EDITOR:.....	CONFIDENTIAL	IDRT :

INTERVIEWER:.....

INDONESIAN FAMILY LIFE SURVEY 1993

BOOK V

(CHILD INFORMATION)

SECTIONS: DLA, MAA, PSA, RJA, RNA, CP

Respondent is mother/caregiver of a householder in the age bracket of 0-14 years

HOUSEHOLDER NUMBER

NAME OF HOUSEHOLDER :.....

AGE OF HOUSEHOLDER (AR09 0 - 14 years) : Years

NAME OF RESPONDENT :.....
(Caregiver)

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

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

C5.1. Interview was entirely/mostly conducted in what language	1. Indonesian 3. Other: ----------
C5.2. Other language used (if any):	1. Indonesian 3. Other: ----------

SECTION DLA (CHILD EDUCATION)

The following questions pertain to [CHILD'S NAME'S] education.

- **RESPONDENT IS THE WOMAN WHO TAKES CARE OF THE CHILD.**
- **APPLIES TO ALL SCHOOLS ATTENDED UP TO NOW (OR UP TO LAST SCHOOL IF NOT ATTENDING SCHOOL ANYMORE)**

DLA01.	**INTERVIEWER'S NOTE:** IS CHILD'S AGE < 6 YEARS (AR09 < 6) ? 1. YES ---> **GO TO SECTION MAA** 3. NO	 1 ---> **GO TO SECTION MAA** 3
DLA02.	Has [CHILD'S NAME] ever attended school? 3. No ---> **GO TO SECTION MAA** 1. Yes	 3 ---> **GO TO SECTION MAA** 1
DLA03.	At what age did [CHILD'S NAME] start elementary school?	**[ ][ ]** Years
DLA04.	Is [CHILD'S NAME] now attending school? 1. Yes ..... 3. No	 1 3

SECTION DLA (CHILD EDUCATION)

	School Level	Elementary	Junior High
DLA05.	What is the highest education level attended by [CHILD'S NAME]?	[ ]	[ ]
	FOR THOSE WHO HAD ATTENDED MORE THAN ONE SCHOOL AT A LEVEL, ALL QUESTIONS REFER TO THE LAST SCHOOL ATTENDED ON [...] LEVEL.		
DLA06.	What is the name and address of the [...] school?		
	1. Name and Number: _____	1. Nm&No _____	1. Nm&No _____
	8. DON'T KNOW (DK)	8. DK	8. DK
	1. Address : _____	1. Address _____	1. Address _____
	8. DON'T KNOW (DK)	8. DK	8. DK
	Village (Desa/Kelurahan) : _____ 1. Same as residence 3. Different than residence 8. DON'T KNOW (DK)	Vil 1 8. DK 3 _____	Vil 1 8. DK 3 _____
	Subdistrict (Kecamatan) : _____ 1. Same as residence 3. Different than residence 8. DON'T KNOW (DK)	Sub 1 8. DK 3 _____	Sub 1 8. DK 3 _____
	Municipality (Kabupaten/Kotamadia): _____ 1. Same as residence 3. Different than residence 8. DON'T KNOW (DK)	Muni 1 8. DK 3 _____	Muni 1 8. DK 3 _____
	Province : _____ 1. Same as residence 3. Different than residence 8. DON'T KNOW (DK)	Prov 1 8. DK 3 _____	Prov 1 8. DK 3 _____

SECTION DLA (CHILD EDUCATION)

