

CONFIDENTIAL

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	[]	[]	[]

FROM FORM T1 ANSWER, IF FORM T1 IS COMPLETED	
D1.	Is information on new address/location at Form T2 adequate? Yes 1 No 3
D2.	Where is the new location? Same village 01 Same sub-district 02 Same district 03 Same province 04 Outside province 05 DK, information is not adequate 08
D3.	Number of Form T1 for this Book T? []

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.	<i>RW</i>	_ _ _
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

EDITOR:
 INTERVIEWER:
 (IDIVWR)

CONFIDENTIAL
REGISTER BOOK
INDONESIA FAMILY LIFE SURVEY 2000

HHID :

BOOK K
(CONTROL BOOK)

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?
DATE:	<u> </u> / <u> </u> DAY/MONTH	<u> </u> / <u> </u> DAY/MONTH	<u> </u> / <u> </u> DAY/MONTH	<u> </u> Other: _____
TIME STARTED:	<u> </u> / <u> </u> HOUR/MINUTE	<u> </u> / <u> </u> HOUR/MINUTE	<u> </u> / <u> </u> HOUR/MINUTE	LANGOTHR. Other language used (if any): <u> </u> Other: _____
TIME END:	<u> </u> / <u> </u> HOUR/MINUTE	<u> </u> / <u> </u> HOUR/MINUTE	<u> </u> / <u> </u> 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: _____	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Edited</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		Yes	No	a. Observed	1	3	b. Edited	1	3
	Yes	No										
a. Observed	1	3										
b. Edited	1	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:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;"> _ _ . _ _ kilometer in the same village.....</td> <td style="text-align: right; vertical-align: bottom;">01</td> </tr> <tr> <td style="padding-left: 20px;">Move out of the village, same sub-district</td> <td style="text-align: right; vertical-align: bottom;">11</td> </tr> <tr> <td style="padding-left: 20px;">Move out of the village, same district</td> <td style="text-align: right; vertical-align: bottom;">12</td> </tr> <tr> <td style="padding-left: 20px;">Move out of the village, same province</td> <td style="text-align: right; vertical-align: bottom;">13</td> </tr> <tr> <td style="padding-left: 20px;">Move out of the village, different province.....</td> <td style="text-align: right; vertical-align: bottom;">14</td> </tr> <tr> <td style="padding-left: 20px;">DON'T KNOW</td> <td style="text-align: right; vertical-align: bottom;">98</td> </tr> <tr> <td style="padding-left: 20px;">SAME LOCATION</td> <td style="text-align: right; vertical-align: bottom;">96</td> </tr> </table>	_ _ . _ _ 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
_ _ . _ _ kilometer in the same village.....	01														
Move out of the village, same sub-district	11														
Move out of the village, same district	12														
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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

HOUSEHOLD ROSTER

AR00c. INTERVIEWER CHECK	
PANEL HOUSEHOLD1 ↓ ↓ ↓ INSERT PREPRINTED HH ROSTER	NEW HOUSEHOLD3 ↓ ↓ ↓ USE NEW HH ROSTER

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

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 OPPTS/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

SECTION AR (HOUSEHOLD ROSTER)

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?
<input type="text"/>		<input type="text"/>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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
<input type="text"/>		<input type="text"/>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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
<input type="text"/>		<input type="text"/>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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
<input type="text"/>		<input type="text"/>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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
<input type="text"/>		<input type="text"/>	Name : 1. _____ 8. DON'T KNOW Address: 1. _____ 8. DON'T KNOW Loc.: 1. _____ 8. DON'T KNOW COMFAS CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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

SECTION AR (HOUSEHOLD ROSTER)

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 Line # HHM (PID)	AR01 NAME OF HOUSEHOLD MEMBER	AR00id TRACKING AND LINKING ID '97	AR21 Where does the HHM live now?	
<input type="text"/>		<input type="text"/>	Address : 1. _____ 8. DON'T KNOW Location: 1. _____ 8. DON'T KNOW Tele. No. 1. <input type="text"/> - <input type="text"/> 8. DON'T KNOW 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	Work Address : 1. _____ 8. DK _____ 6. NA School Address: 1. _____ 8. DK _____ 6. NA Lives with whom? : 1. _____ 8. DK Name of Other Informant : 1. _____ 8. DK (in new location) →AR01 NEXT LINE
<input type="text"/>		<input type="text"/>	Address : 1. _____ 8. DON'T KNOW Location: 1. _____ 8. DON'T KNOW Tele. No. 1. <input type="text"/> - <input type="text"/> 8. DON'T KNOW 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	Work Address : 1. _____ 8. DK _____ 6. NA School Address: 1. _____ 8. DK _____ 6. NA Lives with whom? : 1. _____ 8. DK Name of Other Informant : 1. _____ 8. DK (in new location) →AR01 NEXT LINE
<input type="text"/>		<input type="text"/>	Address : 1. _____ 8. DON'T KNOW Location: 1. _____ 8. DON'T KNOW Tele. No. 1. <input type="text"/> - <input type="text"/> 8. DON'T KNOW 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	Work Address : 1. _____ 8. DK _____ 6. NA School Address: 1. _____ 8. DK _____ 6. NA Lives with whom? : 1. _____ 8. DK Name of Other Informant : 1. _____ 8. DK (in new location) →AR01 NEXT LINE

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	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. HOUSE IS SURROUNDED BY HUMAN AND ANIMAL WASTE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>B. HOUSE IS SURROUNDED BY PILES OF TRASH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>C. HOUSE IS SURROUNDED BY STAGNANT WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>D. THERE IS A STABLE UNDER/ NEXT TO THE HOUSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>E. HOUSE HAS SUFFICIENT VENTILATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>F. YARD IS WELL MAINTAINED AND CLEANED-UP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>G. HOUSE HAS A MODERATELY - SIZED YARD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>H. HOUSE HAS KITCHEN OUTSIDE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>I. COOKING ROOM AND SLEEPING ROOM ARE SAME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		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
	YES	NO																													
A. HOUSE IS SURROUNDED BY HUMAN AND ANIMAL WASTE	1	3																													
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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	<p style="text-align: center;">  Square meters </p>																														
KRK06. ESTIMATE HOW MANY ROOMS (BEDROOMS, LIVING ROOM, DINING ROOM, KITCHEN, BATHROOM, ETC.) ARE IN THIS HOUSE	<p style="text-align: center;">  Rooms </p>																														
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 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"/>	<input type="checkbox"/>
I	[1]				<input type="checkbox"/>	<input type="checkbox"/>
II	[1]				<input type="checkbox"/>	<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):		Y1: <input type="checkbox"/>	
TOTAL Y1, Y2, Y3		Y2: <input type="checkbox"/>	
		Y3: <input type="checkbox"/>	

SECTION CP (INTERVIEW SESSION NOTES)

FORMULIR EVALUASI , BUKU K

<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>

NOTES:

<p>CP7. CORRECTION MONTH/YEAR OF PREPRINTED</p> <p>1. AR00 [] [] MONTH [] [] YEAR [] [] [] []</p> <p>2. AR00 [] [] MONTH [] [] YEAR [] [] [] []</p> <p>3. AR00 [] [] MONTH [] [] YEAR [] [] [] []</p> <p>4. AR00 [] [] MONTH [] [] YEAR [] [] [] []</p>	<p>CP8. AGE CORRECTION OF PREPRINTED</p> <p>1. AR00 [] [] AGE [] [] [] []</p> <p>2. AR00 [] [] AGE [] [] [] []</p> <p>3. AR00 [] [] AGE [] [] [] []</p> <p>4. AR00 [] [] AGE [] [] [] []</p>
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EDITOR: _____ [][][][]
 INTERVIEWER: _____ [][][][]
 (DIVWR)

CONFIDENTIAL

HHID : [][][][] [][][][] [][][][] [][][][]

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

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_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 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.
--	---------------------------

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	Yes 1 → No 3 ↓	_____ . _____	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	Yes 1 → No 3 ↓	_____ . _____	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	Yes 1 → No 3 ↓	_____ . _____	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	Yes 1 → No 3 ↓	_____ . _____	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	Yes 1 → No 3 ↓	_____ . _____	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	Yes 1 → No 3 ↓	_____ . _____	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	Yes 1 → No 3 ↓	_____ . _____	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
--	---

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

<p>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?</p>	<p>No3→SECTION PP Yes.....1</p>
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TYPE OF ASSISTANCE (KSR2TYPE)	KSR11.	KSR11b.	KSR12.	KSR13a.	KSR14a.	KSR15a.	KSR16.
	In the past 12 months, has this household ever bought [...] a “cheap” market, bazar, “special market operation” (OPK) or the like?	Who distributed or sold [...]? (CIRCLE ALL THAT APPLY)	In the past 12 months, when did this household first buy?	In the last 12 months, when was the last time you bought [...] a “cheap” market, bazar, “special market operation” (OPK) or the like?	In the last 4 weeks how many times did you buy [...]?	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?	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

SECTION PP (KNOWLEDGE OF HEALTH AND FAMILY PLANNING SERVICES)

HHID:

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		<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
B. Private Hospital	3. No ↓ 1. Yes →	1. _____ _____ _____ 8. DON'T KNOW		<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW

SECTION PP (KNOWLEDGE OF HEALTH AND FAMILY PLANNING SERVICES)

HHID:

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: <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"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 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: <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"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 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: <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"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW

SECTION PP (KNOWLEDGE OF HEALTH AND FAMILY PLANNING SERVICES)

HHID:

	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		<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> 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		<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
H. Pharmacy	3. No ↓ 1. Yes →	1. _____ _____ _____ 8. DON'T KNOW		<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> Rp. 3. Walk 5. Use own transportation 8. DON'T KNOW
I2. Village Post for Family Planning Service (PPKBD)	3. No ↓ CP 1. Yes →	1. _____ _____ _____ 8. DON'T KNOW		<input type="text"/> 01. Minute 02. Hours 03. Days 98. DON'T KNOW	1. <input type="text"/> , <input type="text"/> 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>_____</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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NOTES:

EDITOR: _____

CONFIDENTIAL

HHID : _____

INTERVIEWER: _____

(IDIVWR)

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:	<input type="text"/> / <input type="text"/> DAY MONTH	<input type="text"/> / <input type="text"/> DAY MONTH	<input type="text"/> / <input type="text"/> DAY MONTH
TIME STARTED:	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE
TIME FINISHED:	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE	<input type="text"/> / <input type="text"/> HOUR MINUTE

LANGMAIN.	Interview was entirely/mostly conducted in what language? <input type="text"/> Other: _____
LANGOTHR.	Other language used (if any): <input type="text"/> 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: _____	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>a. Observed by local supervisor (SUP_OBS).....</td> <td>1</td> <td>3</td> </tr> <tr> <td>b. Edited by local supervisor (SUP_EDIT).....</td> <td>1</td> <td>3</td> </tr> </table>		Yes	No	a. Observed by local supervisor (SUP_OBS).....	1	3	b. Edited by local supervisor (SUP_EDIT).....	1	3
	Yes	No										
a. Observed by local supervisor (SUP_OBS).....	1	3										
b. Edited by local supervisor (SUP_EDIT).....	1	3										

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
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.....
	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	
NONE	96	
Other	91	
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 → SECTION UT Yes1
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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. <input type="text"/> / <input type="text"/> → KR33 Month / Year 8. DON'T KNOW	1. <input type="text"/> Years 8. DON'T KNOW	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp.	<input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="text"/> / <input type="text"/> 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. <input type="text"/> / <input type="text"/> → KR33 Month / Year 8. DON'T KNOW	1. <input type="text"/> Years 8. DON'T KNOW	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp.	<input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="text"/> / <input type="text"/> 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. <input type="text"/> / <input type="text"/> → KR33 Month / Year 8. DON'T KNOW	1. <input type="text"/> Years 8. DON'T KNOW	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp.	<input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="text"/> / <input type="text"/> 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. <input type="text"/> / <input type="text"/> → KR33 Month / Year 8. DON'T KNOW	1. <input type="text"/> Years 8. DON'T KNOW	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp.	<input type="text"/> <input type="text"/> <input type="text"/>	1. <input type="text"/> / <input type="text"/> 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=1 1 → UT10 UT01=3 and UT00a=3 2 → 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 B C D E G I J K L M P Q R S U H _____ N _____
UT05. Which householders own the business? CIRCLE ALL THAT APPLY	A B C D E F G I J K L M P Q R S U H _____ N _____

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?	_____	_____	_____	_____
NT02. Is this business owned entirely by this household?	Yes1 → NT05 No3			
NT03. What is the percentage share of this business owned by householders of this household?	[] Percentage	[] Percentage	[] Percentage	[] Percentage
NT04. Who outside this household owns the business? (CIRCLE ALL THAT APPLY)	B C D E F G I J K L M P Q R U H _____ N _____	B C D E F G I J K L M P Q R U H _____ N _____	B C D E F G I J K L M P Q R U H _____ N _____	B C D E F G I J K L M P Q R U H _____ N _____
NT05. Which householders own the business? (CIRCLE ALL THAT APPLY)	A 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 _____	A 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 _____
NT05a. Which household members were primarily responsible for this business? Record the name and AR00 for up to two persons	A. _____ [] B. _____ []			
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 | K. Uncle/aunt |
| B. Respondent's wife/husband | L. Nephew/niece |
| C. Respondent's child/child-in-law | M. Cousin |
| D. Respondent's parents | P. Non family |
| E. Respondent's parents-in-law | Q. Step/adopted child |
| F. Respondent's sibling | R. Family of spouse |
| G. Respondent's brother/sister-in-law | U. Ex spouse |
| I. Grandchild | N. Other family |
| J. Grandparent | 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. _____	95. _____	95. _____	95. _____
NT15. When did this business begin/start?	1. _____ / _____ Month / Year 8. DON'T KNOW	1. _____ / _____ Month / Year 8. DON'T KNOW	1. _____ / _____ Month / Year 8. DON'T KNOW	1. _____ / _____ Month / Year 8. DON'T KNOW
NT16. How many household members/paid workers, worked when the business started?	____ Persons 1 DON'T KNOW 8			
NT17. How many paid workers, worked when the business started?	____ Persons 1 DON'T KNOW 8			
NT18. Is the business still producing?	Yes 1 → NT22 No 3			
NT19. When did this business close/stop producing?	1. _____ / _____ Month / Year 8. DON'T KNOW	1. _____ / _____ Month / Year 8. DON'T KNOW	1. _____ / _____ Month / Year 8. DON'T KNOW	1. _____ / _____ Month / Year 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?	____ 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?	____ Persons 1 DON'T KNOW 8 → NT10	____ Persons 1 DON'T KNOW 8 → NT10	____ Persons 1 DON'T KNOW 8 → NT10	____ Persons 1 DON'T KNOW 8 → NT10
NT22. How many household members/unpaid workers participated in this business' operations in the last four weeks?	____ Persons 1 DON'T KNOW 8			
NT23. How many paid workers, worked for this business in the last four weeks?	____ 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. _____ 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
C4. Other vehicles _____	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
H. Other non-farm equipment _____	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT01b COLUMN 2	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT01b COLUMN 3	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT01b COLUMN 4	1. _____ Rp. 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. _____ 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
NT25. What was the total sale of the business in the last 12 months?	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
NT26. What was the total revenue of rents or shared profit of the goods used in the business in the last 12 months?	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT24 COLUMN 2	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT24 COLUMN 3	1. _____ Rp. 3. NONE 7. UNWILLING TO ANSWER 8. DON'T KNOW →NT24 COLUMN 4	1. _____ 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 BUSINESS (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 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 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?
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

<p>HR08 AND HR10</p> <p>A. Respondent B. Respondent's wife/husband C. Respondent's biological and in-law D. Respondent's parents</p>	<p>E. Respondent's parents-in-law F. Respondent's sibling G. Respondent's brother/sister-in-law J. Respondent's grandchild/great grandchild</p>	<p>K. Grandparents L. Uncle/aunt M. Nephew/niece N. Cousin</p>	<p>Q. Non family T. Step/adopted child R. Family of spouse U. Ex spouse</p>	<p>H. Others _____ P. Other family _____</p>	<p>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%.</p>
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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 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?
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	HR12:
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 _____	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. <input type="text"/> / <input type="text"/> 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. <input type="text"/> , <input type="text"/> , <input type="text"/> 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. <input type="text"/> / <input type="text"/> 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. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	
G1. Other, _____	3. No ↓ 1. Yes→	1. <input type="text"/> / <input type="text"/> 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. <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
G2. Other, _____	3. No ↓ SECTION CP 1. Yes→	1. <input type="text"/> / <input type="text"/> 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. <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

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>
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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>
---	--	---

NOTES:

EDITOR: _____

CONFIDENTIAL

HHID : _____

INTERVIEWER: _____

(IDIVWR)

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

HOUSEHOLDER _____ (NAME) _____

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
 Married..... 2
 Separated..... 3
 Divorced..... 4
 Widowed..... 5

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 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_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 DL (EDUCATION)

The following questions pertain to your education.

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

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

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

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?	<input type="text"/> <input type="text"/> 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?	<input type="text"/> <input type="text"/> hours → DL07x
DL07b. When [year/month] did you graduate from or stop attending school?	<input type="text"/> / <input type="text"/> 1 → DL07x Month Year DON'T KNOW 8
DL07c. At what age did you graduate from or stop attending school?	<input type="text"/> 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. INTERVIEWER 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. ↓ <input type="text"/> 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? ↓ <input type="text"/> 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, specify _____ 10	Senior high general05 Senior high vocational.....06 Islamic School (Pesantren)14 Madrasah Senior High School.....74 Other specify _____ 10	College (D1, D2, D3).....60 University (BA).....61 University (MA)62 University (PhD).....63 Open University13 Other, specify _____ 10
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 Other _____ 07	Public non-religious.....01 Public religious.....02 Private non-religious03 Private Islam04 Private Catholic.....05 Private Protestant and others.....06 Private Buddhist.....08 Other _____ 07	Public non-religious.....01 Public religious.....02 Private non-religious03 Private Islam04 Private Catholic.....05 Private Protestant and others.....06 Private Buddhist.....08 Other _____ 07	Public non-religious.....01 Public religious.....02 Private non-religious03 Private Islam04 Private Catholic.....05 Private Protestant and others.....06 Private Buddhist.....08 Other _____ 07
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. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> 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. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	
B. Indonesian	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6. NA 8. DK	
C. English		1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6. NA 8. DK	
D. Math	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6. NA 8. DK	
E. Science	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW		
F. Biology			1. <input type="text"/> . <input type="text"/> 6. NA 8. DK	
G. Chemistry			1. <input type="text"/> . <input type="text"/> 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
I. Social studies	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK		
J. Economics			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
K. Sociology			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
L. Anthropology			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
M. Government			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
N. Accounting			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
O. Catering			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
P. Firm Management			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
Q. Physics – Chemistry			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
R. Component Comprehensive			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
S. Business Management			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	
DL16e. What is the total EBTANAS (NEM) score?	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. NA 8. DK	

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.																																																				
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%; text-align: center;">3. No</th> <th style="width:10%; text-align: center;">1. Yes</th> <th style="width:35%;"></th> </tr> </thead> <tbody> <tr> <td colspan="4">A. School Fees</td> </tr> <tr> <td style="padding-left: 20px;">1. Registration</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">2. Other scheduled fees</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">3. Exams</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td colspan="4">B. School supplies</td> </tr> <tr> <td style="padding-left: 20px;">1. Books and writing supplies</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">2. Uniform and sports</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td colspan="4">C. Transportation and Pocket Money</td> </tr> <tr> <td style="padding-left: 20px;">1. Transportation</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">2. Housing costs, food</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">3. Special courses</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">D. Other, specify: _____</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> <td style="padding-left: 20px;"> _ _ , _ _ _ , _ _ _ Rp.</td> </tr> </tbody> </table>		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.	
	3. No	1. Yes																																																			
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DL40. Did [NAME] receive any books from the school during the 1999/2000 school year? (CIRCLE ALL THAT APPLY)	Yes, for himself..... A Yes, to share B No..... C																																																				
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)	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding-left: 20px;">A. GNOTA</td> <td style="padding-left: 20px;">A. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">B. POMG/BP3</td> <td style="padding-left: 20px;">B. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">C. Government</td> <td style="padding-left: 20px;">C. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">D. Community Group</td> <td style="padding-left: 20px;">D. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">E. Religious Group</td> <td style="padding-left: 20px;">E. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">F. Family</td> <td style="padding-left: 20px;">F. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">H. Social Safety Net: Education (JPS Pendiilean)</td> <td style="padding-left: 20px;">H. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> <tr> <td style="padding-left: 20px;">G. Other, mention _____</td> <td style="padding-left: 20px;">G. _ _ , _ _ _ , _ _ _ Rp.</td> </tr> </tbody> </table>	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 Pendiilean)	H. _ _ , _ _ _ , _ _ _ Rp.	G. Other, mention _____	G. _ _ , _ _ _ , _ _ _ Rp.																																				
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G. Other, mention _____	G. _ _ , _ _ _ , _ _ _ Rp.																																																				

SECTION DL (EDUCATION)

DL31c. INTERVIEWER CHECK:	Respondent not in school (DL07a = 3)..... 3	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
INTERVIEW WAS DONE IN SCHOOL YEAR 1999/2000?		NO 3
DL45. Have [NAME] received any books from the school during the current school year? (CIRCLE ALL THAT APPLY)	Yes, for himself..... A 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 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 Pendifilean)	H. _____ Rp.	
G. Other, mention _____	G. _____ Rp.	

