

HEALTH AND EDUCATION SERVICES SURVEY

LK, AR, KRT, KR, KS, HR, GE,
AK, MA, RJ, PG, PPK, PM, PR, CP

BOOK 1A HOUSEHOLDS

HOUSEHOLD ID

_____ 1 _____
 EA QX DESA RT ART SPLIT

The main Respondent is (a) Spouse of Household Head or (b) Female Household Head or (c) Household Head or (d) Other Female ART (Household Member) 18 years old or over who can provide information.

COV1. Name of the main Respondent:

ART serial no. : _____

ENUMERATOR, EDITOR AND SUPERVISOR

	Enumerator	Editor	Supervisor
Names and Codes of Officers	_____	_____	_____

RESULTS OF VISITS

	First Visit	Second Visit	Third Visit
Date	____/____/2008	____/____/2008	____/____/2008
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 INSPECTION

Inspection by Supervisor	Observation by Supervisor	Checked Up by Editor
1. Yes	1. Yes	1. Entry made, without mistake
3. No	3. No	3. Entry made and correction made

READ OUT THE VERBAL CONSENT SHEET BEFORE STARTING THE INTERVIEW

VERBAL CONSENT

My name is I am a surveyor from Pusat Penelitian Kependudukan dan Kebijakan Universitas Gadjah Mada. Currently, we are collecting data for 2009 Health and Education Service Survey. The survey is intended to collect information on public access to and the availability of health and education facilities in Indonesia.

As part of this research, we would like to conduct an interview with you. You were selected for the interview based on a random lottery. We would like to ask your permission for the interview. If you choose to continue with the interview, you can choose not to respond to any or all of the questions we ask. All of your responses will be used for research purposes only, and are guaranteed to be kept confidential. Your name and your answers will not be disclosed to anyone.

We apologize for the time it will take and for any interruption this may cause. The length of this interview is approximately one-and-a-half-hours. As compensation, we will pay you Rp. 15,000 at the completion of the interview. Although your participation in this research will not benefit you directly, the information you provided will be beneficial for the future of health and education services throughout Indonesia.

Do you understand this explanation? If so, may we continue with the interview?

If you feel you have been treated unfairly, or you have questions or concerns you may contact:

Drs. Sukamdi, M.Sc

Centre for Population and Policy Research, Gadjah Mada University

Tel: 0274-563079 or Email: secretary@cpps.or.id

ORAL CONSENT OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I understand the procedures described above and agree to be interviewed.

_____ Oral consent: 1. Yes 3. No
(Name of Subject)

SIGNATURE OF INTERVIEWER

In my judgement the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give informed consent to participate in this research study.

_____ Date _____
Signature of Interviewer

LK. LOCATION

LK01	PROVINCE	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/BOROUGH	<input type="text"/>			CODE: <input type="text"/>
LK05	HAMLET/WARD/RW/RT	a. HAMLET/WARD/RW : <input type="text"/> b. RT : <input type="text"/>			CODE: <input type="text"/>
LK09	Address (WRITE DOWN NAMES OF STREET, ALLEY, HOUSE NUMBER)	<input type="text"/> <input type="text"/>			
LK10	Telephone/HP	A. Tel. <input type="text"/> - <input type="text"/>		W. NOT APPLICABLE	
		B. HP <input type="text"/> - <input type="text"/>			
LK11	LOCATION COORDINATES	a. LONGITUDE: \pm S/N <input type="text"/> ° <input type="text"/> , <input type="text"/>		c. ELEVATION: <input type="text"/> . <input type="text"/> METER ABOVE SEA LEVEL	
		b. LATITUDE : \pm E <input type="text"/> ° <input type="text"/> , <input type="text"/>		d. ACCURACY: <input type="text"/> METER	

AR00X INTERVIEWER, CHECK FORM PR: STATUS OF HOUSEHOLD	1. PANEL HOUSEHOLD 2. SPLIT HOUSEHOLD 3. REPLACEMENT/NEW HOUSEHOLD	→ INSERT PREPRINTED AR SECTION
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LK12 TYPES OF HOUSEHOLD	1. HOUSEHOLD WITH FEMALE MEMBER THAT HAS BEEN PREGNANT/HAS GIVEN BIRTH IN THE LAST 24 MONTHS 2. HOUSEHOLD WITH CHILD \leq 15 YEARS OLD	3. NEITHER HOUSEHOLD 1 NOR 2
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HOUSEHOLD (RT)	A person or a group of persons who live in one part or the whole of a house and habitually live together and have meals from one kitchen. Having meals from one kitchen means that all daily provisions are managed together as one.
HOUSEHOLD HEAD (KRT)	The name that is written on the list of household respondents.
HOUSEHOLD MEMBER (ART)	a. All persons who habitually live in the same household, both s/he who is at home during the survey and s/he who is absent temporarily. b. ART (household member) who has been absent for 6 months or over, and household member who has been absent for less than 6 months but intends to move out/to leave the house for 6 months or over is not considered a household member.. c. A guest who has lived in a house for 6 months or over and a guest who has lived in a house for less than 6 months but will live there for 6 months or over is considered a household member.

AR. HOUSEHOLD MEMBER

AR00	AR01	AR02	AR03	AR04	AR05	AR06	AR07	AR08
Serial No.	Name	Relation of [...] to Household Head?	Sex of [...]?	Date of birth of [...]? (Date/Month/Year)	Serial No. (AR00) of his/her father?	Serial No. (AR00) of his/her mother?	Marital Status of [...]?	Serial No. (AR00) of husband/wife?
___ 01		0-1 _____	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 AR00 Additional code: 00 NON-PANEM RESPONDENT 2007	Code AR02: 01. Head of RT 02. Spouse of KRT 03. Own/step child 04. Sibling/step brother/sister	05. Brother/sister in law 06. Son/daughter in law 07. Own/step grand child 08. Parents/parents in law 09. Other relatives	10. Domestic servant 11. Adopted child 12. Other person (Lodger, friend, etc.) 95. Other, _____	Code AR05, AR06, AR08 : See ART Serial No in AR00 Additional code: 51. Does not live in this household 52. Deceased	Code AR07 1. Single 2. Married 3. Divorced 4. Widow/er
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AR00	AR01	AR09	AR10	AR11	AR12
Serial No.	Name	Main activities of [...] carried out last week	Does [...] currently attend school?	Highest level of education completed by [...]	Was [...] interviewed for?
01		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
02		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
03		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
04		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
05		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
06		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
07		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
08		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
09		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE
10		2 → AR11 1 3 4 5 6 7 8 95 _____	1 3	___	1. 1B 2. 1C 3. 1D 6. NOT APPLICABLE

Code AR09	05. Unemployed	Code AR10	Code AR11	05. D1/D2/D3
01. Employed	06. Under five years old	1. Yes	01. SD incomplete	06. D4/S1
02. Attend school	07. Mentally retarded/paralysed/suffering from severe illness	3. No	02. SD/MI	07. S2/S3
03. Look after Household	08. Elderly		03. SMP/MTs/equivalent	08. Never attended school
04. Retired	95. Other, specify: _____		04. SMA/MA/equivalent	98. DO NOT KNOW

Now we would like to ask you about the member of your household who is attending the senior high school (SMA/Equivalent)

AR47 Are there any members of this household currently attending/enrolled at high school or equivalent?	1. Yes	3. No → AR13
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	1	2	3
AR48 Names of those currently enrolled at high school (Write out in sequence by ART number)	_____ <input type="text"/>	_____ <input type="text"/>	_____ <input type="text"/>
AR49 Current class attended?	1. Class 1 2. Class 2 3. Class 3 98. DO NOT KNOW	1. Class 1 2. Class 2 3. Class 3 98. DO NOT KNOW	1. Class 1 2. Class 2 3. Class 3 98. DO NOT KNOW
AR50 How many school days did [NAME OF STUDENT] have in the last two weeks ?	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW
AR51 During the 2 weeks, how many days [NAME OF STUDENT]:			
a. attended school	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW
b. was absent due to illness	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW
c. was absent with permission	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW
d. was absent without permission	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW	1. <input type="text"/> days 8. DO NOT KNOW

Now we would like to ask you about the member of your household (ART()) who has just moved in, in the last 12 months.

