EDITOR .....:.....	CONFIDENTIAL	IDRT :

INTERVIEWER:.....

INDONESIAN FAMILY LIFE SURVEY 1993

BOOK IV

(EVER MARRIED WOMAN INFORMATION)

SECTIONS: KW, BR, CH, CX, KL, CP

Respondent is a married woman age < 50 years

HOUSEHOLDER NUMBER

NAME OF HOUSEHOLDER :.....

AGE OF HOUSEHOLDER (AR09) : Years **MARITAL STATUS (AR13): 2, 3, 4, 5**

NAME OF RESPONDENT :.....

REASONS FOR PROXY : .....
(If any)

Interview Sessions of Book IV:			
DATE:	[ ][ ]/[ ][ ]	[ ][ ]/[ ][ ]	[ ][ ]/[ ][ ]
TIME STARTED:	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]
TIME FINISHED:	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]

C4.1. Interview was entirely/mostly conducted in what language:	1. Indonesian 3. Other: ----------
C4.2. Other language used (if any):	1. Indonesian 3. Other: ----------

SECTION KW (MARITAL HISTORY)

Now we would like to ask about your marital history.

KW01.	**INTERVIEWER TO VERIFY:** 3. HAS NEVER MARRIED ----> **CHECK AGAIN** 1. HAS MARRIED	 3 ----> **CHECK AGAIN** 1
KW02.	How many times have you been married?	**[ ][ ]** Times
KW03.	Who chose your husband (from your first marriage) ? 1. Parents ..... 3. Self ..... 5. Other, specify _____	 1 3 5

FILLED OUT STARTING WITH CURRENT/LATEST MARRIAGE

NUMBER OF MARRIAGE: [ ][ ]

The .[....]marriage.....		**Latest/ Current**	**Second Latest**	**Third Latest**	**Fourth Latest**	**Fifth Latest**	**Sixth Latest**	**Seventh Latest**
KW04.	HUSBAND'S NAME:	....	....	....	....	....	....	....
KW05.	What (year/month) did you get married? **IF ABLE TO ANSWER GO TO KW07/ KW11.**	Year **[ ][ ]** Month **[ ][ ]** **GO TO KW07**	Year**[ ][ ]** Month**[ ][ ]** **GO TO KW11**	Year **[ ][ ]** Month **[ ][ ]** **GO TO KW11**	Year**[ ][ ]** Month **[ ][ ]** **GO TO KW11**	Year **[ ][ ]** Month **[ ][ ]** **GO TO KW11**	Year **[ ][ ]** Month **[ ][ ]** **GO TO KW11**	Year **[ ][ ]** Month **[ ][ ]** **GO TO KW11**
KW06.	How old were you when your [...] marriage started?	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years
KW07.	What was the dowry on your current/latest marriage? A. Sholat (praying) accessory ..... B. Money ..... C. Land ..... D. Building/House ..... E. Jewelry ..... F. Other, specify _____	 A B C D E F _____						
KW08.	What was the value of the dowry and other gifts not consumed for the wedding of the latest/current marriage? 1. Value ..... 8. DON'T KNOW	**Rupiah** 1. **[ ][ ][ ]** **[ ][ ][ ]** **[ ][ ][ ]** 8. DK						
KW09.	What was the value of the assets you owned, just prior to the wedding of your current/latest marriage? 1. Value ..... 8. DON'T KNOW	**Rupiah** 1. **[ ][ ][ ]** **[ ][ ][ ]** **[ ][ ][ ]** 8. DK						

SECTION KW (MARITAL HISTORY)

The ..... marriage	Latest/ Current	Second Latest	Third Latest	Fourth Latest	Fifth Latest	Sixth Latest	Seventh Latest
KW04. HUSBAND'S NAME:	....	....	....	....	....	....	....
KW10. Have you ever been separated from your husband for more than 6 months during your current/latest marriage? 1. Yes ..... 3. No	 1 3						
KW11. What is the status of the marriage? 5. Widow/widower ----> **GO TO KW13** 4. Divorced ----> **GO TO KW13** 3. Separated. ----> **GO TO KW13** 2. Still married	 5 ----> **KW13** 4 ----> **KW13** 3 ----> **KW13** 2	 5 ----> **KW13** 4 ----> **KW13** 3 ----> **KW13** 2	 5 ----> **KW13** 4 ----> **KW13** 3 ----> **KW13** 2	 5 ----> **KW13** 4 ----> **KW13** 3 ----> **KW13** 2	 5 ----> **KW13** 4 ----> **KW13** 3 ----> **KW13** 2	 5 ----> **KW13** 4 ----> **KW13** 3 ----> **KW13** 2	 5 ----> **KW13** 4 ----> **KW13** 3 ----> **KW13** 2
KW12. Does your husband live in this household? 1.Yes. ---> **GO TO KW17** 3.No ---> **GO TOKW15**	 1 ---> **KW17** 3 ---> **KW15**	 1 ---> **KW17** 3 ---> **KW15**	 1 ---> **KW17** 3 ---> **KW15**	 1 ---> **KW17** 3 ---> **KW15**	 1 ---> **KW17** 3 ---> **KW15**	 1 ---> **KW17** 3 ---> **KW15**	 1 ---> **KW17** 3 ---> **KW15**
KW13. When (year/month) did the marriage end/separation begin? **IF UNABLE TO ANSWER GO TO KW14**	Year **[ ][ ]** Month **[ ][ ]**	Year **[ ][ ]** Month **[ ][ ]**	Year **[ ][ ]** Month**[ ][ ]**	Year **[ ][ ]** Month **[ ][ ]**	Year **[ ][ ]** Month**[ ][ ]**	Year **[ ][ ]** Month **[ ][ ]**	Year **[ ][ ]** Month **[ ][ ]**
KW14. How old were you when the [...] marriage ended/separation began ?	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years	**[ ][ ]** Years
KW15. What was the highest education level attended by your husband of the [...] marriage? 01. UNSCHOOLED ..... 02. ELEMENTARY ..... 03. JUNIOR HIGH GENERAL..... 04. JUNIOR HIGH VOCATIONAL ..... 05. SENIOR HIGH GENERAL ..... 06. SENIOR HIGH VOCATIONAL..... 07. JUNIOR COLLEGE (D1, D2)..... 08. COLLEGE (D3) ..... 09. UNIVERSITY (BACHELOR, MASTER, DOCTORATE)..... 10. OTHER, SPECIFY ..... 98. DON'T KNOW	 01 02 03 04 05 06 07 08 09 10 _____ 98	 01 02 03 04 05 06 07 08 09 10 _____ 98	 01 02 03 04 05 06 07 08 09 10 _____ 98	 01 02 03 04 05 06 07 08 09 10 _____ 98	 01 02 03 04 05 06 07 08 09 10 _____ 98	 01 02 03 04 05 06 07 08 09 10 _____ 98	 01 02 03 04 05 06 07 08 09 10 _____ 98

SECTION KW (MARITAL HISTORY)

