

(IDIVWR)

CONFIDENTIAL

HHID97 :

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INDONESIAN FAMILY LIFE SURVEY 1997

BOOK 5

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

Respondent is a child less than 15 years old

<p>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED AR:</p> <p style="text-align: right;">PID97</p> <p>AR01: NAME OF HOUSEHOLDER:</p> <p>_____</p>	<p>TO BE FILLED OUT BY INTERVIEWER FOR BOOK 5</p> <p>QUESTION FOR RESPONDENT:</p> <p>AGE. How old is [NAME OF CHILD]? YEARS <u> </u><u> </u></p> <p>BIRTHDATE. <u> </u><u> </u> / <u> </u><u> </u> / <u> </u><u> </u><u> </u><u> </u></p> <p style="text-align: center;">DAY MONTH YEAR</p> <hr style="border-top: 1px dashed black;"/> <p>NAME OF PERSON WHO ANSWERS:</p> <p>_____</p>												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">RELATION TO CHILD:</td> <td style="width: 33%; vertical-align: top;">1. MOTHER</td> <td style="width: 33%; vertical-align: top;">5. GRANDPARENT</td> </tr> <tr> <td style="vertical-align: top;">(Choose One)</td> <td style="vertical-align: top;">2. FATHER</td> <td style="vertical-align: top;">6. CHILD HIM/HERSELF</td> </tr> <tr> <td></td> <td style="vertical-align: top;">3. SIBLING</td> <td style="vertical-align: top;">7. OTHER RELATION</td> </tr> <tr> <td></td> <td style="vertical-align: top;">4. AUNT/UNCLE</td> <td></td> </tr> </table>		RELATION TO CHILD:	1. MOTHER	5. GRANDPARENT	(Choose One)	2. FATHER	6. CHILD HIM/HERSELF		3. SIBLING	7. OTHER RELATION		4. AUNT/UNCLE	
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(Choose One)	2. FATHER	6. CHILD HIM/HERSELF											
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CODES FOR LANGUAGE
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00. Indonesian
01. Javanese
02. Sundanese
03. Balinese
04. Batak
05. Bugis
06. Chinese
07. Maduranese
08. Sasak
09. Minang
10. Banjar
11. Bima
12. Makassar
13. Nias
14. Palembang
15. Sumbawa
16. Toraja
17. Lahat
18. Other South Sumatra
19. Betawi
20. Lampung
91. Other
96. No other
99. Missing

(NUMVIS)

INTERVIEW SESSIONS OF BOOK 5:

DATE:	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>
	DAY MONTH	DAY MONTH	DAY MONTH
TIME STARTED:	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>
	HOUR MINUTE	HOUR MINUTE	HOUR MINUTE
TIME FINISHED:	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div>/</div> <div> <div></div> <div></div> <div></div> <div></div> </div>
	HOUR MINUTE	HOUR MINUTE	HOUR MINUTE

LANGMAIN. Interview was entirely/mostly conducted in what language?

LANGOTHR. Other language used (if any):

REASON		RESULT	EDIT_CK	SUP	
1. Respondent was not at home/not available	4. Language problem	Interview of BOOK 5	Review by Editor	Review by Local Supervisor	
2. Respondent was seriously ill	5. Other: _____	3. Not completed →REASON	4. Manual edit without cafe	Yes	No
3. Respondent refused (to be interviewed)	6. Moved	1. Completed	3. Not edited, explain: _____	a. Observed by localsupervisor (SUP_OBS)	1 3
	7. Dead		2. Edited, need revisions/incomplete	b. Edited by local supervisor (SUP_EDIT)	1 3
	9. Old/disable		1. Completed		

SECTION DLA (CHILD’S EDUCATION)

Now we would like to ask some questions about [CHILD’S NAME]’s education.

DLA01. (DLA02)	Has [CHILD'S NAME] ever been to school?	Yes..... 1→DLA03 No 3
DLA02.	Why has [CHILD'S NAME] never been to school? CIRCLE ALL THAT APPLY	NOT OLD ENOUGH.....A TO HELP PARENTS EARN MONEYB COULD NOT AFFORD.....C NO SCHOOL/ TOO FARD NOT ABLE TO STUDY.....E NOT ACCEPTED IN SCHOOL.....F BECAUSE SICK OR DISABLEDG SCHOOL HAD NO TEACHER.....H SCHOOL CLOSED.....I OTHERJ DOESN'T WANT TO GO.....K HELP AT HOME.....L → MAA
DLA03.	In what month and year did [CHILD'S NAME] enter elementary school?	Month Year / 1→DLA05 DON'T KNOW 8
DLA04.	At what age did [CHILD'S NAME] enter elementary school ?	Years..... 1 DON'T KNOW 8
DLA05.	Did [CHILD’S NAME] ever repeat a grade?	Yes..... 1 No 3→DLA07