AR13	Is there any ART who have just moved in into this household in the <u>last 12 months</u> ?	1. Yes, <input type="text"/> person(s)	3. No → AR14a
AR14	Who moved in to this household in the <u>last 12 months</u> ? WRITE DOWN THE NAMES AND SERIAL NOs. OF ART	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
AR14a	Is there anybody, who is not an ART, staying in this household now?	1. Yes, <input type="text"/> person(s)	3. No → AR15
AR14b	What is his/her purpose staying in this household?	A. Visiting relatives B. Vacation C. Giving birth at parents'/relative's house	D. Looking for work E. School registration F. Working/trading G. Getting medical care H. Temporary stay (building a house, flood, etc.) V. Other, _____
AR15	Is there any ART who spent for more than 3 months away and then returned to this household in the <u>last 12 months</u> ?	1. Yes, <input type="text"/> person(s)	3. No → AR17
AR16	Who are the ARTs who went away for more than 3 months and then returned to this household in the last 12 months? WRITE DOWN THE NAMES AND SERIAL NOs of ART	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
AR17	Is there any ART who moved to another subdistrict, district, province, or country in the <u>last 12 months</u> ?	1. Yes, <input type="text"/> person(s)	3. No → AR25

AR18	AR19	AR20	AR21	AR22	AR23	AR24
Serial No. ("00" IF NOT ART 2007)	Name	[...]'s relation to the household head	Sex	Age (YEAR)	Location of destination (SPECIFY THE LOCATION NAME)	Reasons of [...] for moving?
<input type="text"/> 01		<input type="text"/>	1. L 3. P	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 02		<input type="text"/>	1. L 3. P	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 03		<input type="text"/>	1. L 3. P	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 04		<input type="text"/>	1. L 3. P	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 05		<input type="text"/>	1. L 3. P	<input type="text"/>	<input type="text"/>	<input type="text"/>

Code AR20	05. Brother/sister-in-law	10. Domestic servant	Code AR23	Code AR24	05. Follow parents/son daughter/relatives
01. KRT (Household Head)	06. Son/daughter-in-law	11. Adopted child	1. Other subdistrict (name of subdistrict)	01. Attend school	06. Divorced/married
02. KRT Spouse	07. Own/step grandchild	12. Other people (lodger, friend, etc.)	2. District/city (names of district/city)	02. Work	07. Islamic boarding school
03. Own/step child	08. Parents/parents-in-law	95. Other, _____	3. Other province (name of province)	03. Follow husband/wife	95. Other, _____
04. Sibling/step brother sister	09. Other relatives		4. Foreign country (name of country)	04. Adopted	

We would like now to ask you about household members' children ≤ 15 years old who live outside of this household.

AR25 Is there a household member's own/step child ≤ 15 years old who lives outside the household?	1. Yes, <input type="text"/> kid 3. No → AR39
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AR26	AR27	AR28	AR29	AR30	AR31	AR32	AR33
Serial No. ("00" IF NOT ART 2007)	Name of child	Relation of [...] to household head?	Sex of [...]?	Date of birth [...]? (Date/month/year)	Serial No. (AR00) of own father?	Serial No. (AR00) of own mother?	Marital status of [...]?
<input type="text"/> 01		<input type="text"/> _____	1. M 3. F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4
<input type="text"/> 02		<input type="text"/> _____	1. M 3. F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4
<input type="text"/> 03		<input type="text"/> _____	1. M 3. F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4
<input type="text"/> 04		<input type="text"/> _____	1. M 3. F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4
<input type="text"/> 05		<input type="text"/> _____	1. M 3. F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4
<input type="text"/> 06		<input type="text"/> _____	1. M 3. F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 3 4

	Code AR28 02. Spouse of KRT (household head) 03. Son daughter 04. Sibling/step brother sister 05. Brother sister in law 07. Grandchild 09. Other relatives 11. Adopted child 12. Other people (lodger, friend, etc.) 95. Other, _____	Code AR31, AR32 : See Serial No. of ART in AR00 Additional code: 51. Does not live in this household 52. Deceased	Code AR33 1. Single 2. Married 3. Divorced 4. Widow/er
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AR26	AR27	AR34	AR35	AR36	AR37	AR38
Serial No.	Name	Main activities of [...] carried out during last week	Does [...] currently attend school?	Highest level of education completed by [...]	Where does [...] live now?	With whom/where does [...] live now?
01		2 → AR36 1 3 5 6 95 _____ 98	1. Yes 3. No	____	□	A B C D E F G H I V _____
02		2 → AR36 1 3 5 6 95 _____ 98	1. Yes 3. No	____	□	A B C D E F G H I V _____
03		2 → AR36 1 3 5 6 95 _____ 98	1. Yes 3. No	____	□	A B C D E F G H I V _____
04		2 → AR36 1 3 5 6 95 _____ 98	1. Yes 3. No	____	□	A B C D E F G H I V _____
05		2 → AR36 1 3 5 6 95 _____ 98	1. Yes 3. No	____	□	A B C D E F G H I V _____
06		2 → AR36 1 3 5 6 95 _____ 98	1. Yes 3. No	____	□	A B C D E F G H I V _____

Code AR34 1. Working 2. Attending school 3. Looking after RT (household) 5. Unemployed 6. Under five/play group 95. Other, ____ 98. DO NOT KNOW	Code AR36 01. SD (elementary school) incomplete 02. SD/MI 03. SMP/MTs/equivalent 04. SMA/MA/equivalent 08. Never goes to school 98. DO NOT KNOW	Code AR37 1. Same village/borough 2. Same subdistrict 3. Same district 4. Same province 5. Other province 6. Foreign country	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 F. Dormitory/lodging/Islamic school/seminary G. Work place H. Orphanage I. Adopted parents V. Other, _____
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Please forgive us but we would like to ask you if there has been a death in this household in the last 24 months.

AR39 Was there any ART (household member) of this household who died in the last 24 months?	1. Yes, <input type="checkbox"/> person(s)	3. No → SECTION KRT
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AR40	AR41	AR41a	AR42	AR43	AR44	AR45	AR46
Serial No. ("00" IF NOT ART 2007)	Name	Date of death? Month/Year	Age when death occurred 1. Year (if age was ≥ 2 years) 2. Month (if age was < 2 years)	Relation of [...] to KRT(household head)?	Was the death of [...] due to an accident?	Sex?	Is the deceased was a woman who died at the age of ≥ 15 years/married/was married, did her death occur during pregnancy/giving birth/postnatal period? 1. Pregnancy 2. While giving birth/miscarriage 3. Postnatal period 6. NOT APPLICABLE
<input type="checkbox"/> 01		<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 1 2	<input type="checkbox"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6
<input type="checkbox"/> 02		<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 1 2	<input type="checkbox"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6
<input type="checkbox"/> 03		<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 1 2	<input type="checkbox"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6
<input type="checkbox"/> 04		<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> 1 2	<input type="checkbox"/> _____	1. Yes 3. No	1. M ↓ 3. F	1 2 3 6

Code AR43			
02. Spouse of KRT (household head)	05. Brother sister in law	08. Parents/parents in law	95. Other, _____
03. Son daughter	06. Son daughter in law	09. Other relatives	
04. Sibling/step brother sister	07. Grandson/daughter	10. Domestic servant	