SECTION SW (SUBJECTIVE WELLBEING)

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

<p>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?</p>	<p>Poorest Richest</p> <p>1 2 3 4 5 6</p> <p>8. DON'T KNOW</p>
<p>SW02. On which step were you just before economic crisis occur (end of 1997)?</p>	<p>Poorest Richest</p> <p>1 2 3 4 5 6</p> <p>8. DON'T KNOW</p>
<p>SW03. On which step do you expect to find yourself one year from now?</p>	<p>Poorest Richest</p> <p>1 2 3 4 5 6</p> <p>8. DON'T KNOW</p>

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

<p>SW04. Concerning your current standard of living, which of the following is true?</p>	<p>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 KNOW.....8</p>
<p>SW05. Concerning your food consumption last month, which of the following is true?</p>	<p>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 KNOW.....8</p>
<p>SW06. Concerning your healthcare, which of the following is true?</p>	<p>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 KNOW.....8</p>
<p>SW07. Do you have children still residing in this household?</p>	<p>No3 → SW12 Yes.....1</p>
<p>SW08. Concerning your children's standard of living, which of the following is true?</p>	<p>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 KNOW.....8</p>
<p>SW09. Concerning your children's food consumption last month, which of the following is true?</p>	<p>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 KNOW.....8</p>

SECTION SW (SUBJECTIVE WELLBEING)

<p>SW10. Concerning your children’s healthcare, which of the following is true?</p>	<p>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</p>
<p>SW11. Concerning your children’s education, which of the following is true?</p>	<p>It is less than adequate for their needs1 It is just adequate for their needs2 It is more than adequate for their needs3 Children not yet in school.....6 DON’T KNOW8</p>

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

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

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

<p>SW14. Are there any poor people in this village?</p>	<p>No3 → SECTION HR Yes1</p>																								
<p>SW15. If yes, are there many or only a few?</p>	<p>Many1 A few3</p>																								
<p>SW16. In your opinion, why are they poor?</p> <p>a. Little/no education</p> <p>b. Not working hard</p> <p>c. From poor family</p> <p>d. The rich do not help the poor</p> <p>e. Government do not pay attention.....</p> <p>f. No opportunities.....</p> <p>g. Other, mention _____</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">1. Yes</td> <td style="text-align: center;">3. No</td> </tr> <tr> <td>a. Little/no education</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Not working hard</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. From poor family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>d. The rich do not help the poor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>e. Government do not pay attention.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>f. No opportunities.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>g. Other, mention _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		1. Yes	3. No	a. Little/no education	1	3	b. Not working hard	1	3	c. From poor family	1	3	d. The rich do not help the poor	1	3	e. Government do not pay attention.....	1	3	f. No opportunities.....	1	3	g. Other, mention _____	1	3
	1. Yes	3. No																							
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f. No opportunities.....	1	3																							
g. Other, mention _____	1	3																							

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

<p>HR08 AND HR10</p> <p>A. Respondent B. Respondent's wife/husband C. Respondent's biological and in-law D. Respondent's parents</p>	<p>E. Respondent's parents-in-law F. Respondent's sibling G. Respondent's brother/sister-in-law J. Respondent's grandchild/great grandchild</p>	<p>K. Grandparents L. Uncle/aunt M. Nephew/niece N. Cousin</p>	<p>Q. Non family T. Step/adopted child R. Family of spouse U. Ex spouse</p>	<p>H. Others _____ P. Other family _____</p>	<p>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%.</p>
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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 | E. Respondent's parents-in-law | K. Grandparents | Q. Non family | H. Others _____ |
| B. Respondent's wife/husband | F. Respondent's sibling | L. Uncle/aunt | T. Step/adopted child | P. Other family _____ |
| C. Respondent's biological and in-law | G. Respondent's brother/sister-in-law | M. Nephew/niece | R. Family of spouse | |
| D. Respondent's parents | J. Respondent's grandchild/great grandchild | N. Cousin | U. Ex spouse | |

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 (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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. 1 DON'T KNOW 8

SECTION KW (MARITAL HISTORY)

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

<p>KW14g. At the time you lived together with your current/latest husband/wife for the first time, who else lived in the house?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>IN THIS CASE THE WEDDING LOCATION IS NOT REGARDED AS A JOINT RESIDENCE (REFER TO ANSWER KW14e = 1 (YES)) AND RESIDENCE REGISTERED IN KW14b.</p>	<p>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</p>
<p>KW03. How many times have you been married ?</p>	<p>____ Times</p>
<p>KW04. Who chose your husband/wife (from your first marriage) ?</p>	<p>Parents 01 Self 03 Family 04 Other, specify: 05</p>
<p>KW05. INTERVIEWER TO VERIFY COV 5:</p>	<p>FEMALE 3 →KW08 MALE 1</p>
<p>KW06. Do you currently have more than one wife?</p>	<p>NO 3 YES 1</p>
<p>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.</p> <p>(FOR PANEL RESPONDENT WHOSE MARRIAGE WAS BEFORE JANUARY, 1997, MENTION ONLY THE CURRENT WIFE/HUSBAND)</p>	<p>→KW09</p>
<p>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).</p> <p>(FOR PANEL RESPONDENT WHOSE MARRIAGE WAS BEFORE JANUARY, 1997, MENTION ONLY THE CURRENT WIFE/HUSBAND)</p>	<p>→KW09</p>

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					
KW16. What is the status of the marriage? 2. Still married..... 3. Separated..... 4. Divorced..... 5. Widow/widower.....	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					
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.	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 01 02 03 04 07 Graduated 05 96 Unschooled 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Unschooled 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Unschooled 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Unschooled 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Unschooled 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Unschooled 06 98 DON'T KNOW
KW22x. INTERVIEWER CHECK: RESPONDENT IS: 3. NEW RESPONDENT → KW22b 1. PANEL RESPONDENT	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: 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"/> <input type="text"/> <input type="text"/> 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?	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> Sons <input type="text"/> <input type="text"/> <input type="text"/> Daughters UP TO GOD 95

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	X or W or Y	CAN'T ANSWER
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?	<input type="text"/> / <input type="text"/> 1 MONTH / YEAR DON'T KNOW..... 8 → PK20
PK19c. INTERVIEWER CHECK: YEAR IN PK19b IS BEFORE 1997?	Yes 1 → SECTION BR No 3 → PK20

PK20.					ANSWER PK21 IF 1 IS CIRCLED IN BOTH PK20 COLUMNS (PK3TYPE)	PK21.					
At that time that you were married, was [...] alive?						At the time that you were married, how did the status of your parents compare to the status of your parents-in-law?					
PK20a.	PK20b.	PK20c.	PK20d.								
Father	Mother	Father-in-Law	Mother-in-Law								
1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	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.		PK20cdx.								
	CIRCLE "1" IF EITHER MOTHER OR FATHER WAS ALIVE		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
 2. Somewhat higher
 3. About the same
 4. Somewhat lower
 5. Much lower
 6. PARENT(S) NOT ALIVE AT TIME OF MARRIAGE (NA)
 7. UNWILLING TO ANSWER (UA)
 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?	<input type="text"/> Males
BR04.	How many biological daughters are now living with you?	<input type="text"/> Females
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?	<input type="text"/> Males
BR07.	How many biological daughters are still alive, but do not live with you?	<input type="text"/> Females
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?	<input type="text"/> Males
BR10.	How many daughters were born alive but passed away later?	<input type="text"/> Females
BR11.	Have you ever had a pregnancy that resulted in a stillbirth?	No 3 → BR13 Yes 1
BR12.	How many stillbirths have you had?	<input type="text"/>
BR13.	(Besides that) have you had any miscarriages?	No 3 → BR15 Yes 1
BR14.	How many miscarriages have you had?	<input type="text"/>
BR15.	INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, you have had <input type="text"/> livebirths, is it correct ?	<input type="text"/> No 3 → REVISE BR01-BR10 Yes 1
BR16.	INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE: Again, to confirm your answers, you have had <input type="text"/> stillbirths and miscarriages, is it correct ?	<input type="text"/> No 3 → REVISE BR12-BR14 Yes 1

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

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

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)	01 → MG29	01 → MG29	01 → MG29	01 → MG29
02. Education/training-related	02 → MG31	02 → MG31	02 → MG31	02 → MG31
03. Military career-related	03 → MG31	03 → MG31	03 → MG31	03 → MG31
Family related:				
04. Marriage	04 → MG34	04 → MG34	04 → MG34	04 → MG34
05. Pregnancy	05 → MG34	05 → MG34	05 → MG34	05 → MG34
06. Death of spouse	06 → MG34	06 → MG34	06 → MG34	06 → MG34
07. Sickness of self/spouse	07 → MG34	07 → MG34	07 → MG34	07 → MG34
08. Migration with family	08 → MG34	08 → MG34	08 → MG34	08 → MG34
09. To be closer to family	09 → MG34	09 → MG34	09 → MG34	09 → MG34
10. Death of other	10 → MG34	10 → MG34	10 → MG34	10 → MG34
11. Sickness of other	11 → MG34	11 → MG34	11 → MG34	11 → MG34
12. Live w/family member	12 → MG34	12 → MG34	12 → MG34	12 → MG34
13. To be independent, separate from parents	13 → MG34	13 → MG34	13 → MG34	13 → MG34
14. Political disturbance	14 → MG34	14 → MG34	14 → MG34	14 → MG34
15. Eviction	15 → MG34	15 → MG34	15 → MG34	15 → MG34
16. Like the destination	16 → MG34	16 → MG34	16 → MG34	16 → MG34
17. Transmigration	17 → MG34	17 → MG34	17 → MG34	17 → MG34
19. Dry season/drought	19 → MG34	19 → MG34	19 → MG34	19 → MG34
21. Fire	21 → MG34	21 → MG34	21 → MG34	21 → MG34
22. Family problem	22 → MG34	22 → MG34	22 → MG34	22 → MG34
23. New housing opportunity	23 → MG34	23 → MG34	23 → MG34	23 → MG34
24. Divorce	24 → MG34	24 → MG34	24 → MG34	24 → MG34
18. Other _____	18 _____ → MG34	18 _____ → MG34	18 _____ → MG34	18 _____ → MG34
MG29. Whose work?				
02. Husband/wife	02 → MG34	02 → MG34	02 → MG34	02 → MG34
03. Birth parents	03 → MG34	03 → MG34	03 → MG34	03 → MG34
04. Siblings	04 → MG34	04 → MG34	04 → MG34	04 → MG34
05. Biological child	05 → MG34	05 → MG34	05 → MG34	05 → MG34
06. Other family member	06 → MG34	06 → MG34	06 → MG34	06 → MG34
07. Not a family member	07 → MG34	07 → MG34	07 → MG34	07 → MG34
01. Self	01	01	01	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 previous place 3. Company transfer/relocation 4. Retirement 6. Job problem 7. Be closer to job 5. Other _____	1 _____ 2 _____ 3 _____ 4 _____ 6 _____ 7 _____ 5 _____ <p style="text-align: center;">→ MG34</p>	1 _____ 2 _____ 3 _____ 4 _____ 6 _____ 7 _____ 5 _____ <p style="text-align: center;">→ MG34</p>	1 _____ 2 _____ 3 _____ 4 _____ 6 _____ 7 _____ 5 _____ <p style="text-align: center;">→ MG34</p>	1 _____ 2 _____ 3 _____ 4 _____ 6 _____ 7 _____ 5 _____ <p style="text-align: center;">→ MG34</p>
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?	[] [] 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 _____ <p style="text-align: center;">→ MG26 COLUMN 2/SECTION SR</p>	A _____ B _____ C _____ D _____ E _____ F _____ G _____ I _____ H _____ <p style="text-align: center;">→ MG26 COLUMN 3/SECTION SR</p>	A _____ B _____ C _____ D _____ E _____ F _____ G _____ I _____ H _____ <p style="text-align: center;">→ MG26 COLUMN 4/SECTION SR</p>	A _____ B _____ C _____ D _____ E _____ F _____ G _____ I _____ H _____ <p style="text-align: center;">→ MG26 SUPPLEMENT/SECTION SR</p>

SECTION SR (CIRCULAR MIGRATION)

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

<p>SR01. During the past 24 months (2 years) have you taken a trip?</p>	<p>No 3 → SR02a Yes 1</p>
<p>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)</p>	<p>No 3 → SR02a Yes 1 → SR03a</p>

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
<p>PANEL RESPONDENT/ 1→ WITH PREPRINTED AND NUMBER OF MIGRATION MG20c=0</p>	<p>MG18b [MG18d] Yes 1 →SECTION TK No 3</p>	<p>MG18b [MG18d] <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> → MG21 and complete additional column</p>	<p>ENSURE THAT NO TRIP TAKEN</p>
<p>PANEL RESPONDENT/ 2→ WITH PREPRINTED AND NUMBER OF MIGRATION MG20c>0</p>	<p>MG21 [MG23] Last column Yes 1 →SECTION TK No 3</p>	<p>MG21 [MG23] Last Column <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> → MG21 and complete additional column</p>	
<p>NEW RESPONDENT 3→ PREPRINTED AND NUMBER OF MIGRATION MG20c=0</p>	<p>MG05 (MG07) Yes 1 →SECTION TK No 3</p>	<p>MG05 (MG07)..... <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> → MG21 and complete additional column</p>	<p>ENSURE THAT NO TRIP TAKEN</p>
<p>NEW RESPONDENT 4→ PREPRINTED AND NUMBER OF MIGRATION MG20c>0</p>	<p>MG21 Last column Yes 1 →SECTION TK No 3</p>	<p>MG21 Last column..... <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> → MG21 and complete additional column</p>	

<p>SR03a. During the last 24 months, how many trips across village and stayed there for 2 months or more?</p>	<p>Number of trips <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
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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
<p>SR03. What was the [...] name of the [...] destination?</p>	<p>Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Country: 1. _____ 3. Same as current residence 8. DON'T KNOW</p>	<p>Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Country: 1. _____ 3. Same as current residence 8. DON'T KNOW</p>	<p>Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Country: 1. _____ 3. Same as current residence 8. DON'T KNOW</p>	<p>Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Country: 1. _____ 3. Same as current residence 8. DON'T KNOW</p>
<p>SR04. What was the [...] name of the place you lived before taking a trip to [DESTINATION]?</p>	<p>Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Country: 1. _____ 3. Same as current residence 8. DON'T KNOW</p>			
<p>SR05. When did you go to [DESTINATION]?</p>	<p>___ / ___</p> <p>Month Year</p>			
<p>SR06. How long were you at [DESTINATION] that time? (<60 DAYS = 0)</p>	<p>1. ___ month 3. Less than 2 months</p>			
<p>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.)</p> <p>1. Yes 3. No</p>	<p>1 → SR03 COLUMN 2 3</p>	<p>1 → SR03 COLUMN 3 3</p>	<p>1 → SR03 COLUMN 4 3</p>	<p>1 → SR03 SUPPLEMENT 3</p>

SECTION SR (CIRCULAR MIGRATION)

SR_NUM: NUMBER OF MIGRATION	1. 1ST CIRCULATION	2. 2ND CIRCULATION	3. 3RD CIRCULATION	4. 4TH CIRCULATION
<p>SR18. INTERVIEWER'S NOTE: VERIFY THAT THE PLACE REGISTERED IN SR03 FOR THE LATEST TRIP IS THE CURRENT RESIDENCE.</p> <p>SR03 OF THE LATEST TRIP IS:</p> <p>3. NOT THE LAST COLUMN 1. LAST COLUMN AND CURRENT RESIDENCE</p>	<p>3. → SR18 COLUMN 2 1. → SR06b FIRST COLUMN</p>	<p>3. → SR18 COLUMN 3 1. → SR06b FIRST COLUMN</p>	<p>3. → SR18 COLUMN 4 1. → SR06b FIRST COLUMN</p>	<p>3. → SR18 SUPPLEMENT 1. → SR06b FIRST COLUMN</p>
<p>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</p>	<p>1 → SR06b COLUMN 2/SECTION TK 3 5</p>	<p>1 → SR06b COLUMN 3/SECTION TK 3 5</p>	<p>1 → SR06b COLUMN 4/SECTION TK 3 5</p>	<p>1 → SR06b SUPPLEMENT/SECTION TK 3 5</p>
<p>SR07. Is the place a:</p>	<p>Village.....1 Small town.....3 Big city.....5 DON'T KNOW8</p>	<p>Village..... 1 Small town..... 3 Big city..... 5 DON'T KNOW 8</p>	<p>Village 1 Small town 3 Big city 5 DON'T KNOW 8</p>	<p>Village 1 Small town 3 Big city 5 DON'T KNOW 8</p>
<p>SR08. How many kilometers is the distance from [PREVIOUS PLACE] to the [DESTINATION]?</p>	<p>1. □, □□□ Km 3. DON'T KNOW</p>	<p>1. □, □□□ Km 3. DON'T KNOW</p>	<p>1. □, □□□ Km 3. DON'T KNOW</p>	<p>1. □, □□□ Km 3. DON'T KNOW</p>
<p>SR09. Did you take the trip with other householders?</p>	<p>No.....3 → SR12 Yes.....1</p>	<p>No..... 3 → SR12 Yes..... 1</p>	<p>No 3 → SR12 Yes..... 1</p>	<p>No 3 → SR12 Yes..... 1</p>
<p>SR10. Who traveled together with you on the trip? (CIRCLE ALL THAT APPLY)</p> <p>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.....</p>	<p>A B C D E F G I H _____</p>	<p>A B C D E F G I H _____</p>	<p>A B C D E F G I H _____</p>	<p>A B C D E F G I H _____</p>
<p>SR11. How many persons were on the trip?</p>	<p>□□ persons</p>	<p>□□ persons</p>	<p>□□ persons</p>	<p>□□ persons</p>

SECTION SR (CIRCULAR MIGRATION)

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

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?	Self 1 Husband/wife 2 Other family member 3 Not a family member 4 → SR06b COLUMN 2/SECTION TK	Self 1 Husband/wife 2 Other family member 3 Not a family member 4 → SR06b COLUMN 3/SECTION TK	Self 1 Husband/wife 2 Other family member 3 Not a family member 4 → SR06b COLUMN 4/SECTION TK	Self 1 Husband/wife 2 Other family member 3 Not a family member 4 → SR06b SUPPLEMENT/SECTION TK
SR16. What was the purpose? 01. Marriage 02. Pregnancy 03. Death 04. Sickness 05. Divorce 06. Courtesy call 09. Follow family member(s) 07. Other, specify _____	01 02 03 04 05 06 09 07 → SR06b COLUMN 2/SECTION TK	01 02 03 04 05 06 09 07 → SR06b COLUMN 3/SECTION TK	01 02 03 04 05 06 09 07 → SR06b COLUMN 4/SECTION TK	01 02 03 04 05 06 09 07 → SR06b SUPPLEMENT/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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TK08. Why haven't you 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 Family responsibilities N Forbidden O Other family reason P Fired Q Cannot find work R Do not want to work S Company closed/moved/bankrupt T Other G
TK15. Which category best describes the work you did in your 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
TK16a. What was your monthly income when you were working at that job?	<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
TK16b. Was that a?	Wage 1 Net profits (after taking out costs) 3 Gross income (including operating costs) 5 →TK47x

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)	_____
TK19A. What does your company produce?	_____
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 Others _____ 10
TK20A. What are your primary duties at your workplace?	_____
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 OTHERS _____ 10

