

HEALTH AND EDUCATION SERVICE SURVEY

LK, AR, KRT, KR, KS,
HR, GE, AK, RJ, PM, SB, CP

BOOK 1A HOUSEHOLD

HOUSEHOLD ID

____ 1 ____

The principal respondent is (a) Spouse of Household Head or (b) Female Household Head or (c) Household Head or (d) Other Female Household Member aged 18 years or over who can provide information.

Name of Principal Respondent:

Household Member serial no.: ____

ENUMERATOR, EDITOR AND SUPERVISOR

	Enumerator	Editor	Supervisor
Names and Codes of Officers	_____	_____	_____

RESULTS OF VISITS

	First Visit	Second Visit	Third Visit
Date	____/____/2007	____/____/2007	____/____/2007
Time started/Time completed	____:____ / ____:____	____:____ / ____:____	____:____ / ____:____
Results of Visits	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/ not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/ not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/ not available

RESULTS OF INSPECTIONS

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

LK. LOCATION

LK01	PROVINCE	31. DKI JAKARTA 32. WEST JAVA	35. EAST JAVA 53. NTT	71. NORTH SULAWESI 75. GORONTALO	CODE: <input type="text"/>
LK02	DISTRICT/CITY	<input type="text"/>			CODE: <input type="text"/>
LK03	SUBDISTRICT	<input type="text"/>			CODE: <input type="text"/>
LK04	VILLAGE/WARD	<input type="text"/>			CODE: <input type="text"/>
LK05	Hamlet/Neighbourhood/RW/RT	1. Hamlet/Neighbourhood/RW: <input type="text"/> 3. RT : <input type="text"/>			CODE: <input type="text"/>
LK09	Address (WRITE DOWN NAMES OF ROAD, ALLEY, HOUSE NUMBER)	<input type="text"/> <input type="text"/>			
LK10	Telephone/Hand Phone	A. Tel. <input type="text"/> - <input type="text"/> W. NOT APPLICABLE B. Handphone <input type="text"/> - <input type="text"/>			
LK11	LOCATION COORDINATES	a. LONGITUDE: <input type="text"/> ° <input type="text"/> ', b. LATITUDE: <input type="text"/> ° <input type="text"/> ', c. ELEVATION: <input type="text"/> Meter Above Sea level d. ACCURACY: <input type="text"/> METER			
LK12	TYPE OF RESPONDENT ON SAMPLING SHEET	1. HOUSEHOLD WITH FEMALE HAVING BEEN PREGNANT/GIVEN BIRTH WITHIN LAST 24 MONTHS 2. HOUSEHOLD WITH OFFSPRINGS AGED ≤ 15 YEARS 3. NON HOUSEHOLD 1-2			

INTRODUCTION

We are from . . . We are doing a study on household health and education and development in this subdistrict. You have been selected as a respondent for this study. We would appreciate it if you could spare time to answer some questions from us. We assure you that the information you give us will be kept confidential. We hope you would accept a souvenir we would hand to you after the interview as a token of our appreciation. Would you do that? May we begin with the interview now?

HOUSEHOLD (RT)	Someone or a group of persons who lives in one part or the whole of the house and habitually lives together and have meals from one kitchen. Having meals from one kitchen means all daily provisions is managed as one.
HOUSEHOLD HEAD (KRT)	The names written on the list of household respondents.
HOUSEHOLD MEMBER (ART)	a. All persons who habitually live in the same household, whether s/he is at home during census or temporarily absent. b. Household member who has been absent for 6 months or over, and household member who has been absent less than 6 months but intends to move out/leave the house for 6 months or over is not categorised as household member. c. Guest who has stayed in the household for 6 months or over and guest who has stayed in the household for less

	than 6 months but intends to stay for 6 months or over is categorised as household member .
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AR. HOUSEHOLD MEMBER

AR00	AR01	AR02	AR03	AR04	AR05	AR06	AR07	AR08
Serial No.	Name	Relation of [...] to the household head?	Sex [...]?	Birth date of [...]? (Date/Month/Year)	Serial No. (AR00) of own father?	Serial No. (AR00) of own mother?	Marital status of [...]?	Serial no. (AR00) of husband/ wife?
01		01 _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
02		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
03		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
04		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
05		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
06		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
07		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
08		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
09		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____
10		____ _____	1. M 3. F	____/____/____	____	____	1→AR09 2 3→AR09 4→AR09	____

Code AR02

01. Household Head	05. Brother/sister inlaw	09. Other relatives
02. HH Head spouse	06. Son/daughter inlaw	10. Domestic help
03. Own/step child	07. Own/step grandchild	95. Other, _____
04. Own/step brother sister	08. Parents/parents inlaw	

Code AR05, AR06, AR08 : See Household Member serial no in AR00

Additional code:

51. Do not live in this household

52. Deceased

Code AR07

1. Single

2. Married

3. Divorce

4. Widow/er

AR00	AR01	AR09	AR10	AR11	AR12
No. Urut	Name	Main activities of [...] last week	Is [...] attending school?	What is the highest level of education completed by [...]	Did [...] get books?
01		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
02		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
03		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
04		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
05		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
06		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
07		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
08		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
09		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
10		1 2 → AR11 3 4 5 6 95 _____	1 3	____	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE

Code AR09		Code AR10	Code AR11	
01. Employed	05. Unemployed	1. Yes	01. SD incomplete	05. D1/D2/D3 09. DO NOT KNOW
02. Attend school	06. Under five	3. No	02. SD/MI	06. D4/S1
03. Look after HH	95. Other, _____		03. SMP/MTs/equivalent	07. S2/S3
04. Retired			04. SMA/MA/equivalent	08. Never attended school

Further we would like to ask about household member who has just moved into this household in the last 12 months.

