

EARLY CHILDHOOD EDUCATION AND DEVELOPMENT PROJECT (ENDLINE SURVEY)

CONFIDENTIAL

CAREGIVER QUESTIONNAIRE

SECTION: COV, LK, ID, IK, PAB, RK, IM, PS, NA, AD,
EH, PF, E, KK, PK, PP, EDI, KF, BHS, SE

ID
BOOK TYPE D

Respondent is (1) Mother of the child or (2) Other household member who care for the child the most often, or (3) other person/non household member who care for the child most often

COV0 Respondent name and ART sequential number

ENUMERATOR, EDITOR DAN SUPERVISOR

	a. Enumerator	b. Editor	c. Supervisor
COV1 Name and code of fieldworker	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

VISITING RESULT

	a. First Visit	b. Second Visit	c. Third Visit
COV2 Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2013	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2013	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2013
COV3 Starting time/Finish time	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
COV4 Visit Result	1. Finished 2. Partially finished, <input type="text"/>	1. Finished 2. Partially finished, <input type="text"/>	1. Finished 2. Partially finished, <input type="text"/>

EXAMINATION RESULT

COV5 Supervision by Supervisor	COV6 Checking by Supervisor	COV7 Checking by Editor
a. Observed 1. Yes 3. No b. Verified 1. Yes 3. No	1. Checked, no mistakes 2. Checked and corrected 3. Not checked, <input type="text"/>	1. Data entered, no mistake 2. Data entered and corrected 3. Data entered, no correction, <input type="text"/> 4. Data not entered and manually edited, <input type="text"/> 5. Data not entered and not edited, <input type="text"/>

LK. LOKASI
LOCATION

LK1	Province	_____	Code: <input type="text"/>
LK2	District/City	_____	Code: <input type="text"/>
LK3	Sub-district	_____	Code: <input type="text"/>
LK4	Village	_____	Code: <input type="text"/>
LK5	Hamlet/Neighborhood/RT/RW	a. Hamlet/Neighborhood/RT/RW : _____ b. RT : _____	Code: <input type="text"/>
LK6	Full address (Write name of street, alley and house number)	_____ _____ _____	
LK7	Location Description (Identification of marks/building nearby respondent's house/located on the same street, such as school, mosque, church or other building)	_____ _____ _____ _____	
LK8a	Telephone	1. Telephone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6. NOT APPLICABLE
LK8b	Mobile phone	1. Mobile phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6. NOT APPLICABLE

ID. RESPONDENT IDENTITY

ID1	INTERVIEWER CHECK : IS THE RESPONDENT INCLUDED AS A MEMBER OF THE HOUSEHOLD	1. YES	3. NO → PERTANYAAN ID3
ID2	ART SEQUENTIAL NUMBER	<input type="text"/> <input type="text"/> → QUESTION ID6	
ID3	SEX	1. MALE	3. FEMALE
ID4	AGE	<input type="text"/> <input type="text"/>	
ID5	Last educational level completed	1. Did not/never go to school 2. Did not finish Elementary School 3. Elementary School/eqv 4. Junior High School/eqv	5. Senior High School/eqv 6. Diploma 1/2/3 7. Diploma 4/Bachelor 8. Master's/PhD
ID5a	Highest Educational level completed	1. 1 2. 2 3. 3 4. 4 5. 5	6. 6 7. 7 8. 8 9. 9 10. 10 11. 11 12. 12 13. 13 (Diploma 1/2/3) 14. 14 (Bachelor) 15. 15 (Master) 16. 16 (PhD) 96. NOT APPLICABLE 98. DONT KNOW
ID6	Name and ART Number of the child in care	<input type="text"/> <input type="text"/> _____	
ID6a	Sex of the Child	1. Male	3. Female
ID6b	Child Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ID6c	How old is the child now ?	<input type="text"/> <input type="text"/>	
ID7	Respondent relationship with the child	1. Mother 2. Father 3. Grandmother 4. Grandfather	5. Uncle 6. Aunt 7. Older siblings 8. Maid 9. Neighbor 10. Other relatives
ID8	Can you read the following sentence ? [USE CARDS AS TOOLS] ‘RAIN CAME LATE THIS YEAR’	1. CANNOT READ AT ALL 2. CAN ONLY READ PARTIALLY 3. CAN READ WELL 4. HAVE SIGHT PROBLEM/BLIND/CANNOT SPEAK	
ID9	Are you still practicing traditions that related to child care according your ethnicity ?	1. Yes	3. No

IK. HEALTH INDICATOR

IK1	Was [CHILD'S NAME] born premature (less than 7 months) ?	1. Yes	3. No → IK2a
IK2	At what pregnancy months [CHILD'S NAME] was born ?	1. months	
IK2a	Did the mother fast during Ramadhan while she was pregnant with [CHILD'S NAME]?	1. Yes, everyday 2. Yes, sometimes 3. No	4. WAS NOT PREGNANT ON RAMADHAN 6. NOT APPLICABLE (NON MUSLIM) 8. DONT KNOW
IK5a	How much did [CHILD'S NAME] weight when he/she was born	1. 1, 1 kg 8. DONT KNOW	1. Based on KMS book 3. Based on caregiver's answer
IK5b	What was [CHILD'S NAME] weight at 12 months old	1. 1, 1 kg 8. DONT KNOW	1. Based on KMS book 3. Based on caregiver's answer
IK5	[CHILD'S NAME] weight when weighed	1, 1 kg	
IK6	[CHILD'S NAME] height when measured	1, 1 cm	
IK7	Mother's weight when weighed	1. 1, 1 kg	6. NOT APPLICABLE 8. DONT KNOW
IK8	Mother's height when measured	1. 1, 1 cm	6. NOT APPLICABLE 8. DONT KNOW
IK9	Father's weight when weighed	1. 1, 1 kg	6. NOT APPLICABLE 8. DONT KNOW
IK10	Father's height when measured	1. 1, 1 cm	6. NOT APPLICABLE 8. DONT KNOW

PAB. ANAK USIA 4 TAHUN S/D KURANG DARI 6 TAHUN

PAB48	Can your child understand other feelings easily ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB49	Does your child never stop moving, can not be still, hyperactive ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB50	Does your child often complain of headache, stomachache or other aches ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB51	Is your child willing to share (toys, food, pencil, etc) with other children ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB52	Does your child easily get angry/upset ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB53	Does your child often like being alone or prefer to play alone ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW

