOUSEHOLD ROSTER)

HHID: **INTERVIEW :**

AR00.	AR01.	AR01f.*	AR01a.	PIDLINK*	AR02.*	AR07.*	AR08.*	AR08a.*	AR09.	AR02b.	AR01b.*	AR01g.*	AR01h.*	AR01i.
No. of HHM (PID)	NAME OF HOUSEHOLD MEMBER	AR01a Status IFLS-97	Still living in household	Tracking and Linking ID	Relationship to HH head in 1997	Sex	Month and Year of Birth	Age in 1997	Age Now in Years	Relation to Household Head	Tracking Status	Completed Book III IFLS-97?	Completed Book IV IFLS-97?	Status of Interview
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0→AR18d 1 3 5	_____		<input type="checkbox"/>	____ / ____ Month Year		____	____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE TO INTERVIEWER:
WHILE FILLING OUT AR01
DON'T FORGET TO ASK
AR03-AR06.**

AR00d: TOTAL NUMBER OF LINES USED	
-----------------------------------	--

AR01a, AR01f
0. Dead
1. Yes
3. No
5. New Member

AR02, AR02b

01. Head of the Household
02. Husband/wife
03. Children (biological)
04. Children (step/adopted)
05. Sons/daughters-in-law

06. Parents
07. Fathers/mothers-in-law
08. Siblings
09. Brother/sister-in-law
10. Granchild

11. Grandparents
12. Uncles/aunts
13. Nephews/nieces
14. Cousins
15. Servants

16. Relative, Other

17. Non-relative, Other

18. Tenant

19. Friend

21. Ex-Spouse

AR07
1. Male
3. Female

AR01b
Y1, Y2, Y3
T

AR01i
1. Yes
3. No

AR01g, AR01h
1. Yes, Panel
3. New

*For panel household this information was preprinted

SECTION AR (HOUSEHOLD ROSTER)

AR00.	AR10.	AR11.	AR12.	AR13.	AR14.	AR15.	AR15a.	AR15b.	AR15c.
No. of HHM (PID)	Line No. Birth Father	Line No. Birth Mother	Line No. of Caretaker (HHM<15)	Marital Status	Line No. of Spouse	Religion	Did [...] work in the last 12 months?	What were the total earnings of [...] in the last 12 months?	What was [...]’s primary activity during the past week?
01				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
02				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
03				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
04				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
05				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
06				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
07				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
08				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
09				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____
10				1, 3, 4, 5 →AR15 2		01 02 03 04 05 06 _____	3. No→AR15c 1. Yes	1. . . 8. Don’t Know	 _____

AR10, AR11
51. Doesn’t live in this household
52. Dead

AR12
96. >15 years old
51. Doesn’t live in this household

AR13
1. Not yet married
2. Married
3. Separated
4. Divorced
5. Widowed

AR14
51. Doesn’t live in this household

AR15
01. Islam
02. Protestant
03. Catholic
04. Hindu
05. Buddha
06. Other, specify _____

AR15c
01. Working/helping to earn income
02. Job searching
03. Attending school
04. Housekeeping
05. Retired
06. Stay at home/unemployment

07. Sick/disabled
08. Other, specify _____
98. DON’T KNOW

SECTION AR (HOUSEHOLD ROSTER)

AR00.	AR16.	AR17.	AR18a.	AR18b.	AR18c.
No. of HHM (PID)	Highest Level of Schooling Attended by HHM	Highest grade ever completed by HHM	INTERVIEWER CHECK: AR09 AGE < 25	INTERVIEWER CHECK: AR01a AR01a = 1 OR 5 (LIVE IN THIS HH)	Is [...] in school this year?
01	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
02	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
03	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
04	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
05	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
06	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
07	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
08	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
09	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school
10	01 02 03 04 05 06 60 61 62 63 11 12 13 14 72 73 90 98 10 _____	00 01 02 03 04 05 06 07 96 98	1. Yes→ 3. No→AR18x	1. Yes→ 3. No→AR18x	1. Yes →SCHOOL LIST 3. No 6. Not yet in school

- AR16**

01. No/Not yet in school
02. Elementary school
03. Junior High - General
04. Junior High - Vocational
05. High School - General
06. High School – Vocational
09. University
60. College, D1, D2, D3
61. University (Bachelors)
62. University (Masters)
63. University (Doctorate)
11. Adult Education A
12. Adult Education B
13. Open University
14. Islamic School (*Pesantren*)
17. School for the Disabled
70. Madrasah
72. Islamic Elementary School (*Madrasah Ibtidaiyah*)
73. Islamic Junior/High School (*Madrasah Tsanawiyah*)
74. Madrasah Senior High School
90. Kindergarten
10. OTHER _____
98. DON'T KNOW

- AR17**

00. DIDN'T COMPLETE 1ST CLASS AT THAT LEVEL
01. 1
02. 2
03. 3
04. 4
05. 5
06. 6
07. GRADUATED
96. NO SCHOOL
98. DON'T KNOW

INTERVIEWER NOTE:
SCHOOL LIST ON PAGE
K-11

SECTION AR (HOUSEHOLD ROSTER)

AR00.	AR18x.	AR18d	AR18e	AR18f	AR18g	AR18h	AR18i	AR18j
No. of HHM (PID)	Is this a new household?	INTERVIEWER CHECK: AR01a	When did [...] move from/into this household?	Why did [...] move from/into this household?	INTERVIEW CHECK: AR01a	Is [...] still alive?	Where does [...] live now?	INTERVIEWER CHECK: AR01b = Y1, Y2, Y3
01	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
02	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
03	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
04	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
05	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
06	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
07	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
08	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
09	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST
10	1. Yes 3. No → ↓	1 0 3 5 → ↓	1. / 8. DON'T KNOW Month Year	 _____	0 5 3 → ↓ ↓	3. No 1. Yes → ↓		1. Yes → FORM T-2 3. No → ADDRESS LIST

AR18f

01. To work/look for work
02. For school
03. Followed spouse/parent
04. Marriage
05. Divorce
06. Death
07. Birth
08. Help family
09. Need place to stay

11. Not a HHM in 1993
12. New OPPS/PREFS
13. Want Independence
14. Domestic (Household) Problem
15. Adopted
16. Live with Other Family
17. Quit Working
19. Merge with Other Household

20. HHM in 1993, but not listed
21. Return Home
22. Give Birth
23. No Longer Rent Rooms
24. HHM in 1997, but not listed
29. To follow family, or move close to family
98. DON'T KNOW
10. Other, specify_____

AR18i

00. In this Household
01. Same Village
02. Same Subdistrict
03. Same District
04. Same Province
10. Sumatra
11. Aceh
12. North Sumatra
13. West Sumatra
14. Riau
15. Jambi
16. South Sumatra
17. Bengkulu
18. Lampung

31. Jakarta
32. West Java
33. Central Java
34. D.I. Yogyakarta
35. East Java
51. Bali
52. West Nusa Tenggara
53. East Nusa Tenggara
54. East Timor
60. Kalimantan
61. West Kalimantan
62. Central Kalimantan
63. South Kalimantan
64. East Kalimantan

70. Sulawesi
71. North Sulawesi
72. Central Sulawesi
73. South Sulawesi
74. South East Sulawesi
81. Maluku
82. Irian Jaya
85. Malaysia
86. Singapore
87. Argentina
88. Yemen
89. Taiwan
90. USA
91. Saudi Arabia

92. Australia
93. Holland
94. Brunei
96. Japan
97. South Korea
95. Hong Kong
99. Other_____
98. DON'T KNOW

THIS PAGE IS NOT
USED FOR NEW
HOUSEHOLDS

ADDRESS LIST IS
ON PAGE K-12

SCHOOL LIST

FOR RESPONDENT LESS THAN 25 WHO IS STILL IN SCHOOL (AR18C=1)

HHID:

AR00	AR01	AR16	AR19	AR20a
Line # HHM (PID)	NAME OF HOUSEHOLD MEMBER	HIGHEST LEVEL OF EDUCATION (WRITE CATEGORY)	What is the name of the school and where is it? (Don't forget to write the number of the school)	In what village, kecamatan, Kabupaten, and province is the school located?
<div></div>		<div></div>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE	A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW →AR18x SAME HOUSEHOLD MEMBER
<div></div>		<div></div>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE	A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW →AR18x SAME HOUSEHOLD MEMBER
<div></div>		<div></div>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE	A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW →AR18x SAME HOUSEHOLD MEMBER
<div></div>		<div></div>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE	A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW →AR18x SAME HOUSEHOLD MEMBER
<div></div>		<div></div>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE	A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW →AR18x SAME HOUSEHOLD MEMBER

ADDRESS LIST

FOR AR18j = 3: A HH MEMBER IN 1997 WHO MOVED (AR01a = 3) AND DOES NOT HAVE TO BE TRACKED (AR 01b = T)

HHID:

AR00	AR01	AR00id	AR21	
Line # HHM (PID)	NAME OF HOUSEHOLD MEMBER	TRACKING AND LINKING ID '97	Where does the HHM live now?	
<div></div>		<div></div>	<div>Address : 1. 8. DON'T KNOW</div> <div>Location: 1. 8. DON'T KNOW</div> <div>Tele. No. 1. - 8. DON'T KNOW</div> <div>A. Vill: 1. 3. Same 8. DON'T KNOW</div> <div>B. Kec. : 1. 3. Same 8. DON'T KNOW</div> <div>C. Kab. : 1. 3. Same 8. DON'T KNOW</div> <div>D. Prov.: 1. 3. Same 8. DON'T KNOW</div>	<div>Work Address : 1. 8. DK</div> <div>6. NA</div> <div>School Address: 1. 8. DK</div> <div>6. NA</div> <div>Lives with whom? : 1. 8. DK</div> <div>Name of Other Informant : 1. 8. DK</div> <div>(in new location)</div> <div>➔AR01 NEXT LINE</div>
<div></div>		<div></div>	<div>Address : 1. 8. DON'T KNOW</div> <div>Location: 1. 8. DON'T KNOW</div> <div>Tele. No. 1. - 8. DON'T KNOW</div> <div>A. Vill: 1. 3. Same 8. DON'T KNOW</div> <div>B. Kec. : 1. 3. Same 8. DON'T KNOW</div> <div>C. Kab. : 1. 3. Same 8. DON'T KNOW</div> <div>D. Prov.: 1. 3. Same 8. DON'T KNOW</div>	<div>Work Address : 1. 8. DK</div> <div>6. NA</div> <div>School Address: 1. 8. DK</div> <div>6. NA</div> <div>Lives with whom? : 1. 8. DK</div> <div>Name of Other Informant : 1. 8. DK</div> <div>(in new location)</div> <div>➔AR01 NEXT LINE</div>
<div></div>		<div></div>	<div>Address : 1. 8. DON'T KNOW</div> <div>Location: 1. 8. DON'T KNOW</div> <div>Tele. No. 1. - 8. DON'T KNOW</div> <div>A. Vill: 1. 3. Same 8. DON'T KNOW</div> <div>B. Kec. : 1. 3. Same 8. DON'T KNOW</div> <div>C. Kab. : 1. 3. Same 8. DON'T KNOW</div> <div>D. Prov.: 1. 3. Same 8. DON'T KNOW</div>	<div>Work Address : 1. 8. DK</div> <div>6. NA</div> <div>School Address: 1. 8. DK</div> <div>6. NA</div> <div>Lives with whom? : 1. 8. DK</div> <div>Name of Other Informant : 1. 8. DK</div> <div>(in new location)</div> <div>➔AR01 NEXT LINE</div>

SECTION KRK

HOUSEHOLD CHARACTERISTICS: INTERVIEWER OBSERVATION
INTERVIEWER NOTE: DON'T FILL THIS OUT AT THE BEGINNING OF THE INTERVIEW. WAIT UNTIL THE END OF THE VISIT.

KRK01. TYPE OF RESIDENTIAL DWELLING	SINGLE UNIT SINGLE LEVEL 01		
	SINGLE UNIT MULTIPLE LEVELS 02		
	DUPLEX SINGLE LEVEL 03		
	DUPLEX MULTIPLE LEVELS 04		
	MULTIPLE UNIT SINGLE LEVEL 05		
	MULTIPLE UNIT MULTIPLE LEVELS 06		
	HOUSE ON STILTS..... 08		
	OTHER, SPECIFY 07		
KRK02. GENERAL SANITARY CONDITIONS, CIRCLE ALL THAT APPLY		YES	NO
	A. HOUSE IS SURROUNDED BY HUMAN AND ANIMAL WASTE	1	3
	B. HOUSE IS SURROUNDED BY PILES OF TRASH	1	3
	C. HOUSE IS SURROUNDED BY STAGNANT WATER.....	1	3
	D. THERE IS A STABLE UNDER/ NEXT TO THE HOUSE.....	1	3
	E. HOUSE HAS SUFFICIENT VENTILATION.....	1	3
	F. YARD IS WELL MAINTAINED AND CLEANED-UP.....	1	3
	G. HOUSE HAS A MODERATELY - SIZED YARD	1	3
	H. HOUSE HAS KITCHEN OUTSIDE	1	3
	I. COOKING ROOM AND SLEEPING ROOM ARE SAME.....	1	3
KRK05a. ESTIMATE THE SIZE OF THE HOUSE IN SQUARE METERS	<div><div></div><div>.</div><div></div><div></div><div></div></div> <div>Square meters</div>		
KRK06. ESTIMATE HOW MANY ROOMS (BEDROOMS, LIVING ROOM, DINING ROOM, KITCHEN, BATHROOM, ETC.) ARE IN THIS HOUSE	<div><div></div><div></div></div> <div>Rooms</div>		
KRK08. MAIN FLOORING TYPE USED IN THIS HOUSE	CERAMIC / MARBLE / GRANITE / STONE 01		
	TILES / TERRAZZO..... 02		
	CEMENT / BRICKS 03		
	LUMBER / BOARD 04		
	BAMBOO 05		
	DIRT..... 06		
	OTHER, SPECIFY 07		

KRK09. MAIN MATERIAL USED IN THE OUTER WALL OF THIS HOUSE	MASONRY (CEMENT/PREFABRICATED BRICKS)..... 01
	LUMBER/BOARD/PLYWOOD 02
	BAMBOO/WOVEN/MAT 03
	OTHER, SPECIFY 04
KRK10. MAIN ROOFING TYPE OF THIS HOUSE	CONCRETE 01
	WOOD..... 02
	METAL PLATES 03
	ROOF TILES/SHINGLES..... 04
	ASBESTOS..... 05
	FOLIAGE / PALM LEAVES/GRASS/BAMBOO 06
	OTHER, SPECIFY 07

SECTION IK (INFORMATION ON REPEAT VISIT)

IK1. In the future, we will visit this household again. You might not be here at that time. Could you tell us name of friend/family member who can tell us where you are? Name : _____ Address: _____ Telephone number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
IK2. If you move, where do you move to?		<div style="display: flex; justify-content: space-between;"> <div> 1. Move ↓ 1. Not same ↓ </div> <div> 6. NOT MOVE → CP </div> <div> 8. DON'T KNOW → CP </div> </div>																	
1. Village :	1 _____	3. Same → CP	8. DON'T KNOW																
2. Subdistrict:	1 _____	3. Same → CP	8. DON'T KNOW																
3. District:	1 _____	3. Same → CP	8. DON'T KNOW																
4. Province:	1 _____	3. Same → CP	8. DON'T KNOW																
5. Country:	1 _____	3. Same → CP	8. DON'T KNOW																

SECTION FP (QUESTIONNAIRE TRACKING FORM)

FP01	FP02	FP03		
Book	Total	Householder (ART) about whom information was obtained?		
T	<input type="checkbox"/>			
K	[1]		<input type="checkbox"/>	
I	[1]		<input type="checkbox"/>	
II	[1]		<input type="checkbox"/>	
III	<input type="checkbox"/>	A. <input type="checkbox"/>	E. <input type="checkbox"/>	I. <input type="checkbox"/>
		B. <input type="checkbox"/>	F. <input type="checkbox"/>	J. <input type="checkbox"/>
		C. <input type="checkbox"/>	G. <input type="checkbox"/>	K. <input type="checkbox"/>
		D. <input type="checkbox"/>	H. <input type="checkbox"/>	L. <input type="checkbox"/>
IV	<input type="checkbox"/>	A. <input type="checkbox"/>	C. <input type="checkbox"/>	E. <input type="checkbox"/>
		B. <input type="checkbox"/>	D. <input type="checkbox"/>	F. <input type="checkbox"/>
V	<input type="checkbox"/>	A. <input type="checkbox"/>	E. <input type="checkbox"/>	I. <input type="checkbox"/>
		B. <input type="checkbox"/>	F. <input type="checkbox"/>	J. <input type="checkbox"/>
		C. <input type="checkbox"/>	G. <input type="checkbox"/>	K. <input type="checkbox"/>
		D. <input type="checkbox"/>	H. <input type="checkbox"/>	L. <input type="checkbox"/>
US	<input type="checkbox"/>	Completed <input type="checkbox"/>	Partially completed <input type="checkbox"/>	Not filled <input type="checkbox"/>
EK1	<input type="checkbox"/>	A. <input type="checkbox"/>	C. <input type="checkbox"/>	E. <input type="checkbox"/>
		B. <input type="checkbox"/>	D. <input type="checkbox"/>	F. <input type="checkbox"/>
EK2	<input type="checkbox"/>	A. <input type="checkbox"/>	C. <input type="checkbox"/>	E. <input type="checkbox"/>
		B. <input type="checkbox"/>	D. <input type="checkbox"/>	F. <input type="checkbox"/>

TO BE FILLED OUT BY INTERVIEWER.			
SUMMARY OF MEMBERS WHO HAVE LEFT THE HOUSEHOLD AND MUST BE TRACKED			
FP07.	FP08a.	FP08b.	FP09.
INTERVIEWER CHECK: AR18j. AND FILL OUT NAME OF ANY RESPONDENT WHO MUST BE TRACKED (AR18j = 1).	FILL IN AR00 FROM ROSTER.	TRACKING STATUS	HOW MANY TRACKING FORMS (F-T2) WERE COMPLETED?
a.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
b.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
c.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
d.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
e.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
f.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
g.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
h.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
i.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
j.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
k.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
l.	<input type="checkbox"/>	Y1 Y2 Y3	<input type="checkbox"/>
FP10. TOTAL # RESPONDENTS WHO MOVED OUT AND MUST BE TRACKED (FP08b): TOTAL Y1, Y2, Y3		Y1: <input type="checkbox"/> Y2: <input type="checkbox"/> Y3: <input type="checkbox"/>	

SECTION CP (INTERVIEW SESSION NOTES)

FORMULIR EVALUASI , BUKU K

CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE. A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER	CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD	CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD
CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING? _____ _____ _____	CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING? _____ _____ _____	CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN? _____ _____ _____

NOTES:

CP7. CORRECTION MONTH/YEAR OF PREPRINTED 1. AR00 <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"/> 2. AR00 <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"/> 3. AR00 <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"/> 4. AR00 <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"/>	CP8. AGE CORRECTION OF PREPRINTED 1. AR00 <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. AR00 <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. AR00 <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. AR00 <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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INDONESIA FAMILY LIFE SURVEY 2000

BOOK I

SECTIONS: KS, KSR, PP, CP

Respondent is the Wife of Head of the Household or the Female Head of the Household
or another HH Member 18 years or older who is able to answer the questions

NAME OF HOUSEHOLDER _____ PID

RSPNDNT:	RESPONDENT IS:	1. HEAD OF HOUSEHOLD (HH) (AR02b=01) 2. SPOUSE OF HEAD OF HOUSEHOLD (AR02b=02) 3. OTHER HOUSEHOLD MEMBER
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INTERVIEW SESSIONS OF BOOK I: (NUMVIS)

INTERVIEW	1	2	3
DATE:	/ DAY MONTH	/ DAY MONTH	/ DAY MONTH
TIME STARTED:	/ HOUR MINUTE	/ HOUR MINUTE	/ HOUR MINUTE
TIME FINISHED:	/ HOUR MINUTE	/ HOUR MINUTE	/ HOUR MINUTE

LANGMAIN.	Interview was entirely/mostly conducted in what language? Other: _____
LANGOTHR.	Other language used (if any): Other: _____

INTERVIEW LANGUAGE CODES
00. Indonesian
01. Javanese
02. Sundanese
03. Balinese
04. Batak
05. Bugis
06. Chinese
07. Maduranese
08. Sasak
09. Minang
10. Banjar
11. Bima
12. Makassar
13. Nias
14. Palembang
15. Sumbawa
16. Toraja
17. Lahat
18. Other South Sumatra
19. Betawi
20. Lampung
96. NONE
91. Other _____

RESULT OF INTERVIEW OF BOOK I	REASON	EDIT_CHK REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING	
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	a. Observed by local supervisor (SUP_OBS) b. Edited by local supervisor (SUP_EDIT)	Yes 1 No 3

SECTION KS (CONSUMPTION)

The following questions apply to food/products bought/consumed by all the members of this household during the past week, starting on [date] last week.

TYPE OF FOOD ITEM (KS1TYPE)	KS02.	KS03.
	During the past week, what was the total expenditure to purchase [...]?	Approximately what was the total value of items consumed by this household that were self-produced or received from another source during the last week?
STAPLE FOODS		
A. Hulled, uncooked rice	_____, _____ Rp.	_____, _____ Rp.
B. Corn	_____, _____ Rp.	_____, _____ Rp.
C. Sago/flour	_____, _____ Rp.	_____, _____ Rp.
D. Cassava, tapioca, dried cassava	_____, _____ Rp.	_____, _____ Rp.
E. Other staple foods, like sweet potatoes, potatoes, yams	_____, _____ Rp.	_____, _____ Rp.
VEGETABLES		
F. Kangkung, cucumber, spinach, mustard greens, tomatoes, cabbage, katuk, green beans, string beans and the like.	_____, _____ Rp.	_____, _____ Rp.
G. Beans like mung-beans, peanuts, soya-beans, and the like.	_____, _____ Rp.	_____, _____ Rp.
H. Fruits like papaya, mango, banana and the like.	_____, _____ Rp.	_____, _____ Rp.
DRIED FOODS		
I. Noodles, rice noodles, macaroni, shrimp chips, other chips, and the like	_____, _____ Rp.	_____, _____ Rp.
J. Cookies, breads, crackers	_____, _____ Rp.	_____, _____ Rp.
MEAT AND FISH		
K. Beef, mutton, water buffalo meat and the like	_____, _____ Rp.	_____, _____ Rp.
L. Chicken, duck and the like	_____, _____ Rp.	_____, _____ Rp.
M. Fresh fish, oysters, shrimp, squid and the like.	_____, _____ Rp.	_____, _____ Rp.
N. Salted fish, smoked fish	_____, _____ Rp.	_____, _____ Rp.
Other dishes, like:		
O. a. Jerky, shredded beef, canned meat, sardine and the like	_____, _____ Rp.	_____, _____ Rp.
b. Tofu, tempe, other side dishes	_____, _____ Rp.	_____, _____ Rp.
MILK/EGGS		
P. Eggs	_____, _____ Rp.	_____, _____ Rp.
Q. Fresh milk, canned milk, powdered milk and the like	_____, _____ Rp.	_____, _____ Rp.

SECTION KS (CONSUMPTION)

TYPE OF FOOD ITEMS (KS1TYPE)	KS02.	KS03.
	During the past week, what was the total expenditure to purchase [...]?	Approximately what was the total value of items consumed by this household that were self-produced or received from another source during the last week?
SPICES		
R. Sweet and salty soy sauce	_____, _____ Rp.	_____, _____ Rp.
S. Salt	_____, _____ Rp.	_____, _____ Rp.
T. Shrimp paste	_____, _____ Rp.	_____, _____ Rp.
U. Chili sauce, tomatoe sauce, and the like	_____, _____ Rp.	_____, _____ Rp.
V. Shallot, garlic, chili, candle nuts, corriander, MSG and the like	_____, _____ Rp.	_____, _____ Rp.
W. Javanese (brown) sugar	_____, _____ Rp.	_____, _____ Rp.
X. Butter	_____, _____ Rp.	_____, _____ Rp.
Y. Cooking oil like coconut oil, peanut oil, corn oil, palm oil and the like	_____, _____ Rp.	_____, _____ Rp.
BEVERAGES AND OTHER DRINKS/CONSUMER PRODUCTS		
Z. Drinking water	_____, _____ Rp.	_____, _____ Rp.
AA. Granulated sugar	_____, _____ Rp.	_____, _____ Rp.
BA. Coffee	_____, _____ Rp.	_____, _____ Rp.
CA. Tea	_____, _____ Rp.	_____, _____ Rp.
DA. Cocoa	_____, _____ Rp.	_____, _____ Rp.
EA. Soft drinks like Fanta, Sprite, etc.	_____, _____ Rp.	_____, _____ Rp.
FA. Alcoholic beverages like beer, palm wine, rice wine, etc.	_____, _____ Rp.	_____, _____ Rp.
GA. Betel nut (for chewing, traditional drug, others)	_____, _____ Rp.	_____, _____ Rp.
HA. Cigarettes, tobacco	_____, _____ Rp.	_____, _____ Rp.
IA. Prepared food (eaten at home)	_____, _____ Rp.	_____, _____ Rp.
IB. Prepared food (away from home)	_____, _____ Rp.	_____, _____ Rp.

SECTION KS (CONSUMPTION)

TRANSFER OF HOUSEHOLD FOOD SUPPLY

KS04b. What was the rupiah value of food given to other parties outside the household during the past week?	____, ____ Rp.
---	----------------

Now I would like to ask how much money was spent for non-food items during the past month.

TYPE OF NON-FOOD ITEMS (KS2TYPE)	KS06.
	What were the total expenditures by all household members for [...] during the past month, namely since date [...] one month ago?
A. Electricity, water, fuel, telephone and the like	____, _____, ____ Rp.
B. Personal toiletries Including soap, shaving supplies, cosmetics and the like	____, _____, ____ Rp.
C. Household items Including laundry soap, cleaning supplies, and the like	____, _____, ____ Rp.
C1. Domestic services and servants' wages	____, _____, ____ Rp.
D. Recreation and Entertainment Including movies, theater, outings, sport equipment, magazines and the like	____, _____, ____ Rp.
E. Transportation Including bus fare, cab fare, vehicle repair costs, gasoline and the like	____, _____, ____ Rp.
F1. Sweepstakes and the like	____, _____, ____ Rp.
F2. Arisan	____, _____, ____ Rp.
G. Value of non-food items given to others/other parties outside the household on a regular basis	____, _____, ____ Rp.

KS07a. What is the total value of these items consumed by this household that were self-produced or received from another source in the last month, namely since the date [...]?	____, _____, ____ Rp.
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SECTION KS (CONSUMPTION)

Now I would like to ask how much money was spent by all household members for non-food items during the past one year.

TYPE OF NON-FOOD ITEMS (KS3TYPE)	KS08	KS09a
	What were the total expenditures by all household members for [...] during the past year, namely since the month of [...] last year?	What was the total value of [...] consumed by all household members that was self-produced or received, from another source during the last year?
A. Clothing for children and adults Including shoes, hats, shirts, pants, children clothing and the like	____, _____, _____ Rp.	____, _____, _____ Rp.
B. Household supplies and furniture Including tables, chairs, kitchen tools, bed sheets, towels and the like	____, _____, _____ Rp.	____, _____, _____ Rp.
C. Medical costs Including hospitalization costs, clinic charges, physician's fee, traditional healer's fee, medicines and the like	____, _____, _____ Rp.	____, _____, _____ Rp.
D. Ritual ceremonies, charities and gifts Including weddings, circumcisions, tithe, charities, gifts and the like	____, _____, _____ Rp.	____, _____, _____ Rp.
E. Taxes Including property tax, vehicle tax, income tax, sales tax and the like	____, _____, _____ Rp.	
F. Other expenditures not specified above Including the purchase of cars, house, television sets, beds, livestock and the like	____, _____, _____ Rp.	____, _____, _____ Rp.
G. Value of non-food items given to others/other parties outside the household on an irregular basis (less than twelve times per year)	____, _____, _____ Rp.	

About how much was spent on schooling in the last year for all household members?

	A	B
	Children/family members inside the household	Children/family members outside the HH
KS10a. Approximately what was the total expenditures (e.g., tuition, PTA contribution, laboratory, registration, exams, other contribution like student associations) for [...] during the past year?	____, _____, _____ Rp.	____, _____, _____ Rp.
KS11a. Approximately what was the total of expenditures for schooling needs (like for school uniforms, school supplies) for [...] during the past year?	____, _____, _____ Rp.	____, _____, _____ Rp.
KS12a. Approximately how much was spent on transportation and pocket money, special courses associated with [...]’s schooling in the past year?	____, _____, _____ Rp.	____, _____, _____ Rp.
KS12b. Approximately how much was the total cost of boarding/room rent (including meals) spent for [...] during the past year?		____, _____, _____ Rp.

SECTION KS (CONSUMPTION)

Now we would like to know about the quantity and price of foods that you have purchased in the last month.

	KS13a.	KS13b.	KS14.	KS14a.	KS14b.	KS15.	KS16.
FOOD ITEM (KS4TYPE)	In the last month, have you purchased [...]?	The last time you purchased [...], what was the quantity you purchased?	INTERVIEWER NOTE: RECORD THE UNITS	If the unit is not in kg, grams or liters, try to estimate the amount that you bought. INTERVIEWER NOTE: YOU MUST PROBE TO OBTAIN QUANTITY	INTERVIEWER NOTE: RECORD THE UNITS. IF NECESSARY, APPROXIMATE. DO NOT RECORD UNITS SUCH AS "BUNCHES" OR "CANS"	How much did you pay for that amount?	Specify brand or comment on quantity.
A. Rice	Yes1 ➡ No3 ⬇	_____.____	Kg 01 ➡KS15 Liter 02 ➡KS15 Bottle 04 Bag 05 DON'T KNOW 98 Other 97	_____.____	Kg 01 Liter 02 Ounce 09 DON'T KNOW 98 Other 97	_____,_____ Rp.	1. High 2. Medium/Average 3. Low 8. DON'T KNOW
M. Beef	Yes1 ➡ No3 ⬇	_____.____	Kg 01➡ KS15 Bag 05 Ounce 09 DON'T KNOW 98 Other 97	_____.____	Kg 01 DON'T KNOW 98 Other 97	_____,_____ Rp.	1. High 2. Medium/Average 3. Low 8. DON'T KNOW
N. Chicken	Yes1 ➡ No3 ⬇	_____.____	Kg 01➡ KS15 Bag 05 No. of Chickens 07 Ounce 09 DON'T KNOW 98 Other 97	_____.____	Kg 01 Bunch 03 DON'T KNOW 98 Other 97	_____,_____ Rp.	1. High 2. Medium/Average 3. Low 8. DON'T KNOW
H1. Kangkung	Yes1 ➡ No3 ⬇	_____.____	Kg 01➡ KS15 Bunch 03 Ounce 09 DON'T KNOW 98 Other 97	_____.____	Kg 01 Bunch 03 DON'T KNOW 98 Other 97	_____,_____ Rp.	
E. Cooking Oil	Yes1 ➡ No3 ⬇	_____.____	Kg 01➡ KS15 Liter 02 ➡KS15 Bottle 04 Bag 05 Bamboo scoop 06 Ounce 09 DON'T KNOW 98 Other 97	_____.____	Liter 02 Bunch 03 DON'T KNOW 98 Other 97	_____,_____ Rp.	1. High 2. Medium/Average 3. Low 8. DON'T KNOW
F. Granulated Sugar	Yes1 ➡ No3 ⬇	_____.____	Kg 01➡ KS15 Liter 02 Bottle 04 Bag 05 Ounce 09 DON'T KNOW 98 Other 97	_____.____	Kg 01 Liter 02 DON'T KNOW 98 Other 97	_____,_____ Rp.	4. Imported 5. Local 8. DON'T KNOW
K. Kerosene	Yes1 ➡ No3 ⬇	_____.____	Kilog 01 Liter 02 ➡KS15 Bamboo scoop 06 DON'T KNOW 98 Other 97	_____.____	Liter 02 Bottle 04 DON'T KNOW 98 Other 97	_____,_____ Rp.	

SECTION KSR

Now we would like to know about assistance from central or regional government received over the last 12 months other than food purchased under the OPK program.

KSR06a. In the past 12 months has this household received any assistance in the form of money, rice, vegetables, sugar, fruit, meat, snacks, other food, cooking oil, or kerosene, from central or regional government (kabupaten, kotamadya, kecamatan, kelurahan/desa) or from a non-governmental organization?	No 3→ KSR11a Yes..... 1
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TYPE OF ASSISTANCE (KSR1TYPE)	KSR06b. In the last twelve months, did this household receive any [...] from local government / non-government?	KSR06c. What is the source of [...]? (CIRCLE ALL THAT APPLY)	KSR07. Within the last twelve months, what was the first date of receipt of [...]?	KSR09. When was the most recent receipt of [...]?	KSR10. Approximately what was the total value of [...] received by this household in the last 4 weeks?
A. Cash	3. No ↓ 1. Yes→	Government A Non-government B Local Community C Through RT/RW D DON'T KNOW Y	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	1. , , Rp. 3. Did not receive in last 4 weeks 8. DON'T KNOW
B. Hulled, uncooked rice	3. No ↓ 1. Yes→	Government A Non-government B Local Community C Through RT/RW D DON'T KNOW Y	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	1. , , Rp. 3. Did not receive in last 4 weeks 8. DON'T KNOW
I. Other food _____	3. No ↓ 1. Yes→	Government A Non-government B Local Community C Through RT/RW D DON'T KNOW Y	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	1. , , Rp. 3. Did not receive in last 4 weeks 8. DON'T KNOW
L. Other goods _____	3. No ↓ 1. Yes→	Government A Non-government B Local Community C Through RT/RW D DON'T KNOW Y	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	1. , , Rp. 3. Did not receive in last 4 weeks 8. DON'T KNOW

SECTION KSR

KSR11a. In the past 12 months has this household ever bought sembako (9 basic foods) or other goods from a place that sold them at a cheaper price than at the public market? For example, at a “cheap” market, bazar, “special market operation” (OPK) or the like?	No3→ SECTION PP Yes.....1
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TYPE OF ASSISTANCE (KSR2TYPE)	KSR11. In the past 12 months, has this household ever bought [...] a “cheap” market, bazar, “special market operation” (OPK) or the like?	KSR11b. Who distributed or sold [...]? (CIRCLE ALL THAT APPLY)	KSR12. In the past 12 months, when did this household first buy?	KSR13a. In the last 12 months, when was the last time you bought [...] a “cheap” market, bazar, “special market operation” (OPK) or the like?	KSR14a. In the last 4 weeks how many times did you buy [...]?	KSR15a. The last time you bought [...], what was the total amount that you spent buying [...] a “cheap” market, bazar, “special market operation” (OPK) or the like?	KSR16. What would the same amount have cost in regular markets?
B. Rice	3. No ↓ 1. Yes →	A. Bulog/Dolog B. Other government C. Non-government Y. Don't know	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	3. Did not buy in last 4 weeks → KSR11 ROW D 1. times 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW
D. Sugar	3. No ↓ 1. Yes →	A. Bulog/Dolog B. Other government C. Non-government Y. Don't know	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	3. Did not buy in last 4 weeks → KSR11 ROW J 1. times 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW
J. Cooking oil	3. No ↓ 1. Yes →	A. Bulog/Dolog B. Other government C. Non-government Y. Don't know	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	3. Did not buy in last 4 weeks → KSR11 ROW M 1. times 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW
M. Other food/goods _____	3. No ↓ 1. Yes →	A. Bulog/Dolog B. Other government C. Non-government Y. Don't know	1. / Month / Year 8. DON'T KNOW	1. / Month / Year 8. DON'T KNOW	3. Did not buy in last 4 weeks → SECTION PP 1. times 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW

Next we would like to ask about some health and family planning facilities that you may or may not have visited for health or family planning services.

HEALTH AND FAMILY PLANNING FACILITY (PPTYPE)	PP2	PP3	PP4	PP5	PP6
	Do you know where a [...] is located?	What is the name of the [...]? *(If more than 1, choose the facility the respondent is most likely to use.)	Where is the location of [...]?	How long does it take to go to [...] (one way trip)?	Approximate transportation cost from home to [...] one way?
A. Public Hospital (General or Specialty)	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW		_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
B. Private Hospital	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW		_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
C. Public Health Center/ Auxiliary Center (puskesmas/ puskesmas pembantu)	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW	Add. Address: 1. _____ 8. DON'T KNOW Loc. Loc Note: 1. _____ 8. DON'T KNOW _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK COMFAS CODE: _____	_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
D. Private Clinic	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW	Add. Address: 1. _____ 8. DON'T KNOW Loc. Loc Note: 1. _____ 8. DON'T KNOW _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK COMFAS CODE: _____	_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW

HEALTH AND FAMILY PLANNING FACILITY (PPTYPE)	PP2 Do you know where a [...] is located?	PP3 What is the name of the [...]? *(If more than 1, choose the facility the respondent is most likely to use.)	PP4 Where is the location of [...]?	PP5 How long does it take to go to [...] (one way trip)?	PP6 Approximate transportation cost from home to [...] one way?
E. Private Physician	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW	Add. Address: 1. _____ 8. DON'T KNOW Loc. Loc Note: 1. _____ 8. DON'T KNOW _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK COMFAS CODE:	_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____ , _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
F1. Midwife (private practice or village midwife)	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW	Add. Address: 1. _____ 8. DON'T KNOW Loc. Loc Note: 1. _____ 8. DON'T KNOW _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK COMFAS CODE:	_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____ , _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
F2. Nurse/ paramedic	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW	Add. Address: 1. _____ 8. DON'T KNOW Loc. Loc Note: 1. _____ 8. DON'T KNOW _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK COMFAS CODE:	_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____ , _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW

	PP2	PP3	PP4	PP5	PP6
HEALTH AND FAMILY PLANNING FACILITY (PPTYPE)	Do you know where a [...] is located?	What is the name of the [...]? *(If more than 1, choose the facility the respondent is most likely to use.)	Where is the location of [...]?	How long does it take to go to [...] (one way trip)?	Approximate transportation cost from home to [...] one way?
G1. Traditional Birth Attendant	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW		_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
G2. Traditional practitioner (shamans, wisemen, Chinese herbalists, acupuncturists)	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW		_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
H. Pharmacy	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW		_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
I1. Posyandu	3. No ↓ 1. Yes→	1. _____ _____ _____ 8. DON'T KNOW	Add. Address: 1. _____ 8. DON'T KNOW Loc. Loc Note: 1. _____ 8. DON'T KNOW _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK COMFAS CODE: _____	_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
I2. Village Post for Family Planning Service (PPKBD)	3. No ↓ CP	1. _____ _____ _____ 8. DON'T KNOW		_____ 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____ Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
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<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____ _____ _____</p>
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<p>NOTES:</p> <p>_____ _____ _____ _____ _____ _____ _____ _____</p>

INDONESIA FAMILY LIFE SURVEY 2000

BOOK II

(HOUSEHOLD ECONOMY)

SECTIONS: KR, UT, NT, HR, HI, GE, CP

Primary Respondent is the Head of the Household or Person 18 years or older who is able to answer the questions

NAME OF HOUSEHOLDER _____ PID

RSPNDNT: RESPONDENT IS:

1. HEAD OF HOUSEHOLD (HH) (AR02b=01)

2. SPOUSE OF HEAD OF HOUSEHOLD (AR02b=02)

3. OTHER HOUSEHOLD MEMBER

INTERVIEW SESSIONS OF BOOK II: (NUMVIS)

INTERVIEW	1	2	3
DATE:	/	/	/
	DAY MONTH	DAY MONTH	DAY MONTH
TIME STARTED:	/	/	/
	HOUR MINUTE	HOUR MINUTE	HOUR MINUTE
TIME FINISHED:	/	/	/
	HOUR MINUTE	HOUR MINUTE	HOUR MINUTE

LANGMAIN.

Interview was entirely/mostly conducted in what language?

Other: _____

LANGOTHR.

Other language used (if any):

Other: _____

INTERVIEW LANGUAGE CODES
00. Indonesian
01. Javanese
02. Sundanese
03. Balinese
04. Batak
05. Bugis
06. Chinese
07. Maduranese
08. Sasak
09. Minang
10. Banjar
11. Bima
12. Makassar
13. Nias
14. Palembang
15. Sumbawa
16. Toraja
17. Lahat
18. Other South Sumatra
19. Betawi
20. Lampung
96. NONE
91. Other _____

RESULT OF INTERVIEW OF BOOK II	REASON	EDIT_CK REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	<div>YesNo</div> <div>a. Observed by local supervisor (SUP_OBS).....13</div> <div>b. Edited by local supervisor (SUP_EDIT).....13</div>

SECTION KR (HOUSEHOLD CHARACTERISTICS)

The following questions pertain to your household features.

KR03.	What is the status of this house?	Self-owned..... 01 →KR05 Occupying..... 02 →KR05 Rented/contracted 05 Other, specify: 06
KR04.	What is the monthly rent of this house?	_____, _____, _____ Rp. 1 →KR11 DON'T KNOW 8 →KR11
KR05.	How much monthly rent would you pay if you were renting this house?	_____, _____, _____ Rp. 1 →KR11 DON'T KNOW 8 →KR11
KR11.	Does this household utilize electricity?	Yes 1 No 3
KR13.	What is the main water source for drinking for this household?	AQUA/AIR MINERAL, ETC. 10 →KR13b PIPE WATER 01 WELL/PUMP (ELECTRIC, HAND) 02 WELL WATER 03 SPRING WATER 04 RAIN WATER 05 RIVER/CREEK WATER 06 POND/FISHPOND 07 WATER COLLECTION BASIN 08 OTHER, SPECIFY: 09
KR13a.	Before the water is used for drinking, is it boiled?	Yes 1 No 3
KR13b.	Do you purchase water?	YES, DELIVERED TO THE HOUSE..... 1 →KR16 YES, SELF-SERVICE 2 NO..... 3
KR14.	Where is the main water source located?	INSIDE THE HOUSE 1 →KR16 OUTSIDE THE HOUSE 3
KR15.	What is the distance (from this house) to the main water source?	_____, _____ Meters

KR16.	Is water used for other necessities, like bathing and laundry, also drawn from the same source as drinking water?	Yes 1 →KR20 No 3
KR17.	What is the main source of water for other necessities like bathing and laundry?	Pipe water 01 Well/pump (electric, hand) 02 Well water 03 Spring water 04 Rain water 05 River/creek water 06 Pond/fishpond 07 Collection basin 08 Other, specify: 09
KR17b.	Do you purchase the water?	Yes, delivered 1 →KR20 Yes, self-service 2 No 3
KR18.	Where is the main water source located?	Inside the house 1 →KR20 Outside the house 3
KR19.	What is the distance (from this house) to the main water source?	_____, _____ Meters
KR20.	Where do the majority of householders go to the toilet?	Own toilet with septic tank 01 Own toilet without septic tank 02 Shared toilet 03 Public toilet 04 Creek/river/ditch (without toilet) 05 Yard/field (without toilet) 06 Sewer 07 Pond/fishpond 09 Animal stable 10 Sea/lake 11 Other, specify: 08

SECTION KR (HOUSEHOLD CHARACTERISTICS)

KR21.	Where does this household drain its sewage?	Drainage ditch (flowing).....	01
		Drainage ditch (stagnant).....	02
		Permanent pit.....	03
		Disposed into river.....	04
		Disposed in side/back yard/garden	05
		Pond/fishpond/lake/pool.....	07
		Hole (without permanent lining).....	08
		Paddy field/other field.....	09
		Other, specify.....	06
		Sea, beach.....	11
KR22.	How does this household dispose of its garbage?	Disposed in trash can, collected by sanitation service	01
		Burned.....	02
		Disposed into river/creek/sewer	03
		Disposed in yard and let decompose	04
		Disposed in pit.....	05
		Forest, mountain	07
		Sea, lake, beach	08
		Paddy field/other field.....	09
		Other, specify.....	06
KR23.	Do you store your perishable food in a refrigerator?	Yes.....	1
		No	3
		Don't have refrigerator.....	6
KR24.	What is the main kind of fire/stove used for cooking?	Electricity.....	01
		Gas	02
		Kerosene stove	03
		Firewood	04
		Charcoal.....	05
		Do not cook	07
		Other, specify.....	06
KR24a.	Does this household have a television?	Yes.....	1
		No	3

KR25.	What language is most often used in this household, other than Indonesian?	Indonesian.....	00
		Javanese	01
		Sundanese	02
		Balinese.....	03
		Batak	04
		Bugis	05
		Chinese	06
		Maduranese.....	07
		Sasak	08
		Minang.....	09
		Banjar	10
		Bima	11
		Makassar.....	12
		Nias	13
		Palembang	14
		Sumbawa.....	15
		Toraja	16
		Lahat	17
		Other South Sumatra.....	18
		Betawi.....	19
		Lampung.....	20
KR26.	Does this household have a Health Card (<i>Kartu Sehat</i>), JPKM-JPSBK?	Yes	1
		No	3
KR27.	Does this household participate in the Health Fund (<i>Dana Sehat Program</i>)?	Yes	1
		No	3
		No program.....	6
KR27a.	Does this household utilize/use "letter of poor" (<i>Surat Keterangan Tidak Mampu</i>)?	Yes	1
		No	3
		DON'T KNOW	8

SECTION KR (HOUSEHOLD CHARACTERISTICS)

KR28. Has this household received assistance from community?	No.....3
	Yes1

KR29.	KR30.	KR33.	KR34.	KR36.
Dates the household received the assistance?	How many years ago was the assistance received?	How much was the assistance?	What was the assistance for?	When did you pay back (return) the assistance?
A. 1. / →KR33 Month / Year 8. DON'T KNOW	1. Years 8. DON'T KNOW	, , Rp.	 	1. / Month / Year 2. Not finished paying back yet 3. Not paid back yet 5. No need to pay back 8. DON'T KNOW
B. 1. / →KR33 Month / Year 8. DON'T KNOW	1. Years 8. DON'T KNOW	, , Rp.	 	1. / Month / Year 2. Not finished paying back yet 3. Not paid back yet 5. No need to pay back 8. DON'T KNOW
C. 1. / →KR33 Month / Year 8. DON'T KNOW	1. Years 8. DON'T KNOW	, , Rp.	 	1. / Month / Year 2. Not finished paying back yet 3. Not paid back yet 5. No need to pay back 8. DON'T KNOW
D. 1. / →KR33 Month / Year 8. DON'T KNOW	1. Years 8. DON'T KNOW	, , Rp.	 	1. / Month / Year 2. Not finished paying back yet 3. Not paid back yet 5. No need to pay back 8. DON'T KNOW

SECTION UT (FARM BUSINESS)

Now we would like to ask about any farm business that might be owned by this household.

UT00a.	Do you have land for farming?	No 3→ UT01 Yes 1
UT00b.	What size is the land for farming that you own?	1. Hectare 2. Square meter 8. DON'T KNOW
UT01.	During the past 12 months, namely since the month of [...] one year ago, is there a householder who has worked in a farm business?	No 3 →UT01c Yes 1
UT01a.	What size is the farm land cultivated by you or members of the household in the last 12 months?	1. Hectare 2. Square meter 8. DON'T KNOW
UT01b.	Out of the farm land cultivated, what size is rented or share-cropped in the last 12 months?	1. Hectare 2. Square meter 8. DON'T KNOW
UT01c.	INTERVIEWER CHECK:	UT01=3 and UT00a=11 → UT10 UT01=3 and UT00a=32 → SECTION NT UT01=1.....3 → UT02
UT02.	Is the farm business entirely owned by this household?	Yes 1 →UT05 No 3
UT03.	What is the percentage share of the farm business that is owned by (householders of) this household? percentage
UT04.	Who outside this household owns the business? CIRCLE ALL THAT APPLY	F J P H N B G K Q C L R D I M S E U
UT05.	Which householders own the business? CIRCLE ALL THAT APPLY	A F J P H N B G K Q C L R D I M S E U

CODE UT04 AND UT05:

A. Respondent

G. Respondent's brother/sister-in-law

M. Cousin

B. Respondent's wife/husband

I. Grandchild

P. Non family

C. Respondent's child/child-in-law

H. Other householders

Q. Step/adopted child

D. Respondent's parents

J. Grandparent

R. Family of spouse

E. Respondent's parents-in-law

K. Uncle/aunt

U. Ex-spouse

F. Respondent's sibling

L. Nephew/niece

N. Other family

UT07a.	What is the most valuable crop or livestock that the household farm produced for the market or for home consumption?	1. ... Other: _____ 8. DON'T KNOW
UT07b.	What is the next most valuable crop or livestock that the household farm provided?	1. ... Other: _____ 8. DON'T KNOW
UT07c.	Please list all other crops or livestock that the household farm produced. CIRCLE ALL THAT APPLY	A B C D E F G H I J K L M N O P Q R S T U X Y V _____
UT07.	What is the approximate amount in rupiah of total production by the household from the farm business (including produce for own consumption) during the past 12 months?	7. UNWILLING TO ANSWER →UT09 8. DON'T KNOW →UT09 1. ..., ..., ... Rp.
UT08.	What is the approximate amount in rupiah of total expenses spent by the household for the farm business during the past 12 months?	1. ..., ..., ... Rp. →UT10 7. UNWILLING TO ANSWER 8. DON'T KNOW
UT09.	What is the approximate amount in rupiah of net profit generated by the farm business during the past 12 months?	1. +..., ..., ... Rp. 3. -..., ..., ... Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW

UT07a AND UT07b Codes:		UT07c Codes:	
01. Cassava	14. Tobacco	A. Cassava	N. Tobacco
02. Other tuber	15. Rubber	B. Other tuber	O. Rubber
03. Groundnuts	16. Wood	C. Groundnuts	P. Wood
04. Cashews and other nuts	17. Chickens	D. Cashews and other nuts	Q. Chickens
05. Soybean	18. Fish	E. Soybean	R. Fish
06. Corn	19. Pigs	F. Corn	S. Pigs
07. Chili	20. Goats	G. Chili	T. Goats
08. Red Onion	21. Cattle	H. Red Onion	U. Cattle
09. Coconut	22. Other vegetables	I. Coconut	X. No other crop
10. Bananas	23. Other fruits	J. Bananas	Y. Rice
11. Spice	96. No other crop	K. Spice	V. Other _____
12. Coffee	90. Rice	L. Coffee	
13. Sugarcane	95. Other_____	M. Sugarcane	

SECTION UT (FARM BUSINESS)

TYPE OF ASSETS (UTTYPE)	UT10.		UT11.	UT12.	UT13.	UT14.
	Does the household farm business own [...]?		What is the total (market) value of[...]?	What is the total value in rupiah of any [...] purchased in the past 12 months?	What is the total value in rupiah of any [...] sold in the past 12 months?	What is the total income from the rent/lease/profit-sharing of [...] in the past 12 months?
A. Farm land	3. No→UT12 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW
B. Hard stem plants (coconut, coffee, cloves, rubber, etc.)	3. No ↓ 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW			
C. House or building used for the farm business	3. No ↓ 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW			
D. Livestock/poultry/fish pond	3. No→UT12 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW
E. Vehicles (bicycles, motor bikes, car/truck and water vehicles)	3. No ↓ 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW			
F. Tractor	3. No ↓ 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW			
G. Heavy equipments (like farming machines, generator, etc.)	3. No ↓ 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW			
H. Small tools like saws, axes, machetes, forks, plows, hoes, etc.)	3. No ↓ 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW			
I. Other, specify: _____	3. No ↓ 1. Yes		1. _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW			
J. Other assets, except land: _____				1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW

SECTION NT (NON-FARM BUSINESS)

Now we would like to ask about any non-farm business that might be owned by this household.

NT01. During the past 12 months, namely since the month of [...] in 19[...], is there a householder who has worked in a family-owned, non-farm business like trade/retailing or been self-employed in a non-farm enterprise?	No..... 3 --> SECTION HR Yes 1
NT01a. How many non-farm businesses did you or members of the household operate at any time in the last 12 months?	1. [...] Types

Starting with the most important business that was operated in the last year.

INTERVIEWER NOTE: COMPLETE ONE COLUMN FOR EACH BUSINESS REPORTED IN NT01a.

	1. Business I	2. Business II	3. Business III	4. Business IV
NT01b. What type of business was this?	<div></div>	<div></div>	<div></div>	<div></div>
NT02. Is this business owned entirely by this household?	Yes1 → NT05 No3	Yes1 → NT05 No3	Yes1 → NT05 No3	Yes1 → NT05 No3
NT03. What is the percentage share of this business owned by householders of this household?	<div>Percentage</div>	<div>Percentage</div>	<div>Percentage</div>	<div>Percentage</div>
NT04. Who outside this household owns the business? (CIRCLE ALL THAT APPLY)	<div><div>B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>	<div><div>B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>	<div><div>B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>	<div><div>B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>
NT05. Which householders own the business? (CIRCLE ALL THAT APPLY)	<div><div>A B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>	<div><div>A B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>	<div><div>A B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>	<div><div>A B C D E</div><div>F G I J</div><div>K L M P Q</div><div>R U</div><div>H</div><div>N</div></div>
NT05a. Which household members were primarily responsible for this business? Record the name and AR00 for up to two persons	A. <div></div> <div></div> B. <div></div> <div></div>	A. <div></div> <div></div> B. <div></div> <div></div>	A. <div></div> <div></div> B. <div></div> <div></div>	A. <div></div> <div></div> B. <div></div> <div></div>
NT05b. Is/was this business operated outside your home?	Yes, all outside 1 Yes, partially outside..... 2 No 3	Yes, all outside 1 Yes, partially outside..... 2 No 3	Yes, all outside 1 Yes, partially outside..... 2 No 3	Yes, all outside 1 Yes, partially outside..... 2 No 3

NT04 and NT05 Codes:

- A. Respondent

B. Respondent's wife/husband

C. Respondent's child/child-in-law

D. Respondent's parents

E. Respondent's parents-in-law

F. Respondent's sibling

G. Respondent's brother/sister-in-law

I. Grandchild

J. Grandparent
- K. Uncle/aunt

L. Nephew/niece

M. Cousin

P. Non family

Q. Step/adopted child

R. Family of spouse

U. Ex spouse

N. Other family

H. Other

SECTION NT (NON-FARM BUSINESS)

	1. Business I	2. Business II	3. Business III	4. Business IV
NT05c. In what field of work is this business?	95. <div><div></div><div></div><div></div></div>	95. <div><div></div><div></div><div></div></div>	95. <div><div></div><div></div><div></div></div>	95. <div><div></div><div></div><div></div></div>
NT15. When did this business begin/start?	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW
NT16. How many household members/paid workers, worked when the business started?	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8
NT17. How many paid workers, worked when the business started?	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8
NT18. Is the business still producing?	Yes 1➔NT22 No 3	Yes 1➔NT22 No 3	Yes 1➔NT22 No 3	Yes 1➔NT22 No 3
NT19. When did this business close/stop producing?	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div><div></div></div> <div>Month / Year</div> 8. DON'T KNOW
NT20. In the month before the month in which this business closed, how many household members/unpaid workers worked in this business?	<div><div></div><div></div><div></div></div> Persons1 DON'T KNOW8	<div><div></div><div></div><div></div></div> Persons1 DON'T KNOW8	<div><div></div><div></div><div></div></div> Persons1 DON'T KNOW8	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8
NT21. In the month before the month in which this business closed, how many paid workers, worked for this business?	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8 ➔NT10	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8 ➔NT10	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8 ➔NT10	<div><div></div><div></div><div></div><div></div><div></div></div> Persons1 DON'T KNOW8 ➔NT10
NT22. How many household members/unpaid workers participated in this business' operations in the last four weeks?	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8
NT23. How many paid workers, worked for this business in the last four weeks?	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8	<div><div></div><div></div><div></div><div></div><div></div></div> Persons 1 DON'T KNOW 8

CODES FOR NT05c

01. Agriculture, Forestry, Fishery

02. Mining and Quarrying

04. Electricity, Gas and Water

05. Construction

07. Transportation and communication

08. Finance, Insurance, Real Estate
21. Restaurants, food sales

22. Industry: Food processing

23. Industry: Clothing

24. Industry: Other

25. Sales: Non food

31. Services: Government
32. Services : Teacher

33. Services : Professionals

34. Services : Transportation (becak, ojek, taxi)

35. Services : Other (tailor, hairdressing)

95. Other : _____

SECTION NT (NON-FARM BUSINESS)

	1. Business I	2. Business II	3. Business III	4. Business IV
NT07. What is the approximate amount in rupiah of total revenue received by the household from the business (including produce for own consumption) during the past 12 months?	1. . . Rp. 7. UNWILLING TO ANSWER → NT09 8. DON'T KNOW → NT09	1. . . Rp. 7. UNWILLING TO ANSWER → NT09 8. DON'T KNOW → NT09	1. . . Rp. 7. UNWILLING TO ANSWER → NT09 8. DON'T KNOW → NT09	1. . . Rp. 7. UNWILLING TO ANSWER → NT09 8. DON'T KNOW → NT09
NT08. What is the approximate amount in rupiah of total expenses spent by the household for the business during the past 12 months?	1. . . Rp.→ NT10 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. . . Rp.→ NT10 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. . . Rp.→ NT10 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. . . Rp.→ NT10 7. UNWILLING TO ANSWER 8. DON'T KNOW
NT09. What is the approximate amount in rupiah of net profit generated by the business during the past 12 months?	1. + . . Rp. 3. - . . Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. + . . Rp. 3. - . . Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. + . . Rp. 3. - . . Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. + . . Rp. 3. - . . Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW
NT10. Does this household own the following assets for this non-farm business? INTERVIEWER'S NOTE: IF YES, ASK: HOW MUCH IS THE VALUE OF [...]				
A. Land	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW
B. Building	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. , , Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW

SECTION NT (NON-FARM BUSINESS)

	1. Business I	2. Business II	3. Business III	4. Business IV
C1. Four-wheel motor vehicles	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW
C4. Other vehicles <input type="text"/>	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW
H. Other non-farm equipment <input type="text"/>	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT01b COLUMN 2	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT01b COLUMN 3	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT01b COLUMN 4	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. <input type="text"/> 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT24 COLUMN 1

Now we would like to ask about procurement, sale and lease/profit sharing of the equipment used for non-farm businesses in the last 12 months.

	1. Business I	2. Business II	3. Business III	4. Business IV
NT24. What was the total procurement of goods used in business in the last 12 months?	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW
NT25. What was the total sale of the business in the last 12 months?	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW
NT26. What was the total revenue of rents or shared profit of the goods used in the business in the last 12 months?	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT24 COLUMN 2	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT24 COLUMN 3	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT24 COLUMN 4	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW

SECTION HR (HOUSEHOLD ASSETS)

Next, we would like to know about assets owned by you or by members of the household that are not used for a farm or non-farm business. (Do not report assets that are used only or mostly for a business).

INTERVIEWER CHECK: IF YOU HAVE AN ASSET THAT IS USED MOSTLY FOR A BUSINES (FARM OR NON-FARM) BUT WAS NOT ALREADY INCLUDED IN UT OR NT, GO BACK TO UT OR NT AND CORRECT IT.

TYPE OF ASSETS (HRTYPE)	HR01.	HR02.	HR05.	HR06.	HR07.	HR08.	HR10.	HR11.	HR12.
	Do you or does any other member of the household own [...]?	What is the total value of [...] at present?	What is the total income from the rent/lease/interest/ profit sharing of [...] in the past 12 months?	Is the entire [...] owned by the householders?	What is the percentage share of [...] that is owned by the householders?	Who outside the household also owns [...]? (CIRCLE ALL THAT APPLY)	Which householders own [...]? (CIRCLE ALL THAT APPLY)	How many householders own [...]? (REFER TO ANSWER OF HR10)	ONLY IF THE RESPONSE TO HR10 INCLUDES A OR B. You told me that members of this household own ____% (RESPONSE FROM HR06/HR07) of the [...]. Of that ____%, how much is owned by you and how much is owned by your spouse?
A. House occupied by this household	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G J K L M P Q T R U H _____ N _____	A B C D E F G J K L M P Q T R U H _____ N _____	_____ Persons IF 01→ROW B	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
B. Other house/building	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M P Q R U H _____ N _____	A B C D E F G I J K L M P Q R U H _____ N _____	_____ Persons IF 01→ROW C	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
C. Non-agricultural land	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M P Q R U H _____ N _____	A B C D E F G I J K L M P Q R U H _____ N _____	_____ Persons IF 01→ROW E	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
D. Livestock/poultry/fishpond	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M P Q R U H _____ N _____	A B C D E F G I J K L M P Q R U H _____ N _____	_____ Persons IF 01→ROW E	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
E. Vehicles (cars, boats, bicycles, motorbikes)	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M P Q R U H _____ N _____	A B C D E F G I J K L M P Q R U H _____ N _____	_____ Persons IF 01→ROW F	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW

SECTION HR (HOUSEHOLD ASSETS)

	HR01.	HR02.	HR05.	HR06.	HR07.	HR08.	HR10	HR11.	HR12.
TYPE OF ASSETS	Do you or does any other member of the household own [...]?	What is the total value of [...] at present?	What is the total income from the rent/lease/interest/ profit sharing of [...] in the past 12 months?	Is the entire [...] owned by the householders?	What is the percentage share of [...] that is owned by the household ers?	Who outside the household also owns [...]? (CIRCLE ALL THAT APPLY)	Which householders own [...]? (CIRCLE ALL THAT APPLY)	How many householders own [...]? (REFER TO ANSWER OF HR10)	ONLY IF THE RESPONSE TO HR10 INCLUDES A OR B. You told me that members of this household own ____% (RESPONSE FROM HR06/HR07) of the [...]. Of that ____%, how much is owned by you and how much is owned by your spouse?
F. Household appliances (radio, tape recorder, tv, fridge, sewing or washing machine, etc.)	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01→ROW G	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
G. Savings/ certificate of deposit/ stocks	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M P Q R U H _____ N _____	A B C D E F G I J K L M P Q R U H _____ N _____	_____ Persons IF 01→ROW H	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
H. Receivables	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01→ROW J	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
J. Jewelry	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW		1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01→ROW K1	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW

HR08 AND HR10

- A. Respondent

B. Respondent's wife/husband

C. Respondent's biological and in-law

D. Respondent's parents
- E. Respondent's parents-in-law

F. Respondent's sibling

G. Respondent's brother/sister-in-law

J. Respondent's grandchild/great grandchild

- K. Grandparents

L. Uncle/aunt

M. Nephew/niece

N. Cousin
- Q. Non family

T. Step/adopted child

R. Family of spouse

U. Ex spouse
- H. Others _____

P. Other family _____

HR12:

- A. Respondent

B. Respondent's spouse
- IF A AND B ARE THE ONLY OWNERS IN HOUSEHOLD, THEIR ANSWERS SHOULD SUM TO 100%.
- IF MORE HH MEMBERS THAN A AND B ARE OWNERS, THE ANSWERS OF A AND B SHOULD SUM TO LESS THAN 100%.