School Level		Elementary		Junior High	
DLA07.	What is the school level attended by [CHILD'S NAME]?				
	02. ELEMENTARY 03. JUNIOR HIGH GENERAL 04. JUNIOR HIGH VOCATIONAL 10. OTHER, SPECIFY _____	02 10 _____		03 04 10 _____	
DLA08.	Under whose administration is the school?				
	1. Public non-religious 2. Public religious 3. Private non-religious	1 2 3	4 5 6	1 2 3	4 5 6
DLA09.	What is the highest grade completed by [CHILD'S NAME]?				
	01. 1 02. 2 03. 3 04. 4	01 02 03 04	05 06 07 98	01 02 03 04	05 06 07 98
DLA10.	Has [CHILD'S NAME] ever failed a grade at [...] school?				
	3. No ---> **GO TO DLA12** 1. Yes	3 -> **GO TO DLA12** 1		3 -> **GO TO DLA12** 1	
DLA11.	What grades has [CHILD'S NAME] failed and how many times did [CHILD'S NAME] repeat that grade?	Grade A. 1 B. 2 C. 3 D. 4 E. 5 F. 6	Number of repeats [ ] Times [ ] Times [ ] Times [ ] Times [ ] Times [ ] Times	Grade A. 1 B. 2 C. 3 D. 4 E. 5 F. 6	Number of repeats [ ] Times [ ] Times [ ] Times [ ] Times [ ] Times [ ] Times
DLA12.	While attending [...] school did [CHILD'S NAME] work?				
	1. Yes ..... 3. No	1 3		1 3	

SECTION DLA (CHILD EDUCATION)

	School Level	Elementary	Junior High
DLA13.	Who pays or helps pay for tuition, books and other school-related costs (now/in the last school year)? **CIRCLE ALL THAT APPLY** A. SELF B. PARENTS/PARENTS-IN-LAW C. MATERNAL/PATERNAL SIBLING D. OTHER FAMILY MEMBER, SPECIFY_____ E. EMPLOYER F. OTHER, SPECIFY _____ .	A B C D_____ E F _____	A B C D_____ E F _____
DLA14.	In attending school (currently/in the last school year) does/did [CHILD'S NAME] receive full or partial scholarship? A scholarship includes a grant from the government or other organization or tuition deduction from the school. 1. Yes ..... 3. No	1 3	1 3
DLA15.	When he/she graduated from or quit [...] school, how old was your child? 1. Value..... 8. DON'T KNOW (DK)	1. [ ][ ] Years 8. DK	1. [ ][ ] Years 8. DK
DLA16.	What is the approximate travel time to reach the school from home, one way (now/in the last school year)?	[ ][ ] 1. Hours [ ][ ] 3. Minutes	[ ][ ] 1. Hours [ ][ ] 3. Minutes
DLA17.	What is the approximate number of months in a year in which [CHILD'S NAME] attends/attended school (now/in the last school year)?	[ ][ ] Months	[ ][ ] Months
DLA18.	How many hours does/did [CHILD'S NAME] attend school every day (now/in the last school year)?	[ ][ ] Hours	[ ][ ] Hours
DLA19.	Where does/did [CHILD'S NAME] stay the longest while attending school (now/in the last school year)? 01. OWN HOUSE 02. PARENT'S HOUSE 03. SIBLING'S HOUSE 04. OTHER FAMILY MEMBER'S HOUSE 05. DORMITORY/PESANTREN 06. HOTEL/RENTED ROOM 07. EMPLOYER'S HOUSE 08. FRIEND'S HOUSE 09. OTHER, SPECIFY _____	01 02 03 04 05 06 07 08 09 _____	01 02 03 04 05 06 07 08 09 _____

SECTION DLA (CHILD EDUCATION)

	School Level		Elementary		Junior High	
DLA20.	What is the major flooring type in the classroom (now/in the last school year)?					
	01. Ceramic/marble/granite	05. Bamboo	01	05	01	05
	02. Tiles/terrazo	06. Dirt	02	06	02	06
	03. Cement/bricks	07. Other, specify _____	03	07 _____	03	07 _____
	04. Lumber/board	98. DON'T KNOW	04	98	04	98
DLA21.	Approximately how many students are/were in [CHILD'S NAME] classroom (now/in the last school year)?					
	1. Value.....		1. [ ][ ] Persons		1. [ ][ ] Persons	
	8. DON'T KNOW (DK)		8. DK		8. DK	
DLA22.	Approximately how many students are/were in [CHILD'S NAME] school (now/in the last school year)?					
	1. Value.....		1. [ ][ ][ ][ ] Persons		1. [ ][ ][ ][ ] Persons	
	8. DON'T KNOW (DK)		8. DK		8. DK	

DLA23. REPEAT DLA06-DLA22 FOR THE NEXT SCHOOL LEVEL UP TO THE HIGHEST LEVEL ATTENDED.