AR13	Is there a household member who has just moved in and become household member in the last <u>12 months</u> ?	1. Yes, <input type="text"/> persons	3. No → AR14a
AR14	Who are they that have moved in the household in the last <u>12 months</u> ? WRITE DOWN NAMES AND HOUSEHOLD MEMBER SERIAL NUMBER	<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"/>
AR14a	Is there someone who is not a household member who lives here now in this household?	1. Yes, <input type="text"/> persons	3. No → AR15
AR14b	What is his/her purpose in living here?	A. Visit relatives B. Vacation C. Delivery at parents' house	D. Looking for work E. School registration V. Other, <input type="text"/>
AR15	Is there a household member who has been away for more than 3 months and then come back in the last <u>12 months</u> ?	1. Yes, <input type="text"/> persons	3. No → AR17
AR16	Which household member has ever been away for more than 3 months and returned to this household in the last 12 months? WRITE DOWN NAMES AND HOUSEHOLD MEMBER SERIAL NUMBER	<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"/>
AR17	Is there a household member who has moved to other subdistrict, district, province, or other country in the last <u>12 months</u> ?	1. Yes, <input type="text"/> persons	3. No → AR25

AR18	AR19	AR20	AR21	AR22	AR23	AR24
No. Urut	Name	Relation of [...] to household head	Sex	Age	Destination location (SPECIFY LOCATION)	Reasons for [...]moving out?
01		<input type="text"/> <input type="text"/>	1. M 3. F	<input type="text"/> years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02		<input type="text"/> <input type="text"/>	1. M 3. F	<input type="text"/> years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03		<input type="text"/> <input type="text"/>	1. M 3. F	<input type="text"/> years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04		<input type="text"/> <input type="text"/>	1. M 3. F	<input type="text"/> years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05		<input type="text"/> <input type="text"/>	1. M 3. F	<input type="text"/> years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Code AR20 PLEASE CHANGE OTHER RT IN DOCUMENTS AND OTHER DOCS			Code AR23	Code AR24
01. HH Head	05. Brother/sister in-law	09. Other relatives	1. Other subdistrict (specify subdistrict)	01. Attend school
02. HH Head spouse	06. Son/daughter in-law	10. Domestic help	2. Other district/city (specify district.city and subdistrict)	02. Work
03. Own/step child	07. Own/step grandchild	95. Other, <input type="text"/>	3. Other province (specify province, district/city, subdistrict)	03. Accompany spouse
04. Own/step brother sister	08. Parents/parents in-law		4. Abroad (specify country)	95. Other, <input type="text"/>

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Next we would like to ask you if there are boys/girls aged ≤ 15 years of the household members of this household who live outside this household

AR25	Do you have own/step boys/girls aged ≤ 15 years who lives outside this household?	1. Yes, <input type="checkbox"/> boy/girl	3. No → AR39
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AR26	AR27	AR28	AR29	AR30	AR31	AR32	AR33
No. Urut	Name of boy/girl	Relation to household [...] head (HHH)?	Sex [...]?	Birth date [...]? (Date/Month/Year)	Serial No. (AR00) of own father?	Serial no. (AR00) of own mother?	Marital status [...]?
01		<input type="checkbox"/> _____	1. M 3. F	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4
02		<input type="checkbox"/> _____	1. M 3. F	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4
03		<input type="checkbox"/> _____	1. M 3. F	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4
04		<input type="checkbox"/> _____	1. M 3. F	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4
05		<input type="checkbox"/> _____	1. M 3. F	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4
06		<input type="checkbox"/> _____	1. M 3. F	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4

Code AR28 02. Household Head spouse 03. Offspring 04. Step brother/sister 05. Brother/sister in-law 07. Grandchild 09. Other relatives 95. Other, _____	Code AR31, AR32 : See HOUSEHOLD MEMBER serial no. in AR00 Additional code: 51. Does not live in this household 52. Deceased	Code AR33 1. Single 2. Married 3. Divorce 4. Widow/er
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AR26	AR27	AR34	AR35	AR36	AR37	AR38
Serial No.	Name	Main activities of [...] last week	Is [...] attending school?	Highest Level of education completed by [...]	Where does [...] live now?	With whom is [...] staying now?
01		1 2 → AR36 3 5 6 95 _____	1. Yes 3. No	____	____	A B C D E V _____
02		1 2 → AR36 3 5 6 95 _____	1. Yes 3. No	____	____	A B C D E V _____
03		1 2 → AR36 3 5 6 95 _____	1. Yes 3. No	____	____	A B C D E V _____
04		1 2 → AR36 3 5 6 95 _____	1. Yes 3. No	____	____	A B C D E V _____
05		1 2 → AR36 3 5 6 95 _____	1. Yes 3. No	____	____	A B C D E V _____
06		1 2 → AR36 3 5 6 95 _____	1. Yes 3. No	____	____	A B C D E V _____

Code AR34 1. Work 2. Attending school 3. Look after hhold 5. Unemployed 6. Under 5 95. Other, ____	Code AR36 01. SD incomplete 02. SD/MI 03. SMP/MT/equivalent 04. SMA/MA/equivalent 08. No, has never attended school 98. DO NOT KNOW	Code AR37 1. Same village/ward 2. Same subdistrict 3. Same district 4. Same province 5. Other province 6. Abroad	Code AR38 A. Parents/parents in-law B. Husband/wife C. Own/step brother sister/brother sister in law D. Grandfather/grandmother E. Other relatives. Other, _____
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Please forgive us, but would like to ask you if there is any member of this household who has died during the last two years

AR39	Has there been a death of the member of this household during the last two years?	1. Yes, <input type="text"/> persons	3. No → KRT SECTION
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AR40	AR41	AR42	AR43	AR44	AR45	AR46
No. Urut	Name	Age at death 1. Years (if age is ≥ 2 years) 2. Months (if age is < 2 years)	What is the relation of [...] to the Household Head?	Was death [...] caused by an accident?	Sex?	For woman aged ≥ 15 years at death, did death occur during pregnancy/giving birth/miscarriage/ in labor? 1. Pregnancy 2. Giving birth/miscarriage 3. In labor 6. NOT APPLICABLE
01		<input type="text"/> 1 2	<input type="text"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6
02		<input type="text"/> 1 2	<input type="text"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6
03		<input type="text"/> 1 2	<input type="text"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6
04		<input type="text"/> 1 2	<input type="text"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6