PAB54	Is your child obedient, usually doing what requested/told by adult ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB55	Does your child often worry or look anxious ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB56	Does your child like to help other people who are sad, angry or in pain ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB57	Are your child arm's or body never still, always moving ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB58	Does your child have at least one best/good friend ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB59	Does your child often fight with other children ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB60	Does your child cry easily or is a crybaby ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB61	Is your child generally liked by other children ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB62	Is your child's attention easily diverted, finding it hard to concentrate when doing something ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB63	Is your child nervous when faced with a new condition, easily losing his/her confidence ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB64	Does your child act nice towards younger children ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB65	Does your child often argue with adults ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB66	Is your child often annoyed/forced (either physically, mentally or by using words) by other children e.g. alienated while playing together ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB67	Does your child often help other people (parents, teachers or other children) ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB68	Can your child stop and think about the consequences he/she might get before doing an action ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB69	Does your child find it easy to remember someones else's fault (vengeful) ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW

PAB70	Does your child prefer being among adult than other children ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB71	Does your child feel scared easily ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW
PAB72	Does your child do everything until it finished ?	1. Often 2. Sometimes	3. Never 8. DONT KNOW

RK. HEALTH HISTORY

RK1	According to you, what is the health condition of [CHILD'S NAME] in general at present ?	1. Very healthy 2. Healthy 3. Healthy enough	4. Not healthy 5. Often sick 8. DONT KNOW
RK2	Has [CHILD'S NAME] ever had trouble connected to physical and mental ability such as :		
	f. Breathing problem/asthma	1. Yes	3. No
	g. Allergic	1. Yes	3. No
	h. Bad Nutrition	1. Yes	3. No
RK5a	In the past one month, has [CHILD'S NAME] suffered from diarrhea ?	1. Yes	3. No ➔ PERTANYAAN RK5
RK5b	In the past one month, how long did [CHILD'S NAME] suffer from diarrhea ?	<input type="text"/> day	
RK5	In the past 12 months, has [CHILD'S NAME] suffered from diarrhea ?	1. Yes	3. No ➔ PERTANYAAN RK7a
RK6	In the past 12 months, how long did [CHILD'S NAME] suffer from diarrhea ?	<input type="text"/> day	
RK6a	When [CHILD'S NAME] suffered from diarrhea, how much liquid (including breast milk) was given by I/B/S to the child ?	1. Less than normal 2. Normal as usual 3. More than normal	4. Stop giving liquid 8. DONT KNOW
RK6b	When [CHILD'S NAME] suffered from diarrhea, how much food given by I/B/S to the child ?	1. Less than normal 2. Normal as usual 3. More than normal	4. Stop giving food 8. DONT KNOW

RK6c	When [CHILD'S NAME] suffered from diarrhea, what was medicine/solution given ?	A. ORT B. Salt solution – salt/Salt solution - Starch C. Antibiotic (pill/syrup/injection) D. Zinc tablet V. Others _____ W. NO MEDICINE/SOLUTION GIVEN	
RK7a	In the past 12 months, did [CHILD'S NAME] suffered from dengue fever ?	1. Yes	3. No ➔PERTANYAAN RK7d
RK7b	In the past 12 months, how long did [CHILD'S NAME] suffered from dengue fever ?	Total day <input type="text"/> <input type="text"/> <input type="text"/>	
RK7c	When [CHILD'S NAME] was suffering from dengue fever, how much liquid given to the child	1. Less than normal 2. Normal as usual 3. More than normal	4. Stop giving liquid 8. DONT KNOW
RK7d	In the past 2 weeks, has [CHILD'S NAME] ever suffered from the following illness/symptoms :		
	a. Cough	1. Yes	3. No
	b. Flu	1. Yes	3. No
	c. Fever	1. Yes	3. No
	d. Stomach ache	1. Yes	3. No
	e. Weight loss	1. Yes	3. No
	f. Large belly	1. Yes	3. No
	g. Bloody stool / urine	1. Yes	3. No
	h. Anal itching	1. Yes	3. No
RK8a	During sickness/experiencing symptoms, was [CHILD'S NAME] taken to a health facility (i.e. integrated health service unit, clinic, traditional healer) or visited by health officer to medicate the illness ?	1. Yes 3. No ➔SECTION IM 6. NEVER EXPERIENCE ANY SICKNESS/SYMPTOMS OF ILLNESS ➔SECTION IM	
RK9a	What facility did [CHILD'S NAME] visit/ What health officer visited ? [ANSWER CAN BE MORE THAN ONE AND MUST NOT BE READ OUT]	A. GOVERNMENT HOSPITAL B. PRIVATE HOSPITAL C. PUBLIC HEALTH SERVICE UNIT/ SUPPORTING UNIT D. HEALTH STATION, PRIVATE CLINIC, BKIA	E. VILLAGE HEALTH CLINIC/MIDWIVES F. PRIVATE GP G. PRIVATE MIDWIFE H. NURSE/MEDICAL WORKER I. INTEGRATED HEALTH SERVICE UNIT J. TRADITIONAL HEALER (SHINSE, DUKUN)
RK10a	What kind of health service [CHILD'S NAME] received ? [ANSWER CAN BE MORE THAN ONE AND MUST NOT BE READ OUT]	A. HEALTH EXAMINATION B. PRESCRIPTION/MEDICINE C. INJECTION D. LAB TESTS/X-RAY	E. INTRAVENOUS F. TRADITIONAL MEDICINE G. OPERATION

RK11a Where is the location of the health facility/worker [CHILD'S NAME] visited ?	1. Same hamlet where child lives 2. Same village where child lives 3. Same sub district where child lives 4. Same regency where child lives 5. Same province where child lives 6. Different province than where child lives
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IM. IMMUNISATION

INTERVIEWER DIRECTION: ASK RESPONDENT FOR EVERY IMMUNISATION THAT [CHILD'S NAME] EVER RECEIVED

		IM5
Type of Immunisation	INTERVIEWER DIRECTION	Did [CHILD'S NAME] receive [...] immunisation ?
A. BCG	BCG immunisation to prevent TBC, is given trough injection at your left arm and will mark your skin	1. Yes 3. No↓ 8. DK ↓
B1. Polio 1	POLIO immunisation is pink or white colored liquid given as an oral drop	1. Yes 3. No↓ 8. DK ↓
B2. Polio 2		1. Yes 3. No↓ 8. DK ↓
B3. Polio 3		1. Yes 3. No↓ 8. DK ↓
B4. Polio 4		1. Yes 3. No↓ 8. DK ↓
C1. DPT1	DPT immunisation is an injection given at the same time as POLIO immunisation	1. Yes 3. No↓ 8. DK ↓
C2. DPT2		1. Yes 3. No↓ 8. DK ↓
C3. DPT3		1. Yes 3. No↓ 8. DK ↓
D. Campak	Injection for prevent measles	1. Yes 3. No↓ 8. DK ↓
E1. Hep B1	Anti Hepatitis B injection	1. Yes 3. No↓ 8. DK ↓
E2. Hep B2		1. Yes 3. No↓ 8. DK ↓
E3. Hep B3		1. Yes 3. No↓ 8. DK ↓