DLA24.	Did [CHILD'S NAME] attend school in the previous school year (starting August 1, 1992)?	
	3. No --> **GO TO SECTION MAA**	3 --> **GO TO SECTION MAA**
	1. Yes.....	1

We would like to ask about school-related expenses for the previous school year.
THE FOLLOWING QUESTIONS ONLY APPLY TO THOSE STILL ATTENDING SCHOOL THROUGHOUT THE 1992-1993 SCHOOL YEAR.

DLA25. What were [CHILD'S NAME] (approximate) school-related expenses during the 1992-1993 school year? Please give your best estimate.

Did [CHILD'S NAME} spend money for:

		3. No	1. Yes	Cost (approx.) **(In thousands Rupiah)**
I.	Entry fee at school registration.....	3 --> **GO TO II**	1	[ ][ ].[ ][ ][ ]
II.	Monthly,, ... regular school cost paid on [CHILD'S NAME] last month in school	3 --> **GO TO III**	1	[ ][ ].[ ][ ][ ]
III.	Annually..... regular school cost paid at the beginning of the year during [CHILD'S NAME] last school year	3 --> **GO TO IV**	1	[ ][ ].[ ][ ][ ]
IV.	Other occasionbal fees during [CHILD'S NAME] last school year	3 --> **GO TO V**	1	[ ][ ].[ ][ ][ ]
V.	Other costs not payable to the school, including: transportation, books and stationeries, and pocket money throughout [CHILD'S NAME] last school year	3 --> **GO TO SECTION MAA**	1	[ ][ ].[ ][ ][ ]

SECTION MAA (CHILD ACUTE MORBIDITY)

Next we'd like to know whatever symptoms [CHILD'S NAME] has ever had during the past 4 weeks, namely since [...] date, 4 weeks ago.

SYMPTOMS	MAA01 Has [CHILD'S NAME] ever suffered from [...] during the past 4 weeks?	MAA02 When did [CHILD'S NAME} start to have the latest [...]? 1. Months ago 3. Days ago 2. Weeks ago 8. DON'T KNOW (DK)	MAA03 How many days ago did [CHILD'S NAME] last feel [...] or does [CHILD'S NAME] still feel it now? 1. Value 8. DON'T KNOW (DK) 3. Still feel it
A. Headache (dizziness)	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
B. Eye sore	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
C. Toothache	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
D. Cough/cold/influenza	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
E. Nausea/heartburn/abdominal pains	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
F. Respiratory problem/asthma	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
G. Feve/chills	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
H. Diarrhea	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
I. Skin disorders / scabies/ulcers/boils	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
J. Infections	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK

SECTION MAA (CHILD ACUTE MORBIDITY)

SYMPTOMS	MAA01 Has [CHILD'S NAME] ever suffered from [...] during the past 4 weeks?	MAA02 When did [CHILD'S NAME} start to have the latest [...]? 1. Months ago 3. Days ago 2. Weeks ago 8. DON'T KNOW (DK)	MAA03 How many days ago did [CHILD'S NAME] last feel [...] or does [CHILD'S NAME] still feel it now? 1. Value 8. DON'T KNOW (DK) 3. Still feel it
K. Earache	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
L. Measles	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
M Worm infestation	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
N. Rheumatism	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK
O. Other, specify _____	1. Yes > ..... 3. No ---> **GO TO SECTION PSA**	1. **[ ][ ]** **1** **2** **3** 8. DK	1. **[ ][ ]** Days 3 8. DK

SECTION PSA (CHILD SELF TREATMENT)

Now we'd like to know whether [CHILD'S NAME] has treated him/herself during the past 4 weeks, namely since [...] date, 4 weeks ago.