KRT. IDENTITY OF HOUSEHOLD HEAD

KRT01	WRITE DOWN THE NAME OF HOUSEHOLD HEAD (KRT)	Serial No. of ART: <input type="text"/>				
KRT02	What is the ethnic origin of [NAME OF KRT]?	1. Betawi	6. Chinese	11. Bajo	15. Rote	19. Sangir
		2. Sundanese	7. Manado	12. Bali	16. Ende – Flores	20. Sumba
		3. Javanese	8. Gorontalo	13. Bolang	17. Manggarai	95. Other,
		4. Madurese	9. Bugis	Mengondow	18. Minahasa	_____
		5. Sasak	10. Makasar	14. Timor		
KRT03	What is the religion of [NAME OF KRT]?	1. Islam	3. Protestant	5. Hindu	95. Other, _____	
		2. Catholic	4. Buddhism	6. Marappu		
KRT04	What is the main profession of [NAME OF KRT]?	1. Agriculture, plantation, animal husbandry, fishery, forestry, hunting		4. Electricity, gas, and water	9. Services	
		2. Mining		5. Construction	95. Other, _____	
		3. Manufacturing		6. Trade, accommodation	96. UNEMPLOYED	
				7. Transportation		
				8. Financial institution		

KR. CHARACTERISTICS OF HOUSEHOLD

KR01	What kind of construction materials are used the most for your house roof?	1. CONCRETE	4. ZINC	7. Bamboo/timber		
		2. TILES	5. ASBESTOS	95. OTHER		
		3. BLACK WOOD	6. Palm fibre/thatch/cogon grass	_____		
KR02	What kind of construction materials are used the most for your house walls?	1. PLASTERED CONCRETE	4. LOW QUALITY TIMBER	95. OTHER,		
		2. UNPLASTERED CONCRETE	5. BAMBOO / THATCH	_____		
		3. HIGH QUALITY TIMBER	6. ZINC			
KR03	What kind of construction materials are used the most for your house floor?	1. Marble/ceramic/ terrazzo	4. HIGH QUALITY TIMBER	7. EARTH		
		2. TILE/FLAG	5. LOW QUALITY TIMBER	95. OTHER,		
		3. Cement plaster/brick masonry	6. BAMBOO / THATCH	_____		
KR04	What is the main source of drinking water for this household?	1. Piped water (PAM)	5. Lake	9. Sea water (neutralised sea water)		
		2. Pumped water well	6. Spring	95. OTHER, _____		
		3. Well	7. River/stream			
		4. Rain water	8. Mineral water/Aqua			
KR05	Where is the location of the source of the drinking water?	1. Inside the house → KR07		3. Outside the house		
KR06	What is the distance between this house and the main water source (one way)?	<input type="text"/> . <input type="text"/> meter				
KR07	Is the source of water for other purposes such as bathing and washing the same as the source of water for drinking?	1. Yes → KR11		3. No		

KR08 What is the main source of water for other purposes such as bathing and washing for this household?	1. Piped water (PAM) 2. Pumped water well 3. Well	4. Rain water 5. Lake 6. Spring	7. River/stream 9. Beach water (neutralised sea water) 95. OTHER, _____
KR09 Where is the location of the source of the water for those other purposes?	1. Inside the house → KR11	3. Outside the house	
KR10 What is the distance from this house to the water source (one way)?	┌┐.┌┌┌┌ meter		
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 type of latrine is used by this household?	1. Gooseneck latrine 2. Embankment latrine	3. Pit latrine 6. NONE	
KR13 Where is the human waste finally disposed of?	1. Septic tank/SPAL 2. Covered ground hole 3. Open ground hole	4. Pond/rice field 5. River/stream/lake/ sea	6. Beach/open space/backyard 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 kind of fuel do you use for day-to-day cooking?	A. Wood/charcoal B. Kerosene	C. Gas/electricity V. OTHER, _____	W. DO NOT COOK
KR17a Does this household receive the <i>Program Keluarga Harapan</i> (PKH) (Household Conditional Cash Transfer)?	1. Yes	3. No → KR18	
KR17b How many times has this household received help from PKH?	1. ┌┌ times	8. DO NOT KNOW	
KR17c When did this household receive cash from PKH <u>the last</u> ?	1. Month ┌┌ Year ┌┌┌┌	8. DO NOT KNOW	
KR17d What was the net amount received from PKH at that payment?	1. Rp ┌┌┌┌.┌┌┌┌	8. DO NOT KNOW	
KR18 Has this household ever received Unconditional Cash Transfer (SLT/BLT)?	1. Yes	3. No → KR21	
KR19 When did this household receive SLT/BLT <u>the last</u> ?	1. Month ┌┌ Year ┌┌┌┌	8. DO NOT KNOW	
KR20 What was the net amount received from SLT/BLT at that payment?	1. Rp ┌┌┌┌.┌┌┌┌	8. DO NOT KNOW	
KR21 Has this household ever received rice for the poor (Raskin)?	1. Yes	3. No → KR25	
KR22 When did this household received rice for the poor <u>the last</u> ?	1. Month ┌┌ Year ┌┌┌┌	8. DO NOT KNOW	
KR23 What was the amount of rice received from rice for the poor?	1. ┌┌,┌ Kg	3. ┌┌,┌ Litre	8. DO NOT KNOW
KR24 How much did you pay for that amount of rice for the poor?	1. Rp ┌┌┌┌.┌┌┌┌	8. DO NOT KNOW	

We would like to ask you now about access to information.

KR25	How many hours did you spend listening to the radio yesterday?	___ hour ___ minute
KR26	How many hours did you spend watching TV yesterday?	___ hour ___ minute

KS. CONSUMPTION

The following questions concern the kinds of food staples/goods consumed by all ART last week.

KS1TYPE	KS01
Types of Food	During the <u>last week</u> what was the value of [...] consumed , both those purchased and those produced by this household or obtained from other sources?
a. Grains (rice, maize, rice flour, corn flour, etc.)	Rp. ____ . ____
b. Tubers (cassava, sweet potato, potato, dried cassava, taro, sago, etc.)	Rp. ____ . ____
c. Fish (fresh fish, preserved/salted fish, shrimp, etc.)	Rp. ____ . ____
d. Meat (beef/buffalo meat/goat meat/pork/white meat/intestines, liver, spleen, fibred meat, dried meat, etc.)	Rp. ____ . ____
e. Eggs and milk (chicken/duck/quail eggs, fresh milk, condensed milk, powdered milk, etc.)	Rp. ____ . ____
f. Vegetables (spinach, swamp cabbage, cucumber, carrot, cowpea, kidney bean, onion, chilli, tomato, etc.)	Rp. ____ . ____
g. Legumes (ground/green nut/soybean/red bean/cashew nut/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, margarine, etc.)	Rp. ____ . ____
j. Beverages (refined sugar, 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. Prepared food and beverages (bread, biscuit, cakes, porridge, iced syrup, softdrink, salad, mixed rice, etc.)	Rp. ____ . ____
n. Alcoholic beverages (beer, wine, and other alcoholic drinks)	Rp. ____ . ____
o. Tobacco and betel vine (clove cigarette, white cigarette, tobacco, betel vine, betel, etc.)	Rp. ____ . ____

KS02	Where do you usually buy your grocery/food?	A. Supermarket	D. Push cart	W. NEVER PURCHASE/OWN PRODUCE
		B. Traditional market	V. Other, _____	
		C. Food stall		

Next, we would like to ask you about how much all household members (ART) spend on non-food purchases during the last 12 months.

