

HEALTH AND EDUCATION SERVICE SURVEY

IR, POS, MAA, IM, PG, NA, US, CP

BOOK 1D CHILDREN 0-36 MONTHS OLD

CHILD ID 0-36 MONTHS OLD

_____ 4 _____
 EA QX DESA RT ART SPLIT ART

Respondent is the biological mother or guardian of all children 0-36 months old.

COV1. Name of Respondent:	Household Member Serial No. : _____ (CODE "51" IF NOT HOUSEHOLD MEMBER)
COV2. Relation of respondent to [NAME OF CHILD]	1. Mother 5. Grand father/mother 95. Other, _____ 2. Father 6. Other relatives 3. Elder siblings 7. Adopted parents 4. Uncle/aunt 8. Step mother
COV3. INTERVIEWER SHOULD CHECK FORM PR: STATUS [NAME OF CHILD] FOR BOOK 1D?	1. PANEL RESPONDENT 3. NEW RESPONDENT

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 INSPECTIONS

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

INTRODUCTION

Next we would like to ask you about the history of the health and nutrition of your child. We assure you that the information you give us will be kept confidential. Could we start the interview now?

IR. IDENTITY OF RESPONDENT

IR01	Name of Child / ART (Household Member) serial no.	_____ / ____
IR02	Sex [NAME OF CHILD]	1. Male 3. Female
IR03	Date of birth [NAME OF CHILD]	____/____/____ (Date/Month/Year)
IR04	Name of parent/adult responsible for [NAME OF CHILD] / ART serial no. (CODE "51" IF NOT HOUSEHOLD)	_____ / ____

POS. VISITS TO *POSYANDU* (INTEGRATED SERVICE POST)

POS01	Has [NAME OF CHILD] ever been brought to <i>Posyandu</i> in <u>the last 3 months</u> ?	1. Yes 3. No → SECTION MAA
POS02	Is <i>Posyandu</i> located in the RT (Neighbourhood)?	1. Yes → POS04a 3. No 6. NOT APPLICABLE
POS03	Is <i>Posyandu</i> located in the RW (Ward)/hamlet/vicinity?	1. Yes → POS04a 3. No 6. NOT APPLICABLE
POS04	Is <i>Posyandu</i> located in the village/borough?	1. Yes 3. No
POS04a	What is the name of the <i>Posyandu</i> [NAME OF CHILD] visited!	_____
POS05	How many times did [NAME OF CHILD] visit <i>Posyandu</i> in <u>the last 3 months</u> ?	____ times
POS06	When did you bring [NAME OF CHILD] to <i>Posyandu</i> for <u>the last time</u> ?	____/____/____ (Date/Month/Year)
POS07	Did [NAME OF CHILD] receive [...] at <u>that last visit</u> ?	
a.	Body weighing	1. Yes 3. No
b.	Supplementary feeding (PMT)	1. Yes 3. No
c.	Vitamin A pills	1. Yes 3. No
d.	Iodised salt	1. Yes 3. No
e.	Immunisation	1. Yes 3. No
f.	Health check up	1. Yes 3. No
g.	Health extension	1. Yes 3. No
h.	Height measurement	1. Yes 3. No
i.	Other vitamins	1. Yes 3. No
j.	Medicines	1. Yes 3. No
v.	Other, specify _____	1. Yes 3. No

POS08 Was there a midwife or Puskesmas (Community Health Centre) officer in <u>that last visit</u> ?	1. Yes	3. No → POS10
POS09 Which Puskesmas officer provided the service during <u>that last visit</u> ?	A. DOCTOR B. PUSKESMAS MIDWIFE OR VILLAGE MIDWIFE C. NURSE/PARAMEDIC	D. OTHER HEALTH PERSONNEL V. OTHER, _____ Y. DO NOT KNOW
POS10 Did you pay for the service during <u>that last visit</u> ?	1. Yes	3. No → POS17
POS11 How much did you pay for the service?	1. Rp ____ . ____	8. DO NOT KNOW
POS17 Did [NAME OF CHILD] receive supplementary feeding from <i>Posyandu</i> in <u>the last 15 months</u> ?	1. Yes, ____ month	3. NO → POS19
POS18 How often did [NAME OF CHILD] receive supplementary food during that period?	____ times Per ____	1. DAY 2. WEEK 3. MONTH
POS19 Did you receive guidance on health care for babies and children under 5 years old for [NAME OF CHILD] from <i>Posyandu</i> in <u>the last 15 months</u> ?	1. Yes, ____ times	3. Never
POS20 Did [NAME OF CHILD] participate in PAUD (Education for Preschoolers) activities, Play Group, or Kindergarten in <i>Posyandu</i> in <u>the last 15 months</u> ?	1. ____ times Per ____ 6. NOT APPLICABLE	1. DAY 2. WEEK 3. MONTH
POS21 Did [NAME OF CHILD] participate in other activities carried out by <i>Posyandu</i> ?	1. Yes	3. Never → POS23
POS22 In what activities/programs did he participate?	A. Consultation/information on education B. Monitoring of child health	C. Growth activities for under 5 years old V. Other, _____
POS23 How satisfied are you with the service given by <i>Posyandu</i> ?	1. Very satisfied 2. Satisfied	3. Not satisfied 8. DO NOT KNOW