TYPE OF SELF TREATMENT	PSA01 During the past 4 weeks, has [CHILD'S NAME] ever [...]?	PSA02 What is the approximate total cost to purchase or make that medicine during the past 4 weeks? 1. Value 8. DON'T KNOW (DK)
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ].[ ][ ][ ].[ ][ ][ ]** Rupiah 8. DK
B. Consumed traditional herbs or traditional medicines as treatment	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ].[ ][ ][ ].[ ][ ][ ]** Rupiah 8. DK
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	1. Yes ----------> 3. No ---> **GO TO THE NEXT LINE**	1. **[ ].[ ][ ][ ].[ ][ ][ ]** Rupiah 8. DK
D. Other, specify _____	1. Yes ----------> 3. No ---> **GO TO SECTION RJA**	1. **[ ].[ ][ ][ ].[ ][ ][ ]** Rupiah 8. DK

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

The next questions pertain to medical facilities or medical providers [CHILD'S NAME] may have visited for outpatient care during the past 4 weeks, namely since [...] date, 4 weeks ago.

MEDICAL FACILITY	RJA01 Within the last 4 weeks, has [CHILD'S NAME] been to [...] / visited by [...]?	RJA02 How many times did [CHILD'S NAME] go to [...] / been visited by [...] during the past 4 weeks?	RJA03 CROSS AS PER NUMBER OF VISITS
A. Public hospital (general or specialty)	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]A1 [ ]A2 [ ]A3 [ ]A4**
B. Public Health Center (puskesmas)	1. Yes, Public Health Center ---------- > 3. Yes, Public Health Center 's Branch --- > 5. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]B1 [ ]B2 [ ]B3 [ ]B4**
C. Public Health Auxiliary Center (puskesmas pembantu)	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]C1 [ ]C2 [ ]C3 [ ]C4**
D. Community Health Post (posyandu)	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]D1 [ ]D2 [ ]D3 [ ]D4**
E. Private Hospital	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]E1 [ ]E2 [ ]E3 [ ]E4**
F. Polyclinic, Private Clinic, Medical Center	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]F1 [ ]F2 [ ]F3 [ ]F4**
G. Private Physician (General Practitioner, Specialist, Dentist)	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]G1 [ ]G2 [ ]G3 [ ]G4**
H. Nurse, Paramedic, Midwife practioner	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]H1 [ ]H2 [ ]H3 [ ]H4**
I. Traditional practitioner (shaman, wiseman, kyai, chinese herbalist, masseur, acupuncturist, etc.)	1. Yes ---------- > 3. No ---> **GO TO NEXT LINE**	**[ ][ ]** Times	**[ ]I1 [ ]I2 [ ]I3 [ ]I4**
J. Other, specify _____	1. Yes ---------- > 3. No ---> **GO TO RJA04**	**[ ][ ]** Times	**[ ]J1 [ ]J2 [ ]J3 [ ]J4**

RJA04. INTERVIEWER'S NOTE

VERIFY RJA01 FROM A UP TO J: IF RESPONDENT
1. HAS HAD OUTPATIENT CARE----------> GO TO RJA05
3. NEVER HAD OUTPATIENT CARE -----> GO TO SECTION RNA

SECTION RJA (CHILD OUTPATIENT UTILIZATI0N)

PRIOR TO ASKING RJA05 UP TO RJA24, VERIFY RJA03.
START WITH THE MOST RECENT VISIT, THEN GO BACKWARD TO THE PREVIOUS ONE(S).

IF NUMBER OF VISITS EXCEEDS FOUR, CONTINUE WITH THE SUPPLEMENT TO SECTION RJA.