PS. PELAYANAN KESEHATAN ANAK

PS1 In the past 12 months, has [CHILD'S NAME] ever received the following healthcare services ?		PS2 Where did [CHILD'S NAME] receive the healthcare service ?	
a. Weight measurement	1. Yes 3. No ↓	A. Integrated Health Service Unit B. Practicing/village midwife D. Hospital/Clinic/GP	E. Public Health Center G. Private company H. School
b. Supplementary Food Provision	1. Yes 3. No ↓	A. Integrated Health Service Unit B. Practicing/village midwife D. Hospital/Clinic/GP	E. Public Health Center G. Private company H. School
c. Vitamin A pill provision	1. Yes 3. No ↓	A. Integrated Health Service Unit B. Practicing/village midwife D. Hospital/Clinic/GP	E. Public Health Center G. Private company H. School
d. Health check ups	1. Yes 3. No ↓	A. Integrated Health Service Unit B. Practicing/village midwife D. Hospital/Clinic/GP	E. Public Health Center G. Private company H. School
e. Height measurement	1. Yes 3. No ↓	A. Integrated Health Service Unit B. Practicing/village midwife D. Hospital/Clinic/GP	E. Public Health Center G. Private company H. School

PS3 Did you received information on education, health and child care ?	1. Yes 3. No →SEKSI NA
PS4 Who provide those information ? [ANSWER CAN BE MORE THAN ONE AND MUST NOT BE READ OUT]	D. HEALTH WORKER (GP/MIDWIFE) H. MEDIA (TV, RADIO, NEWSPAPER, ETC) E. CADRE AT INTEGRATED HEALTH I. PG/DAYCARE/TPQ/SPS TEACHER F. PRIVATE COMPANY J. KINDERGARTEN TEACHER G. NGO K. ELEMENTARY SCHOOL TEACHER V. OTHERS, _____
PS5 When was information on education, health and child care last received	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>

NA. CHILD NUTRITION

NA1x	Does [CHILD'S NAME] already studying in Elementary School (SD) ?	1. Yes ➔ PERTANYAAN NA7	3. No
NA1	Does [CHILD'S NAME] given breast milk ?	1. Yes	3. No ➔ PERTANYAAN NA4
NA2	How long after [CHILD'S NAME] was born he/she given breast milk ?	1. <input type="text"/> Minute 2. <input type="text"/> Hour	3. <input type="text"/> Day 8. DONT KNOW
NA3	How long was [CHILD'S NAME] given breast milk ? INTERVIEWER CHECK : Na3 = Na3a line a + b + c	1. <input type="text"/> 1. Day 6. STILL BREASTFEED 8. DONT KNOW	2. Week 3. Month
NA3a	How long [CHILD'S NAME] was given [...] ?		
	a. Only breast milk without combining with other drink/food	1. <input type="text"/> 1. Day 3. STILL BREASTFEED ➔ AD 6. DON'T BRESTFEED 8. DONT KNOW	2. Week 3. Month
	b. Mostly breast milk with little other drink/food	1. <input type="text"/> 1. Day 3. STILL BREASTFEED ➔ AD 6. DON'T BRESTFEED 8. DONT KNOW	2. Week 3. Month
	c. A little breast milk combined with other drink/food	1. <input type="text"/> 1. Day 3. STILL BREASTFEED ➔ AD 6. DON'T BRESTFEED 8. DONT KNOW	2. Week 3. Month
NA4	Why wasn't [CHILD'S NAME] given breast milk ?	A. MOTHER WAS SICK/WEAK B. MOTHER'S BREAST WERE SORE C. MOTHER WAS WORKING D. MOTHER USES CONTRACEPTIVE PILLS E. MOTHER WANTS TO GET PREGNANT AGAIN F. NOT ENOUGH BREASTMILK G. CHILD WAS SICK	H. CHILD WAS GETTING TOO BIG/OLD I. CHILD DIDN'T WANT TO BE BREASTFEED J. CHILD COULDN'T SUCKLE K. DOCTOR'S/MEDICAL WORKER'S DIRECTION L. CHILD OFTEN BITES Y. DONT KNOW

NA5a	How old was [CHILD'S NAME] when he/she was given [...] ?			
a.	Plain water	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
b.	Baby formula	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
c.	Cow milk/powder/condensed	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
d.	Fruit puree/juice	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
e.	Soup	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
f.	Soft porridge	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
g.	Filtered porridge or mashed steamed rice/blendered	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
h.	Plain steamed rice	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		
i.	Snack (baby biscuit)	1. <input type="text"/>	1. Day	2. Week 3. Month
		6. HAS NOT BEEN GIVEN		
		8. DONT KNOW		

NATYPE	NA7	NA8
FOOD VARIETY	Did [CHILD'S NAME] consume [...] within the past one week ?	How many days of [CHILD'S NAME] consume [...] within the past one week ?
a. Milk	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
b. Egg	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
c1. Meat (cow, buffalo, lamb, etc)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
c2. Meat (chicken/duck, etc)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
d. Fresh fish, shrimp, squid, clam, etc	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
e. Salted/smoked fish	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
f. Rice	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
g. Corn/maze, sago	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
h. Roots (cassava, yams, breadfruit)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
i. Vegetables (carrot, green beans, pumpkin, spinach, tomato, etc)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
j. Fruits (orange, apple, banana, papaya, etc)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
k. Instant noodle (Supermie, Indomie, etc)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
l. Snacks (cake, crackers, children snack, etc)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
m. Candy, chocolate bar, etc	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
n. Processed food (beef corned/canned sardine, meatball, sausage, nugget)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
o. Processed drink (bottle/box tea, coke, fanta, sprite, frutang, and other proceseed drink)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW
p. Dairy food (yoghurt, cheese, margarine)	1. Yes 3. No ↓	1. <input type="text"/> Day 8. DONT KNOW

AD. CHILD ACTIVITY

With the following questions we want to ask about things related to activities usually done by the child in a time frame last week