The ..... marriage	Latest/ Current	Second Latest	Third Latest	Fourth Latest	Fifth Latest	Sixth Latest	Seventh Latest
KW04. HUSBAND'S NAME:	....	....	....	....	....	....	....
KW16. **IF KW15 = 01 CIRCLE "96" .** What was the highest grade completed by your husband of the [...] marriage?							
01. 1 04. 4 07. Graduated	01 04 07	01 04 07	01 04 07	01 04 07	01 04 07	01 04 07	01 04 07
02. 2 05. 5 96. N/A	02 05 96	02 05 96	02 05 96	02 05 96	02 05 96	02 05 96	02 05 96
03. 3 06. 6 98. DK	03 06 98	03 06 98	03 06 98	03 06 98	03 06 98	03 06 98	03 06 98
KW17. **INTERVIEWER'S NOTE :** **1. NO OTHER MARRIAGE --> GO TO KW18** **3. ANOTHER MARRIAGE ---> GO TO NEXT COLUMN OF KW04**	1 ---> **KW18** 3 ---> **KW04 NEXT COLUMN**	1 ---> **KW18** 3 ---> **KW04 NEXT COLUMN**	1 ---> **KW18** 3 ---> **KW04 NEXT COLUMN**	1 ---> **KW18** 3 ---> **KW04 NEXT COLUMN**	1 ---> **KW18** 3 ---> **KW04 NEXT COLUMN**	1 ---> **KW18** 3 ---> **KW04 NEXT COLUMN**	1 ---> **KW18** 3 ---> **NEXT SUPPLEMENT**

KW18.	How old were you on your first menstruation?	[ ][ ] Years
KW19.	**INTERVIEWER'S NOTE :** **1. RESPONDENT'S AGE < 35 ----> GO TO KW22** **3. RESPONDENT'S AGE > 35 .....**	1 ----> **KW22** 3
KW20.	Do you now still have menstruations ? 1. Yes ----> **GO TO KW22** 3. No	1 ----> **KW22** 3
KW21.	How old were you when you stopped having menstruations?	[ ][ ] Years
KW22.	Are you and your husband physically able to conceive a child (again) ? 3. No -----> **GO TO SECTION BR** 1. Yes	3-----> **SECTION BR** 1

KW23.	Do you personally wish to have another child (besides the children you already have) ? 3. No -----> **GO TO SECTION BR** 1. Yes	3-----> **SECTION BR** 1
KW24.	How many (more) children do you wish to have ?	[ ][ ] Person
KW25.	Among the children that you (still) wish to have, how many sons and daughters do you wish to have ?	[ ][ ] Males [ ][ ] Females

SECTION BR (PREGNANCY SUMMARY)

Now I would like to ask you about all of your pregnancies.

BR01.	Now I would like to ask you about all children that you have so far. Have you ever given birth? 3. No ---> **GO TO BR13** 1. Yes	 3 ---> **BR13** 1
BR02.	Do you have biological sons or daughters who are now living with you? 3. No ---> **GO TO BR05** 1. Yes	 3 ---> **BR05** 1
BR03.	How many biological sons are now living with you?	**[ ][ ] BR03*** Males
BR04.	How many biological daughters are now living with you?	**[ ][ ] BR04*** Females
USE LIST OF HOUSEHOLDERS TO VERIFY NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN WHO LIVE IN THIS HOUSEHOLD. IF THE TOTAL OF BR03 + BR04 AND THE NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN IN LIST OF HOUSEHOLDERS DO NOT MATCH, DO SOME PROBING TO CONFIRM THE NUMBER. REPEAT THE QUESTION BY MENTIONING EACH BIOLOGICAL CHILD'S NAME FROM LIST OF HOUSEHOLDERS (AR01).		
BR05..	Do you have biological sons or daughters, who are still alive, but do not live with you? 3. No ---> **GO TO BR08** 1. Yes	 3 --->**BR08** 1
BR06..	How many biological sons are still alive, but do not live with you?	**[ ][ ] BR06*** Males
BR07.	How many biological daughters are still alive, but do not live with you?	**[ ][ ] BR07*** Females
BR08.	Have you ever given live birth to a son or daughter, who later passed away though only lived for a while? 3. No ---> **GO TO BR11** 1. Yes	 3 ---> **BR11** 1

BR09.	How many sons were born alive but passed away later?	**[ ][ ] BR09*** Males
BR10.	How many daughters were born alive but passed away later?	**[ ][ ] BR10*** Females
BR11.	Have you ever had a pregnancy that resulted in a stillbirth? 3. No ---> **GO TO BR13** 1. Yes	 3 ---> **BR13** 1
BR12.	How many stillbirths have you had?	**[ ][ ] BR12***
BR13.	(Besides that) have you had any miscarriages? 3. No ---> **GO TO BR15** 1. Yes	 3 ---> **BR15** 1
BR14.	How many miscarriages have you had?	**[ ][ ] BR14***
BR15.	**INTERVIEWER GUIDELINE:** **ADD THE NUMBERS (BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE!** To confirm your answers, you have had **[ ][ ]** livebirths, is it correct ? 3. No ---> **REVISE BR01-BR10** 1. Yes	 **[ ][ ] *** 3 --->**REVISE BR01-BR10** 1
BR16.	**INTERVIEWER GUIDELINE:** **ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE!** Again, to confirm your answers, you have had **[ ][ ]** stillbirths and miscarriages, is it correct ? 3. No ---> **REVISE BR11-BR14** 1. Yes	 **[ ][ ] *** 3 --->**REVISE BR11-BR14** 1

SECTION CH (PREGNANCY HISTORY)

CH01. INSTRUCTION: TRANSFER INFORMATION FROM SECTION BR:	**a. NUMBER OF LIVE BIRTHS (BR15) AND** **b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)**
a. NUMBER OF LIVE BIRTHS	**[ ][ ]**
b. NUMBER OF STILL BIRTHS AND MISCARRIAGES	**[ ][ ]**
c. Are you currently pregnant? 1. Yes **(ENTER "1")** 3. No **(ENTER "0")**	**[ ]**
CH02. TOTAL OF PREGNANCIES (a + b + c)	**[ ][ ] IF "0" ---> GO TO SECTION CX**

LIST ALL PREGNANCIES. FILL OUT ACCORDING TO EACH PREGNANCY'S OUTCOME. COMPLETE ALL COLUMNS OF CH4-CH10 BEFORE MOVING TO CH11.

CH03.	**TOTAL OF COLUMNS TO BE FILLED OUT : [ ][ ]**									
CH04.	Chronological order from the first to the last pregnancy	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**
CH05.	Chronological order of pregnancy's outcome	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**
CH06.	Classification of pregnancy's outcome 1. Is pregnant---> **GO TO CH11** 2. Live birth ..... 3. Still birth ---> **GO TO CH09** 4. Miscarriage **---> GO TO CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**	1 -->**CH11** 2 3 -->**CH09** 4 -->**CH09**
CH07.	Name of child:	**.....**	**.....**	**.....**	**.....**	**.....**	**.....**	**.....**	**.....**	**.....**
CH08.	Is [...] a male or female? 1. Male ..... 3. Female	1 3	1 3	1 3	1 3	1 3	1 3	1 3	1 3	1 3
CH09.	What date was [...] born/you had a miscarriage? **(DAY/MON/YR)**	**.../.../...**	**.../.../...**	**.../.../...**	**.../.../...**	**.../.../...**	**.../.../...**	**.../.../...**	**.../.../...**	**.../.../...**
CH10.	**IF CH09 IS UNKNOWN:** How old were you when [...] was born/you had a miscarriage? **USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH.**	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year	**[ ][ ]** **Years** Year .....