NUMBER OF OUTPATIENT CARE VISITS [ ][ ]

RJA05.	**VISIT CODE NUMBER {...}**	[ ][ ] Filled out by the editor: [ ][ ][ ][ ][ ][ ][ ]	[ ][ ] Filled out by the editor: [ ][ ][ ][ ][ ][ ][ ]	[ ][ ] Filled out by the editor: [ ][ ][ ][ ][ ][ ][ ]	[ ][ ] Filled out by the editor: [ ][ ][ ][ ][ ][ ][ ]
RJA06.	What is the name of the medical facility?				
RJA07.	Is the [...] at the same location as your current residence?	1. Same 3. Not the same 8. DON'T KNOW (DK)	1. Same 3. Not the same 8. DON'T KNOW (DK)	1. Same 3. Not the same 8. DON'T KNOW (DK)	1. Same 3. Not the same 8. DON'T KNOW (DK)
	1. Village (Desa/Kelurahan)	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]
	2. Subdistrict (Kecamatan)	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]
	3. Municipality (Kab)	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]
	4. Province :	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]
RJA08.	What was the purpose of [CHILD'S NAME] visit to that facility? **ANSWER MAY BE MORE THAN ONE**				
	A. Treatment	A	A	A	A
	B. Immunization	B	B	B	B
	C. Consultation	C	C	C	C
	D. Medical check-up	D	D	D	D
	E. Medications	E	E	E	E
	F. Injection	F	F	F	F
	G. Other, specify _____	G _____	G _____	G _____	G _____

SECTION RJA (CHILD OUTPATIENT UTILIZATI0N)

		[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
RJA09.	Was the visit to [...] the first visit or a follow-up visit for the symptom? 1. FIRST ..... 3. FOLLOW-UP	 1 3	 1 3	 1 3	 1 3
RJA10.	**INTERVIEWER'S NOTE:** **3. TREATMENT AT RESPONDENT'S RESIDENCE -->GO TO RJA16** **1. TREATMENT AT MEDICAL FACILITY**	 3 --> **GO TO RJA16** 1	 3 --> **GO TO RJA16** 1	 3 --> **GO TO RJA16** 1	 3 --> **GO TO RJA16** 1
RJA11.	How many kilometers is the distance between the medical facility and [CHILD'S NAME] residence? 1. Value..... 8. DON'T KNOW (DK)	 1. **[ ].[ ][ ][ ]**Km 8. DK	 1. **[ ].[ ][ ][ ]**Km 8. DK	 1. **[ ].[ ][ ][ ]**Km 8. DK	 1. **[ ].[ ][ ][ ]**Km 8. DK
RJA12.	What is the travel time to go to that facility? 1. Value 8. DON'T KNOW (DK)	 1. **[ ][ ]** 1. Hours 2. Minutes 8. DK	 1. **[ ][ ]** 1. Hours 2. Minutes 8. DK	 1. **[ ][ ]** 1. Hours 2. Minutes 8. DK	 1. **[ ][ ]** 1. Hours 2. Minutes 8. DK
RJA13.	What means of transportation did [CHILD'S NAME] use to go to the facility? **(NOTE: RECORD THE PRIMARY MEANS OF TRANSPORTATION)** 01. TRAIN ..... 02. 4-WHEEL MOTOR VEHICLE ..... 03. 3-WHEEL MOTOR VEHICLE ..... 04. 2-WHEEL MOTOR VEHICLE / OJEK ..... 05. HORSE DRAWN BUGGY ..... 06. PEDICAB..... 07. BICYCLE..... 08. SHIP ..... 09. MOTOR BOAT/ CES/KETINTING ..... 10. UNMOTORIZED BOAT ..... 11. WALKING..... 12. OTHER, SPECIFY _____	 01 02 03 04 05 06 07 08 09 10 11 12 _____	 01 02 03 04 05 06 07 08 09 10 11 12_____	 01 02 03 04 05 06 07 08 09 10 11 12 _____	 01 02 03 04 05 06 07 08 09 10 11 12_____

SECTION RJA (CHILD OUTPATIENT UTILIZATI0N)