DLA06.	Which grade and how many times did [CHILD'S NAME] repeat?	<table><tr><td>Grade</td><td>Number of Repetitions</td></tr><tr><td>A. ELEMENTARY-1</td><td> times</td></tr><tr><td>B. ELEMENTARY-2</td><td> times</td></tr><tr><td>C. ELEMENTARY-3</td><td> times</td></tr><tr><td>D. ELEMENTARY-4</td><td> times</td></tr><tr><td>E. ELEMENTARY-5</td><td> times</td></tr><tr><td>F. ELEMENTARY-6</td><td> times</td></tr><tr><td>G. JR. HIGH-1</td><td> times</td></tr><tr><td>H. JR HIGH-2</td><td> times</td></tr><tr><td>I. JR. HIGH-3</td><td> times</td></tr></table>	Grade	Number of Repetitions	A. ELEMENTARY-1	times	B. ELEMENTARY-2	times	C. ELEMENTARY-3	times	D. ELEMENTARY-4	times	E. ELEMENTARY-5	times	F. ELEMENTARY-6	times	G. JR. HIGH-1	times	H. JR HIGH-2	times	I. JR. HIGH-3	times
Grade	Number of Repetitions																					
A. ELEMENTARY-1	times																					
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E. ELEMENTARY-5	times																					
F. ELEMENTARY-6	times																					
G. JR. HIGH-1	times																					
H. JR HIGH-2	times																					
I. JR. HIGH-3	times																					
DLA07.	Is [CHILD'S NAME] now in school?	No..... 3→DLA14 Yes. 1																				
DLA08.	What is the level of school that [CHILD'S NAME] is currently attending?	ELEMENTARY SCHOOL02 GENERAL JUNIOR HIGH03 VOCATIONAL JUNIOR HIGH04 OTHER.....10 DON'T KNOW98																				
DLA09.	What class is [CHILD'S NAME] currently attending?	Did not finish 1 st class at that level [†]00 101 202 303 404 505 606 DON'T KNOW98																				

SECTION DLA (CHILD’S EDUCATION)

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DLA10.	Does [CHILD’S NAME] work during the School Year?	Don’t Know.....8→DLA20 No3→DLA13 Yes.....1
DLA11.	Usually how many hours per week does [CHILD’S NAME] work on school days?	<div> </div> hours/week
DLA12.	Usually how many hours per week did [CHILD’S NAME] work on non-school days (Sunday and/or Friday for Islamic Schools)?	<div> </div> hours/week
DLA13.	In comparison to this school year, how many hours did [CHILD’S NAME] work during the last school year?	About the same.....1 Worked more last year.....3 Worked less last year5 Last year didn’t work.....6 →DLA20
DLA14.	When did [CHILD’S NAME] graduate from or stop school?	Month Year <div> </div> / <div> </div>1→DLA16 DON’T KNOW8
DLA15.	At what age did [CHILD’S NAME] graduate from or stop school?	<div> </div> Years1 DON’T KNOW8
DLA16.	Why did [CHILD’S NAME] stop school? CIRCLE ALL THAT APPLY	TO HELP PARENTS EARN MONEYB COULD NOT AFFORD.....C NO SCHOOL/ TOO FARD NOT ABLE TO STUDY.....E NOT ACCEPTED IN SCHOOL.....F BECAUSE SICK OR DISABLEDG SCHOOL HAD NO TEACHER.....H SCHOOL CLOSED.....I OTHERJ DOESN’T WANT TO GO.....K HELP AT HOME.....L
DLA17.	Did [CHILD’S NAME] work during the School Year?	No3→DLA19 Yes.....1
DLA18.	How many hours per week does [CHILD’S NAME] work?	<div> </div> hours/week
DLA19.	Does [CHILD’S NAME] expect to attend school in the future?	Yes.....1 No3

	EBTANAS exam at elementary school?	Yes1
DLA21.	Could we see [CHILD’S NAME] EBTANAS (DANEM) record? INTERVIEWER NOTE : TAKE THE EBTANAS SCORES FROM THE EBTANAS RECORD (DANEM)	Yes1 No3
DLA22.	What month and year did [CHILD’S NAME] take the EBTANAS [...] ?	Month Year <div> </div> / <div> </div>1 DON’T KNOW8
DLA23.	What was the EBTANAS score for each subject ? A. Moral Education B. Indonesian Language C. Science D. Social Science E. Mathematics	(COPY FROM THE EBTANAS RECORD IF THE CHILD HAS A DANEM RECORD, OTHERWISE ASK THE RESPONDENT) 1. <div> </div> , <div> </div> 8. DK 1. <div> </div> , <div> </div> 8. DK 1. <div> </div> , <div> </div> 8. DK 1. <div> </div> , <div> </div> 8. DK 1. <div> </div> , <div> </div> 8. DK
DLA24.	What was the total EBTANAS score (NEM) ?	1. <div> </div> , <div> </div> 8. DK
DLA25.	What is the name and address of that school? 1. Specify 3. Same as current residence 8. Don’t Know	Name : 1 8. DK Address: 18. DK Vill : 1.3 Same 8. DK Kec: 1.3. Same 8. DK Kab: 1.3. Same 8. DK Prop: 1.3. Same 8. DK ComFas Code <div> </div>