SECTION HR (HOUSEHOLD ASSETS)

	HR01.	HR02.	HR05.	HR06.	HR07.	HR08.	HR10.	HR11.	HR12.
TYPE OF ASSETS	Do you or does any other member of the household own [...]?	What is the total value of [...] at present?	What is the total income from the rent/lease/interest/ profit sharing of [...] in the past 12 months?	Is the entire [...] owned by the householders?	What is the percentage share of [...] that is owned by the household ers?	Who outside the household also owns [...]? (CIRCLE ALL THAT APPLY)	Which householders own [...]? (CIRCLE ALL THAT APPLY)	How many householders own [...]? (REFER TO ANSWER OF HR10)	ONLY IF THE RESPONSE TO HR10 INCLUDES A OR B. You told me that members of this household own ____% (RESPONSE FROM HR06/ HR07) of the [...]. Of that ____%, how much is owned by you and how much is owned by your spouse?
K1. Household Furniture and Utensils	3. No ↓ 1. Yes→	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW		1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01→ROW K2	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
K2. Other assets, specify: _____ _____	3. No ↓ 1. Yes→ HR14	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percent	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01→HR14	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW

HR08 AND HR10 A. Respondent B. Respondent's wife/husband C. Respondent's biological and in-law D. Respondent's parents E. Respondent's parents-in-law F. Respondent's sibling G. Respondent's brother/sister-in-law J. Respondent's grandchild/great grandchild K. Grandparents L. Uncle/aunt M. Nephew/niece N. Cousin Q. Non family T. Step/adopted child R. Family of spouse U. Ex spouse H. Others _____ P. Other family _____					HR12: A. Respondent B. Respondent's spouse IF A AND B ARE THE ONLY OWNERS IN HOUSEHOLD, THEIR ANSWERS SHOULD SUM TO 100%. IF MORE HH MEMBERS THAN A AND B ARE OWNERS, THE ANSWERS OF A AND B SHOULD SUM TO LESS THAN 100%.
--	--	--	--	--	--

TYPE OF ASSETS (HR2TYPE)	HR16.	HR17.
	What is/was the total value in rupiah of any [...] purchased in the past 12 months?	What is the total value of any [...] sold in the past 12 months?
A. House occupied by this household	1. _____, _____, _____ Rp. 3. NO PURCHASE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NO PURCHASE 7. UNWILLING TO ANSWER 8. DON'T KNOW
J. Jewelry	1. _____, _____, _____ Rp. 3. NO PURCHASE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NO PURCHASE 7. UNWILLING TO ANSWER 8. DON'T KNOW
L. Other assets, not used for farm or non-farm business: _____	1. _____, _____, _____ Rp. 3. NO PURCHASE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NO PURCHASE 7. UNWILLING TO ANSWER 8. DON'T KNOW

SECTION HI (HOUSEHOLD NON-LABOR INCOME)

Next we would like to ask about income received that all household members have received from other sources during the past 12 months.

SOURCE OF INCOME	HI14.		
	What is the total income you received from [...] during the past 12 months?		
A. Retirement	1. , , Rp.	3. Did not receive	8. DON'T KNOW
B. Scholarship	1. , , Rp.	3. Did not receive	8. DON'T KNOW
C. Insurance Money	1. , , Rp.	3. Did not receive	8. DON'T KNOW
D1. Winnings/Lottery	1. , , Rp.	3. Did not receive	8. DON'T KNOW
D2. Arisan.....	1. , , Rp.	3. Did not receive	8. DON'T KNOW
E1. Other, specify _____	1. , , Rp.	3. Did not receive	8. DON'T KNOW
E2. Transfer	1. , , Rp.	3. Did not receive	8. DON'T KNOW
E3. Earnings.....	1. , , Rp.	3. Did not receive	8. DON'T KNOW
E4. Bonus.....	1. , , Rp.	3. Did not receive	8. DON'T KNOW

SECTION GE

Now we would like to raise some questions about events that have affected this household and may have caused economic hardship over the last 5 years.

ECONOMIC DISTURBANCE (GETYPE)	GE01.	GE02.	GE03.	GE04a.	GE05.
	Has this household gone through [...] in the last 5 years?	When did [...] happen or start?	What steps have been taken by household members in response to this difficulty? CIRCLE ALL THAT APPLY	What is the approximate cost of [...]?	What is the approximate cost of medical and funeral [...]?
A. Death of a householder or a family member who is not a householder	3. No ↓ 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. Monthly income of the deceased 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW
B. Sickness of a householder or a family member who is not a householder that necessitated hospitalization or continuous medical treatment	3. No ↓ 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. Decrease of income due to the sickness 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW
C. Crop loss, reason (OTHER) _____ _____	3. No ↓ 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. 8. DON'T KNOW	
D. Household/business loss due to earthquake, fire or other natural disaster	3. No ↓ 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. 8. DON'T KNOW	

Codes for GE03			
Eat less food..... A	Sell possessions H	Close/reduce business activities..... O	Expand business activities V
Buy less food..... B	Borrow money I	Changed business..... P	Start a business W
Take child out of school..... C	Move within village J	Changed job/quit job..... Q	Pray X
Reduce current spending..... D	Move to new village..... K	Take a border into the household R	Other Y
Delay plans to spend money..... E	Receive assistance from friends/family L	Start working for pay..... S	Nothing Z
Save less money F	Receive assistance from government M	Increase working hours T	
Use savings G	Receive assistance from other group N	Take an additional job U	

SECTION GE

ECONOMIC DISTURBANCE (GETYPE)	GE01.	GE02.	GE03.	GE04a.	GE05.
	Has this household gone through [...] within the past 12 months?	When did [...] happen or start?	What steps have been taken by household members in response to this difficulty? CIRCLE ALL THAT APPLY	What is the approximate cost of [...]?	What is the approximate cost of medical and funeral [...]?
E. Any of the householders lost a job or failed in business?	3. No ↓ 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. 8. DON'T KNOW	
F. Decrease of household income, due to decrease of production or very low price of products?	3. No ↓ 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. 8. DON'T KNOW	
G1. Other, _____	3. No ↓ 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW
G2. Other, _____	3. No ↓ SECTION CP 1. Yes→	1. / Month / Year 8. DON'T KNOW	A B C D E F G H I J K L M N O P Q R S T U V W X Z Y _____	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW

Codes for GE03			
Eat less food..... A	Sell possessions H	Close/reduce business activities..... O	Expand business activities V
Buy less food B	Borrow money I	Changed business..... P	Start a business W
Take child out of school..... C	Move within village J	Changed job/quit job..... Q	Pray X
Reduce current spending..... D	Move to new village..... K	Take a border into the household R	Other Y
Delay plans to spend money..... E	Receive assistance from friends/family L	Start working for pay..... S	Nothing Z
Save less money F	Receive assistance from government M	Increase working hours T	
Use savings G	Receive assistance from other group N	Take an additional job U	

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

INDONESIA FAMILY LIFE SURVEY 2000

BOOK IIIA

SECTIONS: DL, SW, HR, HI, KW, PK, BR, MG, SR, TK, CP

Respondent is an adult 15 years or older

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR:		PID	TO BE FILLED OUT BY INTERVIEWER FOR BOOK III		INDONESIAN LANGUAGE CODES 00. Indonesian 01. Javanese 02. Sundanese 03. Balinese 04. Batak 05. Bugis 06. Chinese 07. Maduranese 08. Sasak 09. Minang 10. Banjar 11. Bima 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat 18. Other South Sumatra 19. Betawi 20. Lampung 96. NO OTHER 91. Other _____
HOUSEHOLDER _____ (NAME)		____	QUESTIONS FOR RESPONDENT:		
RSPNDNT. RESPONDENT IS:		Head of Household (AR02b=01)..... 01 Spouse of Household (AR02b=02) 02 Other Householder..... 03	AGE. How old are you? _____ years		
PANEL. FOR BOOK III IS HOUSEHOLDER?:		Panel Respondent (AR01g=1)..... 1 New Respondent (AR01g=3)..... 3	MARSTAT. What is your marital status: Single..... 1 Married 2 Separated..... 3 Divorced 4 Widowed 5		
			SEX. Sex: Male 1 Female 3		
			BIRTHDATE. Date of Birth: _____ / _____ / _____ Day Month Year		

INTERVIEW SESSIONS OF BOOK IIIA: ____ (NUMVIS)

INTERVIEW	1	2	3
DATE:	____ / ____ DAY MONTH	____ / ____ DAY MONTH	____ / ____ DAY MONTH
TIME STARTED:	____ / ____ HOUR MINUTE	____ / ____ HOUR MINUTE	____ / ____ HOUR MINUTE
TIME FINISHED:	____ / ____ HOUR MINUTE	____ / ____ HOUR MINUTE	____ / ____ HOUR MINUTE

LANGMAIN. Interview was entirely/mostly conducted in what language? ____ Other _____	
LANGOTHR. Other language used (if any): ____ Other _____	

RESULT OF INTERVIEW OF BOOK IIIA	REASON	EDIT_CK REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING	
1. Completed 2. Partially completed → REASON 3. Not completed → REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	Yes	No
			a. Observed by local supervisor (SUP_OBS)..... 1	3
			b. Edited by local supervisor (SUP_EDIT) 1	3

SECTION DL (EDUCATION)

The following questions pertain to your education.

<div>DL01a.</div> <div>What languages do you speak in your daily life at home?</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>Indonesian..... W</div> <div>Javanese..... A</div> <div>Sundanese..... B</div> <div>Balinese..... D</div> <div>Batak..... G</div> <div>Bugis..... H</div> <div>Chinese..... I</div> <div>Maduranese..... C</div> <div>Sasak..... E</div> <div>Minang..... F</div> <div>Banjar..... J</div> <div>Bima..... L</div> <div>Makassar..... M</div> <div>Nias..... N</div> <div>Palembang..... O</div> <div>Sumbawa..... P</div> <div>Toraja..... Q</div> <div>Lahat..... R</div> <div>Other South Sumatra..... S</div> <div>Betawi..... T</div> <div>Lampung..... U</div> <div>Other..... K</div>
<div>DL01b.</div> <div>Where were you from?</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>A B C D E F G H</div> <div>I J K L M N O P</div> <div>Q R S T U W X Y</div> <div>V.....</div>
<div>DL01c.</div> <div>Where was your father from?</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>A B C D E F G H</div> <div>I J K L M N O P</div> <div>Q R S T U W X Y</div> <div>V.....</div>
<div>DL01d.</div> <div>Where was your mother from?</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>A B C D E F G H</div> <div>I J K L M N O P</div> <div>Q R S T U W X Y</div> <div>V.....</div>

CODE DL01b, DL01c, DL01d					
Jawa.....	A	Minang.....	I	Betawi.....	Q
Sunda.....	B	Banjar.....	J	Dayak.....	R
Bali.....	C	Bima-Dompu.....	K	Melayu-Deli.....	S
Batak.....	D	Makassar.....	L	Komering.....	T
Bugis.....	E	Nias.....	M	Ambon.....	U
Tionghoa.....	F	Palembang.....	N	Manado.....	W
Madura.....	G	Sumbawa.....	O	Aceh.....	X
Sasak.....	H	Toraja.....	P	Other South Sumatera.....	Y
				Other.....	V

<div>DL01e.</div> <div>Which ethnical group is primarily influential in daily activities of your household?</div>	<div>01 02 03 04 05 06 07 08</div> <div>09 10 11 12 13 14 15 16</div> <div>17 18 19 20 21 22 23 25</div> <div>95.....</div>
<div>DL02.</div> <div>Can you read an Indonesian-language newspaper?</div>	<div>Yes..... 1</div> <div>No..... 3</div>
<div>DL02a.</div> <div>Can you read a newspaper in another language?</div>	<div>Yes..... 1</div> <div>No..... 3</div>
<div>DL03.</div> <div>Can you write a letter in Indonesian?</div>	<div>Yes..... 1</div> <div>No..... 3</div>
<div>DL03a.</div> <div>Can you write a letter in another language?</div>	<div>Yes..... 1</div> <div>No..... 3</div>
<div>DL04.</div> <div>Have you ever attended/are you attending school?</div>	<div>No..... 3 → SECTION SW</div> <div>Yes..... 1</div>
<div>DL06.</div> <div>What is the highest education level attended?</div> <div><div>[NOTE TO INTERVIEWER: IF THEY ARE CURRENTLY ATTENDING SCHOOL, RECORD THE LEVEL THEY ARE CURRENTLY ATTENDING]</div></div>	<div>ELEMENTARY.....02</div> <div>JUNIOR HIGH GENERAL.....03</div> <div>JUNIOR HIGH VOCATIONAL.....04</div> <div>SENIOR HIGH GENERAL.....05</div> <div>SENIOR HIGH VOCATIONAL.....06</div> <div>COLLEGE (D1, D2, D3).....60</div> <div>UNIVERSITY (BACHELOR).....61</div> <div>UNIVERSITY (MASTER).....62</div> <div>UNIVERSITY (DOCTORATE).....63</div> <div>ADULT EDUCATION A.....11</div> <div>ADULT EDUCATION B.....12</div> <div>OPEN UNIVERSITY.....13</div> <div>ISLAMIC SCHOOL (<i>PESANTREN</i>).....14</div> <div>SCHOOL FOR DISABLED.....17</div> <div>MADRASAH, GENERAL.....70</div> <div>ISLAMIC ELEMENTARY SCHOOL (<i>MADRASAH IBITDAIYAH</i>).....72</div> <div>ISLAMIC JUNIOR/HIGH SCHOOL (<i>MADRASAH TSANAWIYAH</i>).....73</div> <div>MADRASAH SENIOR HIGH SCHOOL.....74</div> <div>KINDERGARTEN.....90</div> <div>DON'T KNOW.....98</div> <div>OTHER, SPECIFY:.....10</div>

CODE DL01e					
Jawa.....	01	Minang.....	09	Betawi.....	17
Sunda.....	02	Banjar.....	10	Dayak.....	18
Bali.....	03	Bima-Dompu.....	11	Melayu-Deli.....	19
Batak.....	04	Makassar.....	12	Komering.....	20
Bugis.....	05	Nias.....	13	Ambon.....	21
Tionghoa.....	06	Palembang.....	14	Manado.....	22
Madura.....	07	Sumbawa.....	15	Aceh.....	23
Sasak.....	08	Toraja.....	16	Other South Sumatera.....	25
				Other.....	95

SECTION DL (EDUCATION)

DL07.	What is the highest grade completed at that school?	Did not complete first grade at that level 00 1 01 5 05 2 02 6 06 3 03 Graduated 07 4 04 DON'T KNOW 98
DL05a.	At what age did you attend the elementary school?	<div> </div> Year
DL05.	INTERVIEWER TO CHECK:	RESPONDENT'S AGE >= 50 YEARS... 1 → SECTION SW RESPONDENT'S AGE <50 YEARS 3
DL07a.	Are you currently attending school?	No 3 → DL07b Yes 1
DL07aa.	How many hours did you attend your school last week?	<div> </div> hours →DL07x
DL07b.	When [year/month] did you graduate from or stop attending school?	<div> </div> / <div> </div> 1 → DL07x Month Year DON'T KNOW 8
DL07c.	At what age did you graduate from or stop attending school?	<div> </div> Years
DL07x.	INTERVIEWER CHECK: (CIRCLE ONE):	PANEL RESPONDENT 1 → DL07d NEW RESPONDENT 3 → DL08b

PANEL RESPONDENT		NEW RESPONDENT	
DL07d.	INTERVIEWER CHECK: DL07a STILL IN SCHOOL	YES 1 → DL08a NO 3	DL08b. INTERVIEWR CHECK: (CHECK DL06) What is the highest level of education attended or are attending? Elementary 1 Junior High 2 Senior High 3 University 4
DL07e.	INTERVIEWER CHECK: DL07b STOPPED OR GRADUATED FROM SCHOOL BEFORE 1996	BEFORE AUGUST 1996 1 → SECTION SW AFTER 1996 3	
DL08a.	What level of education you have attended or are attending since August 1996? (CIRCLE ALL THAT APPLY)	ELEMENTARY A JUNIOR HIGH B SENIOR HIGH C D1, D2, D3 / UNIVERSITY D	
DL09a.	INTERVIEWER CHECKS DL08a FILL IN DL10-DL15 ONLY FOR EDUCATION LEVELS ATTENDED/ATTENDING SINCE AUGUST 1996 ↓ THE NUMBER OF LEVELS OF EDUCATION ATTENDED SINCE 1996. ↓ <div> </div> COLUMN	DL09b. FILL IN DL10-DL16j WITH ALL EDUCATION LEVELS, BEGIN WITH THE LOWEST ↓ THE HIGHEST EDUCATIONAL LEVEL ATTENDED OR BEING ATTENDED (DL08b) EQUALS THE TOTAL NUMBER OF COLUMNS THAT NEED TO BE FILLED IN? ↓ <div> </div> COLUMN	

SECTION DL (EDUCATION)

Now about the level of each school.

School Level (DL2TYPE)	1. Elementary	2. Junior High	3. Senior High	4. D1, D2, D3//University
DL10. What is the school level you attended or you are still attending?	Elementary.....02 Adult Education A11 Islamic School (Pesantren)14 School for Disabled.....17 Madrasah, General70 Madrasah Elementary72 Other, specify.....10	Junior high general03 Junior high vocational04 Senior high vocational.....06 Adult Education A11 Adult Education B12 Islamic School (Pesantren)14 Madrasah Junior High School.....73 Other, specify10	Senior high general05 Senior high vocational.....06 Islamic School (Pesantren)14 Madrasah Senior High School.....74 Other specify10	College (D1, D2, D3).....60 University (BA)61 University (MA)62 University (PhD)63 Open University13 Other, specify10
DL11. Under whose administration is the school?	Public non-religious.....01 Public religious.....02 Private non-religious03 Private Islam04 Private Catholic.....05 Private Protestant and others.....06 Private Buddhist.....08 Other07	Public non-religious.....01 Public religious.....02 Private non-religious03 Private Islam04 Private Catholic.....05 Private Protestant and others.....06 Private Buddhist.....08 Other07	Public non-religious.....01 Public religious.....02 Private non-religious03 Private Islam04 Private Catholic.....05 Private Protestant and others.....06 Private Buddhist.....08 Other07	Public non-religious.....01 Public religious.....02 Private non-religious03 Private Islam04 Private Catholic.....05 Private Protestant and others.....06 Private Buddhist.....08 Other07
DL13. Have you ever failed a grade at [...] school ?	No 3 →DL15 Yes..... 1	No 3 →DL15 Yes..... 1	No 3 →DL15 Yes..... 1	
DL14. What grades have you failed and how many times did you repeat that grade? CIRCLE ALL THAT APPLY	Grade Number of repeats A. 1 <input type="checkbox"/> Times B. 2 <input type="checkbox"/> Times C. 3 <input type="checkbox"/> Times D. 4 <input type="checkbox"/> Times E. 5 <input type="checkbox"/> Times F. 6 <input type="checkbox"/> Times	Grade Number of repeats A. 1 <input type="checkbox"/> Times B. 2 <input type="checkbox"/> Times C. 3 <input type="checkbox"/> Times	Grade Number of repeats A. 1 <input type="checkbox"/> Times B. 2 <input type="checkbox"/> Times C. 3 <input type="checkbox"/> Times	
DL15. While attending [...] school, did you work?	Yes.....1 No3	Yes.....1 No3	Yes.....1 No3	Yes.....1 No3

DL15x. INTERVIEWER’S CHECK: (Circle One)	PANEL RESPONDENT (PANEL=1)..... 1 → Complete for level of school attended since August 1996 NEW RESPONDENT (PANEL=3) 3 → REPEAT DL10-DL15 FOR ALL THE LEVELS OF SCHOOL ATTENDED
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SECTION DL (EDUCATION)

DLA15c. INTERVIEWER CHECK : PANEL RESPONDENT (PANEL=1)1 →COMPLETE DL16a-DL16j FOR ALL LEVELS OF SCHOOL ATTENDED SINCE AUGUST 1996
NEW RESPONDENT ≥30 YEARS2 →DL30
NEW RESPONDENT <30 YEARS3 →COMPLETE DL16a-DL16j FOR ALL THE LEVELS SCHOOL ATTENDED

School Level (DL3TYPE)	1. Elementary	2. Junior High	3. Senior High	4. Jr. Coll./Coll./Univ.
DL16a. Have you ever taken the EBTANAS exam at [...] level?	No 3 → DL16f Yes 1	No 3 → DL16f Yes 1	No 3 → DL16f Yes 1	
DL16b. Can you show us the official record of your EBTANAS score (DANEM)? INTERVIEWER NOTE: EBTANAS SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM).	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3	
DL16c. What month and year did you take the EBTANAS [...]?	1. / Month Year 8. DON'T KNOW	1. / Month Year 8. DON'T KNOW	1. / Month Year 8. DON'T KNOW	
DL16d. What was your ebtanas score for the following subjects: (If the respondent shows you official record (DANEM) copy from danem, if you cannot see official record (DANEM) ask the respondent for their score).				
A. Moral and Civic Education from the nation's five principal/Pancasila (PMP/PPKn)	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	
B. Indonesian	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	1. . 6. NA 8. DK	
C. English		1. . 8. DON'T KNOW	1. . 6. NA 8. DK	
D. Math	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	1. . 6. NA 8. DK	
E. Science	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW		
F. Biology			1. . 6. NA 8. DK	
G. Chemistry			1. . 6. NA 8. DK	

SECTION DL (EDUCATION)

School Level (DL3TYPE)	1. Elementary	2. Junior High	3. Senior High	4. Jr. Coll./Coll./Univ.
H. Physics			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
I. Social studies	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK		
J. Economics			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
K. Sociology			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
L. Anthropology			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
M. Government			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
N. Accounting			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
O. Catering			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
P. Firm Management			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
Q. Physics – Chemistry			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
R. Component Comprehensive			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
S. Business Management			1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	
DL16e. What is the total EBTANAS (NEM) score?	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NA 8. DK	

SECTION DL (EDUCATION)

HHID

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 PID

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School Level (DL3TYPE)		1. Elementary	2. Junior High	3. Senior High	4. Jr. Coll./Coll./Univ.
DL16f.	What is the name and address of the school? 1. Specify 3. Same as current residence 8. DON'T KNOW (DK)	N. Name : 8. DK 1. _____ Add. Address: 8. DK 1. _____ _____ Loc. Loc. Note: 8. DK 1. _____ _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK CODE CF [] [] [] [] [] []	N. Name : 8. DK 1. _____ Add. Address: 8. DK 1. _____ _____ Loc. Loc. Note: 8. DK 1. _____ _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK CODE CF [] [] [] [] [] []	N. Name : 8. DK 1. _____ Add. Address: 8. DK 1. _____ _____ Loc. Loc. Note: 8. DK 1. _____ _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK CODE CF [] [] [] [] [] []	N. Name : 8. DK 1. _____ Add. Address: 8. DK 1. _____ _____ Loc. Loc. Note: 8. DK 1. _____ _____ A. Vill: 1. _____ 3. Same 8. DK B. Kec: 1. _____ 3. Same 8. DK C. Kab: 1. _____ 3. Same 8. DK D. Prov: 1. _____ 3. Same 8. DK CODE CF [] [] [] [] [] []
DL16g.	How many hours on average do you attend school each day now/in your last year at school? FILL IN '96 IF THE RESPONDENT IS COMPLETING THEIR THESIS, ETC.	[] [] Hours/Day	[] [] Hours/Day	[] [] Hours/Day	[] [] Hours/Day
DL16i.	Approximately how many students are/were in your class now/in last year of school attended at this level?	[] [] Person(s) 1 DON'T KNOW 8	[] [] Person(s) 1 DON'T KNOW 8	[] [] Person(s) 1 DON'T KNOW 8	[] [] Person(s) 1 DON'T KNOW 8
DL16j.	Approximately how much time does it take to make a one-way trip to the school, now/in your last year of school at this level.	[] [] [] Hour 01 Minute 02 DON'T KNOW 98 → DL16a COLUMN 2	[] [] [] Hour 01 Minute 02 DON'T KNOW 98 → DL16a COLUMN 3	[] [] [] Hour 01 Minute 02 DON'T KNOW 98 → DL16a COLUMN 4	[] [] [] Hour 01 Minute 02 DON'T KNOW 98

SECTION DL (EDUCATION)

We would like to ask about school-related expenses for the previous school year.

DL30.			Did you attend school in the previous school year (starting 1999-2000)?			No 3→ DL31c Yes 1					
DL31a.					What were your (approximate) school-related expenses during the 1999-2000 school year? Did you spend money for:		DL31b.		Please give your best estimate of the amount you spent.		
					3. No		1. Yes				
A.			School Fees								
			1. Registration			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
			2. Other scheduled fees			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
			3. Exams			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
B.			School supplies								
			1. Books and writing supplies			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
			2. Uniform and sports			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
C.			Transportation and Pocket Money								
			1. Transportation			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
			2. Housing costs, food			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
			3. Special courses			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
D.			Other, specify:			3 ↓		1 →		_ _ , _ _ _ , _ _ _ Rp.	
DL40.					Did [NAME] receive any books from the school during the 1999/2000 school year?			Yes, for himself..... A Yes, to share B No..... C			
					(CIRCLE ALL THAT APPLY)						
DL41.					Did the school reduce [NAME] BP3 fees or other fees during the 1999/2000 school year?			Yes 1 No..... 3			
DL42.					Did [NAME] receive assistance for school costs from GNOTA, POMG, government, community groups, religious groups, or family (outside HH), or other?			No..... 3→ DL31c Yes 1			
DL43.					From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY)						
			A. GNOTA			A.		_ _ , _ _ _ , _ _ _ Rp.			
			B. POMG/BP3			B.		_ _ , _ _ _ , _ _ _ Rp.			
			C. Government			C.		_ _ , _ _ _ , _ _ _ Rp.			
			D. Community Group			D.		_ _ , _ _ _ , _ _ _ Rp.			
			E. Religious Group			E.		_ _ , _ _ _ , _ _ _ Rp.			
			F. Family			F.		_ _ , _ _ _ , _ _ _ Rp.			
			H. Social Safety Net: Education (JPS Pendifilean)			H.		_ _ , _ _ _ , _ _ _ Rp.			
			G. Other, mention			G.		_ _ , _ _ _ , _ _ _ Rp.			

SECTION DL (EDUCATION)

DL31c. INTERVIEWER CHECK:		Respondent not in school (DL07a = 3).....3➔SECTION SW	
		Respondent still in school (DL07a = 1)1	
DL44a. What were your (approximate) school-related expenses during the past month? Did you spend money for:		DL44b. Please give your best estimate of the amount you spent.	
		3. No	1. Yes
A.	School Fees		
	1. Registration	3 ↓	1 ➔
	2. Other scheduled fees	3 ↓	1 ➔
	3. Exams	3 ↓	1 ➔
B.	School supplies		
	1. Books and writing supplies	3 ↓	1 ➔
	2. Uniform and sports	3 ↓	1 ➔
C.	Transportation and Pocket Money		
	1. Transportation	3 ↓	1 ➔
	2. Housing costs, food	3 ↓	1 ➔
	3. Special courses	3 ↓	1 ➔
D.	Other, specify:	3 ↓	1 ➔
DL44c. INTERVIEWER CHECK:		YES 1➔SECTION SW	
INTERVIEW WAS DONE IN SCHOOL YEAR 1999/2000?		NO..... 3	
DL45. Have [NAME] received any books from the school during the current school year?		Yes, for himself..... A	
(CIRCLE ALL THAT APPLY)		Yes, to share B	
		No..... C	
DL46. Has the school reduced [NAME] BP3 fees or other fees during the current school year?		Yes 1	
		No..... 3	
DL47. Did [NAME] receive assistance for school costs from GNOTA, POMG, government, community groups, religious groups, or family (outside HH), or other?		No..... 3➔SECTION SW	
		Yes 1	
DL48. From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY)			
A.	GNOTA	A.	____,____,____ Rp.
B.	POMG/BP3	B.	____,____,____ Rp.
C.	Government	C.	____,____,____ Rp.
D.	Community Group	D.	____,____,____ Rp.
E.	Religious Group	E.	____,____,____ Rp.
F.	Family	F.	____,____,____ Rp.
H.	Social Safety Net: Education (JPS Pendidilean)	H.	____,____,____ Rp.
G.	Other, mention	G.	____,____,____ Rp.

SECTION SW (SUBJECTIVE WELLBEING)

We would like to know your opinion on the quality of your life.

SW01.	Please imagine a six-step ladder where on the bottom (the first step), stand the poorest people, and on the highest step (the sixth step), stand the richest people. On which step are you today?	Poorest 123456 8. DON'T KNOW
SW02.	On which step were you just before economic crisis occur (end of 1997)?	Poorest 123456 8. DON'T KNOW
SW03.	On which step do you expect to find yourself one year from now?	Poorest 123456 8. DON'T KNOW

Now, we would like to know about your conditions, food consumption, health care and education of you and your children.

SW04.	Concerning your current standard of living, which of the following is true?	It is less than adequate for my needs1 It is just adequate for my needs2 It is more than adequate for my needs.....3 DON'T KNOW8
SW05.	Concerning your food consumption last month, which of the following is true?	It is less than adequate for my needs1 It is just adequate for my needs2 It is more than adequate for my needs.....3 DON'T KNOW8
SW06.	Concerning your healthcare, which of the following is true?	It is less than adequate for my needs1 It is just adequate for my needs2 It is more than adequate for my needs.....3 DON'T KNOW8
SW07.	Do you have children still residing in this household?	No3 →SW12 Yes.....1
SW08.	Concerning your children's standard of living, which of the following is true?	It is less than adequate for their needs1 It is just adequate for their needs2 It is more than adequate for their needs3 DON'T KNOW8
SW09.	Concerning your children's food consumption last month, which of the following is true?	It is less than adequate for their needs1 It is just adequate for their needs2 It is more than adequate for their needs3 DON'T KNOW8

SECTION SW (SUBJECTIVE WELLBEING)

SW10.	Concerning your children’s healthcare, which of the following is true?	It is less than adequate for their needs1 It is just adequate for their needs.....2 It is more than adequate for their needs3 DON’T KNOW.....8
SW11.	Concerning your children’s education, which of the following is true?	It is less than adequate for their needs1 It is just adequate for their needs.....2 It is more than adequate for their needs3 Children not yet in school.....6 DON’T KNOW.....8

Next, we want to ask you about the changes you have been experiencing since the economic crisis until now.

SW12.	Think back to 1997, before the ‘crisis’. What change since those times has provided the biggest benefit for you?	<div></div> <div></div> <div></div>
SW13.	Think back to 1997, before the ‘crisis’. What change since those times has been the biggest problem for you?	<div></div> <div></div> <div></div>

We also want to ask you about the condition of people in your community.

SW14.	Are there any poor people in this village?	No3→SECTION HR Yes.....1
SW15.	If yes, are there many or only a few?	Many1 A few.....3
SW16.	In your opinion, why are they poor? a. Little/no education b. Not working hard..... c. From poor family d. The rich do not help the poor e. Government do not pay attention..... f. No opportunities..... g. Other, mention _____	<div>1. Yes 3. No</div> <div>1 3</div> <div>1 3</div> <div>1 3</div> <div>1 3</div> <div>1 3</div> <div>1 3</div>

SECTION HR (HOUSEHOLD ASSETS)

HR00a.	INTERVIEWER CHECK: DID RESPONDENT ALREADY ANSWER BOOK II?	YES 1 →SECTION HI NO 3
HR00b.	Are you currently married?	No 3 →SECTION HI Yes 1

Next, we would like to know about assets owned by you or by members of the household but not used for a business. Do not report assets used mostly or only for a business.

TYPE OF ASSETS (HRTYPE)	HR01.	HR02.	HR05.	HR06.	HR07.	HR08.	HR10.	HR11.	HR12.
	Do you or does any other member of the household own [...]?	What is the total value of [...]?	What is the total income from the rent/lease/interest/ profit sharing of [...] in the past 12 months?	Is the entire [...] owned by the householders?	What is the percentage share of [...] that is owned by the householders?	Who outside the household also owns [...]? (CIRCLE ALL THAT APPLY)	Which householders own [...]? (CIRCLE ALL THAT APPLY)	How many householders own [...]? (REFER TO ANSWER OF HR10)	ONLY IF THE RESPONSE TO HR10 INCLUDES A OR B. You told me that members of this household own ____% (RESPONSE FROM HR06/ HR07) of the [...]. Of that ____%, how much is owned by
A. House occupied by this household	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
B. Other house/building	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
C. Non-agricultural land	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
D. Livestock/ poultry/fishpond	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW

SECTION HR (HOUSEHOLD ASSETS)

	HR01.	HR02.	HR05.	HR06.	HR07.	HR08.	HR10.	HR11.	HR12.
TYPE OF ASSETS (HRTYPE)	Do you or does any other member of the household own [...]?	What is the total value of [...]?	What is the total income from the rent/lease/interest/ profit sharing of [...] in the past 12 months?	Is the entire [...] owned by the householders?	What is the percentage share of [...] that is owned by the householders?	Who outside the household also owns [...]? (CIRCLE ALL THAT APPLY)	Which householders own [...]? (CIRCLE ALL THAT APPLY)	How many householders own [...]? (REFER TO ANSWER OF HR10)	ONLY IF THE RESPONSE TO HR10 INCLUDES A OR B. You told me that members of this household own ____% (RESPONSE FROM HR06/ HR07) of the [...]. Of that ____%, how much is owned by
E. Vehicles (cars, boats, bicycles, motorbikes)	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
F. Household appliances (radio, tape recorder, tv, fridge, sewing or washing machine, computer)	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
G. Savings/ certificate	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
I. Receivables	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
J. Jewelry	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW		1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW

HR08 AND HR10

A. Respondent
B. Respondent's wife/husband
C. Respondent's biological and in-law
D. Respondent's parents
E. Respondent's parents-in-law
F. Respondent's sibling
G. Respondent's brother/sister-in-law
J. Respondent's grandchild/great grandchild
K. Grandparents
L. Uncle/aunt
M. Nephew/niece
N. Cousin
Q. Non family
T. Step/adopted child
R. Family of spouse
U. Ex spouse
H. Others _____
P. Other family _____

HR12:
A. Respondent
B. Respondent's spouse
IF A AND B ARE THE ONLY OWNERS IN HOUSEHOLD, THEIR ANSWERS SHOULD SUM TO 100%.
IF MORE HH MEMBERS THAN A AND B ARE OWNERS, THE ANSWERS OF A AND B SHOULD SUM TO LESS THAN 100%.

SECTION HR (HOUSEHOLD ASSETS)

	HR01.	HR02.	HR05.	HR06.	HR07.	HR08.	HR10.	HR11.	HR12.
TYPE OF ASSETS (HRTYPE)	Do you or does any other member of the household own [...]?	What is the total value of [...]?	What is the total income from the rent/lease/interest/ profit sharing of [...] in the past 12 months?	Is the entire [...] owned by the householders?	What is the percentage share of [...] that is owned by the householders?	Who outside the household also owns [...]? (CIRCLE ALL THAT APPLY)	Which householders own [...]? (CIRCLE ALL THAT APPLY)	How many householders own [...]? (REFER TO ANSWER OF HR10)	ONLY IF THE RESPONSE TO HR10 INCLUDES A OR B. You told me that members of this household own ____% (RESPONSE FROM HR06/HR07) of the [...]. Of that ____%, how much is owned by
K1. Household furniture and utensils	1. Yes → 3. No↓	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW		1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW
K2. Other _____ _____	1. Yes → 3. No↓ HR14	1. _____, _____, _____ Rp. 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. DON'T HAVE 7. UNWILLING TO ANSWER 8. DON'T KNOW	1. Yes → HR10 3. No	_____ Percentage	B C D E F G I J K L M N Q R U H _____ P _____	A B C D E F G I J K L M N Q R U H _____ P _____	_____ Persons IF 01 ↓ HR14	1. A _____ % B _____ % 6. Neither A nor B owns 8. DON'T KNOW

HR08 AND HR10 A. Respondent B. Respondent's wife/husband C. Respondent's biological and in-law D. Respondent's parents E. Respondent's parents-in-law F. Respondent's sibling G. Respondent's brother/sister-in-law J. Respondent's grandchild/great grandchild K. Grandparents L. Uncle/aunt M. Nephew/niece N. Cousin Q. Non family T. Step/adopted child R. Family of spouse U. Ex spouse H. Others _____ P. Other family _____					HR12: A. Respondent B. Respondent's spouse IF A AND B ARE THE ONLY OWNERS IN HOUSEHOLD, THEIR ANSWERS SHOULD SUM TO 100%. IF MORE HH MEMBERS THAN A AND B ARE OWNERS, THE ANSWERS OF A AND B SHOULD SUM TO LESS THAN 100%.
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TYPE OF ASSETS (HRTYPE)	HR16.	HR17.
	How much did you buy in the last 12 months?	How much did you sell in the last 12 months?
A. Current residence (house)	1. _____, _____, _____ Rp. 3. NONE 7. NOT ANSWERED 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. NOT ANSWERED 8. DON'T KNOW
J. Jewelry	1. _____, _____, _____ Rp. 3. NONE 7. NOT ANSWERED 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. NOT ANSWERED 8. DON'T KNOW
L. Other assets, not used for farming or non-farming business _____	1. _____, _____, _____ Rp. 3. NONE 7. NOT ANSWERED 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. NONE 7. NOT ANSWERED 8. DON'T KNOW

SECTION HI (NON-LABOR INCOME)

Next, we would like to ask about income you yourself have received from other sources during the past 12 months.

HI14a. INTERVIEWER NOTE: IF INCOME IS SHARED BY SEVERAL HOUSEHOLD MEMBERS, RECORD IN HI14 ONLY THE PORTION OWNED BY THIS RESPONDENT.

SOURCE OF INCOME (HITYPE)	HI14		
	What is the total income you received from [...] during the past 12 months?		
A. Retirement	1. , , Rp.	3. Did not receive	8. DON'T KNOW
B. Scholarship	1. , , Rp.	3. Did not receive	8. DON'T KNOW
C. Insurance Money	1. , , Rp.	3. Did not receive	8. DON'T KNOW
D1. Winnings/Lottery	1. , , Rp.	3. Did not receive	8. DON'T KNOW
D2. Arisan.....	1. , , Rp.	3. Did not receive	8. DON'T KNOW
E1. Other, specify _____	1. , , Rp.	3. Did not receive	8. DON'T KNOW
E2. Transfer	1. , , Rp.	3. Did not receive	8. DON'T KNOW
E3. Earnings.....	1. , , Rp.	3. Did not receive	8. DON'T KNOW

SECTION KW (MARITAL HISTORY)

Now we would like to ask about your marital history.

KW01.	INTERVIEWER CHECK BOOK COVER: RESPONDENT FEMALE < 50 YEARS (COV3):	Yes 1→SECTION PK No 3
KW02.	INTERVIEWER CHECK: RESPONDENT'S MARITAL STATUS ON BOOK COVER (COV4)	NEVER MARRIED 1→SECTION MG MARRIED 2 SEPARATED 3 DIVORCED 4 WIDOW/WIDOWER 5
KW02a.	What is the name of your current/latest spouse?	_____
KW02g.	INTERVIEWER VERIFY: 1. If [...] lives in the household fill in AR00 (line # from Roster). 2. If [...] died/does not live in household, but registered in the Roster, fill in AR00 3. If [...] is not registered in the Roster	1. 2. 3.
KW02h.	INTERVIEWER CHECK: RESPONDENT IS PANEL RESPONDENT (AR01g=1 OR AR01h=1).	Yes 1 No 3→KW12a
KW02i.	Respondent is panel respondent Book IV in 1997 (AR01h=1)?	Yes 1→SECTION PK No 3
KW02j.	What was the date of your current/most recent marriage?	1. / Month Year 8. DON'T KNOW
KW02k.	INTERVIEWER CHECK: YEAR IN KW02i IS BEFORE 1997.	YES 1→KW05 NO 3

KW12a.	What was the dowry for your current/ most recent marriage? (CIRCLE ALL THAT APPLY)	Nothing J→KW13a Sholat (praying) accessory A Money B Land C Building/House D Jewelry E Complete set of clothing G Food H Household Items I Religious book K Beauty items L Livestock M Other, specify F
KW12b.	What was the value of the dowry of your current/most recent marriage at the time of the marriage?	, , Rp. 1 , , Other currency, specify 2 DON'T KNOW 8
KW13a.	What did you receive for <i>peningset</i> (a gift, not a dowry) at the time of your current/most recent marriage, that was not consumed for the wedding party? (CIRCLE ALL THAT APPLY)	Nothing J→KW14 Sholat (praying) accessory A Money B Land C Building/House D Jewelry E Complete set of clothing G Food H Household Items I Religious book K Beauty items L Livestock M Other, specify F
KW13b.	At the time of your current/most recent marriage, what was the value of what you received as <i>peningset</i> (a gift, not a dowry), that was not consumed for the wedding party?	, , Rp. 1 , , Other currency specify 2 DON'T KNOW 8
KW14.	What was the value of the assets you owned just prior to the wedding of your current/latest marriage?	, , Rp. 1 DON'T KNOW 8

SECTION KW (MARITAL HISTORY)

KW14a. Right after the wedding ceremony of your current/latest marriage, did you move?	NO, lived at the same place 3 --> KW14c YES, moved within the same village 2 --> KW14c YES, moved to another village 1
KW14b. What is the [] name at the place you moved at that time?	A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW
KW14c. How long did you reside at your first residence after the wedding?	[][] Weeks 04 Month 05 Year 06 Still live there 96 DON'T KNOW 98
KW14d. At the time you married your current/latest husband/wife, did your husband/wife change residence?	Yes 1 No 3
KW14e. Did you and your current/latest husband/wife start to live together right after the wedding?	Yes 1 → KW14g No 3
KW14f. How long after the wedding took place did you start to live together with your husband/wife?	[][] Don't live together yet 96 → KW03 Weeks 04 Months 05 Year 06 DON'T KNOW 98

KW14g. At the time you lived together with your current/latest husband/wife for the first time, who else lived in the house? (CIRCLE ALL THAT APPLY) IN THIS CASE THE WEDDING LOCATION IS NOT REGARDED AS A JOINT RESIDENCE (REFER TO ANSWER KW14e = 1 (YES)) AND RESIDENCE REGISTERED IN KW14b.	Nobody else A Own parents B Parents-in-law C Biological brother D Biological sister E Brother-in-law F Sister-in-law G Other family members H Not family-related I
KW03. How many times have you been married ?	[][] Times
KW04. Who chose your husband/wife (from your first marriage) ?	Parents 01 Self 03 Family 04 Other, specify: 05
KW05. INTERVIEWER TO VERIFY COV 5:	FEMALE 3 → KW08 MALE 1
KW06. Do you currently have more than one wife?	NO 3 YES 1
KW07. Please mention the names of all your wives, starting with your wife in the household, then your wife in another household, and all wives from your previous marriages. (FOR PANEL RESPONDENT WHOSE MARRIAGE WAS BEFORE JANUARY, 1997, MENTION ONLY THE CURRENT WIFE/HUSBAND)	→ KW09
KW08. Please mention the names of all your husbands, (starting with whom you are married now or the latest marriage, then the previous marriage and so forth). (FOR PANEL RESPONDENT WHOSE MARRIAGE WAS BEFORE JANUARY, 1997, MENTION ONLY THE CURRENT WIFE/HUSBAND)	→ KW09

SECTION KW (MARITAL HISTORY)

FILL OUT NAMES AND DATES STARTING WITH CURRENT/LATEST MARRIAGE

KWN: NUMBER OF MARRIAGE	1. Latest / Current	2. Second Latest	3. Third Latest	4. Fourth Latest	5. Fifth Latest	6. Sixth Latest
KW09. Name of husband/wife:	_____	_____	_____	_____	_____	_____
KW10. What (month/year) did you get married?.	1. ____ / ____ MONTH YEAR → KW16 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW16 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW16 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW16 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW16 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW16 8. DON'T KNOW
KW11. How old were you when your [...] marriage started?	____ Year	____ Year	____ Year	____ Year	____ Year	____ Year
KW16. What is the status of the marriage? 2. Still married..... 3. Separated..... 4. Divorced..... 5. Widow/widower	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5
KW18. When (month/year) did the marriage end/separation begin?	1. ____ / ____ MONTH YEAR → KW20 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW20 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW20 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW20 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW20 8. DON'T KNOW	1. ____ / ____ MONTH YEAR → KW20 8. DON'T KNOW
KW19. How old were you when the [...] marriage ended/separation began?	____ Year	____ Year	____ Year	____ Year	____ Year	____ Year
KW20. What was the highest education level attended by your husband/wife of the [...] marriage? 01. None..... 02. Elementary School..... 03. Junior High General..... 04. Junior High Vocational..... 05. Senior High General..... 06. Senior High Vocational..... 60. College (D1, D2, D3)..... 61. University (BA)..... 62. University (MA)..... 63. University (PHD)..... 09. University (BA, MA, PHD) (IF S1, S2, S3 is not specified) 11. Adult Education A..... 12. Adult Education B..... 13. Open University..... 14. Islamic School (<i>Pesantren</i>)..... 17. School for the disabled..... 70. Madrasah, General..... 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)..... 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>)..... 74. Madrasah Senior High School..... 90. Kindergarten..... 98. Don't Know..... 10. Other, Specify	01. 02. 03. 04. 05. 06. 60. 61. 62. 63. 09. 11. 12. 13. 14. 17. 70. 72. 73. 74. 90. 98. 10. _____	01. 02. 03. 04. 05. 06. 60. 61. 62. 63. 09. 11. 12. 13. 14. 17. 70. 72. 73. 74. 90. 98. 10. _____	01. 02. 03. 04. 05. 06. 60. 61. 62. 63. 09. 11. 12. 13. 14. 17. 70. 72. 73. 74. 90. 98. 10. _____	01. 02. 03. 04. 05. 06. 60. 61. 62. 63. 09. 11. 12. 13. 14. 17. 70. 72. 73. 74. 90. 98. 10. _____	01. 02. 03. 04. 05. 06. 60. 61. 62. 63. 09. 11. 12. 13. 14. 17. 70. 72. 73. 74. 90. 98. 10. _____	

SECTION KW (MARITAL HISTORY)

KWN: NUMBER OF MARRIAGE		1. Latest / Current	2. Second Latest	3. Third Latest	4. Fourth Latest	5. Fifth Latest	6. Sixth Latest
KW21.	What was the highest grade completed by your husband/wife of the [...] marriage? 00. Didn't complete 1 st grade at that level 01. 1 04. 4 07. Graduated 02. 2 05. 5 96. Unschooled 03. 3 06. 6 98. DON'T KNOW	00	00	00	00	00	00
		01	01	01	01	01	01
		02	02	02	02	02	02
		03	03	03	03	03	03
		04 07 Graduated	04 07 Graduated	04 07 Graduated	04 07 Graduated	04 07 Graduated	04 07 Graduated
		05 96 Unschooled	05 96 Unschooled	05 96 Unschooled	05 96 Unschooled	05 96 Unschooled	05 96 Unschooled
KW22x.	INTERVIEWER CHECK: RESPONDENT IS: 3. NEW RESPONDENT → KW22b 1. PANEL RESPONDENT	06 98 DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW
		3 → KW22b 1	3 → KW22b 1	3 → KW22b 1	3 → KW22b 1	3 → KW22b 1	3 → KW22b 1
KW22a.	INTERVIEWER'S NOTE: CHECK KW10 FOR PANEL: 3. NO OTHER MARRIAGE 2. MARRIAGE BEGAN BEFORE 1997 1. MARRIAGE BEGAN AFTER 1996	3 → KW23a	3 → KW23a	3 → KW23a	3 → KW23a	3 → KW23a	3 → KW23a
		2 → KW23a	2 → KW23a	2 → KW23a	2 → KW23a	2 → KW23a	2 → KW23a
		1 → KW09 COLUMN 2	1 → KW09 COLUMN 3	1 → KW09 COLUMN 4	1 → KW09 COLUMN 5	1 → KW09 COLUMN 6	1 → SUPPLEMENT KW
KW22b.	INTERVIEWER'S NOTE: FOR NEW: 3. NO OTHER MARRIAGE 1. ANOTHER MARRIAGE						
		3 → KW23a 1 → KW09 COLUMN 2	3 → KW23a 1 → KW09 COLUMN 3	3 → KW23a 1 → KW09 COLUMN 4	3 → KW23a 1 → KW09 COLUMN 5	3 → KW23a 1 → KW09 COLUMN 6	3 → KW23a 1 → SUPPLEMENT KW

KW23a.	If you could choose exactly the number of children to have in your whole life, how many would that be?	<div><div></div><div></div><div></div></div> Children UP TO GOD 95
KW23.	INTERVIEWER'S NOTE: RESPONDENT IS A:	FEMALE 5 → SECTION PK UNMARRIED MALE 3 → SECTION PK MARRIED MALE 1
KW24.	Are you and your wife physically able to conceive a child (again)?	No 3 Yes 1

KW25.	Do you personally wish to have another child (besides the children you already have)?	No 3 → SECTION PK Yes 1
KW26.	How many (more) children do you wish to have?	<div><div></div><div></div><div></div></div> Children UP TO GOD95
KW27.	Among the children that you (still) wish to have, how many sons and daughters do you wish to have?	<div><div></div><div></div><div></div></div> Sons <div><div></div><div></div><div></div></div> Daughters UP TO GOD95

SECTION PK (HOUSEHOLD DECISION-MAKING)

PK00a.	Are you currently married?	No..... 3 →SECTION BR Yes..... 1
PK00b.	Does your spouse live in this household now/in the last 6 months?	No..... 3 →SECTION BR Yes..... 1
PK01.	Do you yourself receive money from working inside or outside the household, or from some other regular source? (Do not include money from your spouse.)	No..... 3 →PK07 Yes..... 1
PK02.	Are you free to spend this money for household expenses?	Yes, all HH expenses 1 Yes, some HH expenses 2 Yes, daily expenses 3 No..... 5
PK03.	Apart from money you spend for household expenses, is there any part of your income that you set aside which you can spend without consulting your spouse?	No..... 3 →PK07 Yes..... 1
PK04.	From this money, how much did you keep for personal use in the last month?	Rp. █ █ █ , █ █ █ █ , █ █ █ █ 1 →PK07 DON'T KNOW 8
PK05.	About what percent did you keep?	█ █ █ █ percentage 1 →PK07 DON'T KNOW 8
PK06.	Try to estimate the percentage that you kept.	Only a little (< 10%)..... 1 Some (± 25%) 2 About half (50%) 3 More than half (> 50%)..... 4
PK07.	Does your spouse receive money from working inside or outside the household or from some other regular source? (Do not include money you give to your spouse.)	No..... 3 →PK12 Yes..... 1
PK07a.	Is your spouse free to spend some of that money for household expenses?	Yes, all HH expenses 1 Yes, some HH expenses 2 Yes, daily expenses 3 No..... 5
PK07b.	Apart from the money your spouse spends for household expenses, is there any part of your spouse's income that your spouse sets aside and can spend without consulting you?	Yes 1 →PK12 No..... 3

PK08.	From this money, how much did your spouse keep for personal use in the last month?	Rp. █ █ █ , █ █ █ █ , █ █ █ █ 1 →PK12 DON'T KNOW 8
PK09.	About what percent did your spouse keep?	█ █ █ █ percentage 1 →PK12 DON'T KNOW 8
PK10.	Try to estimate the percentage that your spouse kept.	Only (< 10%)..... 1 Some (±25%)..... 2 Approximately half (50%)..... 3 More than half (>50%)..... 4
PK12.	INTERVIEWER CHECK: PK01=1 AND PK07=1.....Yes DO BOTH THE RESPONDENT AND SPOUSE RECEIVE MONEY?	NO 3 →PK14 YES 1
PK13.	How regular is the money you receive in comparison to the money your spouse receives?	Much less regular 1 A little less regular 2 About the same..... 3 A little more regular..... 4 Much more regular..... 5
PK14.	If you needed money and your spouse was not at home, would you feel comfortable taking money from your spouse's wallet/purse?	Yes 1 No 3 Spouse never has money 6 Refuse to answer..... 7
PK15.	If you need money and your spouse is not at home, do you ever take money from your spouse's wallet/purse?	Often 1 Sometimes 2 Rarely 3 Never 4
PK15a.	If you needed money and your spouse were not at home, would he/she feel upset if you took money from his/her wallet?	Yes 1 No 3
PK16.	If your spouse needed money and you were not at home, would you feel comfortable if your spouse took money from you purse/wallet?	Yes 1 No 3
PK17.	If your spouse needs money and you are not at home, has your spouse ever taken money from your wallet/purse?	Often 1 Sometimes 2 Rarely 3 Never 4
PK17a.	If your spouse needed money and you were not at home, would you feel upset if your spouse took money from your wallet/purse?	Yes 1 No 3

SECTION PK (HOUSEHOLD DECISION-MAKING)

We would like to know how your family makes decisions about expenditures and use of time.

EXPENDITURES AND USE OF TIME (PK2TYPE)	PK18.																	
	In your household, who makes decisions about: (CIRCLE ALL THAT APPLY ON EACH LINE)																	
	RESPONDENT	SPOUSE	SON	DAUGHTER	MOTHER	FATHER	MOTHER-IN-LAW	FATHER-IN-LAW	BROTHER	SISTER	BORTHER-IN-LAW	SISTER-IN-LAW	GRANDPARENT	SON/DAUGHTER IN-LAW	GRANDCHILD	OTHER, SPECIFY	CAN'T ANSWER X or W or Y	Z
A. Food eaten at home	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
B. Routine Purchases for the household of items such as cleaning supplies	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
C. Your clothes.....	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
D. Your spouse's clothes	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
E. Your children's clothes	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	W	Z
F. Your children's education	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	W	Z
G. Your children's health	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	W	Z
H. Large expensive purchases for the household (i.e., refrigerator or TV).....	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
I. Giving money to your parents/family	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	X	Z
J. Giving money to your spouse's parents/family	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	X	Z
K. Gifts for parties/weddings.....	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
L. Money for monthly arisan (savings lottery).....	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	X	Z
M. Money for monthly savings.....	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	X	Z
N. Time the husband spends socializing.....	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
O. Time the wife spends socializing	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
P. Whether you/your spouse works?	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____		Z
INTERVIEWER NOTE: ASK WHETHER RESPONDENT OR SPOUSE DOES OR DOES NOT WORK																		
Q. Whether you and your spouse use contraception?	A	B	C	D	E	F	G	H	I	J	K	L	M	O	P	N _____	Y	Z
INTERVIEWER NOTE: ASK FOR COUPLES USING AND NOT USING CONTRACEPTION																		

Code PK18: X. Never used money for this purpose. Y. Never consider the use of contraception. W. No children V. DON'T KNOW

SECTION PK (HOUSEHOLD DECISION-MAKING)

PK19a.	INTERVIEWER CHECK: RESPONDENT IS PANEL RESPONDENT (ar01g=1)	No 3 → PK20 Yes 1
PK19b.	What was the date of your current/most recent marriage?	<div> / </div> <div>MONTH / YEAR</div> <div>DON'T KNOW..... 8 → PK20</div>
PK19c.	INTERVIEWER CHECK: YEAR IN PK19b IS BEFORE 1997?	Yes 1 → SECTION BR No 3 → PK20

	PK20.					PK21.		
	At that time that you were married, was [...] alive?				ANSWER PK21 IF 1 IS CIRCLED IN BOTH PK20 COLUMNS (PK3TYPE)	At the time that you were married, how did the status of your parents compare to the status of your parents-in-law?		
	PK20a. Father 1. Yes 3. No	PK20b. Mother 1. Yes 3. No	PK20c. Father-in-Law 1. Yes 3. No	PK20d. Mother-in-Law 1. Yes 3. No				
	INTERVIEWER NOTE: (CIRCLE 1 (YES), 3 (NO) IN EACH COLUMN FOR LINES A-H. BASED ON THE INFORMATION IN PK20a-PK20d.							
A.	1 3		1 3		Father's job	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8
B.	1 3		1 3		Father's education	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8
C.		1 3		1 3	Mother's education	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8
	PK20abx. CIRCLE "1" IF EITHER MOTHER OR FATHER WAS ALIVE		PK20cdx. CIRCLE "1" IF EITHER MOTHER-IN-LAW OR FATHER-IN-LAW WAS ALIVE					
D.	1 3		1 3		Position in community	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8
E.	1 3		1 3		Quality of house/neighborhood	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8
F.	1 3		1 3		Earnings	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8
G.	1 3		1 3		Land	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8
H.	1 3		1 3		Other assets	Higher 1 2 3	Lower 4 5	NA 6 UA 7 DK 8

Code PK21 :

1. Much higher	5. Much lower
2. Somewhat higher	6. PARENT(S) NOT ALIVE AT TIME OF MARRIAGE (NA)
3. About the same	7. UNWILLING TO ANSWER (UA)
4. Somewhat lower	8. DON'T KNOW (DK)

SECTION BR (PREGNANCY SUMMARY)

Now, I would like to ask about your pregnancy history.

BR00xa.	INTERVIEWER CHECK : BOOK COVER	MALE (COV5) 1→SECTION MG PANEL RESPONDENT BOOK IV (AR01h=1)..... 2→SECTION MG LESS THAN 50 YEARS (C0V3) AND FEMALE (COV5)..... 3→SECTION MG OVER 49 (COV3) AND NOT RESPONDENT BOOK IV 4
BR01.	Now I would like to ask you about all children that you have so far. Have you ever given birth?	No 3 → BR08 Yes 1
BR02.	Do you have biological sons or daughters who are now living with you?	No 3 → BR05 Yes 1
BR03.	How many biological sons are now living with you?	<div> </div> <div>Males</div>
BR04.	How many biological daughters are now living with you?	<div> </div> <div>Females</div>
USE LIST OF HOUSEHOLDERS TO VERIFY NUMBER OF RESPONDENT’S BIOLOGICAL CHILDREN WHO LIVE IN THIS HOUSEHOLD. IF THE TOTAL OF BR03 + BR04 AND THE NUMBER OF RESPONDENT’S BIOLOGICAL CHILDREN IN LIST OF HOUSEHOLDERS DO NOT MATCH, DO SOME PROBING TO CONFIRM THE NUMBER. REPEAT THE QUESTION BY MENTIONING EACH BIOLOGICAL CHILD’S NAME FROM LIST OF HOUSEHOLDERS (AR01).		
BR05.	Do you have biological sons or daughters, who are still alive, but do not live with you?	No 3 → BR08 Yes 1
BR06.	How many biological sons are still alive, but do not live with you?	<div> </div> <div>Males</div>
BR07.	How many biological daughters are still alive, but do not live with you?	<div> </div> <div>Females</div>
BR08.	Have you ever given live birth to a son or daughter, who later passed away though only lived for a while?	No 3 → BR11 Yes 1

BR09.	How many sons were born alive but passed away later?	<div> </div> <div>Males</div>
BR10.	How many daughters were born alive but passed away later?	<div> </div> <div>Females</div>
BR11.	Have you ever had a pregnancy that resulted in a stillbirth?	No 3 → BR13 Yes 1
BR12.	How many stillbirths have you had?	<div> </div>
BR13.	(Besides that) have you had any miscarriages?	No 3 → BR15 Yes 1
BR14.	How many miscarriages have you had?	<div> </div>
BR15.	INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, you have had livebirths, is it correct ?	<div> </div> <div>No 3 → REVISE BR01-BR10</div> <div>Yes 1</div>
BR16.	INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE: Again, to confirm your answers, you have had stillbirths and miscarriages, is it correct ?	<div> </div> <div>No 3 → REVISE BR12-BR14</div> <div>Yes 1</div>

SECTION MG (MIGRATION)

Now I would like to ask you about your birthplace and your moves from one place to another.