		[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
RJA14.	What was the total transportation cost to go to the facility (**INCLUDING FUEL COST, ONE WAY TRIP)?** 1. Value ..... 8. DON'T KNOW (DK)	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK
RJA15.	Upon arrival, how long did [CHILD'S NAME] have to wait to be examined? 1. Value 8. DON'T KNOW (DK)	1. [ ][ ] 1. Hours 2. Minutes 8. DK	1. [ ][ ] 1. Hours 2. Minutes 8. DK	1. [ ][ ] 1. Hours 2. Minutes 8. DK	1. [ ][ ] 1. Hours 2. Minutes 8. DK
RJA16.	Who examined [CHILD'S NAME]? **ANSWER MAY BE MORE THAN ONE** A. Doctor (Physician/Dentist/ Specialist) ..... B. Nurse/Paramedic/Midwife ..... C. Other, specify _____	A B C _____	A B C _____	A B C _____	A B C _____
RJA17.	What kind of treatment did [CHILD'S NAME] receive? **ANSWER MAY BE MORE THAN ONE** A. Medical check-up/consultation ..... B. Injection ..... C. Laboratorium test ..... D. Surgery ..... E. X-ray ..... F. Medications ..... G. Other, specify _____	A B C D E F G _____	A B C D E F G _____	A B C D E F G _____	A B C D E F G _____
RJA18.	Did [CHILD'S NAME] receive a prescription to be filled by a pharmacist/drug store? 3. No--> **GO TO RJA21** 1. Yes	3 --> **GO TO RJA21** 1	3 --> **GO TO RJA21** 1	3 --> **GO TO RJA21** 1	3 --> **GO TO RJA21** 1

SECTION RJA (CHILD OUTPATIENT UTILIZATI0N)

		[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
RJA19.	Did [CHILD'S NAME] fill the prescription? 5. No --> **GO TO RJA21** 3. Yes, partially ..... 1. Yes, fully	 5 --> **GO TO RJA21** 3 1	 5 --> **GO TO RJA21** 3 1	 5 --> **GO TO RJA21** 3 1	 5 --> **GO TO RJA21** 3 1
RJA20.	What was the cost to fill the partial/entire prescription? 1. Value ..... 8. DON'T KNOW (DK)	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK
RJA21.	What was the total cost of treatment, including medications that may have been administered, not including prescription cost? 1. Value ..... 8. DON'T KNOW (DK)	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK
RJA22.	Was any payment in kind also made? 3. No ---> **GO TO RJA24** 1. Yes	 3 ---> **GO TO RJA24** 1	 3 ---> **GO TO RJA24** 1	 3 ---> **GO TO RJA24** 1	 3 ---> **GO TO RJA24** 1
RJA23.	What was the approximate value of the goods? 1. Value ..... 8. DON'T KNOW (DK)	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK
RJA24.	**INTERVIEWER'S NOTE:** **WAS THERE ANY OTHER VISIT?** 1 YES --> **GO TO THE NEXT RJA05** 3. NO --> **GO TO SECTION RNA**	 1 ---> **GO TO THE NEXT RJA05** 3 ---> **GO TO SECTION RNA**	 1 ---> **GO TO THE NEXT RJA05** 3 ---> **GO TO SECTION RNA**	 1 ---> **GO TO THE NEXT RJA05** 3 ---> **GO TO SECTION RNA**	 1 ---> **GO TO THE NEXT RJA05** 3 ---> **GO TO SECTION RNA**

IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH THE SUPPLEMENT TO SECTION RJA.

SECTION RNA (CHILD INPATIENT UTILIZATION)

The following questions pertain to hospitalization (inpatient care) that [CHILD'S NAME] has had during the past 12 months, namely since the month of [...] 12 months ago.