	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
TK20aA. How many people work at your firm?	_____, _____ Persons1 DON'T KNOW8
TK21A. What was the total number of hours you worked during the past week (on your job)?	_____ Hours/Week
TK22A. Normally, what is the approximate total number of hours you work per week?	_____ Hours/Week
TK23A. Approximately what is the total number of weeks you work per year?	_____ Weeks/Year
TK23A2. For how many years have you worked on this job?	_____ . _____ 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 Other _____ 08
TK25A1. Approximately what was your salary/wage during the last month (including the value of all benefits)?	_____, _____, _____ Rp.....1 DON'T KNOW8
TK25A2. Approximately what was your salary/wage during the last year (including the value of all benefits)?	_____, _____, _____ 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?	Yes No
a. Employer provided meals? If yes, how many per day? <input type="checkbox"/>	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
	→TK27
TK26AMN. Approximately how much net profit did you gain last month, after taking out all your business expenses?	<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
TK26AMG. Approximately how much gross income did you gain last month, including all your business expenses?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp 1 → TK26A4 DON'T KNOW 8
TK26AYN. Approximately how much net profit did you gain last year, after taking out all your business expenses?	<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
TK26AYG. Approximately how much gross income did you gain last year, including all your business expenses?	<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?	No 3 → TK28 Yes 1

	B. ADDITIONAL JOB THE JOB WHICH CONSUMES THE MOST TIME
TK18B. Where do you work on your [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	_____
TK19B. What does you company produce?	_____
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 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
TK20B. What are your primary duties at your workplace?	_____
TK20Bb. INTERVIEWER'S NOTE: CIRCLE THE APPROPRIATE CODE ACCORDING TO PRIMARY DUTIES TK20B?	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
TK20Ba. How many people work at your firm?	<input type="text"/> , <input type="text"/> Persons..... 1 DON'T KNOW..... 8

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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Employer provided meals? If yes, how many per day? □</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Raw food, not in form of meals?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. Housing benefits?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>d. Transportation benefits?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td> 1. Car?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td> 2. Transportation allowance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>e. Medical benefits?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td> 1. Employer paid some health expenses?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td> 2. Employer provided health insurance policy?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td> 3. Employer provided health clinic</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>f. Credit</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> <p style="text-align: right;">-->TK28</p>		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
	Yes	No																																			
a. Employer provided meals? If yes, how many per day? □	1	3																																			
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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 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
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) Yes 1 →TK32 No 3	[1999] (1 year ago) Yes 1 →TK32 No 3	[1998] (2 years ago) Yes 1 →TK32 No 3	[1997] (3 years ago) Yes 1 →TK32 No 3
TK30. Where did you work in [...YEAR...] on your primary job? (ENTER NAME OF COMPANY/EMPLOYER)	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
TK31. What did your company produce/do?	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
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 [...]?	_____ _____	_____ _____	_____ _____	_____ _____

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							
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 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)

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	No 3 → COLUMN C Yes 1	No 3 → COLUMN D Yes 1	No 3 → 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)	_____	_____	_____	_____
TK41. In what field of work was this job?	_____	_____	_____	_____
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 _____
TK42. What were your primary duties in the year of [...]?	_____	_____	_____	_____

Code TK41a

Agriculture, forestry, fishing and hunting	01	Wholesale, retail, restaurants and hotels	06
Mining and quarrying	02	Transportation, storage and communications	07
Manufacturing	03	Finance, insurance, real estate and business services	08
Electricity, gas, water	04	Social services	09
Construction	05	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 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
TK43. Which category best describes the work you do?	01 → TK45a 02 → TK45a 03 → TK45a	06 → TK46a 04 05	01 → TK45a 02 → TK45a 03 → TK45a	06 → TK46a 04 05	01 → TK45a 02 → TK45a 03 → TK45a	06 → TK46a 04 05	01 → TK45a 02 → TK45a 03 → TK45a	06 → TK46a 04 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							
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	SELF EMPLOYED.....01
MANAGERIAL, ADMINISTRATIVE AND DECISION MAKING STAFF..... 02	SELF-EMPLOYED WITH UNPAID FAMILY WORKER/TEMPORARY WORKER02
OPERATION, ADMINISTRATION STAFF AND TECHNICIAN..... 03	SELF-EMPLOYED WITH PERMANENT WORKER.....03
SALES AND PROCUREMENT STAFF.....04	UNPAID FAMILY WORKER.....06
SERVICES STAFF.....05	GOVERNMENT WORKER.....04
WORKERS OF AGRICULTURE, FORESTRY, FISHING AND HUNTING 06	PRIVATE WORKER05
OPERATION WORKERS AND PRODUCTION WORKER 07	
WORKER IN TRANSPORTATION OPERATIONS 08	
BLUE COLLAR WORKERS.....09	
OTHERS 10	

SECTION TK (EMPLOYMENT)

Next we would like to know about your first job.

<p>TK47xx. INTERVIEWER CHECK: RESPONDENT IS PANEL OF BOOK III (AR01G=1)</p>	<p>Yes 1 → SECTION CP No 3</p>
<p>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.</p>	<p>Work never primary activity 6 → SECTION CP Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 → TK50 DON'T KNOW 8</p>
<p>TK49. What was your age when starting to work full-time for the first time?</p>	<p><input type="text"/> <input type="text"/> Years</p>
<p>TK50. Where did you work [...] ? (ENTER NAME OF COMPANY/EMPLOYER)</p>	<p>_____</p>
<p>TK51a. In what field of work was this job?</p>	<p>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</p>
<p>TK52. What were your daily primary duties at [...] ?</p>	<p>_____</p>
<p>TK52b. INTERVIEWER'S NOTE: CIRCLE THE APPROPRIATE CODE ACCORDING TO PRIMARY DUTIES TK52</p>	<p>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</p>
<p>TK53. Normally, what was the approximate total number of hours you worked per week on your primary job in [...] ?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours/Week</p>
<p>TK54. Approximately what was total number of weeks you worked per year on your primary job in [...] ?</p>	<p><input type="text"/> <input type="text"/> Weeks/Year</p>
<p>TK55. Which category best describes the work you did in your last job?</p>	<p>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</p>
<p>TK56. Approximately what was your monthly wage/salary/income in the year of [...] (including the value of all benefits)?</p>	<p><input type="text"/> , <input type="text"/> , <input type="text"/> Rp 1 DON'T KNOW 8 → SECTION CP</p>
<p>TK57N. Approximately how much profit after taking out costs did you gain in a month?</p>	<p><input type="text"/> , <input type="text"/> , <input type="text"/> Rp 1 → SECTION CP DON'T KNOW 8</p>
<p>TK57G. Approximately how much income did including costs you gain in a month?</p>	<p><input type="text"/> , <input type="text"/> , <input type="text"/> Rp 1 DON'T KNOW 8</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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NOTES:

EDITOR: _____

CONFIDENTIAL

HHID : _____

INTERVIEWER: _____

(IDIVWR)

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

<p>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER</p> <p>NAME OF RESPONDENT: _____</p> <p>RSPNDNT. RESPONDENT IS: Head of Household (AR02b=01)..... 01 Spouse of Household (AR02b=02)..... 02 Other Householder..... 03</p> <p>PANEL. FOR BOOK III IS HOUSEHOLDER?: Panel Respondent (AR01g=1)..... 1 New Respondent (AR01g=3)..... 3</p>	<p>PID</p> <p>____</p>	<p>TO BE FILLED OUT BY INTERVIEWER FOR BOOK III</p> <p>QUESTIONS FOR RESPONDENT:</p> <p>AGE. How old are you? _____ years</p> <p>MARSTAT. What is your marital status: Single..... 1 Married 2 Separated 3 Divorced 4 Widowed 5</p> <p>SEX. Sex: Male 1 Female..... 3</p> <p>BIRTHDATE. Date of Birth: _____ / _____ / _____ Day Month Year</p>
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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_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: _____	<table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed by local supervisor (SUP_OBS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Edited by local supervisor (SUP_EDIT).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		Yes	No	a. Observed by local supervisor (SUP_OBS)	1	3	b. Edited by local supervisor (SUP_EDIT).....	1	3
	Yes	No										
a. Observed by local supervisor (SUP_OBS)	1	3										
b. Edited by local supervisor (SUP_EDIT).....	1	3										

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.

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

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

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?	<input type="text"/> Days 1 DON'T KNOW 8
KK02b. In the last 4 weeks, how many days have you stayed in bed due to poor health?	<input type="text"/> 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. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW	1. <input type="text"/> Months 3. Still experiencing
b. _____	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW	1. <input type="text"/> Months 3. Still experiencing
c. _____	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW	1. <input type="text"/> 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	1. Easily	3. With difficulty	5. Unable to do it
KK03c.	To walk for 5 kilometers	1. Easily	3. With difficulty	5. Unable to do it
KK03j.	To walk for 1 kilometer	1. Easily	3. With difficulty	5. Unable to do it
KK03e.	To bow, squat, kneel	1. Easily	3. With difficulty	5. Unable to do it
KK03b.	To sweep the house floor yard	1. Easily	3. With difficulty	5. Unable to do it
KK03d.	To draw a pail of water from a well	1. Easily	3. With difficulty	5. Unable to do it
KK03i.	To stand up from sitting on the floor without help	1. Easily	3. With difficulty	5. Unable to do it
KK03g.	To stand up from sitting position in a chair without help	1. Easily	3. With difficulty	5. Unable to do it
KK03h.	To go to the bathroom (BM) without help	1. Easily	3. With difficulty	5. Unable to do it
KK03f.	To dress without help	1. Easily	3. With difficulty	5. Unable to do it

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
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	AK02.	AK03.	AK04.	AK05.
Benefit Type (AKTYPE)	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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child G. NO ONE F. Other _____ 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child G. NO ONE F. Other _____ 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child G. NO ONE F. Other _____ 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child G. NO ONE F. Other _____ 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child G. NO ONE F. Other _____ 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child G. NO ONE F. Other _____ 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child G. NO ONE F. Other _____ 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 (<i>PT ASKES</i>)	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	[] / [] 1 Month Year DON'T KNOW 8
B. Labor (Social) Insurance (<i>ASTEK Jamsostek</i>)	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 ↓ 8. DON'T KNOW ↓ SECTION MA 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 YEARS 3 → 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. <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"/> 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"/> Rp. 8. DON'T KNOW
E. Vitamin	3. No ↓ 1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
G. Medicine from other provider	3. No ↓ 1. Yes →	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW
D. Other, specify _____	3. No ↓ SECTION RJ	1. <input type="text"/> , <input type="text"/> , <input type="text"/> 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.

<p>RJ00a. Have you had a general check up performed in the last 5 years?</p>	<p>No 3 → RJ00 Yes 1</p>
<p>RJ00b. Where did you go to have this general check-up? (CIRCLE ALL THAT APPLY)</p>	<p>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</p>
<p>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?</p>	<p>No 3 → RJ25 Yes 1</p>

MEDICAL FACILITY (RJ1TYPE)	RJ01. Within the last 4 weeks, have you been to [...] / visited by [...]?	RJ02. 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 ↓ 1. Yes → RJ05a	_ _ Times

SECTION RJ (OUTPATIENT UTILIZATION)

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

HHID PID

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. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK Vill: 1. _____ 3. Same as residence 8. DON'T KNOW Kec: 1. _____ 3. Same as residence 8. DON'T KNOW Kab: 1. _____ 3. Same as residence 8. DON'T KNOW Prov: 1. _____ 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"/>	Name 1. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK Vill: 1. _____ 3. Same as residence 8. DON'T KNOW Kec: 1. _____ 3. Same as residence 8. DON'T KNOW Kab: 1. _____ 3. Same as residence 8. DON'T KNOW Prov: 1. _____ 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"/>	Name 1. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK Vill: 1. _____ 3. Same as residence 8. DON'T KNOW Kec: 1. _____ 3. Same as residence 8. DON'T KNOW Kab: 1. _____ 3. Same as residence 8. DON'T KNOW Prov: 1. _____ 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"/>	Name 1. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK Vill: 1. _____ 3. Same as residence 8. DON'T KNOW Kec: 1. _____ 3. Same as residence 8. DON'T KNOW Kab: 1. _____ 3. Same as residence 8. DON'T KNOW Prov: 1. _____ 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"/>
RJ08. What was the purpose of visit? CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
B. Immunization.....	B	B	B	B
C. Consultation.....	C	C	C	C
D. Medical check-up.....	D	D	D	D
E. Medications.....	E	E	E	E
F. Injection.....	F	F	F	F
H. Treatment for Injury.....	H	H	H	H
I. Treatment for Illness.....	I	I	I	I
J. Massage.....	J	J	J	J
K. Birth control.....	K	K	K	K
L. Prenatal care.....	L	L	L	L
G. Other, specify _____	G _____	G _____	G _____	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			
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	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
A. Medical check-up/consultation.....	A	A	A	A
B. Injection	B	B	B	B
C. Laboratorium test.....	C	C	C	C
D. Surgery	D	D	D	D
E. Xray	E	E	E	E
F. Birth Control.....	F	F	F	F
G. Medications	G	G	G	G
H. Other, specify _____	H _____	H _____	H _____	H _____
I. Massage	I	I	I	I
J. Traditional treatment.....	J	J	J	J
K. Prenatal care	K	K	K	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. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp 3. Did not pay anything 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp 3. Did not pay anything 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp 3. Did not pay anything 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> 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			
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			
RJ23. What was the approximate value of the goods?	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
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)

<p>RJ25. INTERVIEWER NOTE COV5: RESPONDENT IS FEMALE?</p>	<p>MALE1→RJ30 FEMALE3</p>
<p>RJ26. Have you heard about papsmears?</p>	<p>No3→RJ29 Yes..... 1</p>
<p>RJ27. When did you last have papsmear?</p>	<p>1. <input type="text"/> / <input type="text"/> Month / Year 3. Never had →RJ29 8. DON'T KNOW</p>
<p>RJ28. Who did the procedure the last time you had it performed?</p>	<p>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</p>
<p>RJ29. How many times did you perform self-examination of your breast in the last 12 months?</p>	<p>1. <input type="text"/> Times 3. None 8. DON'T KNOW</p>
<p>RJ30. Do you normally eat [...]? (READ EACH CHOICE OF THE ANSWERS)</p>	<p>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</p>
<p>RJ31. How many different kinds/types of foods do you eat over a one week period?</p>	<p>1. <input type="text"/> Types 8. DON'T KNOW</p>

SECTION RJ (OUTPATIENT UTILIZATION)

<p>RJ32. In the last week, what did you eat [...] and how many times?</p> <p>(READ ALL AVAILABLE TYPES OF FOOD)</p> <p>IF THE RESPONDENT ANSWERS “YES” FOR A SPECIFIC TYPE, ASK:</p> <p>How many times did you eat [...] in the last week?</p> <p>CIRCLE ONE ANSWER FOR EACH OF AVAILABLE TYPES OF FOOD.</p>	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
<p>RJ33. In the last 12 months, how many times do you eat [...] ?</p> <p>(READ ALL AVAILABLE TYPES OF FOOD)</p> <p>CIRCLE ONE ANSWER FOR EACH OF AVAILABLE TYPES OF FOOD.</p>	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
--	---

HOSPITALIZATION FACILITY (RN1TYPE)	RN01. During the past 12 months, have you ever received inpatient care at [...] ?	RN02. 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	[] [] Times

RN_NUM: Number of hospitalizations [] []

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 Other5	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 Other5	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?	<input type="text"/> Number

PM01c. TYPE OF ARISAN	PM03. What is the interval between meetings of the [...] arisan ?	PM04. How much money do you pay into the [...] arisan each time it meets?	PM05. How long is the period between the times that you receive the pot of money ?	PM05a. 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 | 05. Wives of Civil Servants/Army | 10. Other _____ |
| 02. Sub-Neighborhood (RT) | 06. Women's Association | 12. Friends |
| 03. Neighborhood (RW) | 07. Market | 13. Retirees |
| 04. Village | 08. Family group | 14. Agriculture |
| | 09. Religious groups | 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	G. Information
B. Materials	H. Infra-structure
C. Money	I. Environment
E. NOTHING	J. Health
D. Other _____	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	_____ 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 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	_____ 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 H
H. System for garbage disposal	Yes.....1 No3↓ DON'T KNOW...8↓ ROW M	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ 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	_____ 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 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	_____ 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 M
M. Other _____	Yes.....1 No3↓ DON'T KNOW...8↓	No 3 → PM21 Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	_____ 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 _____ →PM21

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
	L. Religious Knowled

SECTION PM (COMMUNITY PARTICIPATION)

<p>PM21. Have you ever heard the phrase/news of Regional Autonomy?</p>	<p>Yes 1 No..... 3→PM24</p>
<p>PM22. What do you know about Regional Autonomy?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>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</p>
<p>PM23. If the regional autonomy is implemented, what are its impacts on people's welfare?</p>	<p>Better.....01 Same.....03 Worse.....05 DON'T KNOW.....08</p>
<p>PM24. Did you vote in general election 1999?</p>	<p>Yes 1 No..... 3</p>

SECTION BA (NON-CO-RESIDENT 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?	_ _	_ _
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

CODE BA08				CODE BA09			
Elementary school.....	02	University S1.....	61	Didn't finish first class	00	5	05
General junior secondary school.....	03	University S2.....	62	1	01	6	06
Vocational junior secondary school.....	04	University S3.....	63	2	02	Graduated	07
General senior high school	05	Adult Education A	11	3	03	DON'T KNOW	98
Vocational senior high school	06	Adult Education B	12	4	04		
Academy D1, D2, D3	60	Open University	13				
		Islamic School (<i>Pesantren</i>).....	14				
		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, specify	10				

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	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)	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-CO-RESIDENT 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-CO-RESIDENT 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 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	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	_____ → BA23a MOTHER COLUMN	_____ → BA28x

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

BA28x. INTERVIEWER CHECK (Circle Only One)		
PANEL WITH PREPRINTED SIBLING ROSTER 1 PREPRINTED SIBLING ROSTER	PANEL W/O PREPRINTED SIBLING ROSTER 2 BA28	NEW RESPONDENT 3 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 style="width: 20px; border: none; border-bottom: 1px dotted black;" type="text"/> <input style="width: 20px; border: none; border-bottom: 1px dotted black;" 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		

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 style="width: 20px; border: none; border-bottom: 1px dotted black;" type="text"/>
	BA00c. NUMBER OF SIBLINGS WHO DIED IN THE LAST 12 MONTHS AND WERE NOT STAYING IN THE HOUSEHOLD BEFORE THEY DIED..... <input style="width: 20px; border: none; border-bottom: 1px dotted black;" 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		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
02		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
03		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
04		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
05		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
06		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<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. Unschoolled 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		BA44		BA45		BA46		BA47		BA48		BA49		
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)

<p>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?</p>	<p>UNWILLING TO ANSWER 7 → BA56 No 3 → BA56 Yes 1</p>
<p>BA55. What type of help did you (or your spouse) provide to the siblings during the past 12 months and how much?</p> <p>(MULTIPLE ANSWERS ALLOWED)</p> <p>A. Money or loan, tuition, or health care costs (including treatment)</p> <p>D. Food stuff or other goods.....</p> <p>E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month</p> <p>F. Other, specify _____</p>	<p>A. [][][][] , [][][][] , [][][][] Rp. D. [][][][] , [][][][] , [][][][] Rp. E. [][] 03. day 05. month F. _____ [][][][] , [][][][] , [][][][] Rp.</p>
<p>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?</p>	<p>UNWILLING TO ANSWER 7 → BA58x No 3 → BA58x Yes 1</p>
<p>BA57. What type of help did you (or your spouse) receive from the siblings during the past 12 months and how much?</p> <p>(MULTIPLE ANSWERS ALLOWED)</p> <p>A. Money or loan, tuition, or health care costs (including treatment)</p> <p>D. Food stuff or other goods.....</p> <p>E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month</p> <p>F. Other, specify _____</p>	<p>A. [][][][] , [][][][] , [][][][] Rp. D. [][][][] , [][][][] , [][][][] Rp. E. [][] 03. day 05. month F. _____ [][][][] , [][][][] , [][][][] Rp.</p>

SECTION BA (NON-CO-RESIDENT SIBLING ROSTER)

BA58x. INTERVIEWER CHECK (select one)

PANEL RESPONDENT (AR01g=1) 1 ↓ BA58a	NEW RESPONDENT (AR01g=3) 3 ↓ BA58b
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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 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 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
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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?										
____	01		□		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ th 8. DK	□	____	____	00↓ ____										
____	02		□		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ th 8. DK	□	____	____	00↓ ____										
____	03		□		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ th 8. DK	□	____	____	00↓ ____										
____	04		□		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ th 8. DK	□	____	____	00↓ ____										
____	05		□		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ th 8. DK	□	____	____	00↓ ____										
AR00		BA64	BA65	BA67	BA68			BA69															
97. Not registered at the roster		1. Male 3. Female	1. Yes 3. No 8. DON'T KNOW	1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. DON'T KNOW	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. 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) (NAME)	BA80	BA81	BA82	BA84
		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

<p>BA80</p> <p>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</p>	<p>BA81</p> <p>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</p>	<p>BA82</p> <p>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</p>	<p>BA84</p> <p>1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday</p>
--	---	--	---

SECTION BA (NON-CO-RESIDENT 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) (NAME)	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?
		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.