Code AR43

- | | | | |
|---------------------------|---------------------------|-----------------------------|------------------|
| 02. Household Head spouse | 05. Brother/sister in law | 08. Parents/parent s in law | 95. Other, _____ |
| 03. Son/daughter | 06. Son/daughter in law | 09. Other relatives | |
| 04. Elder/step sibling | 07. Grandchild | 10. Domestic help | |

KRT. HOUSEHOLD HEAD IDENTITY

KRT01	WRITE DOWN THE NAME OF HOUSEHOLD HEAD	HOUSEHOLD MEMBERSerial no: _____		
KRT02	What is the ethnic origin of Household Head [NAME OF HOUSEHOLD HEAD]?	<div>1. Betawi</div> <div>2. Sundanese</div> <div>3. Javanese</div> <div>4. Madurese</div> <div>5. Sasak</div> <div>6. Chinese</div> <div>7. Manadonese</div> <div>8. Gorontalo</div> <div>9. Bugis</div> <div>10. Makasarese</div> <div>95. Other, _____</div>		
KRT03	What is the religion of Household Head [NAME OF HOUSEHOLD HEAD]?	<div>1. Islam</div> <div>2. Catholicism</div> <div>3. Protestantism</div> <div>4. Buddhism</div> <div>5. Hindu</div> <div>95. Other, _____</div>		
KRT04	What is the main profession Household Head [NAME OF HOUSEHOLD HEAD]?	<div>1. Rice and secondary crops raising</div> <div>2. Plantation</div> <div>3. Animal husbandry</div> <div>4. Fishery</div> <div>5. Industry</div> <div>6. Trade</div> <div>7. Transport</div> <div>8. Services</div> <div>95. Other, _____</div> <div>96. UNEMPLOYED</div>		

KR. HOUSEHOLD CHARACTERISTICS

Now we would like to ask you about infrastructure/facilities and access of your household

KR01	What kinds of construction materials you use the most for your house roof?	<div>1. CONCRETE</div> <div>2. TILES</div> <div>3. BLACK WOOD</div> <div>4. ZINC</div> <div>5. ASBESTOS</div> <div>6. Palm fibre/thatch/cogon grass</div> <div>95. OTHER, _____</div>	
KR02	What kinds of construction materials you use the most for house wall?	<div>1. PLASTERED WALL</div> <div>2. UNPLASTERED WALL</div> <div>3. HIGH QUALITY WOOD</div> <div>4. LOW QUALITY WOOD</div> <div>5. BAMBOO / THATCH</div> <div>95. OTHER, _____</div>	
KR03	What kinds of construction materials you use the most for your house floor?	<div>1. MARBLE/CERAMIC/TERRAZZO</div> <div>2. TILE/FLAG</div> <div>3. CEMENT PLASTER/BRICK MASONRY</div> <div>4. HIGH QUALITY WOOD</div> <div>5. LOW QUALITY WOOD</div> <div>6. BAMBOO/THATCH</div> <div>7. EARTH</div> <div>95. OTHER, _____</div>	
KR04	What is the main source of drinking water for this household?	<div>1. Piped water (PAM)</div> <div>2. Pumped water well</div> <div>3. Well</div> <div>4. Rain water</div> <div>5. Lake</div> <div>6. Spring</div> <div>7. River</div> <div>8. Mineral water/Aqua</div> <div>95. Other, _____</div>	
KR05	Where do you get the water from?	<div>1. In the house → KR07</div> <div>3. Outside the house</div>	

KR06	What is the distance between this house to the main water source (one way)?	____ . ____ meter	
KR07	Is the source of water for other purposes (bath, laundering) the same as the source for drinking water?	1. Yes → KR11	3. No
KR08	What is the source of water for other purposes such as bathing and laundering for this household?	1. Public water service (PAM) 2. Pumped water well 3. Well 4. Rain water	5. Lake 6. Spring 7. River 95. Other, _____
KR09	Where do you get the water those purposes?	1. Inside the house → KR11	3. Outside the house
KR10	What is the distance between this house to the maint water source (one way)?	____ . ____ meters	
KR11	What latrine is most often used by this household?	1. Own latrine 2. Common latrine	3. Public latrine 6. NO LATRINE → KR13
KR12	What latrine type is used by this household?	1. Gooseneck latrine 2. Embankment latrine	3. Pit latrine 6. NONE
KR13	Where is the waste disposed of?	1. Septic tank/SPAL 2. Covered ground hole 3. Open ground hole 4. Pond/rice field	5. River/canal/lake/beach 6. Beach/open space/yard 95. Other, _____
KR14	Does this household use electricity?	1. Yes	3. No → KR16
KR15	What is the source of electricity for this household?	1. PLN	3. Non-PLN
KR16	Do you have a separate space for kitchen?	1. Yes	3. No
KR17	What kinds of fuel do you use for day-to-day cooking?	1. Wood/charcoal 2. Kerosene	3. Gas/electricity 95. Other, _____
KR18	Has this household ever received <u>Direct Cash Subsidy/Direct Cash Assistance (SLT/BLT)</u> ?	1. Yes	3. No → KR21
KR19	When did this household receive SLT/BLT <u>for the last time</u> ?	1. Month ____ Year _____	8. DO NOT KNOW
KR20	How much was the total net amount of the SLT/BLT you received?	1. Rp ____ . ____	8. DO NOT KNOW
KR21	Has this household ever received <u>rice for the poor</u> (Raskin) assistance?	1. Yes	3. No → KR25
KR22	When did this household received rice for the poor <u>for the last time</u> ?	1. Month ____ Year _____	8. DO NOT KNOW
KR23	What was the total amount of rice this household received?	1. ____ , ____ Kg 3. ____ , ____ Liter	8. DO NOT KNOW
KR24	How much money was spent to buy that rice for the poor?	1. Rp ____ . ____	8. DO NOT KNOW

Next we would like to ask you about access to information.