CH11.	**CHECK THE NUMBER OF COLUMNS FILLED OUT AGAINST CH02.**	
	3. Inconsistent ---> **CHECK AGAIN, UNTIL THE NUMBER OF COLUMNS = CH02**	3 ---> **CHECK AGAIN**
	1. Consistent	1

(NOTE: A SEPARATE PULL-OUT SECTION WAS CREATED BEGINNING WITH THIS PAGE AND INCLUDING THE FOLLOWING PAGES IV.5 - IV.11)

SECTION CH (PREGNANCY HISTORY)

(NOTE: PAGES IV.5 - IV.10 WERE CUT OFF ACROSS THE TOP AND STAPLED ON THE LEFT SIDE TO PAGE IV.11)

CH12.	**INTERVIEWER'S NOTE :** **5. NO OTHER PREGNANCIES ---->GO TO CH41** **3. PREGNANCY ENDED AFTER JULY 1, 1988 ->GO TO CH14** **1. PREGNANCY ENDED BEFORE JULY 1, 1988**	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1	5 ->**CH41** 3 ->**CH14** 1
CH13	**INTERVIEWER'S NOTE:** 3. CH06 = 1, 3, 4 ---> **GO TO THE NEXT CH12** 1. CH06 = 2 (LIVE BIRTH) ---> **GO TO CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**	3->**NEXT CH12** 1 ->**CH25**
CH14.	During the pregnancy have/did you ever have a pregnancy check-up? 3. Never---> **GO TO CH17** 1. Ever	3 -->**CH17** 1	3 -->**CH17** 1	3 -->**CH17** 1	3 -->**CH17** 1	3 -->**CH17** 1	3 -->**CH17** 1	3 -->**CH17** 1	3 -->**CH17** 1	3 -->**CH17** 1
CH15.	Where do/did you go for pregnancy check-ups? 01. Public hospital ..... 02. Private hospital ..... 03. Community health center ..... 04. Clinic/office of physician ..... 05. Clinic/office of midwife ..... 06. Office of traditional midwife .... 07. Own house ..... 08. Other, specify _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____
CH16.	On your first pregnancy check-up, how far along was the pregnancy?	[ ][ ] Weeks	[ ][ ] Weeks	[ ][ ] Weeks	[ ][ ] Weeks	[ ][ ] Weeks	[ ][ ] Weeks	[ ][ ] Weeks	[ ][ ] Weeks	[ ][ ] Weeks
CH17.	How far was/is the pregnancy when […] was born/you had the miscarriage/now? 1. In months (MN) ..... 2. In weeks (WK).....	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK	[ ][ ] 1. MN 2. WK
CH18	**INTERVIEWER'S NOTE :** **1. CH06 = 1 or 4 (IS PREGNANT / MISCARRIAGE)--> GO TO THE NEXT CH12** **3. CH06 = 2 OR 3**	1->**NEXT CH12** 3	1->**NEXT CH12** 3	1->**NEXT CH12** 3	1->**NEXT CH12** 3	1->**NEXT CH12** 3	1->**NEXT CH12** 3	1->**NEXT CH12** 3	1->**NEXT CH12** 3	1->**NEXT CH12** 3

SECTION CH (PREGNANCY HISTORY)

CH19.	Where did you give birth to [...]?									
	01. Public hospital	01	01	01	01	01	01	01	01	01
	02. Private hospital	02	02	02	02	02	02	02	02	02
	03. Community health center	03	03	03	03	03	03	03	03	03
	04. Clinic/office of physician	04	04	04	04	04	04	04	04	04
	05. Clinic/office of midwife	05	05	05	05	05	05	05	05	05
	06. Office of traditional midwife	06	06	06	06	06	06	06	06	06
	07. Own house	07	07	07	07	07	07	07	07	07
	08. Other, specify _____	08 _____	08 _____	08 _____	08 _____	08 _____	08 _____	08 _____	08 _____	08 _____
CH20.	Who provided care during [...]'s birth?									
	1. Physician	1	1	1	1	1	1	1	1	1
	2. Midwife	2	2	2	2	2	2	2	2	2
	3. Nurse	3	3	3	3	3	3	3	3	3
	4. Shaman	4	4	4	4	4	4	4	4	4
	5. Other, specify _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____
CH21.	**INTERVIEWER'S NOTE:**									
	3. CH06 = 3 ---> GO TO THE NEXT CH12	3 ->**NEXT CH12**	3 ->**NEXT CH12**	3 ->**NEXT CH12**	3 ->**NEXT CH12**	3 ->**NEXT CH12**	3 ->**NEXT CH12**	3 ->**NEXT CH12**	3 ->**NEXT CH12**	3 ->**NEXT CH12**
	1. CH06 = 2 (LIVE BIRTH)	1	1	1	1	1	1	1	1	1
CH22.	In your opinion, compared with other infants, was [...] bigger, smaller or similar in size?									
	1. Much bigger	1	1	1	1	1	1	1	1	1
	2. Bigger	2	2	2	2	2	2	2	2	2
	3. Similar	3	3	3	3	3	3	3	3	3
	4. Smaller	4	4	4	4	4	4	4	4	4
	5. Much smaller	5	5	5	5	5	5	5	5	5
	8. DON'T KNOW	8	8	8	8	8	8	8	8	8
CH23.	Was [...] weighed right after birth?									
	3. No ---> **CH25**	3 ->**CH25**	3 ->**CH25**	3 ->**CH25**	3 ->**CH25**	3 ->**CH25**	3 ->**CH25**	3 ->**CH25**	3 ->**CH25**	3 ->**CH25**
	1. Yes	1	1	1	1	1	1	1	1	1
CH24.	To be exact, how many kilograms was [...]'s birth weight?	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg	[ ],[ ][ ] Kg

SECTION CH (PREGNANCY HISTORY)

CH25.	Is [...] still alive? 1. Yes ---> **GO TO CH27** 3. No	1-->**CH27** 3	1-->**CH27** 3	1-->**CH27** 3	1-->**CH27** 3	1-->**CH27** 3	1-->**CH27** 3	1-->**CH27** 3	1-->**CH27** 3	1-->**CH27** 3
CH26.	How old was [...] when he/she died? 1. In years (YR)..... 2. In months (MN) ..... 3. In weeks (WK)..... 4. In days (DY) ..... **----> GO TO CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**	**[ ][ ]** 1. YR 2. MN 3. WK 4. DY **-->CH28**
CH27.	Does [...] live in the household? 1. Yes, householder number [ ][ ] (from **AR01**) 3. No	1. **[ ][ ]** 3	1. **[ ][ ]** 3	1. **[ ][ ]** 3	1. **[ ][ ]** 3	1. **[ ][ ]** 3	1. **[ ][ ]** 3	1. **[ ][ ]** 3	1. **[ ][ ]** 3	1. **[ ][ ]** 3
CH28.	Did you ever breastfeed [...] even for a short period? 1. Ever ---> **GO TO CH31** 3. Never.....	1->**CH31** 3	1->**CH31** 3	1->**CH31** 3	1->**CH31** 3	1->**CH31** 3	1->**CH31** 3	1->**CH31** 3	1->**CH31** 3	1->**CH31** 3
CH29.	**INTERVIEWER'S NOTE :** **3. PREGNANCY ENDED BEFORE JULY 1, 1988 ->GOTO THE NEXT CH12** **1. PREGNANCY ENDED AFTER JULY 1, 1988**	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1

SECTION CH (PREGNANCY HISTORY)