ADTYPE	AD0	AD2	AD2a	AD2b	AD2c
CHILD'S ACTIVITY	In the past 1 week, did [CHILD'S NAME] do ?	How often accompanied by other household member?	Were those activities occur in [CHILD'S NAME] house or outside ?	How often accompanied by other than household member ?	Were those activities occur in [CHILD'S NAME] house or outside ?
a. Read magazine/books	1. Yes 3. No ↓	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week	1. In his/her own house 3. Outside child house	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week 8. DON'T KNOW	1. In his/her own house 3. Outside child house
b. Told a tale (without having read the book)	1. Yes 3. No ↓	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week	1. In his/her own house 3. Outside child house	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week 8. DON'T KNOW	1. In his/her own house 3. Outside child house
c. Drawing a picture or other writing/striking activities	1. Yes 3. No ↓	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week	1. In his/her own house 3. Outside child house	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week 8. DON'T KNOW	1. In his/her own house 3. Outside child house

d. Playing music, singing, dancing	1. Yes 3. No ↓	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week	1. In his/her own house 3. Outside child house	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week 8. DON'T KNOW	1. In his/her own house 3. Outside child house
e. Playing with toys inside the house or playing indoor games	1. Yes 3. No ↓	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week	1. In his/her own house 3. Outside child house	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week 8. DON'T KNOW	1. In his/her own house 3. Outside child house
f. Involved in the daily activities (cooking, cleaning)	1. Yes 3. No ↓	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week	1. In his/her own house 3. Outside child house	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week 8. DON'T KNOW	1. In his/her own house 3. Outside child house
g. Playing outdoor games or doing sport together (walking, playing with ball)	1. Yes 3. No ↓	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week	1. In his/her own house 3. Outside child house	1. Never → AD2b 2. 1 – 2 days a week 3. 3 – 5 days a week 4. 6 – 7 days a week 8. DON'T KNOW	1. In his/her own house 3. Outside child house

EH. ECED HISTORY

The following questions is to find out about the ECED services attended by [child name]

EH1. Has [CHILD'S NAME] ever studied in primary school (SD)?	1. Yes	3. No →EH3
EH2. Does [CHILD'S NAME] currently still studying in primary school (SD)?	1. Yes→EH6	3. No →EH7
EH3. Has [CHILD'S NAME] ever attend/study in pre school/early child education/services such as TPQ, BKB, Posyandu, Sunday school in church, other ECD Similar Unit ?	1. Yes	3. No →SECTION E
EH4. Does [CHILD'S NAME] currently still attend/study in pre school/early child education/services such as TPQ, BKB, Posyandu, Sunday school in church, other ECD Similar Unit ?	1. Yes →EH8	3. No
EH5. When was the last time [CHILD'S NAME] ever attend/study in that pre school/early child education/services ?	1. Before July 2008 <input type="text"/> / <input type="text"/> → SECTION E 3. After June 2008 <input type="text"/> / <input type="text"/> →EH8	
EH6. In what grade that [CHILD'S NAME] is in now ?	<input type="text"/> →EH8	
EH7. What was the last grade that [CHILD'S NAME] was in?	<input type="text"/>	

INTERVIEWER NOTE : FOR THE NEXT QUESTION, ASKFOR EVERY SCHOOL OR TYPE OF EDUCATION THAT [CHILD NAME] EVER ATTEND

EH8. Names all kinds of school that [CHILD NAME] ever attend in academic year 2012/2013 (since July 2012 until now)

TAHUN AJARAN 2012/2013Academic Year 2012/2013						
	i. Studying in ?	ii. School ID	iii. First semester (July-December) 1. Full one semester 3. Less than one semester	iv. How many months	v. 2nd semester (January-June) 1. Full one semester 3. Less than one semester	iv. How many months
a. SD_____ grade <input type="text"/>	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>
b. Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>
c. Islamic Kindergarten (RA) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>
d. Playgroup (NON PROJECT)_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>
e. Playgroup (PROJECT)_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>
f. Daycare _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>
g. Integrated Health Service Unit _____	1. Yes 3. No ↓			<input type="text"/>		
h. Toddler Family Group _____	1. Yes 3. No ↓			<input type="text"/>		
i. Quranic Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>
j. Others_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="text"/>	1 ↓ 3	<input type="text"/>

EH9. Names all kinds of school that [CHILD NAME] ever attend in academic year 2011/2012 (since July 2011 until June 2012)

TAHUN AJARAN 2011/2012 Academic Year 2011/2012						
	i. Studying in ?	ii. School ID	iii. First semester (July-December) 1. Full one semester 3. Less than one semester	iv. How many months	v. 2nd semester (January-June) 1. Full one semester 3. Less than one semester	iv. How many months
a. SD _____ grade <input type="checkbox"/>	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
b. Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
c. Islamic Kindergarten (RA) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
d. Playgroup (NON PROJECT) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
e. Playgroup (PROJECT) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
f. Daycare _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
g. Integrated Health Service Unit _____	1. Yes 3. No ↓			<input type="checkbox"/>		
h. Toddler Family Group _____	1. Yes 3. No ↓			<input type="checkbox"/>		
i. Quranic Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
j. Others _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>

EH10. Names all kinds of school that [CHILD NAME] ever attend in academic year 2010/2011 (since July 2010 until June 2011)

TAHUN AJARAN 2010/2011 Academic Year 2010/2011						
	i. Studying in ?	ii. School ID	iii. First semester (July-December) 1. Full one semester 3. Less than one semester	iv. How many months	v. 2nd semester (January-June) 1. Full one semester 3. Less than one semester	iv. How many months
a. SD _____ grade <input type="checkbox"/>	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
b. Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
c. Islamic Kindergarten (RA) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
d. Playgroup (NON PROJECT) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
e. Playgroup (PROJECT) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
f. Daycare _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
g. Integrated Health Service Unit _____	1. Yes 3. No ↓			<input type="checkbox"/>		
h. Toddler Family Group _____	1. Yes 3. No ↓			<input type="checkbox"/>		
i. Quranic Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
j. Others _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>

EH11. Names all kinds of school that [CHILD NAME] ever attend in academic year 2009/2010 (since July 2009 until June 2010)

TAHUN AJARAN 2009/2008 Academic Year 2009/2008						
	i. Studying in ?	ii. School ID	iii. First semester (July-December) 1. Full one semester 3. Less than one semester	iv. How many months	v. 2nd semester (January-June) 1. Full one semester 3. Less than one semester	iv. How many months
a. SD_____ grade <input type="checkbox"/>	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
b. Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
c. Islamic Kindergarten (RA) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
d. Playgroup (NON PROJECT)_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
e. Playgroup (PROJECT)_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
f. Daycare _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
g. Integrated Health Service Unit _____	1. Yes 3. No ↓			<input type="checkbox"/>		
h. Toddler Family Group _____	1. Yes 3. No ↓			<input type="checkbox"/>		
i. Quranic Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
j. Others_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>