MG01.	What is the [...] name of your birthplace when you were born?	A. Vill	1. _____ 3. Same as current residence	8. DK
		B. Kec	1. _____ 3. Same as current residence	8. DK
		C. Kab	1. _____ 3. Same as current residence	8. DK
		D. Prov	1. _____ 3. Same as current residence	8. DK
		E. Country	1. _____ 3. Same as current residence	8. DK
MG02.	To your best knowledge, have any of the above mentioned places changed their names?	DON'T KNOW 8 ➔ MG04 No 3 ➔ MG04 Yes 1		
MG02a.	Is [...] the current name?	3. No ➔ MG03b 1. Yes		
MG03a.	What was the name when you were born?	A. Vill	1. _____ 3. Same as current name (MG01)	8. DK
		B. Kec	1. _____ 3. Same as current name (MG01)	8. DK
		C. Kab	1. _____ 3. Same as current name (MG01)	8. DK
		D. Prov	1. _____ 3. Same as current name (MG01)	8. DK
		E. Country	1. _____ 3. Same as current name (MG01)	8. DK
MG03b.	What is the name now?	A. Vill	1. _____ 3. Same as name at birth (MG01)	8. DK
		B. Kec	1. _____ 3. Same as name at birth (MG01)	8. DK
		C. Kab	1. _____ 3. Same as name at birth (MG01)	8. DK
		D. Prov	1. _____ 3. Same as name at birth (MG01)	8. DK
		E. Country	1. _____ 3. Same as name at birth (MG01)	8. DK

MG04.	Was the place when you were born a:	Village 1 Small town 3 Big city 5 DON'T KNOW 8		
MG04a.	When you were 12 years old did you live in the same place as the place where you were born?	Yes..... 1 ➔ MG18a No 3		
MG05.	What was the [...] name of the place where you lived when you were 12 years old (the name when you were age 12)?	A. Vill	1. _____ 3. Same as age 12	8. DK
		B. Kec	1. _____ 3. Same as age 12	8. DK
		C. Kab	1. _____ 3. Same as age 12	8. DK
		D. Prov	1. _____ 3. Same as age 12	8. DK
		E. Country	1. _____ 3. Same as age 12	8. DK
MG06.	To your best knowledge, have any of the above mentioned places changed their names (since you were 12)?	DON'T KNOW 8 ➔ MG08 No 3 ➔ MG08 Yes..... 1		
MG07.	Is the name of [...] still the same or has it been changed?	A. Vill	1. _____ 3. Same name as when I was 12 (MG05)	8. DK
		B. Kec	1. _____ 3. Same name as when I was 12 (MG05)	8. DK
		C. Kab	1. _____ 3. Same name as when I was 12 (MG05)	8. DK
		D. Prov	1. _____ 3. Same name as when I was 12 (MG05)	8. DK
		E. Country	1. _____ 3. Same name as when I was 12 (MG05)	8. DK
MG08.	When you were 12, was the place a:	Village 1 Small town 3 Big city 5 DON'T KNOW 8		

SECTION MG (MIGRATION)

HHID HHM PID NAME

MG18a.	INTERVIEWER CHECK: Respondent is panel for Book IIIA (AR01g=1)?	No 3➔ MG19b Yes, with preprinted 1 Yes, without preprinted 2➔ MG19b
MG18b.	In 1997 when we interviewed you, you were living in: INTERVIEWER WRITE INFORMATION FROM PREPRINTED MIGRATION FORM.	A. Village: 1. _____ 8.DON'T KNOW B. Kecamatan: 1. _____ 8.DON'T KNOW C. Kabupaten: 1. _____ 8.DON'T KNOW D. Province: 1. _____ 8.DON'T KNOW E. Country: 1. _____ 8.DON'T KNOW

INTERVIEWER CHECK: IF THE RESPONDENT DOESN'T AGREE ON MG18b, DO PROBING AND WRITE THE RESIDENCE ACCORDING TO HIM/HER AT SECTION CP.

MG18c.	To your best knowledge, have any of the above mentioned places changed their names?	DON'T KNOW 8➔ MG18e No 3➔ MG18e Yes 1
MG18d.	Is the name [...] same or changed?	A. Vill: 1. _____ 3. Same as MG18b 8. DK B. Kec: 1. _____ 3. Same as MG18b 8. DK C. Kab: 1. _____ 3. Same as MG18b 8. DK D. Prov: 1. _____ 3. Same as MG18b 8. DK E. Country: 1. _____ 3. Same as MG18b 8. DK
MG18e.	Since that time, have you ever moved across village to live at the new location more than 6 months?	No 3 ➔ Fill in MG20c Yes 1 ➔ MG20c
MG19b.	Have you ever moved since the age of 12?	No 3 ➔ Fill in MG20c Yes 1
MG20b.	Have you ever moved across village to live at the new location more than 6 months?	No 3 ➔ Fill in MG20c Yes 1

INTERVIEWER CHECK: PANEL RESPONDENT WITH PREPRINTED MG.....[1] ↓ ASK MG21-MG40 FOR EACH MIGRATION SINCE 1997 TO PANEL RESPONDENT	INTERVIEWER CHECK: NEW RESPONDENT/PANEL WITHOUT PREPRINTED MG..... [3] ↓ ASK MG21-MG40 FOR EACH MIGRATION SINCE THE RESPONDENT WAS 12 YEARS OLD
MG20c. Now we would like to ask you how many times you moved since interview 1997 across village and stayed for six months or more?	MG20c. Now we would like to ask you how many times you moved across village since 12 years old and stayed for six months or more?

MG20C. NUMBER OF MIGRATION

INTERVIEWER CHECK:	IF MG20c = 00 3 ➔SECTION SR IF MG20c > 00 1 ➔SECTION MG21
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INTERVIEWER CHECK: IF MIGRATIONS ARE MORE THAN 4 TIMES, CONTINUE AT A SUPPLEMENTAL PAGE FOR THE FIFTH MIGRATION ➔SUPPLEMENT MG21

SECTION MG (MIGRATION)

MOVENUM: NUMBER IF MIGRATION	1ST	2ND	3RD	4TH
MG21. What is the [...] name of the [...] destination?	A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW E. Country: 1. _____ 3. Same as current residence 8. DON'T KNOW	A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW E. Country: 1. _____ 3. Same as current residence 8. DON'T KNOW	A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW E. Country: 1. _____ 3. Same as current residence 8. DON'T KNOW	A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW E. Country: 1. _____ 3. Same as current residence 8. DON'T KNOW
MG22. To your best knowledge, have any of the above mentioned places changed their names?	DON'T KNOW 8 → MG24 No 3 → MG24 Yes 1	DON'T KNOW 8 → MG24 No 3 → MG24 Yes 1	DON'T KNOW 8 → MG24 No 3 → MG24 Yes 1	DON'T KNOW 8 → MG24 No 3 → MG24 Yes 1
MG23. Is the [...] name still the same (as MG21) or has it been changed?	A. Vill: 1. _____ 3. Same as above MG21 8. DON'T KNOW B. Kec: 1. _____ 3. Same as above MG21 8. DON'T KNOW C. Kab: 1. _____ 3. Same as above MG21 8. DON'T KNOW D. Prov: 1. _____ 3. Same as above MG21 8. DON'T KNOW E. Country: 1. _____ 3. Same as above MG21 8. DON'T KNOW	A. Vill: 1. _____ 3. Same as above MG21 8. DON'T KNOW B. Kec: 1. _____ 3. Same as above MG21 8. DON'T KNOW C. Kab: 1. _____ 3. Same as above MG21 8. DON'T KNOW D. Prov: 1. _____ 3. Same as above MG21 8. DON'T KNOW E. Country: 1. _____ 3. Same as above MG21 8. DON'T KNOW	A. Vill: 1. _____ 3. Same as above MG21 8. DON'T KNOW B. Kec: 1. _____ 3. Same as above MG21 8. DON'T KNOW C. Kab: 1. _____ 3. Same as above MG21 8. DON'T KNOW D. Prov: 1. _____ 3. Same as above MG21 8. DON'T KNOW E. Country: 1. _____ 3. Same as above MG21 8. DON'T KNOW	A. Vill: 1. _____ 3. Same as above MG21 8. DON'T KNOW B. Kec: 1. _____ 3. Same as above MG21 8. DON'T KNOW C. Kab: 1. _____ 3. Same as above MG21 8. DON'T KNOW D. Prov: 1. _____ 3. Same as above MG21 8. DON'T KNOW E. Country: 1. _____ 3. Same as above MG21 8. DON'T KNOW
MG24. When did you move to (DESTINATION)?	1. <input type="text"/> / <input type="text"/> → MG39 Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> → MG39 Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> → MG39 Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> → MG39 Month Year 8. DON'T KNOW
MG25. How old were you when you moved?	<input type="text"/> Year	<input type="text"/> Year	<input type="text"/> Year	<input type="text"/> Year
MG39. After this move was there any other move which crossed the village (Desa) border line for 6 or more months? (Including the move to this residence, even if it has lasted for less than six months.)	Yes 1 → MG21 COLUMN 2 No 3 → MG26 FIRST COLUMN	Yes 1 → MG21 COLUMN 3 No 3 → MG26 FIRST COLUMN	Yes 1 → MG21 COLUMN 4 No 3 → MG26 FIRST COLUMN	Yes 1 → MG21 SUPPLEMENT No 3 → MG26 FIRST COLUMN
INTERVIEWER NOTE :	NUMBER OF COLUMNS MUST BE SIMILAR WITH NUMBER OF MIGRATIONS (MG20C). LOCATION AT THE LAST COLUMN MG21 [MG23] MUST BE SIMILAR WITH THE LAST RESIDENCE. OTHERWISE, DO PROBING AND FILL ADDITIONAL COLUMN.			

SECTION MG (MIGRATION)

MOVENUM: NUMBER IF MIGRATION	1ST	2ND	3RD	4TH
MG26. Was the place a: (BASED ON MG21 & MG23)	Village..... 1 Small town 3 Big city 5 DON'T KNOW 8	Village 1 Small town 3 Big city 5 DON'T KNOW 8	Village 1 Small town 3 Big city 5 DON'T KNOW 8	Village..... 1 Small town 3 Big city 5 DON'T KNOW 8
MG27. How many kilometers is the distance from (PREVIOUS PLACE) to (DESTINATION)	□,□□□ Km..... 1 DON'T KNOW 8	□,□□□ Km..... 1 DON'T KNOW 8	□,□□□ Km..... 1 DON'T KNOW 8	□,□□□ Km..... 1 DON'T KNOW 8
MG28. What was the main purpose for your move to (DESTINATION)? 01. Work-related (non-military) 02. Education/training-related 03. Military career-related Family related: 04. Marriage 05. Pregnancy 06. Death of spouse 07. Sickness of self/spouse 08. Migration with family 09. To be closer to family 10. Death of other 11. Sickness of other 12. Live w/family member 13. To be independent, separate from parents 14. Political disturbance 15. Eviction 16. Like the destination 17. Transmigration 19. Dry season/drought 21. Fire 22. Family problem 23. New housing opportunity 24. Divorce 18. Other _____	01 → MG29 02 → MG31 03 → MG31 04 → MG34 05 → MG34 06 → MG34 07 → MG34 08 → MG34 09 → MG34 10 → MG34 11 → MG34 12 → MG34 13 → MG34 14 → MG34 15 → MG34 16 → MG34 17 → MG34 19 → MG34 21 → MG34 22 → MG34 23 → MG34 24 → MG34 18 _____ → MG34	01 → MG29 02 → MG31 03 → MG31 04 → MG34 05 → MG34 06 → MG34 07 → MG34 08 → MG34 09 → MG34 10 → MG34 11 → MG34 12 → MG34 13 → MG34 14 → MG34 15 → MG34 16 → MG34 17 → MG34 19 → MG34 21 → MG34 22 → MG34 23 → MG34 24 → MG34 18 _____ → MG34	01 → MG29 02 → MG31 03 → MG31 04 → MG34 05 → MG34 06 → MG34 07 → MG34 08 → MG34 09 → MG34 10 → MG34 11 → MG34 12 → MG34 13 → MG34 14 → MG34 15 → MG34 16 → MG34 17 → MG34 19 → MG34 21 → MG34 22 → MG34 23 → MG34 24 → MG34 18 _____ → MG34	01 → MG29 02 → MG31 03 → MG31 04 → MG34 05 → MG34 06 → MG34 07 → MG34 08 → MG34 09 → MG34 10 → MG34 11 → MG34 12 → MG34 13 → MG34 14 → MG34 15 → MG34 16 → MG34 17 → MG34 19 → MG34 21 → MG34 22 → MG34 23 → MG34 24 → MG34 18 _____ → MG34
MG29. Whose work? 02. Husband/wife 03. Birth parents 04. Siblings 05. Biological child 06. Other family member 07. Not a family member 01. Self	02→ MG34 03→ MG34 04→ MG34 05→ MG34 06→ MG34 07→ MG34 01	02→ MG34 03→ MG34 04→ MG34 05→ MG34 06→ MG34 07→ MG34 01	02→ MG34 03→ MG34 04→ MG34 05→ MG34 06→ MG34 07→ MG34 01	02→ MG34 03→ MG34 04→ MG34 05→ MG34 06→ MG34 07→ MG34 01

SECTION MG (MIGRATION)

MOVENUM: NUMBER IF MIGRATION	1ST	2ND	3RD	4TH
MG30. In what connection was your move made? 1. To get work at the destination 2. To search for new job opportunities due to job market limitation at previousplace 3. Company transfer/relocation 4. Retirement 6. Job problem 7. Be closer to job 5. Other _____	1 2 3 4 6 7 5 _____ → MG34	1 2 3 4 6 7 5 _____ → MG34	1 2 3 4 6 7 5 _____ → MG34	1 2 3 4 6 7 5 _____ → MG34
MG31. Whose education/training/military career?	Self 1 Husband/wife 2 Other family member 3 Not a family member..... 4	Self..... 1 Husband/wife 2 Other family member 3 Not a family member 4	Self..... 1 Husband/wife 2 Other family member 3 Not a family member 4	Self 1 Husband/wife 2 Other family member 3 Not a family member..... 4
MG34. Did you move together with other householders?	No 3→MG26 COLUMN 2/SECTION SR Yes ... 1	No 3→MG26 COLUMN 3/SECTION SR Yes 1	No 3→MG26 COLUMN 4/SECTION SR Yes 1	No ..3→MG26 SUPPLEMENT/SECTION SR Yes 1
MG35. How many householders moved with you?	<input type="text"/> <input type="text"/> <input type="text"/> Persons	<input type="text"/> <input type="text"/> <input type="text"/> Persons	<input type="text"/> <input type="text"/> <input type="text"/> Persons	<input type="text"/> <input type="text"/> <input type="text"/> Persons
MG36. Who moved together with you at the time of the move? (CIRCLE ALL THAT APPLY) A. Husband/wife..... B. Father C. Mother D. Brother..... E. Sister F. Parents/sister/brother-in-laws G. Children I. Not a family member..... H. Other family member	A B C D E F G I H _____ → MG26 COLUMN 2/SECTION SR	A B C D E F G I H _____ → MG26 COLUMN 3/SECTION SR	A B C D E F G I H _____ → MG26 COLUMN 4/SECTION SR	A B C D E F G I H _____ → MG26 SUPPLEMENT/SECTION SR

SECTION SR (CIRCULAR MIGRATION)

Next I would like to ask about the places you have visited during the past 24 months (2 years).

SR01. During the past 24 months (2 years) have you taken a trip?	No 3 → SR02a Yes 1
SR02. Did your trip cross a village/district border line and last more than 2 months? (Include the return trip to the current residence as the final destination, even if has lasted less than 1 month)	No..... 3 → SR02a Yes 1 → SR03a

SR02a. INTERVIEWER CHECK	SR02b. INTERVIEWER CHECK: THE LAST RESIDENCE [...]	SR02c. How many migrations did you have in 2 months or more since you lived at [...]?	INTERVIEWER'S NOTE
PANEL RESPONDENT/ 1→ WITH PREPRINTED AND NUMBER OF MIGRATION MG20c=0	MG18b [MG18d] Yes 1 →SECTION TK No..... 3	MG18b [MG18d] → MG21 and complete additional column	ENSURE THAT NO TRIP TAKEN
PANEL RESPONDENT/ 2→ WITH PREPRINTED AND NUMBER OF MIGRATION MG20c>0	MG21 [MG23] Last column Yes 1 →SECTION TK No..... 3	MG21 [MG23] Last Column → MG21 and complete additional column	
NEW RESPONDENT 3→ PREPRINTED AND NUMBER OF MIGRATION MG20c=0	MG05 (MG07) Yes 1 →SECTION TK No..... 3	MG05 (MG07)..... → MG21 and complete additional column	ENSURE THAT NO TRIP TAKEN
NEW RESPONDENT 4→ PREPRINTED AND NUMBER OF MIGRATION MG20c>0	MG21 Last column Yes 1 →SECTION TK No..... 3	MG21 Last column..... → MG21 and complete additional column	

SR03a. During the last 24 months, how many trips across village and stayed there for 2 months or more?	Number of trips
INTERVIEWER CHECK: NUMBER OF TRIPS (COLUMN) 5 TIMES OR MORE → SR SUPPLEMENT	

SECTION SR (CIRCULAR MIGRATION)

SR_NUM: NUMBER OF MIGRATION		1. 1ST CIRCULATION	2. 2ND CIRCULATION	3. 3RD CIRCULATION	4. 4TH CIRCULATION
SR03.	What was the [...] name of the [...] destination?	Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW Country: 1. _____ 3. Same as current residence 8. DON'T KNOW	Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW Country: 1. _____ 3. Same as current residence 8. DON'T KNOW	Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW Country: 1. _____ 3. Same as current residence 8. DON'T KNOW	Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW Country: 1. _____ 3. Same as current residence 8. DON'T KNOW
SR04.	What was the [...] name of the place you lived before taking a trip to [DESTINATION]?	Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW Country: 1. _____ 3. Same as current residence 8. DON'T KNOW			
SR05.	When did you go to [DESTINATION]?	____ / ____ Month Year	____ / ____ Month Year	____ / ____ Month Year	____ / ____ Month Year
SR06.	How long were you at [DESTINATION] that time? (<60 DAYS = 0)	1. ____ month 3. Less than 2 months	1. ____ month 3. Less than 2 months	1. ____ month 3. Less than 2 months	1. ____ month 3. Less than 2 months
SR17.	After this trip, did you take another trip that lasted more than two month? (including the return trip to the current residence even if it lasted for less than 2 month.) 1. Yes 3. No	1→ SR03 COLUMN 2 3	1→ SR03 COLUMN 3 3	1→ SR03 COLUMN 4 3	1→ SR03 SUPPLEMENT 3

SECTION SR (CIRCULAR MIGRATION)

SR_NUM: NUMBER OF MIGRATION	1. 1ST CIRCULATION	2. 2ND CIRCULATION	3. 3RD CIRCULATION	4. 4TH CIRCULATION
SR18. INTERVIEWER'S NOTE: VERIFY THAT THE PLACE REGISTERED IN SR03 FOR THE LATEST TRIP IS THE CURRENT RESIDENCE. SR03 OF THE LATEST TRIP IS: 3. NOT THE LAST COLUMN 1. LAST COLUMN AND CURRENT RESIDENCE	3. → SR18 COLUMN 2 1. → SR06b FIRST COLUMN	3. → SR18 COLUMN 3 1. → SR06b FIRST COLUMN	3. → SR18 COLUMN 4 1. → SR06b FIRST COLUMN	3. → SR18 SUPPLEMENT 1. → SR06b FIRST COLUMN
SR06b. INTERVIEWER NOTE: 1. SR06≥ 6 MONTHS CHECK WHETHER IT'S RECORDED AT COLUMN MG21. IF YES, GO TO NEXT COLUMN/SECTION TK 3. SR06≥ 6 MONTHS. CHECK WHETHER IT'S RECORDED AT COLUMN MG21, IF NO, SR07 5. SR06 < 6 MONTHS	1→SR06b COLUMN 2/SECTION TK 3 5	1→SR06b COLUMN 3/SECTION TK 3 5	1→SR06b COLUMN 4/SECTION TK 3 5	1→SR06b SUPPLEMENT/SECTION TK 3 5
SR07. Is the place a:	Village.....1 Small town3 Big city5 DON'T KNOW8	Village..... 1 Small town 3 Big city 5 DON'T KNOW 8	Village 1 Small town 3 Big city 5 DON'T KNOW 8	Village 1 Small town 3 Big city 5 DON'T KNOW 8
SR08. How many kilometers is the distance from [PREVIOUS PLACE] to the [DESTINATION]?	1. □,□□□ Km 3. DON'T KNOW	1. □,□□□ Km 3. DON'T KNOW	1. □,□□□ Km 3. DON'T KNOW	1. □,□□□ Km 3. DON'T KNOW
SR09. Did you take the trip with other householders?	No.....3 → SR12 Yes.....1	No..... 3 → SR12 Yes 1	No 3 → SR12 Yes..... 1	No 3 → SR12 Yes..... 1
SR10. Who traveled together with you on the trip? (CIRCLE ALL THAT APPLY) A. Husband/wife B. Father..... C. Mother..... D. Brother E. Sister F. Parents-in-law G. Children..... I. Not a family member H. Other family members	A B C D E F G I H	A B C D E F G I H	A B C D E F G I H	A B C D E F G I H
SR11. How many persons were on the trip?	□□ persons	□□ persons	□□ persons	□□ persons

SECTION SR (CIRCULAR MIGRATION)

SR_NUM: NUMBER OF MIGRATION	1. 1ST CIRCULATION	2. 2ND CIRCULATION	3. 3RD CIRCULATION	4. 4TH CIRCULATION
<div>SR12.</div> <div>What was the purpose of your trip to [DESTINATION]?</div> <div>02. Education/training-related 02 → SR15</div> <div>03. Military career-related..... 03 → SR15</div> <div>04. Family-related..... 04 → SR16</div> <div>05. Political disturbance 05 → SR06b COLUMN 2/SECTION TK</div> <div>06. Eviction..... 06 → SR06b COLUMN 2/SECTION TK</div> <div>07. Like the destination 07 → SR06b COLUMN 2/SECTION TK</div> <div>08. Return trip/homebound..... 08 → SR06b COLUMN 2/SECTION TK</div> <div>10. Natural disaster 10 → SR06b COLUMN 2/SECTION TK</div> <div>11. (Opportunity) to have new house 11→ SR06b COLUMN 2/SECTION TK</div> <div>01. Work-related..... 01</div> <div>09. Other, specify 09</div> <div>→ SR06b COLUMN 2/SECTION TK</div>				
<div>SR13.</div> <div>Whose work?</div> <div>02. Husband/wife..... 02→ SR06b COLUMN 2/SECTION TK</div> <div>03. Birth parents..... 03→ SR06b COLUMN 2/SECTION TK</div> <div>04. Siblings..... 04→ SR06b COLUMN 2/SECTION TK</div> <div>05. Biological child..... 05→ SR06b COLUMN 2/SECTION TK</div> <div>06. Other family member..... 06→ SR06b COLUMN 2/SECTION TK</div> <div>07. Not a family member 07→ SR06b COLUMN 2/SECTION TK</div> <div>01. Self 01</div>				
<div>SR14.</div> <div>In what connection was your move made?</div> <div>1. To get work at the destination 1</div> <div>2. To search for new job opportunities due to job market limitation at previous place 2</div> <div>3. Company transfer/relocation 3</div> <div>4. Retirement 4</div> <div>6. Job problem 6</div> <div>7. Be closer to job 7</div> <div>5. Other 5</div> <div>→ SR06b COLUMN 2/SECTION TK</div>				

SECTION SR (CIRCULAR MIGRATION)

SR_NUM: NUMBER OF MIGRATION	1. 1ST CIRCULATION	2. 2ND CIRCULATION	3. 3RD CIRCULATION	4. 4TH CIRCULATION
SR15. Whose education/training/military career?	Self1 Husband/wife.....2 Other family member3 Not a family member4	Self1 Husband/wife.....2 Other family member3 Not a family member4	Self 1 Husband/wife 2 Other family member 3 Not a family member..... 4	Self..... 1 Husband/wife 2 Other family member..... 3 Not a family member 4
	➔ SR06b COLUMN 2/SECTION TK	➔ SR06b COLUMN 3/SECTION TK	➔ SR06b COLUMN 4/SECTION TK	➔ SR06b SUPLEMENT/SECTION TK
SR16. What was the purpose?				
01. Marriage	01	01	01	01
02. Pregnancy	02	02	02	02
03. Death.....	03	03	03	03
04. Sickness	04	04	04	04
05. Divorce	05	05	05	05
06. Courtesy call.....	06	06	06	06
09. Follow family member(s)	09	09	09	09
07. Other, specify	07	07	07	07
	➔ SR06b COLUMN 2/SECTION TK	➔ SR06b COLUMN 3/SECTION TK	➔ SR06b COLUMN 4/SECTION TK	➔ SR06b SUPLEMENT/SECTION TK

SECTION TK (EMPLOYMENT)

Now we would like to ask about your work experience.

TK01. What was your primary activity during the past week?	Working/trying to work/helping to earn income 01→TK18A Job searching..... 02 Attending school 03 Housekeeping 04 Retired 05 Sick/disabled 07 On vacation/just graduated 09 Other, specify _____ 08
TK02. Did you work/try to work/help to earn income for pay for at least 1 hour during the past week?	Yes..... 1→TK18A No 3
TK03. Do you have a job/business, but were temporarily not working during the past week?	Yes..... 1→TK18A No 3
TK04. Did you work at a family-owned (farm or non-farm) business during the past week?	Yes..... 1→TK18A No 3
TK05. Have you ever worked before?	No 3→SECTION CP Yes..... 1
TK06a. Did you last work in 1996 or later?	Yes..... 1→TK28 No 3
TK07. When did you work for the last time?	Year <u> </u> <u> </u> <u> </u> <u> </u>

<p>TK08. Why haven't you worked again since that year?</p> <p>(CIRCLE ALL THAT APPLY)</p>	<p>Retirement A</p> <p>Prolonged sickness B</p> <p>Handicap C</p> <p>Marriage D</p> <p>Too old E</p> <p>Have a child F</p> <p>Family responsibilities N</p> <p>Forbidden O</p> <p>Other family reason P</p> <p>Fired Q</p> <p>Cannot find work R</p> <p>Do not want to work S</p> <p>Company closed/moved/bankrupt T</p> <p>Other G</p>
<p>TK15. Which category best describes the work you did in your last job?</p>	<p>Unpaid family worker 06 → TK47x</p> <p>Self employed 01</p> <p>Self-employed with unpaid family worker/temporary worker 02</p> <p>Self-employed with permanent worker 03</p> <p>Government worker 04</p> <p>Private worker 05</p>
<p>TK16a. What was your monthly income when you were working at that job?</p>	<p>_____, _____, _____ Rp. 1</p> <p>DON'T KNOW 8</p>
<p>TK16b. Was that a?</p>	<p>Wage 1</p> <p>Net profits (after taking out costs) 3</p> <p>Gross income (including operating costs) 5</p> <p style="text-align: right;">→ TK47x</p>

SECTION TK (EMPLOYMENT)

	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
TK18A. Where do you work on your [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	<div></div> <div></div>
TK19A. What does you company produce?	<div></div> <div></div>
TK19Aa. In what field of work is this job?	Agriculture, forestry, fishing and hunting01 Mining and quarrying02 Manufacturing.....03 Electricity, gas, water.....04 Construction05 Wholesale, retail, restaurants and hotels.....06 Transportation, storage and communications.....07 Finance, insurance, real estate and business services08 Social services09 Others10
TK20A. What are your primary duties at your workplace?	<div></div> <div></div>
TK20Ab. INTERVIEWER'S NOTE: CIRCLE THE APPROPRIATE CODE ACCORDING TO PRIMARY DUTIES TK20A?	PROFESSIONAL AND ENGINEERING STAFF.....01 MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF02 OPERATION, ADMINISTRATION STAFF AND TECHNICIAN03 SALES AND PROCUREMENT STAFF04 SERVICES STAFF05 WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING06 OPERATION WORKERS AND PRODUCTION WORKER07 WORKER IN TRANSPORTATION OPERATIONS 08 BLUE COLLAR WORKERS09 OTHERS10

	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
TK20aA. How many people work at your firm?	<div> </div> , <div> </div> , <div> </div> Persons1 DON'T KNOW8
TK21A. What was the total number of hours you worked during the past week (on your job)?	<div> </div> Hours/Week
TK22A. Normally, what is the approximate total number of hours you work per week?	<div> </div> Hours/Week
TK23A. Approximately what is the total number of weeks you work per year?	<div> </div> Weeks/Year
TK23A2. For how many years have you worked on this job?	<div> </div> . <div> </div> Years
TK24A. Which category best describes the work that you do?	Self employed01→TK26A1 Self-employed with unpaid family worker/temporary worker02→TK26A1 Self-employed with permanent worker03→TK26A1 Unpaid family worker06→TK27 Government worker04 Private worker05
TK24A2. By what system were you paid during the last month?	By piece01 Per day or hour02 Per week or month.....03 Exchange labor04 Share of harvest/output.....05 By the job06 In kind07 Other08
TK25A1. Approximately what was your salary/wage during the last month (including the value of all benefits)?	<div> </div> , <div> </div> , <div> </div> Rp.1 DON'T KNOW8
TK25A2. Approximately what was your salary/wage during the last year (including the value of all benefits)?	<div> </div> , <div> </div> , <div> </div> Rp.1 DON'T KNOW8

SECTION TK (EMPLOYMENT)

	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME																																				
TK25A3. Did you receive the following benefits from your employer for this job?	<table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>a. Employer provided meals? If yes, how many per day? <input type="text"/></td><td>1</td><td>3</td></tr><tr><td>b. Raw food, not in form of meals?</td><td>1</td><td>3</td></tr><tr><td>c. Housing benefits?</td><td>1</td><td>3</td></tr><tr><td>d. Transportation benefits?</td><td>1</td><td>3</td></tr><tr><td>1. Car?</td><td>1</td><td>3</td></tr><tr><td>2. Transportation allowance?</td><td>1</td><td>3</td></tr><tr><td>e. Medical benefits?</td><td>1</td><td>3</td></tr><tr><td>1. Employer paid some health expenses?</td><td>1</td><td>3</td></tr><tr><td>2. Employer provided health insurance policy?</td><td>1</td><td>3</td></tr><tr><td>3. Employer provided health clinic</td><td>1</td><td>3</td></tr><tr><td>f. Credit</td><td>1</td><td>3</td></tr></tbody></table> <p>→TK27</p>		Yes	No	a. Employer provided meals? If yes, how many per day? <input type="text"/>	1	3	b. Raw food, not in form of meals?	1	3	c. Housing benefits?	1	3	d. Transportation benefits?	1	3	1. Car?	1	3	2. Transportation allowance?	1	3	e. Medical benefits?	1	3	1. Employer paid some health expenses?	1	3	2. Employer provided health insurance policy?	1	3	3. Employer provided health clinic	1	3	f. Credit	1	3
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TK26AMN. Approximately how much net profit did you gain last month, after taking out all your business expenses?	<table><tbody><tr><td><input type="text"/> , <input type="text"/> , <input type="text"/> Rp.</td><td>1→TK26AYN</td></tr><tr><td>Financial loss <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3→TK26AYN</td><td></td></tr><tr><td>DON'T KNOW</td><td>8</td></tr></tbody></table>	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp.	1→TK26AYN	Financial loss <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 3→TK26AYN		DON'T KNOW	8																														
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TK26AMG. Approximately how much gross income did you gain last month, including all your business expenses?	<table><tbody><tr><td><input type="text"/> , <input type="text"/> , <input type="text"/> Rp.</td><td>1 → TK26A4</td></tr><tr><td>DON'T KNOW</td><td>8</td></tr></tbody></table>	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp.	1 → TK26A4	DON'T KNOW	8																																
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TK26AYN. Approximately how much net profit did you gain last year, after taking out all your business expenses?	<table><tbody><tr><td><input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> Rp.</td><td>1→TK27</td></tr><tr><td>Financial loss <input type="text"/> , <input type="text"/> , <input type="text"/> Rp....</td><td>3→TK27</td></tr><tr><td>DON'T KNOW.....</td><td>8</td></tr></tbody></table>	<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> Rp.	1→TK27	Financial loss <input type="text"/> , <input type="text"/> , <input type="text"/> Rp....	3→TK27	DON'T KNOW.....	8																														
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<input type="text"/> , <input type="text"/> , <input type="text"/> , <input type="text"/> Rp....	1																																				
DON'T KNOW	8																																				
TK27. Do you have an additional job?	<table><tbody><tr><td>No</td><td>3 → TK28</td></tr><tr><td>Yes</td><td>1</td></tr></tbody></table>	No	3 → TK28	Yes	1																																
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	B. ADDITIONAL JOB THE JOB WHICH CONSUMES THE MOST TIME																				
TK18B. Where do you work on your [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	<div></div> <div></div>																				
TK19B. What does you company produce?	<div></div> <div></div>																				
TK19Ba. In what field of work is this job?	<table><tbody><tr><td>Agriculture, forestry, fishing and hunting.....</td><td>01</td></tr><tr><td>Mining and quarrying</td><td>02</td></tr><tr><td>Manufacturing</td><td>03</td></tr><tr><td>Electricity, gas, water.....</td><td>04</td></tr><tr><td>Construction</td><td>05</td></tr><tr><td>Wholesale, retail, restaurants and hotels.....</td><td>06</td></tr><tr><td>Transportation, storage and communications.....</td><td>07</td></tr><tr><td>Finance, insurance, real estate and business services</td><td>08</td></tr><tr><td>Social services.....</td><td>09</td></tr><tr><td>Others</td><td>10</td></tr></tbody></table>	Agriculture, forestry, fishing and hunting.....	01	Mining and quarrying	02	Manufacturing	03	Electricity, gas, water.....	04	Construction	05	Wholesale, retail, restaurants and hotels.....	06	Transportation, storage and communications.....	07	Finance, insurance, real estate and business services	08	Social services.....	09	Others	10
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TK20B. What are your primary duties at your workplace?	<div></div> <div></div>																				
TK20Bb. INTERVIEWER'S NOTE: CIRCLE THE APPROPRIATE CODE ACCORDING TO PRIMARY DUTIES TK20B?	<table><tbody><tr><td>PROFESSIONAL AND ENGINEERING STAFF</td><td>01</td></tr><tr><td>MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF</td><td>02</td></tr><tr><td>OPERATION, ADMINISTRATION STAFF AND TECHNICIAN.....</td><td>03</td></tr><tr><td>SALES AND PROCUREMENT STAFF</td><td>04</td></tr><tr><td>SERVICES STAFF</td><td>05</td></tr><tr><td>WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING</td><td>06</td></tr><tr><td>OPERATION WORKERS AND PRODUCTION WORKER</td><td>07</td></tr><tr><td>WORKER IN TRANSPORTATION OPERATIONS..</td><td>08</td></tr><tr><td>BLUE COLLAR WORKERS</td><td>09</td></tr><tr><td>OTHERS</td><td>10</td></tr></tbody></table>	PROFESSIONAL AND ENGINEERING STAFF	01	MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF	02	OPERATION, ADMINISTRATION STAFF AND TECHNICIAN.....	03	SALES AND PROCUREMENT STAFF	04	SERVICES STAFF	05	WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING	06	OPERATION WORKERS AND PRODUCTION WORKER	07	WORKER IN TRANSPORTATION OPERATIONS..	08	BLUE COLLAR WORKERS	09	OTHERS	10
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TK20Ba. How many people work at your firm?	<table><tbody><tr><td><input type="text"/> , <input type="text"/> Persons.....</td><td>1</td></tr><tr><td>DON'T KNOW.....</td><td>8</td></tr></tbody></table>	<input type="text"/> , <input type="text"/> Persons.....	1	DON'T KNOW.....	8																
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SECTION TK (EMPLOYMENT)

	B. ADDITIONAL JOB THE JOB WHICH CONSUMES THE MOST TIME
TK21B. What was the total number of hours you worked during the past week (on your job)?	Hours/Week
TK22B. Normally, what is the approximate total number of hours you work per week?	Hours/Week
TK23B. Approximately what is the total number of weeks you work per year?	Weeks/Year
TK23B2. For how many years have you worked on this job?	. Years
TK24B. Which category best describes the work that you do?	Self employed..... 01→TK26B1 Self-employed with unpaid family worker/temporary worker 02→TK26B1 Self-employed with permanent worker 03→TK26B1 Unpaid family worker 06→TK28 Government worker 04 Private worker 05
TK24B2. By what system were you paid during the last month?	By piece..... 01 Per day or hour..... 02 Per week or month 03 Exchange labor 04 Share of harvest/output 05 By the job 06 In kind..... 07 Other 08
TK25B1. Approximately what was your salary/wage during the last month (including the value of all benefits)?	, , Rp..... 1 DON'T KNOW..... 8
TK25B2. Approximately what was your salary/wage during the last year (including the value of all benefits)?	, , Rp..... 1 DON'T KNOW..... 8

	B. ADDITIONAL JOB THE JOB WHICH CONSUMES THE MOST TIME																																				
TK25B3. Did you receive the following benefits from your employer for this job?	<table><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>a. Employer provided meals? If yes, how many per day? </td><td>1</td><td>3</td></tr><tr><td>b. Raw food, not in form of meals?</td><td>1</td><td>3</td></tr><tr><td>c. Housing benefits?</td><td>1</td><td>3</td></tr><tr><td>d. Transportation benefits?</td><td>1</td><td>3</td></tr><tr><td>1. Car?</td><td>1</td><td>3</td></tr><tr><td>2. Transportation allowance?</td><td>1</td><td>3</td></tr><tr><td>e. Medical benefits?</td><td>1</td><td>3</td></tr><tr><td>1. Employer paid some health expenses?</td><td>1</td><td>3</td></tr><tr><td>2. Employer provided health insurance policy?</td><td>1</td><td>3</td></tr><tr><td>3. Employer provided health clinic</td><td>1</td><td>3</td></tr><tr><td>f. Credit</td><td>1</td><td>3</td></tr></tbody></table> -->TK28		Yes	No	a. Employer provided meals? If yes, how many per day?	1	3	b. Raw food, not in form of meals?	1	3	c. Housing benefits?	1	3	d. Transportation benefits?	1	3	1. Car?	1	3	2. Transportation allowance?	1	3	e. Medical benefits?	1	3	1. Employer paid some health expenses?	1	3	2. Employer provided health insurance policy?	1	3	3. Employer provided health clinic	1	3	f. Credit	1	3
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c. Housing benefits?	1	3																																			
d. Transportation benefits?	1	3																																			
1. Car?	1	3																																			
2. Transportation allowance?	1	3																																			
e. Medical benefits?	1	3																																			
1. Employer paid some health expenses?	1	3																																			
2. Employer provided health insurance policy?	1	3																																			
3. Employer provided health clinic	1	3																																			
f. Credit	1	3																																			
TK26BMN. Approximately how much net profit did you gain last month, after taking out all your business expenses?	, , Rp..... 1→TK26B3 Financial loss , , Rp... 3→TK26B3 DON'T KNOW 8																																				
TK26BMG. Approximately how much gross income did you gain last month, including all your business expenses?	, , Rp..... 1 → TK26B4 DON'T KNOW 8																																				
TK26BYN. Approximately how much net profit did you gain last year, after taking out all your business expenses?	, , , Rp.... 1→TK28 Financial loss , , , Rp..3→TK28 DON'T KNOW 8																																				
TK26BYG. Approximately how much gross income did you gain last year, including all your business expenses?	, , , Rp.... 1 DON'T KNOW 8																																				

SECTION TK (EMPLOYMENT)

PRIMARY JOB		1999	1998	1997	1996
DURING THE LAST 4 YEARS		A. 1 YEAR AGO	B. 2 YEARS AGO	C. 3 YEARS AGO	D. 4 YEARS AGO
TK28.	Did you work during [...] year ?	No 3 → COLUMN B DON'T KNOW..... 8 → COLUMN B Yes 1	No 3 → COLUMN C DON'T KNOW 8 → COLUMN C Yes 1	No 3 → COLUMN D DON'T KNOW 8 → COLUMN D Yes 1	No 3 → TK38 DON'T KNOW 8 → TK38 Yes 1
TK29.	Was your primary job the same as the job in the year of [...] ?	[2000] (now) Yes1 →TK32 No3	[1999] (1 year ago) Yes 1 →TK32 No 3	[1998] (2 years ago) Yes 1 →TK32 No..... 3	[1997] (3 years ago) Yes1 →TK32 No.....3
TK30.	Where did you work in [...YEAR...] on your primary job? (ENTER NAME OF COMPANY/EMPLOYER)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
TK31.	What did your company produce/do?	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
TK31Aa.	In what field of work was this job?	01 02 03 04 05 06 07 08 09 10 _____	01 02 03 04 05 06 07 08 09 10 _____	01 02 03 04 05 06 07 08 09 10 _____	01 02 03 04 05 06 07 08 09 10 _____
TK32.	What were your primary duties in the year of [...]?	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

CODE TK31Aa.	
Agriculture, forestry, fishing and hunting	01
Mining and quarrying.....	02
Manufacturing	03
Electricity, gas, water	04
Construction (<i>Bangunan</i>)	05
Wholesale, retail, restaurants and hotels	06
Transportation, storage and communications	07
Finance, insurance, real estate and business services	08
Social services	09
Others	10

SECTION TK (EMPLOYMENT)

PRIMARY JOB DURING THE LAST 4 YEARS	1999		1998		1997		1996	
	A. 1 YEAR AGO		B. 2 YEARS AGO		C. 3 YEARS AGO		D. 4 YEARS AGO	
TK32b. INTERVIEWER'S NOTE: CIRCLE APPROPRIATE CODE ACCORDING TO PRIMARY WORK (TK32)	01 02 03 04 05	06 07 08 09 10 _____	01 02 03 04 05	06 07 08 09 10 _____	01 02 03 04 05	06 07 08 09 10 _____	01 02 03 04 05	06 07 08 09 10 _____
TK33. Which category best describes the work you do?	01 → TK35a 02 → TK35a 03 → TK35a	06 → TK36 04 05	01 → TK35a 02 → TK35a 03 → TK35a	06 → TK36 04 05	01 → TK35a 02 → TK35a 03 → TK35a	06 → TK36 04 05	01 → TK35a 02 → TK35a 03 → TK35a	06 → TK36 04 05
TK34. Approximately what was your monthly wage/ salary/income of the primary job in the year of [...] (including the value of all benefits)?	1. _____, _____, _____ Rp. →TK36 8. DON'T KNOW		1. _____, _____, _____ Rp. →TK36 8. DON'T KNOW		1. _____, _____, _____ Rp. →TK36 8. DON'T KNOW		1. _____, _____, _____ Rp. →TK36 8. DON'T KNOW	
TK35N. Approximately how much net profit (after taking out all your business expenses) did you gain in a month in the year of? [...] ?	1. _____, _____, _____ Rp. →TK36 3. Financial loss _____, _____, _____ Rp. →TK36 8. DON'T KNOW		1. _____, _____, _____ Rp. →TK36 3. Financial loss _____, _____, _____ Rp. →TK36 8. DON'T KNOW		1. _____, _____, _____ Rp. →TK36 3. Financial loss _____, _____, _____ Rp. →TK36 8. DON'T KNOW		1. _____, _____, _____ Rp. →TK36 3. Financial loss _____, _____, _____ Rp. →TK36 8. DON'T KNOW	
TK35G. Approximately how much gross income (including all your business expenses) did you gain in a month in the year of [...] ?	1. _____, _____, _____ Rp. 8. DON'T KNOW		1. _____, _____, _____ Rp. 8. DON'T KNOW		1. _____, _____, _____ Rp. 8. DON'T KNOW		1. _____, _____, _____ Rp. 8. DON'T KNOW	
TK36. Normally, what was the approximate total number of hours you worked per week on your primary job in the year of [...] ?	1. _____ Hours/Week 3. Same		1. _____ Hours/Week 3. Same		1. _____ Hours/Week 3. Same		1. _____ Hours/Week 3. Same	
TK37. Approximately what was the total number of weeks per year you worked in your primary job in the year of [...]?	1. _____ Weeks/Year 3. Same →TK28 Column B		1. _____ Weeks/Year 3. Same →TK28 Column C		1. _____ Weeks/Year 3. Same →TK28 Column D		1. _____ Weeks/Year 3. Same →TK38 Column A	

CODE TK32b				CODE TK33			
PROFESSIONAL AND ENGINEERING STAFF	01	WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING	06	SELF EMPLOYED.....	01		
MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF.....	02	OPERATION WORKERS AND PRODUCTION WORKER	07	SELF-EMPLOYED WITH UNPAID FAMILY WORKER/TEMPORARY WORKER	02		
OPERATION, ADMINISTRATION STAFF AND TECHNICIAN	03	WORKER IN TRANSPORTATION OPERATIONS	08	SELF-EMPLOYED WITH PERMANENT WORKER.....	03		
SALES AND PROCUREMENT STAFF.....	04	BLUE COLLAR WORKERS.....	09	UNPAID FAMILY WORKER.....	06		
SERVICES STAFF	05	OTHERS	10	GOVERNMENT WORKER	04		
				PRIVATE WORKER	05		

SECTION TK (EMPLOYMENT)

SIDE / ADDITIONAL JOB		1999			1998			1997			1996		
DURING THE LAST 4 YEARS		A. 1 YEAR AGO			B. 2 YEARS AGO			C. 3 YEARS AGO			D. 4 YEARS AGO		
TK38.	Did you have an additional job in the year of [...]? (IF MORE THAN ONE ADDITIONAL JOB, CHOOSE THE MAIN ADDITIONAL JOB)	No3 → COLUMN B Yes..... 1			No3 → COLUMN C Yes 1			No..... 3 → COLUMN D Yes 1			No3 → TK47x Yes 1		
TK39.	Was the additional job the same as the job in the year of [...]?	[2000] (now) Yes..... 1 → TK42 No 3			[1999] (1 year ago) Yes 1 → TK42 No 3			[1998] (2 years ago) Yes 1 → TK42 No..... 3			[1997] (3 years ago) Yes 1 → TK42 No 3		
TK40.	Where did you work in the year of [...] on your additional job? (ENTER NAME OF COMPANY/EMPLOYER)	<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>		
TK41.	In what field of work was this job?	<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>		
TK41a.	Choose field of work?	01 04 07 02 05 08 03 06 09 10 _____	01 04 07 02 05 08 03 06 09 10 _____		01 04 07 02 05 08 03 06 09 10 _____		01 04 07 02 05 08 03 06 09 10 _____		01 04 07 02 05 08 03 06 09 10 _____				
TK42.	What were your primary duties in the year of [...]?	<div></div> <div></div>			<div></div> <div></div>			<div></div> <div></div>			<div></div> <div></div>		

Code TK41a	
Agriculture, forestry, fishing and hunting	01
Mining and quarrying.....	02
Manufacturing	03
Electricity, gas, water	04
Construction.....	05
Wholesale, retail, restaurants and hotels	06
Transportation, storage and communications	07
Finance, insurance, real estate and business services.....	08
Social services.....	09
Others _____	10

SECTION TK (EMPLOYMENT)

SIDE / ADDITIONAL JOB DURING THE LAST 4 YEARS		1999		1998		1997		1996	
		A. 1 YEAR AGO		B. 2 YEARS AGO		C. 3 YEARS AGO		D. 4 YEARS AGO	
TK42b.	INTERVIEWER'S NOTE: CIRCLE APPROPRIATE CODE ACCORDING TO PRIMARY WORK (TK42)	01	06	01	06	01	06	01	06
		02	07	02	07	02	07	02	07
		03	08	03	08	03	08	03	08
		04	09	04	09	04	09	04	09
		05	10	05	10	05	10	05	10
TK43.	Which category best describes the work you do?	01 → TK45a	06 → TK46a	01 → TK45a	06 → TK46a	01 → TK45a	06 → TK46a	01 → TK45a	06 → TK46a
		02 → TK45a	04	02 → TK45a	04	02 → TK45a	04	02 → TK45a	04
		03 → TK45a	05	03 → TK45a	05	03 → TK45a	05	03 → TK45a	05
TK44.	Approximately what was your monthly wage/ salary/income of the primary job in the year of [...] (including the value of all benefits)?	1. , , , Rp. 8. DON'T KNOW →TK46a		1. , , , Rp. 8. DON'T KNOW →TK46a		1. , , , Rp. 8. DON'T KNOW →TK46a		1. , , , Rp. 8. DON'T KNOW →TK46a	
TK45N.	Approximately how much net profit (after taking out all your business expenses) did you gain in a month in the year of [...] ?	1. , , , , Rp. →TK46a 3. Financial loss , , , , Rp. →TK46a 8. DON'T KNOW		1. , , , , Rp. →TK46a 3. Financial loss , , , , Rp. →TK46a 8. DON'T KNOW		1. , , , , Rp. →TK46a 3. Financial loss , , , , Rp. →TK46a 8. DON'T KNOW		1. , , , , Rp. →TK46a 3. Financial loss , , , , Rp. →TK46a 8. DON'T KNOW	
TK45G.	Approximately how much gross income (including all your business expenses) did you gain in a month in the year of [...] ?	1. , , , , Rp. 8. DON'T KNOW		1. , , , , Rp. 8. DON'T KNOW		1. , , , , Rp. 8. DON'T KNOW		1. , , , , Rp. 8. DON'T KNOW	
TK46.	Normally, what was the approximate total number of hours you worked per week on your primary job in the year of [...] ?	1. Hours/Week 3. Same		1. Hours/Week 3. Same		1. Hours/Week 3. Same		1. Hours/Week 3. Same	
TK47.	Approximately what was the total number of weeks per year you worked in your primary job in the year of [...]?	1. Weeks/Year 3. Same →TK38 Column B		1. Weeks/Year 3. Same →TK38 Column C		1. Weeks/Year 3. Same →TK38 Column D		1. Weeks/Year 3. Same →TK47x	

CODE TK42b				CODE TK43			
PROFESSIONAL AND ENGINEERING STAFF..... 01		WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING 06		SELF EMPLOYED.....01			
MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF..... 02		OPERATION WORKERS AND PRODUCTION WORKER 07		SELF-EMPLOYED WITH UNPAID FAMILY WORKER/TEMPORARY WORKER02			
OPERATION, ADMINISTRATION STAFF AND TECHNICIAN..... 03		WORKER IN TRANSPORTATION OPERATIONS 08		SELF-EMPLOYED WITH PERMANENT WORKER.....03			
SALES AND PROCUREMENT STAFF..... 04		BLUE COLLAR WORKERS..... 09		UNPAID FAMILY WORKER.....06			
SERVICES STAFF..... 05		OTHERS 10		GOVERNMENT WORKER04			
				PRIVATE WORKER05			

SECTION TK (EMPLOYMENT)
Next we would like to know about your first job.

TK47xx. INTERVIEWER CHECK: RESPONDENT IS PANEL OF BOOK III (AR01G=1)	Yes 1→SECTION CP No 3
TK48. When did you start working full-time for the first time? THE MEANING OF WORKING FULL-TIME IS THAT WORKING IS THE PRIMARY ACTIVITY.	Work never primary activity 6→SECTION CP Year _____ 1→TK50 DON'T KNOW 8
TK49. What was your age when starting to work full-time for the first time?	____ Years
TK50. Where did you work [...] ? (ENTER NAME OF COMPANY/EMPLOYER)	_____
TK51a. In what field of work was this job?	Agriculture, forestry, fishing and hunting 01 Mining and quarrying 02 Manufacturing 03 Electricity, gas, water 04 Construction 05 Wholesale, retail, restaurants and hotels 06 Transportation, storage and communications 07 Finance, insurance, real estate and business services 08 Social services 09 Others 10
TK52. What were your daily primary duties at [...] ?	_____ _____
TK52b. INTERVIEWER'S NOTE: CIRCLE THE APPROPRIATE CODE ACCORDING TO PRIMARY DUTIES TK52	PROFESSIONAL AND ENGINEERING STAFF 01 MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF 02 OPERATION, ADMINISTRATION STAFF AND TECHNICIAN 03 SALES AND PROCUREMENT STAFF 04 SERVICES STAFF 05 WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING 06 OPERATION WORKERS AND PRODUCTION WORKER 07 WORKER IN TRANSPORTATION OPERATIONS 08 BLUE COLLAR WORKERS 09 OTHERS 10
TK53. Normally, what was the approximate total number of hours you worked per week on your primary job in [...] ?	_____ Hours/Week
TK54. Approximately what was total number of weeks you worked per year on your primary job in [...] ?	_____ Weeks/Year
TK55. Which category best describes the work you did in your last job?	Self employed 01→TK57a Self-employed with unpaid family worker/temporary worker 02→TK57a Self-employed with permanent worker 03→TK57a Unpaid family worker 06→SECTION CP Government worker 04 Private worker 05
TK56. Approximately what was your monthly wage/salary/income in the year of [...] (including the value of all benefits)?	____,____,____ Rp 1 DON'T KNOW 8 →SECTION CP
TK57N. Approximately how much profit after taking out costs did you gain in a month?	____,____,____ Rp 1 →SECTION CP DON'T KNOW 8
TK57G. Approximately how much income did including costs you gain in a month?	____,____,____ Rp 1 DON'T KNOW 8

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____ _____ _____</p>
<p>NOTES:</p> <p>_____ _____ _____ _____ _____ _____ _____ _____</p>		

INDONESIA FAMILY LIFE SURVEY 2000

BOOK IIIB

SECTIONS: KM, KK, AK, MA, PS, RJ, RN, PM, BA, TF, BH, CP

Respondent is an adult 15 years or older

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER

PID

NAME OF RESPONDENT: _____

RSPNDNT.RESPONDENT IS: Head of Household (AR02b=01)..... 01
 Spouse of Household (AR02b=02)..... 02
 Other Householder..... 03

PANEL. FOR BOOK III IS
 HOUSEHOLDER?: Panel Respondent (AR01g=1)..... 1
 New Respondent (AR01g=3)..... 3

TO BE FILLED OUT BY INTERVIEWER FOR BOOK III

QUESTIONS FOR RESPONDENT:

AGE. How old are you? _____ years

MARSTAT. What is your marital status: Single.....1
 Married2
 Separated3
 Divorced4
 Widowed5

SEX. Sex: Male 1
 Female.....3

BIRTHDATE. Date of Birth: ____/____/____
 Day Month Year

INDONESIAN LANGUAGE CODES	
00.	Indonesian
01.	Javanese
02.	Sundanese
03.	Balinese
04.	Batak
05.	Bugis
06.	Chinese
07.	Maduranese
08.	Sasak
09.	Minang
10.	Banjar
11.	Bima
12.	Makassar
13.	Nias
14.	Palembang
15.	Sumbawa
16.	Toraja
17.	Lahat
18.	Other South Sumatra
19.	Betawi
20.	Lampung
96.	NO OTHER
91.	Other _____

INTERVIEW SESSIONS OF BOOK IIIB: ____ (NUMVIS)

INTERVIEW	1	2	3
DATE:	____/____	____/____	____/____
	DAY/MONTH	DAY/MONTH	DAY/MONTH
TIME STARTED:	____/____	____/____	____/____
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE
TIME FINISHED:	____/____	____/____	____/____
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE

LANGMAIN. Interview was entirely/mostly conducted in what language?

____ Other: _____

LANGOTHR. Other language used (if any):

____ Other: _____

RESULT OF INTERVIEW OF BOOK IIIB	REASON	EDIT_CHK REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	<div>Yes No</div> <div>a. Observed by local supervisor (SUP_OBS) 1 3</div> <div>b. Edited by local supervisor (SUP_EDIT)..... 1 3</div>

SECTION KM (SMOKING HABITS)

Next I would like to ask whether you have had the habit of smoking cigarettes/smoking a pipe/chewing tobacco, now or in the past.

KM01. Have you had the habit of chewing tobacco, smoking a pipe, smoking self-rolled cigarettes, or smoking cigarettes/cigars? Products normally used: b. Chewing tobacco..... c. Smoking a pipe..... d. Smoking self-rolled cigarettes e. Smoking cigarettes/cigars.....	No 3 → SECTION KK Yes 1 b. No 3 Yes 1 c. No 3 Yes 1 d. No 3 Yes 1 e. No 3 Yes 1
KM02. INTERVIEWER'S NOTE: Is KM01d or KM01e = 1 ?	NO 3→ KM04 YES..... 1
KM03. Are the cigarettes classified as: ANSWER MAY BE MORE THAN ONE	Filtered cigaretteA Unfiltered cigarette.....B Filtered cloves cigaretteC Unfiltered cloves cigarette.....D CigarE
KM04. Do you still have the habit or have you totally quit?	STILL HAVE 1 →KM05a QUIT 3
KM05aa. At what age did you totally quit from [...]?	1. [...] Years 8. DON'T KNOW
KM05a. INTERVIEWER CHECK: KM01b = 1 or KM01c = 1?	NO 3 →KM07 YES..... 1

KM06. In one week how many ounces (100 grams) did/do you consume now/before totally quitting of chewing tobacco and smoking pipe?	[] oz (100 gr)..... 1 DON'T KNOW 8
KM06a. INTERVIEWER CHECK: KM04 = 1	NO 3 →KM07 YES..... 1
KM06b. What's the price for 1 ounce you have to pay?	[], [] Rp. 1 DON'T KNOW 8
KM07. INTERVIEWER CHECK. KM01d = 1 or KM01e = 1?	NO 3 →KM09 YES..... 1
KM08. In one day about how many cigars/cigarettes did you consume now/before totally quitting?	[] per day 1 DON'T KNOW 8
KM08a. INTERVIEWER CHECK KM04=1	NO 3 →KM09 YES 1
KM08b. How many cigarettes/packs do you usually buy each time?	[] cigarettes 1 → KM08d [] packs 3
KM08c. How many cignarettes for each pack?	[] cigarettes
KM08d.	[], [] Rp. 1 DON'T KNOW 8
KM09. About how much money did/do you spend each week on these products?	[], [] Rp. 1 DON'T KNOW 8
KM10. At what age did you start to smoke on a regular basis?	[] Years 1 DON'T KNOW 8

SECTION KK (HEALTH CONDITION)

Next we would like to know about your health.

KK01.	In general, how is your health?	Very healthy 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Unhealthy 4
KK02a.	During the last 4 weeks, how many days of your primary daily activities did you miss due to poor health?	___ Days 1 DON'T KNOW 8
KK02b.	In the last 4 weeks, how many days have you stayed in bed due to poor health?	___ Days..... 1 DON'T KNOW 8
KK02c2.	Compared with your health 12 months ago, would you say that your health is [...]?	About the same 3 ➔ KK02e Much better now..... 1 Somewhat better now 2 Somewhat worse..... 4 Much worse 5
KK02d2.	Why has your health become, much better/somewhat better/somewhat worse/much worse?	_____ _____ _____
KK02e2.	In the last 12 months have you experienced any serious health problems?	No 3 ➔ KK02i Yes 1

KK02f2.	KK02g2.	KK02h2.
What health problems?	When did it start?	For how long?
a. _____	1. ___ / ____ Month / Year 8. DON'T KNOW	1. ___ Months 3. Still experiencing
b. _____	1. ___ / ____ Month / Year 8. DON'T KNOW	1. ___ Months 3. Still experiencing
c. _____	1. ___ / ____ Month / Year 8. DON'T KNOW	1. ___ Months 3. Still experiencing
KK02i.	How do you expect your health to be in next year?	Much better than now 1 Somewhat better than now 2 About the same 3 Somewhat worse 4 Much worse 5
KK02j.	Compared to another person of your age and sex, would you say that your health is [...]?	Better than the others 1 Same as the others 2 Worse than the others 3

Now we would like to know your physical ability in daily activity.

If you had [...], could you do it:	
KK03a.	To carry a heavy load (like a pail of water) for 20 meters
KK03c.	To walk for 5 kilometers
KK03j.	To walk for 1 kilometer
KK03e.	To bow, squat, kneel
KK03b.	To sweep the house floor yard
KK03d.	To draw a pail of water from a well
KK03i.	To stand up from sitting on the floor without help
KK03g.	To stand up from sitting position in a chair without help
KK03h.	To go to the bathroom (BM) without help
KK03f.	To dress without help

SECTION KK (HEALTH CONDITION)

The following questions pertain to your conditions during the past 4 weeks.

KK04.	In the last 4 weeks, do you have a hard time sleeping (could not get to sleep or stay asleep)?	Often..... 1 Sometimes 3 Never 5
KK05.	In the last 4 weeks, have you been bothered by things that usually don't bother you?	Often..... 1 Sometimes 3 Never 5
KK06.	In the last 4 weeks, have you felt lonely?	Often..... 1 Sometimes 3 Never 5
KK07.	In the last 4 weeks, have you experienced sadness?	Often..... 1 Sometimes 3 Never 5
KK08.	In the last 4 weeks, have you experienced anxiety or fear?	Often..... 1 Sometimes 3 Never 5
KK09.	In the last 4 weeks, have you had difficulty concentrating on doing something?	Often..... 1 Sometimes 3 Never 5
KK10.	In the last 4 weeks has carrying out normal tasks seemed like an effort?	Often..... 1 Sometimes 3 Never 5
KK11.	In the last 4 weeks have you had difficulty in remembering/recalling something?	Often..... 1 Sometimes 3 Never 5

SECTION AK (INSURANCE)

Now we would like to know about health insurance or benefits that you might have.