	RNA01	RNA02	RNA03
HOSPITALIZATION FACILITY	During the past 12 months, has [CHILD'S NAME] ever received inpatient care at [...]?	How many times has [CHILD'S NAME] received inpatient care at [...] during the past 12 months?	**CROSS AS PER NUMBER OF VISITS**
A. Public Hospital (General or Specialty)	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE**	**[ ][ ]** Times	**[ ]**A1 **[ ]**A2 **[ ]**A3 **[ ]**A4
B. Public Health Center (puskesmas)	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE**	**[ ][ ]** Times	**[ ]**B1 **[ ]**B2 **[ ]**B3 **[ ]**B4
C. Private Hospital	1. Yes ----------> 3. No --> **GO TO THE NEXT LINE**	**[ ][ ]** Times	**[ ]**C1 **[ ]**C2 **[ ]**C3 **[ ]**C4
D Private Clinic	1. Yes ----------> 3. No --> **GO TO RNA04**	**[ ][ ]** Times	**[ ]**D1 **[ ]**D2 **[ ]**D3 **[ ]**D4

RNA04. INTERVIEWER'S NOTE:

VERIFY RNA01 A UP TO D, IF RESPONDENT:
1. HAS BEEN HOSPITALIZED ----------> GO TO RNA05
3. HAS NEVER BEEN HOSPITALIZED ----------> GO TO SECTION CP

SECTION RNA (CHILD INPATIENT UTILIZATION)

PRIOR TO ASKING RNA05 UP TO RNA20, VERIFY RNA03.
START WITH THE MOST RECENT VISIT, THEN GO BACKWARD TO THE PREVIOUS ONE(S)

IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH THE SUPPLEMENT TO SECTION RNA.

NUMBER OF HOSPITALIZATIONS: [ ][ ]

RNA05.	**VISIT CODE NUMBER [...] .....**	[ ][ ] **Filled out by the editor:** [ ][ ][ ][ ][ ][ ]	[ ][ ] **Filled out by the editor:** [ ][ ][ ][ ][ ][ ]	[ ][ ] **Filled out by the editor:** [ ][ ][ ][ ][ ][ ]	[ ][ ] **Filled out by the editor:** [ ][ ][ ][ ][ ][ ]
RNA06.	What is the name of the hospitalization facility?				
RNA07.	Is the facility at the same location as your current residence?	1. Same 3. Not the same 8. DON'T KNOW (DK)	1. Same 3. Not the same 8. DON'T KNOW (DK)	1. Same 3. Not the same 8. DON'T KNOW (DK)	1. Same 3. Not the same 8. DON'T KNOW (DK)
	1. Village (Desa)	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]
	2. Subdistrict (Kec)	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]	1 8. DK 3 _____ [ ][ ][ ]
	3. Municipality (Kab).....	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]
	4. Province :	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]	1 8. DK 3 _____ [ ][ ]
RNA08.	How many nights was [CHILD'S NAME] hospitalized there?	[ ][ ][ ] Nights	[ ][ ][ ] Nights	[ ][ ][ ] Nights	[ ][ ][ ] Nights
RNA09.	In what class was [CHILD'S NAME] treated? **ANSWER MAY BE MORE THAN ONE**				
	A. ICU/ICCU ..... B. VIP ..... C. FIRST CLASS ..... D. SECOND CLASS ..... E. THIRD CLASS ..... F. WARD..... G. OTHER, SPECIFY _____	A B C D E F G_____	A B C D E F G _____	A B C D E F G_____	A B C D E F G _____

SECTION RNA (CHILD INPATIENT UTILIZATION)