EH12. Names all kinds of school that [CHILD NAME] ever attend in academic year 2008/2009 (since July 2008 until June 2009)

TAHUN AJARAN 2008/2009 Academic Year 2008/2009						
	i. Studying in ?	ii. School ID	iii. First semester (July-December) 1. Full one semester 3. Less than one semester	iv. How many months	v. 2nd semester (January-June) 1. Full one semester 3. Less than one semester	iv. How many months
a. SD_____ grade <input type="checkbox"/>	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
b. Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
c. Islamic Kindergarten (RA) _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
d. Playgroup (NON PROJECT)_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
e. Playgroup (PROJECT)_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
f. Daycare _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
g. Integrated Health Service Unit _____	1. Yes 3. No ↓			<input type="checkbox"/>		
h. Toddler Family Group _____	1. Yes 3. No ↓			<input type="checkbox"/>		
i. Quranic Kindergarten _____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>
j. Others_____	1. Yes 3. No ↓		1 → COLUMN V 3	<input type="checkbox"/>	1 ↓ 3	<input type="checkbox"/>

With the following questions we would like to know about the involvement of your child in education and health service activities in your neighborhood

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PFTYPE (WRITE EH8 – EH12 CODES & FACILITY NAME)	<input type="text"/>	<input type="text"/>
PF2. At what age was [CHILD'S NAME] involved in [.....]?	<input type="text"/> 1. Year 3. Month 5. Day	<input type="text"/> 1. Year 3. Month 5. Day
PF3. Is [CHILD'S NAME] still involved in [.....]?	1. Yes 3. No →PF6	1. Yes 3. No →PF6
PF4. How many times is [CHILD'S NAME] involved in [.....]?	<input type="text"/> times 1. Per week 2. Per 2 weeks 3. Per month 4. Per 2 months 5. Per 3 months or more	<input type="text"/> times 1. Per week 2. Per 2 weeks 3. Per month 4. Per 2 months 5. Per 3 months or more
PF5. How long does [CHILD'S NAME] participate in [.....]?	Start <input type="text"/> : <input type="text"/> s/d Until <input type="text"/> : <input type="text"/>	Start <input type="text"/> : <input type="text"/> s/d Until <input type="text"/> : <input type="text"/>
PF5a. What do you do when child goes to ECED	1. Walk with the child to ECED and return home 2. Walk with the child to ECED and wait outside the classroom with other mothers 3. Walk with the child to ECED and wait outside the classroom on my own 4. Walk with the child to ECED and sit with child in the classroom 5. I do not accompany the child to ECED	1. Walk with the child to ECED and return home 2. Walk with the child to ECED and wait outside the classroom with other mothers 3. Walk with the child to ECED and wait outside the classroom on my own 4. Walk with the child to ECED and sit with child in the classroom 5. I do not accompany the child to ECED
[ONLY FOR INTEGRATED HEALTH SERVICE UNIT/TODDLER FAMILY GROUP] PF5b. What kind of services that [CHILD'S NAME] received during [...] activities ?	A. Height Measured D. Additional Food Programe (PMT) B. Weight Measured E. Child Caregiving Class C. Immunization V. Others _____	A. Height Measured D. Additional Food Programe (PMT) B. Weight Measured E. Child Caregiving Class C. Immunization V. Others _____
PF7a. Who gave Early Childhood Education Service?	1. Government 5. Individual 2. Privat Institution 95. Others, _____ 3. NGO 98. DONT KNOW 4. Community/village →PF1x NEXT COLUMN	1. Government 5. Individual 2. Privat Institution 95. Others, _____ 3. NGO 98. DONT KNOW 4. Community/village →PF1x NEXT COLUMN
PF6. When did [CHILD'S NAME] stop participating in [.....]	1. ≤ A month ago 4. ≤ A year ago 2. ≤ 3 months ago 5. More than one year ago 3. ≤ 6 months ago	1. ≤ A month ago 4. ≤ A year ago 2. ≤ 3 months ago 5. More than one year ago 3. ≤ 6 months ago
PF7. Why stop/not participating in [.....]?	A. NOT AVAILABLE IN THE VILLAGE E. AGE INADEQUATE B. LOCATION TOO FAR F. ALREADY IN SD C. DON'T HAVE MONEY G. CHILD IS TOO OLD D. PARENTS ARE BUSY/LAZY V. OTHERS _____ →NEXT COLUMN	A. NOT AVAILABLE IN THE VILLAGE E. AGE INADEQUATE B. LOCATION TOO FAR F. ALREADY IN SD C. DON'T HAVE MONEY G. CHILD IS TOO OLD D. PARENTS ARE BUSY/LAZY V. OTHERS _____ →NEXT COLUMN

(ADD TO SUPLEMEN IF THE PAUD FACILITY THAT CHILD ATTEND IS MORE THAN 4)

PF8a	INTERVIEWER'S NOTE: IS THERE "1. YES" ANSWER IN PF3 COLUMN (EXCEPT INTEGRATED HEALTH SERVICE UNIT)?	1. YES	3. NO → SEKSI E
PF16a	Is ECD service attended by [CHILD'S NAME] currently on break? (ONLY FOR KG/PG NON TPK/TPA/TPQ/SPS)	1. Yes, all ECD services are suspended 2. Yes, some of ECD services are suspended, mention _____ 3. No	
PF16	How many days did [CHILD'S NAME] attend ECED service within <u>the past one week?</u> INTERVIEWER INSTRUCTION : IF THE ECD SERVICES ALREADY ON VACATION THEN ASK FOR LAST 1 WEEK BEFORE VACATION	1. <input type="text"/> Day 8. DON'T KNOW	
PF17	In the last one week, how many days did [CHILD'S NAME] [...]?		
	a. Attend school	1. <input type="text"/> Day	8. DON'T KNOW
	b. Absent due to illness	1. <input type="text"/> Day	8. DON'T KNOW
	c. Absent for other reasons	1. <input type="text"/> Day	8. DON'T KNOW
	d. Absent without reasons	1. <input type="text"/> Day	8. DON'T KNOW
PF18	Must [CHILD'S NAME] pay to attend ECED service that he/she attends now?	1. Yes	3. No → PF23

Next we want to ask about cost of early childhood education for [CHILD'S NAME] for the period of January-July 2012