AK01. Are you the policy holder/primary beneficiary of health benefits, health insurance, and accident or safety insurance?	No 3 ➔ AK06 Yes 1
--	---

Benefit Type (AKTYPE)	AK02.	AK03.	AK04.	AK05.
	Do your benefits include [...]?	When did this benefit begin?	Does this benefit cover outpatient visits to public and private health centers? (CIRCLE ALL THAT APPLY)	Who else in the household is covered under this benefit? (CIRCLE ALL THAT APPLY)
A. Health Insurance (PT ASKES)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
B. Labor (Social) Insurance (ASTEK Jamsostek)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
C. Medical Expenditure Reimbursement	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
D. Employer Provided Clinic	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
E. Private Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
F. Life/Accident Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
V. Other _____	1. Yes ➔ 3. No ↓ AK06	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS

SECTION AK (INSURANCE)

AK06. Since January 1, 1998, have you lost any health benefits, health insurance, or accident or safety insurance for which you were the primary beneficiary?	No 3 ➔ SECTION MA Yes 1
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Benefit Type (AKTYPE)	AK07.	AK08.
	What benefits did you lose?	When did the benefits end?
A. Health Insurance (PT ASKES)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
B. Labor (Social) Insurance (ASTEK Jamsostek)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
C. Medical Expenditure Reimbursement	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
D. Employer Provided Clinic	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
E. Private Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
F. Life/Accident Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
V. Private Insurance, Other _____	1. Yes ➔ 3. No ↓ SECTION MA 8. DON'T KNOW ↓ SECTION MA	____ / ____ 1 Month Year DON'T KNOW 8

SECTION MA (ACUTE MORBIDITY)

Now we'd like to know about whatever symptoms you have had during the past 4 weeks, namely since [...] date, 4 weeks ago.

SYMPTOMS (MATYPE)	MA01.	
	Did you ever experience [...] in the last 4 weeks?	
	1. Yes	3. No
A. Headache	1	3
B. Runny nose	1	3
C. Cough.....	1	3→D
a. Dry cough.....	a. 1	3
b. Cough with phlegm.....	b. 1	3
c. Bloody cough.....	c. 1	3
D. Difficulty breathing	1	3→E
a. Wheezing	a. 1	3
b. Short, rapid breath.....	b. 1	3
E. Fever	1	3
F. Stomach ache	1	3
H. Nausea/vomiting.....	1	3
I. Diarrhea minimal of 3x per day.....	1	3→J
a. Mixed with blood.....	a. 1	3
b. Mixed with mucous.....	b. 1	3
c. Pale liquid.....	c. 1	3
J. Painful or swollen joints.....	1	3
K. Skin infection (boil, abcess itching)	1	3
L. Eye Infection.....	1	3
M. Toothache	1	3
G. Painful or swollen joints.....	1	3
Q. Ear/Nose/Throat	1	3
R. Kidney	1	3
S. Heart/Blood Pressure	1	3
T. Wound/Injury	1	3
N. Other, specify	1	3

MA07. INTERVIEWER CHECK BOOK COVER:	RESPONDENT IS< 50 YEARS3 →SECTION PS RESPONDENT IS ≥ 50 YEARS 1
MA08a. Do you have to often get up during the night to urinate?	Yes 1 No..... 3
MA08b. If you have a cut or wound, does it take a long time to heal?	Yes 1 No..... 3
MA08c. Do you ever feel pain on the left side of your chest?	Yes 1 No..... 3
MA08d. Do you ever feel chest pains when climbing stairs/or up hill?	Yes 1 No..... 3
MA08e. Do you ever feel chest pains when you are active or walk fast?	Yes 1 No..... 3
MA08f. Do you often have a headache when you wake up in the morning?	Yes 1 No..... 3

SECTION PS (SELF TREATMENT)

Now we'd like to know whether you have treated yourself during the past 4 weeks, namely since [...] date, 4 weeks ago.

TYPE OF SELF TREATMENT (PSTYPE)	PS01.	PS02.
	During the past 4 weeks, have you ever [...]?	What is the approximate total cost to purchase or make that medicine during the last 4 weeks?
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	3. No ↓ 1. Yes →	1. , , Rp. 8. DON'T KNOW
B. Consumed traditional herbs or traditional medicines as treatment	3. No ↓ 1. Yes →	1. , , Rp. 8. DON'T KNOW
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	3. No ↓ 1. Yes →	1. , , Rp. 8. DON'T KNOW
E. Vitamin	3. No ↓ 1. Yes →	1. , , Rp. 8. DON'T KNOW
F. Refresher	3. No ↓ 1. Yes →	1. , , Rp. 8. DON'T KNOW
G. Medicine from other provider	3. No ↓ 1. Yes →	1. , , Rp. 8. DON'T KNOW
D. Other, specify _____	3. No ↓ SECTION RJ 1. Yes →	1. , , Rp. 8. DON'T KNOW

SECTION RJ (OUTPATIENT UTILIZATION)

The next questions pertain to medical facilities or medical providers you may have visited for outpatient care during the past 4 weeks, namely since [...] date, 4 weeks ago.

RJ00a. Have you had a general check up performed in the last 5 years?	No 3 ➔ RJ00 Yes 1
RJ00b. Where did you go to have this general check-up? (CIRCLE ALL THAT APPLY)	Public hospital A Public health center..... B Private hospital..... C Polyclinic, private clinic, medical center D Private physician E Nurse, paramedic, midwife..... F Traditional practitioner..... G DON'T KNOW H Other, specify I
RJ00. In the last 4 weeks have you visited a public hospital, puskesmas, private hospital, clinic, health worker or doctor's practice or been visited by a health worker or doctor?	No 3 ➔ RJ25 Yes 1

	RJ01.	RJ02.
MEDICAL FACILITY (RJ1TYPE)	Within the last 4 weeks, have you been to [...] / visited by [...]?	How many times did you visit / been visited by [...] during the last 4 weeks?
A. Public hospital (General or Specialty)	3. No ↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	3. No ↓ 1. Yes ➔	Times
E. Private Hospital	3. No ↓ 1. Yes ➔	Times
F. Polyclinic, Private Clinic, Medical Center	3. No ↓ 1. Yes ➔	Times
G. Private Physician (General Practitioner, Specialist, Dentist)	3. No ↓ 1. Yes ➔	Times
H. Nurse, Paramedic, Midwife practitioner	3. No ↓ 1. Yes ➔	Times
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No ↓ 1. Yes ➔	Times
J. Other, specify _____	3. No ↓ RJ05a 1. Yes ➔	Times

SECTION RJ (OUTPATIENT UTILIZATION)

START WITH THE MOST RECENT VISIT, THEN GO BACKWARD. IF VISITS EXCEED 4 USE SUPPLEMENT.

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Now I'd like to ask you some questions about your visits to health care providers.

RJ_NUM: Number of outpatient care visits

(RJ2TYPE)		MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJ05a.	What is the type of medical facility or type of provider?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RJ06.	What is the name and location of the medical provider? 1. Specify 3. Same as residence 8. DON'T KNOW	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RJ08.	What was the purpose of visit? CIRCLE ALL THAT APPLY B. Immunization..... C. Consultation..... D. Medical check-up..... E. Medications..... F. Injection..... H. Treatment for Injury..... I. Treatment for Illness..... J. Massage..... K. Birth control..... L. Prenatal care..... G. Other, specify _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____

SECTION RJ (OUTPATIENT UTILIZATION)

(RJNUM)	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJ09. Was the visit to [...] the first visit or a follow-up visit for the symptom?	First 1 Follow-up..... 3	First..... 1 Follow-up..... 3	First 1 Follow-up..... 3	First 1 Follow-up..... 3
RJ10a. INTERVIEWER NOTE: CHECK RJ05a 1. IF A, B, E, F, J → RJ11..... 3. NO.....	YES1 → RJ11 NO3	YES..... 1 → RJ11 NO..... 3	YES..... 1 → RJ11 NO..... 3	YES..... 1 → RJ11 NO..... 3
RJ10. Did the provider visit you at home?	Yes 1 → RJ17 No..... 3	Yes 1 → RJ17 No..... 3	Yes 1 → RJ17 No..... 3	Yes 1 → RJ17 No..... 3
RJ11. How many kilometers is it from the medical facility to your residence?	1. [][][][] . [][] Km 8. DON'T KNOW	1. [][][][] . [][] Km 8. DON'T KNOW	1. [][][][] . [][] Km 8. DON'T KNOW	1. [][][][] . [][] Km 8. DON'T KNOW
RJ12. What is the travel time (one-way) to that facility?	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW
RJ14. What was the total transportation cost to the facility (INCLUDING FUEL COST, ONE WAY TRIP)?	1. [][][][] , [][][][] Rp. 8. DON'T KNOW	1. [][][][] , [][][][] Rp. 8. DON'T KNOW	1. [][][][] , [][][][] Rp. 8. DON'T KNOW	1. [][][][] , [][][][] Rp. 8. DON'T KNOW
RJ15. Upon arrival, how long did you have to wait to be examined?	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW
RJ17. What kind of treatment did you receive? CIRCLE ALL THAT APPLY A. Medical check-up/consultation..... B. Injection C. Laboratorium test..... D. Surgery E. Xray F. Birth Control..... G. Medications H. Other, specify I. Massage J. Traditional treatment..... K. Prenatal care	CIRCLE ALL THAT APPLY A B C D E F G H I J K	CIRCLE ALL THAT APPLY A B C D E F G H I J K	CIRCLE ALL THAT APPLY A B C D E F G H I J K	CIRCLE ALL THAT APPLY A B C D E F G H I J K
RJ20. What was the total cost to fill a prescription that you received during this visit?	1. [][][][] , [][][][][] , [][][][][] Rp 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. [][][][] , [][][][][] , [][][][][] Rp 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. [][][][] , [][][][][] , [][][][][] Rp 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. [][][][] , [][][][][] , [][][][][] Rp 3. Didn't receive 5. Didn't fill 8. DON'T KNOW

SECTION RJ (OUTPATIENT UTILIZATION)

(RJNUM)	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJ21. What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	1. , , Rp 3. Did not pay anything 8. DON'T KNOW	1. , , Rp 3. Did not pay anything 8. DON'T KNOW	1. , , Rp 3. Did not pay anything 8. DON'T KNOW	1. , , Rp 3. Did not pay anything 8. DON'T KNOW
RJ21a. Did you use insurance to pay for all or some of this visit?	No..... 3 → RJ22 Yes..... 1	No..... 3 → RJ22 Yes..... 1	No..... 3 → RJ22 Yes..... 1	No..... 3 → RJ22 Yes..... 1
RJ21b. What insurance did you use?	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5
RJ22. Was any payment in kind made?	No..... 3. → RJ24 Yes..... 1	No..... 3. → RJ24 Yes..... 1	No..... 3. → RJ24 Yes..... 1	No..... 3. → RJ24 Yes..... 1
RJ23. What was the approximate value of the goods?	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW	1. , , Rp. 8. DON'T KNOW
RJ24. INTERVIEWER NOTE: OTHER VISIT?	1. YES → RJ05a COLUMN 2 3. NO	1. YES → RJ05a COLUMN 3 3. NO	1. YES → RJ05a COLUMN 4 3. NO	1. YES → SUPPLEMENT SECTION RJ 3. NO

IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH THE SUPPLEMENT TO SECTION RJ.

SECTION RJ (OUTPATIENT UTILIZATION)

RJ25. INTERVIEWER NOTE COV5: RESPONDENT IS FEMALE?	MALE1→RJ30 FEMALE3
RJ26. Have you heard about papsmears?	No3→RJ29 Yes1
RJ27. When did you last have papsmear?	1. / Month / Year 3. Never had →RJ29 8. DON'T KNOW
RJ28. Who did the procedure the last time you had it performed?	Public hospital01 Public health center.....02 Private hospital.....03 Polyclinic, private clinic, medical center04 Private physician05 Nurse, paramedic, midwife.....06 Traditional practitioner.....07 DON'T KNOW08 Other _____ 95
RJ29. How many times did you perform self-examination of your breast in the last 12 months?	1. Times 3. None 8. DON'T KNOW
RJ30. Do you normally eat [...]? (READ EACH CHOICE OF THE ANSWERS)	3 meals per day.....01 2 meals per day.....02 1 meal per day03 5-6 meals per week.....04 3-4 meals per week.....05 2 meals per week06
RJ31. How many different kinds/types of foods do you eat over a one week period?	1. Types 8. DON'T KNOW

SECTION RJ (OUTPATIENT UTILIZATION)

<div>RJ32.</div> <div>In the last week, what did you eat [...] and how many times?</div> <div>(READ ALL AVAILABLE TYPES OF FOOD)</div> <div>IF THE RESPONDENT ANSWERS “YES” FOR A SPECIFIC TYPE, ASK:</div> <div>How many times did you eat [...] in the last week?</div> <div>CIRCLE ONE ANSWER FOR EACH OF AVAILABLE TYPES OF FOOD.</div>	TYPE	NOT EAT IN THE LAST WEEK	YES, EVERY DAY	YES, 4-6 TIMES PER WEEK	YES, 2-3 TIMES PER WEEK	YES, ONCE PER WEEK
	a) Sweet potatoes	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat (beef, chicken, pork, etc.)	1	2	3	4	5
	e) Dairy	1	2	3	4	5
	f) Green leafy vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Jack fruit	1	2	3	4	5
	j) Mango	1	2	3	4	5
<div>RJ33.</div> <div>In the last 12 months, how many times do you eat [...] ?</div> <div>(READ ALL AVAILABLE TYPES OF FOOD)</div> <div>CIRCLE ONE ANSWER FOR EACH OF AVAILABLE TYPES OF FOOD.</div>	TYPE	NOT EAT IN THE LAST 12 MONTHS	YES, EVERY MONTH	YES, ALMOST EVERY MONTH	YES, FEW MONTHS	YES, 1-2 MONTHS
	a) Sweet potatoes	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat (beef, chicken, pork, etc.)	1	2	3	4	5
	e) Dairy	1	2	3	4	5
	f) Green leafy vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Jack fruit	1	2	3	4	5
	j) Mango	1	2	3	4	5

SECTION RN (INPATIENT UTILIZATION)

The following questions pertain to hospitalization (inpatient care) that you have had during the past 12 months, namely since the month of [...] 12 months ago.

RN00. During the past 12 months have you ever received patient care at a hospital, puskesmas, clinic, or other?	No 3 ➔ SECTION PM Yes 1
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HOSPITALIZATION FACILITY (RN1TYPE)	RN01.	RN02.
	During the past 12 months, have you ever received inpatient care at [...] ?	How many times have you received inpatient care at [...] during the past 12 months?
A. Public Hospital (General or Specialty)	3. No ↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)	3. No ↓ 1. Yes ➔	Times
C. Private Hospital	3. No ↓ 1. Yes ➔	Times
D. Private Clinic	3. No ↓ 1. Yes ➔	Times
E. Other _____	3. No ↓ RN05a 1. Yes ➔	Times

RN_NUM: Number of hospitalizations Times

SECTION RN (INPATIENT UTILIZATION)

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BEGIN WITH THE MOST RECENT VISIT AND PROCEED TO PAST VISITS. IF MORE THAN 4 VISITS USE THE RN SUPPLEMENT

Now, we would like to ask you a few questions about visits for inpatient care (hospital admissions) that you have made in the past 12 months, namely in the 12 months prior to month [...]?

RN_NUM: # of hospitalizations:

(RN2TYPE)	Most Recent	2nd Most Recent	3rd Most Recent	4th Most Recent
RN05a. What is the type of health or service facility?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RN06. What is the name and location of facility? 1. Specify 3. Same as current residence 8. Don't Know	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RN08. How many nights were you hospitalized there?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights
RN10. For what reason were you hospitalized?	Sickness.....1 Accident2 Giving birth3 Operation5 Other, specify4	Sickness1 Accident2 Giving birth3 Operation5 Other, specify4	Sickness1 Accident2 Giving birth3 Operation5 Other, specify4	Sickness1 Accident2 Giving birth3 Operation5 Other, specify4

SECTION RN (INPATIENT UTILIZATION)

(RNNUM)	Most Recent	2nd Most Recent	3rd Most Recent	4th Most Recent
RN15. During hospitalization, what kind of treatment did you receive? CIRCLE ALL THAT APPLY	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____
RN18. What was the total cost to fill a prescription that you received during this visit?	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
RN19. Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply)?	1. _____, _____, _____ Rp. 8. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW
RN19a. Did you use insurance to pay for all or some of this visit?	No3→ RN20 Yes.....1	No3→ RN20 Yes.....1	No 3→ RN20 Yes 1	No..... 3→ RN20 Yes 1
RN19b. What insurance did you use?	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)2 Private insurance3 Employer-provided insurance.....4 Other.....5	Health Card (<i>Kartu Sehat</i>) 1 Letter stating non-affordability (<i>Surat Miskin</i>) 2 Private insurance 3 Employer-provided insurance 4 Other 5	Health Card (<i>Kartu Sehat</i>)1 Letter stating non-affordability (<i>Surat Miskin</i>).....2 Private insurance3 Employer-provided insurance4 Other.....5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)2 Private insurance.....3 Employer-provided insurance.....4 Other 5
RN20. INTERVIEWER'S NOTE: WAS THERE ANY OTHER HOSPITALIZATION?	YES 1 →RN05a COLUMN 2 NO 3 →SECTION PM	YES 1 →RN05A COLUMN 3 NO 3 →SECTION PM	YES 1 →RN05A COLUMN 4 NO 3 →SECTION PM	YES 1 → RN05a SUPPLEMENT RN NO 3 →SECTION PM

IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH SUPPLEMENT TO SECTION RN.

SECTION PM (COMMUNITY PARTICIPATION)

Now, we would like to know three types of arisan you participated in the last 12 months.

PM01.	Have you participated in arisan in the last 12 months?	No 3 ➔PM15 Yes..... 1
PM01b.	How many arisan have you participated in the last 12 months?	Number

PM01c.	PM03.	PM04.	PM05.	PM05a.
TYPE OF ARISAN	What is the interval between meetings of the [...] arisan ?	How much money do you pay into the [...] arisan each time it meets?	How long is the period between the times that you receive the pot of money ?	How many people normally participate in this arisan?
1. <input type="text"/> _____	Every : <input type="text"/> 03. Days 04. Weeks 05. Months 06. Years	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	<input type="text"/> 04. Weeks 05. Month 06. Years	<input type="text"/> People
2. <input type="text"/> _____	Every : <input type="text"/> 03. Days 04. Weeks 05. Months 06. Years	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	<input type="text"/> 04. Weeks 05. Month 06. Years	<input type="text"/> People
3. <input type="text"/> _____	Every : <input type="text"/> 03. Days 04. Weeks 05. Months 06. Years	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	<input type="text"/> 04. Weeks 05. Month 06. Years	<input type="text"/> People

- Code PM01c
01. Office

02. Sub-Neighborhood (RT)

03. Neighborhood (RW)

04. Village

05. Wives of Civil Servants/Army

06. Women's Association

07. Market

08. Family group

09. Religious groups

10. Other _____

12. Friends

13. Retirees

14. Agriculture

15. Youth

SECTION PM (COMMUNITY PARTICIPATION)

Now, I would like to ask you about some community or government activities and programs that may have taken place in this village during the past 12 months.

	PM15.	PM16.	PM16a.	PM16b.	PM17.	PM18.	PM19.
Program or Community Activity (PM3TYPE)	Do you know whether, in the last 12 months, the [...] activity has occurred in this village?	During the last 12 months did you participate in or use [...]?	Did you participate in this activity as a beneficiary or as an implementor?	In the planning stage, did you participate in the decision making process?	How much time did you spend participating in the [...] program during the last 12 months? (total hours)	What is the value of money or materials that you contributed to the [...] program during the last 12 months? (total)	Did you receive any benefits, such as services, materials, or money, from this program during the last 12 months? (all benefits) (CIRCLE ALL THAT APPLY)
A. Community Meeting (each level: 10 HH level, RT, RW, Village, Kecamatan, and including Village Advisory Board activities (LMD, LKMD))	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1	1. Beneficiary 3. Implementor 8. Other _____	Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE B
B. Cooperatives (include all types and levels of cooperatives: 10 HH level, RT, RW, Village, Kecamatan.)	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1	1. Beneficiary 3. Implementor 8. Other _____	Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE C
C. Voluntary Labor (for example cleaning up the village)	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1		Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE D
D. Program to Improve the Village/Neighborhood (KIP, MHT, con-block, street improvement, public facility)	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1		Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM20

PM20. INTERVIEWER CHECK BOOK COVER: SEX OF RESPONDENT ?	MALE ----- 1 → PM15 LINE E – H, M FEMALE ----- 3 → PM15 LINE I - M
---	---

CODE PM19

A. Service
B. Materials
C. Money
E. NOTHING
D. Other _____

G. Information
H. Infra-structure
I. Environment
J. Health
K. Cohesion of Community
L. Religious Knowled

SECTION PM (COMMUNITY PARTICIPATION)

	PM15.	PM16.	PM16a.	PM16b.	PM17.	PM18.	PM19.
Program or Community Activity (PM3TYPE)	Do you know whether, in the last 12 months, the [...] activity has occurred in this village?	During the last 12 months did you participate in or use [...]?	Did you participate in this activity as a beneficiary or as an implementor?	In the planning stage, did you participate in the decision making process?	How much time did you spend participating in the [...] program during the last 12 months? (total hours)	What is the value of money or materials that you contributed to the [...] program during the last 12 months? (total)	Did you receive any benefits, such as services, materials, or money, from this program during the last 12 months? (all benefits) (CIRCLE ALL THAT APPLY)
E. Neighbourhood Security Organization (Siskamling)	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div> </div> <div>02. Hour</div> <div>03. Day</div> <div>98. DON'T KNOW</div>	1. <div> </div> , <div> </div> , <div> </div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE F1
F1. Water for Drinking System/Supply (for example a public pump and for bathing/washing (MCK))	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div> </div> <div>02. Hour</div> <div>03. Day</div> <div>98. DON'T KNOW</div>	1. <div> </div> , <div> </div> , <div> </div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE H
H. System for garbage disposal	Yes.....1 No3↓ ROW M DON'T KNOW...8↓ ROW M	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div> </div> <div>02. Hour</div> <div>03. Day</div> <div>98. DON'T KNOW</div>	1. <div> </div> , <div> </div> , <div> </div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E F G H I J D _____ →PM15 LINE M
I. Women's Association Activities (PKK)	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div> </div> <div>02. Hour</div> <div>03. Day</div> <div>98. DON'T KNOW</div>	1. <div> </div> , <div> </div> , <div> </div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE J
J. Community Weighing Post (Posyandu)	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div> </div> <div>02. Hour</div> <div>03. Day</div> <div>98. DON'T KNOW</div>	1. <div> </div> , <div> </div> , <div> </div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ → PM15 LINE M
M. Other _____	Yes.....1 No3↓ DON'T KNOW...8↓	No 3 → PM21 Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div> </div> <div>02. Hour</div> <div>03. Day</div> <div>98. DON'T KNOW</div>	1. <div> </div> , <div> </div> , <div> </div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM21

CODE PM19

A. Service
B. Materials
C. Money
E. NOTHING
D. Other _____

G. Information
H. Infra-structure
I. Environment
J. Health
K. Cohesion of Community
L. Religious Knowled

SECTION PM (COMMUNITY PARTICIPATION)

PM21.	Have you ever heard the phrase/news of Regional Autonomy?	Yes 1 No..... 3→PM24
PM22.	What do you know about Regional Autonomy? CIRCLE ALL THAT APPLY	A. Bigger regional autonomy in development planning and implementation B. More people' participation in development C. Regional development program and policy will better answer local needs D. Better/bigger regional revenue E. Better regulation and service procedure F. Higher autonomy G. Regional revenues is for the region H. Region is more developed V. Other, _____ Y. DON'T KNOW
PM23.	If the regional autonomy is implemented, what are its impacts on people's welfare?	Better 01 Same 03 Worse 05 DON'T KNOW..... 08
PM24.	Did you vote in general election 1999?	Yes 1 No..... 3

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA04. Does your father/mother still live in this household?	No 3 ➔ BA05 Yes 1	No 3 ➔ BA05 Yes 1
BA04a. INTERVIEWER CHECK: AR00	1. [] [] PID ➔ BA04 MOTHER'S COLUMN 3. NOT IN HOUSEHOLD	1. [] [] PID ➔ BA10 3. NOT IN HOUSEHOLD
BA05. Is your father/mother still alive?	Yes 1 ➔ BA06b No 3 DON'T KNOW 8	Yes 1 ➔ BA06b No 3 DON'T KNOW 8
BA06a. 12 months ago was your father/mother still alive?	No 3 ➔ BA06d Yes 1 DON'T KNOW 8	No 3 ➔ BA06d Yes 1 DON'T KNOW 8
BA06aa. Was your father/mother living in this household when he/she died?	Yes 1 ➔ BA06d No..... 3 DON'T KNOW 8	Yes 1 ➔ BA06d No..... 3 DON'T KNOW 8
BA06b. How often have you seen your father/mother in the last 12 months?	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5
BA06c. INTERVIEWER CHECK BA05: FATHER/MOTHER ALIVE?	Yes 1 ➔ BA07 DON'T KNOW..... 8 ➔ BA07 No 3	Yes 1 ➔ BA07 DON'T KNOW..... 8 ➔ BA07 No 3
BA06d. When did your father/mother die?	[] [] / [] [] [] 1 Month / Year DON'T KNOW 8	[] [] / [] [] [] 1 Month / Year DON'T KNOW 8
BA07. How old is your father/mother now/at time of death?	[] [] [] year 1 DON'T KNOW 8	[] [] [] year 1 DON'T KNOW 8
BA07a. Did your father/mother ever attend school?	No 3 ➔ BA11 DON'T KNOW 8 ➔ BA11 Yes 1	No 3 ➔ BA11 DON'T KNOW 8 ➔ BA11 Yes 1

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

	Father	Mother
BA08. What is the highest level of education of your father/mother?	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
BA09. What is the highest class that your father/mother finished?	00 01 02 03 04 05 06 07 98	00 01 02 03 04 05 06 07 98
BA11. What is/was your father's/mother's primary activity now/before his/her death?	Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other, 08 → BA14a Working/trying to get work/helping to earn income 01	Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other, 08 → BA14a Working/trying to get work/helping to earn income 01
BA13. What were [...] primary duties (now/one year before he died)?	Professional or technical worker 01 Managerial, administrative, decision making staff 02 Clerical personnel and the like 03 Sales personnel 04 Service personnel 05 Farm, forestry, game hunting, fishery worker 06 Production line worker 07 Transportation vehicle operator 08 Blue collar worker 09 Other 10 Don't know 98	Professional or technical worker 01 Managerial, administrative, decision making staff 02 Clerical personnel and the like 03 Sales personnel 04 Service personnel 05 Farm, forestry, game hunting, fishery worker 06 Production line worker 07 Transportation vehicle operator 08 Blue collar worker 09 Other 10 Don't know 98
BA14a. How is the health status of your father/mother now/before his/her death?	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8
BA14b. Now/before death does/did your father/mother need help with basic personal needs like dressing, eating, or bathing?	Yes 1 NO 3 UNWILLING TO ANSWER 7 DON'T KNOW 8	Yes 1 NO 3 UNWILLING TO ANSWER 7 DON'T KNOW 8
→BA04 MOTHER COLUMN		
<div><div><div>CODE BA08</div><div>Elementary school 02 University S1 61 Islamic School (<i>Pesantren</i>) 14 General junior secondary school 03 University S2 62 Madrasah, General 70 Vocational junior secondary school 04 University S3 63 Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 72 General senior high school 05 Adult Education A 11 Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 73 Vocational senior high school 06 Adult Education B 12 Madrasah Senior High School 74 Academy D1, D2, D3 60 Open University 13 Kindergarten 90 DON'T KNOW 98 Other, specify 10</div></div><div><div>CODE BA09</div><div>Didn't finish first class 00 5 05 1 01 6 06 2 02 Graduated 07 3 03 DON'T KNOW 98 4 04</div></div></div>		

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

FILL-OUT ROW FROM LEFT TO RIGHT

BA10. INTERVIEWER TO CHECK : BA04, BA05, BA06a, BA06aa	FATHER 1a. [...] RESPONDENT DIED 12 MONTHS OR MORE [BA06a = 3] 1b. [...] RESPONDENT IS STILL ALIVE IN THIS HOUSEHOLD (BA04a = 1) 1c. [...] RESPONDENT DIED LESS THAN 12 MONTHS AGO AND STAYED AT THE HOUSEHOLD WHEN HE/SHE DIED (BA06a = 1 DAN BA06aa = 1) 1d. DON'T KNOW [BA06a = 8 AND BA06aa = 8] 3. MOTHER/FATHER DIED LESS THAN 12 MONTHS AGO (BA06a=1 AND BA06aa=3) 5. MOTHER/FATHER STILL ALIVE AND DOES NOT STAY AT THE HOUSEHOLD (BA04=3)	MOTHER 1a. [...] RESPONDENT DIED 12 MONTHS OR MORE [BA06a = 3] 1b. [...] RESPONDENT IS STILL ALIVE IN THIS HOUSEHOLD (BA04a = 1) 1c. [...] RESPONDENT DIED LESS THAN 12 MONTHS AGO AND STAYED AT THE HOUSEHOLD WHEN HE/SHE DIED (BA06a = 1 DAN BA06aa = 1) 1d. DON'T KNOW [BA06a = 8 AND BA06aa = 8] 3. MOTHER/FATHER DIED LESS THAN 12 MONTHS AGO (BA06a=1 AND BA06aa=3) 5. MOTHER/FATHER STILL ALIVE AND DOES NOT STAY AT THE HOUSEHOLD (BA04=3)
BA10a. INTERVIEWER CHECK: BA10 TO ANSWER BA19 – BA22	FATHER = 1 AND MOTHER = 1 1 ➔ BA28x FATHER = 1 AND MOTHER > 1 2 ➔ ASK BA19-BA22 ABOUT MOTHER ONLY FATHER > 1 AND MOTHER = 1 3 ➔ ASK BA19-BA22 ABOUT FATHER ONLY FATHER > 1 AND MOTHER > 1 4 ➔ BA18	
BA18. Do your parents still live together?/Did your parents still live together at the time of death?	Yes 1 ➔ ASK BA19-BA22 ABOUT FATHER AND MOTHER TOGETHER AND RECORD ANSWERS IN “FATHER AND MOTHER LIVE TOGETHER” COLUMN (1ST COLUMN) No 3 ➔ ASK BA19-BA22 ABOUT FATHER FIRST (2ND COLUMN), THEN REPEAT QUESTIONS BA19-BA22 ABOUT MOTHER (3RD COLUMN)	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father and Mother Live Together	Father Only	Mother Only
BA19. During the past 12 months (before his/her death) did you (or your spouse) ever provide help to [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1
BA20. What type of help did you provide to [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Days 05. Month F. Other, specify _____	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.
BA21. During the past 12 months (before his/her death) did you (or your spouse) ever receive help from [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7➔ BA23a No 3➔ BA23a Yes 1	UNWILLING TO ANSWER 7➔ BA27 No 3➔ BA27 Yes 1	UNWILLING TO ANSWER 7➔ BA23a No 3➔ BA23a Yes 1
BA22. What type of help did you receive from [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Days 05. Month F. Other, specify _____	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.
BA27.		RETURN TO BA10a TO CHECK WHETHER QUESTIONS REGARDING MOTHER SHOULD BE ANSWERED	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

	Father	Mother
BA23a. INTERVIEWER CHECK:	Yes 1 →BA14c No 3	Yes 1 →BA14c No 3
RESPONDENT IS HH HEAD OR SPOUSE OF HH HEAD?		
BA24a. Is your father/mother also the father/mother of the HH head or the spouse of the HH head?	Yes 1→BA23a MOTHER COLUMN No 3	Yes 1→BA28x No 3
BA14c. Where does [...] live now/before his death?	In this household00 In the same village01 In the same subdistrict02 In the same district03 In the same province04 DON'T KNOW08 In another province, specify 05 In another country 06	In this household 00 In the same village 01 In the same subdistrict 02 In the same district 03 In the same province 04 DON'T KNOW 08 In another province, specify 05 In another country 06
BA15. With whom does/did [...] live now/before his/her death? (CIRCLE ALL THAT APPLY) ANSWER OF “BY HIM/HERSELF” CANNOT BE COMBINED WITH OTHER ANSWERS	By him/herself A Wife/husband B Daughter C Son D Daughter-in-law/son-in-law E Sister F Brother G Brother/sister-in-law I Grandchild J Grandparent K Aunt/uncle L Niece/nephew M Cousin N Parents R Parents in law S Step/foster/adopted kid T Other family H Other non-family Q	By him/herself A Wife/husband B Daughter C Son D Daughter-in-law/son-in-law E Sister F Brother G Brother/sister-in-law I Grandchild J Grandparent K Aunt/uncle L Niece/nephew M Cousin N Parents R Parents in law S Step/foster/adopted kid T Other family H Other non-family Q
BA15a. INTERVIEWER CHECK BA15. IF C OR D IS CIRCLED ASK: What is the name of the son/daughter that [...] lives with now/before his/her death? IF C OR D IS NOT CIRCLED, WRITE W	<div></div> <div>→ BA23a MOTHER COLUMN</div>	<div></div> <div>→ BA28x</div>

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - SIBLINGS)

BA28x. INTERVIEWER CHECK		(Circle Only One)
PANEL WITH PREPRINTED SIBLING ROSTER	PANEL W/O PREPRINTED SIBLING ROSTER	NEW RESPONDENT
1 ↓	2 ↓	3 ↓
PREPRINTED SIBLING ROSTER	BA28	BA28

FOR PANEL RESPONDENTS W/O PREPRINTED SIBLING ROSTER AND NEW RESPONDENTS		
BA28. Do you have biological siblings who do not live in this household (including those who have died during the past 12 months, but were non-householders at the time of their deaths)?	No 3 → BA58x Yes 1	
BA28a. Is the head of the household your mother or father?	Yes 1 → BA54 No 3	
BA28b. Is the wife of the head of the household your mother?	Yes 1 → BA54 No 3	
BA28c. Is the head of the household your brother or sister?	Yes 1 → BA54 No 3	
BA28d. Is the wife of the head of the household your sister?	Yes 1 → BA54 No 3	
BA29. a. How many siblings do not live in the house are still alive? b. How many siblings died during the past 12 months and were non-householders at the time of their deaths? <input type="text"/> <input type="text"/> <div>IF BA29a and BA29b = 0 → BA58x</div>	
BA30. List biological siblings who are non-householders, who are still alive or died during the past 12 months (not including <u>householders</u> who died during the past 12 months). → SIBLING ROSTER		

BA00a. INTERVIEWER CHECK (select one)	
THERE IS A PREPRINTED SIBLING ROSTER..... 1 ↓ INSERT PREPRINTED SIBLING ROSTER	THERE IS NO PREPRINTED SIBLING ROSTER / NEW RESPONDENT 3 ↓ BA00b & BAA00c USE NEW SIBLING ROSTER FORM
BA00b. NUMBER OF SIBLINGS STILL ALIVE AND NOT STAYING AT THE HOUSEHOLD <input type="text"/>	
BA00c. NUMBER OF SIBLINGS WHO DIED IN THE LAST 12 MONTHS AND WERE NOT STAYING IN THE HOUSEHOLD BEFORE THEY DIED..... <input type="text"/>	
INTERVIEWER NOTES: CHECK BA00b AND BA00c. FILL BA30a-BA45 WITH INFORMATION ON NON-HOUSEHOLDER SIBLINGS STILL ALIVE OR DEAD IN THE LAST 12 MONTHS. IF BA00b AND BA00c = 0 → BA58x.	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS – SIBLINGS)

Fill out columns BA30a-BA45 with information about siblings who do not live in the household, but are still alive or died within the last 12 months.

BA 30a	BA30b	BA 30c	BA 30c1	BA30c2	BA30d	BA30e	BA30f	BA36	BA37	BA39	BA40	BA42	BA43	BA45		
	NAME	Sex 1. Male 3. Female	Age in 1997?	Does [...] live in this HH?	Is [...] alive?	Died during the past 12 months?	Current Age/Age when died? Yrs.	Highest Education Level Attended?	Highest Grade Completed?	Marital Status	What is/was [...]’s Primary Activity?	What type of work does/did [...] do?	Where does [...] live now/before died?	How often do/did you meet [...]?		
01		<div></div>			1→BA30f3		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	<div></div> IF BA40≠ 01 →BA43	<div></div>	<div></div>	<div></div>		
02		<div></div>			1→BA30f3		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	<div></div> IF BA40≠ 01 →BA43	<div></div>	<div></div>	<div></div>		
03		<div></div>			1→BA30f3		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	<div></div> IF BA40≠ 01 →BA43	<div></div>	<div></div>	<div></div>		
04		<div></div>			1→BA30f3		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	<div></div> IF BA40≠ 01 →BA43	<div></div>	<div></div>	<div></div>		
05		<div></div>			1→BA30f3		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	<div></div> IF BA40≠ 01 →BA43	<div></div>	<div></div>	<div></div>		
06		<div></div>			1→BA30f3		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	<div></div> IF BA40≠ 01 →BA43	<div></div>	<div></div>	<div></div>		
BA36					BA37		BA39		BA40		BA42		BA45			
01. No school/Not yet in School 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelor) 62. University (Master) 63. University (PhD) 09. University					10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (<i>Pesantren</i>) 17. School for the Disabled 70. Madrasah 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 90. Kindergarten 98. DON'T KNOW		00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. Unschooled 98. DON'T KNOW		1. Unmarried 2. Married 3. Separated 4. Divorced 5. Widow/widower 8. DON'T KNOW		01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home/unemployed 07. Sick/disabled 08. Other, specify _____ 09. Traveling/on vacation 98. DON'T KNOW		01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other, specify _____ 98. DON'T KNOW		1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday	
BA43																
00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province					10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu 18. Lampung		31. Jakarta 32. West Java 33. Central Java 34. D.I. Yogyakarta 35. East Java 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor		60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi		74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. USA		91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 98. DON'T KNOW 99. Other _____			

SECTION BA (NON-CORESIDENT SIBLING ROSTER)

BA54. During the past 12 months, did you (or your spouse) ever provide help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service?	UNWILLING TO ANSWER 7 → BA56 No 3 → BA56 Yes 1
BA55. What type of help did you (or your spouse) provide to the siblings during the past 12 months and how much? (MULTIPLE ANSWERS ALLOWED) A. Money or loan, tuition, or health care costs (including treatment) D. Food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month F. Other, specify.....	 A. [][][][] , [][][][] , [][][][] Rp. D. [][][][] , [][][][] , [][][][] Rp. E. [][] 03. day 05. month F. [][][][] , [][][][] , [][][][] Rp.
BA56. During the past 12 months/12 months before death, did you (or your spouse) ever receive help from siblings who do not live in the HH (including those who died in the last 12 months) in the form of money, goods or service?	UNWILLING TO ANSWER 7 → BA58x No 3 → BA58x Yes 1
BA57. What type of help did you (or your spouse) receive from the siblings during the past 12 months and how much? (MULTIPLE ANSWERS ALLOWED) A. Money or loan, tuition, or health care costs (including treatment) D. Food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month F. Other, specify.....	 A. [][][][] , [][][][] , [][][][] Rp. D. [][][][] , [][][][] , [][][][] Rp. E. [][] 03. day 05. month F. [][][][] , [][][][] , [][][][] Rp.

SECTION BA (NON-CORESIDENT SIBLING ROSTER)

BA58x. INTERVIEWER CHECK (select one)

PANEL RESPONDENT (AR01g=1)

1
↓
BA58a

NEW RESPONDENT (AR01g=3)

3
↓
BA58b

PANEL RESPONDENT

BA58a. INTERVIEWER CHECK PREPRINTED CHILD ROSTERS

5. PREPRINTED CHILD ROSTER EXISTS, BOOK IV INDICATED (AR01h = 1)5 → TF
3. PREPRINTED CHILD ROSTER EXISTS, BOOK III INDICATED3 → PREPRINTED CHILD ROSTER (BA00b)
1. PREPRINTED CHILD ROSTER DOES NOT EXIST1↓BA58b

BA58b. INTERVIEWER TO VERIFY:

FEMALE RESPONDENT 49 OR YOUNGER..... 5 → SECTION TF
FEMALE RESPONDENT OVER AGE 49 AND ANSWER BOOK IV 2 → SECTION TF
FEMALE RESPONDENT OVER AGE 49 AND DOES NOT ANSWER BOOK IV . 3 → BA61
MALE RESPONDENT 1

BA59. Does your wife live in the household?

Not Yet Married 5 → SECTION TF
No 3 → BA61
Yes 1

BA60. INTERVIEWER'S NOTE (REFER TO KW03):

MARRIED ONLY ONCE 1 → SECTION TF
MARRIED MORE THAN ONCE 3 → BA62

BA61. Do you have children over 15 years old who live outside the household, or who have died during the past 12 months but were non-householders at the time of their death?

Not Yet Married 5 →SECTION TF
No 3
Yes 1 → BA00b
(BA FORM FOR NEW CHILD)

BA62. Do you have children over 15 years old who live outside the household, from other marriages than this current one, who are still alive or have died during the past 12 months?

No 3 → SECTION TF
Yes 1 → BA00b
(BA FORM FOR NEW CHILD)

BA00b. INTERVIEWER CHECK (select one)

THERE IS A PREPRINTED CHILD ROSTER BOOK III 1
↓
INSERT PREPRINTED CHILD ROSTER BOOK III

THERE IS NO PREPRINTED CHILD ROSTER BOOK III 3
↓
USE FORM BA FOR NEW CHILD

SECTION BA (NON-CORESIDENT CHILDREN ROSTER)

Please list any children who are at least 15 years old and live outside the household. Please include children who died during the past 12 months and were living outside of the household at the time of death.

BAAR00	BA63a	BA63b	BA64	BA64a	BA64b	BA64c	BA65	BA65a	BA66	BA67	BA68	BA69	BA70
NO. OF HHM		NAME	Sex	Age in '97	Birth Date Mo/Yr	In HH in '97?	Is [...] alive?	Death Date Month/Year	Current Age/Age when died Yrs	Marital Status	Highest education level	Highest grade completed	Where does [...] live now/before died?
<div></div>	01		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	02		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	03		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	04		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	05		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
AR00 97. Not registered at the roster	BA64 1. Male 3. Female	BA65 1. Yes 3. No 8. DON'T KNOW	BA67 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. DON'T KNOW	BA68 01. No school/Not yet in School 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelor) 62. University (Master) 63. University (PhD) 09. University 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren) 17. School for the Disabled 70. Madrasah 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior/High School (Madrasah Tsanawiyah) 90. Kindergarten 98. DON'T KNOW	BA69 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. No school 98. DON'T KNOW								
BA70 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu 18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. D.I. Yogyakarta 35. East Java 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. USA 91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 98. DON'T KNOW 99. Other _____													

SECTION BA (NON-CORESIDENT CHILDREN ROSTER)

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

	(BA63a)	(BA63b)	BA80	BA81	BA82	BA84
		(NAME)	What is/was []'s primary activity now/before his/her death?	What is/was []'s work status now/before his/her death?	What is/was []'s type of work now/before his/her death?	How often do/did you meet with [] during the past year now/before his/her death?
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			BA80 01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home 07. Sick/Disabled 08. Other, specify: _____ 09. Traveling/on vacation 98. DON'T KNOW	BA81 01. Self-employed 02. Self-employed assisted other family members/temporary employees 03. Self-employed with permanent employees 04. Government worker/employee 05. Private worker/employee 06. Unpaid family worker 98. DON'T KNOW	BA82 01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other, specify _____ 98. Don't know	BA84 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday

SECTION BA (NON-CORESIDENT CHILDREN ROSTER)

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

(BA63a)	(BA63b)	BA87a	BA88	BA89a	BA90
	(NAME)	In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	What type of assistance did you provide and what is the value?	In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	What type of assistance did you receive and what is the value?
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. ____ , ____ , ____ Rp. D. ____ , ____ , ____ Rp. E. ____ 03. days 05. months F. ____ , ____ , ____ Rp. _____

BA88 & BA90

A. Money (loans, tuition, health care cost)

D. Food stuff or other goods

E. Chores, child care

F. Other_____

SECTION TF (TRANSFERS)

Now we would like to know whether you have provided/received help, in the form of money, goods or services to/from persons outside the household (other than parents, siblings children) or to/from other parties (for example like a foundation/organization, friends, and relatives) during the past 12 months (except gifts, souvenirs, etc.)

TF01a. INTERVIEWER CHECK: RESPONDENT STATUS = MARRIED (COV4=2)?	No 3 ➔ TF03 Column B Yes..... 1
TF01. Do you live with your spouse?	Yes..... 1 ➔ TF03 Column B No 3 ➔ TF03 Column A

INTERVIEW NOTE: ASK TF03-TF06 COLUMN A, B, C FOR TF01=3

(TFTYPE)	A Respondent's spouse not in the household	B Family members other than your parents, siblings or children	C Friends or neighbors
TF03. Did you ever provide help in the form of money, goods or services to [...] during the past 12 months?	No 3 ➔ TF05 Yes 1	No 3 ➔ TF05 Yes..... 1	No3 Yes.....1
TF04. What type of help did you provide to [...] during the past 12 months and how much? (CIRCLE ALL THAT APPLY) A. Money or loan B. Tuition C. Health care cost (including treatment) D. Food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery V. Other, specify_____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	
TF05. Did you ever receive help in the form of money, goods or services from [...] during the past 12 months?	No 3 ➔ COLUMN B Yes 1	No 3 ➔ COLUMN C Yes..... 1	No3 ➔SECTION BH Yes.....1
TF06. What type of help did you receive from [...] during the past 12 months and how much? (CIRCLE ALL THAT APPLY) A. Money or loan B. Tuition C. Health care cost (including treatment) D. Food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery V. Other, specify_____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____

SECTION BH (BORROWING HISTORY)

Now we would like to ask you about your loans from non-family or friends in the last 12 months.

BH00.	Do you know of a place where you can borrow money?	No..... 3 → SECTION CP Yes..... 1
BH01.	What type of place is this? (CIRCLE ALL THAT APPLY)	A B C D E F G H I J K V _____
BH02.	Did you try to borrow any money or goods from a source other than your family or friends over the past 12 months?	No..... 3 → SECTION CP Yes..... 1
BH03.	Were you turned down in your efforts to secure a loan over the past 12 months?	No..... 3 → BH05 Yes..... 1
BH04.	Where were you turned down? (CIRCLE ALL THAT APPLY)	A B C D E F G H I J K V _____
BH05.	Were you successful in securing a loan in the past 12 months?	No..... 3 → SECTION CP Yes..... 1
BH06.	How many times did you borrow from a source other than your family or friends over the past 12 months?	__ __ times
BH07.	How much did you borrow from a source other than your family or friends over the past 12 months?	1. __ __ __ __ , __ __ __ __ , __ __ __ __ Rupiah 8. DON'T KNOW

Code-Code BH01 and BH04
A. Private commercial bank
B. Cooperative bank
C. Government/semi government bank
D. Agricultural bank
E. Employer

F. Landlord
G. Shopkeeper
H. Non-government organization
I. Neighborhood association
J. Arisan

K. Small farmers group (kelompok petani kecil)
L. Money lender
M. Office
V. Other, _____

SECTION BH (BORROWING HISTORY)

Complete a column for each loan in the past 12 months.

	1st Loan	2nd Loan	3rd Loan
BH08. Was there any co-borrower from other household member?	No3 → BH10 Yes.....1	No3 → BH10 Yes 1	No 3 → BH10 Yes..... 1
BH09. Which other household member was co-borrower? (CIRCLE ALL THAT APPLY)	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____
BH10. Was there any co-borrower from non household member?	No3 → BH12 Yes1	No 3 → BH12 Yes 1	No 3 → BH12 Yes 1
BH11. Which non household member was co-borrower? (CIRCLE ALL THAT APPLY)	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____
BH12. Where did you receive the loan?	_____ <u> </u> <u> </u> <u> </u>	_____ <u> </u> <u> </u> <u> </u>	_____ <u> </u> <u> </u> <u> </u>
BH13. How many months ago did you receive this loan?	____ Months	____ Months	____ Months
BH14. Amount of loan?	1. _____, _____, _____ Rp. 8. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW

Code-Code BH09 and BH11 B. Wife/husband C. Respondent's biological children and wife/husband D. Respondent's parents E. Respondent's parent's-in-law F. Respondent's siblings G. Respondent's brother/sister-in-law I. Grandchild J. Grandparent K. Uncle/aunt L. Nephew/niece M. Cousin N. Other family _____ P. Non family Q. Adopted child R. Family of spouse U. Ex-spouse H. Others _____	Code BH12 01. Private commercial bank 02. Cooperative bank 03. Government/semi government bank 04. Agricultural bank 05. Employer 06. Landlord 07. Shopkeeper 08. Non-government organization 09. Neighborhood association 10. Arisan 11. Small farmers group (kelompok petani kecil) 12. Other, _____ 13. Money lender 14. Office
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SECTION BH (BORROWING HISTORY)

	1ST LOAN	2ND LOAN	3RD LOAN
BH15. What was the purpose of loan?	<div><div></div><div></div><div></div></div> <div>Other _____</div>	<div><div></div><div></div><div></div></div> <div>Other _____</div>	<div><div></div><div></div><div></div></div> <div>Other _____</div>
BH16. Did the loan have to be repaid by a particular date?	DON'T KNOW8 ➔BH18 No3 ➔BH18 Yes.....1	DON'T KNOW8 ➔BH18 No3 ➔BH18 Yes.....1	DON'T KNOW 8 ➔BH18 No..... 3 ➔BH18 Yes 1
BH17. What was the duration (in months) of the payback period?	1. <div><div></div><div></div><div></div><div></div></div> Month 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> Month 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> Month 8. DON'T KNOW
BH18. How much of the loan have you paid up till now?	1. <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 8. DON'T KNOW
BH19. Has the entire loan been repaid?	Yes.....1 ➔BH21 No3	Yes.....1 ➔BH21 No3	Yes 1 ➔BH21 No..... 3
BH20. How much of the loan is still outstanding?	1. <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 8. DON'T KNOW
BH21. In addition to cash, what kind of in-kind payments were made to repay the loan? (CIRCLE ALL THAT APPLY)	None A Labour..... B Crops C Assets D Other, specify _____ E	None A Labour B Crops C Assets D Other, specify _____ E	None..... A Labour B Crops..... C Assets D Other, specify _____ E
BH22. What was given as collateral for this loan? (CIRCLE ALL THAT APPLY)	Nothing A Land B Gold C Crops D Homestead..... E Other _____ F Letter of appointment as employee G Vehicle H	Nothing A Land B Gold C Crops D Homestead E Other _____ F Letter of appointment as employee G Vehicle H	Nothing A Land B Gold..... C Crops..... D Homestead E Other _____ F Letter of appointment as employee G Vehicle H
BH23. INTERVIEWER CHECK: Was there any other loan? (SEE BH06)	Yes.....1 ➔COLUMN 2 No3 ➔SECTION CP	Yes.....1 ➔COLUMN 3 No3 ➔SECTION CP	Yes 1 ➔SECTION CP No..... 3 ➔SECTION CP

Code-code BH15

01. Birth

02. Death

03. Marriage

04. Dowry

05. Social ceremony

06. Household goods

07. Medication
08. Education

09. Home

10. To buy house

11. Agriculture inputs (seeds, pesticides, etc.)

12. Agriculture equipment

13. To buy land

14. To buy cattle
15. To buy inputs for poultry

16. Fishing net/equipment

17. *Becak* (commercial tri-cycle)

18. Boat

19. Fishing nets

20. Material for cottage industry

21. Capital for other businesses
22. Daily expenses

23. Rotating credit association (*Arisan*)

24. To help HH members, family or friends

25. To buy or repair vehicle

26. Debt repayment

27. Transport/travel

95. Other _____

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____ _____ _____</p>

NOTES:

EDITOR: _____
INTERVIEWER: _____
(IDIVWR)

CONFIDENTIAL

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2000

BOOK IV

SECTIONS: KW, BR, BA, BF, CH, BX, CX, KL, CP

Respondent is an ever-married woman age 15-49 years

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR:

PID _____

HOUSEHOLDER _____ (NAME) _____

PANEL: IS HOUSEHOLDER: (Circle One)
Panel Respondent (AR01h=1) 1
New Respondent (AR01h=3) 3

TO BE FILLED OUT BY INTERVIEWER FOR BOOK IV

QUESTIONS FOR RESPONDENT:

AGE. How old are you? years

MARSTAT. What is your marital status? Married2
Separated3
Divorced4
Widow5

BIRTHDATE. Date of birth / /
DAY MONTH YEAR

CODES FOR LANGUAGE	
00.	Indonesian
01.	Javanese
02.	Sundanese
03.	Balinese
04.	Batak
05.	Bugis
06.	Chinese
07.	Maduranese
08.	Sasak
09.	Minang
10.	Banjar
11.	Bima
12.	Makassar
13.	Nias
14.	Palembang
15.	Sumbawa
16.	Toraja
17.	Lahat
18.	Other South Sumatra
19.	Betawi
20.	Lampung
96.	NO OTHER
91.	Other _____

INTERVIEW SESSIONS OF BOOK IV: (NUMVIS)

INTERVIEW	1	2	3
DATE:	/	/	/
	DAY / MONTH	DAY / MONTH	DAY / MONTH
TIME STARTED:	/	/	/
	HOUR/ MINUTE	HOUR/ MINUTE	HOUR/ MINUTE
TIME FINISHED:	/	/	/
	HOUR/ MINUTE	HOUR/ MINUTE	HOUR/ MINUTE

LANGMAIN. Interview was entirely/mostly conducted in what language?
Other: _____

LANGOTHR. Other language used (if any):
Other: _____

RESULT OF INTERVIEW OF BOOK IV	REASON	EDIT_CHK REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	Yes No a. Observed by local supervisor (SUP_OBS) 1 3 b. Edited by local supervisor (SUP_EDIT)..... 1 3

SECTION KW (MARITAL HISTORY)

Now we would like to ask about your marital history.

KW03.	How many times have you been married ?	<input type="text"/> Times
KW02a.	What is the name of your current/latest spouse?	<input type="text"/>
KW02g.	INTERVIEWER VERIFY: 1. IF HUSBAND LIVES IN THE HOUSEHOLD, FILL IN AR00 (LINE # FROM ROSTER) 2. IF HUSBAND DIED/DOES NOT LIVE IN HOUSEHOLD, BUT REGISTERED IN ROSTER, FILL IN AR00. 3. HUSBAND IS NOT REGISTERED IN ROSTER	1. <input type="text"/> 2. <input type="text"/> 3.
KW02b.	In the last 4 weeks, have you taken iron pills?	No 3 → KW02e Yes 1
KW02c.	In the last 4 weeks, how many iron pills did you take?	<input type="text"/> 1 DON'T KNOW 8
KW02d.	Where did you get these pills? CIRCLE ALL THAT APPLY	Posyandu..... A Health Center B Place of work C Midwife D Pharmacy F Private doctor G Hospital..... H Paramedic I Other E
KW02e.	Before you got married did you receive an injection of TT to keep your babies from getting tetanus or convulsions at birth?	Yes 1 No 3
KW02h.	INTERVIEWER CHECK Respondent is panel respondent (AR01h=1)	NO 3 → KW12a YES 1
KW02i.	What was the date of your current/most recent marriage?	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW
KW02j.	INTERVIEWER CHECK Is the year at KW02i before 1997?	NO 3 → KW08 YES 1

KW12a.	What was the dowry for your current/ most recent marriage? CIRCLE ALL THAT APPLY	Nothing J → KW13a Sholat (praying) accessory A Money..... B Land C Building/House D Jewelry E Complete set of clothing G Food H Household Items I Religious book..... K Beauty items..... L Livestock M Other, specify F
KW12b.	What was the value of the dowry of your current/most recent marriage at the time of the marriage?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 <input type="text"/> , <input type="text"/> , <input type="text"/> Other currency 2 DON'T KNOW 8
KW13a.	What did you receive for <i>peningset</i> (a gift and it is not a dowry) at the time of your current/most recent marriage, that was not consumed for the wedding party? CIRCLE ALL THAT APPLY	Nothing J → KW14 Sholat (praying) accessory A Money..... B Land C Building/House D Jewelry E Complete set of clothing G Food H Household Items I Religious book..... K Beauty items..... L Livestock M Other, specify F
KW13b.	At the time of your current/most recent marriage, what was the value of what you received as <i>peningset</i> (a gift and it is not a dowry), that was not consumed for the wedding party?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 <input type="text"/> , <input type="text"/> , <input type="text"/> Other currency 2 DON'T KNOW 8
KW14.	What was the value of the assets you owned just prior to the wedding of your current/latest marriage?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 DON'T KNOW 8

SECTION KW (MARITAL HISTORY)

KW14a.	Right after the wedding ceremony of your current/latest marriage, did you move?	NO, lived at the same place 3 → KW14c YES, moved within the same village/town 2 → KW14c YES, moved to another village/town 1
KW14b.	What is the [...] name at the place you moved at that time?	A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW
KW14c.	How long did you reside at your first residence after the wedding?	_____ Weeks 04 Months 05 Years 06 Still live there 96 DON'T KNOW 98
KW14d.	At the time you married your current/latest husband, did your husband change residence?	Yes 1 No 3
KW14e.	Did you and your current/latest husband start to live together right after the wedding?	Yes 1 → KW14g No 3

KW14f.	How long after the wedding took place did you start to live together with your husband?	_____ Not yet living together 96 → KW04 Weeks 04 Months 05 Years 06 DON'T KNOW 98
KW14g.	At the time you lived together with your current/latest husband for the first time, who else lived in the house? CIRCLE ALL THAT APPLY. IN THIS CASE THE WEDDING LOCATION IS NOT REGARDED AS A JOINT RESIDENCE (REFER TO ANSWER KW14e = 1 (YES)) AND RESIDENCE REGISTERED IN KW14f.	NOBODY ELSE A OWN PARENTS B PARENTS-IN-LAW C BIOLOGICAL BROTHER D BIOLOGICAL SISTER E BROTHER-IN-LAW F SISTER-IN-LAW G OTHER FAMILY MEMBERS H NOT FAMILY-RELATED I
KW04.	Who chose your husband (from your first marriage) ?	Parents 1 Self 3 Family 4 Other, specify: 5
KW08.	Please mention the names of all your husbands, (starting with whom you are married now or the latest marriage, then the previous marriage and so forth).	→ KW09

SECTION KW (MARITAL HISTORY)

FILL OUT NAMES AND DATES STARTING WITH CURRENT/LATEST MARRIAGE

KWN: NUMBER OF MARRIAGE	Latest / Current	Second Latest	Third Latest	Fourth Latest	Fifth Latest	Sixth Latest
KW09. Name of husband:	_____	_____	_____	_____	_____	_____
KW10. What (month/year) did you get married? IF ABLE TO ANSWER →KW16	1. ____ / ____ Month Year → KW16 8. DON'T KNOW	1. ____ / ____ Month Year → KW16 8. DON'T KNOW	1. ____ / ____ Month Year → KW16 8. DON'T KNOW	1. ____ / ____ Month Year → KW16 8. DON'T KNOW	1. ____ / ____ Month Year → KW16 8. DON'T KNOW	1. ____ / ____ Month Year → KW16 8. DON'T KNOW
KW11. How old were you when your [...] marriage started?	____ Years	____ Years	____ Years	____ Years	____ Years	____ Years
KW16. What is the status of the marriage? 2. Still married 3. Separated 4. Divorced 5. Widow/widower	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5	2 → KW20 3 4 5
KW18. When (month/year) did the marriage end/separation begin?	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW
KW19. How old were you when the [...] marriage ended/separation began?	____ Years	____ Years	____ Years	____ Years	____ Years	____ Years
KW20. What was the highest education level attended by your husband/wife of the [...] marriage?						
01. Unschooled	01.	01.	01.	01.	01.	01.
02. Elementary School	02.	02.	02.	02.	02.	02.
03. Junior High General.....	03.	03.	03.	03.	03.	03.
04. Junior High Vocational	04.	04.	04.	04.	04.	04.
05. Senior High General	05.	05.	05.	05.	05.	05.
06. Senior High Vocational	06.	06.	06.	06.	06.	06.
60. Academy (D1, D2, D3)	60.	60.	60.	60.	60.	60.
61. University (Bachelor)	61.	61.	61.	61.	61.	61.
62. University (Masters).....	62.	62.	62.	62.	62.	62.
63. University (PhD)	63.	63.	63.	63.	63.	63.
09. University (BA, MA, PHD).....	09.	09.	09.	09.	09.	09.
11. Adult Education A	11.	11.	11.	11.	11.	11.
12. Adult Education B	12.	12.	12.	12.	12.	12.
13. Open University	13.	13.	13.	13.	13.	13.
14. Islamic School (Pesantren).....	14.	14.	14.	14.	14.	14.
17. School for the Disabled	17.	17.	17.	17.	17.	17.
70. Madrasah, General.....	70.	70.	70.	70.	70.	70.
72. Islamic Elementary School (Madrasah Ibtidaiyah)	72.	72.	72.	72.	72.	72.
73. Islamic Junior/High School (Madrasah Tsanawiyah)	73.	73.	73.	73.	73.	73.
74. Madrasah Senior High School.....	74.	74.	74.	74.	74.	74.
90. Kindergarten	90.	90.	90.	90.	90.	90.
98. Don't Know	98.	98.	98.	98.	98.	98.
10. Other, Specify	10.	10.	10.	10.	10.	10.