DLA20.	Did [CHILD’S NAME] ever take the EBTANAS exam at elementary school?	No3→DLA27
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DLA26. What is the school type?	Government non-religious01 Government religious02 Private non-religious03 Private Islam04 Private Catholic05 Private Christian06 Other, Specify07 Private Buddhist08
DLA27. INTERVIEWER CHECK DLA07 [CHILD’S NAME] IN SCHOOL NOW?	Yes.....1 →DLA30 No3
DLA28. INTERVIEWER CHECK DLA14/DLA15 WHEN DID [CHILD’S NAME] GRADUATE OR STOP SCHOOL?	BEFORE JULY 19923 →MAA AFTER JULY 1992.....1
DLA29. Before stopping or graduating from school, did child ever miss school for 4 or more weeks in a row, or for an entire year?	No.3 →DLA35 Yes.....1
DLA30. In the last 5 years, how many times has child missed school for 4 or more weeks in a row, or for an entire year?	times
DLA31. INTERVIEWER CHECK RESPONSE TO DLA30.	0 times3 →DLA35 >0 times1 → FILL-IN THE SAME NUMBER OF COLUMNS IN DLA32-DLA34 AS THE NUMBER MENTIONED IN DLA30

SECTION DLA (CHILD'S EDUCATION)

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Now we would like to know about [CHILD'S NAME] education over the past five years.

		Column 1	Column 2	Column 3
		Current school year	Last year at school previously attended (for those currently in school, with a school change in last 5 years)	Last year in school (for those not currently in school)
DLA36.	School year?	1997/1998	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []
DLA37.	What level did [CHILD'S NAME] attend during School Year [...] ? 02. ELEMENTARY SCHOOL 03. GENERAL JUNIOR HIGH..... 04. VOCATIONAL JUNIOR HIGH..... 05. GENERAL SR HIGH SCHOOL 06. VOCATIONAL SENIOR HGIH SCHOOL 10. OTHER, SPECIFY 98. DON'T KNOW (DK)		02 03 04 05 06 10 98	02 03 04 05 06 10 98
DLA38.	What is the highest class that [CHILD'S NAME] attended during the School Year [...] ? 01. 1 05. 5 02. 2 06. 6 03. 3 07. Graduated 04. 4 98. DON'T KNOW		01 05 02 06 03 07 04 98	01 05 02 06 03 07 04 98
DLA39.	Did [CHILD'S NAME] graduate or finish the class that School Year [...] ?		Yes, finish/graduate 1 No 3	Yes, finish/graduate 1 No 3

	Column 1	Column 2	Column 3
	Current school year	Last year at school previously attended (for those currently in school, with a school change in last 5 years)	Last year in school (for those not currently in school)
DLA40. What is the name and address of the school attended by [CHILD’S NAME] during the School Year [...] ?	6. Same as the EBTANAS school➔DLA42 Name : 8. DK 1. _____ Address : 8. DK 1. _____ Vill : 1. _____ 3. Same as current residence 8. DK Kec: 1. _____ 3. Same as current residence 8. DK Kab: 1. _____ 3. Same as current residence 8. DK Prop: 1. _____ 3. Same as current residence 8. DK	7. Same as the EBTANAS school➔DLA42 Name : 8. DK 1. _____ Address : 8. DK 1. _____ Vill : 1. _____ 3. Same as current residence 8. DK Kec: 1. _____ 3. Same as current residence 8. DK Kab: 1. _____ 3. Same as current residence 8. DK Prop: 1. _____ 3. Same as current residence 8. DK	8. Same as the EBTANAS school➔DLA42 Name : 8. DK 1. _____ Address : 8. DK 1. _____ Vill : 1. _____ 3. Same as current residence 8. DK Kec: 1. _____ 3. Same as current residence 8. DK Kab: 1. _____ 3. Same as current residence 8. DK Prop: 1. _____ 3. Same as current residence 8. DK
DLA41. What is the school type? 01. Government non-religious 02. Government religious 03. Private non-religious 04. Private Islam 05. Private Catholic 06. Private Christian 07. Other, Specify 08. Private Buddhist	01 02 03 04 05 06 07 _____ 08	01 02 03 04 05 06 07 _____ 08	01 02 03 04 05 06 07 _____ 08