KS2TYPE	KS03	KS04
Types of Non-food	How much was consumed/spent for [...] by all ART during <u>the last one month</u> ?	How much was consume/spent for [...] by all ART during the <u>last 12 months</u> ?
a. Housing and household facilities		
a1. Lease, contract, 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 care, transportation, reading material, ID/driving permit, 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. Education expenses cost (registration fees, school tuition, school committee contribution, re-registration fee, boy scout, handicrafts, courses, and other education expenses.	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 expenses (hospitals, community health centres, private doctors, traditional healers, 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. Clothing, shoes and headgear (clothing material, ready-made clothes, shoe, hat, 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, kitchen utensils, recreational equipment, sports equipment, expensive/imitation jewellery, vehicle, umbrella, watch, camera, telephone installation, electricity 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 property 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. Vehicle 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., EXCLUDING EXPENSES FOR FEAST CONSUMPTION OR EXPENSES FOR GIFT/CONTRIBUTION)	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

Now we would like to ask you about land/assets owned by this household (RT) at this time and in July 2007, both those which were used for business and for non-business purposes, excluding land/assets rented or shared.

HR01X INTERVIEWER SHOULD CHECK : AR00X = 1. PANEL HOUSEHOLD?	1. YES → HR01 3. NO → HR01A
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HR1TYPE	HR01A	HR02A	HR01	HR02
Types of land	Does this household own [...] in July 2007?	How big is the [...] owned by this household in July 2007?	Does this household own [...] at this moment?	How big is the [...] owned by this household this moment?
a. Irrigated rice field	1. Yes 3. No →HR01 6. TB →HR01 8. TT →HR01	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha	1. Yes 3. No ↓ 8. TT ↓	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha
b. Rainfed rice field	1. Yes 3. No →HR01 6. TB →HR01 8. TT →HR01	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha	1. Yes 3. No ↓ 8. TT ↓	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha
c. Dry land	1. Yes 3. No →HR01 6. TB →HR01 8. TT →HR01	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha	1. Yes 3. No ↓ 8. TT ↓	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha
d. Land for housing	1. Yes 3. No →HR01 6. TB →HR01 8. TT →HR01	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha	1. Yes 3. No ↓ 8. TT ↓	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha
e. Land for other housing or for business	1. Yes 3. No →HR01 6. TB →HR01 8. TT →HR01	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha	1. Yes 3. No ↓ 8. TT ↓	1. [] . [] [] [] m2 3. [] [] [] , [] [] ha

HR02X INTERVIEWER, PLEASE CHECK: AR00X = 1. PANEL HOUSEHOLD?	1. YES → HR03 3. NO → HR03A
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HR2TYPE	HR03A	HR04A	HR03	HR04
	Did this household own [...] in July 2007?	How many [...] did this household own in July 2007?	Does this household own [...] currently?	How many [...] does this household own currently?
a. Radio/tape recorder	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
b. Television	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
c. Parabola antenna	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
d. Showcase/sideboard	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
e. Refrigerator	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
f. Bicycle/skiff	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
g. Motorcycle/outboard motor	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
h. Car/motor boat	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
i. Hand phone	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
j. Chicken/ducks	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□ . □□□□	1. Yes 3. No ↓ 8. TT ↓	□ . □□□□
k. Pig	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
l. Goat	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
m. Cow/buffalo	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□
n. Horse	1. Yes 3. No → HR03 6. TB → HR03 8. TT → HR03	□□□□	1. Yes 3. No ↓ 8. TT ↓	□□□□

GE. ECONOMIC DIFFICULTIES

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

GETYPE	GE01	GE02	GE03
Types of Economic Difficulties	Has this household experienced [...] in the last 12 months, resulting in the reduction of this household's income/assets income/asset?	When did [...] occur? (Month/Year)	How much approximately was the loss in income/asset due to [...] in the last 12 months?
a. An ART (household member) or other relative died.	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. An ART or other relative fell gravely ill requiring his/her hospitalisation or long-term 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. An ART lost his/her job or failed in his/her business venture.	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 or other disaster.	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
Harvest failure, due to:			
e1. Weather	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
e2. Pests	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. 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
f. Loss in household income due to the low price of harvest/produce.	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 ART of this household who gets health allowance, health insurance or reimbursements for medical expenses?	1. Yes	3. No → SECTION MA
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AKTYPE	AK02	AK03	AK04	AK05	AK06
Type of insurance/allowance	Is the insurance/guarantee in the form of [...]?	Since when do you have insurance/allowance in the form of [...]?	How many ART does [...] cover?	Does [...] cover outpatient services at Government hospital, community health centre, auxiliary health centre, and private clinics?	Does [...] cover inpatient services at Government hospital, community health centre, auxiliary health centre, private clinics?
a. Health Insurance (ASKES)	1. Yes 8. TT ↓ 3. No ↓	1. Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. DO NOT KNOW	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> person 8. DO NOT KNOW		
b. Health insurance for poor families (ASKESKIN / JPKM / Health Card/JPS Card)	1. Yes 8. TT ↓ 3. No ↓	1. Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. DO NOT KNOW	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> person 8. DO NOT KNOW		
c. Employment insurance (Astek Jamsostek)	1. Yes 8. TT ↓ 3. No ↓	1. Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. DO NOT KNOW	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> person 8. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW
d. Clinic for workers	1. Yes 8. TT ↓ 3. No ↓	1. Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. DO NOT KNOW	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> person 8. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW
e. Letter stating inability to pay	1. Yes 8. TT ↓ 3. No ↓		1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> person 8. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW
v. Other insurance/ guarantee/allowance, _____ _____	1. Yes 8. TT ↓ 3. No ↓	1. Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. DO NOT KNOW	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> person 8. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW	A. Government hospital B. Community health centre C. Private health clinics V. Other , _____ Y. DO NOT KNOW

MA. ACCUTE MORBIDITY

Now we would like to ask you about **health problems experienced or complaints about health made by members of this household last month.**

MA01. During the past month, was there a member of this household who complained of illness or of health problems such as headache, common cold, coughing, heavy breathing, fever, stomach upset, vomit, diarrhea, arthritis, skin disease, eye sore, toothache, or other complaints?	1. Yes 3. No → SECTION RJ
MA02. How many household members complained or suffered from health problem last month?	<input type="text"/> person

MA03	MA04	MA05
No.	Names and Nos. AR00 household members suffering from health problems	Complaints of or health problems experienced by [...] last month
01	_____ <input type="text"/>	A B C D E F G H I J K L M N V _____
02	_____ <input type="text"/>	A B C D E F G H I J K L M N V _____
03	_____ <input type="text"/>	A B C D E F G H I J K L M N V _____
04	_____ <input type="text"/>	A B C D E F G H I J K L M N V _____
05	_____ <input type="text"/>	A B C D E F G H I J K L M N V _____

CODE MA05				
A. Headache (dizziness)	D. Heavy breathing	J. Skin disease (scab/boil/sore/itching)	I. Arthritis /swelling	M. Ear/hearing impairment
B. Common cold	E. Fever	G. Vomit/nausea	K. Eye sore	N. Chest/breathing impairment
C. Cough	F. Stomach upset	H. Diarrhea	L. Toothache	V. Other, _____

RJ. OUTPATIENT

The following questions relate to visits by these household members to health facilities or visits by health workers to these household members for the purposes of outpatient health care during the last month.