MAA. ACUTE CHILD MORBIDITY

MAA01 Did [NAME OF CHILD] suffer from <u>diarrhea last month</u> ?	1. Yes	3. No → MAA07	8. DO NOT KNOW → MAA07
MAA02 How many times did [NAME OF CHILD] suffer from <u>diarrhea last month</u> ?	1. ____ times	8. DO NOT KNOW	
MAA03 How many days did [NAME OF CHILD] suffer from diarrhea during <u>the last illness</u> ?	1. ____ day	8. DO NOT KNOW	
MAA04 Did [NAME OF CHILD] visit health care centre or did health care centre/officer come to see the child to treat the diarrhea during <u>the last illness</u> ?	1. Yes	3. No → MAA06	
MAA05 Where did the child go / who came to visit the child?	A. Government hospital B. Private hospital C. Community Health Centre/Sub-centre D. Polyclinic, private clinic, BKIA (mother child health care) E. Village maternity hut /village midwife F. Private doctor	G. Private midwife H. Nurse/paramedic I. <i>Posyandu</i> (Integrated Service Post) J. Traditional healer V. Other, _____ Y. DO NOT KNOW	

MAA06	During the diarrhea, did [NAME OF CHILD] get Oralit (oral re-hydration therapy) or other supplemental liquid intakes?	1. Yes	3. No	8. DO NOT KNOW
MAA07	Did [NAME OF CHILD] suffer from <u>high fever</u> <u>last month</u> ?	1. Yes	3. No	8. DO NOT KNOW
MAA08	Did [NAME OF CHILD] suffer from <u>coughing</u> <u>last month</u> ?	1. Yes IM	3. No → SECTION IM	8. DO NOT KNOW → SECTION
MAA09	When [NAME OF CHILD] suffered from coughing, did [NAME OF CHILD] breathe faster than usual, with short and quick breath?	1. Yes	3. No	8. DO NOT KNOW
MAA10	Did [NAME OF CHILD] go to health centre or was visited by health officers to treat the child's coughing/high fever?	1. Yes	3. No → SECTION IM	
MAA11	Where did the child go/who came to visit the child?	A. Government hospital B. Private hospital C. Community Health CentreSub-centre D. Polyclinic, private clinic, BKIA (mother child health care) E. Village maternity hut/village midwife F. Private doctor G. Private midwife H. Nurse/paramedic I. <i>Posyandu</i> (Integrated Service Post) J. Traditional healer V. Other, _____ Y. DO NOT KNOW		

IM. IMMUNISATION

IM01	Does [NAME OF CHILD] have KMS (Health Monitoring Card)?	1. Yes	3. No → IM03	8. DO NOT KNOW → IM03
IM02	How much did you pay for the Health Monitoring Card?	1. Rp <u> </u> . <u> </u>		8. DO NOT KNOW
IM03	Does [NAME OF CHILD] have Buku KIA (Mother-Child Health Book)?	1. Yes	3. No → IM05	8. DO NOT KNOW → IM05
IM04	How much did you pay for the Mother-Child Health Book?	1. Rp <u> </u> . <u> </u>		8. DO NOT KNOW
IM05	May I see the Health Monitoring Card or the Mother-Child Health Book for [NAME OF CHILD]?	1. Shown and there are records 2. Shown but the card/book is empty 3. Not shown, because _____ 4. Kept by relatives 5. Kept by health officer/centre (midwife, <i>Posyandu</i> , community health centre, sub-centre, village maternity clinic) 6. DO NOT HAVE KMS AND KIA BOOK		
IM06	How many times did [NAME OF CHILD] take Vitamin A?	1. <u> </u> times (source: KMS or KIA Book) 2. <u> </u> times (source: respondent)		
IM06a	INTERVIEWER SHOULD CHECK : COV3. STATUS OF [NAME OF CHILD]?	1. PANEL	3. NEW → IM07	
IM06b	Did [NAME OF CHILD] get immunisation in <u>the last 15 months</u> ?	1. Yes	3. No → IM12	