	Column 1	Column 2	Column 3
	Current school year	Last year at school previously attended (for those currently in school, with a school change in last 5 years)	Last year in school (for those not currently in school)
DLA42. About how long does it take to travel one way to [CHILD’S NAME]’S school?	<div> . </div> <div>Minute 01</div> <div>Hour 02</div> <div>DON’T KNOW 98</div>	<div> . </div> <div>Minute 01</div> <div>Hour 02</div> <div>DON’T KNOW 98</div>	<div> . </div> <div>Minute 01</div> <div>Hour 02</div> <div>DON’T KNOW 98</div>
DLA43. About how many hours per day did [CHILD’S NAME] spend in school during School Year [...] ?	<div> . </div> Hour/Day	<div> . </div> Hour/Day	<div> . </div> Hour/Day
DLA44. How many days per week did [CHILD’S NAME] spend in school during School Year [...] ?	<div>1234567</div>	<div>0. Same as school 1997/1998</div> <div>1234567</div>	<div>1234567</div>
DLA45. About how many hours per week did [CHILD’S NAME] spend studying outside of school hours (including workdays and weekends)?	<div> . </div> Hour/Week.....1	<div> . </div> Hour/Week.....1	<div> . </div> Hour/Week.....1
	Don’t Know8	Don’t Know8	Don’t Know.....8
DLA46. What were your (approximate) school-related expenses during the [...] school year? Did you spend money for: Expense Type			
A. School Fees			
1. Registration	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
2. Other scheduled fees	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
3. Exams.....	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
B. School Supplies			
1. Books and writing supplies.....	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
2. Uniform and sports	1. . . 6. 7. 8. 9	1. . . 6. 7. 8. 9	1. . . 6. 7. 8. 9
C. Transportation and Pocket Money			
1. Transportation	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
2. Housing costs, food	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
3. Special courses	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
D. Other			
Specify:	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.	1. . . 6. 7. 8. 9.
E. Non-routine expenses			
	1. . . 4.	1. . . 4.	1. . . 4.
F. Field trips and extracurricular expenses			
	1. . . 4.	1. . . 4.	1. . . 4.

	Column 1	Column 2	Column 3
		Last year at school previously attended (for those currently in school, with a school change in last 5 years)	Last year in school (for those not currently in school)
	Current school year		
DLA47. About how many students were in [CHILD'S NAME]'s class during School Year [...] ?	1. <input type="text"/> <input type="text"/> students 8. DK	1. <input type="text"/> <input type="text"/> students 8. DK	1. <input type="text"/> <input type="text"/> students 8. DK
DLA48. Did [CHILD'S NAME] receive any free books from the school during School Year [...]?			
1. Yes, for himself	1	1	1
2. Yes, to share	2	2	2
3. No	3	3	3
DLA49. During the months that [CHILD'S NAME] was in school during the year [...], did [CHILD'S NAME] work to earn money or a living?		Yes..... 1 No 3 Don't Know..... 8	Yes..... 1 No..... 3 Don't Know..... 8
DLA50. Has [CHILD'S NAME] changed schools or school level in the last 5 years?	Yes..... 1 → DLA36 NEXT COLUMN No 3 → MAA	→ MAA	

SECTION DLA (CHILD’S EDUCATION)

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DL2TYPE	Most Recent Time	2nd Most Recent	3rd Most Recent	4th Most Recent	5th Most Recent
DLA32. When was [CHILD'S NAME] not in school for four weeks continuously or for the entire school year?	1. Month ___ Year ___ 8. Don't Know	1. Month ___ Year ___ 8. Don't Know	1. Month ___ Year ___ 8. Don't Know	1. Month ___ Year ___ 8. Don't Know	1. Month ___ Year ___ 8. Don't Know
DLA33. How many weeks did [CHILD'S NAME] not attend school during school year [...]?	1. ___ Weeks 3. Entire Year 8. Don't Know	1. ___ Weeks 3. Entire Year 8. Don't Know	1. ___ Weeks 3. Entire Year 8. Don't Know	1. ___ Weeks 3. Entire Year 8. Don't Know	1. ___ Weeks 3. Entire Year 8. Don't Know
DLA34. Why was [CHILD'S NAME] not in school? TO HELP PARENTS EARN MONEYB COULD NOT AFFORDC NO SCHOOL/ TOO FARD NOT ABLE TO STUDYE NOT ACCEPTED IN SCHOOL.....F BECAUSE SICK OR DISABLED.....G SCHOOL HAD NO TEACHERH SCHOOL CLOSEDI OTHERJ DOESN'T WANT TO GOK HELPS AT HOMEL	 B C D E F G H I J K L	 B C D E F G H I J K L	 B C D E F G H I J K L	 B C D E F G H I J K L	 B C D E F G H I J K L

DLA35. INTERVIEWER CHECK: DLA07 IS [CHILD’S NAME] STILL IN SCHOOL?	Still in school now..... 1→DLA36 1ST COLUMN Not still in school now..... 3→DLA36 3RD COLUMN
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SECTION MAA (ACUTE MORBIDITY)

Now we'd like to know about [...]’s health status and whatever symptoms [...] has had during the past 4 weeks, namely since [...] date, 4 weeks ago.