RJ1TYPE	RJ01	RJ02
Health Facilities	During the last months, was there an ART who visited or was visited by health worker from [...] for outpatient health care purposes?	How many times the ART visited/was visited by health worker from [...] <u>last month</u> ?
a. Government hospital (general or specialist)	1. Yes 3. No ↓	<u> </u> times
b. Private hospital	1. Yes 3. No ↓	<u> </u> times
c. Community health centre/auxiliary health centre	1. Yes 3. No ↓	<u> </u> times
d. Polyclinic/ private clinic /medical clinic/ mother child health care (BKIA)	1. Yes 3. No ↓	<u> </u> times
e. Private practitioner (general, specialist, dentist)	1. Yes 3. No ↓	<u> </u> times
f. Village maternity hut/Village midwife	1. Yes 3. No ↓	<u> </u> times
g. Private midwife	1. Yes 3. No ↓	<u> </u> times
h. Nurse/private male nurse	1. Yes 3. No ↓	<u> </u> times
i. Integrated health service post	1. Yes 3. No ↓	<u> </u> times
j. Traditional practitioner/alternative/traditional healer/traditional midwife	1. Yes 3. No ↓	<u> </u> times
RJ03 Total number of outpatient visits <u>last month</u>	<u> </u> times (IF THE ANSWER IS NIL → SECTION PG)	

Next, we would like to ask you about visits by household members (ART) to health facilities. Please write down in the sequence the visits made by ART to health care facilities, starting with the last visit first.

INSTRUCTIONS FOR INTERVIEWER : IF THERE ARE MORE THAN ONE ART (HOUSEHOLD MEMBER) WHO USE THE SAME FACILITIES AT THE SAME TIME, THEN NOTE THEM IN DIFFERENT COLUMNS.

RJ2TYPE	A. LAST	B. SECOND LAST	C. THIRD LAST	D. FOURTH LAST
RJ04 Which ART visited/was visited by health workers?	Name: _____ Serial No. of ART:	Name: _____ Serial No. ART:	Name: _____ Serial No. ART:	Name: _____ Serial No. ART:
RJ05 When was the visit?	/ /	/ /	/ /	/ /
RJ06 What health facilities/services did [...] visit?	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Community health centre/auxiliary health centre 4. Polyclinic, private clinic, medical clinic/BKIA → RJ08 5. Private practitioner (general, specialist, dentist) → RJ08 6. Village maternity hut/ Village midwife 7. Private midwife 8. Nurse/nurse assistant → RJ08 9. Integrated service post → RJ08 10. Traditional practice/alternative/traditional healer/traditional midwife → RJ08	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Community health centre/auxiliary health centre 4. Polyclinic, private clinic, medical clinic/BKIA → RJ08 5. Private practitioner (general, specialist, dentist) → RJ08 6. Village maternity hut/ Village midwife 7. Private midwife 8. Nurse/nurse assistant → RJ08 9. Integrated service post → RJ08 10. Traditional practice/alternative/traditional healer/ traditional midwife → RJ08	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Community health centre/auxiliary health centre 4. Polyclinic, private clinic, medical clinic /BKIA → RJ08 5. Private practitioner (general, specialist, dentist) → RJ08 6. Village maternity hut/ Village midwife 7. Private midwife 8. Nurse/nurse assistant → RJ08 9. Integrated service post → RJ08 10. Traditional practice/alternative/traditional healer/traditional midwife → RJ08	1. Government hospital → RJ08 2. Private hospital → RJ08 3. Community health centre/auxiliary health centre 4. Polyclinic, private clinic, medical clinic /BKIA → RJ08 5. Private practitioner (general, specialist, dentist) → RJ08 6. Village maternity hut/ Village midwife 7. Private midwife 8. Nurse/nurse assistant → RJ08 9. Integrated service post → RJ08 10. Traditional practice/alternative/traditional healer/traditional midwife → RJ08
RJ07 Please specify the facilities and addresses of community health centre/auxiliary health centre and 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 facilities/health facilities located?	1. The same village/borough 2. The same subdistrict 3. The same district/city 4. Outside this district/city	1. The same village/borough 2. The same subdistrict 3. The same district/city 4. Outside this district/city	1. The same village/borough 2. The same subdistrict 3. The same district/city 4. Outside this district/city	1. The same village/borough 2. The same subdistrict 3. The same district/city 4. Outside this district/city

RJ2TYPE	A. Last	B. Second Last	C. Third Last	D. Fourth Last
RJ09 Did [NAME OF FACILITY-RJ06] visit [...] at home?	1. Yes → RJ13A 3. No			
RJ10 What is the distance from this household to the health care facilities (one way)?	1. _____, _____ Km 8. DO NOT KNOW			
RJ11 How long does it take to reach the health care facilities (one way)?	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 facilities (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 [...] 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
RJ13a What were [...]’s health complaints?	A. Headache (dizziness) B. Common cold C. Cough D. Heavy breathing E. Fever F. Stomach ache G. Vomit/nausea H. Diarrhea I. Arthritis/swelling J. Skin disease (scab/boil/sore/itching) K. Eye sore L. Toothache M. Ear/hearing impairment N. Chest/breathing impairment V. Other, _____ W. NO COMPLAINT	A. Headache (dizziness) B. Common cold C. Cough D. Heavy breathing E. Fever F. Stomach ache G. Vomit/nausea H. Diarrhea I. Arthritis/swelling J. Skin disease (scab/boil/sore/itching) K. Eye sore L. Toothache M. Ear/hearing impairment N. Chest/breathing impairment V. Other, _____ W. NO COMPLAINT	A. Headache (dizziness) B. Common cold C. Cough D. Heavy breathing E. Fever F. Stomach ache G. Vomit/nausea H. Diarrhea I. Arthritis/swelling J. Skin disease (scab/boil/sore/itching) K. Eye sore L. Toothache M. Ear/hearing impairment N. Chest/breathing impairment V. Other, _____ W. NO COMPLAINT	A. Headache (dizziness) B. Common cold C. Cough D. Heavy breathing E. Fever F. Stomach ache G. Vomit/nausea H. Diarrhea I. Arthritis/swelling J. Skin disease (scab/boil/sore/itching) K. Eye sore L. Toothache M. Ear/hearing impairment N. Chest/breathing impairment V. Other, _____ W. NO COMPLAINT

RJ2TYPE	A. Last	B. Second Last	C. Third Last	D. Fourth Last
RJ14 What kinds of services did [...] receive?	A. Health check up/consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than family planning) F. Medicines G. Family planning (pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing M. Food supplement/Vit. A/Fe O. Prescription/referral Q. Roentgen/scan R. Dentistry T. Blood pressure V. Other, _____	A. Health check up/consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than family planning) F. Medicines G. Family planning (pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing M. Food supplement /Vit. A/Fe O. Prescription/referral Q. Roentgen/scan R. Dentistry T. Blood pressure V. Other, _____	A. Health check up /consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than family planning) F. Medicines G. Family planning (pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing M. Food supplement /Vit. A/Fe O. Prescription/referral Q. Roentgen/scan R. Dentistry T. Blood pressure V. Other, _____	A. Health check up/consultation B. Pregnancy check up C. Laboratory check up D. Injection (other than family planning) F. Medicines G. Family planning (pill, injection, etc.) H. Immunisation I. Weighing J. Massage K. Traditional healing M. Food supplement/Vit. A/Fe O. Prescription/referral Q. Roentgen/scan R. Dentistry T. Blood pressure V. Other, _____
RJ15 What was the total cost of service, including medicine?	1. Rp <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"/> 8. DO NOT KNOW	1. Rp <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"/> 8. DO NOT KNOW	1. Rp <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"/> 8. DO NOT KNOW	1. Rp <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"/> 8. DO NOT KNOW
RJ16 Did [...] use insurance/ allowance for the services?	1. Yes 3. No → RJ18	1. Yes 3. No → RJ18	1. Yes 3. No → RJ18	1. Yes 3. No → RJ18
RJ17 What types of insurance or allowance did [...] use to cover the cost?	1. Health Insurance (ASKES) 2. Health insurance poor families (ASKESKIN/JPKM/ Health Card/JPS Card) 3. Employment insurance (ASTEK Jamsostek) 4. Letter of confirmation of poor status 5. Insurance/guarantee/other allowance, _____	1. Health Insurance (ASKES) 2. Health insurance for poor families (ASKESKIN/JPKM/ Health Card/JPS Card) 3. Employment insurance (ASTEK Jamsostek) 4. Letter of confirmation of poor status 5. Insurance/guarantee/other allowance, _____	1. Health Insurance (ASKES) 2. Health insurance for poor families (ASKESKIN/JPKM/ Health Card/JPS) 3. Employment insurance (ASTEK Jamsostek) 4. Letter of confirmation of poor status 5. Insurance/guarantee/other allowance, _____	1. Health Insurance (ASKES) 2. Health insurance for poor families (ASKESKIN/JPK/ Health Card/JPS Card) 3. Employment insurance (ASTEK Jamsostek) 4. Letter of confirmation of poor status 5. Insurance/guarantee/other allowance, _____
RJ18 INTERVIEWER, CHECK RJO3: WAS THERE ANY 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 → RJ04 Supplement 3. NO ↓