SECTION KW (MARITAL HISTORY)

KWN: NUMBER OF MARRIAGE			Latest / Current	Second Latest	Third Latest	Fourth Latest	Fifth Latest	Sixth Latest
KW21.	What was the highest grade completed by your husband/wife of the [...] marriage?		00	00	00	00	00	00
			01	01	01	01	01	01
	00. Didn't complete 1 st grade at that level		02	02	02	02	02	02
			03	03	03	03	03	03
	01. 1	04. 4	07. Graduated	04 07 Graduated	04 07 Graduated	04 07 Graduated	04 07 Graduated	04 07 Graduated
	02. 2	05. 5	96. Not answered	05 96 Not answered	05 96 Not answered	05 96 Not answered	05 96 Not answered	05 96 Not answered
	03. 3	06. 6	98. DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW	06 98 DON'T KNOW
KW22x.	INTERVIEWER CHECK: IS RESPONDENT: 3. NEW →KW22b 1. PANEL		3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.
KW22a.	INTERVIEWER'S NOTE: CHECK KW10 FOR PANEL: 3. NO OTHER MARRIAGE 2. MARRIAGE BEGAN BEFORE 1997 1. MARRIAGE BEGAN AFTER 1996		3.→KW23a 2.→KW23a 1.→KW09 COLUMN 2	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 3	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 4	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 5	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 6	3.→KW23a 2.→KW23a 1.→SUPPLEMENT KW
KW22b.	INTERVIEWER'S NOTE: CHECK NUMBER OF MARRIAGES FOR NEW: 3. NO OTHER MARRIAGE 1. ANOTHER MARRIAGE.....		3.→KW23a 1.→KW09 COLUMN 2	3.→KW23a 1.→KW09 COLUMN 3	3.→KW23a 1.→KW09 COLUMN 4	3.→KW23a 1.→KW09 COLUMN 5	3.→KW23a 1.→KW09 COLUMN 6	3.→KW23a 1.→SUPPLEMENT KW

KW23a.	If you could choose exactly the number of children to have in your whole life, how many would that be?	<input type="text"/> Children Up to God 95
KW23b.	How old were you on your first menstruation?	<input type="text"/> Years Never menstruated 96 →KW24
KW23c.	INTERVIEWER'S NOTE:	RESPONDENT'S AGE <35 1 →KW24 RESPONDENT'S AGE >=35 3
KW23d.	Do you now still have menstruation?	Yes 1 → KW24 No 3
KW23e.	How old were you when you stopped having menstruation?	<input type="text"/> Years → SECTION BR

KW24.	Are you and your Husband physically able to conceive a child (again)?	No 3 Yes 1
KW25.	Do you personally wish to have another child (besides the children you already have)?	No 3→SECTION BR Yes 1
KW26.	How many (more) children do you wish to have?	<input type="text"/> Children Up to God 95
KW27.	Among the children that you (still) wish to have, how many sons and daughters do you wish to have?	<input type="text"/> Sons <input type="text"/> Daughters Up to God 95

SECTION BR (PREGNANCY SUMMARY)

Now I would like to ask you about all of your pregnancies.

BR00x. INTERVIEWER CHECK:	NEW RESPONDENT 3 → BR01 PANEL RESPONDENT 1
BR00a. INSTRUCTION FOR INTERVIEW:	HAS CHILD ROSTER AND A CHILD LISTED AT CH00a..... 1 → BA00a HAS CHILD ROSTER AND NO CHILD LISTED AT CH00a..... 2 → BR001 HAS NO CHILD ROSTER AND HAS NO CHILD LISTED AT CH00a 3 → BR001 HAS NO CHILD ROSTER BUT DOES HAVE A CHILD LISTED AT CH00a 4 → BA00a
BR01. Now I would like to ask you about all children that you have so far. Have you ever given birth?	No.....3 → BR08 Yes 1
BR02. Do you have biological sons or daughters who are now living with you?	No.....3 → BR05 Yes 1
BR03. How many biological sons are now living with you?	<div> </div> <div> </div> <div>Males</div>
BR04. How many biological daughters are now living with you?	<div> </div> <div> </div> <div>Females</div>
USE LIST OF HOUSEHOLDERS TO VERIFY NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN WHO LIVE IN THIS HOUSEHOLD. IF THE TOTAL OF BR03 + BR04 AND THE NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN IN LIST OF HOUSEHOLDERS DO NOT MATCH, DO SOME PROBING TO CONFIRM THE NUMBER. REPEAT THE QUESTION BY MENTIONING EACH BIOLOGICAL CHILD'S NAME FROM LIST OF HOUSEHOLDERS (AR01).	
BR05. Do you have biological sons or daughters, who are still alive, but do not live with you?	No..... 3 → BR08 Yes 1
BR06. How many biological sons are still alive, but do not live with you?	<div> </div> <div> </div> <div>Males</div>
BR07. How many biological daughters are still alive, but do not live with you?	<div> </div> <div> </div> <div>Females</div>
BR08. Have you ever given live birth to a son or daughter, even one who lived only for a short a while?	No..... 3 → BR11 Yes 1

BR09. How many sons were born alive but passed away later?	<div> </div> <div> </div> <div>Males</div>
BR10. How many daughters were born alive but passed away later?	<div> </div> <div> </div> <div>Females</div>
BR11. Have you ever had a pregnancy that resulted in a stillbirth?	No 3 → BR13 Yes..... 1
BR12. How many stillbirths have you had?	<div> </div> <div> </div>
BR13. (Besides that) have you had any miscarriages?	No 3 → BR15 Yes..... 1
BR14. How many miscarriages have you had?	<div> </div> <div> </div>
BR15. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, you have had <div> </div> livebirths, is it correct ?	<div> </div> <div> </div> <div>No 3 → REVISE BR01-BR10</div> <div>Yes..... 1</div>
BR16. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE: Again, to confirm your answers, you have had <div> </div> stillbirths and miscarriages, is it correct?	<div> </div> <div> </div> <div>No 3 → REVISE BR12 and BR14</div> <div>Yes..... 1</div>
BR16a. INTERVIEWER CHECK BR00a.	HAVE ROSTER 2 → BA00a NO ROSTER 3 → CH00

CHILD ROSTER

BA00a. INTERVIEWER CHECK (Choose One)	
RESPONDENT HAS A CHILD ROSTER FOR BOOK IV 1 ↓ ↓ ↓ INSERT PREPRINTED CHILD ROSTER FOR BOOK IV	RESPONDENT HAS NO PREPRINTED CHILD ROSTER FOR BOOK IV / NEW RESPONDENT 3 ↓ ↓ ↓ CH00

SECTION BA: (NON-CORESIDENT CHILD ROSTER)

BAAR00	BA63a	BA63b	BA64	BA64a	BA64b	BA64c	BA65	BA65a	BA66	BA67	BA68	BA69	BA70
NO. OF HHM		NAME	Sex	Age in '97	Birth Date Mo/Yr	In HH in '97?	Is [...] alive?	Death Date Month/Year	Current Age/Age when died Yrs	Marital Status	Highest education level attended by non-HHM	Highest grade completed by non-HHM	Where does [...] live now/before died?
<div></div>	01		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	02		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	03		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	04		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	05		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
AR00 97. Not registered at the roster	BA64 1. Male 3. Female	BA65 1. Yes 3. No 8. DON'T KNOW	BA67 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. DON'T KNOW	BA68 01. No school/Not yet in School 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelor) 62. University (Master) 63. University (PhD) 09. University 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (<i>Pesantren</i>) 17. School for the Disabled 70. Madrasah 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 74. Madrasah Aliyah 90. Kindergarten 98. DON'T KNOW									BA69 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. No school 98. DON'T KNOW
BA70 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu 18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. D.I. Yogyakarta 35. East Java 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. USA 91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 95. Other _____ 98. DON'T KNOW													

SECTION BA: (NON-CORESIDENT CHILD ROSTER)

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

(BA63a)	(BA63b)	BA80	BA81	BA82	BA84
	(NAME)	What is/was []'s primary activity now/before his/her death?	What is/was []'s work status now/before his/her death?	What is/was []'s type of work now/before his/her death?	How often do/did you meet with [] during the past year now/before his/her death?
		02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
		02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
		02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
		02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
		02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
		02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
		BA80 01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home 07. Sick/Disabled 98. DON'T KNOW 08. Other, specify: _____	BA81 01. Self-employed 02. Self-employed assisted other family members/temporary employees 03. Self-employed with permanent employees 04. Government worker/employee 05. Private worker/employee 06. Unpaid family worker 98. DON'T KNOW	BA82 01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 98. DON'T KNOW 10. Other, specify _____	BA84 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday

SECTION BA (NON-CORESIDENT CHILD ROSTER)

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

(BA63a)	(BA63b)	BA87a	BA88	BA89a	BA90
	(NAME)	In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	What type of assistance did you provide and what is the value?	In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	What type of assistance did you receive and what is the value?
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/SECTION TF 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/SECTION TF 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/SECTION TF 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/SECTION TF 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/SECTION TF 1. Yes	A. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. D. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. E. <input type="text"/> 03. days 05. months F. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. _____

BA88 & BA90

A. Money (loans, tuition, health care cost)

D. Food stuff or other goods

E. Chores, child care

F. Other_____

SECTION BF (BREASTFEEDING UPDATE)

BF00. INTERVIEWER CHECK		
<div>PANEL RESPONDENT WITH CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>↓ ↓ 1→ BF01</div>	<div>PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>↓ ↓ 2→ CH00</div>	<div>NEW RESPONDENT</div> <div>↓ ↓ 3→ CH00</div>

BF01.	Name of youngest child (from CH00a).	_____
BF02.	Age of youngest child.	____ Years
BF03	INTERVIEWER CHECK: IS CHILD GREATER THAN 8 YEARS?	Yes1→CH00 No3
BF04.	Did you ever breastfeed [...] even for a short period?	No3→CH00 Yes1
BF05.	How old was [...] when he/she was first fed water (plain, sugared, honey, ice water, tea)?	____ 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED
BF06.	What age was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breast milk? ENTER "96" IF NOT FED REGULARLY YET	____ 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY
BF07.	For how many months did you breastfeed [...]?	____ 96. STILL BREASTFEEDING→CH00 05. MONTHS 88. DIED WHILE BREASTFEEDING

BF08.	Why did you stop breastfeeding [...]?	
CIRCLE ALL THAT APPLY		
		A. MOTHER SICK/WEAK
		B. SORE NIPPLES
		C. WORK
		D. INCONVENIENCE
		E. TAKE CONTRACEPTIVE PILLS
		F. WANT TO GET PREGNANT
		G. WAS PREGNANT AGAIN
		H. INSUFFICIENT BREAST MILK
		I. CHILD'S DEATH
		J. CHILD'S SICKNESS
		K. CHILD IN INCUBATOR
		L. CHILD DID NOT DEVELOP
		M. CHILD DID NOT WANT
		N. CHILD LIVED SEPARATELY
		O. DR/NURSE'S RECOMMENDATIONS
		P. HUSBAND'S OBJECTIONS
		Q. CHILD'S INABILITY TO SUCK
		R. CHILD WAS BIG ENOUGH
		S. OTHER, SPECIFY _____

SECTION CH (PREGNANCY HISTORY)

CH00. INTERVIEWER CHECK		
<div>PANEL RESPONDENT WITH CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>1 ↓ ↓ CH01a.</div>	<div>PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>2 ↓ ↓ CH01b</div>	<div>NEW RESPONDENT</div> <div>3 ↓ ↓ CH01b</div>

PANEL RESPONDENT WITH CHILD AT CH00a	
CH01a. INSTRUCTION: FIND CH00a. ON PRE-PRINTED CHILDROSTER NAME OF YOUNGEST CHILD: _____	
a. Since the birth of [...] (NAME OF CHILD IN CH00a), have you been pregnant again?	No 3 → CH42 Yes 1
b. How many times have you been pregnant (including live births, still births, and abortions) since the birth of [...] (NAME OF YOUNGEST CHILD) (NOT INCLUDING THIS PREGNANCY)	IF = 0 → c IF > 0 ↓
d. After the birth of [YOUNGEST CHILD] how many live births do you have?	
e. After the birth of [YOUNGEST CHILD] how many still births/miscarriages did you have?	
c. Are you currently pregnant?	Yes 1 → (ENTER "1") No..... 3 → (ENTER "0")
CH02a. TOTAL OF PREGNANCIES (c + d + e)	IF > 0 → CH03 IF = 0 → CH42

NEW RESPONDENT OR PANEL RESPONDENT WITH NO CHILD AT CH00a		
CH01b.	INSTRUCTION: TRANSFER INFORMATION FROM SECTION BR: a. NUMBER OF LIVE BIRTHS (BR15) AND b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)	
	a. NUMBER OF LIVE BIRTHS (BR15)	
	b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)	
	c. Are you currently pregnant?	Yes 1 → (ENTER "1") No..... 3 → (ENTER "0")
CH02b.	TOTAL OF PREGNANCIES (a+b+c)	IF > 0 → CH03 IF = 0 → CH42

SECTION CH (PREGNANCY HISTORY)

LIST ALL PREGNANCIES. FILL OUT ACCORDING TO EACH PREGNANCY'S OUTCOME. COMPLETE ALL COLUMNS IN CH05-CH17 BEFORE MOVING TO THE FIRST PREGNANCY AND CONTINUING.

CH03. TOTAL OF COLUMNS TO BE FILLED OUT FROM CH02a/CH02b :				
--	--	--	--	--

CH05. Chronological order of pregnancy's outcome	[0 1]	[0 2]	[0 3]	[0 4]
CH06. Classification of pregnancy's outcome	Is pregnant 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2
CH06a. Did pregnancy end in multiple birth?	Yes 1 No..... 3	Yes 1 No..... 3	Yes 1 No 3	Yes..... 1 No 3
CH07. Name of child:.....	_____	_____	_____	_____
CH08. Is [...] a male or female?	Male 1 Female 3	Male..... 1 Female 3	Male..... 1 Female..... 3	Male..... 1 Female..... 3
CH09. What date was [...] born/you had a miscarriage? (DAY/MON/YR)	1. / / →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. / / →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. / / →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. / / →CH17 DAY / MONTH / YEAR 8. DON'T KNOW
CH10a. How old were you when [...] was born/you had a miscarriage?	_____ Years	_____ Years	_____ Years	_____ Years
CH10b. USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH. (BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH)	Year	Year	Year	Year
CH17. How far was/is the pregnancy when [...] was born/you had the miscarriage/now?	_____ Month05 Weeks04	_____ Month05 Weeks04	_____ Month..... 05 Weeks..... 04	_____ Month..... 05 Weeks..... 04

CH11. CHECK THE NUMBER OF COLUMNS FILLED OUT AGAINST CH03.	INCONSISTENT 3 → CHECK AGAIN, UNTIL THE NUMBER OF COLUMNS = CH03 CONSISTENT 1
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SECTION CH (PREGNANCY HISTORY)

CH12. INTERVIEWER CHECK: CH09/CH10B 3. PREGNANCY ENDED AFTER 1994 1. PREGNANCY ENDED BEFORE 1995	3 ➔ CH14 1	3 ➔ CH14 1	3 ➔ CH14 1	3 ➔ CH14 1
CH13. INTERVIEWER'S NOTE: 3. CH06 = 1, 3, 4 1. CH06 = 2 (LIVE BIRTH)	3 ➔ CH12 KOLOM 2 /CH42 1 ➔ CH25	3 ➔ CH12 KOLOM 2 /CH42 1 ➔ CH25	3 ➔ CH12 KOLOM 2 /CH42 1 ➔ CH25	3 ➔ CH12 KOLOM 2 /CH42 1 ➔ CH25
CH14. During the pregnancy have/did you ever have a pregnancy check-up?	No 3 ➔ CH18 Yes 1	No 3 ➔ CH18 Yes 1	No 3 ➔ CH18 Yes 1	No 3 ➔ CH18 Yes..... 1
CH15. Where do/did you go for pregnancy check-ups? (CIRCLE ALL THAT APPLY) A. Public hospital B. Private hospital C. Community health center (Puskesmas)..... D. Village Delivery Post (POLINDES) E. Clinic/office of physician F. Clinic/office of midwife G. Office of traditional midwife I. Posyandu H. Other, specify _____	A B C D E F G I H _____	A B C D E F G I H _____	A B C D E F G I H _____	A B C D E F G I H _____
CH15a. What is the name and location of the provider you visited? (IF MORE THAN 1, ASK ABOUT PROVIDER VISITED MOST FREQUENTLY.) 3. Same as residence 8. DON'T KNOW	<div>☐ (CODE CH15)</div> <div>Name 8. DON'T KNOW 1. _____</div> <div>Address 8. DON'T KNOW 1. _____</div> <div>Loc. Note _____</div> <div>A. Vill: 1. _____ 3. Same 8. DON'T KNOW</div> <div>B. Kec: 1. _____ 3. Same 8. DON'T KNOW</div> <div>C. Kab: 1. _____ 3. Same 8. DON'T KNOW</div> <div>D. Prov: 1. _____ 3. Same 8. DON'T KNOW</div> <div>CODE COMFAS. ☐☐☐☐☐☐☐☐</div>	<div>☐ (CODE CH15)</div> <div>Name 8. DON'T KNOW 1. _____</div> <div>Address 8. DON'T KNOW 1. _____</div> <div>Loc. Note _____</div> <div>A. Vill: 1. _____ 3. Same 8. DON'T KNOW</div> <div>B. Kec: 1. _____ 3. Same 8. DON'T KNOW</div> <div>C. Kab: 1. _____ 3. Same 8. DON'T KNOW</div> <div>D. Prov: 1. _____ 3. Same 8. DON'T KNOW</div> <div>CODE COMFAS. ☐☐☐☐☐☐☐☐</div>	<div>☐ (CODE CH15)</div> <div>Name 8. DON'T KNOW 1. _____</div> <div>Address 8. DON'T KNOW 1. _____</div> <div>Loc. Note _____</div> <div>A. Vill: 1. _____ 3. Same 8. DON'T KNOW</div> <div>B. Kec: 1. _____ 3. Same 8. DON'T KNOW</div> <div>C. Kab: 1. _____ 3. Same 8. DON'T KNOW</div> <div>D. Prov: 1. _____ 3. Same 8. DON'T KNOW</div> <div>CODE COMFAS. ☐☐☐☐☐☐☐☐</div>	<div>☐ (CODE CH15)</div> <div>Name 8. DON'T KNOW 1. _____</div> <div>Address 8. DON'T KNOW 1. _____</div> <div>Loc. Note _____</div> <div>A. Vill: 1. _____ 3. Same 8. DON'T KNOW</div> <div>B. Kec: 1. _____ 3. Same 8. DON'T KNOW</div> <div>C. Kab: 1. _____ 3. Same 8. DON'T KNOW</div> <div>D. Prov: 1. _____ 3. Same 8. DON'T KNOW</div> <div>CODE COMFAS. ☐☐☐☐☐☐☐☐</div>

SECTION CH (PREGNANCY HISTORY)

<div>CH15b.</div> <div>What is the name and location of the provider you visited?</div> <div>(IF MORE THAN 2, ASK ABOUT PROVIDER VISITED MOST FREQUENTLY.)</div> <div>3. Same as residence</div> <div>8. DON'T KNOW</div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Address<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Loc. Note<div></div></div> <div>A. Vill:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>B. Kec:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>C. Kab:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>D. Prov:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>CODE COMFAS. <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Address<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Loc. Note<div></div></div> <div>A. Vill:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>B. Kec:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>C. Kab:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>D. Prov:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>CODE COMFAS. <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Address<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Loc. Note<div></div></div> <div>A. Vill:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>B. Kec:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>C. Kab:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>D. Prov:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>CODE COMFAS. <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Address<div>8. DON'T KNOW</div></div> <div>1.<div></div></div> <div>Loc. Note<div></div></div> <div>A. Vill:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>B. Kec:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>C. Kab:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>D. Prov:<div>1. <div></div></div><div>3. Same<div>8. DON'T KNOW</div></div></div> <div>CODE COMFAS. <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>
<div>CH16a.</div> <div>During the first 3 months of your pregnancy, how many visits did you make for prenatal care?</div>	<div>1. <div><div></div><div></div></div> Visits</div>	<div>1. <div><div></div><div></div></div> Visits</div>	<div>1. <div><div></div><div></div></div> Visits</div>	<div>1. <div><div></div><div></div></div> Visits</div>
<div>CH16b.</div> <div>During the second 3 months of your pregnancy, months 4 to 6, how many visits did you make for prenatal care?</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 2nd trimester</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 2nd trimester</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 2nd trimester</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 2nd trimester</div>
<div>CH16c.</div> <div>During the third 3 months of your pregnancy, months 7 to 9, how many visits did you make for prenatal care?</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 3rd trimester</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 3rd trimester</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 3rd trimester</div>	<div>1. <div><div></div><div></div></div> Visits</div> <div>6. Not yet in 3rd trimester</div>
<div>CH16d.</div> <div>At any time during your pregnancy, did you receive the following services?</div> <div>a. Weight.....</div> <div>b. Height.....</div> <div>c. Blood pressure.....</div> <div>d. Blood test for hemoglobin.....</div> <div>e. Measure of height of fetus.....</div> <div>f. Listen to fetal heartbeat.....</div> <div>g. Internal Exam.....</div> <div>h. Measurement of hips.....</div>	<div>1. Yes 3. No 8. DON'T KNOW</div> <div>a. 1. 3. 8.</div> <div>b. 1. 3. 8.</div> <div>c. 1. 3. 8.</div> <div>d. 1. 3. 8.</div> <div>e. 1. 3. 8.</div> <div>f. 1. 3. 8.</div> <div>g. 1. 3. 8.</div> <div>h. 1. 3. 8.</div>	<div>1. Yes 3. No 8. DON'T KNOW</div> <div>a. 1. 3. 8.</div> <div>b. 1. 3. 8.</div> <div>c. 1. 3. 8.</div> <div>d. 1. 3. 8.</div> <div>e. 1. 3. 8.</div> <div>f. 1. 3. 8.</div> <div>g. 1. 3. 8.</div> <div>h. 1. 3. 8.</div>	<div>1. Yes 3. No 8. DON'T KNOW</div> <div>a. 1. 3. 8.</div> <div>b. 1. 3. 8.</div> <div>c. 1. 3. 8.</div> <div>d. 1. 3. 8.</div> <div>e. 1. 3. 8.</div> <div>f. 1. 3. 8.</div> <div>g. 1. 3. 8.</div> <div>h. 1. 3. 8.</div>	<div>1. Yes 3. No 8. DON'T KNOW</div> <div>a. 1. 3. 8.</div> <div>b. 1. 3. 8.</div> <div>c. 1. 3. 8.</div> <div>d. 1. 3. 8.</div> <div>e. 1. 3. 8.</div> <div>f. 1. 3. 8.</div> <div>g. 1. 3. 8.</div> <div>h. 1. 3. 8.</div>

SECTION CH (PREGNANCY HISTORY)

CH16e. At any time in your pregnancy did you receive an injection of TT to keep the baby from getting tetanus or convulsions at birth?	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8	Yes 1 No 3 DON'T KNOW..... 8	Yes 1 No 3 DON'T KNOW..... 8
CH16f. At any time during your pregnancy did you take iron pills?	No3 → CH18 Yes1 DON'T KNOW8	No3 → CH18 Yes1 DON'T KNOW8	No 3 → CH18 Yes 1 DON'T KNOW..... 8	No 3 → CH18 Yes 1 DON'T KNOW..... 8
CH16g. How many iron pills did you take during your pregnancy?	1. [] [] [] [] pills 8. DON'T KNOW	1. [] [] [] [] pills 8. DON'T KNOW	1. [] [] [] [] pills 8. DON'T KNOW	1. [] [] [] [] pills 8. DON'T KNOW
CH18. INTERVIEWER NOTE : 1. CH06 = 1 3. CH06 = 2 OR 3 2. CH06 = 4	1. → CH12 COLOMN 2 / CH42 3. → CH18a 2.	1. → CH12 COLOMN 3 / CH42 3. → CH18a 2.	1. → CH12 COLOMN 4 / CH42 3. → CH18a 2.	1. → CH12 SUPPLEMENT / CH42 3. → CH18a 2.
CH18aa. What were the reasons of your miscarriage?	1. Accident, fell, wrong drug 2. Aborted as doctor's recommended 3. Unwanted pregnancy 4. Sick 5. Other, specify 6. Too tired/too much work CH12 COLOMN 2 / CH42	1. Accident, fell, wrong drug 2. Aborted as doctor's recommended 3. Unwanted pregnancy 4. Sick 5. Other, specify 6. Too tired/too much work CH12 COLOMN 3 / CH42	1. Accident, fell, wrong drug 2. Aborted as doctor's recommended 3. Unwanted pregnancy 4. Sick 5. Other, specify 6. Too tired/too much work CH12 COLOMN 4 / CH42	1. Accident, fell, wrong drug 2. Aborted as doctor's recommended 3. Unwanted pregnancy 4. Sick 5. Other, specify 6. Too tired/too much work CH12 SUPPLEMENT / CH42
CH18a. At the time that you gave birth to [...], were you in labor for more than one day and night?	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8	Yes 1 No 3 DON'T KNOW..... 8	Yes 1 No 3 DON'T KNOW..... 8
CH19. Where did you give birth to [...]? 09. Own house..... 10. Family Members House 01. Public hospital 02. Private hospital 03. Delivery Hospital 04. Community health center 05. Village Delivery Post 06. Clinic/office of physician 07. Clinic/office of midwife 08. Office/house of trad. midwife 11. Other, specify	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11

SECTION CH (PREGNANCY HISTORY)

<div>CH19a.</div> <div>What is the name and location of the place you delivered [...]?</div> <div>1. Specify</div> <div>3. Same as residence</div> <div>8. DON'T KNOW</div>	<div>Name8. DON'T KNOW</div> <div>1._____</div> <div>Address8. DON'T KNOW</div> <div>1._____</div> <div>Loc. Note_____</div> <div>A. Vill: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. _ _ _ _ _</div>	<div>Name8. DON'T KNOW</div> <div>1._____</div> <div>Address8. DON'T KNOW</div> <div>1._____</div> <div>Loc. Note_____</div> <div>A. Vill: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. _ _ _ _ _</div>	<div>Name8. DON'T KNOW</div> <div>1._____</div> <div>Address8. DON'T KNOW</div> <div>1._____</div> <div>Loc. Note_____</div> <div>A. Vill: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. _ _ _ _ _</div>	<div>Name8. DON'T KNOW</div> <div>1._____</div> <div>Address8. DON'T KNOW</div> <div>1._____</div> <div>Loc. Note_____</div> <div>A. Vill: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. _____</div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. _ _ _ _ _</div>
<div>CH20.</div> <div>Who provided care during [...]’s birth?</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>NOBODY G→CH20c</div> <div>Physician..... A</div> <div>Private midwife..... B</div> <div>Village midwife..... C</div> <div>Nurse..... D</div> <div>Traditional birth attendant E</div> <div>Family..... H</div> <div>Other_____ F</div>	<div>NOBODY G→CH20c</div> <div>Physician..... A</div> <div>Private midwife..... B</div> <div>Village midwife..... C</div> <div>Nurse..... D</div> <div>Traditional birth attendant E</div> <div>Family..... H</div> <div>Other_____ F</div>	<div>NOBODY G→CH20c</div> <div>Physician..... A</div> <div>Private midwife..... B</div> <div>Village midwife..... C</div> <div>Nurse..... D</div> <div>Traditional birth attendant E</div> <div>Family..... H</div> <div>Other_____ F</div>	<div>NOBODY G→CH20c</div> <div>Physician..... A</div> <div>Private midwife..... B</div> <div>Village midwife..... C</div> <div>Nurse..... D</div> <div>Traditional birth attendant E</div> <div>Family..... H</div> <div>Other_____ F</div>
<div>CH20a.</div> <div>What is the name of the person who provided care?</div> <div>(IF MORE THAN ONE ANSWER CIRCLED, ASK THE NAME OF THE MAIN ATTENDANT)</div>	<div>_ _ letter code, CH20</div> <div>_____</div>	<div>_ _ letter code, CH20</div> <div>_____</div>	<div>_ _ letter code, CH20</div> <div>_____</div>	<div>_ _ letter code, CH20</div> <div>_____</div>
<div>CH20c.</div> <div>What factors led you to choose this delivery site/attendant?</div> <div>(CIRCLE ALL THAT APPLY)</div>	<div>Cheap A</div> <div>Nearby B</div> <div>Feel Safe C</div> <div>More Comfortable D</div> <div>Modern Service..... E</div> <div>Habit G</div> <div>Family reason H</div> <div>Few choices..... I</div> <div>Medical reasons (abnormality)... K</div> <div>Too early delivery L</div> <div>Recommended by doctor/ mid-wife M</div> <div>Other _____ F</div>	<div>Cheap..... A</div> <div>Nearby..... B</div> <div>Feel Safe..... C</div> <div>More Comfortable..... D</div> <div>Modern Service E</div> <div>Habit..... G</div> <div>Family reason..... H</div> <div>Few choices I</div> <div>Medical reasons (abnormality) .. K</div> <div>Too early delivery L</div> <div>Recommended by doctor/ mid-wife M</div> <div>Other _____ F</div>	<div>Cheap A</div> <div>Nearby B</div> <div>Feel Safe C</div> <div>More Comfortable D</div> <div>Modern Service..... E</div> <div>Habit G</div> <div>Family reason H</div> <div>Few choices..... I</div> <div>Medical reasons (abnormality)... K</div> <div>Too early delivery..... L</div> <div>Recommended by doctor/ mid-wife M</div> <div>Other _____ F</div>	<div>Cheap..... A</div> <div>Nearby..... B</div> <div>Feel Safe C</div> <div>More Comfortable..... D</div> <div>Modern Service E</div> <div>Habit..... G</div> <div>Family reason H</div> <div>Few choices I</div> <div>Medical reasons (abnormality) .. K</div> <div>Too early delivery L</div> <div>Recommended by doctor/ mid-wife M</div> <div>Other _____ F</div>

SECTION CH (PREGNANCY HISTORY)

CH20g. How much did you spend on care during the delivery?	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW
CH20h. In the first 40 days after the baby was born, did you receive any follow-up care from the person who delivered the baby?	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3
CH21. INTERVIEWER'S NOTE: 3. CH06 = 3 1. CH06 = 2 (LIVE BIRTH)	3 → CH12 COLUMN 2 /CH42 1	3 → CH12 COLUMN 3 /CH42 1	3 → CH12 COLUMN 4 /CH42 1	3 → CH12 SUPPLEMENT/CH42 1
CH22. In your opinion, compared with other infants, was [...] bigger, smaller or similar in size?	Much bigger 1 Bigger 2 Similar 3 Smaller 4 Much smaller 5 DON'T KNOW 8	Much bigger 1 Bigger 2 Similar 3 Smaller 4 Much smaller 5 DON'T KNOW 8	Much bigger 1 Bigger 2 Similar 3 Smaller 4 Much smaller 5 DON'T KNOW 8	Much bigger 1 Bigger 2 Similar 3 Smaller 4 Much smaller 5 DON'T KNOW 8
CH23. Was [...] weighed right after birth?	No 3 → CH24a Yes 1	No 3 → CH24a Yes 1	No 3 → CH24a Yes 1	No 3 → CH24a Yes 1
CH24. To be exact, how many kilograms was [...]’s birth weight?	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg
CH24a. Did you ever breastfeed [...] even for a short period?	No 3 → CH25 Yes 1	No 3 → CH25 Yes 1	No 3 → CH25 Yes 1	No 3 → CH25 Yes 1
CH24c. How old was [...] when he/she was first fed water (plain, sugared, honey, ice water, tea)?	<input type="text"/> 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED	<input type="text"/> 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED	<input type="text"/> 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED	<input type="text"/> 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED

SECTION CH (PREGNANCY HISTORY)

CH24d. What age was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breast milk?	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</div>	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</div>	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</div>	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</div>
CH24e. For how many months did you breastfeed [...]?	<div><div></div><div></div><div></div></div> <div>96. STILL BREASTFEEDING→ CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</div>	<div><div></div><div></div><div></div></div> <div>96. STILL BREASTFEEDING→ CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</div>	<div><div></div><div></div><div></div></div> <div>96. STILL BREASTFEEDING→ CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</div>	<div><div></div><div></div><div></div></div> <div>96. STILL BREASTFEEDING→ CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</div>
CH24f. Why did you stop breastfeeding [...]? CIRCLE ALL THAT APPLY A. Mother sick/weak..... B. Sore nipples C. Work..... D. Inconvenience E. Take contraceptive pills F. Want to get pregnant..... G. Was pregnant again..... H. Insufficient breast milk..... I. Child's death..... J. Child's sickness..... K. Child in incubator..... L. Child did not develop..... M. Child did not want N. Child lived separately O. Dr/nurse's recommendations P. Husband's objections Q. Child's inability to suck R. Child was big enough S. Other, (specify)	<div>A B C D E F G H I J K L M N O P Q R</div> <div>S</div>	<div>A B C D E F G H I J K L M N O P Q R</div> <div>S</div>	<div>A B C D E F G H I J K L M N O P Q R</div> <div>S</div>	<div>A B C D E F G H I J K L M N O P Q R</div> <div>S</div>
CH25. Is [...] still alive?	Yes 1 → CH27 No 3	Yes 1 → CH27 No 3	Yes 1 → CH27 No 3	Yes 1 → CH27 No 3

SECTION CH (PREGNANCY HISTORY)

CH26. How old was [...] when he/she died?	<div><div></div><div></div><div></div></div> <div>Days03 weeks04 Months.....05 Years06</div>	<div><div></div><div></div><div></div></div> <div>Days03 weeks04 Months.....05 Years06</div>	<div><div></div><div></div><div></div></div> <div>Days03 weeks.....04 Months05 Years06</div>	<div><div></div><div></div><div></div></div> <div>Days03 weeks.....04 Months05 Years06</div>
CH27. INTERVIEWER CHECK: IS [...] LISTED IN THE HH ROSTER? 1. YES, AR00 = <div><div></div><div></div><div></div></div> (PID)..... 2. YES, BUT DIED OR NOT LIVE IN HOUSEHOLD, AR00 3. NO.....	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>
CH27x. INTERVIEWER CHECK CH00: 1. PANEL WITH CHILD ROSTER 3. PANEL WITHOUT CHILD ROSTER OR NEW	<div>1 → CH12 COLOMN 2 / CH42</div> <div>3</div>	<div>1 → CH12 COLOMN 3 / CH42</div> <div>3</div>	<div>1 → CH12 COLOMN 4 / CH42</div> <div>3</div>	<div>1 → CH12 SUPPLEMENT / CH42</div> <div>3</div>
CH27b. INTERVIEWER CHECK CH25 AND CH27: 1. ALIVE, IN HH (CH27=1)..... 3. ALIVE NOT IN HH (CH27=2 OR 3 AND CH25=1) 5. DEAD (CH25=3).....	<div>1 → CH12 COLOMN 2 / CH42</div> <div>3</div> <div>5</div>	<div>1 → CH12 COLOMN 3 / CH42</div> <div>3</div> <div>5</div>	<div>1 → CH12 COLOMN 4 / CH42</div> <div>3</div> <div>5</div>	<div>1 → CH12 SUPPLEMENT / CH42</div> <div>3</div> <div>5</div>
CH28a. Is/was [...] now/at the time [...] died 15 years old or older?	<div>No 3→CH12 COLUMN 2 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 COLUMN 3 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 COLUMN 4 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 SUPPLEMENT / CH42</div> <div>Yes 1</div>
CH28b. INTERVIEWER CHECK CH25 STILL ALIVE?	<div>Yes 1 → CH30a</div> <div>No 3</div>	<div>Yes 1 → CH30a</div> <div>No 3</div>	<div>Yes 1 → CH30a</div> <div>No 3</div>	<div>Yes 1 → CH30a</div> <div>No 3</div>
CH29a. Did [...] die within the last 12 months?	<div>No 3→CH12 COLUMN 2 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 COLUMN 2 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 COLUMN 2 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 SUPPLEMENT / CH42</div> <div>Yes 1</div>
CH29b. Was [...] living outside the HH at the time of death?	<div>No 3→CH12 COLUMN 2 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 COLUMN 2 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 COLUMN 2 / CH42</div> <div>Yes 1</div>	<div>No 3→CH12 SUPPLEMENT / CH42</div> <div>Yes 1</div>
CH30a. Marital status (now/at death): 01. Single..... 02. Married..... 03. Separated 04. Divorced..... 05. Widow/widower 08. DON'T KNOW.....	<div>01 02 03 04 05 08</div>	<div>01 02 03 04 05 08</div>	<div>01 02 03 04 05 08</div>	<div>01 02 03 04 05 08</div>

SECTION CH (PREGNANCY HISTORY)

CH31a.	Highest education level attained by non-householder:				
01.	No school/Not yet in School	01	01	01	01
02.	Elementary	02	02	02	02
03.	Jr. Hi General	03	03	03	03
04.	Jr. Hi Vocational	04	04	04	04
05.	Sr. Hi General	05	05	05	05
06.	Sr. Hi Vocational	06	06	06	06
60.	College, D1, D2, D3	60	60	60	60
61.	University (Bachelors)	61	61	61	61
62.	University (Masters)	62	62	62	62
63.	University (PhD)	63	63	63	63
11.	Adult Education A	11	11	11	11
12.	Adult Education B	12	12	12	12
13.	Open University	13	13	13	13
14.	Islamic School (Pesantren)	14	14	14	14
17.	School for the Disabled	17	17	17	17
70.	Madrasah, General	70	70	70	70
72.	Islamic Elementary School (Madrasah Ibtidaiyah)	72	72	72	72
73.	Islamic Junior/High School (Madrasah Tsanawiyah)	73	73	73	73
74.	Madrasah Senior High School	74	74	74	74
90.	Kindergarten	90	90	90	90
98.	DON'T KNOW	98	98	98	98
10.	Other, specify: _____	10 _____	10 _____	10 _____	10 _____
CH32a.	Highest grade completed by non-householder:				
00.	Did not complete 1st class	00	00	00	00
01.	1.....	01	01	01	01
02.	2.....	02	02	02	02
03.	3.....	03	03	03	03
04.	4.....	04	04	04	04
05.	5.....	05	05	05	05
06.	6.....	06	06	06	06
07.	Graduated.....	07	07	07	07
96.	NO SCHOOL	96	96	96	96
98.	DON'T KNOW	98	98	98	98

SECTION CH (PREGNANCY HISTORY)

CH33a. Where does/did [...] live now/before his/her death?	00 → CH12 COLOMN 2 / CH42 <div><div></div><div></div><div></div></div>	00 → CH12 COLOMN 2 / CH42 <div><div></div><div></div><div></div></div>	00 → CH12 COLOMN 2 / CH42 <div><div></div><div></div><div></div></div>	00 → CH12 SUPPLEMENT / CH42 <div><div></div><div></div><div></div></div>
CH34a. What is/was [...]’s primary activity now/before his/her death? 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home/unemployed 07. Sick/disabled..... 98. DON’T KNOW 01. Working/trying to get work/ helping to earn income..... 08. Other, specify:.....	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08 _____→CH37a	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08 _____→CH37a	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08 _____→CH37a	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08 _____→CH37a
CH35a. What is/was [...]’s work status now/before his/her death? 01. Self-employed 02. Self-employed assisted other family members/temporary employees..... 03. Self-employed with permanent employees..... 04. Government worker/employee .. 05. Private worker/employee..... 06. Unpaid family worker..... 98. DON’T KNOW	01 02 03 04 05 06 98	01 02 03 04 05 06 98	01 02 03 04 05 06 98	01 02 03 04 05 06 98

CH33a 00. In the household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 10. Sumatra	11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu	18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. Yogyakarta 35. East Java 51. Bali	52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan	64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. Southeast Sulawesi 81. Maluku	82. Irian Jaya 85. Malaysia 86. Singapore 91. Saudi Arabia 98. DON’T KNOW 95. Other, _____
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SECTION CH (PREGNANCY HISTORY)

CH36a. What is/was [...]’s type of work now/before his/her death? 01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like..... 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker..... 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other, specify 98. DON’T KNOW	01 02 03 04 05 06 07 08 09 10 98	01 02 03 04 05 06 07 08 09 10 98	01 02 03 04 05 06 07 08 09 10 98	01 02 03 04 05 06 07 08 09 10 98
CH37a. How often do/did you meet with [...] during the past year now/before his/her death? 1. Never 2. At least once a year 3. At least once a month 4. At least once a week..... 5. Everyday.....	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
CH38a. In the past 12 months, did you or your husband ever provide help to [...] in the form of money, goods, or services?	UNWILLING TO ANSWER..... 7→ CH40a No 3→ CH40a Yes 1	UNWILLING TO ANSWER..... 7→ CH40a No 3→ CH40a Yes 1	UNWILLING TO ANSWER..... 7→ CH40a No 3→ CH40a Yes..... 1	UNWILLING TO ANSWER..... 7→ CH40a No 3→ CH40a Yes..... 1

SECTION CH (PREGNANCY HISTORY)

CH39a. What type of help did you provide to [...] in the past 12 months and what is the value? A. Money, loan, tuition, health care costs D. Food stuffs or other goods E. Chores, child care, help when ill 03. Days 05. Months F. Other, specify: _____	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , ,	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , ,	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , ,	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , ,
CH40a. In the past 12 months, did you or your husband ever receive help from [...] in the form of money, goods, or services?	UNWILLING TO ANSWER7→CH12 NEXT / CH42 No.....3→CH12 COLUMN 2 / CH42 Yes.....1	UNWILLING TO ANSWER..... 7→CH12 NEXT / CH42 No..... 3→CH12 COLUMN 3 / CH42 Yes 1	UNWILLING TO ANSWER..... 7→CH12 NEXT / CH42 No 3→CH12 COLUMN 4 / CH42 Yes..... 1	UNWILLING TO ANSWER ..7→CH12 NEXT / CH42 No3→CH12 SUPPLEMENT/ CH42 Yes.....1
CH41a. What type of help did you receive from [...] in the past 12 months and what is the value? A. Money, loan, tuition, health care costs D. Food stuffs or other goods E. Chores, child care, help when ill 03. Days 05. Months F. Other, specify: _____	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , , →CH12 COLUMN 2 / CH42	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , , →CH12 COLUMN 3 / CH42	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , , →CH12 COLUMN 4 / CH42	(CIRCLE ALL THAT APPLY) Rupiah A. , , D. , , E. 03. DY 05. MO F. _____ , , →CH12 SUPPLEMENT / CH42

CH42. INTERVIEWER CHECK: PANEL RESPONDENT WITH CHILDREN REGISTERED AT CH00a..... 1 → SECTION CX PANEL RESPONDENT WITHOUT CHILDREN REGISTERED AT CH00a 2 NEW HOUSEHOLD 3	
CH42b. Do you have any other adopted children over 15 years old that live outside the household, or that have died within the last 12 months and lived outside the household at the time of death?	No 3 →SECTION CX Yes 1

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

Now I would like to know about all of your adopted children that live outside the household, including adopted children that have died in the last 12 months and lived outside the HH at the time of death.

BXAR00	BX63a	BX63b	BX64	BX64b	BX65	BX65a	BX66	BX67	BX68	BX69	BX70
NO. OF HHM		NAME	Sex	Birth Date Mo/Yr	Is [...] alive?	Death Date Month/Year	Current Age/Age when died Yrs	Marital Status	Highest education level attended by non-HHM	Highest grade completed by non-HHM	Where does [...] live now/before died?
<div></div>	01		<div></div>	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div> <div></div>	<div></div> <div></div>	00↓ <div></div> <div></div>
<div></div>	02		<div></div>	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div> <div></div>	<div></div> <div></div>	00↓ <div></div> <div></div>
<div></div>	03		<div></div>	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div> <div></div>	<div></div> <div></div>	00↓ <div></div> <div></div>
<div></div>	04		<div></div>	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div> <div></div>	<div></div> <div></div>	00↓ <div></div> <div></div>
<div></div>	05		<div></div>	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> years 8. DK	<div></div>	<div></div> <div></div>	<div></div> <div></div>	00↓ <div></div> <div></div>
BX64 1. Male 3. Female		BX65 1. Yes 3. No 8. DON'T KNOW		BX67 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. DON'T KNOW		BX68 01. No school/Not yet in School 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelor) 62. University (Master) 63. University (PhD) 09. University 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren) 17. School for the Disabled 70. Madrasah 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior/High School (Madrasah Tsanawiyah) 90. Kindergarten 98. DON'T KNOW			BX69 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. No school 98. DON'T KNOW		
BX70 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu 18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. D.I. Yogyakarta 35. East Java 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. USA 91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 95. Other _____ 98. DON'T KNOW											

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

(Note: Interviewers asked questions BX64-BX90 sequentially for one child before moving down a row to the next child listed in BX63b).

	(BX63a)	(BX63b)	BX80	BX81	BX82	BX84
		(NAME)	What is/was []'s primary activity now/before his/her death?	What is/was []'s work status now/before his/her death?	What is/was []'s type of work now/before his/her death?	How often do/did you meet with [] during the past year now/before his/her death?
			02, 03, 04, 05, 06, 07, 98 →BX84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BX84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BX84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BX84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BX84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BX84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10	1 2 3 4 5
			BX80 01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home 07. Sick/Disabled 08. DON'T KNOW 08. Other, specify: _____	BX81 01. Self-employed 02. Self-employed assisted by other family members/temporary employees 03. Self-employed with permanent employees 04. Government worker/employee 05. Private worker/employee 06. Unpaid family worker 98. DON'T KNOW	BX82 01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other _____ 98. DON'T KNOW	BX84 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

(Note: Interviewers asked questions BX64-BX90 sequentially for one child before moving down a row to the next child listed in BX63b).

	(BX63a)	(BX63b)	BX87a	BX88	BX89a	BX90
		(NAME)	In the past 12 months, did you provide assistance to [] in the form of money, goods, or services?	What type of assistance did you provide and what is the value?	In the past 12 months, did you receive assistance from [] in the form of money, goods, or services?	What type of assistance did you receive and what is the value?
			3. No→BX89a 7. UNWILLING TO ANSWER→BX89a 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____	3. No→ NEXT LINE/SECTION CX 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CX 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____
			3. No→BX89a 7. UNWILLING TO ANSWER→BX89a 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____	3. No→ NEXT LINE/SECTION CX 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CX 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____
			3. No→BX89a 7. UNWILLING TO ANSWER→BX89a 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____	3. No→ NEXT LINE/SECTION CX 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CX 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____
			3. No→BX89a 7. UNWILLING TO ANSWER→BX89a 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____	3. No→ NEXT LINE/SECTION CX 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CX 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____
			3. No→BX89a 7. UNWILLING TO ANSWER→BX89a 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____	3. No→ NEXT LINE/SECTION CX 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CX 1. Yes	A. [][][][], [][][][], [][][][] Rp. D. [][][][], [][][][], [][][][] Rp. E. [][][][] 03. days 05. months F. [][][][], [][][][], [][][][] Rp. _____

BX88 & BX90

A. Money (loans, tuition, health care cost)
D. Food stuff or other goods
E. Chores, child care
F. Other_____

SECTION CX (CONTRACEPTIVE USE)

Now we would like to ask about methods to postpone or prevent pregnancy.

	CX1TYPE	CX01	CX02	CX02A	CX02B
No.	BIRTH CONTROL DEVICE/METHOD	Have you ever heard about [...] to prevent pregnancy?	Have you/has your husband ever used?	When did you first use this method?	How old were you when you first used this method?
A.	Contraceptive Pill A woman can take contraceptive pills every day	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
B.	IUD/AKDR/Spiral A woman can have an intrauterine device inserted into her uterus by a doctor or midwife	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
C.	Contraceptive Injections A woman can be injected by a doctor or midwife to prevent pregnancy for a few months	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
F.	Contraceptive Tubes/IMPLANT/NORPLANT A woman can have small tubes implanted in her arm to prevent pregnancy	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
G.	Tubal Ligation/Female Sterilization A woman can undergo surgery to prevent pregnancy	3. No ↓ 1. Yes	3. No ↓ 1. Yes		
I.	Abortion A woman can do something or have someone do something to end a pregnancy	3. No ↓ 1. Yes			
E.	Condom A man can wear a condom during intercourse	3. No ↓ 1. Yes	3. No ↓ 1. Yes		
H.	Vasectomy/Male Sterilization A man can undergo surgery to prevent having another child	3. No ↓ 1. Yes CX19	3. No ↓ 1. Yes CX19 CX19		

SECTION CX (CONTRACEPTIVE USE)

CX19. INTERVIEWER CHECK: BOOK 4 COVER	RESPONDENT NOT MARRIED (COV4=3,4 OR 5)..... 3 ➔SECTION KL RESPONDENT MARRIED (COV4=2) 1
CX20. Do you/does your husband now use a device/method to postpone or prevent a pregnancy?	No 3 ➔ CX26 Yes 1
CX21. Which birth control device/method do you/does your husband use now?	Rhythm/calendar11 ➔KL Coitus interruptus12 ➔KL Traditional Herbs13 ➔KL Traditional massage14 ➔KL Pill01 1 Mo. Injection02 2 Mo. Injection03 3 Mo. Injection04 Intravag05 Condom.....06 IUD/AKDR/Spiral07 Norplant/Implant08 Female Sterilization/Tubectomy09 Male Sterilization10 Other 15 ➔KL
CX21a. When did you (last) receive this method?	1. / Month Year 8. DON'T KNOW

CX21b. What facility did you visit?	Public hospital..... 1 Private hospital 2 Puskesmas, Pembantu 3 Private clinic..... 4 Posyandu 5 Birth control post/association 6 Fieldworker (PLKB)..... 7 TKBK/TMK..... 8 Pharmacist/drugstore 9 Private physician..... 10 Nurse/paramedic 11 Midwife..... 12 Traditional midwife 13 Friend/family 14 Birth control safari 15 Village midwife/Village Polyclinic 16 Other 17 DON'T KNOW..... 98
CX21c. How much did it cost (including drugs, materials, services and other related costs)?	1. , , Rp. 8. DON'T KNOW
CX21d. INTERVIEWER CHECK: IS CX21=06 OR 10?	1. YES ➔ SECTION KL 3. NO
CX21e. Was your blood pressure measured before the contraception was prescribed?	Yes..... 1 No 3
In your visits to the provider who provides the method you are currently using, has the provider ever:	
CX22B. Explained the possibility of side effects due to the use of the birth control device/method being used?	Ever 1 Never 3 DON'T KNOW..... 8
CX22C. Explained what has to be done or where to seek help if side effects occur?	Ever 1 Never 3 DON'T KNOW..... 8
CX22D. Asked about your health history before prescribing contraception?	Ever 1 Never 3 DON'T KNOW..... 8 ➔SECTION KL

SECTION CX (CONTRACEPTIVE USE)

CX26. Why don't you/ your husband currently use any of the birth control devices/methods to prevent pregnancy? (CIRCLE ALL THAT APPLY)	MENOPAUSE/HYSTERECTOMYP➔ SECTION KL IS PREGNANTA WANT TO HAVE A CHILDB LACK OF KNOWLEDGEC HUSBAND DISAPPROVESD HIGH COSTE HEALTH REASONSF SIDE EFFECTSG ADVICE OF DR/NURSE/MIDWIFEH DIFFICULTY IN OBTAINING METHOD.....I RELIGIONJ RESPONDENT DISAPPROVESK FAMILY DISAPPROVESL DO NOT CARE/ INDIFFERENT.....M INFREQUENT INTERCOURSEN DIFFICULTY IN GETTING PREGNANTO INCONVENIENTQ HUSBAND'S ABSENCE.....R JUST GAVE BIRTH (PRE-MENSTRUAL)..S JUST GAVE BIRTH (NO SEX).....T BREASTFEEDINGU KIDS GROWNW DON'T WANT TO USE.....X OTHERV
CX27. Do you/your husband plan to use a birth control device/method to postpone/prevent pregnancy in the future?	No..... 3 ➔ SECTION KL DON'T KNOW 8 ➔ SECTION KL Yes..... 1

CX28. If some day you/your husband plans to use birth control, what method would you prefer?	Pill..... 01 1 Mo. Injection 02 2 Mo. Injection 03 3 Mo. Injection 04 Intravag 05 Condom 06 IUD/AKDR/Spiral 07 Norplant/ Implant 08 Female Sterilization/Tubectomy..... 09 Male Sterilization 10 Rhythm/calendar 11 Coitus interruptus 12 Traditional Herbs 13 Traditional massage..... 14 DON'T KNOW..... 98 Other 15
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SECTION KL: CONTRACEPTIVE CALENDAR

KL00b. INTERVIEWER CHECK: KW10 OR KW11 FOR DATE OF FIRST MARRIAGE. WAS RESPONDENT MARRIED FOR THE FIRST TIME BEFORE JANUARY 1996?	YES 1 ➔ FILL OUT THE CALENDAR BEGINNING IN JANUARY 1996 NO 3 ➔ FILL OUT THE CALENDAR BEGINNING IN THE MONTH AND YEAR OF FIRST MARRIAGE
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QUESTIONS TO BE ASKED

C. No menstruation "After [...]’s birth how many months until you menstruated?"
D. Abstinence "After [...]’s birth how many months until you had intercourse with your husband?"
E. Birth Control Device/Method "In the month [BEGINNING OF CALENDAR] did you use a birth control device/method?" "What birth control method/device did you use then?" "When did you stop using [DEVICE/METHOD]?" "Between the months of [WHEN STOPPED USING] and the month of [END OF MARRIAGE/BEGINNING OF PREGNANCY] had you ever used other birth control devices/ methods?" "What birth control devices/methods did you use then?" "When did you start using [DEVICE/METHOD]?" "When did you stop using [DEVICE/METHOD]?"
F. Reason for stopping "What was the reason you stopped using [DEVICE/METHOD]?"

ONLY ASKED FOR THE LAST TWO YEARS

G. Side Effects "Between the month of [...] and the month of [...], during which you used [DEVICE/METHOD], had you ever had health problems or side effects?" "What kind of health problems did you have then?" "In what month did you have the problem?"
H. Care Facility "Between the month of [...] and [...], during which you used [DEVICE/METHOD], did you ever visit a medical facility or birth control facility for initial application/ repeat application, consultation on side effects or to change methods of birth control? What facility did you visit then and in what month?
I. Reason for Visit "When you visited [CARE FACILITY] in the month of [...], what was the reason for your visit to the facility?"
J. Cost "How much did you spend to visit [...], including treatment cost, laboratory cost, consultation fee, but not including transportation cost?"

SECTION KL: CONTRACEPTIVE CALENDAR

MONTH-YEAR	9 6 J U L	A U G	S E P	O C T	N O V	D E C	9 7 J A N	F E B	M A R	A P R	M A Y	J U N	J U L	A U G	S E P	O C T	N O V	D E C	9 8 J A N	F E B	M A R	A P R	M A Y	J U N	J U L	A U G	S E P	O C T	N O V	D E C	9 9 J A N	F E B	M A R	A P R	M A Y	J U N	J U L	A U G	S E P	O C T	N O V	D E C	0 0 J A N	F E B	M A R	A P R	M A Y	J U N	J U L	A U G	S E P	O C T	N O V	D E C	0 1 J A N	F E B		
COLUMNS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56		
A. Marriage																																																										
B. Pregnancy																																																										
C. No menstruation																																																										
D. No intercourse																																																										
E. Birth control device																																																										
F. Reason-discontinue																																																										
G. Side effect																																																										
H. Care facility																																																										
I. Reason for visit																																																										
J. Cost (Rupiah)																																																										
COLUMNS	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56		

A. MARRIAGE

K. Married
S. Separated
D. Divorced
W. Widow

B. PREGNANCY OUTCOME

H. Live Birth
M. Still Birth
G. Miscarriage
T. Still birth and live birth

E. BIRTH CONTROL DEVICE

A. Contraceptive Pills
B. IUD/AKDR/Spiral
C. 1-month injection
D. 2-month injection
E. 3-month injection
F. Intravag/diaphragm
G. Condom
H. Contraceptive tubes/implant
J. Female Sterilization
K. Male Sterilization
L. Rhythm method
M. Coitus interruptus
N. Traditional herbs
O. Traditional massage
P. Other

F. DISCONTINUATION REASONS

A. (Got) pregnant while using
B. Wants to get pregnant
C. Husband's objection
D. Side effects
E. Health problems
F. Difficulty in getting pregnant
G. Wants more effective methods
H. Uncomfortable
J. Husband was absent
K. Too expensive
L. Menopause
M. Divorced/widow
N. Detached (device)
O. Too hard to use/tired of using
Q. Alat KB tidak tersedia
P. Other

G. SIDE EFFECTS

A. Gaining weight
B. Losing weight
C. Excessive bleeding on menstruation
D. Irregular menstruation
E. Flare-up of red facial rash
F. Convulsions/cramps
G. High blood pressure
H. Headache

J. Nausea
K. Fatigue
L. Skin problems
M. Other
N. Stomach Ache

H. CARE FACILITY

A. Public hospital
B. Private hospital
C. Puskesmas, Pembantu
D. Private clinic
E. Posyandu
F. Birth control post/association
G. Fieldworker (PLKB)
H. TKBK/TMK
J. Pharmacist/Drugstore
K. Private physician

L. Nurse/Paramedic
M. Midwife
N. Traditional midwife
O. Friend/family
P. Birth control safari
Q. Bidan desa/Polindes
R. Other

I. VISIT REASONS

A. Initial application
B. Repeat application
C. Side effects consultation
D. Change of birth control method
M. Other

KL00A. INTERVIEWER CHECK: CHECK THE LAST MONTH AND YEAR IN THE CALENDAR AGAINST CX21A

INCONSITENT3 ➔CHECK AGAIN
CONSISTENT.....1

SECTION KL: CONTRACEPTIVE CALENDAR

INTERVIEWER NOTE: QUESTIONS 1-4 REFER TO THE CALENDAR JUST FILLED OUT.

HHID: PID:

<p>KL1. INTERVIEWER CHECK LINES H AND I IN THE CALENDAR. DID THE RESPONDENT VISIT A HEALTH FACILITY IN THE PAST TWO YEARS TO OBTAIN OR RESUPPLY A BIRTH CONTROL METHOD OR TO SWITCH METHODS, BUT NOT FOR SIDE EFFECTS?</p>	<p>NO 3 ➔ KL4</p> <p>YES 1</p>
<p>KL1a. You mentioned that you visited [MEDICAL FACILITY] for [REASON OF VISIT] in the month of ____/ year _____. What is the name of the medical facility and where is it located? (Most recent visit).</p>	<p>Name: 1. _____ 8. DK</p> <p>Address: 1. _____ 8. DK</p> <p>Loc. Note: _____ 8. DK</p> <p>A. Vill: 1. _____ 3. Same 8. DK</p> <p>B. Kec: 1. _____ 3. Same 8. DK</p> <p>C. Kab: 1. _____ 3. Same 8. DK</p> <p>D. Prov: 1. _____ 3. Same 8. DK</p> <p>CODE COMFAS ____ ____ ____</p>
<p>KL2. If you had a friend/relative who wanted to use a birth control device, would you take her to this facility?</p>	<p>YES 1</p> <p>NO 3</p>
<p>KL4 INTERVIEWER CHECK LINES H AND I IN THE CALENDAR. DID THE RESPONDENT VISIT A HEALTH FACILITY IN THE PAST TWO YEARS FOR SIDE EFFECTS?</p>	<p>NO 3 ➔ CP</p> <p>YES 1</p>
<p>KL4a. You mentioned that you visited [MEDICAL FACILITY] for consultation for side effects in the month of ____/ year _____. What is the name of the medical facility and where is it located? (Most Recent Visit).</p>	<p>Name: 1. _____ 8. DK</p> <p>Address: 1. _____ 8. DK</p> <p>Loc. Note: _____ 8. DK</p> <p>A. Vill: 1. _____ 3. Same 8. DK</p> <p>B. Kec: 1. _____ 3. Same 8. DK</p> <p>C. Kab: 1. _____ 3. Same 8. DK</p> <p>D. Prov: 1. _____ 3. Same 8. DK</p> <p>CODE COMFAS ____ ____ ____</p>

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
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<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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EDITOR: _____
INTERVIEWER: _____
(IDIVWR)

CONFIDENTIAL

HHID: _____

INDONESIA FAMILY LIFE SURVEY 2000
BOOK V

SECTIONS: DLA, MAA, PSA, RJA, RNA, BAA, CP
Respondent is a child less than 15 years old

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR: PID	TO BE FILLED OUT BY INTERVIEWER FOR BOOK V
NAME OF HOUSEHOLDER: _____	QUESTION FOR RESPONDENT:
	AGE. How old is [NAME OF CHILD]?..... Years
	SEX. Sex: Male 1 Female 3
	BIRTHDATE. Date of Birth..... / / DAY MONTH YEAR
	PID
	RESPID. NAME OF PERSON WHO ANSWERS: _____
	RELATION. RELATION TO CHILD: 1. MOTHER 4. AUNT/UNCLE 2. FATHER 5. GRANDPARENT 3. SIBLING 6. CHILD HIM/HERSELF

- CODES FOR LANGUAGE
- 00. Indonesian
 - 01. Javanese
 - 02. Sundanese
 - 03. Balinese
 - 04. Batak
 - 05. Bugis
 - 06. Chinese
 - 07. Maduranese
 - 08. Sasak
 - 09. Minang
 - 10. Banjar
 - 11. Bima
 - 12. Makassar
 - 13. Nias
 - 14. Palembang
 - 15. Sumbawa
 - 16. Toraja
 - 17. Lahat
 - 18. Other South Sumatra
 - 19. Betawi
 - 20. Lampung
 - 96. NO OTHER
 - 91. Other _____

INTERVIEW SESSIONS OF BOOK V: (NUMVIS)

WAWANCARA	1	2	3
DATE:	/ /	/ /	/ /
	DAY / MONTH	DAY / MONTH	DAY / MONTH
TIME STARTED:	/ /	/ /	/ /
	HOUR / MINUTE	HOUR / MINUTE	HOUR / MINUTE
TIME FINISHED:	/ /	/ /	/ /
	HOUR / MINUTE	HOUR / MINUTE	HOUR / MINUTE

LANGMAIN. Interview was entirely/mostly conducted in what language?
Other: _____
LANGOTHR. Other language used (if any):
Other: _____

RESULT OF INTERVIEW OF BOOK V	REASON	EDIT_CK REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	Yes No a. Observed by local supervisor (SUP_OBS)..... 1 3 b. Edited by local supervisor (SUP_EDIT)..... 1 3

SECTION DLA (CHILD’S EDUCATION)

Now we would like to ask some questions about [CHILD’S NAME]’s education.