MAA0a.	In general, how is [...]’s health at this time?	Very healthy 1 Somewhat healthy.....2 Somewhat unhealthy.....3 Unhealthy 4
MAA0b.	During the last 4 weeks how many days of activities did [...] miss because of poor health?	1. Days 8. DK
MAA0c.	During the last 4 weeks how many days did [...] spend in bed because of poor health?	1. Days 8. DK
MAA01.	Did your child ever experience [...] in the last 4 weeks?	1. Yes 3. No
AA	Headache	1 3
BA	Runny nose	1 3
CA	Cough	1 3 --> NEXT QUESTION
	a. Dry cough	a. 1 3
	b. Cough with phlegm	b. 1 3
	c. Bloody cough	c. 1 3
DA	Difficulty breathing	1 3 --> NEXT QUESTION
	a. Wheezing	a. 1 3
	b. Short, rapid breath.....	b. 1 3
EA	Fever	1 3
FA	Stomach ache.....	1 3
GA	Heartburn.....	1 3
HA	Nausea/vomiting.....	1 3
IA	Diarrhea more than 3x per day	1 3 --> NEXT QUESTION
	a. Mixed with blood	a. 1 3
	b. Mixed with mucous	b. 1 3
	c. Pale liquid	c. 1 3
JA	Skin infection (boil, abcess).....	1 3
KA	Eye infection	1 3
LA	Toothache.....	1 3
MA	Ear infection with draining water.....	1 3
NA	Rash with red spots	1 3
OA	Rash with pus-filled spots	1 3
PA	Worms	1 3
QA	Convulsions	1 3
RA	Other, specify:	1 3
SA	Wound/injury	1 3

MAA04. INTERVIEWER CHECK: IF MAA01 = 1	Yes 1 No.....3 -->PSA
MAA05a. While your child was sick, did/was he/she:	
	1. Yes 3. No
a. Still like to play?	a. 1 3
b. Have difficulty sleeping?	b. 1 3
c. More irritable than usual?....	c. 1 3
d. Just lie around?.....	d. 1 3

SECTION PSA (CHILD SELF TREATMENT)

Now we'd like to know whether [CHILD'S NAME] has taken medicine on his/her own during the past 4 weeks, namely since [...] date, 4 weeks ago.

TYPE OF SELF TREATMENT	PSA01	PSA02
	During the past 4 weeks, has [CHILD'S NAME] ever [...]?	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 ---> NEXT LINE	1. Rupiah 8. DK
B. Consumed traditional herbs or traditional medicines as treatment	1. Yes -----> 3. No ---> NEXT LINE	1. Rupiah 8. DK
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	1. Yes -----> 3. No ---> NEXT LINE	1. Rupiah 8. DK
D. Other, specify _____	1. Yes -----> 3. No ---> SECTION RJA	1. Rupiah 8. DK
E. Vitamins	1. Yes -----> 4. Was not asked	1. Rupiah 8. DK
F. Refreshers	1. Yes -----> 4. Was not asked	1. Rupiah 8. DK
G. Medicine from a provider	1. Yes -----> 4. Was not asked	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.

RJA0a. Did [...] visit a Posyandu in the last 4 weeks?	No 3 --> RJA01 Yes 1																											
RJA0b. What is the name and address of the Posyandu, including RT?	1. Name 8. DK 1. Address 8. DK 1. Loc. Note 8. DK RT: 1. 3. Same 8. DK RW: 1. 3. Same 8. DK Vill: 1. 3. Same 8. DK FCode																											
RJA0c. What services did [...] receive at the Posyandu?	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>a. Weighing</td><td>1</td><td>3</td></tr><tr><td>b. Supplementary Food</td><td>1</td><td>3</td></tr><tr><td>c. Vitamin A Pill</td><td>1</td><td>3</td></tr><tr><td>d. Oral Rehydration Solution</td><td>1</td><td>3</td></tr><tr><td>e. Immunization</td><td>1</td><td>3</td></tr><tr><td>f. Exam by Puskesmas Staff</td><td>1</td><td>3</td></tr><tr><td>g. Child Development Activity</td><td>1</td><td>3</td></tr><tr><td>h. Other</td><td>1</td><td>3</td></tr></table>		Yes	No	a. Weighing	1	3	b. Supplementary Food	1	3	c. Vitamin A Pill	1	3	d. Oral Rehydration Solution	1	3	e. Immunization	1	3	f. Exam by Puskesmas Staff	1	3	g. Child Development Activity	1	3	h. Other	1	3
	Yes	No																										
a. Weighing	1	3																										
b. Supplementary Food	1	3																										
c. Vitamin A Pill	1	3																										
d. Oral Rehydration Solution	1	3																										
e. Immunization	1	3																										
f. Exam by Puskesmas Staff	1	3																										
g. Child Development Activity	1	3																										
h. Other	1	3																										
RJA0d. Were staff from the Puskesmas at the Posyandu?	No 3 Yes 1																											
RJA0e. Did you pay for the services [...] received at the posyandu?	No 3 --> RJA01a Yes 1																											
RJA0f. How much did you pay?	1. . Rp. 8. DK																											

