

**2002 INDONESIA YOUNG ADULT REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

I YARHS-HE

Confidential

I. IDENTIFICATION LOCATION			CODE
1. PROVINCE _____			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
2. REGENCY/MUNICIPALITY _____			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
3. SUB-DISTRICT _____			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
4. VILLAGE _____			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
5. URBAN/RURAL*)	URBAN - 1	RURAL - 2	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
6. CENSUS BLOCK NUMBER			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
7. 2002 IYARHS SAMPLE CODE			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
8. HOUSEHOLD NUMBER _____			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
9. NAME OF HOUSEHOLD HEAD _____			

II. INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE OF INTERVIEW	_____	_____	_____	DAY _____
				MONTH _____
				YEAR 2 0 _____
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE _____
RESULT VISIT **)	_____	_____	_____	RESULT _____
NEXT VISIT	_____	_____		
DATE	_____	_____		
TIME	_____	_____		
				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
**) RESULT CODES 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE MEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUEST. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

NAME	SUPERVISOR	OFFICE EDITOR	KEYED BY
_____	_____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
DATE	_____	_____	_____

*) Circle the selected category and enter in box

III. HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the households.	What is the relationship of (NAME) to the head of the household? *	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s marital status? **	CIRCLE LINE NUMBER OF ALL SINGLE WOMEN AND MEN AGE 15-24 YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			M F	YES NO	YES NO	YEARS		
01			1 2	1 2	1 2			01
02			1 2	1 2	1 2			02
03			1 2	1 2	1 2			03
04			1 2	1 2	1 2			04
05			1 2	1 2	1 2			05
06			1 2	1 2	1 2			06
07			1 2	1 2	1 2			07
08			1 2	1 2	1 2			08
09			1 2	1 2	1 2			09
10			1 2	1 2	1 2			10
11			1 2	1 2	1 2			11
12			1 2	1 2	1 2			12
13			1 2	1 2	1 2			13
14			1 2	1 2	1 2			14
15			1 2	1 2	1 2			15
16			1 2	1 2	1 2			16
*) CODES FOR COLUMN (3): RELATIONSHIP TO HEAD OF HOUSEHOLD								
**) CODES FOR COLUMN (8): MARITAL STATUS								
01 = HEAD OF HOUSEHOLD			08 = BROTHER OR SISTER			1 = SINGLE		
02 = WIFE OR HUSBAND			09 = OTHER RELATIVE			2 = MARRIED		
03 = CHILD			10 = ADOPTED CHILD			3 = DIVORCE		
04 = SON OR DAUGHTER IN LAW			11 = STEPCHILD			4 = WIDOWED		
05 = GRANDCHILD			12 = NOT RELATED					
06 = PARENT			98 = DON'T KNOW					
07 = PARENT-IN-LAW								

Just to make sure that I have a complete listing:

1) Are there other persons such as small children or infants that we have not listed?	YES		ENTER EACH IN TABLE	NO	
2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES		ENTER EACH IN TABLE	NO	
3) Are there any guests or temporary visitors staying here, or anyone else who slept here for six months or more, who have not been listed?	YES		ENTER EACH IN TABLE	NO	
4) Are there any other people who usually live here, but have been away for less than 6 months?	YES		ENTER EACH IN TABLE	NO	
5) Are there any people who have been listed as members of household have been away for less than 6 months but intended to move?	YES		ENTER EACH IN TABLE	NO	

IV. HOUSING CONDITION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
10	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT..... 12 PUBLIC TAP 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL 23 PROTECTED WELL PROTECTED WELL IN DWELLING 31 PROTECTED WELL IN YARD/PLOT 32 PROTECTED PUBLIC WELL 33 SPRING..... 41 RIVER/STREAM 42 POND/LAKE..... 43 DAM 44 RAIN WATER..... 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER 96 (SPECIFY)	<div>→ 22</div> <div>→ 22</div> <div>→ 22</div> <div>→ 22</div>
11	How long does it take you to go there, get water, and come back?	MINUTE..... <div><div></div><div></div><div></div></div> ON PREMISES 996	
12	What kind of toilet facilities does your household have?	PRIVATE WITH SEPTIC TANK 11 PRIVATE WITH NO SEPTIC TANK..... 12 SHARED/PUBLIC 21 RIVER/STREAM/CREEK 31 PIT..... 41 BUSH/FOREST/YARD..... 51 RIVER 61 OTHER 96 (SPECIFY)	
13	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION).	DIRT/EARTH..... 11 BAMBOO..... 21 WOOD..... 22 BRICK/CONCRETE 31 TILE 32 CERAMIC/MARBLE/GRANITE 33 OTHER 96 (SPECIFY)	
14	Does your household have: Electricity? Radio? Television? Telephone? Refrigerator?	<div>YESNO</div> <div>ELECTRICITY 12</div> <div>RADIO 12</div> <div>TELEVISION 12</div> <div>TELEPHONE..... 12</div> <div>REFRIGERATOR..... 12</div>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
15	Does any member of your household own: A bicycle/rowboat? A motorcycle or motorboat? A car?	<div>YES NO</div> <div>BICYCLE/ROWBOAT 1 2</div> <div>MOTORCYCLE/MOTOR BOAT 1 2</div> <div>CAR..... 1 2</div>	
16	What is the ownership status of your dwelling?	<div>OWN..... 1</div> <div>INSTALLMENT..... 2</div> <div>CONTRACT 3</div> <div>RENT..... 4</div> <div>OFFICIAL 5</div> <div>OTHER..... 6</div>	

INTERVIEW WITH WOMEN AND MEN 15-17				
LINE NUMBER FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7) AGE 15-17 AGE 18-24	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)
				GRANTED REFUSED
(10)	(11)	(12)	(13)	(14)
<div><div></div><div></div></div>	<div></div>	1 GO TO INDIVIDUAL QUESTIONNAIRE 2	<div><div></div><div></div></div>	1 SIGN NEXT LINE 2
<div><div></div><div></div></div>	<div></div>	1 GO TO INDIVIDUAL QUESTIONNAIRE 2	<div><div></div><div></div></div>	1 SIGN NEXT LINE 2
<div><div></div><div></div></div>	<div></div>	1 GO TO INDIVIDUAL QUESTIONNAIRE 2	<div><div></div><div></div></div>	1 SIGN NEXT LINE 2
<div><div></div><div></div></div>	<div></div>	1 GO TO INDIVIDUAL QUESTIONNAIRE 2	<div><div></div><div></div></div>	1 SIGN 2

*** CONSENT STATEMENT FROM PARENT/GUARDIAN**

In this survey, we are going to interview unmarried women and men age 15 to 24 individually. We will ask them about their knowledge, attitudes toward and practice in health care. This information will help the government in developing programs to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your approval for us to have your children/children under your care participate in this survey. The survey usually takes about 30 minutes to complete. Whatever information the children provide will be kept strictly confidential and will not be shown to other persons.

May I now ask that (NAME OF CHILD[REN]) participate in the study? If you decide not to have your children interviewed, it is your right and we will respect your decision. Now please tell me if you agree to have your children participate in the study.