INTERVIEW INSTRUCTION: COPY INFORMATION ON IMMUNISATION FROM HEALTH MONITORING CARD OR MOTHER-CHILD HEALTH BOOK OR ASK THE RESPONDENT ABOUT IMMUNISATIONS NOT RECORDED IN HEALTH MONITORING CARD/MOTHER-CHILD HEALTH BOOK

IM1TYPE		IM07	IM08	IM09	IM10	IM11
Types of Immunisation	Interview Instruction	Did [NAME OF CHILD] get [...] ?	INTERVIEWER SHOULD CHECK: WHETHER [...] IS RECORDED IN KMS KIA BOOK?	When did [NAME OF CHILD] get [...] ? (Date/Month/Year)	Did you pay to get [...]?	How much did you pay?
A. BCG	BCG immunisation to prevent TBC, is an injection on the upper left arm, leaving a mark on the skin.	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. ____/____/_____ 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp _____._____ 8. DO NOT KNOW
B1. Polio 1	Polio immunisation, white or pink liquid is dripped in the mouth, however polio immunisation through injection is also available now.	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. ____/____/_____ 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp _____._____ 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
B2. Polio 2		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. ____/____/_____ 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp _____._____ 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
B3. Polio 3		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. ____/____/_____ 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp _____._____ 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
B4. Polio 4		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. ____/____/_____ 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp _____._____ 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
C1. DPT 1	DPT immunisation is an injection given together with Polio immunisation.	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. ____/____/_____ 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp _____._____ 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW

IM1TYPE		IM07	IM08	IM09	IM10	IM11
Types of Immunisation	Interview Instruction	Did [NAME OF CHILD] get [...] ?	INTERVIEWER SHOULD CHECK: WHETHER [...] IS RECORDED IN KMS OR BUKU KIA?	When did [NAME OF CHILD] get [...] ? (Date/Month/Year)	Did you pay to get [...]?	How much did you pay?
C2. DPT 2		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
C3. DPT 3		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
D. Measles	Injection against measles	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
E1. Hep B1	Anti Hepatitis B injection	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
E2. Hep B2		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
E3. Hep B3		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
E4. Hep B4		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW

V1. Other, _____		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW
V2. Other, _____		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1. / / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp . 6. INCLUDED IN THE COST ABOVE 8. DO NOT KNOW

IM12	INSTRUCTION FOR INTERVIEWER: IS IM01 = 1 (HAVE KMS) OR IM03 = 1 (HAVE BUKU KIA)?	1. YES	3. NO → SECTION PG
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INTERVIEWER'S NOTE: Copy information on body weight for three last visits from Health Monitoring Card or Mother-Child Health Book, starting with the most recent visit.

INTERVIEW INSTRUCTION: IF THERE IS NO RECORD ON BODY WEIGHT IN HEALTH MONITORING CARD OR MOTHER-CHILD HEALTH BOOK, THEN ASK AN INTEGRATED SERVICE POST CADRE, PROBABLY THE RECORD ON BODY WEIGHT IS IN OTHER BOOKS.

IM13	IM14	IM15	IM16	IM17
No.	Date of visit	Was the weight of [NAME OF CHILD] measured?	Why was it not measured?	Weight of [NAME OF CHILD]
1	1. / /	1. Yes → IM17 3. No	1. Sick ↓ 2. Not available ↓ 3. Declined ↓ 95. Other, _____ ↓	1. , kg 8. DO NOT KNOW
2	1. / / 6. NOT APPLICABLE ↓	1. Yes → IM17 3. No	1. Sick ↓ 2. Not available ↓ 3. Declined ↓ 95. Other, _____ ↓	1. , kg 8. DO NOT KNOW
3	1. / / 6. NOT APPLICABLE ↓	1. Yes → IM17 3. No	1. Sick ↓ 2. Not available ↓ 3. Declined ↓ 95. Other, _____ ↓	1. , kg 8. DO NOT KNOW