RJA01a. In the last 4 weeks, did [...] visit a hospital, health center, clinic, or doctor’s practice, or was [...] visited by a health worker?	No3 ---> RJA25 Yes.....1
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MEDICAL FACILITY (RJA1TYPE)	RJA01	RJA02
	Within the last 4 weeks, has [CHILD’S NAME] been to [...] / visited by [...]?	How many times did [CHILD’S NAME] visit/see [...] during the past 4 weeks?
A. Public hospital (General or Specialty)	1. Yes -----> 3. No ---> NEXT LINE	Times
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	1. Yes -----> 3. No ---> NEXT LINE	Times
E. Private Hospital	1. Yes -----> 3. No ---> NEXT LINE	Times
F. Polyclinic, Private Clinic, Medical Center	1. Yes -----> 3. No ---> NEXT LINE	Times
G. Private Physician (General Practitioner, Specialist, Dentist)	1. Yes -----> 3. No ---> NEXT LINE	Times
H. Nurse, Paramedic, Midwife practitioner	1. Yes -----> 3. No ---> NEXT LINE	Times
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	1. Yes -----> 3. No ---> NEXT LINE	Times
J. Other	1. Yes -----> 3. No ---> RJA05a	Times

HHID97:

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 PID97:

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RJA_NUM: NUMBER OF OUTPATIENT CARE VISITS

RJA2TYPE		MOST RECENT		2ND MOST RECENT		3RD MOST RECENT		4TH MOST RECENT	
RJA05a.	What is the type of medical facility or type of provider?	<div> <div></div> </div>		<div> <div></div> </div>		<div> <div></div> </div>		<div> <div></div> </div>	
RJA06.	What is the name and location of the medical provider? 1. Specify 3. Same as residence 8. DK	1. Name 8. DK <hr/> 1. Address 8. DK <hr/> a. Vill: 1. <hr/> 3. Same 8. DK b. Kec: 1. <hr/> 3. Same 8. DK c. Kab: 1. <hr/> 3. Same 8. DK d. Prov: 1. <hr/> 3. Same 8. DK FCODE <div> <div></div> </div>		1. Name 8. DK <hr/> 1. Address 8. DK <hr/> a. Vill: 1. <hr/> 3. Same 8. DK b. Kec: 1. <hr/> 3. Same 8. DK c. Kab: 1. <hr/> 3. Same 8. DK d. Prov: 1. <hr/> 3. Same 8. DK FCODE <div> <div></div> </div>		1. Name 8. DK <hr/> 1. Address 8. DK <hr/> a. Vill: 1. <hr/> 3. Same 8. DK b. Kec: 1. <hr/> 3. Same 8. DK c. Kab: 1. <hr/> 3. Same 8. DK d. Prov: 1. <hr/> 3. Same 8. DK FCODE <div> <div></div> </div>		1. Name 8. DK <hr/> 1. Address 8. DK <hr/> a. Vill: 1. <hr/> 3. Same 8. DK b. Kec: 1. <hr/> 3. Same 8. DK c. Kab: 1. <hr/> 3. Same 8. DK d. Prov: 1. <hr/> 3. Same 8. DK FCODE <div> <div></div> </div>	
RJA08.	What was the purpose of [CHILD'S NAME] visit to that facility? B. Immunization C. Consultation..... D. Medical check-up..... E. Medications..... F. Injection G. Other _____ H. Treatment for Injury I. Treatment for Illness J. Massage.....	ANSWER MAY BE MORE THAN ONE B C D E F G _____ H I J		ANSWER MAY BE MORE THAN ONE B C D E F G _____ H I J		ANSWER MAY BE MORE THAN ONE B C D E F G _____ H I J		ANSWER MAY BE MORE THAN ONE B C D E F G _____ H I J	
RJA09.	Was the visit to [...] the first visit or a follow-up visit for the symptom?	First 1 Follow-up 3	First 1 Follow-up 3	First 1 Follow-up 3	First 1 Follow-up 3	First 1 Follow-up 3	First 1 Follow-up 3	First 1 Follow-up 3	
RJA10.	INTERVIEWER'S NOTE: CHECK RJA05a 1. IF A, B, E, F, J -->RJA11 3. NO	1 --> RJA11 3		1 --> RJA11 3		1 --> RJA11 3		1 --> RJA11 3	
RJA10a.	Did the provider visit the child at home?	Yes 1 --> RJA17 No 3	Yes 1 --> RJA17 No 3	Yes 1 --> RJA17 No 3	Yes 1 --> RJA17 No 3	Yes 1 --> RJA17 No 3	Yes 1 --> RJA17 No 3		
RJA11.	How many kilometers is it between the medical facility and [CHILD'S NAME] residence?	1. <div> <div></div> </div> , <div> <div></div> </div> Km 8. DK		1. <div> <div></div> </div> , <div> <div></div> </div> Km 8. DK		1. <div> <div></div> </div> , <div> <div></div> </div> Km 8. DK		1. <div> <div></div> </div> , <div> <div></div> </div> Km 8. DK	