Expenditure for child's education (whether paid by oneself or obtained from other party/source)	PF19x Type and name of ECED service attended by [CHILD'S NAME]			
	A. _____		B. _____	
	PF19 Amount of expenditure	PF20 Expenditure Frequency: 1. per day 4.per academic year 2. per month 5.per one school periode 3. per semester	PF19 Amount of expenditure	PF20 Expenditure Frequency: 1. per day 4.per academic year 2. per month 5.per one school periode 3. per semester
a. Registration (entrance/building/re-registration fee)	1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE ↓	1 2 3 4 5
b. Monthly fee	1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE ↓	1 2 3 4 5
d. Extracurricular activities/recreational fee	1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE ↓	1 2 3 4 5

Expenditure for child's education (whether paid by oneself or obtained from other party/source)	PF19x Type and name of ECED service attended by [CHILD'S NAME]			
	A. _____		B. _____	
	PF19 Amount of expenditure	PF20 Expenditure Frequency: 1. per day 4.per academic year 2. per month 5.per one school periode 3. per semester	PF19 Amount of expenditure	PF20 Expenditure Frequency: 1. per day 4.per academic year 2. per month 5.per one school periode 3. per semester
g. Supporting materials (ex: photocopies of school materials, arts and craft materials, visual aid, etc)	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5
h. School and sports uniform	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5
k. Transportation (including pick up cost)	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5
l. Allowance	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5
v. Others _____	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5	1. Rp _____ 6. NOT APPLICABLE ↓	1 2 3 4 5

PF21 How much is the total of [CHILD'S NAME] education expenditure is obtained from another party/not paid by oneself?	1. Rp _____ 6. NONE → PF23
PF22 Where does the funding come from?	A. Family/relative B. Government C. NGO D. School E. Friends/Neighbor V. Others, _____
PF23 What type of transportation used from home to ECD service provider?	1. Bike 2. Motor cycle 3. Three wheel public tansportation 4. Four wheel public transportation 5. Boat 6. Motor boat 7. Traditional carriage 8. Walk

PF24	How long [CHILD'S NAME] travels from home to school?	<input type="text"/> Minutes
PF15	According to you, what are challenges faced by ECED service provider in your community?	A. LACK OF FUND B. SPACE AVAILABILITY (e.g. LAND AND BUILDING) C. LACK OF MATERIALS AND EDUCATIONAL SUPPORT TOOLS D. LACK OF TRAINED EDUCATION SPECIALIST E. LACK OF WILL FROM TRAINED SPECIALIST TO DEVELOP HIM/HERSELF F. LACK OF COMMUNITY'S AWARENESS ON THE IMPORTANT OF ECED G. DIFFICULTY IN GETTING COMMUNITY'S CONTRIBUTION H. LACK OF ATTENTION FROM GOVERNMENT (REGENCY, EDUCATION OFFICE, etc) V. OTHERS, _____ W. NO PROBLEM

E. PARENTS THAT NOT LIVED IN THE SAME HOUSE WITH THE CHILD

E1	Does [CHILD'S NAME] have parents who are still alive but do not live in the same house as [CHILD'S NAME]?	1. Yes, one of the parents doesn't live in the same house as the child → E3 2. Yes, both parent don't live in the same house as the child 3. No, both parents are living in the same house as the child → SECTION KK 4. No, both parents are deceased → SECTION KK
E2	Of both parents who don't live at the same house, which one spends more time with [CHILD'S NAME]?	1. Mother 3. Father
E3	As far as you know, how far is [CHILD'S NAME] home with the home of this parent not living in the same house?	1. Less than 5 km 2. 5 – 19 km 3. 20 – 49 km 4. 50 – 99 km 5. 100 – 499 km 6. 500 km or more 7. Abroad 8. DON'T KNOW
E4	How long has [CHILD'S NAME] not met with this parent not living in the same house?	1. Never met 2. More than one month ago 3. One month ago 4. One week ago 5. Just met today 8. DON'T KNOW
E5	Highest education of [CHILD'S NAME] father ?	1. Never go to school/not finish SD 2. Graduate from Elementary school 3. Graduate from Junior High school 4. Graduate from Senior High School 5. Diploma 1/2/3 6. Bachelor/Master/Phd 98. DONT KNOW

E5	Highest education of [CHILD'S NAME] mother ?	1. Never go to school/not finish SD 2. Graduate from Elementary school 3. Graduate from Junior High school 4. Graduate from Senior High School	5. Diploma 1/2/3 6. Bachelor/Master/Phd 98. DONT KNOW
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KK. HEALTH CONDITION

Next, we want to ask about your health condition for the past four weeks

		INTERVIEWER'S NOTE			
KK1	For the past four weeks, have you ever feel tired without any clear reason?	e.g. RESPONDENT DOESN'T DO ANYTHING PARTICULARLY LABORIOUS,YET FEELS TIRED	1. Often	2. Sometimes	3. Never
KK2	In the past four weeks, how often did you feel anxious?	e.g. RAPID HEART BEAT AND ANXIOUS OF SOMETHING BAD ABOUT TO HAPPEN	1. Often	2. Sometimes	3. Never
KK3	In the past four weeks, how often did you feel very anxious that nobody can calm you?	RESPONDENT'S ANXIOUNESS IS HIGHER THAN PREVIOUS ONES (KK2)	1. Often	2. Sometimes	3. Never
KK4	In the past four weeks, how often did you feel despaired?	e.g. FEEING OF INABILITY TO RESOLVE LIFE PROBLEMS	1. Often	2. Sometimes	3. Never
KK5	In the past four weeks, how often did you feel restless or worried?		1. Often	2. Sometimes	3. Never
KK6	In the past four weeks, how often did you feel very restless that you could not sit still?	RESPONDENT'S ANXIOUNESS IS HIGHER THAN PREVIOUS ONES (KK5)	1. Often	2. Sometimes	3. Never
KK7	In the past four weeks, how often did you feel depressed?	REPODENT FEELS LIKE SHOUTING AS HARD AS HE/SHE CAN "HE"D IS POUNDING" DUE TO BURDEN OF LIFE PROBLEMS	1. Often	2. Sometimes	3. Never
KK8	In the past four weeks, how often did you feel that you had to work extra hard to do everything?	e.g. DIFFICULTY IN DOING ORDINARY CHORES	1. Often	2. Sometimes	3. Never
KK9	In the past four weeks, how often did you feel really sad that nothing can make you happy?		1. Often	2. Sometimes	3. Never
KK10	In the past four weeks, how often did you feel insignificant?	e.g. RESPONDENT FEELS DETACHED FROM HIS/HER SURROUNDING AND DOESN'T PAY ATTENTION TO WHAT HE/SHE IS DOING	1. Often	2. Sometimes	3. Never