CH30.	What was the main reason for not breastfeeding [...]? **ANSWER MAY BE MORE THAN ONE**									
	A. MOTHER'S SICKNESS /WEAKNESS	A	A	A	A	A	A	A	A	A
	B. SORE NIPPLES	B	B	B	B	B	B	B	B	B
	C. WORK	C	C	C	C	C	C	C	C	C
	D .INCONVENIENCE	D	D	D	D	D	D	D	D	D
	E. WANT TO TAKE CONTRACEPTIVE PILLS	E	E	E	E	E	E	E	E	E
	F. WANT TO GET PREGNANT AGAIN	F	F	F	F	F	F	F	F	F
	G. NO/INSUFFICIENT BREAST MILK	G	G	G	G	G	G	G	G	G
	H. CHILD'S DEATH	H	H	H	H	H	H	H	H	H
	I. CHILD'S SICKNESS	I	I	I	I	I	I	I	I	I
	J. CHILD PLACED IN INCUBATOR	J	J	J	J	J	J	J	J	J
	K. CHILD'S REFUSAL	K	K	K	K	K	K	K	K	K
	L. CHILD LIVED SEPARATELY	L	L	L	L	L	L	L	L	L
	M. PHYSICIAN/NURSE'S RECOMMENDATIONS	M	M	M	M	M	M	M	M	M
	N. UPON HUSBAND'S OBJECTIONS	N	N	N	N	N	N	N	N	N
	O. CHILD'S INABILITY TO SUCK ...	O	O	O	O	O	O	O	O	O
	P. OTHER, SPECIFY _____	P _____	P _____	P _____	P _____	P _____	P _____	P _____	P _____	P _____
	---> GO TO CH38	**--> CH38**	**--> CH38**	**--> CH38**	**--> CH38**	**--> CH38**	**--> CH38**	**--> CH38**	**--> CH38**	**--> CH38**
CH31.	How old was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breastmilk? **ENTER "96" IF NOT FED REGULARLY**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**
	1. In months (MN)	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN
	2. In weeks (WK)	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK
	3. In days (DY)	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY
	6. NOT APPLICABLE (NA).....	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA
CH32.	How old was [...] when you weaned him/her? **ENTER "96" IF STILL BREASTFED REGULARLY .**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**	**[ ][ ]**
	1. In months (MN)	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN	1. MN
	2. In weeks (WK)	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK	2. WK
	3. In days (DY)	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY	3. DY
	6. NOT APPLICABLE (NA).....	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA	6. NA

SECTION CH (PREGNANCY HISTORY)

CH33.	**INTERVIEWER'S NOTE:** **3. PREGNANCY ENDED BEFORE JULY 1, 1988-> GO TO THE NEXT CH12** **1. PREGNANCY ENDED AFTER JULY 1, 1988**	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1	3 ->**NEXT CH12** 1
CH34.	Was the colostrum given to [...] or thrown away? 1. Given to ..... 3. Thrown away	1 3	1 3	1 3	1 3	1 3	1 3	1 3	1 3	1 3
CH35.	How old was […] when you breastfed him/her for the first time? 1. Days (DY) ..... 2. Hours (HR)	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR	**[ ][ ]** 1. DY 2. HR
CH36.	**INTERVIEWER'S NOTE:** **3. CH32 = 96 (STILL BREASTFED) --> GO TO CH38** **1. CH32 ≠ 96 (NOT BREASTFED ANYMORE)**	3 ->**CH38** 1	3 ->**CH38** 1	3 ->**CH38** 1	3 ->**CH38** 1	3 ->**CH38** 1	3 ->**CH38** 1	3 ->**CH38** 1	3 ->**CH38** 1	3 ->**CH38** 1

SECTION CH (PREGNANCY HISTORY)

CH37.	Why did you stop breastfeeding [...]?									
	A. MOTHER'S SICKNESS /WEAKNESS	A	A	A	A	A	A	A	A	A
	B. SORE NIPPLES	B	B	B	B	B	B	B	B	B
	C. WORK	C	C	C	C	C	C	C	C	C
	D. INCONVENIENCE	D	D	D	D	D	D	D	D	D
	E. WANT TO TAKE CONTRACEPTIVE PILLS	E	E	E	E	E	E	E	E	E
	F. WANT TO GET PREGNANT AGAIN	F	F	F	F	F	F	F	F	F
	G. WAS PREGNANT AGAIN	G	G	G	G	G	G	G	G	G
	H. NO/INSUFFICIENT BREAST MILK	H	H	H	H	H	H	H	H	H
	I. CHILD'S DEATH	I	I	I	I	I	I	I	I	I
	J. CHILD'S SICKNESS.....	J	J	J	J	J	J	J	J	J
	K. CHILD PLACED IN INCUBATOR	K	K	K	K	K	K	K	K	K
	L. CHILD DID NOT DEVELOP	L	L	L	L	L	L	L	L	L
	M. CHILD WAS WEANED	M	M	M	M	M	M	M	M	M
	N. CHILD LIVED SEPARATELY	N	N	N	N	N	N	N	N	N
	O. PHYSICIAN/NURSE'S RECOMMENDATIONS.....	O	O	O	O	O	O	O	O	O
	P. UPON HUSBAND'S OBJECTIONS	P	P	P	P	P	P	P	P	P
	.Q CHILD'S INABILITY TO SUCK	Q	Q	Q	Q	Q	Q	Q	Q	Q
	R. CHILD HAD GROWN	R	R	R	R	R	R	R	R	R
	S. OTHER, SPECIFY) _____	S _____	S _____	S _____	S _____	S _____	S _____	S _____	S _____	S _____
CH38.	Within the first 3 days upon birth what other foods/beverages were given to [...] besides breastmilk?									
	A. NOTHING	A	A	A	A	A	A	A	A	A
	B. PLAIN WATER	B	B	B	B	B	B	B	B	B
	C. SUGARED WATER/HONEY	C	C	C	C	C	C	C	C	C
	D. TEA	D	D	D	D	D	D	D	D	D
	E. RICE WATER	E	E	E	E	E	E	E	E	E
	F. RICE PORRIDGE.....	F	F	F	F	F	F	F	F	F
	G. FRUITS	G	G	G	G	G	G	G	G	G
	H. FRUIT JUICE.....	H	H	H	H	H	H	H	H	H
	I. POWDERED FORMULA	I	I	I	I	I	I	I	I	I
	J. OTHER POWDERED MILK.....	J	J	J	J	J	J	J	J	J
	K. OTHER, SPECIFY _____	K _____	K _____	K _____	K _____	K _____	K _____	K _____	K _____	K _____

SECTION CH (PREGNANCY HISTORY)

CH39.	At what age was [...] first fed the following foods/beverages. **ENTER '96' IF HAS NOT/NEVER BEEN FED REGULARLY.**	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days	1.In years 2.In months 3.In weeks 4.In days
	a. Water (plain, sugared, honey, rice water, tea).....	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	b. Powdered formula.....	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	c. Milk (goat milk, dairy milk, powdered milk, sweet condensed milk).....	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	d. Infant's food (Cerelac, Nestum, milk porridge)	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	e. Fruits (including coconut).....	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	f. Steamed rice	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	g. Crackers	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	h. Other soft food (soft steamed rice, yogurt).....	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
	i. Green vegetables	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4	[ ][ ] 1 2 3 4
CH40.	**INTERVIEWER'S NOTE:** **3. NOT LAST PREGNANCY --> NEXT COLUMN OF CH12** **1. LAST PREGNANCY**	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1	3 -> **NEXT CH12** 1