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJA12. What is the travel time to that facility?	<div><div></div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK	<div><div></div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK	<div><div></div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK	<div><div></div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK
RJA14. What was the total transportation cost to the facility (INCLUDING FUEL COST, ONE WAY TRIP)?	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK
RJA15. Upon arrival, how long did [CHILD'S NAME] have to wait to be examined?	<div><div></div><div></div><div></div></div> 1. Min. 2. Hr. 98. DK	<div><div></div><div></div><div></div></div> 1. Min. 2. Hr. 98. DK	<div><div></div><div></div><div></div></div> 1. Min. 2. Hr. 98. DK	<div><div></div><div></div><div></div></div> 1. Min. 2. Hr. 98. DK
RJA17. What kind of treatment did [CHILD'S NAME] receive? A. Medical check-up/consultation. B. Injection C. Laboratorium test D. Surgery E. X-ray G. Medications H. Other I. Massage..... J. Traditional treatment	ANSWER MAY BE MORE THAN ONE A B C D E G H I J	ANSWER MAY BE MORE THAN ONE A B C D E G H I J	ANSWER MAY BE MORE THAN ONE A B C D E G H I J	ANSWER MAY BE MORE THAN ONE A B C D E G H I J
RJA20. What was the total cost to fill a prescription that you received during this visit? 1. Value 3. Didn't receive 5. Didn't fill 8. DON'T KNOW (DK)	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 3. 5. 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 3. 5. 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 3. 5. 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 3. 5. 8. DK
RJA21. What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 6. NA 8. DK
RJA22. Was any payment in kind made? 3. No ---> RJA24 1. Yes	3 ---> RJA24 1	3 ---> RJA24 1	3 ---> RJA24 1	3 ---> RJA24 1
RJA23. What was the approximate value of the goods?	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 8. DK	1. <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div> Rp. 8. DK
RJA24. INTERVIEWER NOTE: OTHER VISIT? 1 YES --> THE NEXT RJA05a 3. NO --> RJA25	1 ---> NEXT RJA05a 3 ---> RJA25	1 ---> NEXT RJA05a 3 ---> RJA25	1 ---> NEXT RJA05a 3 ---> RJA25	1 ---> NEXT RJA05a 3 ---> RJA25

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

RJA25. INTERVIEWER CHECK BOOK COVER. IS [CHILD'S NAME] 0-5 YEARS OLD?	No..... 3--> RNA Yes 1
RJA25a. Has [CHILD'S NAME] been given Vitamin A in the last 6 months?	Yes 1 No..... 3
RJA26. Does [CHILD'S NAME] have a KMS card? IF YES: MAY I SEE IT, PLEASE?	Does not have card..... 3 --> RJA30 Yes, but can't see..... 2 --> RJA30 Yes, can see 1
RJA27. FROM THE KMS CARD, RECORD THE NUMBER OF TIMES VITAMIN A WAS GIVEN.	<div>TIMES VITAMIN A WAS GIVEN AS RECORDED ON THE KMS CARD</div> <div><div></div><div></div></div>
RJA28a. (1) RECORD THE DATE OF EACH IMMUNIZATION ON THE KMS CARD. (2) WRITE '44' IF THE CHILD HAS ALREADY HAD THE IMMUNIZATION, BUT THE DATE ISN'T RECORDED. NOTE TO USERS: '00' INDICATES THAT NEITHER THE KMS CARD NOR THE MOTHER REPORTED THAT THE CHILD HAD RECEIVED THE IMMUNIZATION.	<div><div>DAY</div><div>MONTH</div><div>YEAR</div></div> <div><div>b. BCG</div><div>c. POLIO 0 (at birth)</div><div>d. POLIO 1</div><div>e. POLIO 2</div><div>f. POLIO 3</div><div>g. DPT 1</div><div>h. DPT 2</div><div>i. DPT 3</div><div>j. MEASLES</div><div>k. HEPATITIS B 1</div><div>l. HEPATITIS B 2</div><div>m. HEPATITIS B 3</div><div>n. HEPATITIS B 4</div></div>