		[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
RNA10.	For what reason was [CHILD'S NAME] hospitalized? 1. SICKNESS ..... 2. ACCIDENT ..... 3. OTHER, SPECIFY _____	1 2 3 _____	1 2 3 _____	1 2 3 _____	1 2 3 _____
RNA11.	How many kilometers is the distance between the facility and [CHILD'S NAME] residence? 1. Value ..... 8. DON'T KNOW (DK)	1. [ ].[ ][ ][ ] Km 8. DK	1. [ ].[ ][ ][ ] Km 8. DK	1. [ ].[ ][ ][ ] Km 8. DK	1. [ ].[ ][ ][ ] Km 8. DK
RNA12.	What is the travel time to go to that facility? 1. Value ..... 8. DON'T KNOW (DK)	1. [ ][ ] 1. Hours 2. Minutes 8. DK	1. [ ][ ] 1. Hours 2. Minutes 8. DK	1. [ ][ ] 1. Hours 2. Minutes 8. DK	1. [ ][ ] 1. Hours 2. Minutes 8. DK
RNA13.	What means of transportation did [CHILD'S NAME] use to go to the facility? **(NOTE: RECORD THE PRIMARY MEANS OF TRANSPORTATION)** 01. TRAIN ..... 02. 4-WHEEL MOTOR VEHICLE ..... 03. 3-WHEEL MOTOR VEHICLE ..... 04. 2-WHEEL MOTOR VEHICLE / OJEK ..... 05. HORSE DRAWN BUGGY ..... 06. PEDICAB ..... 07. BICYCLE ..... 08. SHIP ..... 09. MOTORBOAT/ CES/KETINTANG ..... 10. UNMOTORIZED BOAT ..... 11. WALKING ..... 12. OTHER, SPECIFY _____	01 02 03 04 05 06 07 08 09 10 11 12 _____	01 02 03 04 05 06 07 08 09 10 11 12 _____	01 02 03 04 05 06 07 08 09 10 11 12 _____	01 02 03 04 05 06 07 08 09 10 11 12 _____
RNA14.	What was the total transportation cost to go to the facility? **(INCLUDING FUEL COST, ONE WAY TRIP)** 1. Value ..... 8. DON'T KNOW (DK)	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK	Rupiah 1. [ ][ ][ ].[ ][ ][ ] 8. DK

SECTION RNA (CHILD INPATIENT UTILIZATION)

		[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
RNA15.	During hospitalization, what kind of treatment did [CHILD'S NAME] Receive? **ANSWER MAY BE MORE THAN ONE** A. Physical examination /consultation ..... B. Injection ..... C. Laboratorium test ..... D. Surgery ..... E. X-ray ..... F. Medications ..... G. Other, specify _____	A B C D E F G _____	A B C D E F G _____	A B C D E F G _____	A B C D E F G _____
RNA16.	Did [CHILD'S NAME] receive a prescription to be filled by a pharmacist/drug store? 3. No ---> **GO TO RNA19** 1. Yes	3 ---> **GO TO RNA19** 1	3 ---> **GO TO RNA19** 1	3 ---> **GO TO RNA19** 1	3 ---> **GO TO RNA19** 1
RNA17.	Did [CHILD'S NAME] fill the prescription? 5. No ---> **GO TO RNA19** 3. Yes, partially ..... 1. Yes, fully	5 ---> **GO TO RNA19** 3 1	5 ---> **GO TO RNA19** 3 1	5 ---> **GO TO RNA19** 3 1	5 ---> **GO TO RNA19** 3 1
RNA18.	How much did it cost to fill the (partial/entire) prescription? 1. Value ..... 8. DON'T KNOW (DK)	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK
RNA19.	Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply.) 1. Value ..... 8. DON'T KNOW (DK)	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK	Rupiah 1. **[ ][ ][ ].[ ][ ][ ]** 8. DK
RNA20.	**INTERVIEWER'S NOTE: WAS THERE ANY OTHER HOSPITALIZATION?** 1. YES --> **GO TO THE NEXT RNA05** 3. NO --> **GO TO SECTION CP**	1 --->**GO TO THE NEXT RNA05** 3 ---> **GO TO SECTION CP**	1 --->**GO TO THE NEXT RNA05** 3 ---> **GO TO SECTION CP**	1 --->**GO TO THE NEXT RNA05** 3 ---> **GO TO SECTION CP**	1 --->**GO TO THE NEXT RNA05** 3 ---> **GO TO SECTION CP**

IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH SUPPLEMENT TO SECTION RNA.

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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