SECTION CH (PREGNANCY HISTORY)

THE FOLLOWING QUESTIONS ONLY APPLY TO CHILDREN BORN AFTER JULY 1, 1990 AND WHO ARE NOW STILL ALIVE

CH41.	**CHECK CH09 OR CH10 (DATE OF BIRTH) AND CH25 (LIVING CHILDREN)** 3. NO LIVING CHILDREN BORN AFTER JULY 1, 1990 --> **GO TO SECTION CX** 1. LIVING CHILD(REN) BORN AFTER JULY 1, 1990	3 --> **SECTION CX** 1

COMPLETE CH42 AND CH43 FOR CHILDREN BORN AFTER JULY 1, 1990 AND WHO ARE STILL ALIVE

NUMBER OF COLUMNS TO BE FILLED OUT : [ ][ ]

CH42.	Chronological order of pregnancy's outcome (CH05)	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
CH43.	NAME OF CHILD (CH07)	.....	.....	.....	.....
CH44.	**INTERVIEWER'S NOTE:** 3. CH32 ≠ 96 --->**GO TO CH47** 1. CH32 = 96 (STILL BEING BREASTFED)	3 ---> **CH47** 1	3 ---> **CH47** 1	3 ---> **CH47** 1	3 ---> **CH47** 1
CH45.	Yesterday, during the day, how many times did you breastfeed [...]? 3. Value..... 1. On demand	3. **[ ][ ]** Times 1	3. **[ ][ ]** Times 1	3. **[ ][ ]** Times 1	3. **[ ][ ]** Times 1
CH46.	Last night (from sunset to sunrise) how many times did you breastfeed [..]? 3. Value..... 1. On demand	3. **[ ][ ]** Times 1	3. **[ ][ ]** Times 1	3. **[ ][ ]** Times 1	3. **[ ][ ]** Times 1
CH47.	From sunrise yesterday until sunrise today was [...] fed the following foods/beverages? **(READ TO RESPONDENT)**	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No
	A. Water (plain, sugared, honey)	A. 1 3	A. 1 3	A. 1 3	A. 1 3
	B. Powdered formula:	B. 1 3	B. 1 3	B. 1 3	B. 1 3
	C. Fresh milk (goat milk, dairy milk).....	C. 1 3	C. 1 3	C. 1 3	C. 1 3
	D. Canned/powdered milk.....	D. 1 3	D. 1 3	D. 1 3	D. 1 3
	E. Infant's food (Cerelac, Nestum, milk porridge)	E. 1 3	E. 1 3	E. 1 3	E. 1 3
	F. Fruit juice	F. 1 3	F. 1 3	F. 1 3	F. 1 3
	G. Fruits (including coconut)	G. 1 3	G. 1 3	G. 1 3	G. 1 3
	H. Crackers.....	H. 1 3	H. 1 3	H. 1 3	H. 1 3
	I. Other soft food (soft steamed rice, yogurt).....	I. 1 3	I. 1 3	I. 1 3	I. 1 3
	J. Meat	J. 1 3	J. 1 3	J. 1 3	J. 1 3
	K. Green vegetables	K. 1 3	K. 1 3	K. 1 3	K. 1 3
	L. Starch food	L. 1 3	L. 1 3	L. 1 3	L. 1 3
	M. Other, specify _____	M. 1 3	M. 1 3	M. 1 3	M. 1 3

SECTION CH (PREGNANCY HISTORY)

CH42.	Chronological order of pregnancy's outcome (CH05)	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
CH43.	NAME OF CHILD (CH07)	.....	.....	.....	.....
CH48.	**INTERVIEWER'S NOTE:** **3. CH47 A-F ARE ALL FILLED OUT "3" (NO) ---> GO TO CH50** **1. SOME AMONG CH47 A-F IS/ARE FILLED OUT WITH "1"**	3 ---> **GO TO CH50** 1	3 ---> **GO TO CH50** 1	3 ---> **GO TO CH50** 1	3 ---> **GO TO CH50** 1
CH49.	Was there any food given in a bottle through a nipple? 1. Yes..... 3. No.....	1 3	1 3	1 3	1 3
CH50	**INTERVIEWER'S NOTE:** **3. CH47 A-M ARE ALL FILLED OUT "3" (NO)---> GO TO CH54** **1. SOME AMONG CH47 A-M IS/ARE FILLED OUT WITH "1" (WAS GIVEN)**	3 ---> **GO TO CH54** 1	3 ---> **GO TO CH54** 1	3 ---> **GO TO CH54** 1	3 ---> **GO TO CH54** 1
CH51.	Was any food given to [...] diluted with water? 3. No ---> **GO TO CH54** 1. Yes.....	3 ---> **GO TO CH54** 1	3 ---> **GO TO CH54** 1	3 ---> **GO TO CH54** 1	3 ---> **GO TO CH54** 1
CH52.	What kind of water was used? 4. Uncooked water ---> **GO TO CH54** 3. (Bottled) mineral water/aqua ---> **GO TO CH54** 2. Cooked but unboiled water ..... 1. Boiled water	4 ---> **GO TO CH54** 3 ---> **GO TO CH54** 2 1	4 ---> **GO TO CH54** 3 ---> **GO TO CH54** 2 1	4 ---> **GO TO CH54** 3 ---> **GO TO CH54** 2 1	4 ---> **GO TO CH54** 3 ---> **GO TO CH54** 2 1
CH53.	How did you cool the water after cooking? 1. Let it cool uncovered ..... 2. Let it cool covered ..... 3. Mixed with uncooked cold water ..... 4. Mixed with cooked cold water	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
CH54.	**INTERVIEWER'S NOTE:** **1. YOUNGEST CHILD ---> GO TO SECTION CX** **3. NOT THE YOUNGEST CHILD ---> GO TO THE NEXT COLUMN OF CH44**	1 --> **GO TO SECTION CX** 3 --> **GO TO THE NEXT COLUMN OF CH44**	1 --> **GO TO SECTION CX** 3 --> **GO TO THE NEXT COLUMN OF CH44**	1 --> **GO TO SECTION CX** 3 --> **GO TO THE NEXT COLUMN OF CH44**	1 --> **GO TO SECTION CX** 3 --> **GO TO THE NEXT COLUMN OF CH44**

SECTION CX (CONTRACEPTIVE USE)
(NOTE: PAGE IV-14 WAS PRINTED ON NCR PAPER)

HOUSEHOLD # : ☐☐☐☐☐☐☐☐☐ **HOUSEHOLDER # :** ☐☐

SECTION CX (CONTRACEPTIVE USE) **SAKERTI 93**

Now we would like to ask about methods/systems to postpone/prevent pregnancy.