DLA01.	Has [CHILD’S NAME] ever been to school?	Yes.1→DLA08 No3
DLA02.	Why has [CHILD’S NAME] never been to school? CIRCLE ALL THAT APPLY	NOT OLD ENOUGHA TO HELP PARENTS EARN MONEYB COULD NOT AFFORDC NO SCHOOL/ TOO FARD NOT ABLE TO STUDYE NOT ACCEPTED IN SCHOOLF BECAUSE SICK OR DISABLEDG SCHOOL HAD NO TEACHERH SCHOOL CLOSEDI DOESN’T WANT TO GOK HELP AT HOMEL OTHERJ →DLA56x
DLA08.	What is the highest education level attended? [NOTE TO INTERVIEWER: IF CURRENTLY IN SCHOOL, RECORD LEVEL ATTENDING CURRENTLY]	90. Kindergarten →DLA07 02. Elementary School 03. Junior High-General 04. Junior High-Vocational 05. High School-General 06.High School-Vocational 14. Islamic School (<i>Pesantren</i>) 70. Madrasah, General 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 74. Madrasah Senior High School 98. DON’T KNOW 10. Other
DLA09.	What class has [CHILD’S NAME] completed?	Did not finish 1 st class at that level.....00 1.....01 2.....02 3.....03 4.....04 5.....05 6.....06 Graduated.....07 DON’T KNOW98
DLA03.	In what month and year did [CHILD’S NAME] enter elementary school?	/ 1 →DLA05 Month Year DON’T KNOW 8

DLA04.	At what age did [CHILD’S NAME] enter elementary school ?	Years..... 1 DON’T KNOW 8																				
DLA05.	Did [CHILD’S NAME] ever repeat a grade?	No 3→DLA07 Yes..... 1																				
DLA06.	Which grade and how many times did [CHILD’S NAME] repeat?	<table><tr><th>Grade</th><th>Number of Repetitions</th></tr><tr><td>A. ELEMENTARY-1</td><td> times</td></tr><tr><td>B. ELEMENTARY-2</td><td> times</td></tr><tr><td>C. ELEMENTARY-3</td><td> times</td></tr><tr><td>D. ELEMENTARY-4</td><td> times</td></tr><tr><td>E. ELEMENTARY-5</td><td> times</td></tr><tr><td>F. ELEMENTARY-6</td><td> times</td></tr><tr><td>G. JR. HIGH-1</td><td> times</td></tr><tr><td>H. JR HIGH-2</td><td> times</td></tr><tr><td>I. JR. HIGH-3</td><td> times</td></tr></table>	Grade	Number of Repetitions	A. ELEMENTARY-1	times	B. ELEMENTARY-2	times	C. ELEMENTARY-3	times	D. ELEMENTARY-4	times	E. ELEMENTARY-5	times	F. ELEMENTARY-6	times	G. JR. HIGH-1	times	H. JR HIGH-2	times	I. JR. HIGH-3	times
Grade	Number of Repetitions																					
A. ELEMENTARY-1	times																					
B. ELEMENTARY-2	times																					
C. ELEMENTARY-3	times																					
D. ELEMENTARY-4	times																					
E. ELEMENTARY-5	times																					
F. ELEMENTARY-6	times																					
G. JR. HIGH-1	times																					
H. JR HIGH-2	times																					
I. JR. HIGH-3	times																					
DLA07.	Is [CHILD’S NAME] now in school?	Yes..... 1→DLA20 No 3																				
DLA07a.	How many hours in one week was [...] at school?	hours																				
DLA14.	When did [CHILD’S NAME] graduate from or stop school?	/ 1 →DLA16 Month Year DON’T KNOW 8																				
DLA15.	At what age did [CHILD’S NAME] graduate from or stop school?	Years..... 1 DON’T KNOW..... 8																				

SECTION DLA (CHILD'S EDUCATION)

DLA16. Why did [CHILD'S NAME] stop school? CIRCLE ALL THAT APPLY	To Help Parents Earn MoneyB Could Not AffordC No School/ Too FarD Not Able To Study.....E Not Accepted In SchoolF Because Sick Or Disabled.....G School Had No TeacherH School Closed/RuinedI OtherJ Doesn't Want to GoK Help at Home.....L Just Graduated, Not Continue to Higher Education Yet.....M
DLA20. Did [CHILD'S NAME] ever take the EBTANAS exam at elementary school?	No 3 → DLA27 Yes 1
DLA21. Could we see [CHILD'S NAME] EBTANAS (DANEM) record? INTERVIEWER NOTE : TAKE THE EBTANAS SCORES FROM THE EBTANAS RECORD (DANEM)	Yes 1 No 3
DLA22. What month and year did [CHILD'S NAME] take the EBTANAS [...] ?	____ / ____ 1 Month Year DON'T KNOW 8
DLA23. What was the EBTANAS score for each subject?	(COPY FROM THE EBTANAS RECORD IF THE CHILD HAS A DANEM RECORD, OTHERWISE ASK THE RESPONDENT)
A. Moral Education	1. ____ . ____ 8. DON'T KNOW
B. Indonesian Language	1. ____ . ____ 8. DON'T KNOW
E. Mathematics	1. ____ . ____ 8. DON'T KNOW
D. Social Science	1. ____ . ____ 8. DON'T KNOW
C. Science	1. ____ . ____ 8. DON'T KNOW
DLA24. What was the total EBTANAS score (NEM) ?	1. ____ . ____ 8. DON'T KNOW

HHID :

--	--	--	--	--	--	--	--

PID :

<p>DLA25. What is the name and address of that school?</p> <p>1. Specify 3. Same as current residence 8. Don't Know</p>	<p>Name 1. _____ 8. DK</p> <p>Address 1. _____ 8. DK</p> <p>Loc. Note 1. _____ 8. DK</p> <p>A. Vill: 1. _____ 3. Same as current residence 8. DK</p> <p>B. Kec 1. _____ 3. Same as current residence 8. DK</p> <p>C. Kab: 1. _____ 3. Same as current residence 8. DK</p> <p>D. Prov: 1. _____ 3. Same as current residence 8. DK</p> <p>CODE COMFAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></p>
<p>DLA26. What is the school type?</p>	<p>Government non-religious 01 Government religious 02 Private non-religious 03 Private Islam 04 Private Catholic 05 Private Christian 06 Private Buddhist 08 Other, Specify 07</p>
<p>DLA27. INTERVIEWER CHECK DLA07 [CHILD'S NAME] IN SCHOOL NOW?</p>	<p>YES.....1 ➔ DLA30 NO.....3</p>
<p>DLA29. Before stopping or graduating from school, did child ever miss school for 4 or more weeks in a row, or for an entire year?</p>	<p>No.3 ➔ DLA35 Yes.....1</p>
<p>DLA30. In the last 5 years, how many times has child missed school for 4 or more weeks in a row, or post-pone other schooling?</p>	<p><u> </u> <u> </u> times</p>

SECTION DLA (CHILD’S EDUCATION)

DLA35. INTERVIEWER CHECK: DLA07 IS [CHILD’S NAME] STILL IN SCHOOL	STILL IN SCHOOL NOW..... 1 ➔ DLA36 1ST COLUMN NOT STILL IN SCHOOL NOW 3 ➔ DLA36 3RD COLUMN
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Now, we would like to know about [CHILD’S NAME] education over the past five years.

	Column 1	Column 2	Column 3
	CURRENT SCHOOL YEAR	LAST YEAR AT SCHOOL PREVIOUSLY ATTENDED (FOR THOSE CURRENTLY IN SCHOOL, WITH A SCHOOL CHANGE IN LAST 5 YEARS)	LAST YEAR IN SCHOOL (FOR THOSE NOT CURRENTLY IN SCHOOL)
DLA36. School year	1. 1999/2000 2. 2000/2001	_____ / _____	_____ / _____
DLA37. What level did [CHILD'S NAME] attend during School Year [...] ? 02. ELEMENTARY SCHOOL 03. JUNIOR HIGH-GENERAL..... 04. JUNIOR HIGH-VOCATIONAL..... 05. SR HIGH SCHOOL-GENERAL..... 06. SENIOR HGIH SCHOOL-VOCATIONAL 14. Islamic School (<i>Pesantren</i>) 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)..... 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>)..... 90. Kindergarten..... 98. DON'T KNOW (DK) 10. Other, specify _____		02 03 04 05 06 14 72 73 90 98 10 _____	02 03 04 05 06 14 72 73 90 98 10 _____
DLA38. What is the highest class that [CHILD'S NAME] attended during the School Year [...]? 00. Not finished grade 1 01. 1 05. 5 02. 2 06. 6 03. 3 07. GRADUATED 04. 4 98. DON'T KNOW		00 01 05 02 06 03 07 04 98	00 01 05 02 06 03 07 04 98
DLA39. Did [CHILD’S NAME] graduate or finish the class that School Year [...] ?		Yes, finish/graduate 1 No 3	Yes, finish/graduate 1 No..... 3
DLA39a. How many hours was [...] at school last week?	____ hours		

SECTION DLA (CHILD'S EDUCATION)

HHID : |_|_| |_|_| |_|_| |_|_|

PID :

	Column 1	Column 2	Column 3
	CURRENT SCHOOL YEAR	LAST YEAR AT SCHOOL PREVIOUSLY ATTENDED (FOR THOSE CURRENTLY IN SCHOOL, WITH A SCHOOL CHANGE IN LAST 5 YEARS)	LAST YEAR IN SCHOOL (FOR THOSE NOT CURRENTLY IN SCHOOL)
DLA40. What is the name and address of the school attended by [CHILD'S NAME] during the School Year [...]? 1. Specify 3. Same as current residence 8. DON'T KNOW	6. Same as the EBTANAS school → DLA42 Name 1. _____ 8. DK _____ Address 1. _____ 8. DK _____ Loc. Note 1. _____ 8. DK _____ A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW CODE COMFAS _ _ _ _ _ _ _	6. Same as the EBTANAS school → DLA42 Name 1. _____ 8. DK _____ Address 1. _____ 8. DK _____ Loc. Note 1. _____ 8. DK _____ A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW CODE COMFAS _ _ _ _ _ _ _	6. Same as the EBTANAS school → DLA42 Name 1. _____ 8. DK _____ Address 1. _____ 8. DK _____ Loc. Note 1. _____ 8. DK _____ A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW CODE COMFAS _ _ _ _ _ _ _
DLA41. What is the school type?	Government non-religious01 Government religious02 Private non-religious03 Private Islam04 Private Catholic05 Private Christian06 Other, specify07 Private Buddhist08	Government non-religious 01 Government religious 02 Private non-religious 03 Private Islam 04 Private Catholic 05 Private Christian 06 Other, specify07 Private Buddhist..... 08	Government non-religious01 Government religious02 Private non-religious03 Private Islam04 Private Catholic05 Private Christian06 Other, specify07 Private Buddhist08
DLA42. About how long does it take to travel one way to [CHILD'S NAME]'S school?	_ _ 01. Minute 02. Hour DON'T KNOW 98	_ _ 01. Minute 02. Hour DON'T KNOW 98	_ _ 01. Minute 02. Hour DON'T KNOW 98

SECTION DLA (CHILD’S EDUCATION)

	Column 1	Column 2	Column 3
	CURRENT SCHOOL YEAR	LAST YEAR AT SCHOOL PREVIOUSLY ATTENDED (FOR THOSE CURRENTLY IN SCHOOL, WITH A SCHOOL CHANGE IN LAST 5 YEARS)	LAST YEAR IN SCHOOL (FOR THOSE NOT CURRENTLY IN SCHOOL)
DLA46. What were your (approximate) school-related expenses during the 1998/1997 school year? Did you spend money for [...]?			
A. School Fees			
1. Registration		A. 1. [][] , [][][] , [][][] Rp.	A. 1. [][] , [][][] , [][][] Rp.
2. Other scheduled fees		2. [][] , [][][] , [][][] Rp.	2. [][] , [][][] , [][][] Rp.
3. Exams		3. [][] , [][][] , [][][] Rp.	3. [][] , [][][] , [][][] Rp.
B. School Supplies			
1. Books and writing supplies		B. 1. [][] , [][][] , [][][] Rp.	B. 1. [][] , [][][] , [][][] Rp.
2. Uniform and sports		2. [][] , [][][] , [][][] Rp.	2. [][] , [][][] , [][][] Rp.
C. Transportation and Pocket Money			
1. Transportation		C. 1. [][] , [][][] , [][][] Rp.	C. 1. [][] , [][][] , [][][] Rp.
2. Housing costs, food		2. [][] , [][][] , [][][] Rp.	2. [][] , [][][] , [][][] Rp.
3. Special courses		3. [][] , [][][] , [][][] Rp.	3. [][] , [][][] , [][][] Rp.
D. Other, specify _____		D. 1. [][] , [][][] , [][][] Rp. _____	D. 1. [][] , [][][] , [][][] Rp. _____

SECTION DLA (CHILD’S EDUCATION)

	Column 1	Column 2	Column 3
	CURRENT SCHOOL YEAR	LAST YEAR AT SCHOOL PREVIOUSLY ATTENDED (FOR THOSE CURRENTLY IN SCHOOL, WITH A SCHOOL CHANGE IN LAST 5 YEARS)	LAST YEAR IN SCHOOL (FOR THOSE NOT CURRENTLY IN SCHOOL)
DLA46a. What were your (approximate) school-related expenses during the 1999/2000 school year? Did you spend money for [...]?			
A. School Fees			
1. Registration	A. 1. [][] , [][][] , [][][] Rp.		
2. Other scheduled fees	2. [][] , [][][] , [][][] Rp.		
3. Exams	3. [][] , [][][] , [][][] Rp.		
B. School Supplies			
1. Books and writing supplies	B. 1. [][] , [][][] , [][][] Rp.		
2. Uniform and sports	2. [][] , [][][] , [][][] Rp.		
C. Transportation and Pocket Money			
1. Transportation	C. 1. [][] , [][][] , [][][] Rp.		
2. Housing costs, food	2. [][] , [][][] , [][][] Rp.		
3. Special courses	3. [][] , [][][] , [][][] Rp.		
D. Other, specify _____	D. 1. [][] , [][][] , [][][] Rp. _____		

SECTION DLA (CHILD’S EDUCATION)

	Column 1	Column 2	Column 3
	CURRENT SCHOOL YEAR	LAST YEAR AT SCHOOL PREVIOUSLY ATTENDED (FOR THOSE CURRENTLY IN SCHOOL, WITH A SCHOOL CHANGE IN LAST 5 YEARS)	LAST YEAR IN SCHOOL (FOR THOSE NOT CURRENTLY IN SCHOOL)
DLA51. Did [NAME] receive any books from the school during the [...] school year? (CIRCLE ALL THAT APPLY)	Yes, for himselfA Yes, to shareB No.....C	Yes, for himselfA Yes, to shareB NoC	Yes, for himselfA Yes, to shareB No.....C
DLA52. Did the school reduce [NAME] BP3 fees or other fees during the [...] school year?	Yes 1 No..... 3	Yes1 No3	Yes 1 No..... 3
DLA53. Did [NAME] receive assistance for school costs from GNOTA, POMG, government, community groups, religious groups, or family (outside HH), or other?	No.....3 →DLA55 Yes 1	No3 →DLA49 Yes1	No.....3 →DLA49 Yes 1
DLA54. From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY) A. GNOTA..... B. POMG..... C. Government..... D. Community Group E. Religious Group F. Family H. Social Safety Nets: Education..... G. Other, specify _____	A. , , , Rp. B. , , , Rp. C. , , , Rp. D. , , , Rp. E. , , , Rp. F. , , , Rp. H. , , , Rp. G. , , , Rp. _____	A. , , , Rp. B. , , , Rp. C. , , , Rp. D. , , , Rp. E. , , , Rp. F. , , , Rp. H. , , , Rp. G. , , , Rp. _____	A. , , , Rp. B. , , , Rp. C. , , , Rp. D. , , , Rp. E. , , , Rp. F. , , , Rp. H. , , , Rp. G. , , , Rp. _____

SECTION DLA (CHILD’S EDUCATION)

	Column 1	Column 2	Column 3
	CURRENT SCHOOL YEAR	LAST YEAR AT SCHOOL PREVIOUSLY ATTENDED (FOR THOSE CURRENTLY IN SCHOOL, WITH A SCHOOL CHANGE IN LAST 5 YEARS)	LAST YEAR IN SCHOOL (FOR THOSE NOT CURRENTLY IN SCHOOL)
DLA55. What were your (approximate) school-related expenses during the last month? Did you spend money for [...]?			
A. School Fees			
1. Registration	A. 1. [][] , [][][] , [][][] Rp.		
2. Other scheduled fees	2. [][] , [][][] , [][][] Rp.		
3. Exams	3. [][] , [][][] , [][][] Rp.		
B. School Supplies			
1. Books and writing supplies	B. 1. [][] , [][][] , [][][] Rp.		
2. Uniform and sports	2. [][] , [][][] , [][][] Rp.		
C. Transportation and Pocket Money			
1. Transportation	C. 1. [][] , [][][] , [][][] Rp.		
2. Housing costs, food	2. [][] , [][][] , [][][] Rp.		
3. Special courses	3. [][] , [][][] , [][][] Rp.		
D. Other, specify	D. 1. [][] , [][][] , [][][] Rp.		
DLA49. During the months that [CHILD’S NAME] was in school during the year [...], did [CHILD’S NAME] work to earn money or a living?		Yes 1 No 3 DON'T KNOW 8 →DLA56x	Yes 1 No 3 DON'T KNOW 8 →DLA56x
DLA50. Has [CHILD’S NAME] changed schools or school level in the last 5 years?	Yes 1 → DLA36 COLUMN 2 No 3		

DLA56x. INTERVIEWER CHECK COV3: AGE OF CHILDREN ≥ 5 YEARS OLD	NO 3 →SECTION MAA YES 1
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SECTION DLA (CHILD’S EDUCATION)

DLA56.	Did [CHILD’S NAME] work for wage in last month?	Yes 1→DLA58 No 3
DLA57.	Has [CHILD’S NAME] ever worked for wage?	Yes 1→DLA61 No 3→DLA63
DLA58.	How many hours did [CHILD’S NAME] work for wages in last week?	hours..... 1 Not work last week..... 3 DON’T KNOW 8
DLA59.	How many weeks did [CHILD’S NAME] work for wages in last month?	weeks 1 DON’T KNOW 8
DLA60.	How much was [...]’s earnings last month?	, , Rp. ... 1 DON’T KNOW 8 →DLA62
DLA61.	At what age did [CHILD’S NAME] last work for wage?	age..... 1 DON’T KNOW 8
DLA62.	At what age did [CHILD’S NAME] start working for wage?	age..... 1 DON’T KNOW 8
DLA63.	Did [CHILD’S NAME] work on family business in last month?	Yes 1→DLA67 No 3
DLA64.	Has [CHILD’S NAME] ever worked for a family business?	Yes 1→DLA67 No 3→SECTION MAA
DLA65.	How many weeks did [CHILD’S NAME] work for family business last month?	weeks 1 Not work last month 3 DON’T KNOW 8 →DLA68
DLA66.	How many hours [CHILD’S NAME] work for family business last week?	hours..... 1 Not work last week..... 3 DON’T KNOW 8
DLA67.	At what age did [CHILD’S NAME] last work on a family business?	age..... 1 DON’T KNOW 8
DLA68.	At what age did [CHILD’S NAME] last work on a family business?	age..... 1 DON’T KNOW 8

SECTION MAA (ACUTE MORBIDITY)

Now, we'd like to know about [...]’s health status and whatever symptoms [...] has had during the past 4 weeks, namely since [...] date, 4 weeks ago.

MAA0a.	In general, how is [...]’s health at this time?	Very healthy 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Unhealthy..... 4
MAA0b.	During the last 4 weeks how many days of activities did [...] miss because of poor health?	<input type="text"/> Days 1 DON'T KNOW 8
MAA0c.	During the last 4 weeks how many days did [...] spend in bed because of poor health?	<input type="text"/> Days 1 DON'T KNOW 8
MAA0d.	Compared with [...]’s health 12 months ago, would you say that [NAME OF CHILD]’s health now is [...]?	About the same..... 3→MA01 Less than one year old..... 6→MA01 Much better now 1 Somewhat better now 2 Somewhat worse..... 4 Much worse..... 5 Child less than 1 year old..... 6
MAA0e.	How has [NAME OF CHILD]’s health become better/worse?	<div></div> <div></div> <div></div>

	MAA01.	
	Did your child ever experience [...] in the last 4 weeks?	
	1. Yes 3. No	
AA	Headache.....	1 3↓
BA	Runny nose.....	1 3↓
CA	Cough	1 3→DA
	a. Dry cough.....	a. 1 3
	b. Cough with phlegm	b. 1 3
	c. Bloody cough	c. 1 3
DA	Difficulty breathing.....	1 3→EA
	a. Wheezing	a. 1 3
	b. Short, rapid breath	b. 1 3
EA	Fever.....	1 3↓
FA	Stomach ache	1 3↓
HA	Nausea/vomiting	1 3↓
IA	Diarrhea minimal of 3x per day	1 3→JA
	a. Mixed with blood	a. 1 3
	b. Mixed with mucous.....	b. 1 3
	c. Pale liquid.....	c. 1 3
JA	Skin infection (boil, abcess itching)	1 3↓
KA	Eye Infection	1 3↓
LA	Toothache	1 3↓
RA	Other, specify	1 3↓

MAA04. INTERVIEWER CHECK: IF MAA01 = 1	NO 3 SECTION PSA YES 1
MAA05a. While your child was sick, did/was he/she:	
a. Still like to play	a. 1. Yes 3. No
b. Have difficulty sleeping	b. 1. Yes 3. No
c. More irritable than usual	c. 1. Yes 3. No
d. Just lie around	d. 1. Yes 3. No

SECTION PSA (CHILD SELF TREATMENT)

Now, we'd like to know whether [CHILD'S NAME] has taken medicine on his/her own during the past 4 weeks, namely since [...] date, 4 weeks ago.

TYPE OF SELF TREATMENT (PSATYPE)	PSA01	PSA02
	During the past 4 weeks, has [CHILD'S NAME] ever [...]?	What is the approximate total cost to purchase or make that medicine during the past 4 weeks?
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	3. No ↓ 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
B. Consumed traditional herbs or traditional medicines as treatment	3. No ↓ 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	3. No ↓ 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
E. Vitamins	3. No ↓ 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
F. Refresher	3. No ↓ 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
G. Medicine from other provider	3. No ↓ 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
D. Other, specify _____	3. No ↓ RJA0a 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

The next questions pertain to medical facilities or medical providers [CHILD’S NAME] may have visited for outpatient care during the past 4 weeks, namely since [...] date, 4 weeks ago.

RJA0a. Did [...] visit a Posyandu in the last 4 weeks?	No 3 ➔ RJA01a Yes 1																											
RJA0b. What is the name and address of the Posyandu, including RT?	Name 1. 8. DK																											
	Address 1. 8. DK																											
	Loc. Note 1. 8. DK																											
	RT 1. 3. Same as current residence 8. DON'T KNOW																											
	RW 1. 3. Same as current residence 8. DON'T KNOW																											
	A. Desa 1. 3. Same as current residence 8. DON'T KNOW																											
CODE COMFAS																												
RJA0c. What services did [...] receive at the Posyandu?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Weighing</td><td>1</td><td>3</td></tr><tr><td>b. Supplementary Food</td><td>1</td><td>3</td></tr><tr><td>c. Vitamin A Pill</td><td>1</td><td>3</td></tr><tr><td>d. Oral Rehydration Solution.....</td><td>1</td><td>3</td></tr><tr><td>e. Immunization</td><td>1</td><td>3</td></tr><tr><td>f. Exam by Puskesmas Staff.....</td><td>1</td><td>3</td></tr><tr><td>g. Child Development Activity</td><td>1</td><td>3</td></tr><tr><td>h. Other</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Weighing	1	3	b. Supplementary Food	1	3	c. Vitamin A Pill	1	3	d. Oral Rehydration Solution.....	1	3	e. Immunization	1	3	f. Exam by Puskesmas Staff.....	1	3	g. Child Development Activity	1	3	h. Other	1	3
	Yes	No																										
a. Weighing	1	3																										
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d. Oral Rehydration Solution.....	1	3																										
e. Immunization	1	3																										
f. Exam by Puskesmas Staff.....	1	3																										
g. Child Development Activity	1	3																										
h. Other	1	3																										
RJA0d. Were there any staff from the Puskesmas at the Posyandu?	No 3 Yes 1																											
RJA0e. Did you pay for the services [...] received at the posyandu?	No 3 ➔ RJA01a Yes 1																											
RJA0f. How much did you pay?	, Rp. 1 DON'T KNOW 8																											

RJA01a. In the last 4 weeks, did [...] visit a hospital, health center, clinic, or doctor's practice, or was [...] visited by a health worker?	No 3 ➔ RJA24a Yes 1
---	---

MEDICAL FACILITY (RJA1TYPE)	RJA01	RJA02
	Within the last 4 weeks, has [CHILD’S NAME] been to [...] / visited by [...]?	How many times did [CHILD’S NAME] [...] / been visited by [...] during the past 4 weeks?
A. Public hospital (General or Specialty)	3. No↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	3. No↓ 1. Yes ➔	Times
E. Private Hospital	3. No↓ 1. Yes ➔	Times
F. Polyclinic, Private Clinic, Medical Center	3. No↓ 1. Yes ➔	Times
G. Private Physician (General Practitioner, Specialist, Dentist)	3. No↓ 1. Yes ➔	Times
H. Nurse, Paramedic, Midwife practitioner	3. No↓ 1. Yes ➔	Times
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No↓ 1. Yes ➔	Times
J. Other	3. No↓ 1. Yes ➔	Times

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

START WITH THE MOST RECENT VISIT, THEN GO BACKWARD. IF VISITS EXCEED 4 USE SUPPLEMENT.

Now, I'd like to ask you some questions about [...]’s visits to health care providers.

HHID97:

 PID97:

NUMBER OF OUTPATIENT CARE VISITS 11

(RJA2TYPE)		MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJA05a.	What is the type of medical facility or type of provider?	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
RJA06.	What is the name and location of the medical provider? 1. Specify 3. Same as residence 8. DON'T KNOW (DK)	Name 1. _____ 8. DK _____ Address 1. _____ _____ 8. DK _____ Loc. Note 1. _____ _____ 8. DK A. Vill: 1. _____ 3. Same as residence 8. DK B. Kec 1. _____ 3. Same as residence 8. DK C. Kab: 1. _____ 3. Same as residence 8. DK D. Prov: 1. _____ 3. Same as residence 8. DK CODE CF <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Name 1. _____ 8. DK _____ Address 1. _____ _____ 8. DK _____ Loc. Note 1. _____ _____ 8. DK A. Vill: 1. _____ 3. Same as residence 8. DK B. Kec 1. _____ 3. Same as residence 8. DK C. Kab: 1. _____ 3. Same as residence 8. DK D. Prov: 1. _____ 3. Same as residence 8. DK CODE CF <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Name 1. _____ 8. DK _____ Address 1. _____ _____ 8. DK _____ Loc. Note 1. _____ _____ 8. DK A. Vill: 1. _____ 3. Same as residence 8. DK B. Kec 1. _____ 3. Same as residence 8. DK C. Kab: 1. _____ 3. Same as residence 8. DK D. Prov: 1. _____ 3. Same as residence 8. DK CODE CF <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Name 1. _____ 8. DK _____ Address 1. _____ _____ 8. DK _____ Loc. Note 1. _____ _____ 8. DK A. Vill: 1. _____ 3. Same as residence 8. DK B. Kec 1. _____ 3. Same as residence 8. DK C. Kab: 1. _____ 3. Same as residence 8. DK D. Prov: 1. _____ 3. Same as residence 8. DK CODE CF <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
RJA08.	What was the purpose of [CHILD'S NAME] visit to that facility? ANSWER MAY BE MORE THAN ONE B. Immunization C. Consultation D. Medical check-up E. Medications F. Injection H. Treatment for Injury I. Treatment for Illness J. Massage G. Other, _____	ANSWER MAY BE MORE THAN ONE B C D E F H I J G	ANSWER MAY BE MORE THAN ONE B C D E F H I J G	ANSWER MAY BE MORE THAN ONE B C D E F H I J G	ANSWER MAY BE MORE THAN ONE B C D E F H I J G
RJA09.	Was the visit to [...] the first visit or a follow-up visit for the symptom?	First 1 Follow-up 3	First 1 Follow-up 3	First 1 Follow-up 3	First 1 Follow-up 3
RJA10.	INTERVIEWER'S NOTE: CHECK RJA05a 1. IF A, B, E, F, J → RJA11 3. NO	1. → RJA11 3. NO	1. → RJA11 3. NO	1. → RJA11 3. NO	1. → RJA11 3. NO
RJA10a.	Did the provider visit the child at home?	Yes 1 → RJA17 No 3	Yes 1 → RJA17 No 3	Yes 1 → RJA17 No 3	Yes 1 → RJA17 No 3

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJA11. How many kilometers is it between the medical facility and [CHILD'S NAME] residence?	1. . Km 8. DON'T KNOW	1. . Km 8. DON'T KNOW	1. . Km 8. DON'T KNOW	1. . Km 8. DON'T KNOW
RJA12. What is the travel time to that facility?	01. Minute 02. Hour 8. DON'T KNOW	01. Minute 02. Hour 8. DON'T KNOW	01. Minute 02. Hour 8. DON'T KNOW	01. Minute 02. Hour 8. DON'T KNOW
RJA14. What was the total transportation cost to the facility (INCLUDING FUEL COST, ONE WAY TRIP)?	1. , Rp. 8. DON'T KNOW	1. , Rp. 8. DON'T KNOW	1. , Rp. 8. DON'T KNOW	1. , Rp. 8. DON'T KNOW
RJA15. Upon arrival, how long did [CHILD'S NAME] have to wait to be examined?	01. Minute 02. Hour 8. DON'T KNOW	01. Minute 02. Hour 8. DON'T KNOW	01. Minute 02. Hour 8. DON'T KNOW	01. Minute 02. Hour 8. DON'T KNOW
RJA17. What kind of treatment did [CHILD'S NAME] receive? ANSWER MAY BE MORE THAN ONE A. Medical check-up/consultation.. B. Injection C. Laboratorium test..... D. Surgery E. X-ray G. Medications..... I. Massage J. Traditional treatment..... H. Other, specify_____	ANSWER MAY BE MORE THAN ONE A B C D E F I J H _____	ANSWER MAY BE MORE THAN ONE A B C D E F I J H _____	ANSWER MAY BE MORE THAN ONE A B C D E F I J H _____	ANSWER MAY BE MORE THAN ONE A B C D E F I J H _____
RJA20. What was the total cost to fill a prescription that you received during this visit?	1. , Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. , Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. , Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. , Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
RJA21. What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	1. , , Rp 3. Did not pay anything 8. DON'T KNOW	1. , , Rp 3. Did not pay anything 8. DON'T KNOW	1. , , Rp 3. Did not pay anything 8. DON'T KNOW	1. , , Rp 3. Did not pay anything 8. DON'T KNOW
RJA21a. Did you use insurance to pay for all or some of this visit?	No 3 → RJA22 Yes 1	No 3 → RJA22 Yes 1	No 3 → RJA22 Yes 1	No 3 → RJA22 Yes 1

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJA21b. What insurance did you use?	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____
RJA22. Was any payment in kind made?	No 3 → RJA24 Yes 1	No 3 → RJA24 Yes 1	No 3 → RJA24 Yes 1	No 3 → RJA24 Yes 1
RJA23. What was the approximate value of the goods?	1. , , , , Rp. 8. DON'T KNOW	1. , , , , Rp. 8. DON'T KNOW	1. , , , , Rp. 8. DON'T KNOW	1. , , , , Rp. 8. DON'T KNOW
RJA24. INTERVIEWER NOTE: OTHER VISIT?	1. YES→RJA05a COLUMN 2 3. NO	1. YES→RJA05a COLUMN 3 3. NO	1. YES→RJA05a COLUMN 4 3. NO	1. YES→SUPPLEMENT SECTION RJA 3. NO
IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH THE SUPPLEMENT TO SECTION RJA.				

RJA24a. Does [CHILD'S NAME] eat	3 or more times a day 1 2 times a day 2 1 time a day 3 5-6 times a week 4 3-4 times a week 5 2 or less times a week 6 DON'T KNOW 8
RJA24b. Does [CHILD'S NAME] brush their teeth? (CIRCLE ALL THAT APPLY)	Morning A At night B After meals C Never D DON'T KNOW Y
RJA25. INTERVIEWER CHECK BOOK COVER (COV3): IS [CHILD'S NAME] 0-5 YEARS OLD?	NO 3 → RJA33 YES 1
RJA25a. Has [CHILD'S NAME] been given Vitamin A in the last 6 months?	Yes 1 No 3

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

RJA26.	Does [CHILD'S NAME] have a KMS card? IF YES, MAY I SEE IT, PLEASE?	Does not have card 3 → RJA30 Yes, but can't see 2 → RJA30 Yes, can see..... 1																																																				
RJA27.	FROM THE KMS CARD, RECORD THE NUMBER OF TIMES VITAMIN A WAS GIVEN	1. <input type="text"/> <input type="text"/> ... times vitamin A was given as recorded on the KMS card 3. Tidak tercatat di Kartu KMS																																																				
RJA28a.	1. RECORD THE DATE OF EACH IMMUNIZATION ON THE KMS CARD. 2. WRITE '44' IN 'DAY' COLUMN, IF THE CHILD HAS ALREADY HAD THE IMMUNIZATION, BUT THE DATE ISN'T RECORDED.																																																					
		<table><thead><tr><th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr></thead><tbody><tr><td>b. BCG</td><td>b. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>c. Polio 0 (at birth)</td><td>c. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>d. Polio 1</td><td>d. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>e. Polio 2</td><td>e. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>f. Polio 3</td><td>f. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>g. DPT 1</td><td>g. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>h. DPT 2</td><td>h. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>i. DPT 3</td><td>i. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>j. Measles</td><td>j. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>k. Hepatitis B 1</td><td>k. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>l. Hepatitis B 2</td><td>l. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr><tr><td>m. Hepatitis B 3</td><td>m. <input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td></tr></tbody></table>		DAY	MONTH	YEAR	b. BCG	b. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	c. Polio 0 (at birth)	c. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	d. Polio 1	d. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	e. Polio 2	e. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	f. Polio 3	f. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	g. DPT 1	g. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	h. DPT 2	h. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	i. DPT 3	i. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	j. Measles	j. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	k. Hepatitis B 1	k. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	l. Hepatitis B 2	l. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	m. Hepatitis B 3	m. <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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RJA29.	Has [CHILD'S NAME] already received BCG, DPT 1-3, POLIO 0-3, and/or Measles and Hepatitis B, but this information isn't recorded on the KMS card?	Yes 1 No 3 DON'T KNOW 8																																																				

RJA30.	Please tell us whether [CHILD'S NAME] has already received the immunizations listed below: A. A BCG vaccination against tuberculosis, that is, an injection in the upper arm that left a scar. B. Polio Vaccine , that is, pink or white drops in the mouth? IF 'YES': How many times? C. DPT Vaccination , that is, an injection, usually given at the same time as polio drops IF 'YES': How many times? D. An injection against Measles . E. Anti Hepatitis B Injection	Yes 1 No 3 DON'T KNOW..... 8 Yes 1 No 3 DON'T KNOW..... 8 <input type="text"/> <input type="text"/> Times Yes 1 No 3 DON'T KNOW..... 8 Yes 1 No 3 DON'T KNOW..... 8 Yes 1 No 3 DON'T KNOW..... 8
RJA31.	In the last 4 weeks has [CHILD'S NAME] participated in the activities of the Child Development Program?	Yes 1 No 3
RJA32.	How many times was child weighed in the last 6 months?	<input type="text"/> <input type="text"/> Times 1 DON'T KNOW..... 8
RJA33.	How many types of food [CHILD'S NAME] ate in last week?	1. <input type="text"/> <input type="text"/> Types 8. DON'T KNOW

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

<div>RJA34.</div> <div>Did [CHILD'S NAME] eat [...] last week?</div> <div>(READ TYPES OF FOOD)</div> <div>IF YES, FOR EACH FOOD ASK:</div> <div>How many times [CHILD'S NAME] ate in last week?</div> <div>CIRCLE ONE ANSWER FOR EACH TYPE OF FOOD.</div>	FOOD TYPE	NO, DID NOT EAT IN THE LAST WEEK	YES, ATE [...] TIMES DAILY	YES, ATE [...] 4-6 TIMES IN A WEEK	YES, ATE [...] 2-3 TIMES IN A WEEK	YES, ATE [...] 1 TIME IN A WEEK
	(RJA3TYPE)					
	a) Tubeef	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat/poultry	1	2	3	4	5
	e) Milk	1	2	3	4	5
	f) Vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Carrot	1	2	3	4	5
<div>RJ35.</div> <div>In the last 12 months, how many times did [CHILD'S NAME] eat?</div> <div>(READ TYPES OF FOOD)</div> <div>CIRCLE ONE ANSWER FOR EACH TYPE OF FOOD.</div>	FOOD TYPE	NO, DID NOT EAT IN THE LAST 12 MONTHS	YES, ATE EACH MONTH	YES, ATE ALMOST EACH MONTH	YES, ATE MORE THAN 2 MONTHS	YES, ATE ONLY 1-2 MONTHS
	(RJA3TYPE)					
	a) Tubeef	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat/poultry	1	2	3	4	5
	e) Milk	1	2	3	4	5
	f) Vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Carrot	1	2	3	4	5
j) Mango	1	2	3	4	5	

SECTION RNA (CHILD INPATIENT UTILIZATION)

The following questions pertain to hospitalization (inpatient care) that [CHILD’S NAME] has had during the past 12 months, namely since the month of [...] 12 months ago.

RNA00. In the last 12 months, namely since the month of [...], did [CHILD’S NAME] receive inpatient care?	No 3 ➔SECTION BAA Yes 1
---	--

HOSPITALIZATION FACILITY (RNA1TYPE)	RNA01.	RNA02.
	During the past 12 months, has [CHILD'S NAME] ever received inpatient care at [...]?	How many times has [CHILD'S NAME] received inpatient care at [...] during the past 12 months?
A. Public Hospital (General or Specialty)	3. No↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)	3. No↓ 1. Yes ➔	Times
C. Private Hospital	3. No↓ 1. Yes ➔	Times
D Private Clinic	3. No↓ 1. Yes ➔	Times
F. Midwife Clinic	3. No↓ 1. Yes ➔	Times
E. Other, specify _____	3. No↓ 1. Yes ➔ RNA05a	Times

SECTION RNA (CHILD INPATIENT UTILIZATION)

IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH THE SUPPLEMENT TO SECTION RNA.

NUMBER OF HOSPITALIZATIONS:

(RNA2TYPE)	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RNA05a. What is the type of hospitalization facility?	<div></div>	<div></div>	<div></div>	<div></div>
RNA06. What is the name and location of facility? 1. Specify 3. Same as current residence 8. Don't Know	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>
RNA08. How many nights was [CHILD'S NAME] hospitalized there?	<div>Nights</div>	<div>Nights</div>	<div>Nights</div>	<div>Nights</div>

SECTION RNA (CHILD INPATIENT UTILIZATION)

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RNA10. For what reason was [CHILD'S NAME] hospitalized?	Sickness1 Accident.....2 Operation, what type?5 Other, specify4	Sickness1 Accident2 Operation, what type?5 Other, specify4	Sickness1 Accident.....2 Operation, what type?5 Other, specify4	Sickness1 Accident2 Operation, what type?5 Other, specify4
RNA15. During hospitalization, what kind of treatment did [CHILD'S NAME] receive?	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify
RNA18. What was the total cost to fill a prescription that you received during this visit?	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
RNA19. Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply.)	1. _____, _____, _____ Rp. 3. Did not pay anything 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Did not pay anything 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Did not pay anything 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Did not pay anything 8. DON'T KNOW
RNA19a. Did you use insurance to pay for all or some of this visit?	No3 → RNA20 Yes1	No3 → RNA20 Yes1	No3 → RNA20 Yes1	No3 → RNA20 Yes1
RNA19b. What insurance did you use?	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify	1. Health Card (<i>Kartu Sehat</i>) 2. Letter stating non-affordability (<i>Surat Miskin</i>) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify
RNA20. INTERVIEWER'S NOTE: IS THERE ANY OTHER IN-PATIENT?	Yes1 → RNA05a COLUMN 2 No3 → SECTION BAA	Yes1 → RNA05a COLUMN 3 No3 → SECTION BAA	Yes1 → RNA05a COLUMN 4 No3 → SECTION BAA	Yes1 → RNA05a SUPPLEMENT No3 → SECTION BAA

IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH SUPPLEMENT TO SECTION RNA.

SECTION BAA (PARENTAL INFORMATION)

(BAATYPE)		Father (1)	Mother (2)
BAA00.	INTERVIEWER CHECK : [CHILD'S NAME] MOTHER/FATHER IS RESPONDENT FOR BOOK V?	Yes 1→BAA00 FOR MOTHER No 3	Yes 1→NEXT SECTION No 3
BAA02.	INTERVIEWER CHECK: 1. [...] CHILD STAYS IN HOUSEHOLD AND REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00. 2. [...] CHILD DIED/DOES NOT STAY IN HOUSEHOLD, BUT REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00. 3. [...] CHILD IS NOT REGISTERED ON HOUSEHOLD ROSTER→BAA03.	1. <input type="text"/> AR00 and stays in household →BAA00 col MOTHER 2. <input type="text"/> AR00 and died/does not stay in household 3. Not in household roster	1. <input type="text"/> AR00 and stays in household →BAA00 col MOTHER 2. <input type="text"/> AR00 and died/does not stay in household 3. Not in household roster
BAA03.	Is [child's name] father/mother still alive?	No 3→BAA06 DON'T KNOW 8→BAA06 Yes 1	No 3→BAA06 DON'T KNOW 8→BAA06 Yes 1
BAA04.	How often has [child's name] seen his/her father/mother in the last 12 months?	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5
BAA05.	Where does [child's name] father/mother live?	<input type="text"/>	<input type="text"/>
BAA06.	What is the highest level of education of father/mother?	01 02 03 04 05 06 11 12 13 14 60 61 62 63 72 73 90 98 10 _____	01 02 03 04 05 06 11 12 13 14 60 61 62 63 72 73 90 98 10 _____
BAA07.	What is the highest class that father/mother finished? IF BA06 = 1 CIRCLE 96.	00 01 02 03 04 05 06 07 96 98 →BAA00 FOR MOTHER	00 01 02 03 04 05 06 07 96 98 →SECTION CP

CODE FOR BAA05 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province	10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu 18. Lampung	31. Jakarta 32. West Java 33. Central Java 34. D.I. Yogyakarta 35. East Java 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor	60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi	74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. USA	91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 95. Other _____ 98. DON'T KNOW
--	---	--	--	---	--

CODE FOR BAA06 01. No schooling 02. Elementary school 03. Junior high general 04. Junior high vocational 05. Senior high general 06. Senior high vocational	11. Adult education A 12. Adult education B 13. Open university 14. Islamic school (<i>Pesantren</i>) 60. College (D1, D2, D3) 61. University (Bachelor) 62. University (Masters)	63. University (PhD) 72. Islamic elementary school (<i>Madrasah Ibtidaiyah</i>) 73. Islamic junior/high school (<i>Madrasah Tanawiyah</i>) 90. Kindergarten 98. DON'T KNOW 10. Other, specify: _____
--	---	---

CODE FOR BAA07 00. Didn't finish first class 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6	07. Graduated 96. No School 98. DON'T KNOW
--	--

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____ _____ _____</p>

NOTES:

EDITOR: _____
INTERVIEWER: _____
(IDIVWR)

CONFIDENTIAL

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2000
PROXY BOOK

SECTION: KW, MG, DL, TK, PM, BH, KM, KK, MA, RJ, RN, BR, CH, CX, BA, CP
Respondent is Household Member 15 Years or Older

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED AR:		PID	
NAME OF RESPONDENT: _____		____	
RSPNDNT.	RESPONDENT IS:	Head of Household (AR02b=01).....	01
		Spouse of Household Head (AR02b=02).....	02
		Other Household Member	03
PANEL.	STATUS OF RESPONDENT:	Respondent Panel (AR01g=01).....	1
		Respondent New (AR01g=03).....	3
NAME OF PROXY: _____		PID	
REASON FOR PROXY: _____		____	
RELATIONSHIP WITH RESPONDENT:		01. Spouse 02. Child 03. Other _____ 04. Parent 05. Sibling 06. Son/Daughter-in-law	
TO BE FILLED OUT BY INTERVIEWER FOR BOOK PROXY			
QUESTIONS FOR THE RESPONDENT:			
AGE.		How old is [NAME OF RESPONDENT]? _____	Years
MARSTAT.		Marital Status:	Not yet married 1 Married 2 Separated 3 Divorced 4 Widowed 5
SEX.		Sex:	Male 1 Female 3
BIRTHDATE.		Birthdate:	____ / ____ / ____ Day Month Year
CODES FOR LANGUAGE			
00. Indonesian 01. Javanese 02. Sundanese 03. Balinese 04. Batak 05. Bugis 06. Chinese 07. Maduranese 08. Sasak 09. Minang 10. Banjar 11. Bima 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat 18. Other South Sumatra 19. Betawi 20. Lampung 96. NO OTHER 91. Other _____			
# INTERVIEW SESSIONS OF BOOK PROXY: ____ (NUMVIS)			
INTERVIEW	1	2	3
DATE:	____ / ____ DAY/MONTH	____ / ____ DAY/MONTH	____ / ____ DAY/MONTH
TIME STARTED:	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE
TIME FINISHED:	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE
LANGMAIN. Interview was entirely/mostly conducted in what language? ____ Other: _____			
LANGOTHR. Other language used (if any): ____ Other: _____			
RESULT OF INTERVIEW OF BOOK PROXY		REASON	EDIT_CK REVIEW BY EDITOR
1. Completed 2. Partially completed → REASON 3. Not completed → REASON		1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____
		SUP LOCAL SUPERVISOR MONITORING	
		Yes No a. Observed by local supervisor (SUP_OBS)..... 1 3 b. Edited by local supervisor (SUP_EDIT) 1 3	

SECTION KW (MARITAL HISTORY)

Now we would like to ask about [RESPONDENT'S NAME] marital history. [NOTE: NOR = NAME RESPONDENT].

KW02.	INTERVIEWER CHECK: MARITAL STATUS FROM BOOK COVER OR AR (AR13)	NEVER MARRIED (AR13 = 1) 1 → SECTION MG MARRIED 2 SEPARATED 3 DIVORCED 4 WIDOW/WIDOWER 5
KW02a.	What is the name of [RESPONDENT'S NAME] current/latest spouse?	_____
KW02f.	Does [RESPONDENT'S NAME] spouse live at this household?	No 3 → KW02h Yes 1
KW02g.	INTERVIEWER VERIFY: 1. If [...] lives in the household fill in AR00 (line # from Roster). 2. If [...] died/does not live in household, but registered in the Roster, fill in AR00 3. If [...] is not registered in the Roster	1. _ _ 2. _ _ 3.
KW02h.	INTERVIEWER CHECK: RESPONDENT IS PANEL RESPONDENT (AR01g=1 OR AR01h=1).	NO 3 → KW12a YES 1
KW02i.	Respondent is panel respondent Book IV in 1997 (AR01h=1)?	YES 1 → SECTION MG NO 3
KW02j.	What was the date of [RESPONDENT'S NAME] current/most recent marriage?	1. _ _ / _ _ _ _ Month Year 8. DON'T KNOW
KW02k.	INTERVIEWER CHECK: YEAR IN KW02j IS BEFORE 1997.	YES 1 →SECTION MG NO 3

KW12a.	What was the dowry for [RESPONDENT'S NAME] current/most recent marriage ? (ANSWER MAY BE MORE THAN ONE)	NOTHING J → KW13a Shalot (praying) accessory A Money B Land C Building/House D Jewelry E Complete set of clothing G Food H Household items I Religious book K Beauty items L Livestock M Other, specify F DON'T KNOW Y
KW12b.	What was the value of the dowry of [RESPONDENT'S NAME] current/most recent marriage, at the time of the marriage?	_ _ , _ _ , _ _ Rp. 1 _ _ , _ _ , _ _ Other currency 2 DON'T KNOW 8
KW13a.	What did [RESPONDENT'S NAME] receive for <i>peningset</i> (a gift and it is not a dowry) at the time of [RESPONDENT'S NAME] current/most recent marriage, that was not consumed for the wedding party? (ANSWER MAY BE MORE THAN ONE)	NOTHING J → KW14 Shalot (praying) accessory A Money B Land C Building/House D Jewelry E Complete set of clothing G Food H Household items I Religious book K Beauty items L Livestock M Other, specify F DON'T KNOW Y
KW13b.	At the time of [RESPONDENT'S NAME] current/most recent marriage, what was the value of what [RESPONDENT'S NAME] received as <i>peningset</i> (a gift and it is not a dowry) that was not consumed for the wedding party?	_ _ , _ _ , _ _ Rp. 1 _ _ , _ _ , _ _ Other currency 2 DON'T KNOW 8
KW14.	What was the value of the assets [RESPONDENT'S NAME] owned just prior to the wedding of [RESPONDENT'S NAME] current/latest marriage	_ _ , _ _ , _ _ Rp. 1 DON'T KNOW 8

SECTION KW (MARITAL HISTORY)

KW14a.	Right after the wedding ceremony of [RESPONDENT'S NAME] current/latest marriage, did [RESPONDENT'S NAME] move?	NO, lived at the same place..... 3 → KW14d YES, moved within the same village/district..... 2 → KW14d YES, moved to another village/district..... 1
KW14b.	What is the [...] name of the place [RESPONDENT'S NAME] moved at that time?	A. Desa : 1. _____ 3. Same as current resident 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current resident 8. DON'T KNOW C. Kab: 1 _____ 3. Same as current resident 8. DON'T KNOW D. Prov: 1 _____ 3. Same as current resident 8. DON'T KNOW
KW14d.	At the time [RESPONDENT'S NAME] married the current/latest husband/wife, did the husband/wife change residence?	Yes 1 No..... 3
KW03.	How many times has [RESPONDENT'S NAME] been married?	<input type="text"/> <input type="text"/> <input type="text"/> Times

SECTION MG (MIGRATION)

Now I would like to ask about [RESPONDENT’S NAME] regarding his/her birthplace and history of migration.

MG01. What is the [...] name of [RESPONDENT’S NAME] birthplace?	A. Vill 1. _____ 3. Same as current residence 8. DK B. Kec 1. _____ 3. Same as current residence 8. DK C. Kab 1. _____ 3. Same as current residence 8. DK D. Prov 1. _____ 3. Same as current residence 8. DK E. Country 1. _____ 3. Same as current residence 8. DK
MG02. To [RESPONDENT’S NAME] best knowledge, have any of the above mentioned places changed their names?	DON’T KNOW 8 ➔ MG04 No 3 ➔ MG04 Yes 1
MG02a. Is [...] the current name?	3. No ➔ MG03b 1. Yes
MG03a. What was the name when [RESPONDENT’S NAME] was born?	A. Vill 1. _____ 3. Same as current name (MG01) 8. DK B. Kec 1. _____ 3. Same as current name (MG01) 8. DK C. Kab 1. _____ 3. Same as current name (MG01) 8. DK D. Prov 1. _____ 3. Same as current name (MG01) 8. DK E. Country 1. _____ 3. Same as current name (MG01) 8. DK ➔ MG04
MG03b. What is the name now?	A. Vill 1. _____ 3. Same as name at birth (MG01) 8. DK B. Kec 1. _____ 3. Same as name at birth (MG01) 8. DK C. Kab 1. _____ 3. Same as name at birth (MG01) 8. DK D. Prov 1. _____ 3. Same as name at birth (MG01) 8. DK E. Country 1. _____ 3. Same as name at birth (MG01) 8. DK

MG04. Was the place when [RESPONDENT’S NAME] was born a:	Village 1 Small town 3 Big city 5 DON’T KNOW 8
MG04a. When [RESPONDENT’S NAME] was 12 years old did [RESPONDENT’S NAME] live in the same place as the place where [RESPONDENT’S NAME] was born?	Yes..... 1 ➔ MG05d No 3 DON’T KNOW..... 8 ➔ MG05d
MG05. What was the [...] name of the place where [RESPONDENT’S NAME] lived when [RESPONDENT’S NAME] was 12 years old?	A. Vill 1. _____ 3. Same as current residence 8. DK B. Kec 1. _____ 3. Same as current residence 8. DK C. Kab 1. _____ 3. Same as current residence 8. DK D. Prov 1. _____ 3. Same as current residence 8. DK E. Country 1. _____ 3. Same as current residence 8. DK
MG06. To [RESPONDENT’S NAME] best knowledge, have any of the above mentioned places changed their names (since [RESPONDENT’S NAME] were 12)?	DON’T KNOW 8 ➔ MG08 No 3 ➔ MG08 Yes..... 1
MG07. Is the name of [...] still the same or has it been changed?	A. Vill 1. _____ 3. Same name as when I was 12 (MG05) 8. DK B. Kec 1. _____ 3. Same name as when I was 12 (MG05) 8. DK C. Kab 1. _____ 3. Same name as when I was 12 (MG05) 8. DK D. Prov 1. _____ 3. Same name as when I was 12 (MG05) 8. DK E. Country 1. _____ 3. Same name as when I was 12 (MG05) 8. DK
MG08. When [RESPONDENT’S NAME] was 12, was the place a:	Village 1 Small town 3 Big city 5 DON’T KNOW 8

SECTION MG (MIGRATION)

MG05d.	Has [RESPONDENT'S NAME] always lived in the same location?	Yes1 → SECTION DL No3 DON'T KNOW8
MG05e.	When did [RESPONDENT'S NAME] move to the new location?	<div> <div> <div></div><div></div><div></div> </div> / <div> <div></div><div></div><div></div><div></div> </div> </div> Month Year1 → MG05g DON'T KNOW8
MG05f.	How old was [RESPONDENT'S NAME] at the time [RESPONDENT'S NAME] moved to [RESPONDENT'S NAME] current location?	<div> <div></div><div></div><div></div> </div> Years1 DON'T KNOW8
MG05g.	Where did [RESPONDENT'S NAME] move from?	<div> <div>A. Vill</div> <div>1. _____</div> <div>3. Same as current residence</div> <div>8. DK</div> </div> <div> <div>B. Kec</div> <div>1. _____</div> <div>3. Same as current residence</div> <div>8. DK</div> </div> <div> <div>C. Kab</div> <div>1. _____</div> <div>3. Same as current residence</div> <div>8. DK</div> </div> <div> <div>D. Prov</div> <div>1. _____</div> <div>3. Same as current residence</div> <div>8. DK</div> </div> <div> <div>E. Country</div> <div>1. _____</div> <div>3. Same as current residence</div> <div>8. DK</div> </div>

SECTION DL (EDUCATION)

The following questions pertain to your education [RESPONDENT NAME].

DL01a.	What languages does [RESPONDENT'S NAME] speak in [RESPONDENT'S NAME] daily life at home? CIRCLE ALL THAT APPLY	Bahasa Indonesia..... W Bahasa Jawa..... A Bahasa Sunda..... B Bahasa Madura..... C Bahasa Bali..... D Bahasa Sasak..... E Bahasa Minang..... F Bahasa Batak..... G Bahasa Bugis..... H Bahasa Cina..... I Bahasa Banjar..... J Bahasa Bima..... L Bahasa Makassar..... M Bahasa Nias..... N Bahasa Palembang..... O Bahasa Sumbawa..... P Bahasa Toraja..... Q Bahasa Lahat..... R Bahasa Sumatera Selatan lainnya..... S Bahasa Betawi..... T Bahasa Lampung..... U Bahasa Lainnya..... K
DL02.	Can [RESPONDENT'S NAME] read an Indonesian language newspaper?	Yes..... 1 No..... 3 DON'T KNOW..... 8
DL02a.	Can [RESPONDENT'S NAME] read a newspaper in another language?	Yes..... 1 No..... 3 DON'T KNOW..... 8
DL03.	Can [RESPONDENT'S NAME] write a letter in Indonesian?	Yes..... 1 No..... 3 DON'T KNOW..... 8
DL03a.	Can [RESPONDENT'S NAME] write a letter in another language?	Yes..... 1 No..... 3 DON'T KNOW..... 8
DL04.	Has [RESPONDENT'S NAME] ever attended/is [RESPONDENT'S NAME] attending school?	No..... 3 → SECTION TK Yes..... 1 DON'T KNOW..... 8

DL06.	What is the highest education level attended by [RESPONDENT'S NAME]?	ELEMENTARY..... 02 JUNIOR HIGH SCHOOL - GENERAL..... 03 JUNIOR HIGH SCHOOL - VOCATIONAL..... 04 SENIOR HIGH SCHOOL - GENERAL..... 05 SENIOR HIGH SCHOOL - VOCATIONAL..... 06 UNIVERSITY (BA, MA, PHD)..... 09 College D1, D2, D3..... 60 University (Bachelors)..... 61 University (Masters)..... 62 University (PhD)..... 63 Adult Education A..... 11 Adult Education B..... 12 Open University..... 13 Islamic School (<i>Pesantren</i>)..... 14 Schoolf for the Disabled..... 17 Madrasah, General..... 70 Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)..... 72 Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>)..... 73 Madrasah Senior High School..... 74 Kindergarten..... 90 DON'T KNOW..... 98 Other, mention..... 10
DL07.	What is the highest grade completed at that school by [RESPONDENT'S NAME]?	Did not complete first grade at that level 1..... 00 1..... 01 5..... 05 2..... 02 6..... 06 3..... 03 Graduated..... 07 4..... 04 DON'T KNOW..... 98
DL07a.	Is [RESPONDENT'S NAME] currently attending school?	No..... 3 → DL07b Yes..... 1 DON'T KNOW..... 8
DL07f.	How many hours did [RESPONDENT'S NAME] attend his/her school in the past week?	hours..... 1 DON'T KNOW..... 8 → DL11
DL07b.	When [year/month] did [RESPONDENT'S NAME] graduate from or stop attending school?	/ 1 → DL11 Month Year DON'T KNOW..... 8
DL07c.	What age was [RESPONDENT'S NAME] when [RESPONDENT'S NAME] graduated from/stopped attending school?	Years
DL11.	Under whose administration was this school?	Public non-religious..... 01 Public religious..... 02 Private non-religious..... 03 Private Islam..... 04 Private Catholic..... 05 Private Protestant and others..... 06 Other, mention..... 07 Private Buddhist..... 08 DON'T KNOW..... 98

SECTION DL (EDUCATION)

DL16aa. INTERVIEWER CHECK?		RESPONDENT ≥25 YEARS..... 1 ➔DL30 RESPONDENT <25 YEARS..... 3		
SCHOOL LEVEL (DL2NUM)	1. ELEMENTARY	2. JUNIOR HIGH	3. SENIOR HIGH	4.D1, D2, D3/UNIVERSITIES
DL16a. Has [RESPONDENT'S NAME] ever taken the EBTANAS exam at [...] level?	No 3 ➔DL16a Next Yes 1 DON'T KNOW..... 8	No 3 ➔DL16a Next Yes 1 DON'T KNOW..... 8	No 3 ➔DL30 Yes 1 DON'T KNOW 8	
DL16b. Can you show us [RESPONDENT'S NAME] EBTANAS (DANEM) score? INTERVIEWER NOTE: EBTANAS SCORES SHOULD BE COPIED FROM THEOFFICIAL DANEM TEST RECORD.	Yes 1 No 3	Yes 1 No 3	Yes 1 No 3	
DL16c. What month and year did [RESPONDENT'S NAME] take the EBTANAS [...]?	1. / Month Year 8. DON'T KNOW	1. / Month Year 8. DON'T KNOW	1. / Month Year 8. DON'T KNOW	
DL16d. What was [RESPONDENT'S NAME] EBTANAS score for the following subjects: (IF YOU SEE OFFICIAL RECORD (DANEM), COPY FROM DANEM, IF YOU CANNOT SEE DANEM ASK FOR THE REPSONDENT'S SCORE).				
A. Moral and Civic Education from the nation's five principal/Pancasila (PMP/PPKn)	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	
B. Indonesian	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	1. . 6. NOT APPLICABLE 8. DK	
C. English		1. . 8. DON'T KNOW	1. . 6. NOT APPLICABLE 8. DK	
D. Mathematics	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW	1. . 6. NOT APPLICABLE 8. DK	
E. Science	1. . 8. DON'T KNOW	1. . 8. DON'T KNOW		
F. Biology			1. . 6. NOT APPLICABLE 8. DK	
G. Chemistry			1. . 6. NOT APPLICABLE 8. DK	
H. Physics			1. . 6. NOT APPLICABLE 8. DK	

SECTION DL (EDUCATION)

SCHOOL LEVEL (DL2NUM)	1. ELEMENTARY	2. JUNIOR HIGH	3. SENIOR HIGH	4.D1, D2, D3/UNIVERSITIES
I. Social Studies	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW		
J. Economics			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
K. Sociology			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
L. Anthropology			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
M. Government			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
N. Accountancy			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
O. Food			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
P. Firm Management			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
Q. Physics-Chemistry			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
R. Comprehensive Component			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
S. Business Management			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	
DL16e. What is the total EBTANAS (NEM) score?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW ➔ DL16a Next	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW ➔ DL16a Next	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK	

SECTION DL (EDUCATION)

Now we would like to ask about school-related expenses during the previous school year.