PG PNPM GENERASI

PG01	INTERVIEWER SHOULD CHECK: THIS SUBDISTRICT IS:	1. PNPM Mandiri-PPK SUDISTRICT → SECTION NA 2. PNPM Generasi Sehat dan Cerdas SUBDISTRICT 3. There is no PNPM Mandiri-PPK or PNPM Generasi → SECTION NA
PG02	Did [NAME OF CHILD] get assistance via PNPM Generasi coupon book?	1. Yes 3. No → SECTION NA
PG03	May I see the book?	1. Shown and there are records 2. Kept by <i>Posyandu</i> cadre, name of cadre: _____ 3. Shown but the card/book is unused → SECTION NA 4. Not shown, because _____ → SECTION NA

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

PG05	INSTRUCTION FOR INTERVIEWER: CHECK THE FOLLOWING TYPES OF COUPONS:	1. HAS NOT YET BEEN USED 2. STAMPED BUT IS NOT COLLECTED 3. STAMPED AND COLLECTED 6. NOT APPLICABLE
01.	COUPON FOR VITAMIN A 1	1 2 3 6
02.	COUPON FOR VITAMIN A 2	1 2 3 6
03.	HEPATITIS B1	1 2 3 6
04.	BCG	1 2 3 6
05.	POLIO 1	1 2 3 6
06.	HEPATITIS B2	1 2 3 6
07.	DPT 1	1 2 3 6
08.	POLIO 2	1 2 3 6
09.	DPT 2	1 2 3 6
10.	POLIO 3	1 2 3 6
11.	DPT 3	1 2 3 6
12.	POLIO 4	1 2 3 6
13.	HEPATITIS B3	1 2 3 6
14.	MEASLES	1 2 3 6
15.	WEIGH 1	1 2 3 6

PG05 INSTRUCTION FOR INTERVIEWER: CHECK THE FOLLOWING TYPES OF COUPONS:		1. HAS NOT YET BEEN USED 2. STAMPED BUT IS NOT COLLECTED 3. STAMPED AND COLLECTED 6. NOT APPLICABLE			
16.	BODY WEIGHT INCREASE 1	1	2	3	6
17.	WEIGH 2	1	2	3	6
18.	BODY WEIGHT INCREASE 2	1	2	3	6
19.	WEIGH 3	1	2	3	6
20.	BODY WEIGHT INCREASE3	1	2	3	6
21.	WEIGH 4	1	2	3	6
22.	BODY WEIGHT INCREASE4	1	2	3	6
23.	WEIGH 5	1	2	3	6
24.	BODY WEIGHT INCREASE 5	1	2	3	6
25.	WEIGH 6	1	2	3	6
26.	BODY WEIGHT INCREASE 6	1	2	3	6
27.	WEIGH 7	1	2	3	6
28.	BODY WEIGHT INCREASE 7	1	2	3	6
29.	WEIGH 8	1	2	3	6
30.	BODY WEIGHT INCREASE 8	1	2	3	6
31.	WEIGH 9	1	2	3	6
32.	BODY WEIGHT INCREASE 9	1	2	3	6
33.	WEIGH 10	1	2	3	6
34.	BODY WEIGHT INCREASE 10	1	2	3	6
35.	WEIGH 11	1	2	3	6
36.	BODY WEIGHT INCREASE 11	1	2	3	6
37.	WEIGH 12	1	2	3	6
38.	BODY WEIGHT INCREASE 12	1	2	3	6

NA. CHILD NUTRITION

NA01	Has [NAME OF CHILD] ever been breastfed?	1. YES	3. NO → NA04
NA02	How long after birth did [NAME OF CHILD] begin breastfeeding	1. <input type="text"/> minute 2. <input type="text"/> hour	3. <input type="text"/> day 8. DO NOT KNOW
NA03	For how long was [NAME OF CHILD] being breastfed?	1. <input type="text"/> Month	6. BREASTFED → NA05 8. DO NOT KNOW
NA04	Why did [NAME OF CHILD] stop breastfeeding?	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. Mother was ill/weak B. Mother's breasts hurt C. Mother worked D. Mother took family planning pills E. Mother wanted to conceive/was pregnant F. Breast milk ceased/not enough G. Child was ill H. Child refused breastfeed I. Child could not suck milk J. Doctor's/health officer's advice K. Child had grown/being weaned </div> <div style="width: 50%;"> L. To feed child food other than milk M. Tradition N. Child had younger sibling O. Parents' advice P. Mother stopped breastfeeding/ tired/reluctant/embarrassed Q. Mother died R. Step child V. Other, _____ Y. DO NOT KNOW </div> </div>	
NA05	At what age was [NAME OF CHILD] for the first time given liquid (plain water, sweet water, honey, rice extract, or tea)?	1. <input type="text"/> 6. NOT YET GIVEN 8. DO NOT KNOW	1. Day 2. Week 3. Month
NA06	At what age was [NAME OF CHILD] given regularly (daily) other food/beverages other than mother's milk?	1. <input type="text"/> 6. NOT YET GIVEN 8. DO NOT KNOW	1. Day 2. Week 3. Month