No.	BIRTH CONTROL DEVICE/METHOD	CX01 Have you ever heard about […] to postpone/prevent pregnancy?	CX02 Have you/has your husband ever used [...] ?	CX03 Do you know where to get [...] ?	CX04 What is the name of the medical facility (which provides) [...] ?	CX05 CODE OF FACILITY	CX06 Where is the location of the birth control facility ?
A.	Contraceptive pills A woman can take a contra-ceptive pill every day	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	3	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....
B.	IUD/AKDR/Spiral A woman can have a loop or coil inserted into her uterus by a physician or midwife	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	3 ..... 1. Same as **[ ]** **GO TO CX11B**	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....
C.	Contraceptive injections A woman can be given an injection by a physician or midwife to prevent pregnancy for a few months	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	3 ..... 1. Same as **[ ]** **GO TO CX11C**	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....
D.	Intravag/diaphragm A woman can insert a diaphragm in her vagina before intercourse	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	3 ..... 1. Same as **[ ]** **GO TO CX11D**	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....
E.	Condom A man can wear a condom during intercourse	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	3 ..... 1. Same as **[ ]** **GO TO CX11E**	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....
F.	Contraceptive tubes /Implant/Norplant A woman can have 6 small tubes implanted in her arm to prevent pregnancy	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	3 ..... 1. Same as **[ ]** **GO TO CX11F**	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....
G.	Tubal ligation/female sterilization A woman can undergo surgery to prevent another pregnancy	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO THE NEXT LINE OF CX01**	3 ..... 1. Same as **[ ]** **GO TO CX11G**	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....
H.	Vasectomy/male sterilization A man can undergo surgery to prevent having another child	1. Yes ---------- > 3. No --> **GO TO CX12**	1. Yes ---------- > 3. No ---------- >	1. Yes ---------- > 3. No --> **GO TO CX12**	3 ..... 1. Same as **[ ]** **GO TO CX11H**	**[ ][ ]**	Village(Desa)..... Subdistrict (Kec) ..... Mun.(Kab): ..... Prov.: .....

CODE FOR 05:
01. Public hospital
02. Private hospital
03. Community Health Center/Branch
04. Private clinic
05. General clinic
06. Birth Control Post/Association
07. Birth Control Training Center
08. TKBK/TMK
09. Pharmacist/drugstore
10. General practitioner
11. Nurse/paramedic
12. Midwife
13. Traditional midwife
14. Friend/family
15. Birth Control Safari
16. Nowhere else

Other, specify:
51 _____
52 _____
53 _____
54 _____
55 _____
56 _____

SECTION CX (CONTRACEPTIVE USE)

No.	BIRTH CONTROL DEVICE/METHOD	CX07 How many kilometers is the distance between your house and the care facility?	CX08 What is the travel time to reach the facility, one way?	CX09 How do you get there?	CX10 What is the total transportation cost (INCLUDING FUEL COST, ONE WAY)?	CX11 What is the cost to obtain [...] ? PRICE	CX11 UNIT
A.	Contraceptive pills A woman can take a contra-ceptive pill every day	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	1. 1 Month 3. 3 Month 5. _____
B.	IUD/AKDR/Spiral A woman can have a loop or coil inserted into her uterus by a physician or midwife	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	
C.	Contraceptive injections A woman can be given an injection by a physician or midwife to prevent pregnancy for a few months	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	1. 1 Month 3. 3 Month 5. _____
D.	Intravag/diaphragm A woman can insert a diaphragm in her vagina before intercourse	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	1. 1 Pack 3. 2 Packs 5. _____
E.	Condom A man can wear a condom during intercourse	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	1. 1 Condom 3. 12 Condoms 5. _____
F.	Contraceptive tubes /Implant/Norplant A woman can have 6 small tubes implanted in her arm to prevent pregnancy	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	
G.	Tubal ligation/female sterilization A woman can undergo surgery to prevent another pregnancy	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	
H.	Vasectomy/male sterilization A man can undergo surgery to prevent having another child	1. [ ][ ],[ ] Km 8. DON'T KNOW	[ ][ ] 1. Hours 3. Minutes	1 2 3 4 _____	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	[ ][ ][ ] Thousands [ ][ ][ ] Rupiah	

CODE FOR CX09:
1. Public transportation
2. Own transportation
3. Walking
4. Other, specify _____

SECTION CX (CONTRACEPTIVE USE)

No.	BIRTH CONTROL DEVICE/METHOD	CX12 Have you ever heard about [...] to prevent pregnancy?	CX13 Have you/has your husband ever used/practiced [...] ?
A.	Rhythm Method/Calendar System A husband and wife can avoid having intercourse on certain days when the woman is more likely to become pregnant.	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE OF CX12**	1. Yes 3. No
B.	Coitus interruptus/withdrawal A man can be careful and pull out before climax	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE OF CX12**	1. Yes 3. No
C.	Traditional herbs	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE OF CX12**	1. Yes 3. No
D.	Traditional massage	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE OF CX12**	1. Yes 3. No
E.	Other device/method: _____ _____	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE OF CX12**	1. Yes 3. No

CX14.	**INTERVIEWER'S NOTE: CHECK CX02 AND CX13 (HAVE USED):** 1. A "1" IS CIRCLED (HAVE USED)-->**TO GO CX16** 3. NO "1" IS CIRCLED (NEVER USED)	1 -----> **CX16** 3

CX15.	Why have you or your husband never used any birth control device/methods? **(MAY GIVE MORE THAN ONE ANSWER)** A.WANT TO HAVE A CHILD ..... B. LACK OF KNOWLEDGE ..... C. HUSBAND'S DISAPPROVAL ..... D. HIGH COST ..... E. HEALTH REASON ..... F. SIDE EFFECTS ..... G. PHYSICIAN, MIDWIFE OR NURSE'S RECOMMENDATIONS ..... H. PREFERENCE TO OTHER BIRTH CONTROL DEVICE .. I. DIFFICULTY IN OBTAINING METHOD/DEVICE..... J. RELIGION ..... K. RESPONDENT'S OWN DISAPPROVAL ..... L. FAMILY'S DISAPPROVAL ..... M . DO NOT CARE/INDIFFERENCE ..... N. INFREQUENT INTERCOURSE ..... O . DIFFICULTY IN GETTING PREGNANT ..... P. MENOPAUSE/HYSTERECTOMY ..... Q. INCONVENIENCE/REGARDED AS A HASSLE ..... R. DIVORCED/WIDOWED ..... S. OTHER, SPECIFY _____ -----> **TO GO SECTION KL**	A B C D E F G H I J K L M N O P Q R S _____ -----> **SECTION KL**
CX16.	When did you/your husband use a birth control device/method for the first time?	Year 19 **[ ][ ]** Month **[ ][ ]**
CX17.	Which birth control device/method was first used by you/your husband to postpone or prevent pregnancy? 01. Contraceptive pills 02. 1-month injection 03. 2-month injection 04. 3-month injection 05. Intravag/diaphragm 06. Condom 07. IUD/AKDR/Spiral 08. Norplant/ Implant/ Contraceptive tubes 09. Female sterilization/ tubal ligation 10. Male sterilization /vasectomy 11. Rhythm/calendar method 12. Coitus interruptus 13. Traditional herbs 14. Traditional massage 15. Other, specify _____	01 09 02 03 10 04 05 11 06 07 12 08 13 14 15 _____

SECTION CX (CONTRACEPTIVE USE)