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

- Code-Code BH01 and BH04**
- | | | |
|------------------------------------|--------------------------------|--|
| A. Private commercial bank | F. Landlord | K. Small farmers group (kelompok petani kecil) |
| B. Cooperative bank | G. Shopkeeper | L. Money lender |
| C. Government/semi government bank | H. Non-government organization | M. Office |
| D. Agricultural bank | I. Neighborhood association | V. Other, _____ |
| E. Employer | J. Arisan | |

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	No.....3 →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?	_____	_____	_____
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

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

SECTION BH (BORROWING HISTORY)

	1ST LOAN	2ND LOAN	3RD LOAN
BH15. What was the purpose of loan?	_____ Other _____	_____ Other _____	_____ Other _____
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. _____ Month 8. DON'T KNOW	1. _____ Month 8. DON'T KNOW	1. _____ Month 8. DON'T KNOW
BH18. How much of the loan have you paid up till now?	1. _____,_____,_____ Rp. 8. DON'T KNOW	1. _____,_____,_____ Rp. 8. DON'T KNOW	1. _____,_____,_____ Rp. 8. DON'T KNOW
BH19. Has the entire loan been repaid?	Yes.....1 →BH21 No.....3	Yes.....1 →BH21 No.....3	Yes..... 1 →BH21 No..... 3
BH20. How much of the loan is still outstanding?	1. _____,_____,_____ Rp. 8. DON'T KNOW	1. _____,_____,_____ Rp. 8. DON'T KNOW	1. _____,_____,_____ 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 | 08. Education | 15. To buy inputs for poultry | 22. Daily expenses |
| 02. Death | 09. Home | 16. Fishing net/equipment | 23. Rotating credit association (<i>Arisan</i>) |
| 03. Marriage | 10. To buy house | 17. <i>Becak</i> (commercial tri-cycle) | 24. To help HH members, family or friends |
| 04. Dowry | 11. Agriculture inputs (seeds, pesticides, etc.) | 18. Boat | 25. To buy or repair vehicle |
| 05. Social ceremony | 12. Agriculture equipment | 19. Fishing nets | 26. Debt repayment |
| 06. Household goods | 13. To buy land | 20. Material for cottage industry | 27. Transport/travel |
| 07. Medication | 14. To buy cattle | 21. Capital for other businesses | 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>_____</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>

NOTES:

EDITOR: _____

CONFIDENTIAL

HHID : _____

INTERVIEWER: _____

(IDIVWR)

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:

HOUSEHOLDER _____ (NAME) _____ PID _____

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_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 KW (MARITAL HISTORY)

Now we would like to ask about your marital history.

KW03.	How many times have you been married ?	___ Times
KW02a.	What is the name of your current/latest spouse?	_____
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. ___ 2. ___ 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?	___ 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. ___ / ____ 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?	_____, _____, _____ Rp. 1 _____, _____, _____ 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?	_____, _____, _____ Rp. 1 _____, _____, _____ 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?	_____, _____, _____ Rp. 1 DON'T KNOW 8

SECTION KW (MARITAL HISTORY)

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

<p>KW14f. How long after the wedding took place did you start to live together with your husband?</p>	<p>_____ Not yet living together 96 → KW04 Weeks 04 Months 05 Years 06 DON'T KNOW 98</p>
<p>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.</p>	<p>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</p>
<p>KW04. Who chose your husband (from your first marriage) ?</p>	<p>Parents 1 Self 3 Family 4 Other, specify: _____ 5</p>
<p>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).</p>	<p>→ KW09</p>

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				
KW11. How old were you when your [...] marriage started?	____ 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				
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				
KW19. How old were you when the [...] marriage ended/separation began?	____ Years	____ Years				
KW20. What was the highest education level attended by your husband/wife of the [...] marriage? 01. Unschoolled 02. Elementary School 03. Junior High General 04. Junior High Vocational 05. Senior High General 06. Senior High Vocational 60. Academy (D1, D2, D3) 61. University (Bachelor) 62. University (Masters) 63. University (PhD) 09. University (BA, MA, PHD) 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren) 17. School for the Disabled 70. Madrasah, General 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior/High School (Madrasah Tsanawiyah) 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	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. Didn't complete 1 st grade at that level 01. 1 04. 4 07. Graduated 02. 2 05. 5 96. Not answered 03. 3 06. 6 98. DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Not answered 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Not answered 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Not answered 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Not answered 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Not answered 06 98 DON'T KNOW	00 01 02 03 04 07 Graduated 05 96 Not answered 06 98 DON'T KNOW
KW22x. INTERVIEWER CHECK: IS RESPONDENT: 3. NEW →KW22b 1. PANEL	3. →KW22b 1.					
KW22a. INTERVIEWER'S NOTE: CHECK KW10 FOR PANEL: 3. NO OTHER MARRIAGE	3. →KW23a					
2. MARRIAGE BEGAN BEFORE 1997	2. →KW23a					
1. MARRIAGE BEGAN AFTER 1996	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: CHECK NUMBER OF MARRIAGES FOR NEW: 3. NO OTHER MARRIAGE	3. →KW23a					
1. ANOTHER MARRIAGE.....	1. →KW09 COLUMN 2	1. →KW09 COLUMN 3	1. →KW09 COLUMN 4	1. →KW09 COLUMN 5	1. →KW09 COLUMN 6	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="checkbox"/> Children Up to God 95
KW23b. How old were you on your first menstruation?	<input type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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="checkbox"/> Sons <input type="checkbox"/> 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?	<input type="text"/> Males
BR04. How many biological daughters are now living with you?	<input type="text"/> Females
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?	<input type="text"/> Males
BR07. How many biological daughters are still alive, but do not live with you?	<input type="text"/> Females
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?	<input type="text"/> Males
BR10. How many daughters were born alive but passed away later?	<input type="text"/> Females
BR11. Have you ever had a pregnancy that resulted in a stillbirth?	No 3 → BR13 Yes..... 1
BR12. How many stillbirths have you had?	<input type="text"/>
BR13. (Besides that) have you had any miscarriages?	No 3 → BR15 Yes..... 1
BR14. How many miscarriages have you had?	<input type="text"/>
BR15. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, you have had <input type="text"/> livebirths, is it correct ?	<input type="text"/> No 3 → REVISE BR01-BR10 Yes..... 1
BR16. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE: Again, to confirm your answers, you have had <input type="text"/> stillbirths and miscarriages, is it correct?	<input type="text"/> No 3 → REVISE BR12 and BR14 Yes..... 1
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-CO-RESIDENT 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?
____	01		<input type="checkbox"/>		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00↓ ____ _____
____	02		<input type="checkbox"/>		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00↓ ____ _____
____	03		<input type="checkbox"/>		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00↓ ____ _____
____	04		<input type="checkbox"/>		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00↓ ____ _____
____	05		<input type="checkbox"/>		1. ____ / ____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00↓ ____ _____
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

<p>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: _____</p>	<p>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</p>	<p>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 _____</p>	<p>BA84 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday</p>
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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) (NAME)	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?
		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/SECTION 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/SECTION 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/SECTION 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/SECTION 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/SECTION 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 BF (BREASTFEEDING UPDATE)

BF00. INTERVIEWER CHECK

PANEL RESPONDENT WITH CHILD LISTED AT CH00a IN CHILD ROSTER ↓ ↓ 1 → BF01	PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER ↓ ↓ 2 → CH00	NEW RESPONDENT ↓ ↓ 3 → CH00
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BF01.	Name of youngest child (from CH00a).	_____
BF02.	Age of youngest child.	____ Years
BF03	INTERVIEWER CHECK: IS CHILD GREATER THAN 8 YEARS?	Yes 1 → CH00 No 3
BF04.	Did you ever breastfeed [...] even for a short period?	No 3 → CH00 Yes 1
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

<p>PANEL RESPONDENT WITH CHILD LISTED AT CH00a IN CHILD ROSTER</p> <p style="text-align: center;">1 ↓ ↓ CH01a.</p>	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER</p> <p style="text-align: center;">2 ↓ ↓ CH01b</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NEW RESPONDENT</p> <p style="text-align: center;">3 ↓ ↓ CH01b</p> </td> </tr> </table>	<p>PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER</p> <p style="text-align: center;">2 ↓ ↓ CH01b</p>	<p>NEW RESPONDENT</p> <p style="text-align: center;">3 ↓ ↓ CH01b</p>
<p>PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER</p> <p style="text-align: center;">2 ↓ ↓ CH01b</p>	<p>NEW RESPONDENT</p> <p style="text-align: center;">3 ↓ ↓ CH01b</p>		

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)	<table style="width: 100%;"> <tr> <td style="text-align: right;">_____</td> <td>IF = 0 → c</td> </tr> <tr> <td></td> <td>IF > 0 ↓</td> </tr> </table>	_____	IF = 0 → c		IF > 0 ↓		
_____	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?	<table style="width: 100%;"> <tr> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Yes.....</td> <td>1 → (ENTER "1")</td> </tr> <tr> <td>No.....</td> <td>3 → (ENTER "0")</td> </tr> </table>	_____		Yes.....	1 → (ENTER "1")	No.....	3 → (ENTER "0")

Yes.....	1 → (ENTER "1")						
No.....	3 → (ENTER "0")						
CH02a. TOTAL OF PREGNANCIES (c + d + e)	<table style="width: 100%;"> <tr> <td style="text-align: right;">_____</td> <td>IF > 0 → CH03</td> </tr> <tr> <td></td> <td>IF = 0 → CH42</td> </tr> </table>	_____	IF > 0 → CH03		IF = 0 → CH42		
_____	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)										
	<table style="width: 100%;"> <tr> <td style="width: 60%;">a. NUMBER OF LIVE BIRTHS (BR15)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. Are you currently pregnant?</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>Yes..... 1 → (ENTER "1")</td> </tr> <tr> <td></td> <td>No..... 3 → (ENTER "0")</td> </tr> </table>	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")
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)										
	<table style="width: 100%;"> <tr> <td style="text-align: right;">_____</td> <td>IF > 0 → CH03</td> </tr> <tr> <td></td> <td>IF = 0 → CH42</td> </tr> </table>	_____	IF > 0 → CH03		IF = 0 → CH42						
_____	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 : <input type="text"/>
--

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. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW
CH10a. How old were you when [...] was born/you had a miscarriage?	<input type="text"/> Years	<input type="text"/> Years	<input type="text"/> Years	<input type="text"/> Years
CH10b. USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH. (BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH)	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>
CH17. How far was/is the pregnancy when [...] was born/you had the miscarriage/now?	<input type="text"/> Month05 Weeks04	<input type="text"/> Month05 Weeks04	<input type="text"/> Month..... 05 Weeks..... 04	<input type="text"/> 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)

<p>CH12. INTERVIEWER CHECK: CH09/CH10B 3. PREGNANCY ENDED AFTER 1994 1. PREGNANCY ENDED BEFORE 1995</p>	<p>3 → CH14 1</p>	<p>3 → CH14 1</p>	<p>3 → CH14 1</p>	<p>3 → CH14 1</p>
<p>CH13. INTERVIEWER'S NOTE: 3. CH06 = 1, 3, 4 1. CH06 = 2 (LIVE BIRTH)</p>	<p>3 → CH12 KOLOM 2 /CH42 1 → CH25</p>	<p>3 → CH12 KOLOM 2 /CH42 1 → CH25</p>	<p>3 → CH12 KOLOM 2 /CH42 1 → CH25</p>	<p>3 → CH12 KOLOM 2 /CH42 1 → CH25</p>
<p>CH14. During the pregnancy have/did you ever have a pregnancy check-up?</p>	<p>No 3 → CH18 Yes 1</p>			
<p>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 _____</p>	<p>A B C D E F G I H _____</p>	<p>A B C D E F G I H _____</p>	<p>A B C D E F G I H _____</p>	<p>A B C D E F G I H _____</p>
<p>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</p>	<p><input type="checkbox"/> (CODE CH15) Name 8. DON'T KNOW 1. _____ Address 8. DON'T KNOW 1. _____ Loc. Note _____ 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 CODE COMFAS. <input type="checkbox"/><input type="checkbox"/></p>	<p><input type="checkbox"/> (CODE CH15) Name 8. DON'T KNOW 1. _____ Address 8. DON'T KNOW 1. _____ Loc. Note _____ 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 CODE COMFAS. <input type="checkbox"/><input type="checkbox"/></p>	<p><input type="checkbox"/> (CODE CH15) Name 8. DON'T KNOW 1. _____ Address 8. DON'T KNOW 1. _____ Loc. Note _____ 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 CODE COMFAS. <input type="checkbox"/><input type="checkbox"/></p>	<p><input type="checkbox"/> (CODE CH15) Name 8. DON'T KNOW 1. _____ Address 8. DON'T KNOW 1. _____ Loc. Note _____ 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 CODE COMFAS. <input type="checkbox"/><input type="checkbox"/></p>

SECTION CH (PREGNANCY HISTORY)

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

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)

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

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			
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			
CH24. To be exact, how many kilograms was [...]’s birth weight?	<input type="text"/> . <input type="text"/> Kg			
CH24a. Did you ever breastfeed [...] even for a short period?	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)

<p>CH24d. What age was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breast milk?</p>	<p style="text-align: center;">_ _ _</p> <p>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</p>	<p style="text-align: center;">_ _ _</p> <p>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</p>	<p style="text-align: center;">_ _ _</p> <p>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</p>	<p style="text-align: center;">_ _ _</p> <p>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</p>
<p>CH24e. For how many months did you breastfeed [...]?</p>	<p style="text-align: center;">_ _ _</p> <p>96. STILL BREASTFEEDING → CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</p>	<p style="text-align: center;">_ _ _</p> <p>96. STILL BREASTFEEDING → CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</p>	<p style="text-align: center;">_ _ _</p> <p>96. STILL BREASTFEEDING → CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</p>	<p style="text-align: center;">_ _ _</p> <p>96. STILL BREASTFEEDING → CH25 05. MONTHS 88. DIED WHILE BREASTFEEDING</p>
<p>CH24f. Why did you stop breastfeeding [...]? CIRCLE ALL THAT APPLY</p> <p>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) _____</p>	<p style="text-align: center;">A B C D E F G H I J K L M N O P Q R S</p>	<p style="text-align: center;">A B C D E F G H I J K L M N O P Q R S</p>	<p style="text-align: center;">A B C D E F G H I J K L M N O P Q R S</p>	<p style="text-align: center;">A B C D E F G H I J K L M N O P Q R S</p>
<p>CH25. Is [...] still alive?</p>	<p>Yes 1 → CH27 No 3</p>			

SECTION CH (PREGNANCY HISTORY)

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

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	00 → CH12 COLOMN 2 / CH42	00 → CH12 COLOMN 2 / CH42	00 → CH12 SUPPLEMENT / CH42
	_ _ _ _____	_ _ _ _____	_ _ _ _____	_ _ _ _____
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	11. Aceh	18. Lampung	52. West Nusa Tenggara	64. East Kalimantan	82. Irian Jaya
01. In the same village	12. North Sumatra	31. Jakarta	53. East Nusa Tenggara	70. Sulawesi	85. Malaysia
02. In the same subdistrict	13. West Sumatra	32. West Java	54. East Timor	71. North Sulawesi	86. Singapore
03. In the same district	14. Riau	33. Central Java	60. Kalimantan	72. Central Sulawesi	91. Saudi Arabia
04. In the same province	15. Jambi	34. Yogyakarta	61. West Kalimantan	73. South Sulawesi	98. DON’T KNOW
10. Sumatra	16. South Sumatra	35. East Java	62. Central Kalimantan	74. Southeast Sulawesi	95. Other, _____
	17. Bengkulu	51. Bali	63. South Kalimantan	81. Maluku	

SECTION CH (PREGNANCY HISTORY)

<p>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</p>	<p>01 02 03 04 05 06 07 08 09 10 98</p>	<p>01 02 03 04 05 06 07 08 09 10 98</p>	<p>01 02 03 04 05 06 07 08 09 10 98</p>	<p>01 02 03 04 05 06 07 08 09 10 98</p>
<p>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.....</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>
<p>CH38a. In the past 12 months, did you or your husband ever provide help to [...] in the form of money, goods, or services?</p>	<p>UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1</p>	<p>UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1</p>	<p>UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1</p>	<p>UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1</p>

SECTION CH (PREGNANCY HISTORY)

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

<p>CH42. INTERVIEWER CHECK:</p> <p>PANEL RESPONDENT WITH CHILDREN REGISTERED AT CH00a..... 1 → SECTION CX</p> <p>PANEL RESPONDENT WITHOUT CHILDREN REGISTERED AT CH00a 2</p> <p>NEW HOUSEHOLD 3</p>	
<p>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?</p>	<p>No 3 →SECTION CX</p> <p>Yes 1</p>

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?						
____	01		<input type="checkbox"/>	1. ____ / ____ Month / Year 8. DON'T KNOW	1 → BX66 8 → BX66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00 ↓ ____ _____						
____	02		<input type="checkbox"/>	1. ____ / ____ Month / Year 8. DON'T KNOW	1 → BX66 8 → BX66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00 ↓ ____ _____						
____	03		<input type="checkbox"/>	1. ____ / ____ Month / Year 8. DON'T KNOW	1 → BX66 8 → BX66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00 ↓ ____ _____						
____	04		<input type="checkbox"/>	1. ____ / ____ Month / Year 8. DON'T KNOW	1 → BX66 8 → BX66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00 ↓ ____ _____						
____	05		<input type="checkbox"/>	1. ____ / ____ Month / Year 8. DON'T KNOW	1 → BX66 8 → BX66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	<input type="checkbox"/>	____ _____	____ _____	00 ↓ ____ _____						
BX64		BX65		BX67		BX68				BX69							
1. Male 3. Female		1. Yes 3. No 8. DON'T KNOW		1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. DON'T KNOW		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. 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) (NAME)	BX80	BX81	BX82	BX84
		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

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
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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) (NAME)	BX87a In the past 12 months, did you provide assistance to [] in the form of money, goods, or services?	BX88 What type of assistance did you provide and what is the value?	BX89a In the past 12 months, did you receive assistance from [] in the form of money, goods, or services?	BX90 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 [] [] [] [] [] [] ↓ 8. DK	[] [] [] 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 [] [] [] [] [] [] ↓ 8. DK	[] [] [] 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 [] [] [] [] [] [] ↓ 8. DK	[] [] [] 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 [] [] [] [] [] [] ↓ 8. DK	[] [] [] 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)

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

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

SECTION CX (CONTRACEPTIVE USE)

<p>CX26. Why don't you/ your husband currently use any of the birth control devices/methods to prevent pregnancy?</p> <p>(CIRCLE ALL THAT APPLY)</p>	<p>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</p>
<p>CX27. Do you/your husband plan to use a birth control device/method to postpone/prevent pregnancy in the future?</p>	<p>No..... 3 →SECTION KL DON'T KNOW 8 →SECTION KL Yes..... 1</p>

<p>CX28. If some day you/your husband plans to use birth control, what method would you prefer?</p>	<p>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</p>
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SECTION KL: CONTRACEPTIVE CALENDAR

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

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

ONLY ASKED FOR THE LAST TWO YEARS

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

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

<p>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR: PID</p> <p>NAME OF HOUSEHOLDER: _____</p>	<p>TO BE FILLED OUT BY INTERVIEWER FOR BOOK V</p> <p>QUESTION FOR RESPONDENT:</p> <p>AGE. How old is [NAME OF CHILD]?..... Years</p> <p>SEX. Sex: Male 1 Female 3</p> <p>BIRTHDATE. Date of Birth / / DAY MONTH YEAR</p> <p style="text-align: center;">PID</p> <p>RESPID. NAME OF PERSON WHO ANSWERS: _____</p> <p>RELATION. RELATION TO CHILD: 1. MOTHER 4. AUNT/UNCLE 2. FATHER 5. GRANDPARENT 3. SIBLING 6. CHILD HIM/HERSELF</p>
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- 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	1. Respondent was not at home/not available	1. Entered, no corrections necessary	Yes No
2. Partially completed → REASON	2. Respondent was seriously ill	2. Entered AND corrected	a. Observed by local supervisor (SUP_OBS)..... 1 3
3. Not completed → REASON	3. Respondent refused (to be interviewed)	4. Manual edit without CAFÉ	b. Edited by local supervisor (SUP_EDIT)..... 1 3
	5. Other: _____	3. Entered, but not corrected, explain: _____	

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 No.....3
DLA02. Why has [CHILD'S NAME] never been to school? CIRCLE ALL THAT APPLY	NOT OLD ENOUGH.....A TO HELP PARENTS EARN MONEY.....B COULD NOT AFFORD.....C NO SCHOOL/ TOO FAR.....D NOT ABLE TO STUDY.....E NOT ACCEPTED IN SCHOOL.....F BECAUSE SICK OR DISABLED.....G SCHOOL HAD NO TEACHER.....H SCHOOL CLOSED.....I DOESN'T WANT TO GO.....K HELP AT HOME.....L OTHER.....J → 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 KNOW.....98
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 border="1"> <thead> <tr> <th>Grade</th> <th>Number of Repetitions</th> </tr> </thead> <tbody> <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> </tbody> </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)

HHID :

PID :

<p>DLA16. Why did [CHILD'S NAME] stop school? CIRCLE ALL THAT APPLY</p>	<p>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</p>
<p>DLA20. Did [CHILD'S NAME] ever take the EBTANAS exam at elementary school?</p>	<p>No 3 → DLA27 Yes 1</p>
<p>DLA21. Could we see [CHILD'S NAME] EBTANAS (DANEM) record? INTERVIEWER NOTE : TAKE THE EBTANAS SCORES FROM THE EBTANAS RECORD (DANEM)</p>	<p>Yes 1 No 3</p>
<p>DLA22. What month and year did [CHILD'S NAME] take the EBTANAS [...] ?</p>	<p><input type="text"/> / <input type="text"/> 1 Month Year DON'T KNOW 8</p>
<p>DLA23. What was the EBTANAS score for each subject?</p>	<p>(COPY FROM THE EBTANAS RECORD IF THE CHILD HAS A DANEM RECORD, OTHERWISE ASK THE RESPONDENT)</p>
<p>A. Moral Education</p>	<p>1. <input type="text"/> <input type="text"/> 8. DON'T KNOW</p>
<p>B. Indonesian Language</p>	<p>1. <input type="text"/> <input type="text"/> 8. DON'T KNOW</p>
<p>E. Mathematics</p>	<p>1. <input type="text"/> <input type="text"/> 8. DON'T KNOW</p>
<p>D. Social Science</p>	<p>1. <input type="text"/> <input type="text"/> 8. DON'T KNOW</p>
<p>C. Science</p>	<p>1. <input type="text"/> <input type="text"/> 8. DON'T KNOW</p>
<p>DLA24. What was the total EBTANAS score (NEM) ?</p>	<p>1. <input type="text"/> <input type="text"/> 8. DON'T KNOW</p>

<p>DLA25. What is the name and address of that school? 1. Specify 3. Same as current residence 8. Don't Know</p>	<p>Name 1. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK 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 CODE COMFAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></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><input type="text"/> 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 HIGH 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?				