DL30. Did [RESPONDENT'S NAME] attend school in the previous school year 1999/2000?			No 3➔ DL31c Yes 1	
DL31a. What was [RESPONDENT'S NAME] (approximate) school-related expenses in the past month? Did [RESPONDENT'S NAME] spend money for:			DL31b. Please give your best estimate of the amount [RESPONDENT'S NAME] spent.	
EXPENSE TYPE (DL31TYPE)			3. No	1. Yes
A. Expense Type				
1. Registration			3 ↓	1 ➔
2. Other scheduled fees			3 ↓	1 ➔
3. Exams			3 ↓	1 ➔
B. School supplies				
1. Books and writing supplies			3 ↓	1 ➔
2. Uniform and sports			3 ↓	1 ➔
C. Transportation and Pocket Money				
1. Transportation			3 ↓	1 ➔
2. Housing costs, food.....			3 ↓	1 ➔
3. Special courses			3 ↓	1 ➔
D. Other, mention			3 ↓	1 ➔
DL42. Did [NAME] receive assistance for school costs from GNOTA, POMG, government, community groups, religious groups, or family (outside HH), or other?			No 3➔ DL31c Yes 1	
DL43. From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY)				
A. GNOTA			A. , , Rp.	
B. POMG/BP3			B. , , Rp.	
C. Government			C. , , Rp.	
D. Community Group			D. , , Rp.	
E. Religious Group			E. , , Rp.	
F. Family			F. , , Rp.	
H. Social Safety Net: Education (JPS Pendidilean)			H. , , Rp.	
G. Other, mention			G. , , Rp.	
DL31c. INTERVIEWER CHECK:			RESPONDENT NOT IN SCHOOL (DL07a = 3) 3 ➔ SECTION TK RESPONDENT STILL IN SCHOOL (DL07a = 1) 1	

SECTION DL (EDUCATION)

DL44a. What was [RESPONDENT'S NAME] (approximate) school-related expenses in the past month? Did [RESPONDENT'S NAME] spend money for:			DL44b. Please give your best estimate of the amount [RESPONDENT'S NAME] spent.	
	EXPENSE TYPE (DL44 TYPE)		3. No	1. Yes
A.	School Fees			
	1. Registration	3 ↓	1 →	____, _____, _____ Rp.
	2. Other scheduled fees	3 ↓	1 →	____, _____, _____ Rp.
	3. Exams	3 ↓	1 →	____, _____, _____ Rp.
B.	School supplies			
	1. Books and writing supplies	3 ↓	1 →	____, _____, _____ Rp.
	2. Uniform and sports	3 ↓	1 →	____, _____, _____ Rp.
C.	Transportation and Pocket Money			
	1. Transportation	3 ↓	1 →	____, _____, _____ Rp.
	2. Housing costs, food.....	3 ↓	1 →	____, _____, _____ Rp.
	3. Special courses	3 ↓	1 →	____, _____, _____ Rp.
D.	Other, mention	3 ↓	1 →	____, _____, _____ Rp.
DL47c. INTERVIEWER CHECK: INTERVIEW WAS DONE IN ACADEMIC YEAR 1999/2000?		Yes..... 1→SECTION TK No 3		
DL46. Has the school reduced [NAME] BP3 fees or other fees during the current school year?		Yes..... 1 No..... 3		
DL47. Did [NAME] receive assistance for school costs from GNOTA, POMG, government, community groups, religious groups, or family (outside HH), or other?		No..... 3 →SECTION TK Yes..... 1		
DL48. From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY)				
A.	GNOTA	A.	____, _____, _____ Rp.	
B.	POMG/BP3	B.	____, _____, _____ Rp.	
C.	Government	C.	____, _____, _____ Rp.	
D.	Community Group	D.	____, _____, _____ Rp.	
E.	Religious Group	E.	____, _____, _____ Rp.	
F.	Family.....	F.	____, _____, _____ Rp.	
H.	Social Safety Net: Education (JPS Pendidilean)	H.	____, _____, _____ Rp.	
G.	Other, mention	G.	____, _____, _____ Rp.	

SECTION TK (EMPLOYMENT)

Now we would like to ask about [RESPONDENT'S NAME] work experience.

TK01.	What was [RESPONDENT'S NAME] primary activity during the past week ?	Working/trying to work/helping to earn income..... 01 ➔ TK18A Job searching..... 02 Attending school 03 Housekeeping 04 Retired..... 05 Stay at home 06 Sick/disable 07 Other, 08 On vacation/just graduated..... 09
TK02.	Did [RESPONDENT'S NAME] work for pay for at least 1 hour during the past week?	Yes 1 ➔ TK18A No 3 DON'T KNOW 8
TK03.	Does [RESPONDENT'S NAME] have a job/business, but was temporarily not working during the past week?	Yes 1 ➔ TK18A No 3 DON'T KNOW 8
TK04.	Did [RESPONDENT'S NAME] work at a family-owned (farm or non-farm) business during the past week?	Yes 1 ➔ TK18A No 3 DON'T KNOW 8
TK05.	Has [RESPONDENT'S NAME] ever worked before?	No 3 ➔SECTION PM Yes 1 DON'T KNOW 8
TK07.	When did [RESPONDENT'S NAME] work for the last time?	Year 1 DON'T KNOW 8
TK08.	Why hasn't [RESPONDENT'S NAME] worked again since that year? CIRCLE ALL THAT APPLY	Retirement A Prolonged sickness B Handicap C Marriage D Too old E Have a child..... F Other, mention G Family responsibility N Forbidden O Other family P Fired Q Cannot find R Do not want S Company Closed/moved/bankrupt T DON'T KNOW H

TK15.	Which category best describes the work [RESPONDENT'S NAME] DID IN [RESPONDENT'S NAME] last job?	Unpaid family worker 06 ➔ TK47x Self-employed 01 Self-employed with unpaid family worker/temporary worker..... 02 Self-employed with permanent worker 03 Government worker 04 Private worker 05 DON'T KNOW 08
TK16a.	What was [RESPONDENT'S NAME] net monthly income when from working at that job? , , Rp. 1 DON'T KNOW 8
TK16b.	Was that a ?	Wage 1 Net profits (after taking out costs) 3 Gross income (including operating)..... 5 DON'T KNOW 8 ➔ TK47x

SECTION TK (EMPLOYMENT)

CURRENT JOB	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
TK18A. Where does [RESPONDENT'S NAME] work on [RESPONDENT'S NAME] [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	1. _____ 8. DON'T KNOW
TK19A. What is manufactured/done at [RESPONDENT'S NAME] workplace [...]?	1. _____ 8. DON'T KNOW
TK19Aa. In what field of work is this job?	Agriculture, forestry, fishing and hunting01 Mining and quarrying02 Manufacturing03 Electricity, gas, water.....04 Construction05 Wholesale, retail, restaurants and hotels.....06 Transportation, storage and communications.....07 Finance, insurance, real estate and business services08 Social services09 Others10 DON'T KNOW98
TK20A. What are [RESPONDENT'S NAME] primary duties at [RESPONDENT'S NAME] workplace?	1. _____ 8. DON'T KNOW
TK20Ab. INTERVIEWER'S NOTE: CIRCLE THE APPROPRIATE CODE ACCORDING TO PRIMARY DUTIES TK20A	PROFESSIONAL AND STAFF.....01 MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF02 OPERATION, ADMINISTRATION STAFF AND TECHNICIAN03 SALES AND PROCUREMENT STAFF04 SERVICES STAFF05 WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING06 OPERATION WORKERS AND PRODUCTION WORKER07 WORKER IN TRANSPORTATION OPERATIONS08 BLUE COLLAR WORKERS09 WORKER THAT CAN NOT BE CLASSIFIED INTO A PARTICULAR POSITION/JOB TITLE10 DON'T KNOW98

CURRENT JOB	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
TK20aA. How many people work at [RESPONDENT'S NAME] firm?	_____, _____ People 1 DON'T KNOW 8
TK21A. What was the total number of hours [RESPONDENT'S NAME] worked during the past week on [RESPONDENT'S NAME] job ?	1. _____ Hours/ Week 8. DON'T KNOW
TK22A. Normally, what is the approximate total number of hours [RESPONDENT'S NAME] works per week ?	1. _____ Hours/ Week 8. DON'T KNOW
TK23A. Approximately what is the total number of weeks [RESPONDENT'S NAME] works per year?	1. _____ Weeks/Year 8. DON'T KNOW
TK24A. What is [RESPONDENT'S NAME] work status ?	Self employed..... 01 →TK26A1 Self-employed with unpaid family worker/temporary worker..... 02 →TK26A1 Self-employed with permanent worker 03 →TK26A1 Unpaid family worker 06 →TK27 Government worker 04 Private worker 05 DON'T KNOW 08
TK25A1. Approximately what was [RESPONDENT'S NAME] net salary/wage during the last month?	_____, _____, _____ Rp. 1 DON'T KNOW..... 8
TK25A2. Approximately what was [RESPONDENT'S NAME] net salary/wage during the last year?	_____, _____, _____ Rp. 1 DON'T KNOW..... 8

SECTION TK (EMPLOYMENT)

CURRENT JOB	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME																																																								
TK25A3. Did [RESPONDENT'S NAME] receive the following benefits from [RESPONDENT'S NAME] employer for this job?	<table><thead><tr><th></th><th>Yes</th><th>No</th><th>DON'T KNOW</th></tr></thead><tbody><tr><td>a. Employer provided meals? 1</td><td>3</td><td>8</td><td></td></tr><tr><td colspan="4">If yes, how many per day? <input type="text"/></td></tr><tr><td>b. Raw food, not in form of meals? 1</td><td>3</td><td>8</td><td></td></tr><tr><td>c. Housing benefits? 1</td><td>3</td><td>8</td><td></td></tr><tr><td>d. Transportation benefits?</td><td></td><td></td><td></td></tr><tr><td>1. Car? 1</td><td>3</td><td>8</td><td></td></tr><tr><td>2. Transportation allowance? 1</td><td>3</td><td>8</td><td></td></tr><tr><td>e. Medical benefits?</td><td></td><td></td><td></td></tr><tr><td>1. Employer paid some health expenses? 1</td><td>3</td><td>8</td><td></td></tr><tr><td>2. Employer provided health insurance policy? 1</td><td>3</td><td>8</td><td></td></tr><tr><td>3. Employer provided health clinic 1</td><td>3</td><td>8</td><td></td></tr><tr><td>f. Credit 1</td><td>3</td><td>8</td><td></td></tr><tr><td colspan="4">➔TK27</td></tr></tbody></table>		Yes	No	DON'T KNOW	a. Employer provided meals? 1	3	8		If yes, how many per day? <input type="text"/>				b. Raw food, not in form of meals? 1	3	8		c. Housing benefits? 1	3	8		d. Transportation benefits?				1. Car? 1	3	8		2. Transportation allowance? 1	3	8		e. Medical benefits?				1. Employer paid some health expenses? 1	3	8		2. Employer provided health insurance policy? 1	3	8		3. Employer provided health clinic 1	3	8		f. Credit 1	3	8		➔TK27			
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TK26A1. Approximately how much net profit did [RESPONDENT'S NAME] gain last month, after taking out all [RESPONDENT'S NAME] business expenses?	<table><tbody><tr><td><input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 ➔ TK27</td></tr><tr><td><input type="text"/> . <input type="text"/> . <input type="text"/> Rp. Financial Loss.. 3 ➔ TK27</td></tr><tr><td>DON'T KNOW 8</td></tr></tbody></table>	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 ➔ TK27	<input type="text"/> . <input type="text"/> . <input type="text"/> Rp. Financial Loss.. 3 ➔ TK27	DON'T KNOW 8																																																					
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DON'T KNOW 8																																																									
TK26A2. Approximately how much gross income did [RESPONDENT'S NAME] gain last month, including all [RESPONDENT'S NAME] business expenses?	<table><tbody><tr><td><input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 ➔ TK27</td></tr><tr><td>DON'T KNOW 8</td></tr></tbody></table>	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 ➔ TK27	DON'T KNOW 8																																																						
<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 ➔ TK27																																																									
DON'T KNOW 8																																																									
TK27. Does [RESPONDENT'S NAME] have an additional job? (IF MORE THAN ONE CHOOSE THE MAIN ADDITIONAL JOB)	<table><tbody><tr><td>No 3 ➔ TK47x</td></tr><tr><td>Yes 1</td></tr><tr><td>DON'T KNOW 8 ➔ TK47x</td></tr></tbody></table>	No 3 ➔ TK47x	Yes 1	DON'T KNOW 8 ➔ TK47x																																																					
No 3 ➔ TK47x																																																									
Yes 1																																																									
DON'T KNOW 8 ➔ TK47x																																																									

SECONDARY JOB	B. ADDITIONAL JOB – THE JOB WHICH CONSUMES THE MOST TIME
TK18B. Where does [RESPONDENT'S NAME] work on [RESPONDENT'S NAME] [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	1. _____ 8. DON'T KNOW
TK19B. What is manufactured/done at [RESPONDENT'S NAME] workplace?	1. _____ 8. DON'T KNOW
TK19Ba. In what field of work is this job?	Agriculture, forestry, fishing and hunting 01 Mining and quarrying 02 Manufacturing..... 03 Electricity, gas, water 04 Wholesale, retail, restaurants and hotels 06 Transportation, storage and communications 07 Finance, insurance, real estate and business services 08 Social services 09 Others 10 DON'T KNOW 98
TK20B. What are [RESPONDENT'S NAME] primary duties at [RESPONDENT'S NAME] workplace?	1. _____ 8. DON'T KNOW
TK20Bb. INTERVIEWER'S NOTE: CIRCLE THE APPROPRIATE CODE ACCORDING TO PRIMARY DUTIES TK20B	PROFESSIONAL AND STAFF..... 01 MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF..... 02 OPERATION, ADMINISTRATION STAFF AND TECHNICIAN 03 SALES AND PROCUREMENT STAFF 04 SERVICES STAFF..... 05 WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING 06 OPERATION WORKERS AND PRODUCTION WORKER 07 WORKER IN TRANSPORTATION OPERATIONS 08 BLUE COLLAR WORKERS 09 WORKER THAT CAN NOT BE CLASSIFIED INTO A PARTICULAR POSITION/JOB TITLE 10 DON'T KNOW 98
TK20Ba. How many people work at [RESPONDENT'S NAME] firm?	<input type="text"/> , <input type="text"/> Persons 1 DON'T KNOW 8

SECTION TK (EMPLOYMENT)

SECONDARY JOB		B. ADDITIONAL JOB – THE JOB WHICH CONSUMES THE MOST TIME
TK21B.	Approximately what was [RESPONDENT'S NAME] net salary/wage during the last month?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours/Week 8. DON'T KNOW
TK22B.	Normally, what is the approximate total number of hours [RESPONDENT'S NAME] work per week?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours/Week 8. DON'T KNOW
TK23B.	Approximately what is the total number of weeks [RESPONDENT'S NAME] works per year?	1. <input type="text"/> <input type="text"/> <input type="text"/> Weeks/Year 8. DON'T KNOW
TK24B.	What is [RESPONDENT'S NAME] work status?	Self employed..... 01 →TK26B1 Self-employed with unpaid family worker/temporary worker 02→ TK26B1 Self-employed with permanent worker 03→ TK26B1 Unpaid family worker 06→ TK47x Government worker 04 Private worker 05 DON'T KNOW 08
TK25B1.	Approximately what was [RESPONDENT'S NAME] net salary/wage during the last month?	<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"/> Rp. 1 DON'T KNOW..... 8
TK25B2.	Approximately what was [RESPONDENT'S NAME] net salary/wage during the last year?	<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"/> Rp. 1 DON'T KNOW 8

SECONDARY JOB		B. ADDITIONAL JOB – THE JOB WHICH CONSUMES THE MOST TIME			
TK25B3.	Did [RESPONDENT'S NAME] receive the following benefits from [RESPONDENT'S NAME] employer for this job?		Yes	No	DON'T KNOW
		a. Employer provided meals?	1	3	8
		If yes, how many per day? <input type="text"/>			
		b. Raw food, not in form of meals?	1	3	8
		c. Housing benefits?	1	3	8
		d. Transportation benefits?			
		1. Car?	1	3	8
		2. Transportation allowance?	1	3	8
		e. Medical benefits?			
		1. Employer paid some health expenses?	1	3	8
		2. Employer provided health insurance policy?	1	3	8
		3. Employer provided health clinic.....	1	3	8
f. Credit	1	3	8		
➔TK47x					
TK26B1.	Approximately how much net profit did [RESPONDENT'S NAME] gain last month, after taking out all [RESPONDENT'S NAME] business expenses?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 ➔TK47x <input type="text"/> . <input type="text"/> . <input type="text"/> Rp. Financial Loss . 3 ➔TK47x DON'T KNOW 8			
TK26B2.	Approximately how much gross income did [RESPONDENT'S NAME] gain last month, all [RESPONDENT'S NAME] business expense?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 ➔ TK47x DON'T KNOW 8			

Next, we would like to ask about [RESPONDENT'S NAME] first job.

TK47x.	INTERVIEWER CHECK: Respondent is panel respondent for BOOK 3 (AR01g=1)	Yes..... 1 ➔SECTION PM No 3
TK47.	When did [RESPONDENT'S NAME] start working full-time for the first time? THE MEANING OF WORKING FULL-TIME IS THAT WORKING IS THE PRIMARY ACTIVITY.	Work never primary activity..... 6 ➔SECTION PM Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 ➔SECTION PM DON'T KNOW 8
TK48.	What was [RESPONDENT'S NAME] age when starting to work full-time for the first time?	1. <input type="text"/> <input type="text"/> <input type="text"/> Years 8. DON'T KNOW

SECTION PM (COMMUNITY PARTICIPATION)

PM01.	Has [RESPONDENT'S NAME] participated in arisan in the last 12 months?	No 3 ➔PM15 Yes..... 1 DON'T KNOW..... 8 ➔PM15
PM01b.	How many arisan has [RESPONDENT'S NAME] participated in the last 12 months?	Number

Now, we would like to ask (at the most) 3 types of *arisan* [RESPONDENT'S NAME] participate in the last 12 months.

PM01c.	PM03.	PM04.	PM05.	PM05a.
TYPE OF ARISAN	What is the interval between meetings of the [...] arisan ?	How much money does [RESPONDENT'S NAME] pay into the [...] arisan each time it meets?	How long is the period between the times that [RESPONDENT'S NAME] receive the pot of money ?	How many people normally participate in this arisan?
1. <div></div> <div></div>	Every : <div></div> <div>03. Days 04. Weeks 05. Months 06. Years</div>	1. <div></div> , <div></div> , <div></div> Rp. 8. DON'T KNOW	1. <div></div> <div>04. Weeks 05. Month 06. Years</div> <div>8. DON'T KNOW</div>	1. <div></div> People 8. DON'T KNOW
2. <div></div> <div></div>	Every : <div></div> <div>03. Days 04. Weeks 05. Months 06. Years</div>	1. <div></div> , <div></div> , <div></div> Rp. 8. DON'T KNOW	1. <div></div> <div>04. Weeks 05. Month 06. Years</div> <div>8. DON'T KNOW</div>	1. <div></div> People 8. DON'T KNOW
3. <div></div> <div></div>	Every : <div></div> <div>03. Days 04. Weeks 05. Months 06. Years</div>	1. <div></div> , <div></div> , <div></div> Rp. 8. DON'T KNOW	1. <div></div> <div>04. Weeks 05. Month 06. Years</div> <div>8. DON'T KNOW</div>	1. <div></div> People 8. DON'T KNOW

- CODE PM01C
01. Office

02. Sub-Neighborhood (RT)

03. Neighborhood (RW)

04. Village

05. Wives of Civil Servants/Army

06. Women's Association

07. Market

08. Family group

09. Religious groups

10. Other

12. Friends

13. Retirees

14. Agriculture

15. Youth

SECTION PM (COMMUNITY PARTICIPATION)

Now we would like to ask [RESPONDENT’S NAME] about some community or government activities and programs that may have taken place in this village during the past 12 months.

	PM16.	PM16a.	PM17.	PM18.	PM19.
Program or Community Activity	During the last 12 months did [RESPONDENT'S NAME] participate in or use [...]?	Did [RESPONDENT'S NAME] participate in this activity as a beneficiary or as an implementor?	How much time did [RESPONDENT'S NAME] spend participating in the [...] program during the last 12 months? (total hours)	What is the value of money or materials that [RESPONDENT'S NAME] contributed to the [...] program during the last 12 months? (total)	Did [RESPONDENT'S NAME] receive any benefits, such as services, materials, or money, from this program during the last 12 months? (all benefits)
A. Community Meeting Each level: 10 HH level, RT, RW, Village, Kecamatan, and including Village Advisory Board activities (LMD, LKMD)	DON'T KNOW..... 8↓ No 3↓ Yes..... 1	1. Member 3. Organizer 8. Other _____	_____ 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM16 LINE B
B. Cooperatives (including all types and levels of cooperatives 0 HH level, RT, RW, Village, Kecamatan)	DON'T KNOW..... 8↓ No 3↓ Yes..... 1	1. Member 3. Organizer 8. Other _____	_____ 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM16 LINE C
C. Voluntary Labor (for example cleaning up the village)	DON'T KNOW..... 8↓ No 3↓ Yes..... 1		_____ 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM16 LINE D
D. Program to Improve the Village/Neighborhood (KIP, MHT, Pavement improvement using conblocks, building public facilities)	DON'T KNOW..... 8↓ No 3↓ Yes..... 1		_____ 02. Hours 03. Days 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM20

PM20. INTERVIEWER CHECK : SEX OF RESPONDENT?	MALE ----- 1 → PM16 LINE E – H, M FEMALE ----- 3 → PM16 LINE I - M
--	---

CODE PM19	
A. Service	G. Information
B. Materials	H. Infra-structure
C. Money	I. Environment
E. NOTHING	J. Health
D. Other _____	K. Cohesion of Community

SECTION PM (COMMUNITY PARTICIPATION)

Program or Community Activity	PM16.	PM16a.	PM17.	PM18.	PM19.
	During the last 12 months did [RESPONDENT'S NAME] participate in or use [...]?	Did [RESPONDENT'S NAME] participate in this activity as a beneficiary or as an implementor?	How much time did [RESPONDENT'S NAME] spend participating in the [...] program during the last 12 months? (total hours)	What is the value of money or materials that [RESPONDENT'S NAME] contributed to the [...] program during the last 12 months? (total)	Did [RESPONDENT'S NAME] receive any benefits, such as services, materials, or money, from this program during the last 12 months? (all benefits)
E. Neighborhood Security Organization	DON'T KNOW..... 8↓ No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	<div><div></div><div></div><div></div><div></div></div> 02. Hours 03. Days 98. DON'T KNOW	1. <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM16 LINE F1
F1. Water Management System for Drinking/Cooking (like public hydrant), and for bathing/washing (like MCK)	DON'T KNOW..... 8↓ No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	<div><div></div><div></div><div></div><div></div></div> 02. Hours 03. Days 98. DON'T KNOW	1. <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM16 LINE H
H. System for garbage disposal	DON'T KNOW..... 8→M No 3→M Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	<div><div></div><div></div><div></div><div></div></div> 02. Hours 03. Days 98. DON'T KNOW	1. <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM16 LINE M
I. Women's Association (PKK)	DON'T KNOW..... 8↓ No 3↓ Yes..... 1	1. Member 3. Organizer 8. Other _____	<div><div></div><div></div><div></div><div></div></div> 02. Hours 03. Days 98. DON'T KNOW	1. <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ →PM16 LINE J
J. Community Weighing Post	DON'T KNOW..... 8↓ No 3↓ Yes..... 1	1. Member 3. Organizer 8. Other _____	<div><div></div><div></div><div></div><div></div></div> 02. Hours 03. Days 98. DON'T KNOW	1. <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ → PM16 LINE M
M. Other _____	DON'T KNOW..... 8↓ No 3↓ Yes..... 1	1. Member 3. Organizer 8. Other _____	<div><div></div><div></div><div></div><div></div></div> 02. Hours 03. Days 98. DON'T KNOW	1. <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K D _____ → SECTION BH

CODE PM19

A. Service
B. Materials
C. Money
E. NOTHING
D. Other _____

G. Information
H. Infra-structure
I. Environment
J. Health
K. Cohesion of Community

SECTION BH (BORROWING HISTORY)

Now we would like to ask about [RESPONDENT’S NAME] loans from non-family or friends in the last 12 months.

BH02.	Did [RESPONDENT’S NAME] try to borrow any money or goods from a source other than [RESPONDENT’S NAME] family or friends over the past 12 months?	DON’T KNOW 8 → SECTION KM No..... 3 → SECTION KM Yes 1
BH03.	Was [RESPONDENT’S NAME] turned down in [RESPONDENT’S NAME] efforts to secure a loan over the past 12 months?	DON’T KNOW 8 → BH05 No..... 3 → BH05 Yes 1
BH04.	Where was [RESPONDENT’S NAME] turned down? (CIRCLE ALL THAT APPLY)	A B C D E F G H I J K V _____ X
BH05.	Was [RESPONDENT’S NAME] successful in securing a loan in the past 12 months?	DON’T KNOW 8 → SECTION KM No..... 3 → SECTION KM Yes 1
BH06.	How many times did [RESPONDENT’S NAME] borrow from a source other than [RESPONDENT’S NAME] family or friends over the past 12 months?	1. <input type="text"/> times 8. DON’T KNOW
BH06a.	How much did [RESPONDENT] borrow in the last 12 months?	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON’T KNOW

Code-Code BH01 and BH04
A. Private commercial bank
B. Cooperative bank
C. Government/semi government bank
D. Agricultural bank

E. Employer
F. Landlord
G. Shopkeeper
H. Non-government organization

I. Neighborhood association
J. Arisan
K. Small farmers group (kelompok petani kecil)
V. Other, _____
X. DON’T KNOW

SECTION KM (SMOKING HABITS)

Next, I would like to ask whether [RESPONDENT’S NAME] has had the habit of smoking cigarettes/smoking a pipe/chewing tobacco, now or in the past.

KM01.	Has [RESPONDENT’S NAME] had the habit of chewing tobacco, smoking a pipe, smoking self-rolled cigarettes, or smoking cigarettes/cigars? Products normally used : b. Chewing tobacco c. Smoking a pipe d. Smoking self-rolled cigarettes e. Smoking cigarettes/cigars	No 3 ➔ SECTION KK Yes 1 b. No 3 Yes 1 c. No 3 Yes 1 d. No 3 Yes 1 e. No 3 Yes 1
KM02.	INTERVIEWER’S NOTE : IS KM01d AND KM01e IS KM01d=1 OR KM01e=1 (SMOKING SELF-ROLLED CIGARETTES OR SMOKING CIGARETTES/CIGARS)?	No 3 ➔ KM04 Yes 1
KM03.	Are the cigarettes classified as: ANSWER MAY BE MORE THAN ONE	Filtered cigarette A Unfiltered cigarette B Filtered cloves cigarette C Unfiltered cloves cigarette D Cigar E
KM04.	Does [RESPONDENT’S NAME] still have the habit or has [RESPONDENT’S NAME] totally quit?	Still have 1 ➔ SECTION KK Quit 3
KM05aa.	At what age did [RESPONDENT’S NAME] totally quit from [...]?	1. <input type="text"/> <input type="text"/> Years 8. DON'T KNOW

SECTION KK (HEALTH CONDITIONS)

Next we would like to know about [RESPONDENT’S NAME] health.

KK01.	In general, how is [RESPONDENT’S NAME] health?	Very healthy 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Unhealthy 4 DON’T KNOW 8
KK02a.	During the last 4 weeks, how many days of [RESPONDENT’S NAME] primary daily activities did [RESPONDENT’S NAME] miss due to?	____ Hari 1 DON’T KNOW 8
KK02b.	In the past 4 weeks, how many days has [RESPONDENT’S NAME] stayed in bed due to poor health?	____ Days 1 DON’T KNOW 8
KK02c.	Compared with [RESPONDENT’S NAME] health four years ago, would you say that [RESPONDENT’S NAME] health is [...]?	Same 3 ➔ KK02e Much better now..... 1 Somewhat better now..... 2 Somewhat worse..... 4 Much worse 5 DON’T KNOW 8
KK02d.	Why has [RESPONDENT’S NAME] health become, much better/somewhat better/somewhat worse/much worse?	1. _____ _____ 8. DON’T KNOW
KK02e.	In the last 4 years has [RESPONDENT’S NAME] experienced any serious health problems?	No 3 ➔ KK03a Yes 1

KK02f.	KK02g.	KK02h.
What health problems?	When did it start?	For how long?
a. _____	1. ____ / _____ Month / Year 8. DON’T KNOW	1. ____ Month 3. Still sick 8. DON’T KNOW
b. _____	1. ____ / _____ Month / Year 8. DON’T KNOW	1. ____ Month 3. Still sick 8. DON’T KNOW
c. _____	1. ____ / _____ Month / Year 8. DON’T KNOW	1. ____ Month 3. Still sick 8. DON’T KNOW

Now, we would like to know the physical ability of [RESPONDENT’S NAME] in doing daily activities.

ACTIVITIES OF DAILY LIVING	KK03.			
	If [RESPONDENT’S NAME] had [...] could [RESPONDENT’S NAME] do it:			
KK03a.	To carry a heavy load (like a pail of water) for 20 meters	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03c.	To walk for 5 kilometers	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03j.	To walk 1 kilometer	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03e.	To sweep the house floor or yard	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03b.	To bow, squat, kneel	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03d.	To draw a pail of water from a well	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03i.	To stand up from sitting on the floor without help	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03g.	To stand up from sitting position in a chair without help	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03h.	To go to the bathroom (BM) without help	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW
KK03f.	To dress without help	1. Easily	3. With difficulty	5. Unable to do it 8. DON’T KNOW

SECTION MA (ACUTE MORBIDITY)

Now we'd like to know about whatever symptoms [RESPONDENT'S NAME] has had during the past 4 weeks, namely since [...] DATE, 4 weeks ago.

SYMPTOMS (MATYPE)	MA01.		
	Did [RESPONDENT'S NAME] ever experience [...] in the last 4 weeks?		
	1. Yes	3. No	8. DON'T KNOW
A. Headache.....	1	3	8
B. Runny nose	1	3	8
C. Cough.....	1	3→D	8→D
a. Dry cough.....	a. 1	3	8
b. Cough with phlegm.....	b. 1	3	8
c. Bloody cough.....	c. 1	3	8
D. Difficulty breathing.....	1	3→E	8→E
a. Wheezing	a. 1	3	8
b. Short, rapid breath	b. 1	3	8
E. Fever	1	3	8
F. Stomach ache	1	3	8
H. Nausea/vomiting.....	1	3	8
I. Diarrhea minimal of 3x per day.....	1	3→J	8→J
a. Mixed with blood	a. 1	3	8
b. Mixed with mucous.....	b. 1	3	8
c. Pale liquid.....	c. 1	3	8
J. Painful or swollen joints.....	1	3	8
K. Skin infection (boil, abscess itching).....	1	3	8
L. Eye infection.....	1	3	8
M. Toothache	1	3	8
N. Other, mention_____	1	3	8
S. Heart/Blood Pressure	1	3	8

SECTION RJ (OUTPUT UTILIZATION)

The next questions pertain to medical facilities or medical providers [RESPONDENT'S NAME] may have visited for outpatient care during the past 4 weeks, namely since [...] date, 4 weeks ago.

RJ00.	In the last 4 weeks has [RESPONDENT'S NAME] ever taken over-the-counter modern medicines, traditional herbs, or topical medicines ?	DON'T KNOW	8	➔ SECTION RN
		No	3	➔ SECTION RN
		Yes	1	

MEDICAL FACILITY (RJTYPE)	RJ01.	RJ02.
	Within the last 4 weeks, has [RESPONDENT'S NAME] been [...] / visited by [...] ?	How many times did [RESPONDENT'S NAME] visit/been visited by [...] during the past 4 weeks?
A. Public hospital (General or Specialty)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)/Auxillary Center (puskesmas pembantu)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
E. Private Hospital	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
F. Polyclinic, Private Clinic	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
G. Private Physician (General Practitioner, Specialist, Dentist)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
H. Nurse, Paramedic, Midwife practitioner	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, messeur, acupuncturist, etc.)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
J. Other, mention _____	8. DON'T KNOW ↓ SECTION RN 3. No ↓ SECTION RN 1. Yes ➔	Times

SECTION RN (INPATIENT UTILIZATION)

The following questions pertain to hospitalization (inpatient care) that [RESPONDENT'S NAME] has had during the past 12 months, namely since the month of [...] 12 months ago.

RN00. During the past 12 months has [RESPONDENT'S NAME] ever received patient care at a hospital, puskesmas, clinic, or other?	DON'T KNOW	8 ➔ SECTION BR
	No	3 ➔ SECTION BR
	Yes	1

HOSPITALIZATION FACILITY (RNTYPE)		RN01.			RN02.	
		During the past 12 months, has [RESPONDENT'S NAME] ever received inpatient care at [...] ?			How many times has [RESPONDENT'S NAME] received inpatient care at [...] during the past 12 months?	
A.	Public Hospital (General or Speciality)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<div> <div></div> <div></div> <div></div> </div> Times	
B.	Public Health Center (Puskesmas)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<div> <div></div> <div></div> <div></div> </div> Times	
C.	Private Hospital	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<div> <div></div> <div></div> <div></div> </div> Times	
D.	Private Clinic	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<div> <div></div> <div></div> <div></div> </div> Times	
E.	Other _____	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<div> <div></div> <div></div> <div></div> </div> Times	

SECTION BR (PREGNANCY SUMMARY)

Now I would like to ask about all of [RESPONDENT'S NAME] pregnancies.

BR00xa.	INTERVIEWER CHECK : BOOK COVER	MALE 1 → SECTION BA FEMALE 5
BR01.	Now I would like to ask about all children that [RESPONDENT'S NAME] has had so far. Has [RESPONDENT'S NAME] ever given birth ?	No 3 → BR08 Yes 1
BR02.	Does [RESPONDENT'S NAME] have biological sons or daughters who are now living with [RESPONDENT'S NAME]?	No 3 → BR06 Yes 1
BR03.	How many biological sons are now living with [RESPONDENT'S NAME]?	<div> <div> <div></div> <div></div> <div></div> </div> <div>Males</div> </div>
BR04.	How many biological daughters are now living with [RESPONDENT'S NAME]?	<div> <div> <div></div> <div></div> <div></div> </div> <div>Females</div> </div>
USE LIST OF HOUSEHOLDERS TO VERIFY NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN WHO LIVE IN THIS HOUSEHOLD. IF THE TOTAL OF BR03 + BR04 AND THE NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN IN LIST OF HOUSEHOLDERS DO NOT MATCH, DO SOME PROBING TO CONFIRM THE NUMBER. REPEAT THE QUESTION BY MENTIONING EACH BIOLOGICAL CHILD'S NAME FROM LIST OF HOUSEHOLDERS (AR01).		
BR06.	How many biological sons are still alive, but do not live with [RESPONDENT'S NAME]?	<div> <div> <div></div> <div></div> <div></div> </div> <div>Males</div> </div>
BR07.	How many biological daughters are still alive, but do not live with [RESPONDENT'S NAME]?	<div> <div> <div></div> <div></div> <div></div> </div> <div>Females</div> </div>
BR08.	Has [RESPONDENT'S NAME] ever given live birth to a son or daughter, who later passed away though only lived for a while?	No 3 → BR11 Yes 1
BR09.	How many sons were born alive but passed away later?	<div> <div> <div></div> <div></div> <div></div> </div> <div>Males</div> </div>

BR10.	How many daughters were born alive but passed away later ?	<div> <div> <div></div> <div></div> </div> </div> Females
BR11.	Has [RESPONDENT'S NAME] ever had a pregnancy that resulted in a stillbirth ?	No 3 → BR13 Yes 1
BR12.	How many stillbirths has [RESPONDENT'S NAME] had?	<div> <div> <div></div> <div></div> </div> </div>
BR13.	(Besides that) has [RESPONDENT'S NAME] had any miscarriage?	No 3 → BR15 Yes 1
BR14.	How many miscarriages has [RESPONDENT'S NAME] had?	<div> <div> <div></div> <div></div> </div> </div>
BR15.	<p>INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE:</p> <p>To confirm [RESPONDENT'S NAME] answers, [RESPONDENT'S NAME] has had <div> <div> <div></div> <div></div> </div> </div> stillbirths and miscarriages, is it correct?</p>	<div> <div> <div></div> <div></div> </div> </div> No 3 → REVISE BR01-BR10 Yes 1
BR16.	<p>INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE:</p> <p>Again, to confirm [RESPONDENT'S NAME] answers, [RESPONDENT'S NAME] has had <div> <div> <div></div> <div></div> </div> </div> stillbirths and miscarriages, is it correct?</p>	<div> <div> <div></div> <div></div> </div> </div> No 3 → REVISE BR12-BR14 Yes 1

SECTION CH (PREGNANCY HISTORY)

CH00x. In the last 5 years has [RESPONDENT'S NAME] ever been pregnant?	No 3 →SECTION CX Yes..... 1
CH03a. How many pregnancies have [RESPONDENT'S NAME] ever had?	<div></div>

CH05. Chronological order of pregnancy outcome:	[MOST RECENT]	[SECOND MOST RECENT]
CH06. Classification of pregnancy's outcome :	Is pregnant 1 → CH11 Live birth 3 → CH09 Still birth 4 → CH09 Miscarriage 2	Is pregnant 1 → CH11 Live birth 3 → CH09 Still birth 4 → CH09 Miscarriage 2
CH06a. Did pregnancy end in multiple birth ?	Yes..... 1 No 3	Yes 1 No..... 3
CH07. Name of child:_____	_____	_____
CH08. Is [...] a male or female ?	Male 1 Female 3	Male 1 Female 3
CH09. What date was [...] born/[RESPONDENT'S NAME] had a miscarriage? (DAY/MONTH/YEAR)	1. <div></div> / <div></div> / <div></div> →CH11 DAY / MONTH / YEAR 8. DON'T KNOW	1. <div></div> / <div></div> / <div></div> →CH11 DAY / MONTH / YEAR 8. DON'T KNOW
CH10a. How old was [RESPONDENT'S NAME] when [...] was born/[RESPONDENT'S NAME] had a miscarriage?	<div></div> Years	<div></div> Years
CH10b. USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH : BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH	Year <div></div>	Year <div></div>

CH11. INTERVIEWER CHECK: CHECK THE NUMBER OF COLUMNS FILLED OUT AGAINST CH03.	SAME 1 NOT SAME, TOTAL COLUMN = 2, CH03 >2..... 5 NOT SAME, TOTAL COLUMN < 2 3 → CHECK AGAIN
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SECTION CH (PREGNANCY HISTORY)

CH14. During the pregnancy did [RESPONDENT'S NAME] ever have a pregnancy check-up?	DON'T KNOW 8 → CH18 Never 3 → CH18 Never 1	DON'T KNOW 8 → CH18 Never 3 → CH18 Never 1
CH15. Where does/did [RESPONDENT'S NAME] go for pregnancy check-up? (CIRCLE ALL THAT APPLY) A. Public hospital B. Private hospital C. Community health center..... D. Village Delivery Post E. Clinic/office of physicians F. Clinic/office of midwife G. Office of traditional midwife I. Posyandu H. Other, mention	A B C D E F G I H	A B C D E F G I H
CH18. INTERVIEWER'S NOTE: 1. CH06 = 1 3. CH06 = 2 OR 3 2. CH06 = 4	1. → CH14 COLUMN 2/CX 3. → CH18a 2. → CH14 COLUMN 2/CX	1. → SECTION CX 3. → CH18a 2. → SECTION CX
CH18a. At the time that [RESPONDENT'S NAME] gave birth to [...], was [RESPONDENT'S NAME] in labor for more than one day and night?	DON'T KNOW 8→ CH20 Yes 1 No 3	DON'T KNOW 8→ CH20 Yes 1 No 3
CH19. Where did [RESPONDENT'S NAME] give birth to [...]? 09. Own House..... 10. Family Member's House..... 01. Public Hospital..... 02. Private Hospital 03. Delivery Hospital 04. Community Health Center 05. Village Delivery Post 06. Clinic/Office of Physician 07. Clinic/Office of Midwife 08. Office/House of Traditional Midwife..... 11. Other,	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11

SECTION CH (PREGNANCY HISTORY)

CH20. Who provided care during [...]’s birth ? CIRCLE ALL THAT APPLY	NOBODY G Physicians A Private Midwife B Village Midwife C Nurse D Traditional Birth Attendant E Family H Other F DON’T KNOW Y	NOBODY G Physicians A Private Midwife B Village Midwife C Nurse D Traditional Birth Attendant E Family H Other F DON’T KNOW Y
CH25. Is [...] still alive?	Yes 1 → NEXT CH14/CX No 3	Yes 1 → SECTION CX No 3
CH26. How old was [...] when he/she died?	<div> </div> <div>Days03 → NEXT CH14/CX</div> <div>Weeks04 → NEXT CH14/CX</div> <div>Months05 → NEXT CH14/CX</div> <div>Years06 → NEXT CH14/CX</div>	<div> </div> <div>Days03 → CX</div> <div>Weeks04 → CX</div> <div>Months05 → CX</div> <div>Years06 → CX</div>

SECTION CX (CONTRACEPTION)

CX19a. Are you the husband of [RESPONDENT'S NAME]?	Yes 1 No 3 ➔ SECTION BA
CX20. Does [RESPONDENT'S NAME]/[RESPONDENT'S NAME] husband now use a device/method to postpone or prevent a pregnancy?	DON'T KNOW 8 ➔ SECTION BA No 3 ➔ SECTION BA Yes 1
CX21. Which birth control device/method does [RESPONDENT'S NAME]/[RESPONDENT'S NAME] husband use now?	Rythum/calendar 11 Coitus interruptus 12 Traditional Herbs 13 Traditional massage 14 Pill..... 01 1 Month Injection 02 2 Month Injection 03 3 Month Injection 04 Intravag 05 Condom 06 IUD/AKDR/Spiral 07 Norplant/ Implant/ Susuk KB 08 Female Sterilization/Tubectomy 09 Male Sterilization 10 DON'T KNOW 98 Other, 15 ➔ SECTION BA

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

BA PARENTS

BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA04. Does [RESPONDENT'S NAME] father/mother still live in this household?	No 3 ➔ BA05 Yes 1	No 3 ➔ BA05 Yes 1
BA04a. INTERVIEWER CHECK: AR00	1. [] [] [] PID ➔ BA04 MOTHER'S COLUMN 3. NOT IN HOUSEHOLD	1. [] [] [] PID ➔ BA10 3. NOT IN HOUSEHOLD
BA05. Is [RESPONDENT'S NAME] father/mother still alive?	Yes 1 ➔ BA06b No 3 DON'T KNOW 8	Yes 1 ➔ BA06b No 3 DON'T KNOW 8
BA06a. 12 months ago was [RESPONDENT'S NAME] father/mother still alive?	No 3 ➔ BA06d Yes 1 DON'T KNOW 8	No 3 ➔ BA06d Yes 1 DON'T KNOW 8
BA06aa. Was [RESPONDENT'S NAME] father/mother living in this household when he/she died?	Yes 1 ➔ BA06d No..... 3 DON'T KNOW 8	Yes 1 ➔ BA06d No..... 3 DON'T KNOW 8
BA06b. How often has [RESPONDENT'S NAME] seen [RESPONDENT'S NAME] father/mother in the last 12 months?	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5
BA06c. INTERVIEWER CHECK BA05: FATHER/MOTHER ALIVE?	Yes 1 ➔ BA07 DON'T KNOW 8 ➔ BA07 No 3	Yes 1 ➔ BA07 DON'T KNOW 8 ➔ BA07 No 3
BA06d. When did [RESPONDENT'S NAME] father/mother die?	[] [] [] / [] [] [] [] 1 Month / Year DON'T KNOW 8	[] [] [] / [] [] [] [] 1 Month / Year DON'T KNOW 8
BA07. How old is [RESPONDENT'S NAME] father/mother now/at time of death?	[] [] [] year 1 DON'T KNOW 8	[] [] [] year 1 DON'T KNOW 8
BA07a. Did [RESPONDENT'S NAME] father/mother ever attend school?	No 3 ➔ BA11 DON'T KNOW 8 ➔ BA11 Yes 1	No 3 ➔ BA11 DON'T KNOW 8 ➔ BA11 Yes 1

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

		Father										Mother									
BA08.	What is the highest level of education of [RESPONDENT'S NAME] father/mother?	<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> </div>										<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> </div>									
BA09.	What is the highest class that [RESPONDENT'S NAME] father/mother finished?	00	01	02	03	04	05	06	07	98	00	01	02	03	04	05	06	07	98		
BA11.	What is/was [RESPONDENT'S NAME] father's/mother's primary activity now/before his/her death?	Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other, 08 → BA14a Working/trying to get work/helping to earn income 01										Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other, 08 → BA14a Working/trying to get work/helping to earn income 01									
BA13.	What were [...] primary duties (now/one year before he died)?	Professional or technical worker 01 Managerial, administrative, decision making staff 02 Clerical personnel and the like 03 Sales personnel 04 Service personnel 05 Farm, forestry, game hunting, fishery worker 06 Production line worker 07 Transportation vehicle operator 08 Blue collar worker 09 Other 10 DON'T KNOW 98										Professional or technical worker 01 Managerial, administrative, decision making staff 02 Clerical personnel and the like 03 Sales personnel 04 Service personnel 05 Farm, forestry, game hunting, fishery worker 06 Production line worker 07 Transportation vehicle operator 08 Blue collar worker 09 Other 10 DON'T KNOW 98									
BA14a.	How is the health status of [RESPONDENT'S NAME] father/mother now/before his/her death?	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8										Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8									
BA14b.	Now/before death does/did [RESPONDENT'S NAME] father/mother need help with basic personal needs like dressing, eating, or bathing?	Yes 1 NO 3 UNWILLING TO ANSWER 7 DON'T KNOW 8 → BA04 MOTHER COLUMN										Yes 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW 8									

CODE BA08			CODE BA09		
No school/Not yet in school.....	01	University S1	61	Islamic School (<i>Pesantren</i>).....	14
Elementary school.....	02	University S2	62	School for the disabled	17
General junior secondary school.....	03	University S3	63	Madrasah, General	70
Vocational junior secondary school.....	04	University, General	09	Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>).....	72
General senior high school	05	Other, specify.....	10	Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>).....	73
Vocational senior high school	06	Adult Education A	11	Madrasah Senior High School	74
Academy D1, D2, D3	60	Adult Education B	12	Kindergarten	90
		Open University	13	DON'T KNOW	98
				Didn't finish first class	00
				1	01
				2	02
				3	03
				4	04
				5	05
				6	06
				Graduated	07
				DON'T KNOW	98

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

FILL-OUT ROW FROM LEFT TO RIGHT

<div>BA10.</div> <div>INTERVIEWER TO CHECK : BA04, BA05, BA06a, BA06aa</div>	<div>FATHER</div> <div>1. [...] DEAD 12 MONTHS OR MORE OR LIVE IN HH/OR DON'T KNOW (BA04=1 AND BA06a=1 AND BA06aa=1) 1a. [...] DIED 12 MONTHS OR MORE [BA06a = 3] 1b. [...] IS STILL ALIVE IN THIS HOUSEHOLD (BA04a = 1) 1c. [...] DIED LESS THAN 12 MONTHS AGO AND STAYED AT THE HOUSEHOLD WHEN HE/SHE DIED (BA06a = 1 DAN BA06aa = 1) 1d. DON'T KNOW [BA06a = 8 AND BA06aa = 8] 3. MOTHER/FATHER DIED LESS THAN 12 MONTHS AGO (BA06a=1 AND BA06aa=3)) 5. MOTHER/FATHER STILL ALIVE (BA05=1)</div>	<div>MOTHER</div> <div>1. [...] DEAD 12 MONTHS OR MORE OR LIVE IN HH/OR DON'T KNOW (BA04=1 AND BA06a=1 AND BA06aa=1) 1a. [...] DIED 12 MONTHS OR MORE [BA06a = 3] 1b. [...] IS STILL ALIVE IN THIS HOUSEHOLD (BA04a = 1) 1c. [...] DIED LESS THAN 12 MONTHS AGO AND STAYED AT THE HOUSEHOLD WHEN HE/SHE DIED (BA06a = 1 DAN BA06aa = 1) 1d. DON'T KNOW [BA06a = 8 AND BA06aa = 8] 3. MOTHER/FATHER DIED LESS THAN 12 MONTHS AGO (BA06a=1 AND BA06aa=3) 5. MOTHER/FATHER STILL ALIVE (BA05=1)</div>
<div>BA10a.</div> <div>INTERVIEWER CHECK: BA10 TO ANSWER BA19 – BA22</div>	<div>FATHER = 1 AND MOTHER = 1 1 ➔ BA28x FATHER = 1 AND MOTHER > 1 2 ➔ ASK BA19-BA22 ABOUT MOTHER ONLY FATHER > 1 AND MOTHER = 1 3 ➔ ASK BA19-BA22 ABOUT FATHER ONLY FATHER > 1 AND MOTHER > 1 4 ➔ BA18</div>	
<div>BA18.</div> <div>Do [RESPONDENT'S NAME] parents still live together?/Did [RESPONDENT'S NAME] parents still live together at the time of death?</div>	<div>Yes 1 ➔ ASK BA19-BA22 ABOUT FATHER AND MOTHER TOGETHER AND RECORD ANSWERS IN “FATHER AND MOTHER LIVE TOGETHER” COLUMN (1ST COLUMN) No 3 ➔ ASK BA19-BA22 ABOUT FATHER FIRST (2ND COLUMN), THEN REPEAT QUESTIONS BA19-BA22 ABOUT MOTHER (3RD COLUMN)</div>	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father and Mother Live Together	Father Only	Mother Only
BA19. During the past 12 months (before his/her death) did [RESPONDENT'S NAME] (or [RESPONDENT'S NAME] spouse) ever provide help to [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1
BA20. What type of help did [RESPONDENT'S NAME] provide to [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Days 05. Month F. Other, specify _____	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.
BA21. During the past 12 months (before his/her death) did [RESPONDENT'S NAME] (or [RESPONDENT'S NAME] spouse) ever receive help from [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7➔ BA23a No 3➔ BA23a Yes 1	UNWILLING TO ANSWER 7➔ BA27 No 3➔ BA27 Yes 1	UNWILLING TO ANSWER 7➔ BA27 No 3➔ BA27 Yes 1
BA22. What type of help did [RESPONDENT'S NAME] receive from [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Days 05. Month F. Other, specify _____	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.
BA27.		RETURN TO BA10a TO CHECK WHETHER QUESTIONS REGARDING MOTHER SHOULD BE ANSWERED	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

	Father	Mother
BA23a. INTERVIEWER CHECK: RESPONDENT IS HEAD OF HOUSEHOLD OR SPOUSE OF HEAD OF HOUSEHOLD?	Yes 1 →BA14c No 3	Yes..... 1 →BA14c No 3
BA24a. Is [RESPONDENT'S NAME] father/mother also the father/mother of the head of household or the spouse of the head of household?	Yes 1→BA23a MOTHER COLUMN No 3	Yes..... 1→BA28x No 3
BA14c. Where does [...] live now/before his death?	In this household00 In the same village01 In the same subdistrict02 In the same district03 In the same province04 DON'T KNOW08 In another province, specify05 In another country06	In this household..... 00 In the same village 01 In the same subdistrict02 In the same district.....03 In the same province 04 DON'T KNOW.....08 In another province, specify05 In another country06
BA15. With whom does/did [...] live now/before his/her death? (CIRCLE ALL THAT APPLY) ANSWER OF “BY HIM/HERSELF” CANNOT BE COMBINED WITH OTHER ANSWERS	By him/herself..... A Wife/husband B Daughter C Son..... D Daughter-in-law/son-in-law E Sister F Brother G Other H Brother/sister-in-law I Grandchild J Grandparent K Aunt/uncle L Niece/nephew..... M Cousin N Other Non-family Q Parents R Parents in law S Step/foster/adopted kid T DON'T KNOW Y	By him/herself A Wife/husband B Daughter C Son D Daughter-in-law/son-in-law E Sister..... F Brother G Other H Brother/sister-in-law I Grandchild J Grandparent..... K Aunt/uncle L Niece/nephew M Cousin..... N Other Non-family Q Parents R Parents in law S Step/foster/adopted kid T DON'T KNOW..... Y
BA15a. INTERVIEWER CHECK BA15. IF C OR D IS CIRCLED ASK: What is the name of the son/daughter that [...] lives with now/before his/her death? IF C OR D IS NOT CIRCLED, WRITE W	 → BA23a MOTHER COLUMN	 → BA28x

SECTION BA: (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - SIBLINGS FOR NEW RESPONDENTS AND FOR PANEL RESPONDENTS WITHOUT A PREPRINTED ROSTER)

BA28x. INTERVIEWER CHECK (Circle Only One)		
<div>PANEL WITH PREPRINTED SIBLING ROSTER</div> <div>1 ↓</div> <div>PREPRINTED SIBLING ROSTER</div>	<div>PANEL W/O PREPRINTED SIBLING ROSTER</div> <div>2 ↓</div> <div>BA28</div>	<div>NEW RESPONDENT</div> <div>3 ↓</div> <div>BA28</div>

FOR PANEL RESPONDENTS W/O PREPRINTED SIBLING ROSTER AND NEW RESPONDENTS		
BA28. Does [RESPONDENT'S NAME] have biological siblings who do not live in this household (including those who have died during the past 12 months, but were non-householders at the time of their deaths)?	No 3 → BA58x Yes 1	
BA28a. Is the head of the household [RESPONDENT'S NAME] mother or father?	Yes 1 → BA54 No..... 3	
BA28b. Is the wife of the head of the household [RESPONDENT'S NAME] mother?	Yes 1 → BA54 No..... 3	
BA28c. Is the head of the household [RESPONDENT'S NAME] brother or sister?	Yes 1 → BA54 No..... 3	
BA28d. Is the wife of the head of the household [RESPONDENT'S NAME] sister?	Yes 1 → BA54 No..... 3	
BA29. a. How many siblings do not live in the house are still alive? b. How many siblings died during the past 12 months and were non-householders at the time of their deaths? <input type="text"/> <input type="text"/>	IF BA29a and BA29b = 0 → BA58x
BA30. List biological siblings who are non-householders, who are still alive or died during the past 12 months (not including <u>householders</u> who died during the past 12 months). → SIBLING ROSTER		

BA SIBLING ROSTER

BA00a. INTERVIEWER CHECK (select one)	
<div>THERE IS A PREPRINTED SIBLING ROSTER 1 ↓ INSERT PREPRINTED SIBLING ROSTER</div>	<div>THERE IS NO PREPRINTED SIBLING ROSTER / NEW RESPONDENT 3 ↓ BA00b & BAA00c USE NEW SIBLING ROSTER FORM</div>
	<div>BA00b. NUMBER OF SIBLINGS STILL ALIVE AND NOT STAYING AT THE HOUSEHOLD..... <input type="text"/><input type="text"/></div>
	<div>BA00c. NUMBER OF SIBLINGS WHO DIED IN THE LAST 12 MONTHS AND WERE NOT STAYING IN THE HOUSEHOLD BEFORE THEY DIED <input type="text"/><input type="text"/></div>
<div>INTERVIEWER NOTES: CHECK BA00b AND BA00c. FILL BA30a-BA45 WITH INFORMATION ON NON-HOUSEHOLDER SIBLINGS STILL ALIVE OR DEAD IN THE LAST 12 MONTHS. IF BA00b AND BA00c = 0 ➔ BA58x.</div>	

SECTION BA: (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - SIBLINGS FOR NEW RESPONDENTS AND FOR PANEL RESPONDENTS WITHOUT A PREPRINTED ROSTER)

BARU

Fill out columns BA30a-BA45 with information about silblings who do not live in the household, but are still alive or died within the last 12 months.

BA 30a	BA30b	BA 30c	BA 30c1	BA30c2	BA30d	BA30e	BA30f	BA36	BA37	BA39	BA40	BA42	BA43	BA45		
	NAME	Sex 1. Male 3. Female	Age in 1997?	Does [...] live in this HH?	Is [...] alive?	Died during the past 12 months?	Current Age/Age when died? Yrs.	Highest Education Level Attended?	Highest Grade Completed?	Marital Status?	What is/was [...]’s Primary Activity?	What type of work does/did [...] do?	Where does [...] live now/before died?	How often do/did you meet [...]?		
01		<input type="checkbox"/>			1→BA30f 3		1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> th 8. DK	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> IF BA40 ≠ 01 →BA43	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>		
02		<input type="checkbox"/>			1→BA30f 3		1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> th 8. DK	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> IF BA40 ≠ 01 →BA43	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>		
03		<input type="checkbox"/>			1→BA30f 3		1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> th 8. DK	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> IF BA40 ≠ 01 →BA43	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>		
04		<input type="checkbox"/>			1→BA30f 3		1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> th 8. DK	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> IF BA40 ≠ 01 →BA43	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>		
05		<input type="checkbox"/>			1→BA30f 3		1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> th 8. DK	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> IF BA40 ≠ 01 →BA43	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>		
06		<input type="checkbox"/>			1→BA30f 3		1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> th 8. DK	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> IF BA40 ≠ 01 →BA43	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>		
BA36					BA37		BA39	BA40		BA42			BA45			
01. No school/Not yet in School 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelor) 62. University (Master) 63. University (PhD) 09. University 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (<i>Pesantren</i>) 17. School for the Disabled 70. Madrasah 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 90. Kindergarten 98. DON’T KNOW					00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. Unschooled 98. DON’T KNOW		1. Unmarried 2. Married 3. Separated 4. Divorced 5. Widow/widower 8. DON’T KNOW	01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home/unemployed 07. Sick/disabled 08. Other, specify _____ 09. Traveling/on vacation 98. DON’T KNOW		01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other, specify _____ 98. DON’T KNOW			1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday			
BA43																
00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province					10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu 18. Lampung		31. Jakarta 32. West Java 33. Central Java 34. D.I. Yogyakarta 35. East Java 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor	60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi		74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. USA		91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 95. Other _____ 98. DON’T KNOW				

SECTION BA: (NON-CORESIDENT SIBLING ROSTER)

<div>BA54. During the past 12 months, did [RESPONDENT'S NAME] (or [RESPONDENT'S NAME] spouse) ever provide help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service?</div>	<div>UNWILLING TO ANSWER 7 → BA56</div> <div>No 3 → BA56</div> <div>Yes 1</div>
<div>BA55. What type of help did [RESPONDENT'S NAME] (or [RESPONDENT'S NAME] spouse) provide to the siblings during the past 12 months and how much?</div> <div>(MULTIPLE ANSWERS ALLOWED)</div> <div>A. Money or loan, tuition, or health care costs (including treatment)</div> <div>D. Food stuff or other goods.....</div> <div>E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month</div> <div>F. Other, specify.....</div>	<div>(MULTIPLE ANSWERS ALLOWED)</div> <div>A. , , Rp.</div> <div>D. , , Rp.</div> <div>E. 03. day 05. month</div> <div>F. , , Rp.</div>
<div>BA56. During the past 12 months/12 months before death, did [RESPONDENT'S NAME] (or [RESPONDENT'S NAME] spouse) ever receive help from siblings who do not live in the HH (including those who died in the last 12 months) in the form of money, goods or service?</div>	<div>UNWILLING TO ANSWER 7 → BA58x</div> <div>No 3 → BA58x</div> <div>Yes 1</div>
<div>BA57. What type of help did [RESPONDENT'S NAME] (or [RESPONDENT'S NAME] spouse) receive from the siblings during the past 12 months and how much?</div> <div>(MULTIPLE ANSWERS ALLOWED)</div> <div>A. Money or loan, tuition, or health care costs (including treatment)</div> <div>D. Food stuff or other goods.....</div> <div>E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month</div> <div>F. Other, specify.....</div>	<div>(MULTIPLE ANSWERS ALLOWED)</div> <div>A. , , Rp.</div> <div>D. , , Rp.</div> <div>E. 03. day 05. month</div> <div>F. , , Rp.</div>

SECTION BA: (NON-CORESIDENT SIBLING ROSTER)

BA58x. INTERVIEWER CHECK (select one)

PANEL RESPONDENT (AR01g=1)

1
↓
BA58a

NEW RESPONDENT (AR01g=3)

3
↓
BA58b

PANEL RESPONDENT

BA58a. INTERVIEWER CHECK PREPRINTED CHILD ROSTERS

5. PREPRINTED CHILD ROSTER EXISTS, BOOK IV INDICATED (AR01h = 1)

5 → CP
3. PREPRINTED CHILD ROSTER EXISTS, BOOK III INDICATED

3 → PREPRINTED CHILD ROSTER (BA00b)
1. PREPRINTED CHILD ROSTER DOES NOT EXIST

1
↓
BA58b

BA58b. INTERVIEWER TO VERIFY:	FEMALE RESPONDENT 49 OR YOUNGER..... 5 →SECTION CP FEMALE RESPONDENT OVER AGE 49 AND ANSWER BOOK IV 2 →SECTION CP FEMALE RESPONDENT OVER AGE 49 AND DOES NOT ANSWER BOOK IV 3 →BA61 MALE RESPONDENT 1
BA59. Does [RESPONDENT'S NAME] wife live in the household?	Not Yet Married 5 →SECTION CP No 3 →BA61 Yes 1
BA60. INTERVIEWER'S NOTE (REFER TO KW03):	MARRIED ONLY ONCE 1 →SECTION CP MARRIED MORE THAN ONCE 3 →BA62
BA61. Does [RESPONDENT'S NAME] have children over 15 years old who live outside the household, or who have died during the past 12 months but were non-householders at the time of their death?	Not Yet Married 5 →SECTION CP No 3 Yes 1 →BA63a (BA FORM FOR NEW CHILD)
BA62. Does [RESPONDENT'S NAME] have children over 15 years old who live outside the household, from other marriages than this current one, who are still alive or have died during the past 12 months?	No 3 →SECTION CP Yes 1 →BA63a (BA FORM FOR NEW CHILD)

CHILD ROSTER

BA00b. INTERVIEWER CHECK (select one)	
<div>THERE IS A PREPRINTED CHILD ROSTER BOOK III 1 ↓ INSERT PREPRINTED CHILD ROSTER BOOK 3</div>	<div>THERE IS NO PREPRINTED CHILD ROSTER BOOK 3 3 ↓ USE FORM BA FOR NEW CHILD</div>

SECTION BA: (NON-CORESIDENT CHILD ROSTER)

CHILD ROSTER FOR NEW RESPONDENT OR PANEL RESPONDENTS WITHOUT PREPRINTED CHILD ROSTER

Please list any children who are at least 15 years old and live outside the household. Please include children who died during the past 12 months and were living outside of the household at the time of death.