CX18.	Where did you/your husband go to obtain the first birth control device/method? 01. Public hospital 02. Private hospital 03. Public Health Center/ Auxilary Center 04. Private clinic 05. Community Health Post (posyandu) 06. Birth Control Post/ Association 07. Field worker (PLKB) 08. Mobile field team/ out-reach visit (TKBK/TMK) 09. Pharmacist/drugstore 10. Private physician 11. Nurse/paramedic 12. Midwife practitioner 13. Traditional midwife 14. Friend/Family 15. Birth Control Safari 16. Nowhere else 17. Other, specify _____	01 09 02 10 03 11 12 04 13 05 14 06 15 07 16 08 17_____
CX19.	**INTERVIEWER'S NOTE:** **3. RESPONDENT'S STATUS IS UNMARRIED (AR13=3,4 OR 5) ---> GO TO SECTION KL** **1. RESPONDENT'S STATUS IS MARRIED(AR13=2)**	3 ---> **GO TO SECTION KL** 1
CX20.	Do you/does your husband now use a birth control device/method to postpone or prevent pregnancy? 3. No ----> **GO TO CX26** 1. Yes	3 ----> **GO TO CX26** 1
CX21	Which birth control device/method do you/does your husband use now? 01. Contraceptive pills 02. 1-month injection 03. 2-month injection 04. 3-month injection 05. Intravag/diaphragm 06. Condom 07. IUD/AKDR/Spiral 08. Norplant/ Implant/ Contraceptive tubes 09. Female sterilization/ tubal ligation 10. Male sterilization /vasectomy 11. Rhythm/calendar method 12. Coitus interruptus 13. Traditional herbs 14. Traditional massage 15. Other, specify _____	01 09 02 03 10 04 05 11--->**KL** 06 07 12--->**KL** 08 13--->**KL** 14--->**KL** 15_____

CX22.	Of the birth control device/methods you/your husband currently use(s), has the birth control care provider ever [...]	1. Ever 3. Never 8. DON'T KNOW
A.	explained to you/your husband how to use the current birth control device/method being used?	1 3 8
B.	explained the possibility of side effects due to the use of birth control device/method being used?	1 3 8
C.	explained what has to be done or where to seek help if side effects occur?	1 3 8
D.	explained where the birth control device/method now being used by you/your husband can be obtained?	1 3 8

THE FOLLOWING QUESTIONS APPLY TO THE SITUATION WHEN RESPONDENT WAS GIVEN BIRTH CONTROL CARE FOR THE BIRTH CONTROL DEVICE BEING USED NOW.

CX23.	When birth control care was given did you ever discuss the following with the birth control care provider:	1. Yes 3. No 8. DON'T KNOW
A.	whether you/your husband has previously used a birth control device/method?	1 3 8
B.	whether you/your husband has experienced complications with the previous birth control device/method?	1 3 8
C.	which birth control device/method you/your husband prefer?	1 3 8
D.	whether you/your husband wish to have another child?	1 3 ---> **GO TO CX24** 8 ---> **GO TO CX24**
E.	If you wish to have another child, when to have it?	1 3 8

SECTION CX (CONTRACEPTIVE USE)

CX24.	Do you feel that you have been treated well as a person?	
	1. Yes	1
	2. Doubtful	2
	3. No	3
	8. DON'T KNOW	8
CX25.	Did you get the method preferred by you/your husband ?	
	1. Yes	1
	3. No	3
	5. No preference on method	5
	---> **GO TO SECTION KL**	---> **GO TO SECTION KL**
CX26.	Why don't you/your husband currently use birth control devices/methods to prevent pregnancy ? **(ANSWER MAY BE MORE THAN ONE)**	
	A. IS PREGNANT	A
	B. WANT TO HAVE A CHILD	B
	C. LACK OF KNOWLEDGE	C
	D. HUSBAND'S DISAPPROVAL	D
	E. HIGH COST	E
	F. HEALTH REASON	F
	G. SIDE EFFECTS	G
	H. PHYSICIAN, MIDWIFE OR NURSE'S RECOMMENDATIONS	H
	I. DIFFICULTY IN OBTAINING METHOD/DEVICE	I
	J. RELIGION	J
	K. RESPONDENT'S OWN DISAPPROVAL	K
	L. FAMILY'S DISAPPROVAL	L
	M. DO NOT CARE/INDIFFERENCE	M
	N. INFREQUENT INTERCOURSE	N
	O. DIFFICULTY IN GETTING PREGNANT	O
	P. MENOPAUSE/HYSTERECTOMY	P
	Q. INCONVENIENCE/REGARDED AS A HASSLE	Q
	R. HUSBAND'S ABSENCE	R
	S. JUST GAVE BIRTH (PRE-MENSTRUATION)	S
	T. JUST GAVE BIRTH (HAS NOT HAD INTERCOURSE)	T
	U. IS BREAST FEEDING	U
	V. OTHER, SPECIFY _____	V _____

CX27.	Do you/your husband plan to use a birth control device/method to postpone or prevent pregnancy in the future? ?	
	3. No ----> **GO TO SECTION KL**	3 --> **GO TO SECTION KL**
	8. DON'T KNOW ----> **GO TO SECTION KL**	8 --> **GO TO SECTION KL**
	1. Yes	1
CX28.	If some day you/your husband plans to use a birth control device/method, which device/method would you prefer?	
	01. Contraceptive pills	01
	02. 1-month injection	02
	03 .2-month injection	03
	04. 3-month injection	04
	05. Intravag/diaphragm	05
	06. Condom	06
	07. IUD/AKDR/Spiral	07
	08. Norplant/Implant/Contraceptive tubes	08
	09. Female sterilization/tubal ligation	09
	10. Male sterilization/vasectomy	10
	11. Rhythm/calendar method	11
	12. Coitus interruptus	12
	13. Traditional herbs	13
	14. Traditional massage	14
	15. Other, specify _____	15 _____
	16. None	16
CX29.	Where would you obtain the birth control device/method ?	
	01. Public hospital	01
	02. Private hospital	02
	03. Public Health Center/ Auxilary Center	03
	04. Private clinic	04
	05. Comm. Hlth Post (posy.)	05
	06. Birth Control Post/ Association	06
	07. Field worker (PLKB)	07
	08. Mobile field team/ out-reach visit (TKBK/TMK)	08
	09. Pharmacist/drugstore	09
	10. Private physician	10
	11. Nurse/paramedic	11
	12. Midwife Practitioner	12
	13. Traditional midwife	13
	14 Friend/Family	14
	15. Birth Control Safari	15
	16. Nowhere else	16
	17. Other, specify _____	17 _____

SECTION KL (CONTRACEPTION CALENDAR)

(NOTE: A SEPARATE PULL-OUT SECTION WAS CREATED USING THE NEXT 4 PAGES)

HOUSEHOLDER # ☐☐ **HOUSEHOLD # :** ☐☐☐☐☐☐☐☐☐

QUESTIONS (TO BE ASKED FOR) UPON THE COMPLETION OF THE CALENDAR.

KL1. CHECK WHETHER RESPONDENT HAS VISITED A MEDICAL FACILITY WITHIN THE LAST TWO YEARS, WHETHER TO GET A BIRTH CONTROL DEVICE, TO REPLACE A BIRTH CONTROL DEVICE OR TO EXTEND ONE BUT NOT FOR CONSULTATION/TREATMENT ON SIDE EFFECTS. IF THERE IS A VISIT, ASK RESPONDENT ABOUT THE LATEST VISIT:

"You mentioned that you visited [MEDICAL FACILITY] for [REASON OF VISIT] in the month of ____ in 199__. What is the name of the [MEDICAL FACILITY] and where is it located?"