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)
<p>DLA40. What is the name and address of the school attended by [CHILD'S NAME] during the School Year [...]?</p> <p>1. Specify 3. Same as current residence 8. DON'T KNOW</p>	<p>6. Same as the EBTANAS school → DLA42</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. DON'T KNOW</p> <p>B. Kec 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>CODE COMFAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>6. Same as the EBTANAS school → DLA42</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. DON'T KNOW</p> <p>B. Kec 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>CODE COMFAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>6. Same as the EBTANAS school → DLA42</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. DON'T KNOW</p> <p>B. Kec 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>CODE COMFAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>DLA41. 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 Other, specify _____ 07 Private Buddhist 08</p>	<p>Government non-religious 01 Government religious 02 Private non-religious 03 Private Islam 04 Private Catholic 05 Private Christian 06 Other, specify _____ 07 Private Buddhist 08</p>	<p>Government non-religious 01 Government religious 02 Private non-religious 03 Private Islam 04 Private Catholic 05 Private Christian 06 Other, specify _____ 07 Private Buddhist 08</p>
<p>DLA42. About how long does it take to travel one way to [CHILD'S NAME]'S school?</p>	<p><input type="text"/> <input type="text"/> 01. Minute 02. Hour DON'T KNOW 98</p>	<p><input type="text"/> <input type="text"/> 01. Minute 02. Hour DON'T KNOW 98</p>	<p><input type="text"/> <input type="text"/> 01. Minute 02. Hour DON'T KNOW 98</p>

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)
<p>DLA46. What were your (approximate) school-related expenses during the 1998/1997 school year? Did you spend money for [...]?</p> <p>A. School Fees</p> <p>1. Registration</p> <p>2. Other scheduled fees.....</p> <p>3. Exams.....</p> <p>B. School Supplies</p> <p>1. Books and writing supplies.....</p> <p>2. Uniform and sports.....</p> <p>C. Transportation and Pocket Money</p> <p>1. Transportation</p> <p>2. Housing costs, food</p> <p>3. Special courses.....</p> <p>D. Other, specify _____</p>		<p>A. 1. _ _ , _ _ , _ _ Rp.</p> <p>2. _ _ , _ _ , _ _ Rp.</p> <p>3. _ _ , _ _ , _ _ Rp.</p> <p>B. 1. _ _ , _ _ , _ _ Rp.</p> <p>2. _ _ , _ _ , _ _ Rp.</p> <p>C. 1. _ _ , _ _ , _ _ Rp.</p> <p>2. _ _ , _ _ , _ _ Rp.</p> <p>3. _ _ , _ _ , _ _ Rp.</p> <p>D. 1. _ _ , _ _ , _ _ Rp.</p> <p>_____</p>	<p>A. 1. _ _ , _ _ , _ _ Rp.</p> <p>2. _ _ , _ _ , _ _ Rp.</p> <p>3. _ _ , _ _ , _ _ Rp.</p> <p>B. 1. _ _ , _ _ , _ _ Rp.</p> <p>2. _ _ , _ _ , _ _ Rp.</p> <p>C. 1. _ _ , _ _ , _ _ Rp.</p> <p>2. _ _ , _ _ , _ _ Rp.</p> <p>3. _ _ , _ _ , _ _ Rp.</p> <p>D. 1. _ _ , _ _ , _ _ Rp.</p> <p>_____</p>

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)
<p>DLA46a. What were your (approximate) school-related expenses during the 1999/2000 school year? Did you spend money for [...]?</p> <p>A. School Fees</p> <p>1. Registration</p> <p>2. Other scheduled fees.....</p> <p>3. Exams.....</p> <p>B. School Supplies</p> <p>1. Books and writing supplies.....</p> <p>2. Uniform and sports.....</p> <p>C. Transportation and Pocket Money</p> <p>1. Transportation</p> <p>2. Housing costs, food</p> <p>3. Special courses.....</p> <p>D. Other, specify _____</p>	<p>A. 1. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>2. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>3. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>B. 1. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>2. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>C. 1. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>2. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>3. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>D. 1. <input type="text"/>, <input type="text"/>, <input type="text"/> Rp.</p> <p>_____</p>		

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 No.....C	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 No.....3	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)
<p>DLA55. What were your (approximate) school-related expenses during the last month? Did you spend money for [...]?</p> <p>A. School Fees</p> <p>1. Registration Rp.</p> <p>2. Other scheduled fees Rp.</p> <p>3. Exams Rp.</p> <p>B. School Supplies</p> <p>1. Books and writing supplies Rp.</p> <p>2. Uniform and sports Rp.</p> <p>C. Transportation and Pocket Money</p> <p>1. Transportation Rp.</p> <p>2. Housing costs, food Rp.</p> <p>3. Special courses Rp.</p> <p>D. Other, specify _____</p> <p>_____</p>	<p>A. 1. [][] , [][][] , [][][] Rp.</p> <p>2. [][] , [][][] , [][][] Rp.</p> <p>3. [][] , [][][] , [][][] Rp.</p> <p>B. 1. [][] , [][][] , [][][] Rp.</p> <p>2. [][] , [][][] , [][][] Rp.</p> <p>C. 1. [][] , [][][] , [][][] Rp.</p> <p>2. [][] , [][][] , [][][] Rp.</p> <p>3. [][] , [][][] , [][][] Rp.</p> <p>D. 1. [][] , [][][] , [][][] Rp.</p> <p>_____</p>		
<p>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?</p>		<p>Yes 1</p> <p>No 3</p> <p>DON'T KNOW 8</p> <p style="text-align: center;">→DLA56x</p>	<p>Yes 1</p> <p>No 3</p> <p>DON'T KNOW 8</p> <p style="text-align: center;">→DLA56x</p>
<p>DLA50. Has [CHILD'S NAME] changed schools or school level in the last 5 years?</p>	<p>Yes 1 → DLA36 COLUMN 2</p> <p>No 3</p>		

<p>DLA56x. INTERVIEWER CHECK COV3: AGE OF CHILDREN ≥ 5 YEARS OLD</p>	<p>NO 3 → SECTION MAA</p> <p>YES 1</p>
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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?	_____ _____ _____

		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 YES 1	SECTION PSA
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"/> 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"/> 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"/> Rp. 8. DON'T KNOW
E. Vitamins	3. No ↓	1. Yes →	1. <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"/> Rp. 8. DON'T KNOW
G. Medicine from other provider	3. No ↓	1. Yes →	1. <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"/> 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?	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
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
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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)

	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			
RJA12. What is the travel time to that facility?	____ 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			
RJA15. Upon arrival, how long did [CHILD'S NAME] have to wait to be examined?	____ 01. Minute 02. Hour 8. DON'T KNOW			
RJA17. What kind of treatment did [CHILD'S NAME] receive? ANSWER MAY BE MORE THAN ONE	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			

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			
RJA23. What was the approximate value of the goods?	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"/> ... 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 border="0"> <tr> <td></td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td>b. BCG</td> <td>b. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>c. Polio 0 (at birth)</td> <td>c. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>d. Polio 1</td> <td>d. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>e. Polio 2</td> <td>e. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>f. Polio 3</td> <td>f. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>g. DPT 1</td> <td>g. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>h. DPT 2</td> <td>h. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>i. DPT 3</td> <td>i. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>j. Measles</td> <td>j. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>k. Hepatitis B 1</td> <td>k. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>l. Hepatitis B 2</td> <td>l. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>m. Hepatitis B 3</td> <td>m. <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		DAY	MONTH	YEAR	b. BCG	b. <input type="text"/>	<input type="text"/>	<input type="text"/>	c. Polio 0 (at birth)	c. <input type="text"/>	<input type="text"/>	<input type="text"/>	d. Polio 1	d. <input type="text"/>	<input type="text"/>	<input type="text"/>	e. Polio 2	e. <input type="text"/>	<input type="text"/>	<input type="text"/>	f. Polio 3	f. <input type="text"/>	<input type="text"/>	<input type="text"/>	g. DPT 1	g. <input type="text"/>	<input type="text"/>	<input type="text"/>	h. DPT 2	h. <input type="text"/>	<input type="text"/>	<input type="text"/>	i. DPT 3	i. <input type="text"/>	<input type="text"/>	<input type="text"/>	j. Measles	j. <input type="text"/>	<input type="text"/>	<input type="text"/>	k. Hepatitis B 1	k. <input type="text"/>	<input type="text"/>	<input type="text"/>	l. Hepatitis B 2	l. <input type="text"/>	<input type="text"/>	<input type="text"/>	m. Hepatitis B 3	m. <input type="text"/>	<input type="text"/>	<input type="text"/>
	DAY	MONTH	YEAR																																																			
b. BCG	b. <input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
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m. Hepatitis B 3	m. <input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
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.	Yes 1 No 3 DON'T KNOW 8	
B. Polio Vaccine , that is, pink or white drops in the mouth?	Yes 1 No 3 DON'T KNOW 8	
IF 'YES': How many times?	<input type="text"/> Times	
C. DPT Vaccination , that is, an injection, usually given at the same time as polio drops	Yes 1 No 3 DON'T KNOW 8	
IF 'YES': How many times?	<input type="text"/> Times	
D. An injection against Measles .	Yes 1 No 3 DON'T KNOW 8	
E. Anti Hepatitis B Injection	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"/> Times 1 DON'T KNOW 8
RJA33.	How many types of food [CHILD'S NAME] ate in last week?	1. <input type="text"/> Types 8. DON'T KNOW

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

<p>RJA34. Did [CHILD'S NAME] eat [...] last week?</p> <p>(READ TYPES OF FOOD)</p> <p>IF YES, FOR EACH FOOD ASK:</p> <p>How many times [CHILD'S NAME] ate in last week?</p> <p>CIRCLE ONE ANSWER FOR EACH TYPE OF FOOD.</p>	<p>FOOD TYPE</p> <p>(RJA3TYPE)</p>	<p>NO, DID NOT EAT IN THE LAST WEEK</p>	<p>YES, ATE [...] TIMES DAILY</p>	<p>YES, ATE [...] 4-6 TIMES IN A WEEK</p>	<p>YES, ATE [...] 2-3 TIMES IN A WEEK</p>	<p>YES, ATE [...] 1 TIME IN A WEEK</p>
	a) Tubee	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
<p>RJ35. In the last 12 months, how many times did [CHILD'S NAME] eat?</p> <p>(READ TYPES OF FOOD)</p> <p>CIRCLE ONE ANSWER FOR EACH TYPE OF FOOD.</p>	<p>FOOD TYPE</p> <p>(RJA3TYPE)</p>	<p>NO, DID NOT EAT IN THE LAST 12 MONTHS</p>	<p>YES, ATE EACH MONTH</p>	<p>YES, ATE ALMOST EACH MONTH</p>	<p>YES, ATE MORE THAN 2 MONTHS</p>	<p>YES, ATE ONLY 1-2 MONTHS</p>
	a) Tubee	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. During the past 12 months, has [CHILD'S NAME] ever received inpatient care at [...] ?	RNA02. 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?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RNA06. 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 Loc. Note 1. <input type="text"/> 8. DK A. Vill: 1. <input type="text"/> 3. Same 8. DK B. Kec 1. <input type="text"/> 3. Same 8. DK C. Kab: 1. <input type="text"/> 3. Same 8. DK D. Prov: 1. <input type="text"/> 3. Same 8. DK CODE CF <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 A. Vill: 1. <input type="text"/> 3. Same 8. DK B. Kec 1. <input type="text"/> 3. Same 8. DK C. Kab: 1. <input type="text"/> 3. Same 8. DK D. Prov: 1. <input type="text"/> 3. Same 8. DK CODE CF <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 A. Vill: 1. <input type="text"/> 3. Same 8. DK B. Kec 1. <input type="text"/> 3. Same 8. DK C. Kab: 1. <input type="text"/> 3. Same 8. DK D. Prov: 1. <input type="text"/> 3. Same 8. DK CODE CF <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 A. Vill: 1. <input type="text"/> 3. Same 8. DK B. Kec 1. <input type="text"/> 3. Same 8. DK C. Kab: 1. <input type="text"/> 3. Same 8. DK D. Prov: 1. <input type="text"/> 3. Same 8. DK CODE CF <input type="text"/>
RNA08. How many nights was [CHILD'S NAME] hospitalized there?	<input type="text"/> Nights	<input type="text"/> Nights	<input type="text"/> Nights	<input type="text"/> Nights

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?	Sickness 1 Accident.....2 Operation, what type? _____ 5 Other, specify _____ 4	Sickness 1 Accident 2 Operation, what type? _____ 5 Other, specify _____ 4	Sickness 1 Accident.....2 Operation, what type? _____ 5 Other, specify _____ 4	Sickness 1 Accident 2 Operation, what type? _____ 5 Other, specify _____ 4
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?	No.....3 → RNA20 Yes.....1	No 3 → RNA20 Yes..... 1	No 3 → RNA20 Yes 1	No 3 → RNA20 Yes..... 1
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?	Yes 1 → RNA05a COLUMN 2 No..... 3 → SECTION BAA	Yes.....1 → RNA05a COLUMN 3 No3 → SECTION BAA	Yes 1 → RNA05a COLUMN 4 No..... 3 → SECTION BAA	Yes.....1 → 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="checkbox"/> AR00 and stays in household → BAA00 col MOTHER 2. <input type="checkbox"/> AR00 and died/does not stay in household 3. Not in household roster	1. <input type="checkbox"/> AR00 and stays in household → BAA00 col MOTHER 2. <input type="checkbox"/> 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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
- 98. 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 (*Pesantren*)
- 60. College (D1, D2, D3)
- 61. University (Bachelor)
- 62. University (Masters)

- 63. University (PhD)
- 72. Islamic elementary school (*Madrasah Ibtidaiyah*)
- 73. Islamic junior/high school (*Madrasah Tanawiyah*)
- 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>_____</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>

NOTES:

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. <input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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?	<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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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?	<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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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	<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

SECTION KW (MARITAL HISTORY)

<p>KW14a. Right after the wedding ceremony of [RESPONDENT'S NAME] current/latest marriage, did [RESPONDENT'S NAME] move?</p>	<p>NO, lived at the same place..... 3 → KW14d YES, moved within the same village/district..... 2 → KW14d YES, moved to another village/district..... 1</p>
<p>KW14b. What is the [...] name of the place [RESPONDENT'S NAME] moved at that time?</p>	<p>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</p>
<p>KW14d. At the time [RESPONDENT'S NAME] married the current/latest husband/wife, did the husband/wife change residence?</p>	<p>Yes 1 No..... 3</p>
<p>KW03. How many times has [RESPONDENT'S NAME] been married?</p>	<p>□□□ Times</p>

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?	<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>E. Country 1. _____ 3. Same as current residence 8. DK</p>
MG02. To [RESPONDENT'S NAME] best knowledge, have any of the above mentioned places changed their names?	<p>DON'T KNOW 8 → MG04</p> <p>No 3 → MG04</p> <p>Yes 1</p>
MG02a. Is [...] the current name?	<p>3. No → MG03b</p> <p>1. Yes</p>
MG03a. What was the name when [RESPONDENT'S NAME] was born?	<p>A. Vill 1. _____ 3. Same as current name (MG01) 8. DK</p> <p>B. Kec 1. _____ 3. Same as current name (MG01) 8. DK</p> <p>C. Kab 1. _____ 3. Same as current name (MG01) 8. DK</p> <p>D. Prov 1. _____ 3. Same as current name (MG01) 8. DK</p> <p>E. Country 1. _____ 3. Same as current name (MG01) 8. DK</p> <p style="text-align: center;">→ MG04</p>
MG03b. What is the name now?	<p>A. Vill 1. _____ 3. Same as name at birth (MG01) 8. DK</p> <p>B. Kec 1. _____ 3. Same as name at birth (MG01) 8. DK</p> <p>C. Kab 1. _____ 3. Same as name at birth (MG01) 8. DK</p> <p>D. Prov 1. _____ 3. Same as name at birth (MG01) 8. DK</p> <p>E. Country 1. _____ 3. Same as name at birth (MG01) 8. DK</p>

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

SECTION MG (MIGRATION)

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

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
School 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
	2.....	02
	3.....	03
	4.....	04
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SECTION DL (EDUCATION)

DL16aa. INTERVIEWER CHECK?	RESPONDENT ≥25 YEARS..... 1 →DL30 RESPONDENT <25 YEARS..... 3
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SCHOOL LEVEL (DL2NUM)	1. ELEMENTARY	2. JUNIOR HIGH	3. SENIOR HIGH	4.D1, D2, D3/UNIVERSITIES
DL16a. Has [RESPONDENT'S NAME] ever taken the EBANAS 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] EBANAS (DANEM) score? INTERVIEWER NOTE: EBANAS SCORES SHOULD BE COPIED FROM THE OFFICIAL 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 EBANAS [...]?	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	
DL16d. What was [RESPONDENT'S NAME] EBANAS score for the following subjects: (IF YOU SEE OFFICIAL RECORD (DANEM), COPY FROM DANEM, IF YOU CANNOT SEE DANEM ASK FOR THE RESPONDENT'S SCORE).				
A. Moral and Civic Education from the nation's five principal/Pancasila (PMP/PPKn)	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	
B. Indonesian	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE 8. DK	
C. English		1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE 8. DK	
D. Mathematics	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE 8. DK	
E. Science	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 8. DON'T KNOW		
F. Biology			1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE 8. DK	
G. Chemistry			1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE 8. DK	
H. Physics			1. <input type="text"/> . <input type="text"/> 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. [] . [] 8. DON'T KNOW	1. [] . [] 8. DON'T KNOW		
J. Economics			1. [] . [] 6. NOT APPLICABLE 8. DK	
K. Sociology			1. [] . [] 6. NOT APPLICABLE 8. DK	
L. Anthropology			1. [] . [] 6. NOT APPLICABLE 8. DK	
M. Government			1. [] . [] 6. NOT APPLICABLE 8. DK	
N. Accountancy			1. [] . [] 6. NOT APPLICABLE 8. DK	
O. Food			1. [] . [] 6. NOT APPLICABLE 8. DK	
P. Firm Management			1. [] . [] 6. NOT APPLICABLE 8. DK	
Q. Physics-Chemistry			1. [] . [] 6. NOT APPLICABLE 8. DK	
R. Comprehensive Component			1. [] . [] 6. NOT APPLICABLE 8. DK	
S. Business Management			1. [] . [] 6. NOT APPLICABLE 8. DK	
DL16e. What is the total EBTANAS (NEM) score?	1. [] . [] 8. DON'T KNOW → DL16a Next	1. [] . [] 8. DON'T KNOW → DL16a Next	1. [] . [] 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:	3. No	1. Yes	DL31b. Please give your best estimate of the amount [RESPONDENT'S NAME] spent.
EXPENSE TYPE (DL31TYPE)			
A. Expense Type			
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.