PG. PNPM GENERASI (HEALTHY AND BRIGHT GENERATION)

<p>PG01 INTERVIEWER, PLEASE CHECK: THIS SUBDISTRICT IS:</p>	<p>1. PNPM Mandiri-PPK SUBDISTRICT → SECTION PPK 2. PNPM Generasi Sehat dan Cerdas SUBDISTRICT 3. THERE IS NO PNPM MANDIRI-PPK OR PNPM GENERASI → SECTION PM</p>
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It might be that you have heard about PNPM PPK or PNPM Generasi Sehat dan Cerdas (Healthy and Bright Generation). PNPM is a program that carries out construction activities or the maintenance of infrastructure and facilities. A part of PNPM, that is PNPM Generasi, is a program that helps improve health and education services. The financial allocation for the first phase of this program was set for **August 2007-April 2008**.

<p>PG02 Have you ever heard about activities/program called PNPM Generasi?</p>	<p>1. Yes 3. No → PG12</p>																		
<p>PG03 May we ask you, what messages you have heard regarding PNPM Generasi? (INTERVIEW INSTRUCTION: DO NOT READ OUT CHOICES OF ANSWERS!)</p>	<table border="0"> <tr> <td data-bbox="1045 456 1501 500">A. HEALTHY AND BRIGHT GENERATION</td> <td data-bbox="1501 456 1995 500">H. CONFINEMENT CARE ASSISTED BY MIDWIFE</td> </tr> <tr> <td data-bbox="1045 500 1501 544">B. PNPM HEALTHY</td> <td data-bbox="1501 500 1995 544">I. IMMUNISATION</td> </tr> <tr> <td data-bbox="1045 544 1501 587">C. PNPM BRIGHT</td> <td data-bbox="1501 544 1995 587">J. WEIGHING OF CHILDREN UNDER 5 YEARS OLD</td> </tr> <tr> <td data-bbox="1045 587 1501 631">D. EDUCATION FOR ALL CHILDREN 6-15 YEARS OLD</td> <td data-bbox="1501 587 1995 631">K. NUTRITION FOR CHILDREN UNDER 5 YEARS OLD</td> </tr> <tr> <td data-bbox="1045 631 1501 675">E. HEALTH AND CARE FOR PREGNANT MOTHERS</td> <td data-bbox="1501 631 1995 675">L. INCREASE SCHOOL ATTENDANCE</td> </tr> <tr> <td data-bbox="1045 675 1501 719">F. CARE FOR BABIES AND CHILDREN UNDER 5 YEARS</td> <td data-bbox="1501 675 1995 719">V. OTHER, _____</td> </tr> <tr> <td data-bbox="1045 719 1501 763">G. DELIVERY ASSISTED BY MIDWIFE/PHYSICIAN</td> <td data-bbox="1501 719 1995 763">Y. DO NOT KNOW</td> </tr> </table>	A. HEALTHY AND BRIGHT GENERATION	H. CONFINEMENT CARE ASSISTED BY MIDWIFE	B. PNPM HEALTHY	I. IMMUNISATION	C. PNPM BRIGHT	J. WEIGHING OF CHILDREN UNDER 5 YEARS OLD	D. EDUCATION FOR ALL CHILDREN 6-15 YEARS OLD	K. NUTRITION FOR CHILDREN UNDER 5 YEARS OLD	E. HEALTH AND CARE FOR PREGNANT MOTHERS	L. INCREASE SCHOOL ATTENDANCE	F. CARE FOR BABIES AND CHILDREN UNDER 5 YEARS	V. OTHER, _____	G. DELIVERY ASSISTED BY MIDWIFE/PHYSICIAN	Y. DO NOT KNOW				
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G. DELIVERY ASSISTED BY MIDWIFE/PHYSICIAN	Y. DO NOT KNOW																		
<p>PG04 Is there any activity in this village which was funded by PNPM Generasi phase 1 in the months of August 2007-April 2008?</p>	<p>1. Yes 3. No → PG12</p>																		
<p>PG05 What activities in this village that were funded by PNPM Generasi phase 1 in the months of August 2007-April 2008?</p>	<table border="0"> <tr> <td data-bbox="1045 933 1501 977">A. HEALTH INFRASTRUCTURE AND FACILITY</td> <td data-bbox="1501 933 1995 977">J. TRANSPORTATION COST FOR CHILDREN TO SCHOOL</td> </tr> <tr> <td data-bbox="1045 977 1501 1021">B. MATERIAL FOR <i>POSYANDU</i></td> <td data-bbox="1501 977 1995 1021">K. BICYCLE</td> </tr> <tr> <td data-bbox="1045 1021 1501 1065">C. INCENTIVE PAYMENTS FOR <i>POSYANDU</i> CADRES</td> <td data-bbox="1501 1021 1995 1065">L. ROAD/BRIDGE</td> </tr> <tr> <td data-bbox="1045 1065 1501 1109">D. TRANSPORT FOR MOTHER/CHILD TO HEALTH FACILITY</td> <td data-bbox="1501 1065 1995 1109">M. CLEAN WATER FACILITY</td> </tr> <tr> <td data-bbox="1045 1109 1501 1153">E. TRANSPORTATION COST FOR HEALTH WORKERS</td> <td data-bbox="1501 1109 1995 1153">N. IRRIGATION</td> </tr> <tr> <td data-bbox="1045 1153 1501 1196">F. HEALTH SERVICE EXPENSES</td> <td data-bbox="1501 1153 1995 1196">O. BATH/WASH/TOILET/SANITATION</td> </tr> <tr> <td data-bbox="1045 1196 1501 1240">G. EDUCATION INFRASTRUCTURE AND FACILITY</td> <td data-bbox="1501 1196 1995 1240">P. CAPITAL FOR PRODUCTIVE ECONOMIC ACTIVITIES</td> </tr> <tr> <td data-bbox="1045 1240 1501 1284">H. SCHOLARSHIP</td> <td data-bbox="1501 1240 1995 1284">Q. SAVINGS FOR WOMEN</td> </tr> <tr> <td data-bbox="1045 1284 1501 1328">I. UNIFORM/SHOES</td> <td data-bbox="1501 1284 1995 1328">V. OTHER, _____</td> </tr> </table>	A. HEALTH INFRASTRUCTURE AND FACILITY	J. TRANSPORTATION COST FOR CHILDREN TO SCHOOL	B. MATERIAL FOR <i>POSYANDU</i>	K. BICYCLE	C. INCENTIVE PAYMENTS FOR <i>POSYANDU</i> CADRES	L. ROAD/BRIDGE	D. TRANSPORT FOR MOTHER/CHILD TO HEALTH FACILITY	M. CLEAN WATER FACILITY	E. TRANSPORTATION COST FOR HEALTH WORKERS	N. IRRIGATION	F. HEALTH SERVICE EXPENSES	O. BATH/WASH/TOILET/SANITATION	G. EDUCATION INFRASTRUCTURE AND FACILITY	P. CAPITAL FOR PRODUCTIVE ECONOMIC ACTIVITIES	H. SCHOLARSHIP	Q. SAVINGS FOR WOMEN	I. UNIFORM/SHOES	V. OTHER, _____
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PPK. PNPM MANDIRI-PPK