PK. KNOWLEDGE ON CHILD HEALTH AND CAREGIVING

PK1	According to you, at least how many times <u>should</u> a pregnant mother check her pregnancy to medical worker?	1. <input type="text"/> times	8. DON'T KNOW
PK6	According to you at what age should your child learn to recognize alphabet, number, color, shape and read?	1. <input type="text"/> year	3. Less than one year 8. DON'T KNOW
PK8	According to you, how far should a child go to school?	1. Elementry School 2. Junior High school/equivalent 3. High school/equivalent 4. 1/2/3 year diploma 5. 4 year diploma/bachelor degree	6. Master/PhD 7. No need to go to school 8. DON'T KNOW 9. As high as possible

HEALTH AND EDUCATION FACILITY	PK9. Do you know the nearest location of [...]?	PK10. Is [...] located in
a. Integrated Health Service Unit	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
b. Public Health Service/Supporting Unit	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
c. Village Midwife/Midwife	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
g. Elementary school	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
h. Islamic Elementary school	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
i. Kindergarten	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
j. Islamic Kindergarten	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
k. Playgroup	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
l. Daycare	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
m. Quranic Kindergarten	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district
n. Others, _____	1. Yes 3. No ↓	1. Same hamlet 3. Same sub-district 2. Same village 4. Same district

PK11	In general, as the care giver do you feel?	1. No really a good child carer 2. Feels difficulties in being a child carer 3. An average child carer 4. More than average child carer 5. A very good child carer
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PP. CHILD CARING PATTERN

The next question is about your relationship with your child. There is no right or wrong answer for these question

PP1	How often do you show your love to your child by way of hugging, kissing and holding?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP2	How often do you hug or hold your child without any particular reason?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP3	How often do you explain to your child why they are being told off?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP4	How often do you tell your child that he/she makes you happy?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP5	When the child behaves inappropriately, how often do you engage them to discuss and ask for an explanation of that behavior?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP6	How often to you have special time spent with your child in a warm/friendly surrounding?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP7	How often do you listen to your child's stories/conversation and do something together?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP8	How often do you feel close to your child whether he/she is being happy or upset?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always

PP9	How often do you feel annoyed with inappropriate words or behavior your child say/do?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP10	From all talks/conversation you do with your child on his/her behavior, how often do you praise him/her?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP11	From all talks/conversation you do on his/her behavior, how often do you state your disagreement on his/her behavior?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP12	When you assign a task to the child, how often do you make sure that the task is executed? e.g.: you ask your child to clean a room. You must check to make sure the child has done what he supposed to. If need to check him/her a number of times than you often check to make sure that the task is executed	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP13	When you threaten to punish your child to if he/she doesn't stop doing things that you prohibit, but he/she does it anyway, how often do you punish him/her?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP14	How often do you let your child get away from the punishment he/she should receive when he/she does something inappropriate?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP15	How often do you punish your child while feeling angry?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP16	How often do you find it difficult to manage your child generally?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP17	How often do you set them free of punishment given?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP18	When you discipline your child, how often does he/she ignores his/her punishment?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always

PP19	How often do you feel angry about your child?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP20	How often do you raise your voice or yell at your child? Note: not shout when calling for him/her but you are angry by yelling and shouting	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP21	When your child cries, how often do you feel upset/annoyed?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP22	How often do you fail to control your emotion when dealing with this child?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always
PP23	How often do you leave your child alone in his/her room when he/she feels upset or sad?	1. Never/almost never 2. Seldom 3. Sometimes	4. Often 5. Always/ almost always

EDI. EDI

EDI1x	INTERVIEWER CHECK ID6c CHILD CURRENT AGE = 9 YEARS ABOVE	1. YES → INTERVIEWER NOTE	3. NO
EDI1	Special need children ?	1. Yes	3. No
EDI2	Primary language used at home	01. Javanese 04. Sasak 07. Makasar 95. Lainnya_____ 02. Sundanese 05. Malay 08. Indonesian 03. Bugis 06. Dayak 09. Mixed between Indonesia and local, _____	
EDI3	Is the child able to communicate in language that easily understood ?	1. Yes	3. Not yet 8. DONT KNOW
EDI4	Was the child repeated grade ?	1. Yes	3. No → SECTION KF
EDI5	Reason for repeating grade ?	1. Academic reason 2. Other reason, _____	

KF. PHYSICAL WELLBEING

KF1	How many days the child absent from school since 2012/2013 academic year ?	1. <input type="text"/>	6. NOT APPLICABLE
KF2	Since 2012/2013 academic year, does the child come to this school in the following condition (more than once occasion) :		
	b. Wearing clothes that makes him/her uncomfortable doing his/her activities (e.g too tight or too loose for his/her size)	1. Yes	3. No 8. DONT KNOW
KF3	Does the child looks too weak/sick to joint daily activities (more than once occasion)	1. Yes	3. No 8. DONT KNOW
KF4	Since 2012/2013 academic year, does the child ever come late to this school (more than once occasion)	1. Yes	3. No 8. DONT KNOW
KF5	Does the child complained hungry/hot having breakfast (more than once occasion) ?	1. Yes	3. No 8. DONT KNOW
KF6	Does the child be able to use toilet independently (including undress the pants/petticoat, put on pants/petticoat, urinate/defecate)	1. Yes	3. No 8. DONT KNOW
KF 7	Does the child shown an established hand preferences	1. Yes	3. No 8. DONT KNOW
KF 8	Does the child having good body coordination (e.g. walking/running without stumbling over anything)	1. Ya	3. Not yet 8. DONT KNOW
KF 9	Does the child able to hold pencil, crayon or brush correctly	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
KF 10	Does the child able to drive, move, hold and use small object (e.g. accessories/mote/prayer beads)	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
KF 12	Does the child able to follow class activities without getting tired ?	1. Very good/good 2. Average	3. Poor 8. DONT KNOW

BHS. LANGUAGE AND COGNITIVE SKILLS

BHS1	Does the child able to use appropriate words for conversation (using language of instruction at school)	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
BHS2	Does the child able to listen correctly the words used in language of instruction at school ?	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
BHS3	Does the child able to tell a story	1. Very good/good 2. Average	3. Poor 8. DONT KNOW