AR00	BA63a	BA63b	BA64	BA64a	BA64b	BA64c	BA65	BA65a	BA66	BA67	BA68	BA69	BA70
NO. OF HHM		NAME	Sex	Age in '97?	Birth Date? (Mo/Yr)	In HH in '97?	Is [...] alive?	Death Date? (Month/Year)	Current Age/Age when died? (Yrs)	Marital Status?	Highest education level?	Highest grade completed?	Where does [...] live now/before died?
<div></div>	01		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	02		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	03		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	04		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
<div></div>	05		<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW	1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>
AR00 97. Tidak terdaftar di roster	BA64 1. Male 3. Female	BA65 1. Yes 3. No 8. DON'T KNOW	BA67 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. DON'T KNOW	BA68 01. Unschooled 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelors) 62. University (Masters) 63. University (PhD) 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (<i>Pesantren</i>) 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 90. Kindergarten 98. DON'T KNOW 10. Other, specify _____	BA69 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. No school 98. DON'T KNOW								
BA70 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra 17. Bengkulu 18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. D.I. Yogyakarta 35. East Java 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. USA 91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 95. Other _____ 98. DON'T KNOW													

SECTION BA: (NON-CORESIDENT)

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

		(BA63a)	(BA63b)	BA80	BA81	BA82	BA84
			(NAME)	What is/was [...]’s primary activity now/before his/her death?	What is/was [...]’s work status now/before his/her death?	What is/was [...]’s type of work now/before his/her death?	How often do/did you meet with [...] during the past year now/before his/her death?
				02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
				02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
				02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
				02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
				02, 03, 04, 05, 06, 07, 98 →BA84 01 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
				BA80 01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home 07. Sick/Disabled 98. DON'T KNOW 08. Other, specify: _____	BA81 01. Self-employed 02. Self-employed assisted other family members/temporary employees 03. Self-employed with permanent employees 04. Government worker/employee 05. Private worker/employee 06. Unpaid family worker 98. DON'T KNOW	BA82 01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other, specify _____ 98. DON'T KNOW	BA84 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday

SECTION BA: (NON-CORESIDENT)

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

	(BA63a)	(BA63b)		BA87a In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	BA88 What type of assistance did you provide and what is the value?	BA89a In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	BA90 What type of assistance did you receive and what is the value?
		(NAME)		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION CP 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CP 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
				3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION CP 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CP 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
				3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION CP 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CP 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
				3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION CP 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CP 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
				3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION CP 7. UNWILLING TO ANSWER → NEXT LINE/SECTION CP 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____

BA88 & BA90
A. Money (loans, tuition, health care cost)
D. Food stuff or other goods
E. Chores, child care
F. Other_____

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____ _____ _____</p>

NOTES:

EDITOR: _____
HEALTH WORKER: _____
(IDIVWR)

CONFIDENTIAL

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2000

HEALTH MEASUREMENTS

BOOK US I

SECTION: US

All Household Members are Respondents

INTERVIEW SESSIONS OF BOOK US I: _____ (NUMVIS)

INTERVIEW	1	2	3	LANGMAIN. Interview was entirely/mostly conducted in what language? ____ Other: _____ LANGOTHR. Other language used (if any): ____ Other: _____
DATE:	____ / ____ DAY/MONTH	____ / ____ DAY/MONTH	____ / ____ DAY/MONTH	
TIME STARTED:	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	
TIME FINISHED:	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	____ / ____ HOUR/MINUTE	

CODES FOR LANGUAGE	
00.	Indonesian
01.	Javanese
02.	Sundanese
03.	Balinese
04.	Batak
05.	Bugis
06.	Chinese
07.	Maduranese
08.	Sasak
09.	Minang
10.	Banjar
11.	Bima
12.	Makassar
13.	Nias
14.	Palembang
15.	Sumbawa
16.	Toraja
17.	Lahat
18.	Other South Sumatra
19.	Betawi
20.	Lampung
96.	No other
91.	Other _____

RESULT OF BOOK USI INTERVIEWER	REASON	EDIT_CHK. REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING	
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	a. Observed by local supervisor (SUP_OBS) 1 b. Edited by local supervisor (SUP_EDIT)..... 1	Yes No 3 3

SECTION US (HEALTH MEASUREMENT)

AR00	US00.	US01.	US02.	US03.	US07.	US08.	US09a.	US09b.	US09c.
NO. OF HHM (PID)	Can be measured?	Sex	When were you born? DAY / MONTH / YEAR	What is your age now? (in years)	Blood Pressure (HHM age (≥15 years)	Pulse (≥15 years)	Lung capacity (≥9 years) 1ST MEASUREMENT	Lung capacity (≥9 years) 2ND MEASUREMENT	Lung capacity (≥9 years) 3RD MEASUREMENT
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____
	0 3 _____ ↓ 6 7 1 →	1 3	____/____/____	____ 3 ↓ 1 →	1. _____ / _____ 6 3. _____ 7	1. _____ 6 3. _____ 7	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____	1. _____ 6 7 3. _____

- US00**

 - 1. Yes
 - 2. Disabled
 - 3. No other _____
 - 5. Too old
 - 6. Move/dead/HH not contacted
 - 7. Refused
 - 8. Supplies/equipment problem
 - 9. Not panel/target
 - 10. Sick/pregnant
- US01**

 - 1. Male
 - 3. Female
- US03**

 - 1. US00=1 →
 - 3. US00=3,6,7 ↓
- US07, 08**

 - 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE < 15 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK/PREGNANT
 - 12. RESPONDENT NOT AVAILABLE
- US09a, US09b, US09c**

 - 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE < 9 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK/PREGNANT
 - 12. RESPONDENT NOT AVAILABLE

SECTION US (HEALTH MEASUREMENT)

AR00	US13.	US13a.	US15.	US16.	US17.	US18.
NO. OF HHM (PID)	Hb. (AGE ≥ 1)	SPRT Block-sample ≥ 1 year	IF FEMALE 15-49 YEARS Y N	WHAT TIME IS IT NOW?	DAY / MONTH	IF RAMADAN: Are you fasting today?
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No
	1. . 6 3. 7	1. 6 7 3.	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	.	/	1. Yes 3. No

- US13**

 - 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
- US13a**

 - 6. AGE < 1 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK/PREGNANT
 - 12. RESPONDENT NOT AVAILABLE
- US15**

 - 1. MEASURED
 - 3. OTHER REASON NOT MEASURED
 - 6. AGE < 1 YEAR
 - 7. REFUSED
 - 10. SICK/PREGNANT
- US15**

 - 1. Yes
 - 3. No
 - 6. Male/Not married/age <15 years or >49

SECTION US (HEALTH MEASUREMENT)

US21. MEASURE OF IODINE CONTENT IN HOUSEHOLD SALT	1. WHITE 3. BLUE 5. A LITTLE BLUE
---	---

NOTES:

EDITOR: _____
HEALTH WORKER: _____
(IDIVWR)

CONFIDENTIAL

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2000

HEALTH MEASUREMENTS

BOOK US II

SECTION: US

All Household Members are Respondents

CODES FOR LANGUAGE
00. Indonesian
01. Javanese
02. Sundanese
03. Balinese
04. Batak
05. Bugis
06. Chinese
07. Maduranese
08. Sasak
09. Minang
10. Banjar
11. Bima
12. Makassar
13. Nias
14. Palembang
15. Sumbawa
16. Toraja
17. Lahat
18. Other South Sumatra
19. Betawi
20. Lampung
96. No other
91. Other _____

INTERVIEW SESSIONS OF BOOK US II: (NUMVIS)

INTERVIEW	1	2	3	LANGMAIN. Interview was entirely/mostly conducted in what language? Other: _____ LANGOTHR. Other language used (if any): Other: _____
DATE:	____/____	____/____	____/____	
	DAY/MONTH	DAY/MONTH	DAY/MONTH	
TIME STARTED:	____/____	____/____	____/____	
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE	
TIME FINISHED:	____/____	____/____	____/____	
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE	

RESULT OF BOOK USII INTERVIEWER	REASON	EDIT_CHK. REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING	
1. Completed 2. Partially completed →REASON 3. Not completed →REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	a. Observed by local supervisor (SUP_OBS) 1 b. Edited by local supervisor (SUP_EDIT)..... 1	Yes No 3 3

SECTION US (HEALTH MEASUREMENT)

AR00	US00.	US01.	US04.	US05.	US06.	US06a.	US06b.	US06c.	US10.	US11.	US12.
NO. OF HHM (PID)	Can be measured?	Sex	Height (cm)	Method of Meas.	Weight (kg)	Waist circumference (≥40 years)	Hip circumference (≥40 years)	Head circumference (<15 years)	Time to rise from sitting to a standing position 5 times (≥ 15 years)	HOW MANY TIMES SIT TO STAND? (≥15 years)	IF HHM DID NOT REPEAT 5 TIMES, GIVE A REASON WHY NOT
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____
	0 3 _____ ↓ 6 7 1 →	1 3	1. _____ . ____ 3. _____ 7	1 3	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ 3. _____ 7	1. _____ . ____ sec 6 7 3. _____	____ times IF=5 → US14	A B C D F G I J E _____

- US00
- 1. Yes
 - 2. Disabled
 - 3. No other _____
 - 5. Too old
 - 6. Move/dead/HH not contacted
 - 7. Refused
 - 8. supplies/equipment problem
 - 9. Not panel/target
 - 10. Sick/pregnant

- US01
- 1. Male
 - 3. Female

INTERVIEWER
NOTE:
IF HHM WAS
BORN LESS THAN
2 YEARS AGO,
MEASURE LYING
DOWN

- US05
- 1. Standing
 - 3. Lying down
- US04, 06, 06a, 06b, 06c
- 1. MEASURED
 - 2. DISABLED
 - 3. REASON NOT MEASURED
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 10. SICK/PREGNANT
 - 9. MISSING

- US10
- 1. YES
 - 2. DISABLED
 - 3. NO OTHER _____
 - 4. NOT ABLE
 - 5. TOO OLD
 - 6. AGE < 15 YEARS
 - 7. REFUSED
 - 8. SUPPLIES/EQUIPMENT PROBLEM
 - 9. MISSING
 - 10. SICK
 - 11. PREGNANT
 - 12. RESPONDENT NOT AVAILABLE

- US12
- A. STOOD WITH HELP FROM ARMS
 - B. NOT ABLE TO STAND
 - C. TOO TIRED
 - D. STOPPED BY INTERVIEWER
 - E. OTHER _____
 - F. SICK
 - G. MOVED
 - I. TOO OLD
 - J. PREGNANT

SECTION US (HEALTH MEASUREMENT)

AR00	US14.	US16.	US17.	US18a.			US19.
NO. OF HHM (PID)	ACCORDING TO THE INTERVIEWER, HOW DOES THE HEALTH OF THIS PERSON COMPARE, IN GENERAL, TO THE HEALTH STATUS OF OTHER PEOPLE OF THE SAME AGE AND SEX?	WHAT TIME IS IT NOW?	DAY / MONTH	Are you taking medicine for [...]?			COMMENTS
	1 2 3 4 5 6 7 8 9	.	/	A. Anemia	B. High Blood Presure	C. Diabetes	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1 2 3 4 5 6 7 8 9	.	/	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	

US14									
Much worse			About the same				Very good		
1	2	3	4	5	6	7	8	9	

NOTES:

RAHASIA

PEMERIKSA: _____ IDRT : _____
PEWAWANCARA: _____

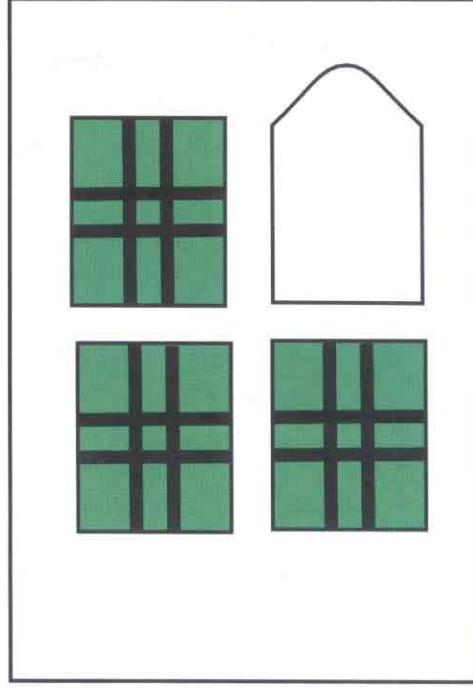
SURVAI ASPEK KEHIDUPAN RUMAH TANGGA INDONESIA 2000

PENGUKURAN PERKEMBANGAN LOGIKA

UMUR 7 14 TAHUN

NAMA RESPONDEN: _____ NO. URUT ART _____

EK0



WAWANCARA	
TANGGAL:	TANGGAL/BULAN ____/____/____
JAM MULAI:	JAM/MENIT ____/____
JAM BERAKHIR:	JAM/MENIT ____/____

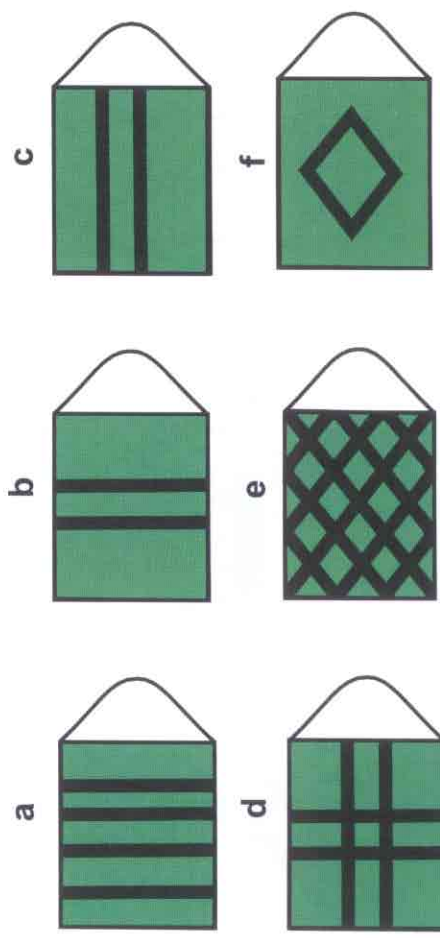
C3. Hasil pengukuran:

1. Selesai
2. Tidak Lengkap
3. Tidak menjawab

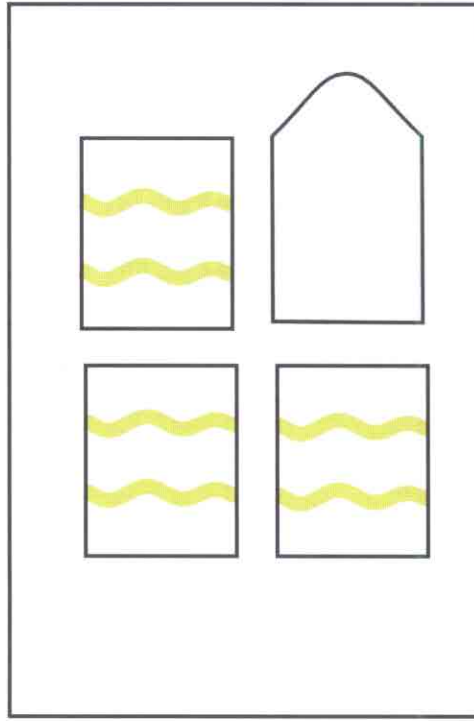
Kode C3:

1. Menolak
2. Tidak bisa baca
3. Kemampuan logika rendah
4. Tidak cukup waktu
5. Orang dewasa dijawab oleh proksi
6. Lainnya _____
7. Tidak dapat dihubungi

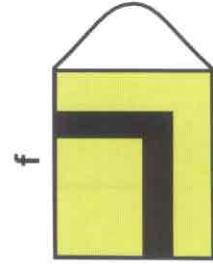
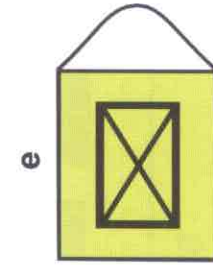
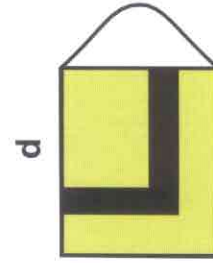
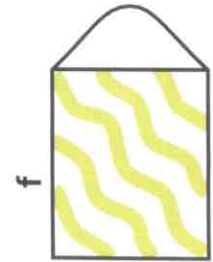
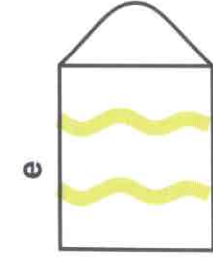
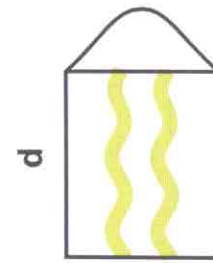
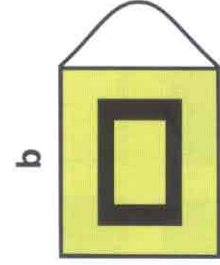
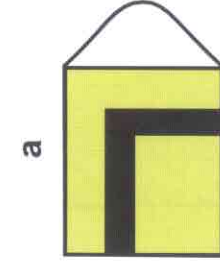
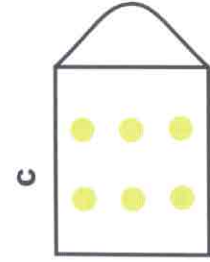
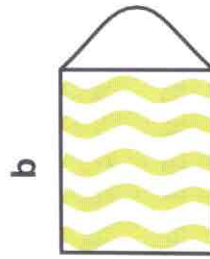
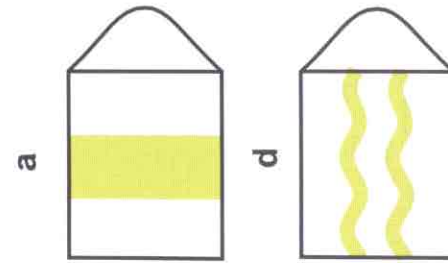
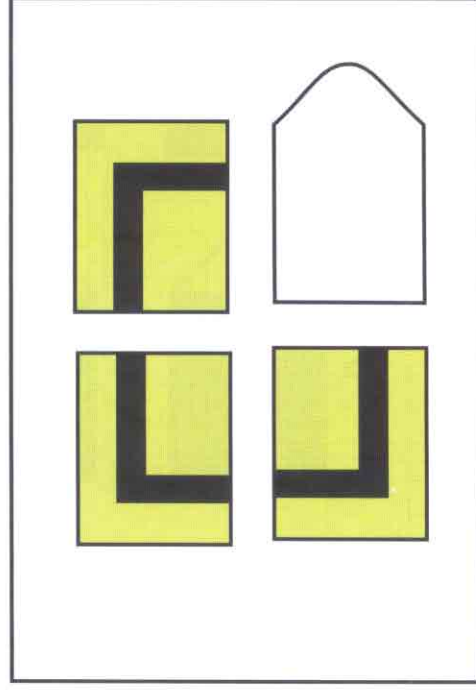
CATAN PEWAWANCARA:
CARA MENJAWAB: LINGKARILAH PILIHAN
YANG TEPAT CONTOH



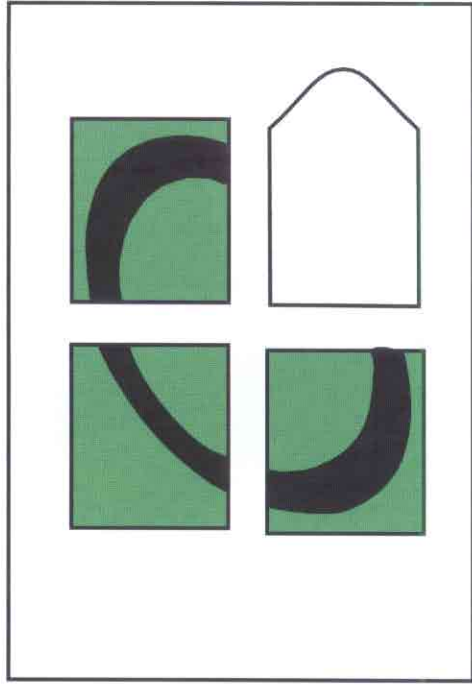
EK1



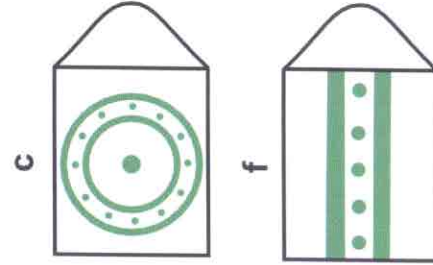
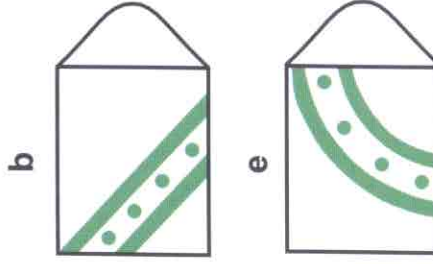
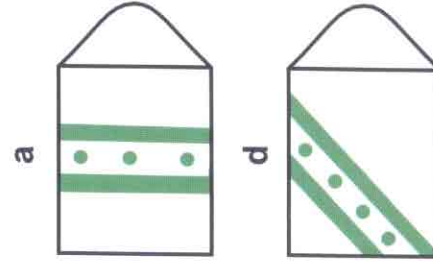
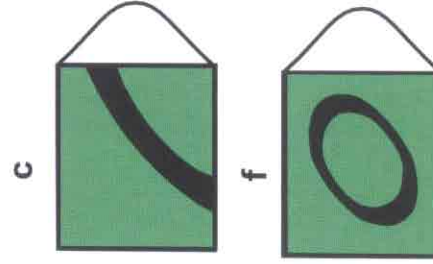
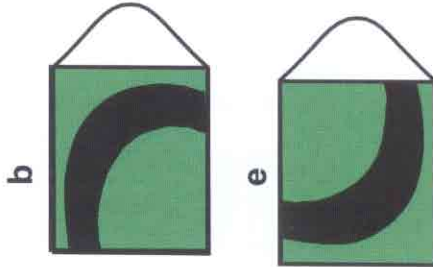
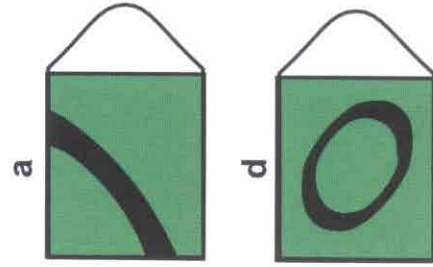
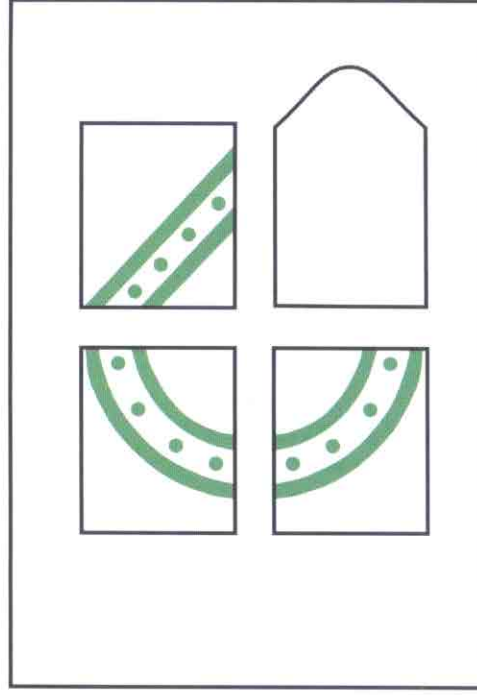
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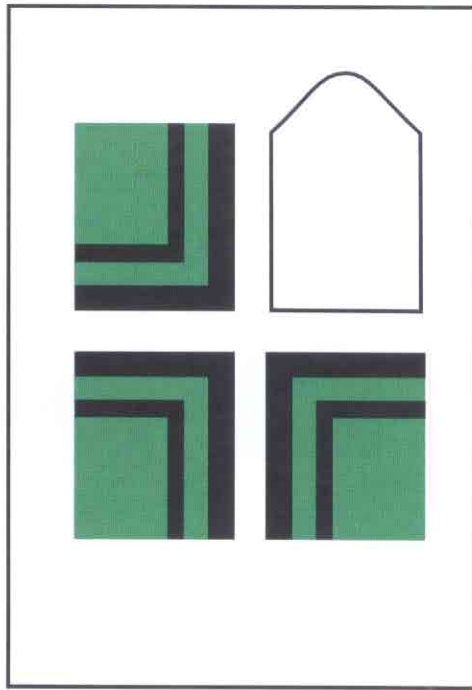
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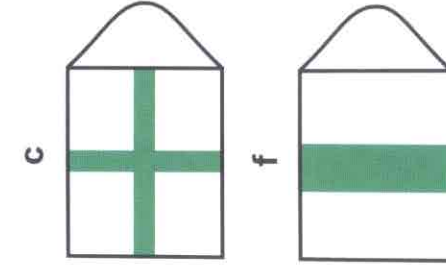
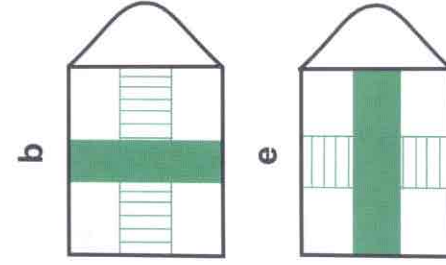
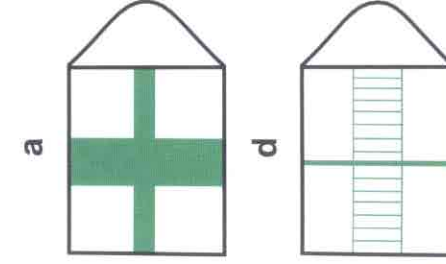
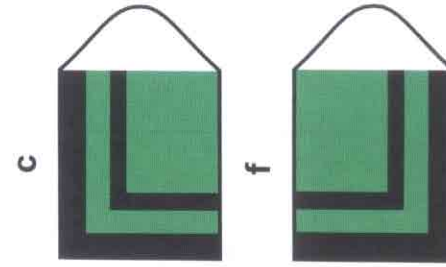
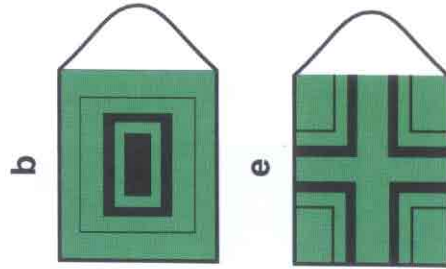
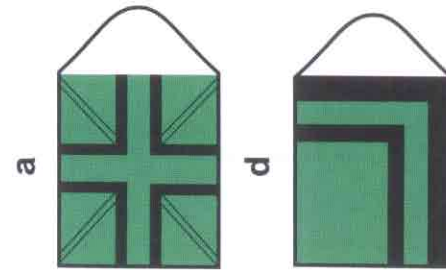
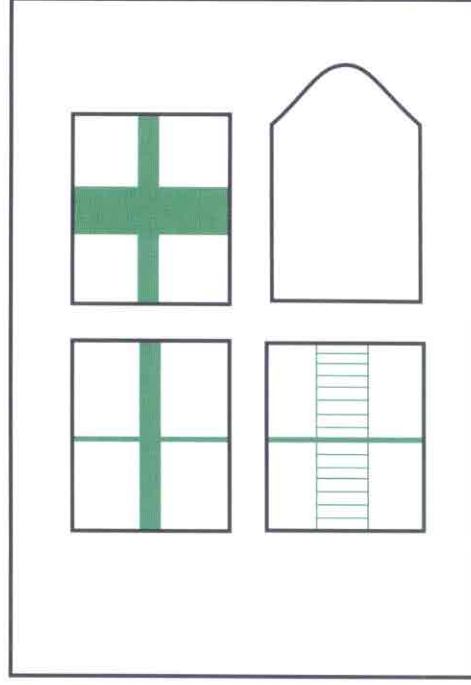
EK4



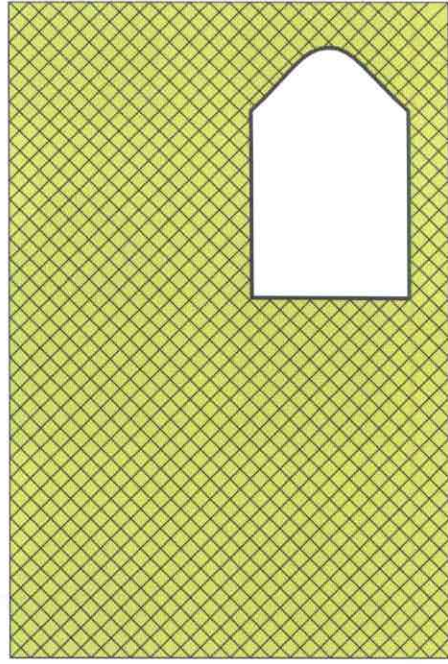
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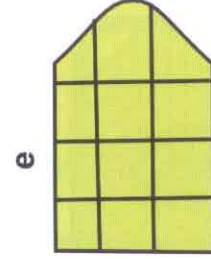
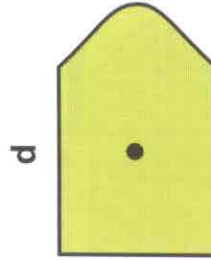
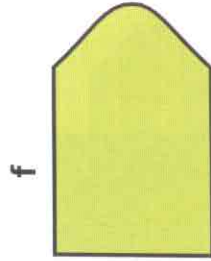
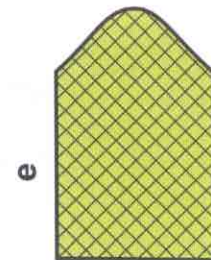
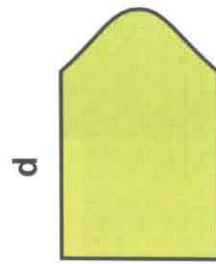
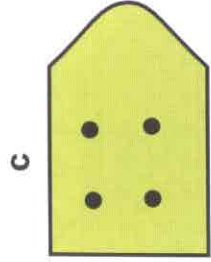
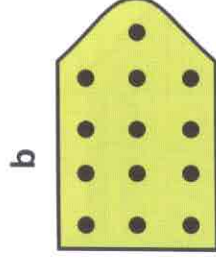
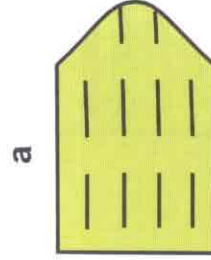
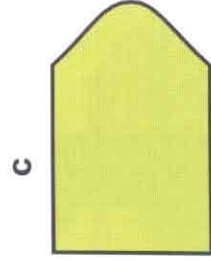
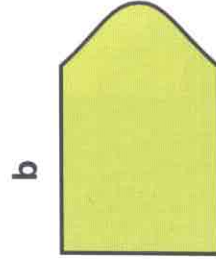
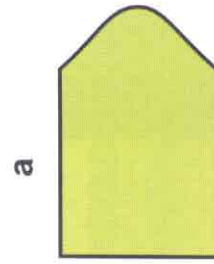
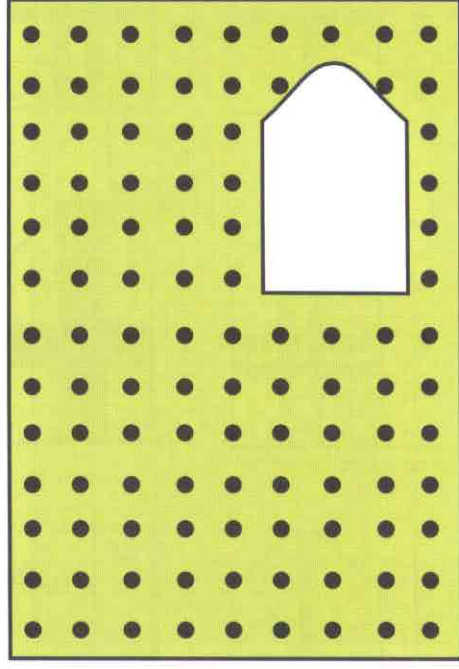
EK6



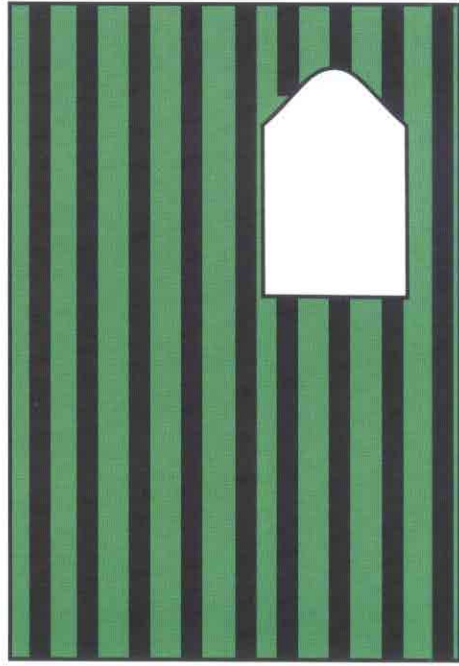
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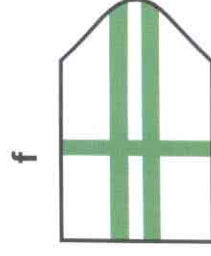
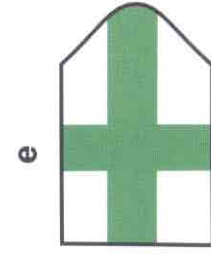
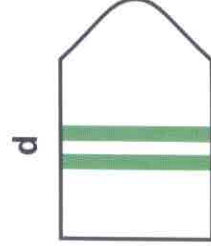
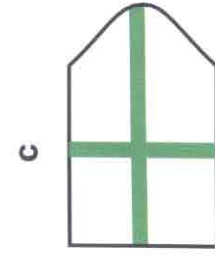
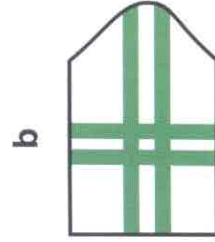
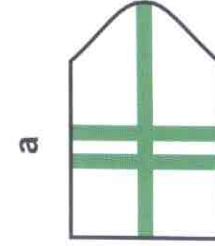
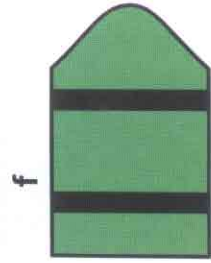
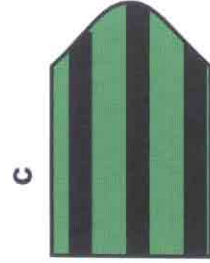
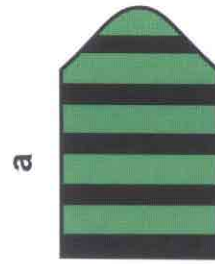
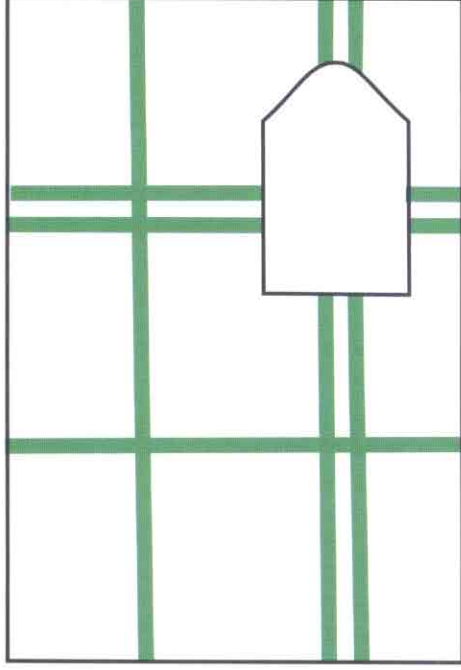
EK8



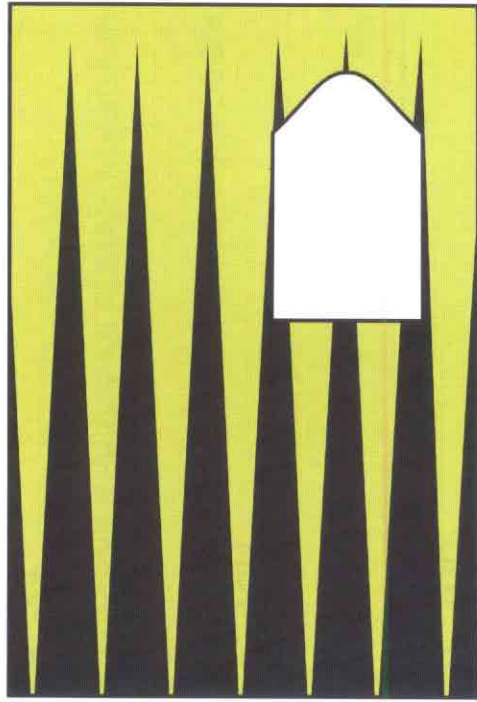
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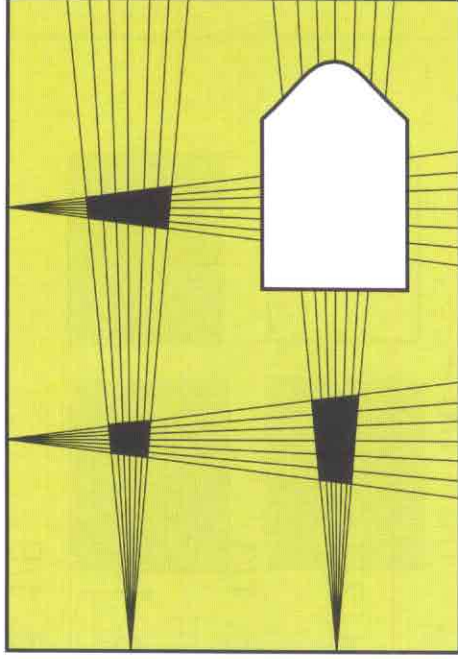
EK10



EK11



EK12



a



b



c



d



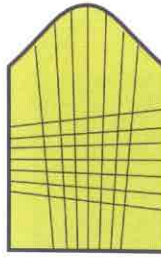
e



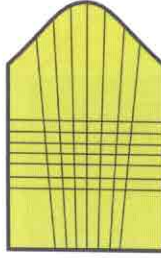
f



a



b



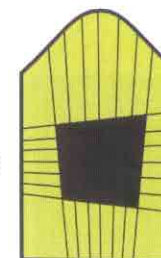
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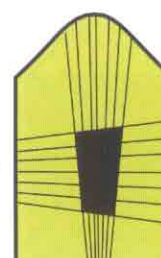
d



e



f



EK13. $49 - 23 = \dots$

a. 25

b. 26

c. 27

EK14. $267 + 112 - 189 = \dots$

a. 180

b. 188

c. 190

EK15. $(8 + 9)^*3 = \dots$

a. 34

b. 45

c. 51

EK16. $56/84 = \dots$

a. $4/7$

b. $2/3$

c. $3/4$

d. $5/6$

EK17. $1/3 - 1/6 = \dots$

a. $2/3$

b. $1/3$

c. $1/6$

d. $1/9$

RAHASIA

PEMERIKSA: _____ IDRT : _____
PEWAWANCARA: _____

SURVAI ASPEK KEHIDUPAN RUMAH TANGGA INDONESIA 2000

PENGUKURAN PERKEMBANGAN LOGIKA

UMUR 15 24 TAHUN

NAMA RESPONDEN: _____ NO. URUT ART _____

WAWANCARA	
TANGGAL: ____/____/____ TANGGAL/BULAN	JAM MULAI: ____/____ JAM/MENIT
JAM BERAKHIR: ____/____ JAM/MENIT	

C3. Hasil pengukuran:

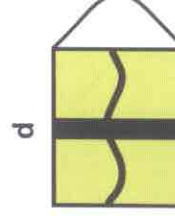
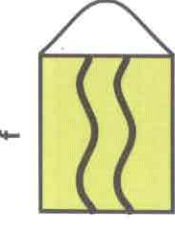
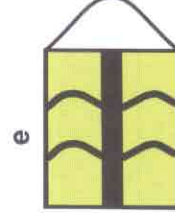
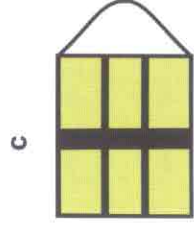
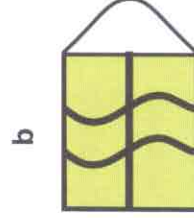
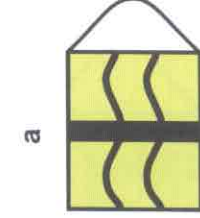
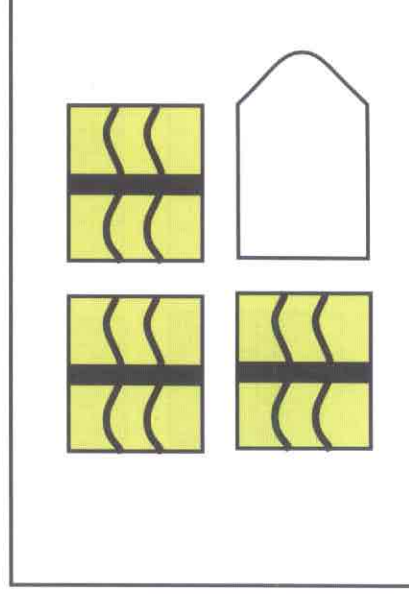
1. Selesai
2. Tidak Lengkap
3. Tidak menjawab

Kode C3:

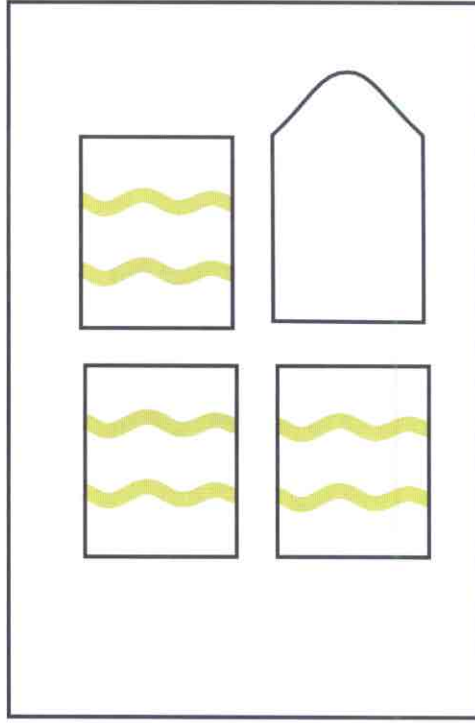
1. Menolak
2. Tidak bisa baca
3. Kemampuan logika rendah
4. Tidak cukup waktu
5. Orang dewasa dijawab oleh proksi
6. Lainnya _____
7. Tidak dapat dihubungi

CATAN PEWAWANCARA:
CARA MENJAWAB: LINGKARILAH PILIHAN
YANG TEPAT CONTOH

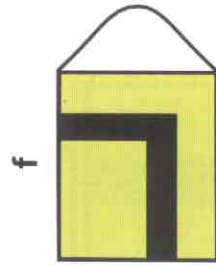
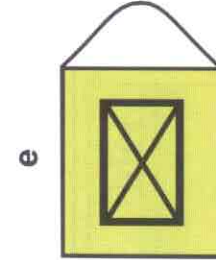
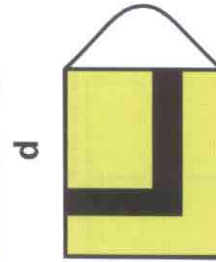
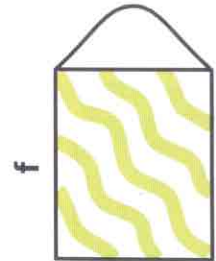
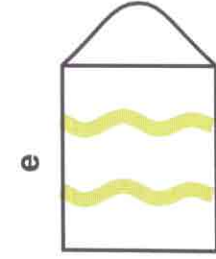
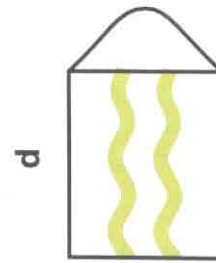
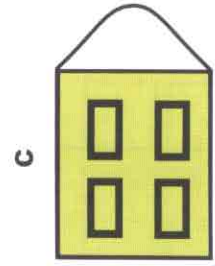
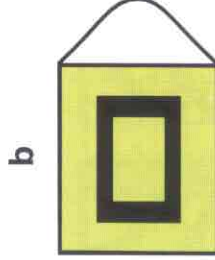
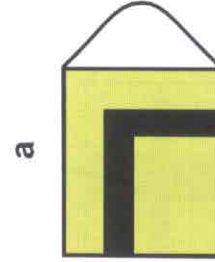
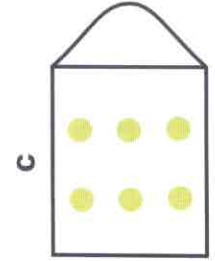
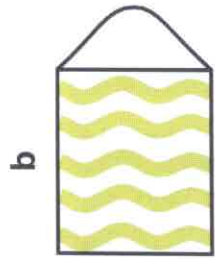
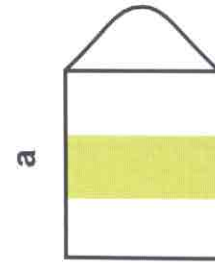
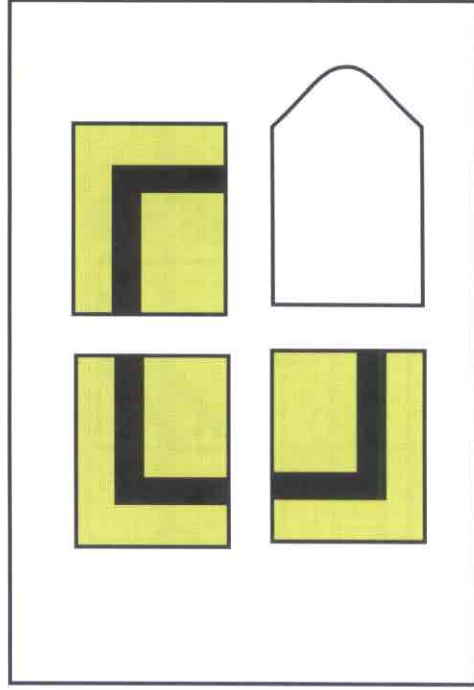
EK0



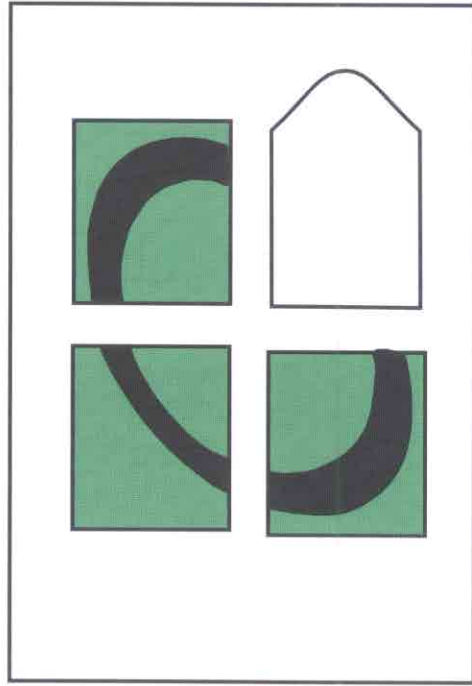
EK1



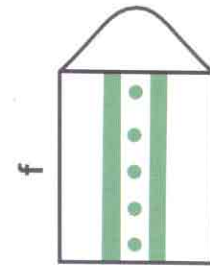
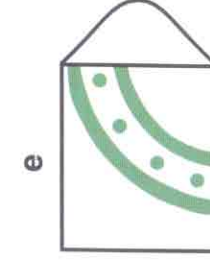
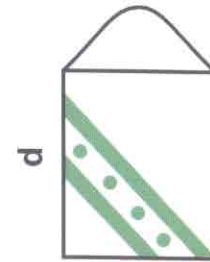
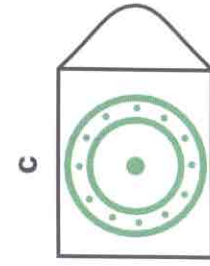
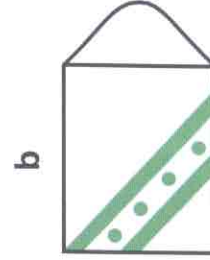
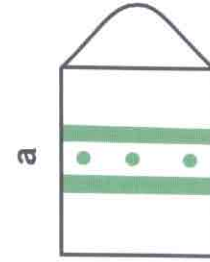
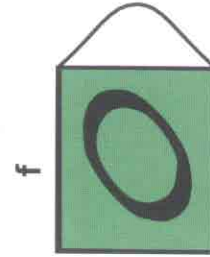
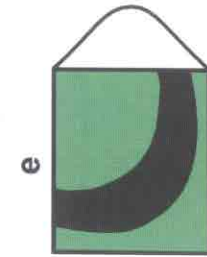
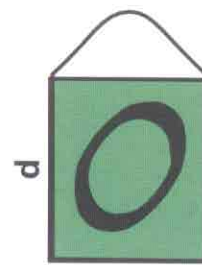
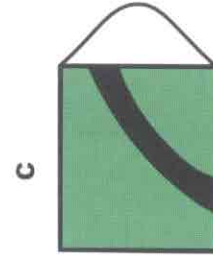
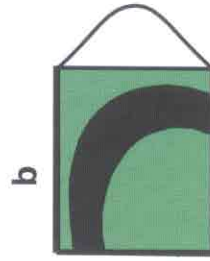
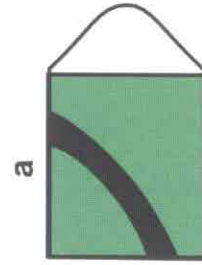
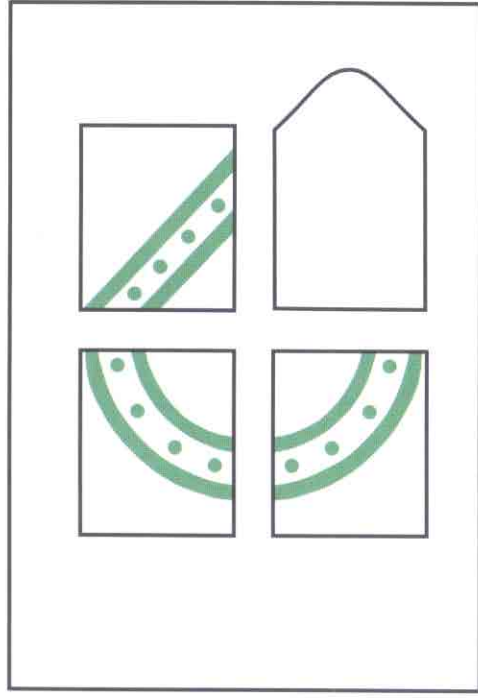
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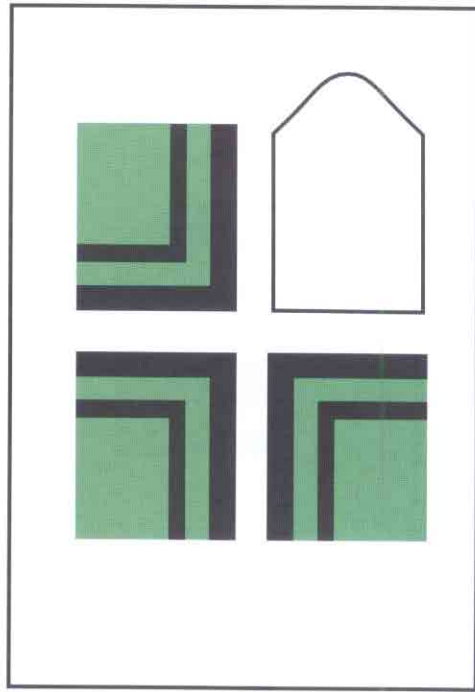
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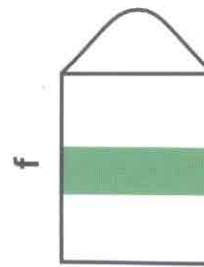
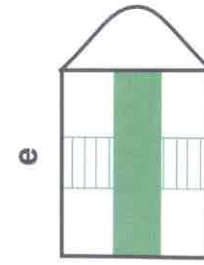
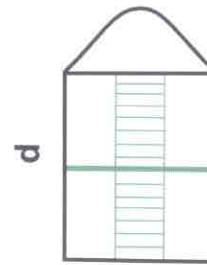
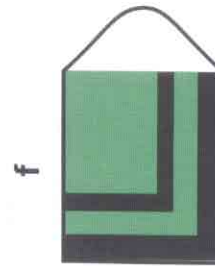
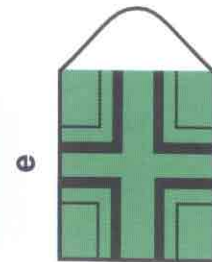
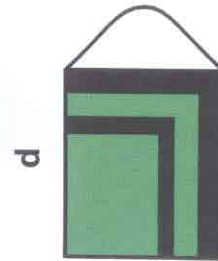
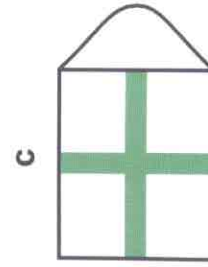
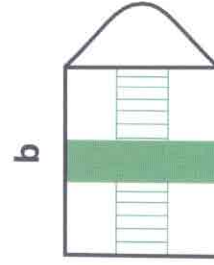
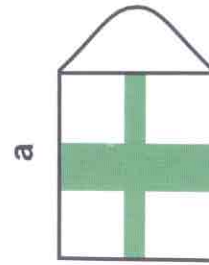
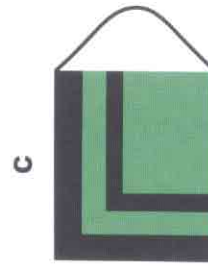
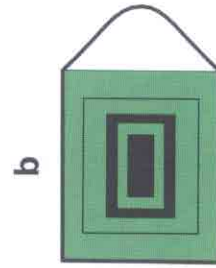
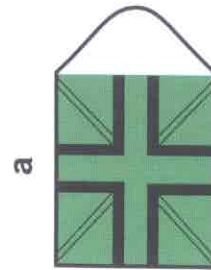
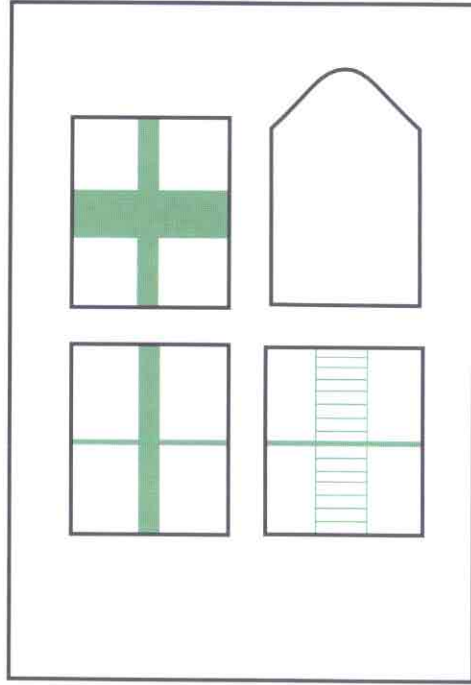
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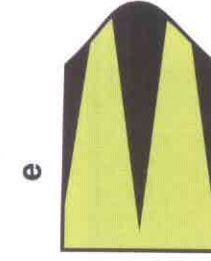
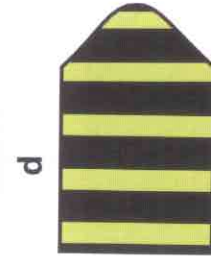
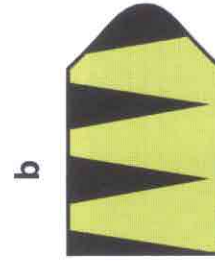
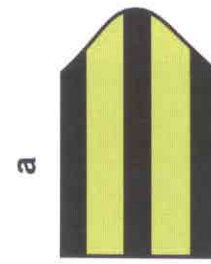
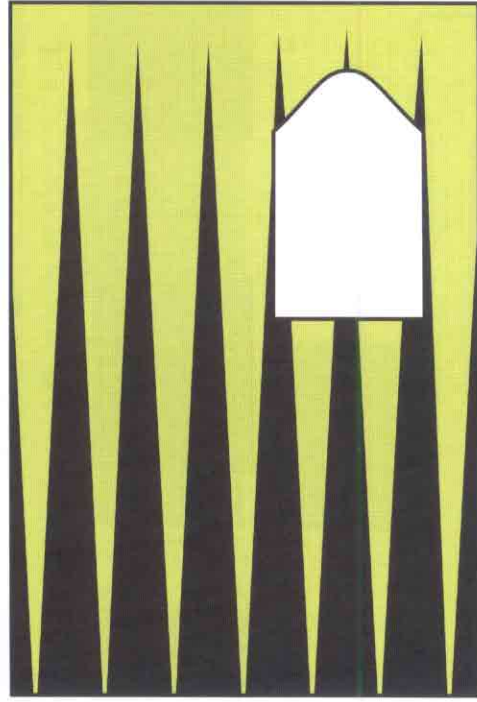
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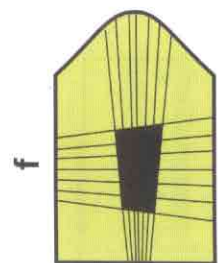
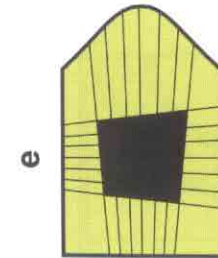
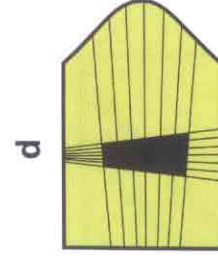
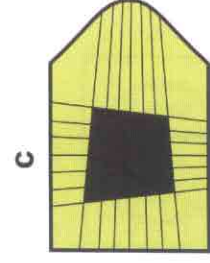
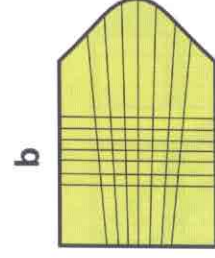
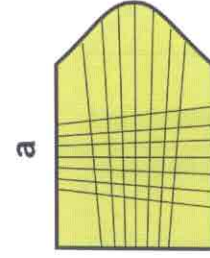
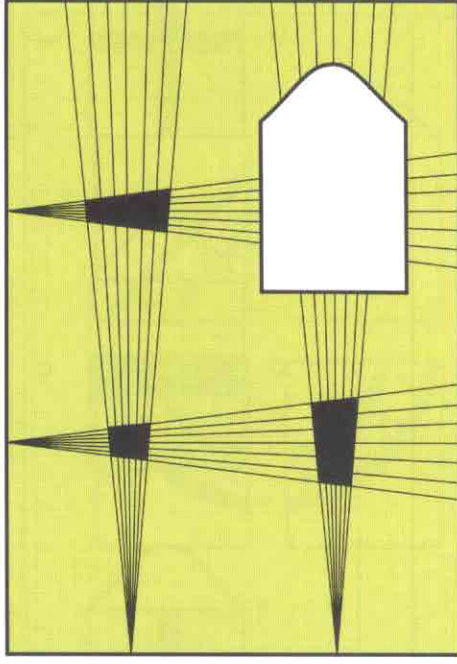
EK6



EK11



EK12



EK18.

$$\frac{56}{84} = \dots$$

- a. $\frac{4}{7}$
- b. $\frac{2}{3}$
- c. $\frac{3}{4}$
- d. $\frac{5}{6}$

EK19.

$$(412 + 213) : (243 - 118)$$

- a. 125
- b. 75
- c. 25
- d. 5

EK20.

$$0,76 - 0,4 - 0,23$$

- a. 0,11
- b. 0,12
- c. 0,13
- d. 0,16

EK21.

Jika 65 persen penduduk bercocok tanam, sedang penduduknya sejumlah 160 juta, maka banyaknya penduduk yang tidak bercocok tanam adalah...

- a. 35 juta
- b. 40 juta
- c. 48 juta
- d. 56 juta

EK22.

Uang tabungan si Ali di bank Rp 75.000,00. Jika setahun kemudian bunganya 5%, maka besar bunga yang diterima Ali adalah...

- a. Rp 7.500,00
- b. Rp 3.750,00
- c. Rp 750,00
- d. Rp 375,00