Next we would like to ask you about **PNPM Mandiri or PNPM PPK activities in this village**

PPK01 Were there activities in this village funded by PNPM Mandiri PPK in the months of August 2007- April 2008?	1. Yes	3. No → SECTION PM
PPK02 What activities were funded by PNPM Mandiri PPK in the months of August 2007- April 2008	A. HEALTH INFRASTRUCTURE AND FACILITY B. MATERIAL FOR <i>POSYANDU</i> C. INCENTIVE PAYMENTS FOR <i>POSYANDU</i> CADRES D. TRANSPORT FOR MOTHERS TO HEALTH CARE FACILITY E. TRANSPORTATION COST FOR HEALTH WORKERS F. HEALTH CARE EXPENSES G. EDUCATION INFRASTRUCTURE AND FACILITY H. SCHOLARSHIP	I. UNIFORM/SHOES J. TRANSPORT FOR CHILDREN TO SCHOOL K. BICYCLE L. ROAD/BRIDGE M. CLEAN WATER FACILITY N. IRRIGATION O. BATH/WASH/TOILET/SANITATION P. CAPITAL FOR PRODUCTIVE ECONOMIC ACTIVITIES Q. SAVINGS FOR WOMEN V. OTHER, _____

PPKTYPE	PPK03	PPK03a	PPK04	PPK05
Types of Meetings	Was there any ART (household member) who attended the meeting/gathering/consensus building in [...] to select activities to be proposed to PNPM Mandiri PPK in the months of August 2007- April 2008?	Did you attend the meeting/gathering / consensus building in [...] to select activities to be proposed to PNPM Mandiri PPK in the months of August 2007- April 2008?	If you did, how many times did you attend the meeting/gathering/ consensus building?	Did you speak in the meeting/gathering/ consensus building ?
a. RT/ RW / Hamlet	1. Yes 3. No↓	1. Yes 3. No↓	_____ times	1. Yes 3. No
b. Village	1. Yes 3. No↓	1. Yes 3. No↓	_____ times	1. Yes 3. No
c. Subdistrict	1. Yes 3. No↓	1. Yes 3. No↓	_____ times	1. Yes 3. No
v. Other, _____	1. Yes 3. No↓	1. Yes 3. No↓	_____ times	1. Yes 3. No

PPK06 Did you feel that your voice/opinion was heard in that process?	1. Yes	3. No	6. NOT APPLICABLE
PPK07 Did you feel that the decision on the implementation of the activities taken in the meeting/gathering/consensus building was a fair one?	1. Most fair 2. Fair	3. Not fair 4. Most unfair	6. NOT APPLICABLE 8. DO NOT KNOW
PPK08 Are you satisfied with the implementation of PNPM Mandiri PPK in this village?	1. Very satisfied 2. Satisfied	3. Not satisfied 8. DO NOT KNOW	

PM. COMMUNITY PARTICIPATION

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

INSTRUCTIONS FOR INTERVIEW :

IF THERE ARE MORE THAN ONE HOUSEHOLD MEMBERS PARTICIPATED IN ONE TYPE OF GROUP, BUT IN A DIFFERENT GROUP (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 PARTICIPATED IN A TYPE OF GROUP AND IN THE SAME GROUP, THEN THIS SHOULD BE RECORDED AS ONE ACTIVITY ON THE LIST OF ACTIVITIES.

PM01	Is there any ART (household member) who participates in [...]?		
a.	Social service groups or institution such as school committees, healthy house program (Dasawisma), family welfare program (PKK), community security system (Siskamling), or integrated service post (posyandu).	1. Yes, WRITE DOWN ON LIST OF PM	3. No
b.	Production groups or institutions 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 groups or institutions such as plantation workers group or farmers group providing manpower.	1. Yes, WRITE DOWN ON LIST OF PM	3. No
d.	Natural resource management groups or institutions, such as P3A, irrigation water users group, greening group, or clean water group.	1. Yes, WRITE DOWN ON LIST OF PM	3. No
e.	Credit/savings groups , such as revolving fund group, IDT community group, or savings group.	1. Yes, WRITE DOWN ON LIST OF PM	3. No
f.	Governmental groups or institutions , such as neighbourhood government (RT), ward government (RW), hamlet.	1. Yes, WRITE DOWN ON LIST OF PM	3. No
g.	Faith/traditional groups or associations, such as Quran reading group, prayer group, prayer for the dead group, Quran recitation for the dead group, neighbourhood group, or mosque youth group/church youth group.	1. Yes, WRITE DOWN ON LIST OF PM	3. No
h.	Recreation groups or institutions, such as sports group, art group, shadow play group, or youth group.	1. Yes, WRITE DOWN ON LIST OF PM	3. No
i.	Mass organisations or political organisations	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 names of groups/institutions	GROUP CODE	How many ARTs belong to [...] group?	Do you belong to [...] group?	How many times did you participate in [...] group's activities in the <u>last 3 months</u> ?	How many persons usually participated in the activities of [...] group in the <u>last 3 months</u> ?	Do all members of [...] group live in the same local area?
01.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
02.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
03.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
04.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
05.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
06.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
07.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
08.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
09.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8
10.		□□□	□□□	1. Yes 3. No↓	□□□	□□□□	1 2 3 4 8

Code PM04

- 01. Social services
- 02. Production
- 03. Work/labourer
- 04. Natural resource management
- 05. Credit/finance
- 06. Government

- 07. Religions
- 08. Traditions
- 09. Sports/arts/hobbies
- 10. Mass/politics
- 95. Other

Code PM09

- 1. Yes, all live in the same neighbourhood
- 2. Yes, all live in the same ward/hamlet
- 3. Yes, all live in the same village/borough
- 4. No, some live outside this village/borough
- 8. DO NOT KNOW

Next, we would like to ask you about community service activities/group activities/self-help activities participated in by members of this household in the LAST 12 MONTHS.