KR25	How many hours did you listen to the radio yesterday?	___ Hours ___ Minutes
KR26	How many hours did you watch television yesterday?	___ Hours ___ Minutes

KS. CONSUMPTION

The following questions are about types of food/goods consumed by all household members during last week.

KS1TYPE	KS01
Kinds of food	During <u>last week</u> what was the value of [...] food consumed , not only food purchased, but also that of own production and received from other sources?
a. Grains (Rice, maize, wheat flour, rice flour, corn flour, etc.)	Rp. ____ . ____
b. Tubers (Cassava, sweet potato, potato, dried cassava, taro, sago, etc.)	Rp. ____ . ____
c. Fish (Fresh/preserved/salted fish, shrimp, etc.)	Rp. ____ . ____
d. Meats (Beef/buffalo/goat/sheep meats/spork/white meat, intestines, liver, spleen, fibred meat, dried meat, etc.)	Rp. ____ . ____
e. Egg and milk (Chicken/duck/quail, fresh milk, condensed milk, powdered milk, etc.)	Rp. ____ . ____
f. Vegetables (Spinach, swamp cabbage, cucumber, carrot, cowpea, kidney bean, onion, chili, tomato, etc.)	Rp. ____ . ____
g. Legumes (Ground/green nuts/soybean/redbean/cashew nut, tofu, soybean cake, bean paste, fermented soybean, etc.)	Rp. ____ . ____
h. Fruits (orange, mango, apple, durian, rambutan, salak, duku, pineapple, water melon, banana, papaya, etc.)	Rp. ____ . ____
i. Oil and fat (coconut/cooking oil, coconut, butter, etc.)	Rp. ____ . ____
j. Beverages (Refined/red sugar, tea, coffee, chocolate, syrup, etc.)	Rp. ____ . ____
k. Spices (Salt, candle nut, coriander, pepper, shrimp paste, ketchup, MSG, etc.)	Rp. ____ . ____
l. Other consumption (Chips, emping, noodle, rice stick, macaroni, etc.)	Rp. ____ . ____
m. Makanan dan minuman jadi (Bread, biscuit, cakes, porridge, iced syrup, softdrink, salad, mixed rice, etc.)	Rp. ____ . ____
n. Alcoholic beverages (Beer, wine, and other alcoholic beverages)	Rp. ____ . ____
o. Tobacco and beetel vine (Clove/white cigarettes, cigar, tobacco, betel vine, betel, etc.)	Rp. ____ . ____

KS02 Where do you usually buy your grocery/food?	A. Supermarket B. Traditional market	C. Food stall D. Pushcart	V. Other, _____
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Next, we would like to ask you about how much all household members spend on non-food purchases during the last 12 months.

KS2TYPE	KS03	KS04
Non-food Goods	How much was spent for [...]by all household members last <u>month</u> ?	How much was spent for [...] by all household member in the last <u>12 months</u> ?
a. Housing and household facilities		
a1. Lease, rent, estimates for house rent (own house, free of charge, official house, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
a2. Electricity, telephone, gas, kerosene, water, fire wood, etc.	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
a3. House maintenance and light repairs	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
b. Miscellaneous goods and services (soap, beauty, transport, reading materials, ID/driving license fee, recreation, telephone card, stamps, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
c. Educational costs (registration fee, school tuition, school committee money, reregistration fee, boy scout, handicrafts, courses, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
d. Health costs (hospital, public health service, traditional healer, medicines, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
e. Clothings, shoes and head gear (clothing material, ready-made clothes, shoes, hat, detergents, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
f. Durable goods and household equipment (household appliances, equipment, kitchen utensils, recreational equipment, sports equipment, expensive/imitation jewelry, vehicle, umbrella, watch, camera, telephone installation, eletricity installation, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
g. Taxes		
g1. Land and house tax (PBB)		Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
g2. Vehilcle tax		Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
g3. Income tax		Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
g4. Other taxes		Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
h. Health Insurance	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
i. Feast and rituals (wedding, circumcision, birthday, religious commemoration, customary rituals, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

HR. HOUSEHOLD ASSETS

Next we would like to ask you about assets this household has, both used for business purpose and for non business purpose, but exclude rented land/assets and shared income.

HR1TYPE	HR01	HR02
Type of land	Does this household own [...]?	How large of the [...] is owned by this household?
a. Irrigated rice field	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m2 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> ha
b. Rain-fed rice field	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m2 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> ha
c. Dry land	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m2 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> ha
d. Land for housing	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m2 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> ha
e. Land for other housing or for business	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m2 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> ha

HR2TYPE	HR03	HR04
Type	Does this household own [...]?	How many of [...] this household owns?
a. Radio/tape recorder	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Television	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Parabolic antenna	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Showcase/sideboard	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Refrigerator	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Bicycle/skiff	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Motorcycle/outboard motor	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. Car/motor boat	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Hand phone	1. Yes ↓ 3. No ↓ 8. DO NOT KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

j. Chicken/duck	1. Yes ↓	3. No ↓	8. DO NOT KNOW	□ . □ □ □ □
k. Pig	1. Yes ↓	3. No ↓	8. DO NOT KNOW	□ □ □ □
l. Goat	1. Yes ↓	3. No ↓	8. DO NOT KNOW	□ □ □ □
m. Cow/buffalo	1. Yes ↓	3. No ↓	8. DO NOT KNOW	□ □ □ □
n. Horse	1. Yes ↓	3. No ↓	8. DO NOT KNOW	□ □ □ □

GE. ECONOMIC DIFFICULTIES

Next we would like to ask you about events that this household experienced and disturbed its financial standing during the last 12 months.