Name: _____
Village (Desa/Kelurahan) _____
Subdistrict (Kecamatan): _____
Municipality (Kabupaten/Kotamadia) : _____
Province:_____

KL2. IF QUESTION (1) IS FILLED OUT, ASK: **"If you have a friend/relative who wants to use a birth control device/method, would you take her to the medical facility?"**

1. Yes ---------- >
3. No ---------- >

KL3. **If your/your husband's birth control care provider (physician/midwife/nurse) moved, would you switch medical facilities?"**

1. Yes
3. No

KL4. CHECK WHETHER RESPONDENT HAS VISITED A MEDICAL FACILITY WITHIN THE LAST TWO YEARS FOR CONSULTATION REGARDING SIDE EFFECTS. IF SO, ASK ABOUT THE LATEST VISIT:

"You mentioned that you visited [MEDICAL FACILITY] for side effects in the month of _____ in 199__. What is the name of the [MEDICAL FACILITY] and where is it located?

Name: _____
Village (Desa/Kelurahan) _____
Subdistrict (Kecamatan): _____
Municipality (Kabupaten/Kotamadia) : _____
Province:_____

KL5. CHECK WHETHER RESPONDENT HAS BEEN PREGNANT WITHIN THE LAST TWO YEARS. IF SO, ASK ABOUT THE LATEST VISIT:

"You mentioned that you had been pregnant throughout the months of _____ 199__ until _____ 199__. For this pregnancy, did you ever have a pregnancy check-up?

3. No ---> **GO TO SECTION CP**
1. Yes ---> **ASK KL6**

KL6. **"Where did you have the pregnancy check-up?" Circle:**

01. Public hospital
02. Private hospital
03. Public health center (puskesmas)
04. Public health auxiliary center (puskesmas pembanbu)
05. Private clinic
06. Private physician
07. Midwife practitioner
08. Nurse practitioner
09. Community health post (posyandu)
10. Traditional midwife/shaman
11. Other traditional providers: _____

"What is the name of [MEDICAL FACILITY[and where is it located?"

Name: _____
Village (Desa/Kelurahan) _____
Subdistrict (Kecamatan): _____
Municipality (Kabupaten/Kotamadia) : _____
Province:_____

SECTION KL (CONTRACEPTION CALENDAR)

IF:

A. RESPONDENT'S FIRST MARRIAGE WAS AS OF JANUARY 1984 OR LATER ---> FILL CALENDAR BEGINNING WITH MONTH OF MARRIAGE
B. RESPONDENT'S FIRST MARRIAGE WAS BEFORE JANUARY 1984 ---> FILL CALENDAR BEGINNING IN JANUARY 1989

QUESTIONS TO BE ADDRESSED:

C.	**No menstruation** "After [...]'s birth, how many months until you menstruated?"
D.	**Abstinence** "After [...]'s birth, how many months until you had intercourse with your husband?"
E.	**Birth control device/method** "In the month of [BEGINNING OF CALENDAR] did you use a birth control device/method?" "What birth control device/method did you use then?" "When did you discontinue using [DEVICE/METHOD]?" "Between the month of [WHEN DISCONTINUED] and the month of [THE END OF THE MARRIAGE/THE BEGINNING OF THE PREGNANCY] had you ever used other birth control devices/methods?" "What birth control devices/methods did you use then?" "When did you start using [DEVICE/METHOD]?" "When did you discontinue using [DEVICE/METHOD]?"
F.	**Reason to discontinue** "What was the reason you discontinued using [DEVICE/METHOD]?"

ONLY ASKED FOR THE LAST 2 YEARS

G.	**Side effects** "Between the month of [...] and the month of [..] during which you used [DEVICE/METHOD] had you ever had health problems or side effects?" "What kind of health problems did you have then?" "In what month did you have the problem?"
H.	**Care facility** Between the month of [...] and the month of [...] during which you used [DEVICE/METHOD] did you ever visit a medical facility or birth control care facility for initial application/ repeat application, consultation on side effects, or change of birth control method?" "What facility did you visit then and in what month did you visit the facility?"
J.	**Reason to visit** "When you visited [CARE FACILITY] in the month of [...], what was the reason for your visit to the facility?"
K.	**Cost** "How much did you spend to visit [...], including treatment cost, laboratory cost, consultation fee, but not including transportation cost?"

HUSBAND'S NAME																													
MONTH-YEAR	**84** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC	**85** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC	**86** JAN	FEB	MAR	APR	MAY
COLUMNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
A. MARRIAGE																													
B. Pregnancy																													
C. No menstruation																													
D. No intercourse																													
E. Brth control device																													
F.Reason-discontinue																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

HUSBAND'S NAME																													
MONTH-YEAR	**89** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC	**90** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC	**91** JAN	FEB	MAR	APR	MAY
COLUMNS	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89
A. MARRIAGE																													
B. Pregnancy																													
C. No menstruation																													
D. No intercourse																													
E. Brth control device																													
F.Reason-discontinue																													
G. Side effect																													
H. Care facility																													
J. Reason for visit																													
K. Cost (Rupiah)																													
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89

B. CODE FOR PREGNANCY OUTCOME:
H. Live birth
M. Still birth
G. Miscarriage
T. Still birth and live birth

E. CODE FOR BIRTH CONTROL DEVICE
A. Contraceptive pills
B. IUD/AKDR/Spiral
C. 1-month injection
D. 2-month injection
E. 3-month injection
F. Intravag/diaphragm
G. Condom
H. Contraceptive tubes / implant
J. Female sterilization
K. Male sterilization
L. Rhythm method
M. Coitus interruptus
N. Traditional herbs
O. Traditional massage
Other:
T. _____
_____
U. _____
_____
V. _____
_____
W. _____
_____

F. CODE FOR DISCONTINUATION REASONS
A. (Got) pregnant while using
B. Wants to get pregnant
C. Husband's objection
D. Side effects
E. Health problems
F. Difficulty in getting pregnant
G. Wants more effective method
H. Uncomfortable
J. Husband was absent
K. Too expensive
L. Menopause
M. Divorced/widow
N. Detached (device)

JUN	JUL	AGS	SEP	OCT	NOV	DEC	**87** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC	**88** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC
30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
30	31	92	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60

JUN	JUL	AGS	SEP	OCT	NOV	DEC	**92** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC	**93** JAN	FEB	MAR	APR	MAY	JUN	JUL	AGS	SEP	OCT	NOV	DEC
90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	20	11	12	13	14	15	16	17	18	19	20
90	91	92	93	94	95	95	96	97	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20

G. CODE FOR SIDE EFFECTS:

A. Gaining weight
B. Loosing weight
C. Excessive bleeding on menstruation
D. Irregular menstruation
E. Flare-up of (red) spots (rash)
F. Convulsions/cramps
G. High blood pressure
H. Headache
J. Nausea
K. Fatigue
L. Skin problems

Other:
T. _____
_____
U. _____
_____
V. _____
_____
W. _____
_____

H. CODE FOR CARE FACILITY:

A. Public hospital
B. Private hospital
C. Puskesmas/ pembantu
D. Private clinic
E. Posyandu
F. Birth control post/association
G. Fieldworker (PLKB)
H. TKBK/TMK
J. Pharmacist/drugstore
K. Private physician
L. Nurse/paramedic
M. Midwife
N. Traditional midwife
O. Friend/family
P. Birth control safari
Q. Nowhere else

Other:
T. _____
_____
U. _____
_____
V. _____
_____
W. _____
_____

J. CODE FOR VISIT REASONS:

A. Initial application
B. Repeat application
C. Side effect consultation
D. Change of birth control method

Other:
T. _____
_____
U. _____
_____
V. _____
W. _____
_____

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? **ANSWER MAY BE MORE THAN ONE.** A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER	**CP2.** WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD	**CP3.** WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD

NOTES:

_____

_____

_____

_____

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_____

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_____