PM10	Were there any community service activities/cleaning/maintaining/repairing/building village or neighbourhood infrastructure and facilities in the last 12 months?	1. Yes	3. No → PM22
PM10a	Did this household participate/join the community service activities cleaning/maintaining/repairing/building the infrastructure and facilities?	1. Yes	3. No → PM22
PM11	What kinds of community service activities did this household participate in?	A. Cleaning/maintaining/repairing/building of road/neighbourhood/bridge B. Cleaning/maintaining/repairing/building schools C. Cleaning/maintaining/repairing/building clean water/bathing, washing, sanitary facilities D. Cleaning/maintaining/repairing/building irrigation canal/weir E. Cleaning/maintaining/repairing/building house of worship/cemetery F. Cleaning/maintaining/repairing/building village/neighbourhood facilities (meeting hall, office, gate, sports field) G. Cleaning/maintaining/repairing/building poor people dwellings H. Cleaning/maintaining/repairing/building health facility (auxiliary community health centre/village polyclinic/integrated service post) V. Other, _____	
PM12	Were the community service activities participated in by this household carried out in this hamlet/RW or in another hamlet/RW, or both?	1. This hamlet/RW 2. Another hamlet/RW	3. Both
PM13	Did the community service activities participated in by this household consist of cleaning/maintaining, repairing/building or both?	1. Cleaning/maintaining 2. Repair/building → PM14b	3. Both

Next we would like to ask you about the participation and contribution of members of this house to community service activities in the last 12 months as mentioned previously.

		a. Cleaning/maintenance activities	b. Repair/building activities
PM14	Did this household contribute manpower to [...]?	1. Yes, <input type="text"/> person(s) 3. No → PM16	1. Yes, <input type="text"/> person(s) 3. No → PM16
PM15	How many days and hours were contributed by all members of this household to [...]?	<input type="text"/> days X average <input type="text"/> hours/days	<input type="text"/> days X average <input type="text"/> hours/days
PM16	Did this household contribute cash or goods/consumption to [...]?	1. Yes 3. No → PM17X	1. Yes 3. No → PM18
PM17	What kinds of contribution were given in the last 12 months?	A. Cash : Rp <input type="text"/> . <input type="text"/> . <input type="text"/> B. Goods/consumption: Rp <input type="text"/> . <input type="text"/> . <input type="text"/>	A. Cash: Rp <input type="text"/> . <input type="text"/> . <input type="text"/> B. Goods/Consumption: Rp <input type="text"/> . <input type="text"/> . <input type="text"/>
PM17X	INTERVIEWER SHOULD CHECK: PM13	1. CLEANING/MAINTAINING → PM18 3. BOTH → PM14b	

<p>PM18 In general, who decide which household should participate in the community service activities/group activities/self-help activities?</p>	<p>A. Village/borough head B. Hamlet/RW head C. RT head D. Village/borough meeting E. Hamlet/RW meeting F. RT meeting G. Each household decides itself</p> <p>H. Religious figure I. Community figure J. Other village apparatus K. PKK/Dasawisma L. Group chairman/members M. LPM/BPD/DKM N. Program/project committee</p> <p>O. Youth group P. Subdistrict/local government Q. School principal/foundation/parents/basis V. Other, _____</p>
<p>PM19 Who decided on the number of self-help activities each household should contribute?</p>	<p>A. Village/borough head B. Hamlet/RW head C. RT head D. Village/borough meeting E. Hamlet/RW meeting F. RT meeting G. Each household decides itself.</p> <p>H. Religious figure I. Community figure J. Other village apparatus K. PKK/Dasawisma L. Group chairman/members M. LPM/BPD/DKM N. Program/project committee Village/borough head</p> <p>O. Youth group P. Subdistrict/local government Q. School principal/foundation/parents/basis V. Other, _____</p>
<p>PM20 What sanctions/rules were applied to households that did not participate in community service/group activities?</p>	<p>A. Replace with other time B. Contribute goods/consumption C. Have someone else to represent D. Pay someone else to replace E. Pay a fine F. Not allowed to use facilities</p> <p>G. Banish from group activities H. Admonish/reproach/given advice I. Threat not to be given assistance J. Administrative service restricted K. Moral sanction/object of gossip V. Other, _____ W. NO RULES/SANCTIONS</p>
<p>PM21 Who decided on the application of the sanctions/rules?</p>	<p>A. Village/borough head B. Hamlet/RW head C. RT head D. Village/borough meeting E. Hamlet/RW meeting F. RT meeting G. Each household decides itself.</p> <p>H. Religious figure I. Community figure J. Other village apparatus K. PKK/Dasawisma L. Group chairman/members M. LPM/BPD/DKM N. Program/project committee Village/borough head</p> <p>O. Youth group P. Subdistrict/local government Q. School principal/foundation/parents/basis V. Other, _____ W. NOT APPLICABLE</p> <p>G. Each household decides itself N. Program/project committee</p>

Next, we would like to ask you about people you know closely

PM2TYPE	PM22	PM23
Profession	Do you know [...] closely?	What is your relation to [...]? A. Member of this household B. Core family (brother/sister, father/mother, offspring) C. Extended family (cousin, nephew/niece, uncle, etc.) D. Work/business mate E. Neighbour F. Friend G. Teacher/pupil H. Belonging to the same faith group V. Other, _____
a. Village/borough head or his/her spouse	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____
b. Village/borough secretary or his/her spouse	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____
c. BPD chairman/member/borough council/LPM	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____
d. Hamlet/RW head or his/her spouse	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____
e. RT head or his/her spouse	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____
f. Integrated services post cadre in this RT/RW/hamlet	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____
g. One of village facilitators (ONLY FOR PNPM GENERASI OR MANDIRI-PPK SUBDISTRICT)	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____
h. Chairman/coordinator of activity management team/village meeting advisory team (ONLY FOR PNPM GENERASI OR MANDIRI-PPK SUBDISTRICT)	1. Yes ↓ 3. No ↓ 6. NOT APPLICABLE	A B C D E F G H V _____

PR. HOUSEHOLD TRACKING

Next, we would like to get some information on the possibility that this household would move

PR01	Does this household have any plan to move in the next 12 months?	1. Yes → PR03	3. No
PR02	Is there any possibility that this household would move in the next 12 months?	1. Yes	3. No → PR04
PR03	Where would this household plan or may possibly move?	a. Street/hamlet : _____	b. Village/borough : _____
		c. Subdistrict : _____	d. District/city : _____
		e. Province : _____	
PR04	Is there someone outside this household who can provide information on the address of this household if it moves?	a. Name : _____	b. Address : _____
		c. Tel. : -	
PR05	What is the relation of [NAME IN PR04] to this household?	A. RT/hamlet head	H. Faith figure (pastor/Quranic teacher/religious scholar)
		B. Parents/parents in law	I. Integrated services facility/PKK cadre
		C. Sibling/cousin or relative	J. Employer/workmate
		D. Sibling/step/adopted son daughter/son daughter in law	K. Landlord/lodging
		E. Neighbour	L. Village midwife/male nurse
		F. Village apparatus/BPD/village/traditional figure	V. Other, _____
		G. Close friend	

CP. INTERVIEWER'S NOTES

CP01	WHAT WAS THE LANGUAGE USED IN THE ENTIRE/MOST OF THE INTERVIEW?	1. INDONESIAN 2. BETAWI 3. SUNDANESE 4. JAVANESE	5. MADURESE 6. SASAK 7. MANDARIN 8. MANADONESE	9. GORONTALO 10. BUGIS 11. MAKASSARESE 95. OTHER, _____
CP02	WERE THERE ANY OTHER LANGUAGES USED?	1. YES, <input type="checkbox"/> , _____ (SELECTION CODE THE SAME AS CP01) 3. NO		
CP03	WHO ELSE (ANOTHER PERSON) OTHER THAN THE RESPONDENT WAS PRESENT DURING THE INTERVIEW?	A. NONE B. HUSBAND/WIFE C. CHILD ≥ 5 YEARS OLD	D. CHILD < 5 YEARS OLD E. ADULT, ART F. ADULT, NOT ART	
CP04	HOW WOULD THE ENUMERATOR EVALUATE THE APPROPRIATENESS OF THE ANSWERS OF RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE	4. POOR 5. VERY POOR	
CP05	HOW WOULD THE ENUMERATOR EVALUATE THE SERIOUSNESS OF THE RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE	4. POOR 5. VERY POOR	
CP06	WHICH QUESTIONS MADE IT DIFFICULT, EMBARRASSING OR CONFUSING FOR THE RESPONDENT TO ANSWER? (WRITE DOWN THE SECTION AND QUESTIONS' NOS)	_____ _____ _____		

SECTION	QUESTION NO.	INTERVIEWER'S REMARKS