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
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DL43. From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY)	A. [] [] , [] [] [] , [] [] [] Rp. B. [] [] , [] [] [] , [] [] [] Rp. C. [] [] , [] [] [] , [] [] [] Rp. D. [] [] , [] [] [] , [] [] [] Rp. E. [] [] , [] [] [] , [] [] [] Rp. F. [] [] , [] [] [] , [] [] [] Rp. H. [] [] , [] [] [] , [] [] [] Rp. G. [] [] , [] [] [] , [] [] [] Rp.
A. GNOTA	
B. POMG/BP3	
C. Government	
D. Community Group	
E. Religious Group	
F. Family	
H. Social Safety Net: Education (JPS Pendifilean)	
G. Other, mention _____	

DL31c. INTERVIEWER CHECK:	RESPONDENT NOT IN SCHOOL (DL07a = 3) 3 → SECTION TK RESPONDENT STILL IN SCHOOL (DL07a = 1) 1
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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?	<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
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, water04 Construction05 Wholesale, retail, restaurants and hotels06 Transportation, storage and communications07 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 STAFF01 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 border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> <td style="text-align: right;">DON'T KNOW</td> </tr> <tr> <td>a. Employer provided meals? 1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td> If yes, how many per day? <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Raw food, not in form of meals? 1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td>c. Housing benefits? 1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">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 style="text-align: right;">3</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td> 2. Transportation allowance? 1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">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 style="text-align: right;">3</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td> 2. Employer provided health insurance policy? 1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td> 3. Employer provided health clinic 1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td>f. Credit 1</td> <td style="text-align: right;">3</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">→TK27</td> </tr> </table>		Yes	No	DON'T KNOW	a. Employer provided meals? 1	3	8		If yes, how many per day? <input type="checkbox"/>				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 border="0"> <tr> <td>_____ , _____ , _____ Rp. 1</td> <td style="text-align: right;">→ TK27</td> </tr> <tr> <td>_____ . _____ . _____ Rp. Financial Loss.. 3</td> <td style="text-align: right;">→ TK27</td> </tr> <tr> <td>DON'T KNOW 8</td> <td></td> </tr> </table>	_____ , _____ , _____ Rp. 1	→ TK27	_____ . _____ . _____ Rp. Financial Loss.. 3	→ TK27	DON'T KNOW 8																																																			
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TK27. Does [RESPONDENT'S NAME] have an additional job? (IF MORE THAN ONE CHOOSE THE MAIN ADDITIONAL JOB)	<table border="0"> <tr> <td>No 3</td> <td style="text-align: right;">→ TK47x</td> </tr> <tr> <td>Yes 1</td> <td></td> </tr> <tr> <td>DON'T KNOW 8</td> <td style="text-align: right;">→ TK47x</td> </tr> </table>	No 3	→ TK47x	Yes 1		DON'T KNOW 8	→ TK47x																																																		
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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?	_____ , _____ 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. [] [] [] [] Hours/Week 8. DON'T KNOW
TK22B. Normally, what is the approximate total number of hours [RESPONDENT'S NAME] work per week?	1. [] [] [] [] Hours/Week 8. DON'T KNOW
TK23B. Approximately what is the total number of weeks [RESPONDENT'S NAME] works per year?	1. [] [] 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?	[] [] [] [] [] [] [] [] Rp. 1 DON'T KNOW..... 8
TK25B2. Approximately what was [RESPONDENT'S NAME] net salary/wage during the last year?	[] [] [] [] [] [] [] [] [] [] Rp. 1 DON'T KNOW 8

SECONDARY JOB	B. ADDITIONAL JOB – THE JOB WHICH CONSUMES THE MOST TIME																																								
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TK26B1. Approximately how much net profit did [RESPONDENT'S NAME] gain last month, after taking out all [RESPONDENT'S NAME] business expenses?	[] [] [] [] [] [] [] [] Rp. 1 →TK47x [] [] [] [] [] [] [] [] 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?	[] [] [] [] [] [] [] [] 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 [] [] [] [] 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. [] [] 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. □□□ _____	Every : □□□ 03. Days 04. Weeks 05. Months 06. Years	1. □□□ , □□□□ , □□□□ Rp. 8. DON'T KNOW	1. □□□ 04. Weeks 05. Month 06. Years 8. DON'T KNOW	1. □□□□ People 8. DON'T KNOW
2. □□□ _____	Every : □□□ 03. Days 04. Weeks 05. Months 06. Years	1. □□□ , □□□□ , □□□□ Rp. 8. DON'T KNOW	1. □□□ 04. Weeks 05. Month 06. Years 8. DON'T KNOW	1. □□□□ People 8. DON'T KNOW
3. □□□ _____	Every : □□□ 03. Days 04. Weeks 05. Months 06. Years	1. □□□ , □□□□ , □□□□ Rp. 8. DON'T KNOW	1. □□□ 04. Weeks 05. Month 06. Years 8. DON'T KNOW	1. □□□□ People 8. DON'T KNOW

CODE PM01C

- | | | |
|---------------------------|----------------------------------|-----------------|
| 01. Office | 05. Wives of Civil Servants/Army | 10. Other _____ |
| 02. Sub-Neighborhood (RT) | 06. Women's Association | 12. Friends |
| 03. Neighborhood (RW) | 07. Market | 13. Retirees |
| 04. Village | 08. Family group | 14. Agriculture |
| | 09. Religious groups | 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.

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)
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. During the last 12 months did [RESPONDENT'S NAME] participate in or use [...]?	PM16a. Did [RESPONDENT'S NAME] participate in this activity as a beneficiary or as an implementor?	PM17. How much time did [RESPONDENT'S NAME] spend participating in the [...] program during the last 12 months? (total hours)	PM18. What is the value of money or materials that [RESPONDENT'S NAME] contributed to the [...] program during the last 12 months? (total)	PM19. 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 _____	_ _ _ 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 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 _____	_ _ _ 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 H
H. System for garbage disposal	DON'T KNOW..... 8→M No 3→M Yes..... 1	1. Beneficiary 3. Implementor 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 M
I. Women's Association (PKK)	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 J
J. Community Weighing Post	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 M
M. Other _____	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 _____ → SECTION BH

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 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 | E. Employer | I. Neighborhood association |
| B. Cooperative bank | F. Landlord | J. Arisan |
| C. Government/semi government bank | G. Shopkeeper | K. Small farmers group (kelompok petani kecil) |
| D. Agricultural bank | H. Non-government organization | 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.

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

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 →	_ _ Times
B. Public Health Center (Puskesmas)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes →	_ _ Times
C. Private Hospital	8. DON'T KNOW ↓ 3. No ↓ 1. Yes →	_ _ Times
D. Private Clinic	8. DON'T KNOW ↓ 3. No ↓ 1. Yes →	_ _ Times
E. Other _____	8. DON'T KNOW ↓ SECTION BR 3. No ↓ SECTION BR	_ _ 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]?	_ _ Males
BR04.	How many biological daughters are now living with [RESPONDENT'S NAME]?	_ _ Females
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]?	_ _ Males
BR07.	How many biological daughters are still alive, but do not live with [RESPONDENT'S NAME]?	_ _ Females
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?	_ _ Males

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

	[MOST RECENT]	[SECOND MOST RECENT]
CH05. Chronological order of pregnancy outcome:		
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. _ _ / _ _ / _ _ _ →CH11 DAY / MONTH / YEAR 8. DON'T KNOW	1. _ _ / _ _ / _ _ _ →CH11 DAY / MONTH / YEAR 8. DON'T KNOW
CH10a. How old was [RESPONDENT'S NAME] when [...] was born/[RESPONDENT'S NAME] had a miscarriage?	_ _ Years	_ _ Years
CH10b. USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH : BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH	Year _ _ _ _	Year _ _ _ _

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
--	--

SECTION CH (PREGNANCY HISTORY)

<p>CH14. During the pregnancy did [RESPONDENT'S NAME] ever have a pregnancy check-up?</p>	<p>DON'T KNOW 8 → CH18 Never 3 → CH18 Never 1</p>	<p>DON'T KNOW 8 → CH18 Never 3 → CH18 Never 1</p>
<p>CH15. Where does/did [RESPONDENT'S NAME] go for pregnancy check-up? (CIRCLE ALL THAT APPLY)</p> <p>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 _____</p>	<p>A B C D E F G I H _____</p>	<p>A B C D E F G I H _____</p>
<p>CH18. INTERVIEWER'S NOTE:</p> <p>1. CH06 = 1 3. CH06 = 2 OR 3 2. CH06 = 4</p>	<p>1. → CH14 COLUMN 2/CX 3. → CH18a 2. → CH14 COLUMN 2/CX</p>	<p>1. → SECTION CX 3. → CH18a 2. → SECTION CX</p>
<p>CH18a. At the time that [RESPONDENT'S NAME] gave birth to [...], was [RESPONDENT'S NAME] in labor for more than one day and night?</p>	<p>DON'T KNOW 8 → CH20 Yes 1 No 3</p>	<p>DON'T KNOW 8 → CH20 Yes 1 No 3</p>
<p>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, _____</p>	<p>09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11 _____</p>	<p>09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 11 _____</p>

SECTION CH (PREGNANCY HISTORY)

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

SECTION CX (CONTRACEPTION)

<p>CX19a. Are you the husband of [RESPONDENT'S NAME]?</p>	<p>Yes 1 No 3 → SECTION BA</p>
<p>CX20. Does [RESPONDENT'S NAME]/[RESPONDENT'S NAME] husband now use a device/method to postpone or prevent a pregnancy?</p>	<p>DON'T KNOW 8 → SECTION BA No 3 → SECTION BA Yes 1</p>
<p>CX21. Which birth control device/method does [RESPONDENT'S NAME]/[RESPONDENT'S NAME] husband use now?</p>	<p>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</p>

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-CO-RESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

FILL-OUT ROW FROM LEFT TO RIGHT

BA10. INTERVIEWER TO CHECK : BA04, BA05, BA06a, BA06aa	FATHER	MOTHER
	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)	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)
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 [RESPONDENT'S NAME] parents still live together?/Did [RESPONDENT'S NAME] 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 [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-CO-RESIDENT 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 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 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-CO-RESIDENT FAMILY TRANSFER AND ROSTERS - SIBLINGS FOR NEW RESPONDENTS AND FOR PANEL RESPONDENTS WITHOUT A PREPRINTED ROSTER)

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

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)

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.....	_ _
BA00c.	NUMBER OF SIBLINGS WHO DIED IN THE LAST 12 MONTHS AND WERE NOT STAYING IN THE HOUSEHOLD BEFORE THEY DIED	_ _

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-CO-RESIDENT 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 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		<input type="checkbox"/>			1 → BA30f 3		1. <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"/> 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"/> 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"/> 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"/> 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"/> 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. Unschoolled 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		BA43		BA43		BA43		BA43			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. Argentinaw 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)

<p>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?</p>	<p>UNWILLING TO ANSWER 7 → BA56 No 3 → BA56 Yes 1</p>
<p>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?</p> <p>(MULTIPLE ANSWERS ALLOWED)</p> <p>A. Money or loan, tuition, or health care costs (including treatment)</p> <p>D. Food stuff or other goods.....</p> <p>E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month</p> <p>F. Other, specify _____</p>	<p>(MULTIPLE ANSWERS ALLOWED)</p> <p>A. [] [] [] [] , [] [] [] [] , [] [] [] [] Rp.</p> <p>D. [] [] [] [] , [] [] [] [] , [] [] [] [] Rp.</p> <p>E. [] [] 03. day 05. month</p> <p>F. _____ [] [] [] [] , [] [] [] [] , [] [] [] [] Rp.</p>
<p>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?</p>	<p>UNWILLING TO ANSWER 7 → BA58x No 3 → BA58x Yes 1</p>
<p>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?</p> <p>(MULTIPLE ANSWERS ALLOWED)</p> <p>A. Money or loan, tuition, or health care costs (including treatment)</p> <p>D. Food stuff or other goods.....</p> <p>E. Doing household chores, or providing child care or assisting during physical recovery 03. Day 05. Month</p> <p>F. Other, specify _____</p>	<p>(MULTIPLE ANSWERS ALLOWED)</p> <p>A. [] [] [] [] , [] [] [] [] , [] [] [] [] Rp.</p> <p>D. [] [] [] [] , [] [] [] [] , [] [] [] [] Rp.</p> <p>E. [] [] 03. day 05. month</p> <p>F. _____ [] [] [] [] , [] [] [] [] , [] [] [] [] Rp.</p>

SECTION BA: (NON-CO-RESIDENT 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)

THERE IS A PREPRINTED CHILD ROSTER BOOK III 1
↓
INSERT PREPRINTED CHILD ROSTER BOOK 3

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

SECTION BA: (NON-CO-RESIDENT 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?
___	01		___		1. ___ / _____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ th 8. DK	___	___	___	00↓ ___
___	02		___		1. ___ / _____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ th 8. DK	___	___	___	00↓ ___
___	03		___		1. ___ / _____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ th 8. DK	___	___	___	00↓ ___
___	04		___		1. ___ / _____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ th 8. DK	___	___	___	00↓ ___
___	05		___		1. ___ / _____ Month / Year 8. DON'T KNOW		1→BA66 3 8→BA66	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ th 8. DK	___	___	___	00↓ ___
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. Unschooler 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) (NAME)	BA80 What is/was [...]’s primary activity now/before his/her death?	BA81 What is/was [...]’s work status now/before his/her death?	BA82 What is/was [...]’s type of work now/before his/her death?	BA84 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

<p>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: _____</p>	<p>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</p>	<p>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</p>	<p>BA84 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday</p>
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SECTION BA: (NON-CO-RESIDENT)

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

	(BA63a)	(BA63b) (NAME)	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?
			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>_____</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>

NOTES:

EDITOR: _____

CONFIDENTIAL

HHID : _____

HEALTH WORKER: _____

(IDIVWR)

INDONESIA FAMILY LIFE SURVEY 2000
HEALTH MEASUREMENTS
BOOK US I
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 I: _____ (NUMVIS)

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

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: _____	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed by local supervisor (SUP_OBS)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Edited by local supervisor (SUP_EDIT)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> </table>		Yes	No	a. Observed by local supervisor (SUP_OBS)	1	3	b. Edited by local supervisor (SUP_EDIT)	1	3
	Yes	No										
a. Observed by local supervisor (SUP_OBS)	1	3										
b. Edited by local supervisor (SUP_EDIT)	1	3										

SECTION US (HEALTH MEASUREMENT)

AR00	US00. Can be measured?	US01. Sex	US02. When were you born? DAY / MONTH / YEAR	US03. What is your age now? (in years)	US07. Blood Pressure (HHM age (≥15 years))	US08. Pulse (≥15 years)	US09a. Lung capacity (≥9 years) 1ST MEASUREMENT	US09b. Lung capacity (≥9 years) 2ND MEASUREMENT	US09c. 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. Hb. (AGE ≥ 1)	US13a. SPRT Block-sample ≥ 1 year	US15. IF FEMALE 15-49 YEARS Y N	US16. WHAT TIME IS IT NOW?	US17. DAY / MONTH	US18. IF RAMADAN: Are you fasting today?
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 7 3. <input type="text"/>	1. Pregnant 1 3 3. Breastfeeding 1 3 6.	<input type="text"/> . <input type="text"/>	<input type="text"/> / <input type="text"/>	1. Yes 3. No

US13

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

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

US13a

- 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: _____

CONFIDENTIAL

HHID : _____

HEALTH WORKER: _____

(IDIVWR)

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.
DATE:	____/____ DAY/MONTH	____/____ DAY/MONTH	____/____ DAY/MONTH	Interview was entirely/mostly conducted in what language? ____ Other: _____
TIME STARTED:	____/____ HOUR/MINUTE	____/____ HOUR/MINUTE	____/____ HOUR/MINUTE	LANGOTHR. Other language used (if any): ____ Other: _____
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: _____	Yes	No
			a. Observed by local supervisor (SUP_OBS)..... 1	3
			b. Edited by local supervisor (SUP_EDIT)..... 1	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 Pressure	C. Diabetes	Write the observation on Respondent's sickness (cough, flu, skin infection, wound, etc.)
	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	
	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	

SECTION US (HEALTH MEASUREMENT)

NOTES:

RAHASIA

PEMERIKSA: _____ IDRT : _____
PEWAWANCARA: _____

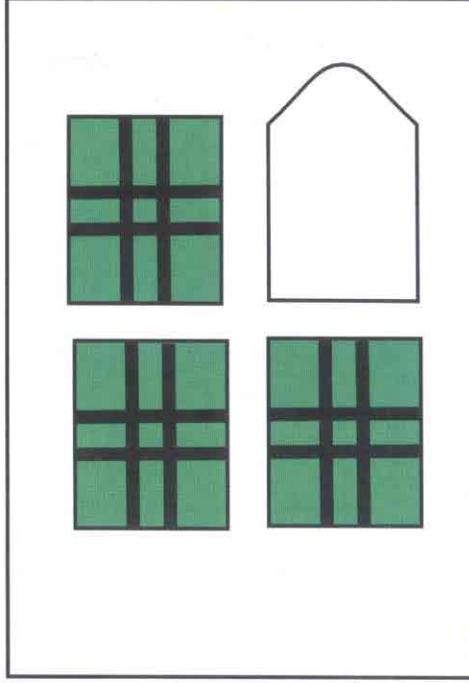
SURVAI ASPEK KEHIDUPAN RUMAH TANGGA INDONESIA 2000

PENGUKURAN PERKEMBANGAN LOGIKA

UMUR 7 14 TAHUN

NAMA RESPONDEN: _____ NO. URUT ART _____

EKO



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

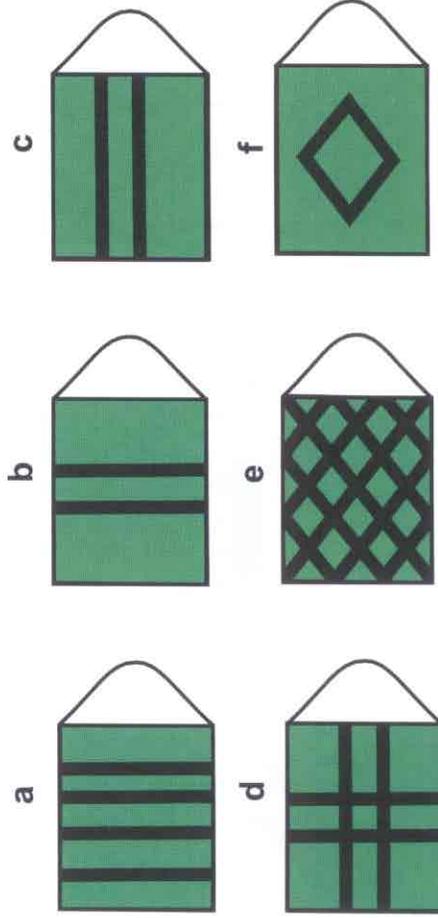
C3. Hasil pengukuran:

1. Selesai
2. Tidak Lengkap
3. Tidak menjawab

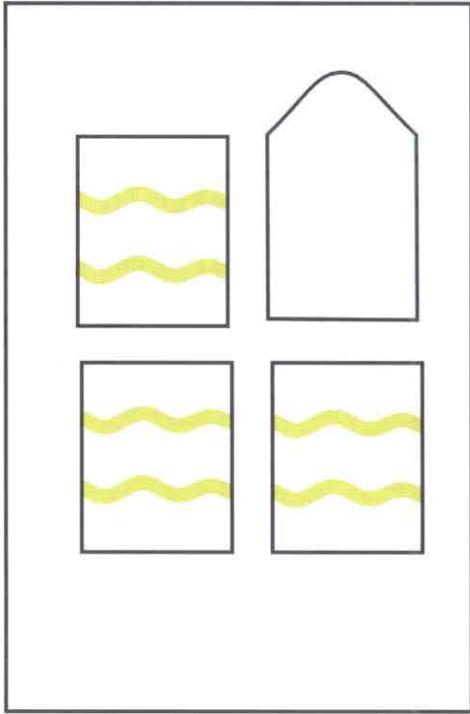
Kode C3:

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

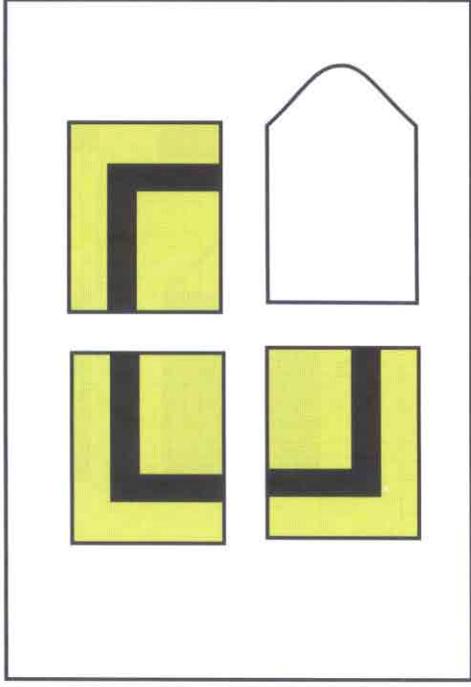
CATAN PEWAWANCARA:
CARA MENJAWAB: LINGKARILAH PILIHAN
YANG TEPAT CONTOH



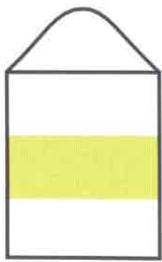
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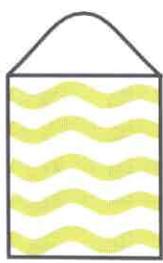
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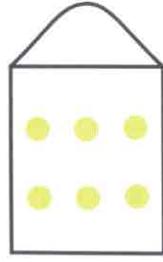
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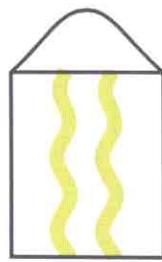
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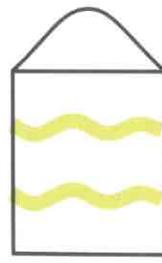
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d



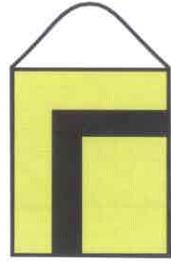
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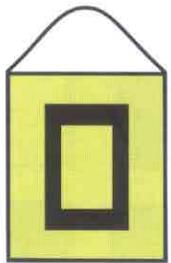
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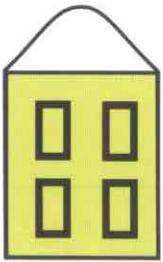
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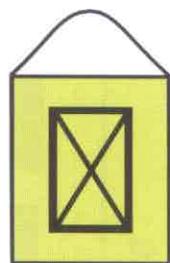
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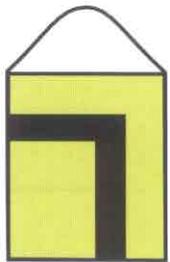
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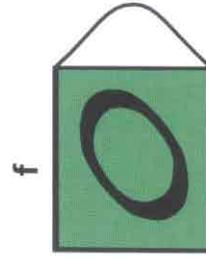
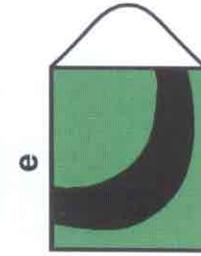
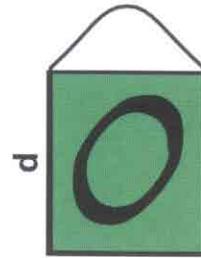
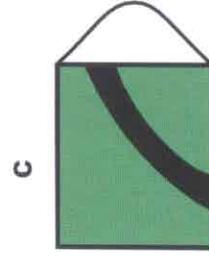
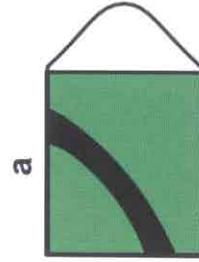
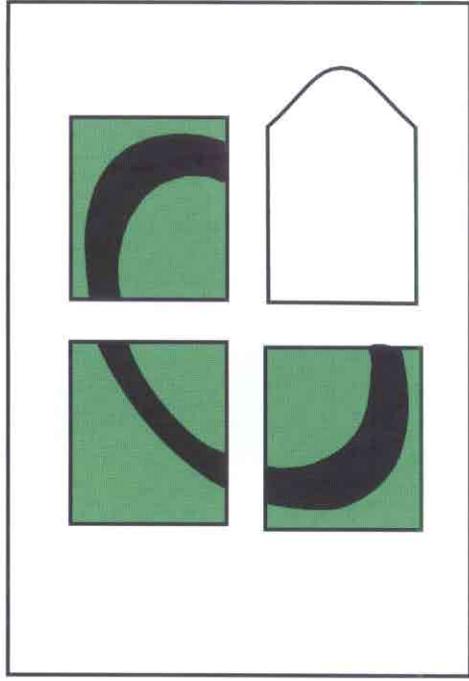
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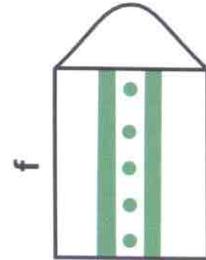
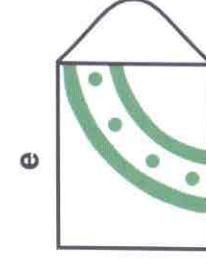
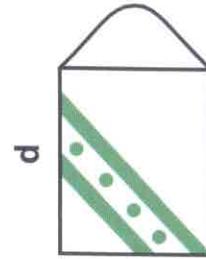
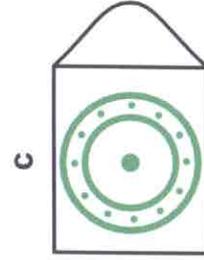
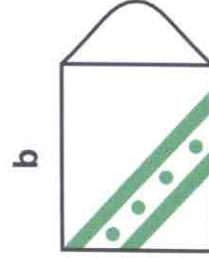
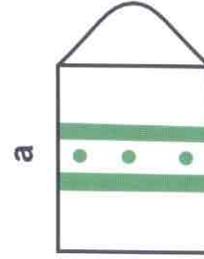
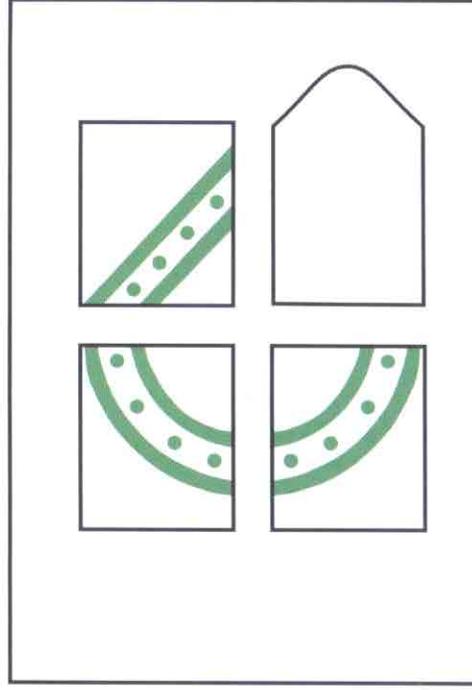
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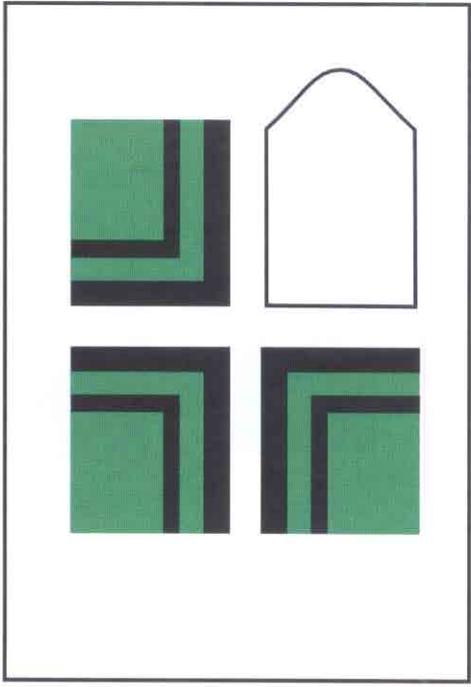
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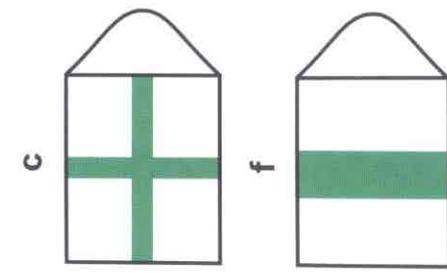
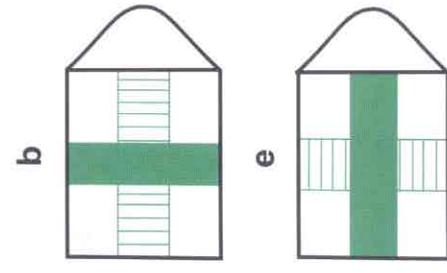
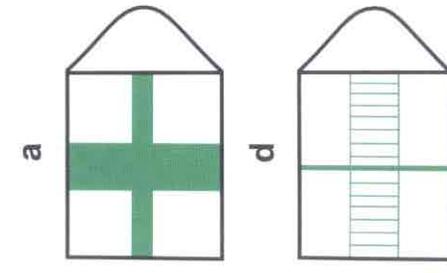
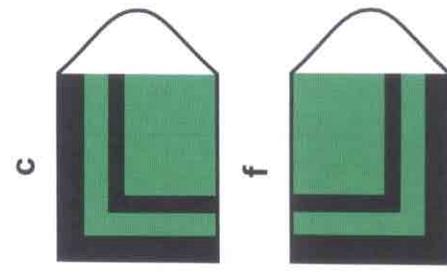
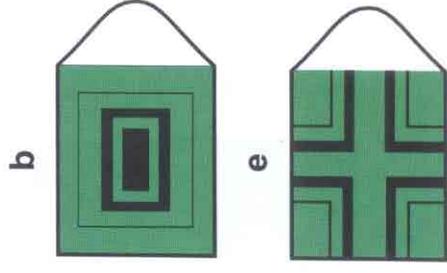
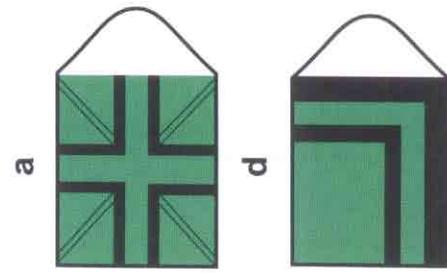
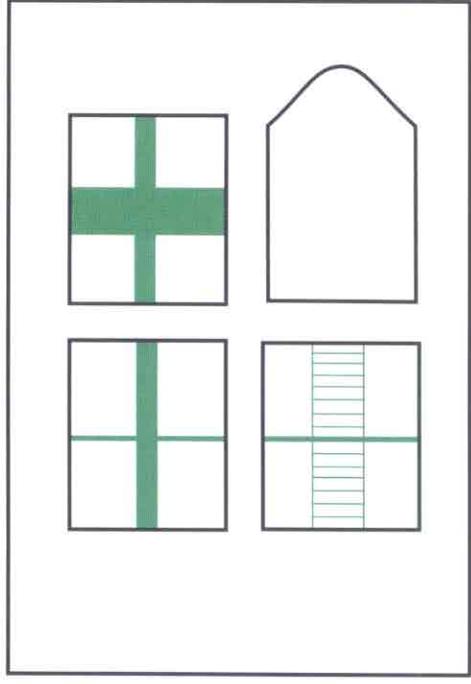
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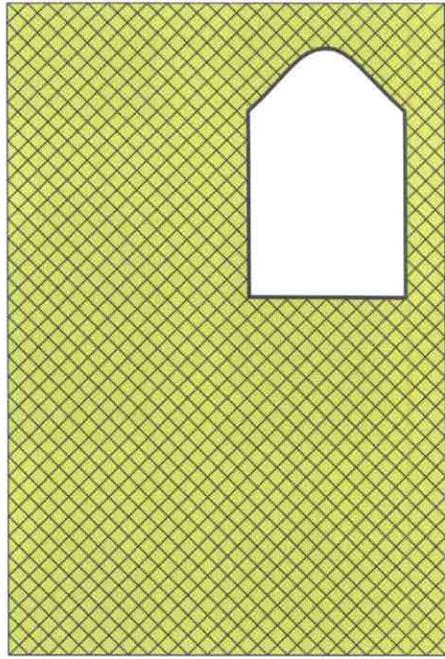
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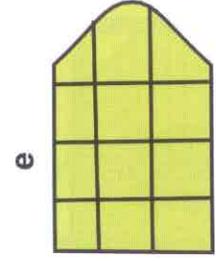
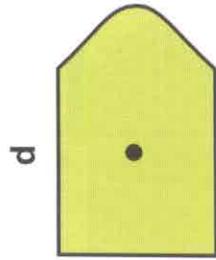
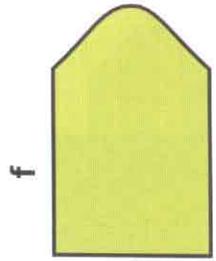
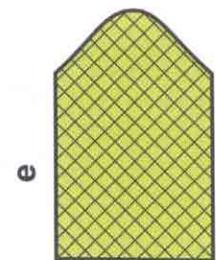
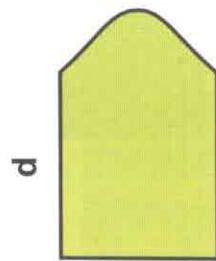
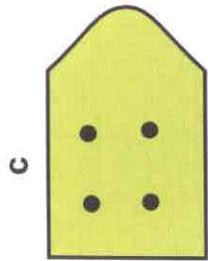
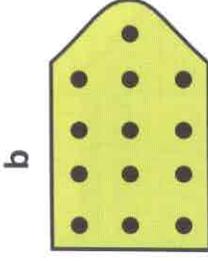
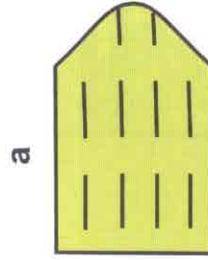
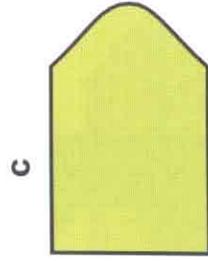
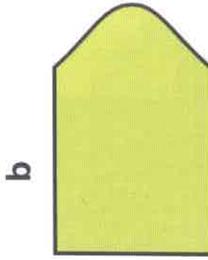
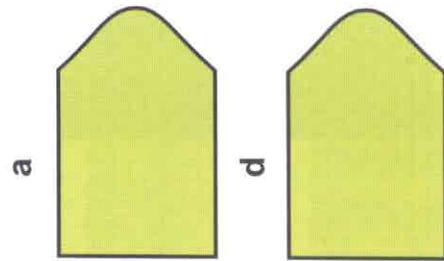
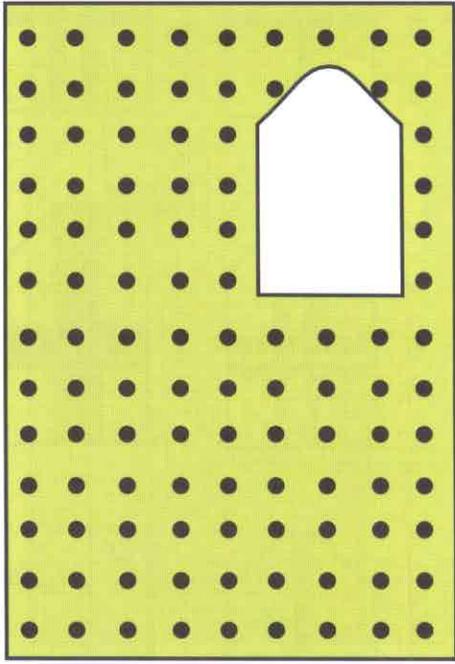
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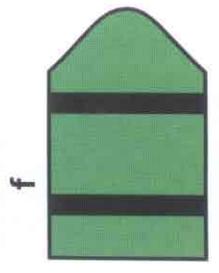
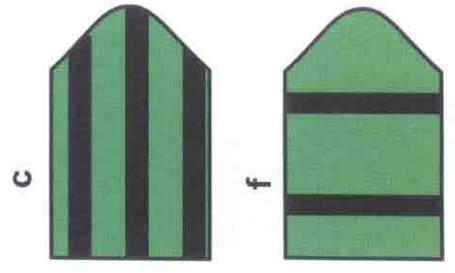
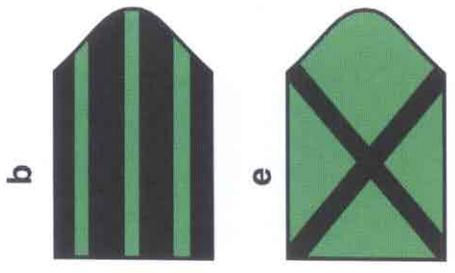
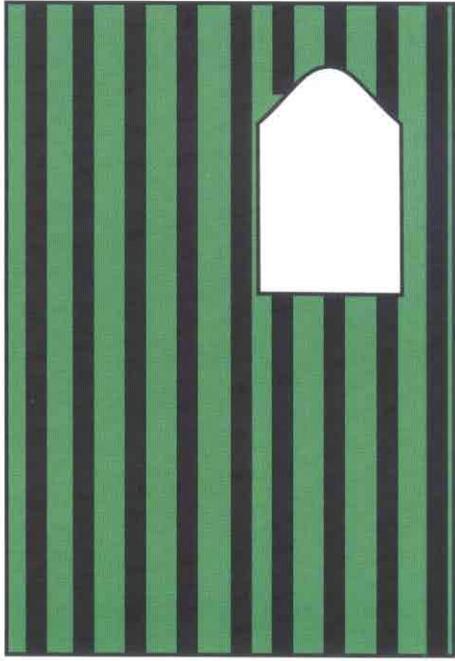
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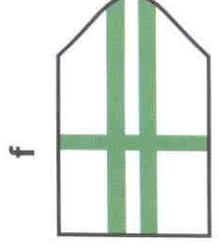
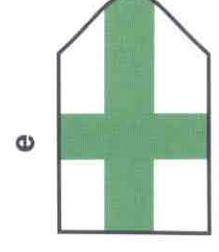
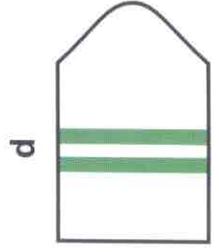
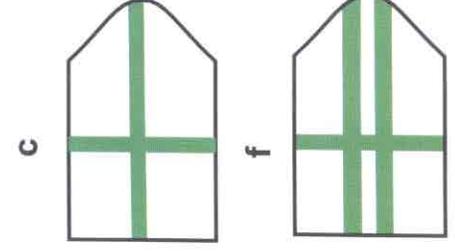
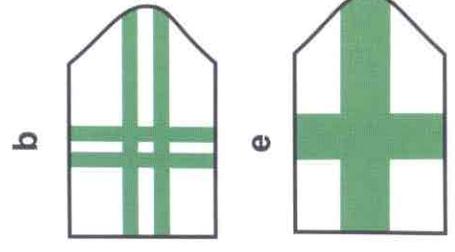
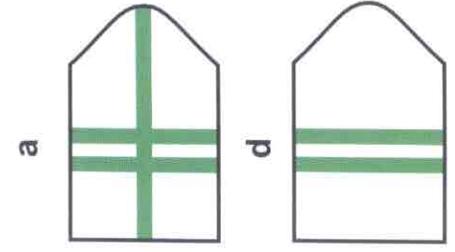
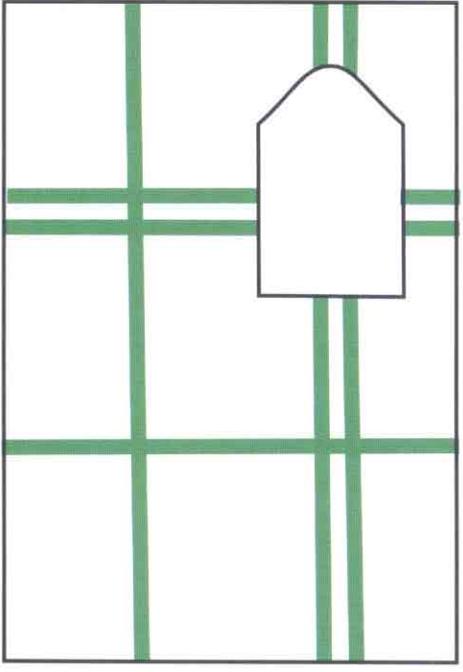
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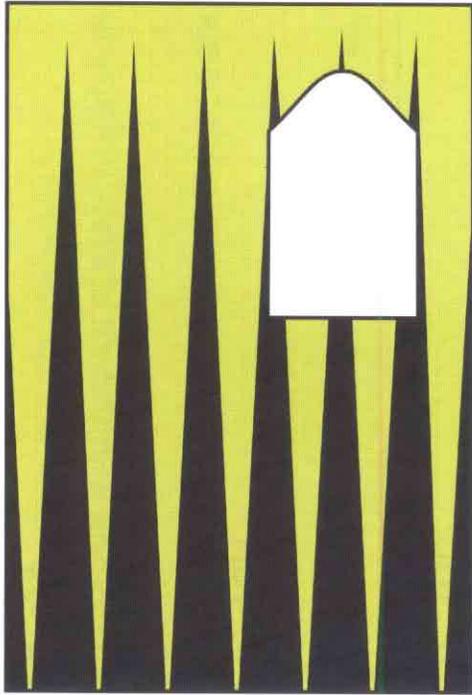
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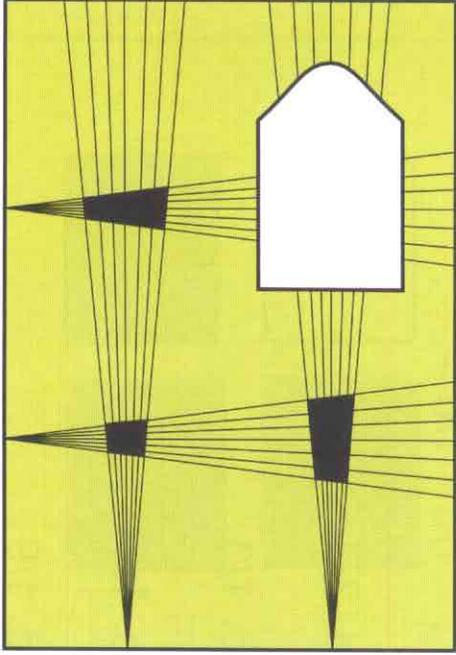
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EK11