BHS4	Does the child able to get involved in imaginative play ?	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
BHS5	Does the child able to express his/her needs in the way adult or his/her peers could understand ?	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
BHS6	Does the child able to immediately understanding anything said to him/her ?	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
BHS7	Does the child able to pronounce words clearly, without changing their pronunciation, for example “dinosaurus” (dinosaurs) pronounced as “dinous”, “pesawat” (plane) pronounced as “wat or pecawat”	1. Very good/good 2. Average	3. Poor 8. DONT KNOW
BHS8	Does the child know how to open a book (for example, turning the page) ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS9	Does the child interested in book (picture or writing) ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS10	Does the child interested in reading (being curious about meaning of the words written in the book) ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS11	Does the child know at least 10 letters of alphabet ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS12	Does the child able to correlate pronunciation and the spelling ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS13	Does the child know words with similar rhyme, for example “buku (book) – paku (nail)”	1. Ya 3. Not yet 8. DONT KNOW	
BHS14	Does the child able to follow reading together activity ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS15	Does the child able read simple words ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS16	Does the child able to read more complex words ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS17	Does the child able to read simple sentence ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS18	Does the child interested to play with writing tools ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS19	Does the child know the direction of writing in bahasa Indonesia (from left to right, from up to down) ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS20	Does the child interested in writing independently (not merely due to teacher instruction) ?	1. Ya 3. Not yet 8. DONT KNOW	
BHS21	Does the child able to writehis/her own name correctly ?	1. Ya 3. Not yet 8. DONT KNOW	

BHS22	Does the child able to write simple words ?	1. Ya	3. Not yet	8. DONT KNOW
BHS23	Does the child able to write simple sentence ?	1. Ya	3. Not yet	8. DONT KNOW
BHS24	Does the child has good memory ?	1. Ya	3. Not yet	8. DONT KNOW
BHS25	Does the child interested in math ?	1. Ya	3. Not yet	8. DONT KNOW
BHS26	Does the child interested in playing games that using numbers ?	1. Ya	3. Not yet	8. DONT KNOW
BHS27	Does the child able to differentiate and classify objects according to certain characteristics (for example shape, color, size) ?	1. Ya	3. Not yet	8. DONT KNOW
BHS28	Does the child able to do association ?	1. Ya	3. Not yet	8. DONT KNOW
BHS29	Does the child able to count up to 20 ?	1. Ya	3. Not yet	8. DONT KNOW
BHS30	Does the child able to count up to 10	1. Ya	3. Not yet	8. DONT KNOW
BHS31	Does the child able to differentiate numbers which are larger/higher than others (for example, 3 is larger/higher than 2).	1. Ya	3. Not yet	8. DONT KNOW
BHS32	Does the child recognize geometry shape (For example triangle, circle, square).	1. Ya	3. Not yet	8. DONT KNOW
BHS33	Does the child understand the concept of time in simple terms (for example, today, yesterday, time to sleep)	1. Ya	3. Not yet	8. DONT KNOW
BHS34	Does the child demonstrate special ability/talent in any domain/field? IMPORTANT NOTE : This special ability/talent should be beyond the ability of child as his/her age or beyond the ability of child in general	1. Ya	3. Not yet	8. DONT KNOW

SE. SOCIAL AND EMOTIONAL DEVELOPMENT

SE1	How is the child's social/emotional development in general.	1. Very good 2. Average	3. Poor 8. DONT KNOW
SE2	How is the child ability to interact with his/her peers.	1. Very good 2. Average	3. Poor 8. DONT KNOW

The following are statements that describe the child's feeling and behaviour. For each statement, please select the answer which describe best the condition of the student now or in the last 6 months

SE3	Does the child plays and works together with other students of his/her age	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE4	Does the child play with other children from various age.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE5	Does the child obey rule and command	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE6	Does the child respects the properties of others.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE7	Does the child having self control	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE8	Does the child having self confident	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE9	Does the child shows respect to adult people.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE10	Does the child respects other children/students	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE11	Does the child responsible for his/her act	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE12	Does the child listen attentively	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE13	Does the child following rule	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE14	Does the child finish the work on time	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE15	Does the child work independently	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE16	Does the child takes care of school properties/writing tools.	1. Often 2. Sometimes	3. Never 8. DONT KNOW

SE17	Does the child works neatly and carefully	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE18	Does the child interested to the surrounding environment.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE19	Does the child interested in new games	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE20	Does the child interested in playing with new game	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE21	Does the child interested in new book or to read new book	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE22	Does the child able to solve daily problems independently, e.g know what to do when there are spoiled water or his/her pencil was broken	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE23	Does the child able to follow one type of order/command.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE24	Does the child able to follow routine activities in the class without necessarily being reminded.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE25	Does the child able to adapt to routine/daily activity changes	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE26	Does the child answer questions regarding life in the real world (for example, dog barks, apple is a kind of fruit, etc).	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE27	Does the child shows tolerant attitude to friends making mistakes (for example when a friend cannot answer the teacher's question correctly).	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE28	Does the child offers help for others who are in troubles	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE29	Does the child help tidying up items scattered by others.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE30	Does the child tries to mediate a conflict.	1. Often 2. Sometimes	3. Never 8. DONT KNOW

SE31	Does the child gives offer to help other student who has problems in doing work/task	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE32	Does the child able to calm down other students who are crying or sad.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE33	Does the child spontaneously picks up objects which are dropped by other students (for example, pencil, book).	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE34	Does the child invites other children who are watching a game to play the game together	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE35	Does the child helps other students who are sick.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE36	Does the child feels sad/uncomfortable/dislike when being left by his/her parents or caregiver	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE37	Does the child involves in a physical fight	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE38	Does the child hurts other students, for example, pushing, grabbing toys of other students (bullying)	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE39	Does the child kicks, bites, hits other students or adult people	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE40	Does the child takes the properties of others.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE41	Does the child laughs at other people who are facing problems	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE42	Does the child cannot sit quietly/calmly	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE43	Does the child feels difficult to concentrate on one activity, easily distracted.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE44	Does the child always moves	1. Often 2. Sometimes	3. Never 8. DONT KNOW

SE45	Does the child disobedient	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE46	Does the child easy to get mad or annoyed	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE47	Does the child likes to act carelessly, makes act without consideration	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE48	Does the child not patient in waiting his/her turn to play.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE49	Does the child cannot persist on an activity in short time	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE50	Does the child cannot concentrate, inattentive	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE51	Does the child looks unhappy, sad or depressed.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE52	Does the child looks scared or nervous	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE53	Does the child looks worry.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE54	Does the child often cries	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE55	Does the child nervous, easily get mad, or tense.	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE56	Does the child cannot make decision	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE57	Does the child shy	1. Often 2. Sometimes	3. Never 8. DONT KNOW
SE58	Does the child come to school with clean clothes and has bathed i.e. daily personal hygiene ?.	1. Often 2. Sometimes	3. Never 8. DONT KNOW

INTERVIEWER NOTES

[illegible]