GETYPE	GE01	GE02	GE03
Type of Economic Difficulty	Has this household ever experienced [...] financial difficulties during the last 12 months?	When did this [...] happen? (Month/Year)	How much approximately was the reduction in income due to [...] in the last 12 months?
a. Has there been death among household members or other relatives?	1. Yes 3. No ↓	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW
b. Has there been grave illness among household members or other relatives who required hospitalisation or continuous medical treatment?	1. Yes 3. No ↓	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW
c. Has there been lost of employment of business failure among household members?	1. Yes 3. No ↓	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW
d. Losses due to fire, earthquake other disasters	1. Yes 3. No ↓	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW
e. Harvest failure due to _____ _____	1. Yes 3. No ↓	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW
f. Reduction in household income due to very low harvest/production	1. Yes 3. No ↓	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW
v. Other, _____ _____	1. Yes 3. No ↓	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW

AK. HEALTH INSURANCE

AK01	Is there any member of this household who gets health allowance or has health insurance or gets reimbursement for medical expenses?	1. Yes	3. No → Seksi RJ
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AKTYPE	AK02	AK03	AK04	AK05	AK06
Form of insurance/allowance	Is the insurance/allowance in the form of [...]?	When did you get the insurance/allowance in the form of [...]?	How many household members are covered by [...]?	Does [...] cover outpatient service at government hospital, Puskesmas / Pustu, and private health clinics?	Does [...] cover inpatient service at government hospital, Puskesmas / Pustu, and private health clinics?
a. Health insurance (ASKES)	1. Yes 3. No ↓ 8. DO NOT KNOW ↓	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> persons 8. DO NOT KNOW		
b. Health insurance for poor families (ASKESKIN / JPKM / Health Control Card / JPS Card)	1. Yes 3. No ↓ 8. DO NOT KNOW ↓	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> persons 8. DO NOT KNOW		
c. Employment insurance (Astek Jamsostek)	1. Yes 3. No ↓ 8. DO NOT KNOW ↓	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> persons 8. DO NOT KNOW	A. Government hospital B. Puskesmas/Pustu C. Private service V. Other, _____ Y. DO NOT KNOW	A. Government hospital B. Puskesmas/Pustu C. Private service V. Other, _____ Y. DO NOT KNOW
d. Clinics for employees	1. Yes 3. No ↓ 8. DO NOT KNOW ↓	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> persons 8. DO NOT KNOW	A. Government hospital B. Puskesmas/Pustu C. Private service V. Other, _____ Y. DO NOT KNOW	A. Government hospital B. Puskesmas/Pustu C. Private service V. Other, _____ Y. DO NOT KNOW
v. Other insurance/guarantee/allowance, _____ _____	1. Yes 3. No ↓ 8. DO NOT KNOW ↓	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DO NOT KNOW	1. <input type="text"/> <input type="text"/> <input type="text"/> persons 8. DO NOT KNOW	A. Government hospital B. Puskesmas/Pustu C. Private service V. Other, _____ Y. DO NOT KNOW	A. Government hospital B. Puskesmas/Pustu C. Private service V. Other, _____ Y. DO NOT KNOW

RJ. OUTPATIENT

The following questions relate to visits of household members to health center or visits of health officers to this household during the last 1 month.

RJ1TYPE	RJ01	RJ02
Health Facility	Has there been during <u>last month</u> any household member who went to/or visited by health officer [...] to get medical treatment?	How many times the household member visited/was visited by health officer [...] during <u>last month</u> ?
a. State hospital (Public or Specialist)	1. Yes 3. No ↓	<input type="text"/> times
b. Private hospital	1. Yes 3. No ↓	<input type="text"/> times
c. Public health service center/ Subsidiary public health service center	1. Yes 3. No ↓	<input type="text"/> times
d. Polyclinic/ private clinic/medical clinic/ monther child welfare service	1. Yes 3. No ↓	<input type="text"/> times
e. Private medical doctor practice (general, specialist, dentist)	1. Yes 3. No ↓	<input type="text"/> times
f. Village polyclinic/village midwife	1. Yes 3. No ↓	<input type="text"/> times
g. Private registered midwife	1. Yes 3. No ↓	<input type="text"/> times
h. Nurse/private registered male nurse	1. Yes 3. No ↓	<input type="text"/> times
i. Integrated Services Centre	1. Yes 3. No ↓	<input type="text"/> times
j. Traditional healer/ alternative healer/ medicine man/midwife	1. Yes 3. No ↓	<input type="text"/> times

RJ03 Number of visits as outpatient during the <u>last 1 month</u>	<input type="text"/> times (IF ANSWER IS ZERO → SECTION PM)
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Next, we would like to ask you about visits by these household members to health service facilities. Please put down the visits of the household member during last month, starting with the most recent visit.

INSTRUCTIONS FOR INTERVIEWER: IF THERE ARE MORE THAN ONE HOUSEHOLD MEMBER WHO USE THE SAME HEALTH FACILITIES AT THE SAME TIME, THEN PUT DOWN IN DIFFERENT COLUMN.