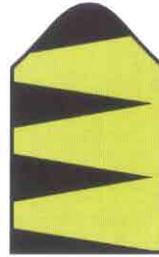
EK12



a



b



c



d



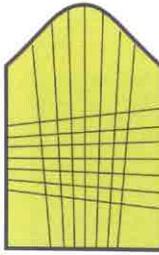
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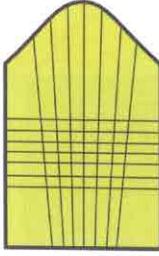
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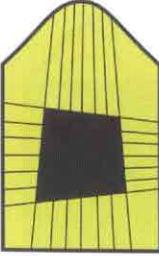
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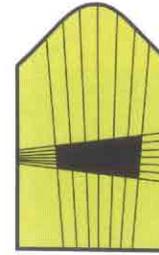
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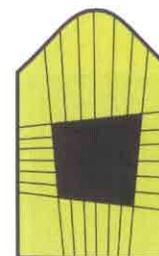
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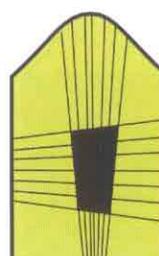
d



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: _____

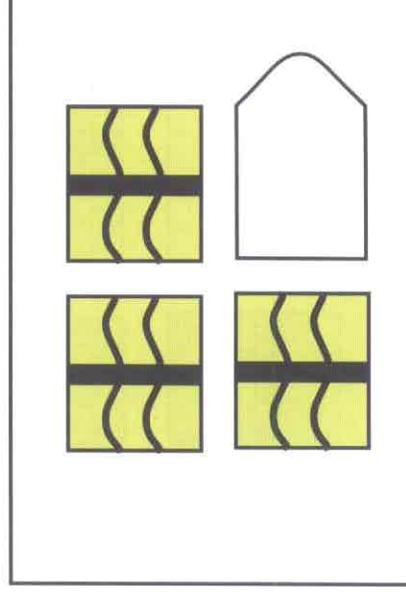
EK0

SURVAI ASPEK KEHIDUPAN RUMAH TANGGA INDONESIA 2000

PENGUKURAN PERKEMBANGAN LOGIKA

UMUR 15 24 TAHUN

NAMA RESPONDEN: _____ NO. URUT ART _____



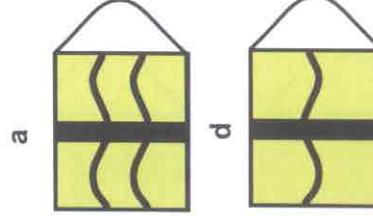
WAWANCARA	
TANGGAL: _____	TANGGAL/BULAN _____
JAM MULAI: _____	JAM/MENIT _____
JAM BERAKHIR: _____	JAM/MENIT _____

C3. Hasil pengukuran:

1. Selesai
2. Tidak Lengkap
3. Tidak menjawab _____

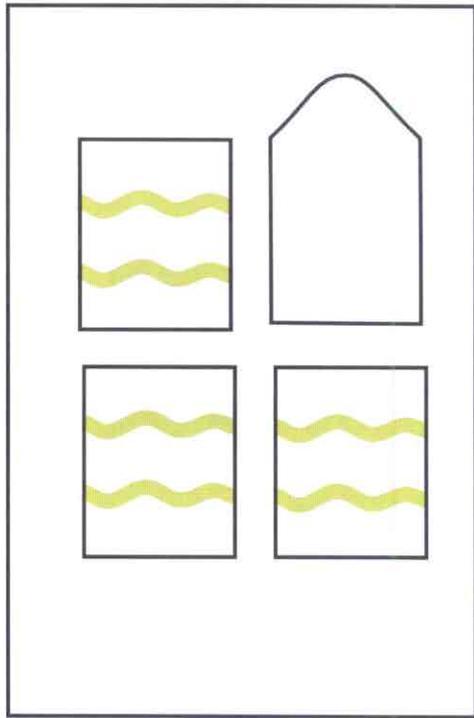
Kode C3:

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

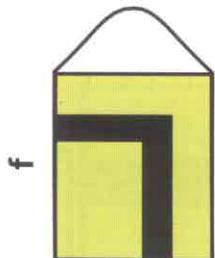
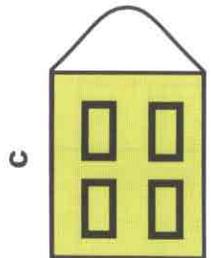
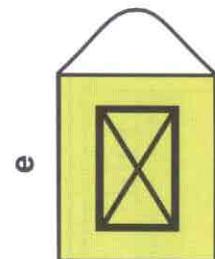
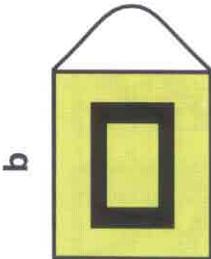
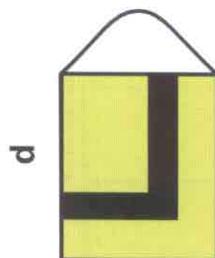
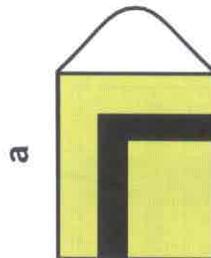
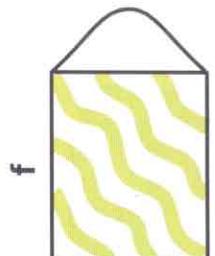
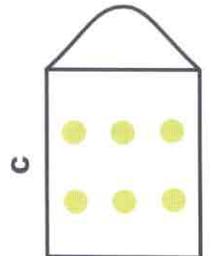
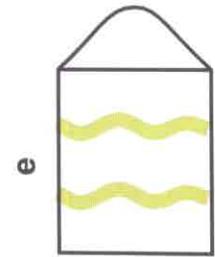
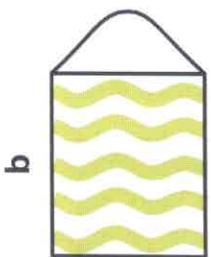
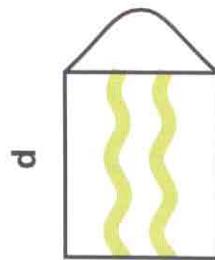
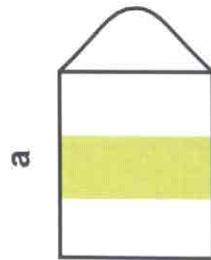
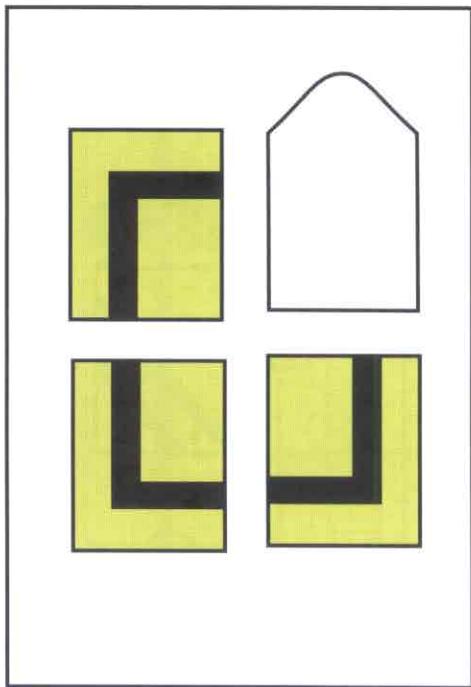


CATAN PEWAWANCARA:
CARA MENJAWAB: LINGKARILAH PILIHAN
YANG TEPAT CONTOH

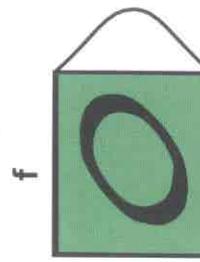
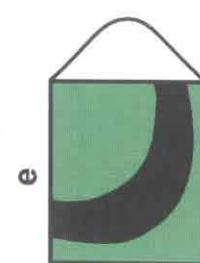
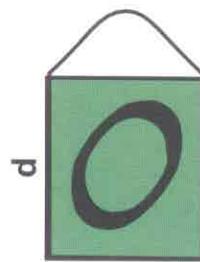
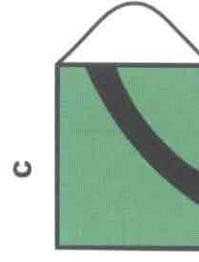
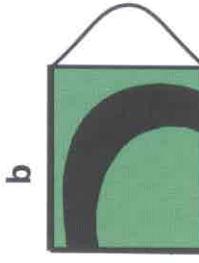
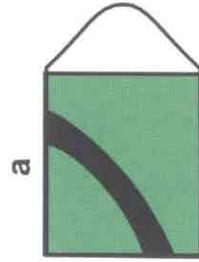
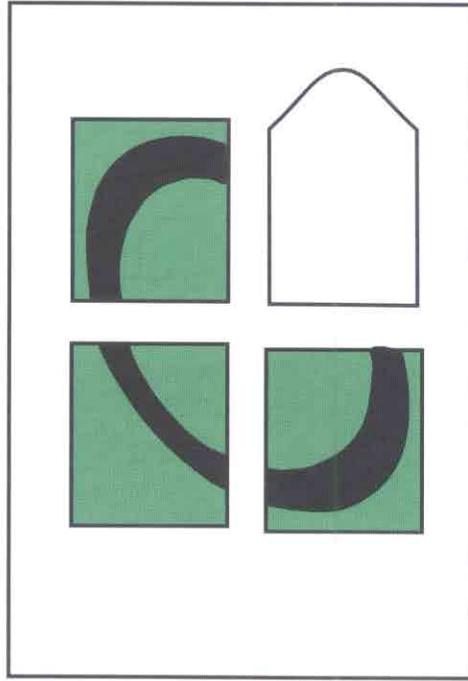
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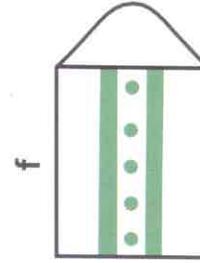
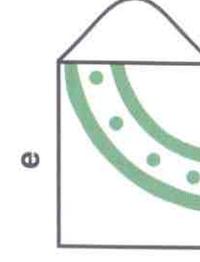
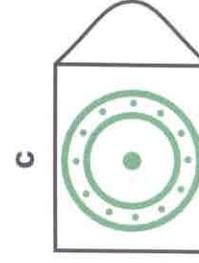
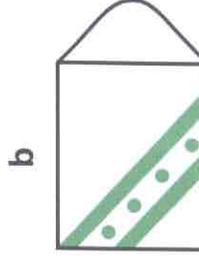
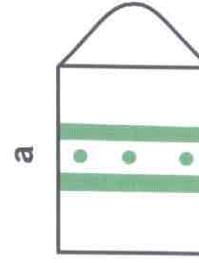
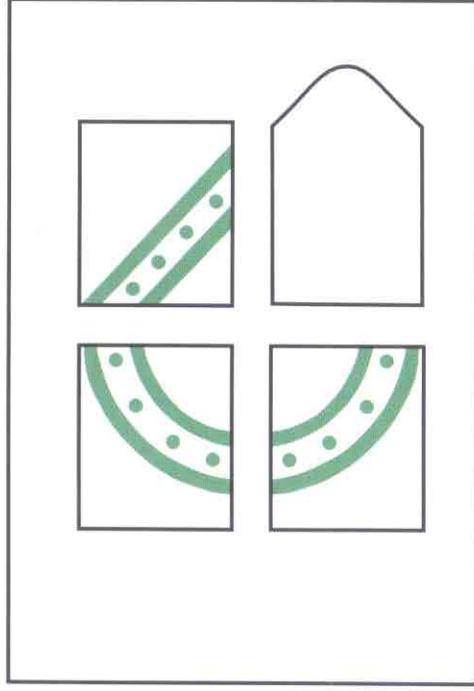
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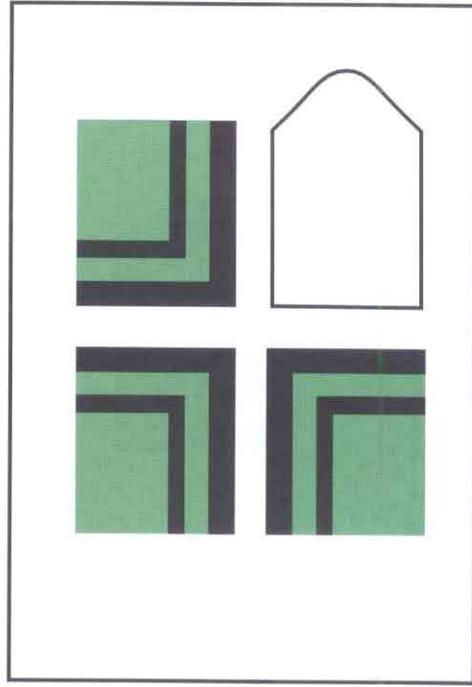
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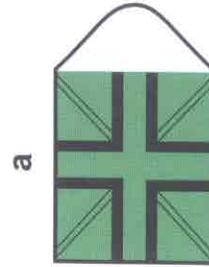
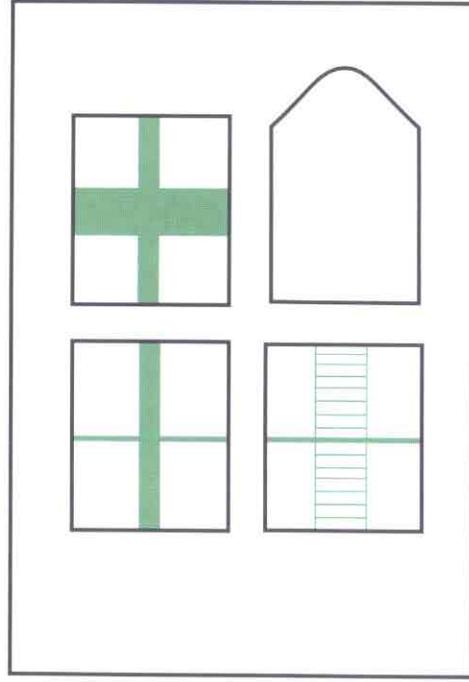
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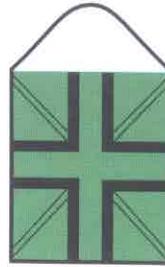
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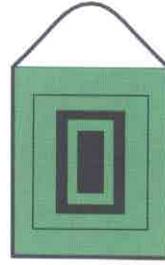
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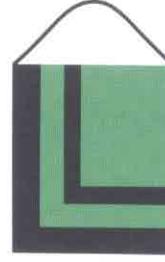
a



b



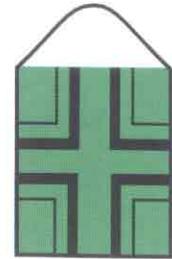
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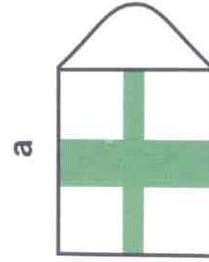
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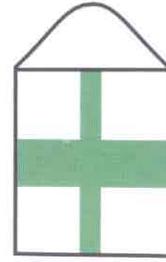
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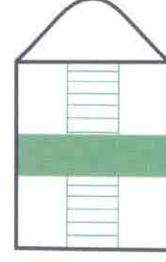
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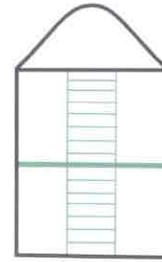
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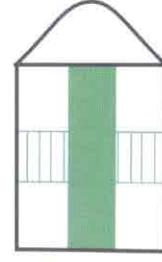
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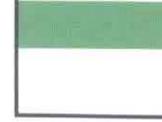
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d

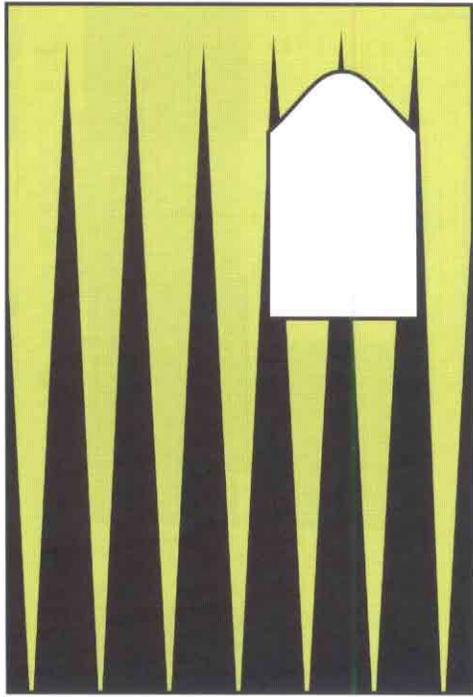


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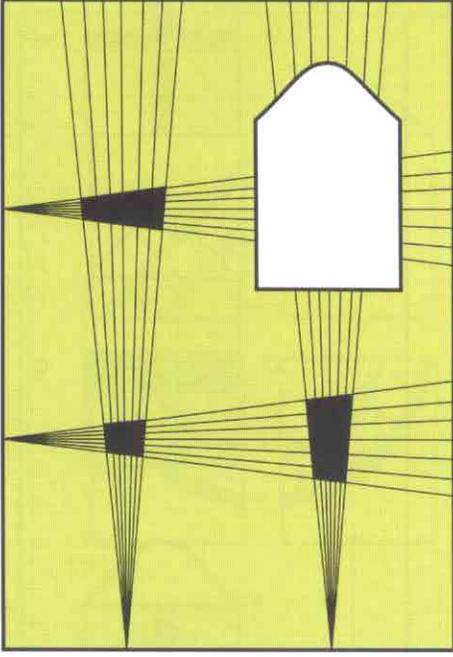


f

EK11



EK12



a



b



c



d



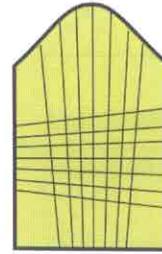
e



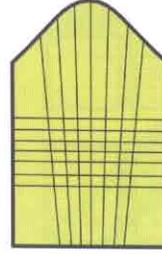
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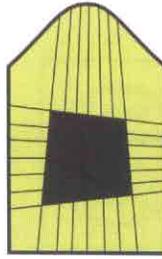
a



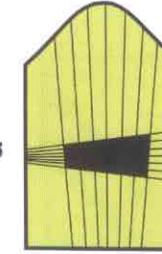
b



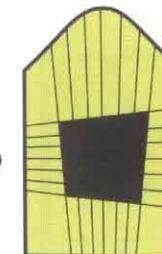
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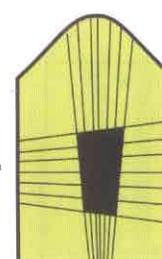
d



e



f



EK18. $\frac{56}{84} = \dots$

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

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

EK19. $(412 + 213) : (243 - 118)$

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

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

EK20. $0,76 - 0,4 - 0,23$

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