NA07	IS THE AGE OF [NAME OF CHILD] > 24 MONTHS ?	1. YES	3. NO → SECTION US
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NATYPE	NA08	NA09
Types of Food	Did [NAME OF CHILD] consumed [...] <u>last week</u> ?	How many days did the child consume [...]?
a. Milk	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
b. Egg	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
c. Beef	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
d. Pork	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
e. Chicken or duck	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
f. Fish	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
g. Rice	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
h. Other grains	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
i. Tubers	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
j. Vegetables	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
k. Fruits	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
l. Instant noodle (Supermie, Indomie, etc.)	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
m. Snacks (light meal, traditional snacks, etc.)	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW
n. Sweet, chocolate, chiki, taro.	1. Yes 3. No ↓	1. <input type="checkbox"/> day 8. DO NOT KNOW

US. HEALTH MEASUREMENT

	MEASUREMENT 1	MEASUREMENT 2	MEASUREMENT 3	MEASUREMENT 4 (AVERAGE)
US03 CHILD'S WEIGHT (kg)	A. MOTHER'S WEIGHT: <input type="text"/> , <input type="text"/> kg B. MOTHER'S & CHILD'S WEIGHT : <input type="text"/> , <input type="text"/> kg C. CHILD'S WEIGHT: <input type="text"/> , <input type="text"/> kg W. NOT APPLICABLE	A. MOTHER'S WEIGHT: <input type="text"/> , <input type="text"/> kg B. MOTHER'S & CHILD'S WEIGHT : <input type="text"/> , <input type="text"/> kg C. CHILD'S WEIGHT: <input type="text"/> , <input type="text"/> kg W. NOT APPLICABLE	A. MOTHER'S WEIGHT: <input type="text"/> , <input type="text"/> kg B. MOTHER'S & CHILD'S WEIGHT : <input type="text"/> , <input type="text"/> kg C. CHILD'S WEIGHT: <input type="text"/> , <input type="text"/> kg W. NOT APPLICABLE	A. MOTHER'S WEIGHT: <input type="text"/> , <input type="text"/> kg B. MOTHER'S & CHILD'S WEIGHT : <input type="text"/> , <input type="text"/> kg C. CHILD'S WEIGHT: <input type="text"/> , <input type="text"/> kg W. NOT APPLICABLE
US05 IS THERE A BCG SCAR ON THE CHILD'S UPPER LEFT ARM?				1. YES 3. NO 6. NOT APPLICABLE

CP. INTERVIEWER'S NOTES

CP01	WHAT WAS THE LANGUAGE USED DURING THE ENTIRE/MOST OF THE INTERVIEW?	1. INDONESIAN 2. BETAWI 3. SUNDANESE 4. JAVANESE 5. MADURESE 6. SASAK 7. MANDARIN 8. 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 \geq 5 YEARS OLD D. CHILD < 5 YEARS OLD E. ADULT, HOUSEHOLD MEMBER F. ADULT, NON HOUSEHOLD MEMBER
CP04	HOW WOULD THE ENUMERATOR EVALUATE THE APPROPRIATENESS OF THE ANSWERS OF THE RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE 4. POOR 5. VERY POOR
CP05	HOW WOULD THE ENUMERATOR EVALUATE THE SERIOUSNESS OF THE RESPONDENT?	1. VERY GOOD 2. GOOD 3. ADEQUATE 4. POOR 5. VERY POOR
CP06	WHICH QUESTIONS MADE IT DIFFICULT, EMBARRASSING, OR CONFUSING FOR THE RESPONDENT TO ANSWER? (WRITE DOWN SECTIONS AND QUESTION NUMBERS)	_____ _____ _____

SECTION	QUESTION NO.	INTERVIEWER'S REMARKS