RJ2TYPE	a. Last	b. Second Last	c. Third Last	d. Fourth Last
RJ04 Which household member has visited/been visited by health officer?	Name: _____ HOUSEHOLD MEMBER Serial no.: _____	Name: _____ HOUSEHOLD MEMBER Serial no.: _____	Name: _____ HOUSEHOLD MEMBER Serial no.: _____	Name: _____ HOUSEHOLD MEMBER Serial no.: _____
RJ05 When was the visit made?	____/____/____	____/____/____	____/____/____	____/____/____
RJ06 What kinds of health facilities/services were visited by the [NAME of HOUSEHOLD MEMBER]?	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Puskesmas/Pustu 4. Clinic, private clinic, Maternal Child Health Care/BKIA → RJ08 5. Medical doctor (general, specialist, dentist) → RJ08 6. Village maternity clinic/traditional birth attendant 7. Private midwife 8. Nurse/male nurse → RJ08 9. Posyandu → RJ08 10. Traditional practice/alternative/healer/traditional birth attendant → RJ08	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Puskesmas/Pustu 4. Clinic, private clinic, Maternal Child Health Care/BKIA → RJ08 5. Medical doctor (general, specialist, dentist) → RJ08 6. Village maternity clinic/traditional birth attendant 7. Private midwife 8. Nurse/male nurse → RJ08 9. Posyandu → RJ08 10. Traditional practice/alternative/healer/traditional birth attendant → RJ08	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Puskesmas/Pustu 4. Clinic private clinic, Maternal Child Health Care/BKIA → RJ08 5. Medical doctor (general, specialist, dentist) → RJ08 6. Village maternity clinic/traditional birth attendant 7. Private midwife 8. Nurse/male nurse → RJ08 9. Posyandu → RJ08 10. Traditional practice/alternative/healer/traditional birth attendant → RJ08	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Puskesmas/Pustu 4. Clinic, private clinic, Maternal Child Health Care/BKIA → RJ08 5. Medical doctor (general, specialist, dentist) → RJ08 6. Village maternity clinic/traditional birth attendant 7. Private midwife 8. Nurse/male nurse → RJ08 9. Posyandu → RJ08 10. Traditional practice/alternative/healer/traditional birth attendant → RJ08
RJ07 Specify the facilities and addresses of Puskesmas/ auxiliary puskesmas/midwife	a. Name of facility: b. Address: _____ _____ c. Facility ID: _____	a. Name of facility: b. Address: _____ _____ c. Facility ID: _____	a. Name of facility: b. Address: _____ _____ c. Facility ID: _____	a. Name of facility: b. Address: _____ _____ c. Facility ID: _____
RJ08 Where are the health facilities/services located?	1. The same village/ward 2. The same subdistrict 3. The same district/city 4. Outside this district/city	1. The same village/ward 2. The same subdistrict 3. The same district/city 4. Outside this district/city	1. The same village/ward 2. The same subdistrict 3. The same district/city 4. Outside this district/city	1. The same village/ward 2. The same subdistrict 3. The same district/city 4. Outside this district/city
RJ09 Did [NAME of FACILITY-	1. Yes → RJ14	1. Yes → RJ14	1. Yes → RJ14	1. Yes → RJ14

RJ2TYPE	a. Last	b. Second Last	c. Third Last	d. Fourth Last
RJ06] visit [NAME of HOUSEHOLD MEMBER - RJ04] at home?	3. No	3. No	3. No	3. No

RJ2TYPE	a. Last	b. Second Last	c. Third Last	d. Fourth Last
RJ10 What is the distance (in kilometers) from this household to health facilities/services (one trip)?	1. , Km 8. DO NOT KNOW	1. , Km 8. DO NOT KNOW	1. , Km 8. DO NOT KNOW	1. , Km 8. DO NOT KNOW
RJ11 How long does it take to reach the health facilities/services (one trip)?	1. hour minute 8. DO NOT KNOW	1. hour minute 8. DO NOT KNOW	1. hour minute 8. DO NOT KNOW	1. hour minute 8. DO NOT KNOW
RJ12 What is the total cost of trip to those places (incl. fuel for one trip)	1. Rp . 8. DO NOT KNOW	1. Rp . 8. DO NOT KNOW	1. Rp . 8. DO NOT KNOW	1. Rp . 8. DO NOT KNOW
RJ13 How long did [NAME of Household Member -RJ04] have to wait from arrival to time of examination?	1. hour minute 8. DO NOT KNOW	1. hour minute 8. DO NOT KNOW	1. hour minute 8. DO NOT KNOW	1. hour minute 8. DO NOT KNOW
RJ14 What kinds of services did [NAME of Household Member -RJ04] received?	A. Health check up/consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than birth control injection) E. Surgery F. Medicines G. Family planning service (Pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing V. Other, _____	A. Health check up/consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than birth control injection) E. Surgery F. Medicines G. Family planning service (Pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing V. Other, _____	A. Health check up/consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than birth control injection) E. Surgery F. Medicines G. Family planning service (Pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing V. Other, _____	A. Health check up/consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than birth control injection) E. Surgery F. Medicines G. Family planning service (Pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing V. Other, _____
RJ15 What was the total cost of service paid for (incl. medicine) [NAME of	1. Rp . . 8. DO NOT KNOW	1. Rp . . 8. DO NOT KNOW	1. Rp . . 8. DO NOT KNOW	1. Rp . . 8. DO NOT KNOW

Household Member -RJ04]?				
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RJ2TYPE	a. Last	b. Second Last	c. Third Last	d. Fourth Last
RJ16 Did [NAME of Household Member -RJ04] use insurance or discounted cost for the expense?	1. Yes 3. No → RJ18	1. Yes 3. No → RJ18	1. Yes 3. No → RJ18	1. Yes 3. No → RJ18
RJ17 What kind of insurance or discounted cost that [NAME of Household Member -RJ04] use for that payment?	1. Health insurance (ASKES) 2. Poor family health insurance program (ASKESKIN / JPKM / Health Control Card / JPS Card) 3. Worker insurance program (ASTEK Jamsostek) 4. Letter of Confirmation of Poor Status 5. Insurance /assistance / other allowance, _____ _____	1. Health insurance (ASKES) 2. Poor family health insurance program (ASKESKIN / JPKM / Health Control Card / JPS Card) 3. Worker insurance program (ASTEK Jamsostek) 4. Letter of Confirmation of Poor Status 5. Insurance /assistance / other allowance, _____ _____	1. Health insurance (ASKES) 2. Poor family health insurance program (ASKESKIN / JPKM / Health Control Card / JPS Card) 3. Worker insurance program (ASTEK Jamsostek) 4. Letter of Confirmation of Poor Status 5. Insurance /assistance / other allowance, _____ _____	1. Health insurance (ASKES) 2. Poor family health insurance program (ASKESKIN / JPKM / Health Control Card / JPS Card) 3. Worker insurance program (ASTEK Jamsostek) 4. Letter of Confirmation of Poor Status 5. Insurance /assistance / other allowance, _____ _____
RJ18 INTERVIEWER, CHECK RJO3: HAS THERE BEEN OTHER VISIT?	1. YES → RJ04 next column 3. NO ↓	1. YES → RJ04 next column 3. NO ↓	1. YES → RJ04 next column 3. NO ↓	1. YES → RJ04Supplement 3. NO ↓

PM. COMMUNITY PARTICIPATION

Next, we would like to know about the types of groups, institutions, associations, organisations, or other activities in this village that the members of this household over 18 years participated in during the last 3 months.

INTERVIEW INSTRUCTIONS:

IF THERE ARE MORE THAN ONE HOUSEHOLD MEMBERS WHO JOIN ONE TYPE OF GROUP, BUT IN DIFFERENT TEAM (FOR EXAMPLE: AL QURAN STUDY FOR GIRLS AND AL QURAN STUDY FOR BOYS), THEN THIS **MUST BE RECORDED SEPARATELY** ON THE LIST OF ACTIVITIES. IF MORE THAN ONE HOUSEHOLD MEMBERS JOIN ONE TYPE OF GROUP AND THE SAME TEAM, THEN THIS SHOULD BE RECORDED AS ONE ON THE LIST OF ACTIVITIES.

PM01	Is there any household member who participates in [...]?	
a.	Social service group or institution such as school committee, housewives groups, Family Welfare Program, community security watch group, or integrated health post	1. Yes, WRITE DOWN ON LIST OF PM 3. No
b.	Production group or institution such as agricultural group providing materials/extension services, weaving group, or small business group.	1. Yes, WRITE DOWN ON LIST OF PM 3. No
c.	Workers group or institution such as plantation workers group or farmers group providing manpower.	1. Yes, WRITE DOWN ON LIST OF PM 3. No
d.	Natural resource management group or institution, such as P3A, irrigation water users group, clean water group, greening group, or clean water group.	1. Yes, WRITE DOWN ON LIST OF PM 3. No
e.	Credit/finance group, such as small credit circle, IDT community group, or savings group.	1. Yes, WRITE DOWN ON LIST OF PM 3. No
f.	Governmental group or institution, such as Rukun Tetangga (RT), Rukun Warga (RW), or hamlet/neighbourhood.	1. Yes, WRITE DOWN ON LIST OF PM 3. No
g.	Religious/traditional group or institution, such as Al Quran reading, prayer group, Al Quran study group, or mosque/church youth group.	1. Yes, WRITE DOWN ON LIST OF PM 3. No
h.	Recreational group or institution, such as sports, dancing, shadow play, or youth sports group.	1. Yes, WRITE DOWN ON LIST OF PM 3. No
i.	Mass organisation or political organisation	1. Yes, WRITE DOWN ON LIST OF PM 3. No
v.	Other	1. Yes, WRITE DOWN ON LIST OF PM 3. No

PM02	PM03	PM04	PM05	PM06	PM07	PM08	PM09
No	Write down the name of group/institution	GROUP CODE	How many household members join the group [...]?	Do you belong to the group [...]?	How many times have you participated in group activities [...] in the last <u>3 months</u> ?	How many were present usually in the group activities [...] in the last <u>3 months</u> ?	Do all members of group [...] live in the same region?
01.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
02.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
03.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
04.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
05.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
06.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
07.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
08.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
09.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
10.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8

Code PM04

01. Social services

02. Production

03. Worker/labourer

04. Natural resource management

05. Credit/finance

06. Government

07. Religion

08. Customs

09. Sports/arts/hobbies

10. Mass organisation/political parties

95. Other

Code PM09

1. Yes, all live in the same household cluster 2. Yes, all live in the same sub-ward / hamlet

3. Yes, all live in the same village/ward

4. No, there is household member who lives outside this village/ward

8. DO NOT KNOW

PM02	PM03	PM04	PM05	PM06	PM07	PM08	PM09
No	Name of group/institution	GROUP CODE	How many household members join the group [...]?	Do you belong to the group [...]?	How many times have you participated in group activities [...] in the last <u>3 months</u> ?	How many were present usually in the group activities [...] in the last <u>3 months</u> ?	Do all members of group [...] live in the same region?
11.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
12.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
13.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
14.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
15.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
16.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
17.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
18.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
19.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8
20.		<input type="text"/>	<input type="text"/>	1. Yes 3. No↓	<input type="text"/>	<input type="text"/>	1 2 3 4 8

Code PM04

01. Social services

02. Production

03. Worker/labourer

04. Natural resource management

05. Credit/finance

06. Government

07. Religion

08. Customs

09. Sports/arts/hobbies

10. Mass organisation/political party

Code PM09

1. Yes, all live at the same RT

2. Yes, all live at the same RW /hamlet

3. Yes, all live at the same village/ward

4. No, there is household member who lives outside this village/ward

8. DO NOT KNOW

Next we would like to know about community self help activities in which the members of this household participated in THE LAST 12 MONTHS.

PM10	Has there been community activities in repair/cleaning/maintenance/construction of village/neighbourhood infrastructure and facilities during the last 12 months?	1. Yes	3. No → PM22
PM10a	Has this household been participating/following community activities, cleaning/maintaining /repairing/constructing those infrastructure and facilities?	1. Yes	3. No → PM22
PM11	In what activities has this household been participating in?	A. Cleaning/maintenance/repair/road/neighbourhood.bridge construction B. Cleaning/maintenance/repair /school construction C. Cleaning/maintenance/repair / clean water system construction/personal hygiene D. Cleaning/maintenance/repair /irrigation canal/dam construction E. Cleaning/maintenance/repair /house of worship/burial ground construction V. Other, _____	
PM12	Were the activities joined in by this household carried out in this hamlet/RW or in other hamlet/RW, or both?	1. This hamlet/RW 2. Other hamlet/RW	3. Both
PM13	Were the activities joined in by this household cleaning/repairing/ constructing or both?	1. Cleaning/maintenance 2. Repair/Construction → PM14b	3. Both

Next we would ask you about participation and contribution of household members to community activities during the last 12 months.

	a. Cleaning/maintenance activities	b. Repair/construction activities
PM14 Did this household contribute manpower for that [...] ?	1. Yes, _____ person 3. No → PM16	1. Yes, _____ person 3. No → PM16
PM15 How many days and hours were contributed by all household members to that [...]?	_____ day X average _____ hour/day	_____ day X average _____ hour/ day
PM16 Did this household contribute cash or goods/provision to that [...]?	1. Yes 3. No → PM17X	1. Yes 3. No → PM18
PM17 How much was the total contribution during the last 12 months?	A. Cash : Rp _____ B. Goods/Provision : Rp _____	A. Cash : Rp _____ B. Goods/Provision : Rp _____
PM17X INTERVIEWER, CHECK PM13	1. CLEANING/MAINTENANCE → PM18 3. BOTH → PM14b	

PM18	Generally, who decides as to which household participates in social activities/joint activities/self-help?	A. Village/ward head B. Hamlet/ sub-ward head C. Household cluster head D. Village/ward meeting E. Hamlet/sub-ward meeting F. Household cluster meeting G. Each household decides itself H. Religious leader I. Other community leader V. Other, _____
PM19	Who decides on the number of self-help expected from each household?	A. Village/ward head B. Hamlet/ sub-ward head C. Household cluster head D. Village/ward meeting E. Hamlet/ sub-ward meeting F. Household cluster meeting G. Each household decides itself H. Religious leader I. Other community leader V. Other, _____
PM20	What sanction/disincentive is given if the household fails to participate in social activities/community joint activities?	A. Replace with another time B. Contribute goods/provision C. Find other to represent D. Pay other to perform activities E. Pay fine F. Not allowed to enjoy development benefits G. Not allowed to join community activities V. Other, _____ W. There is disincentive/ sanction
PM21	Who decides on such sanction/disincentive?	A. Village/ward head B. Hamlet/sub-ward head C. Household cluster head D. Village/ward meeting E. Hamlet/ sub-ward meeting F. Household cluster meeting G. Each household decides itself H. Religious leader I. Other community leader V. Other, _____ W. NOT APPLICABLE

Next we would like to us you about people you know closely

PM2TYPE	PM22	PM23
Position	Do you know [...] closely?	What is your relation to [...]?
		A. This household member B. Core family (little/elder brother sister, father mother, offspring) C. Extended family (cousin, nephew niece, uncle, etc.) D. Workmate/business partner E. Neighbour F. Friend V. Other, _____
a. Village/ward head or spouse	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
b. Village/ward secretary or spouse	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____
c. Chairman/members of regional parliament/ ward committee/community	1. Yes 3. No ↓ 6. NOT APPLICABLE ↓	A B C D E F V _____

consultative forum		
d. Hamlet/sub-ward head or spouse	1. Yes 3. No ↓ ↓	6. NOT APPLICABLE A B C D E F V_____
e. Household cluster head or spouse	1. Yes 3. No ↓ ↓	6. NOT APPLICABLE A B C D E F V_____

SB Midwife Sampling

Next we would like to ask you about private registered midwife practising in this subdistrict.

SB01	INTERVIEWER, CHECK IF LK13 IN BOOK 2 = 1	1. YES	3. NO → SECTION PR
SB02	Do you know if there is any private midwife who provides services in this subdistrict?	1. Yes	3. No → SECTION PR

Please give us the name and address of midwife you know in this subdistrict	
SB03. Name of private midwife	SB04. Address of private midwife [...]
a. _____	a. _____
b. _____	b. _____
c. _____	c. _____
d. _____	d. _____
e. _____	e. _____

PR. Household Tracking

Next, we would like to ask you about the possibility that this household would move out

PR01	Is this household planning to move out in the coming 12 months?	1. Yes → PR03	3. No
PR02	Is there any possibility that this household will move out in the coming 12 months?	1. Yes	3. No → PR04
PR03	To where is this household planning to move out?	a. Street/village : _____ b. Village/Ward : _____ c. Subdistrict : _____ d. District/city : _____ e. Province : _____	
PR04	Who other people outside this household who can provide information on the address of this household if or in case it moves out?	a. Name : _____ b. Address : _____ c. No. Telp : _____	
PR05	What is relation of [NAME IN PR04] to this household?	A. Household cluster/village head B. Parents/parents in law C. Own brother sister/cousin or relatives V. Other, _____	

CP. INTERVIEWER'S NOTES

CP01	WHAT LANGUAGE WAS USED DURING THE ENTIRE/MOST OF THE INTERVIEW?	1. INDONESIA 2. BETAWI 3. SUNDANESE 4. JAVANESE	5. MADURESE 6. SASAK 7. MANDARIN 8. MANADONESE	9. GORONTALO 10. BUGIS 11. MAKASARESE 95. OTHER, _____
CP02	WERE THERE ANY OTHER LANGUAGES BEING USED?	1. YES, <input type="checkbox"/> , _____ (SELECTION CODE THE SAME AS CP01) 3. NONE		
CP03	WHO ELSE (OTHER PERSON) OTHER THAN THE RESPONDENT WERE PRESENT DURING THE INTERVIEW?	A. NONE B. HUSBAND/WIFE C. CHILD ≥ 5 YEARS OLD D. CHILD < 5 YEARS OLD E. ADULT, ART F. ADULT, NON ART		
CP04	HOW WOULD THE ENUMERATOR EVALUATE THE APROPRIATENESS OF THE ANSWERS OF THE RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE 4. POOR 5. VERY POOR		
CP05	HOW WOULD THE ENUMERATOR EVALUATE THE SERIOUSNESS OF THE RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE 4. POOR 5. VERY POOR		
CP06	WHICH QUESTIONS MADE IT DIFFICULT, EMBARASSING, OR CONFUSING FOR THE RESPONDENT TO ANSWER? (WRITE DOWN IN SECTION AND QUESTION NUMBER)	_____ _____ _____		

SECTION	QUESTION NO.	INTERVIEWER'S REMARKS