RJA29. Has [CHILD'S NAME] already received BCG, DPT 1-3, POLIO 0-3, and/or Measles and Hepatitis B, but this information isn't recorded on the KMS card?	Yes 1 (Probe to learn which vaccinations were received and write 66 in the date column in RJA28a) No 3 Don't Know 8 → RJA31
RJA30. Please tell us whether [CHILD'S NAME] has already received the immunizations listed below: A. A BCG vaccination against tuberculosis, that is, an injection in the upper arm that left a scar? B. Polio vaccine, that is, pink or white drops in the mouth? IF YES: How many times? C. DPT vaccination, that is, an injection, usually given at the same time as polio drops? IF YES: How many times? D. An injection against measles? E. Anti Hepatitis B Injection?	<div><div>Yes 1</div><div>No 3</div><div>Don't Know 8</div></div> <div><div>Yes 1</div><div>No 3</div><div>Don't Know 8</div></div> <div>Times..... <div></div><div></div></div> <div><div>Yes 1</div><div>No 3</div><div>Don't Know 8</div></div> <div>Times..... <div></div><div></div></div> <div><div>Yes 1</div><div>No 3</div><div>Don't Know 8</div></div> <div><div>Yes 1</div><div>No 3</div><div>Don't Know 8</div></div>
RJA31. In the last 4 weeks has [CHILD'S NAME] participated in the activities of the Child Development Program?	Yes 1 No 3

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.

RNA00. In the last 12 months, namely since the month of [...], did [CHILD'S NAME] receive inpatient care?	No3➔CP Yes1
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RNA1TYPE	RNA01	RNA02
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?
A. Public Hospital (General or Specialty)	1. Yes -----> 3. No --> NEXT LINE	<input type="text"/> <input type="text"/> Times
B. Public Health Center (puskesmas)	1. Yes -----> 3. No --> NEXT LINE	<input type="text"/> <input type="text"/> Times
C. Private Hospital	1. Yes -----> 3. No --> NEXT LINE	<input type="text"/> <input type="text"/> Times
D. Private Clinic	1. Yes -----> 3. No --> NEXT LINE	<input type="text"/> <input type="text"/> Times
E. Other_____	1. Yes -----> 3. No --> NEXT LINE	<input type="text"/> <input type="text"/> Times

RNA2TYPE	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RNA05a. What is the type of hospitalization facility?	<div></div>	<div></div>	<div></div>	<div></div>
RNA06. What is the name and location of facility? 1. Specify 3. Same as current residence 8. Don't Know	1. Name <div></div> 8. DK	1. Name <div></div> 8. DK	1. Name <div></div> 8. DK	1. Name <div></div> 8. DK
	1. Address <div></div> 8. DK	1. Address <div></div> 8. DK	1. Address <div></div> 8. DK	1. Address <div></div> 8. DK
	a. Vill: 1. <div></div> 3. Same <div></div> 8. DK	a. Vill: 1. <div></div> 3. Same <div></div> 8. DK	a. Vill: 1. <div></div> 3. Same <div></div> 8. DK	a. Vill: 1. <div></div> 3. Same <div></div> 8. DK
	b. Kec: 1. <div></div> 3. Same <div></div> 8. DK	b. Kec: 1. <div></div> 3. Same <div></div> 8. DK	b. Kec: 1. <div></div> 3. Same <div></div> 8. DK	b. Kec: 1. <div></div> 3. Same <div></div> 8. DK
	c. Kab: 1. <div></div> 3. Same <div></div> 8. DK	c. Kab: 1. <div></div> 3. Same <div></div> 8. DK	c. Kab: 1. <div></div> 3. Same <div></div> 8. DK	c. Kab: 1. <div></div> 3. Same <div></div> 8. DK
	d. Prov: 1. <div></div> 3. Same <div></div> 8. DK	d. Prov: 1. <div></div> 3. Same <div></div> 8. DK	d. Prov: 1. <div></div> 3. Same <div></div> 8. DK	d. Prov: 1. <div></div> 3. Same <div></div> 8. DK
	FCODE <div></div>	FCODE <div></div>	FCODE <div></div>	FCODE <div></div>
RNA08. How many nights was [CHILD'S NAME] hospitalized there?	<div></div> Nights	<div></div> Nights	<div></div> Nights	<div></div> Nights

RNA2TYPE	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RNA10. For what reason was [CHILD'S NAME] hospitalized? 1. SICKNESS 2. ACCIDENT 4. OTHER, SPECIFY 5. OPERATION	1 2 4 5	1 2 4 5	1 2 4 5	1 2 4 5
RNA15. During hospitalization, what kind of treatment did [CHILD'S NAME] receive? A. Physical exam/consult B. Injection..... C. Laboratory test..... D. Surgery E. X-ray..... G. Medications H. Other, specify I. I.V.	ANSWER MAY BE MORE THAN ONE A B C D E G H I	ANSWER MAY BE MORE THAN ONE A B C D E G H I	ANSWER MAY BE MORE THAN ONE A B C D E G H I	ANSWER MAY BE MORE THAN ONE A B C D E G H I
RNA18. What was the total cost to fill a prescription that you received during this visit? 1. Value 3. Didn't receive..... 5. Didn't fill..... 8. DON'T KNOW (DK).....	1. . Rp. 3. 5. 8. DK	1. . Rp. 3. 5. 8. DK	1. . Rp. 3. 5. 8. DK	1. . Rp. 3. 5. 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. . Rp. 8. DK	1. . Rp. 8. DK	1. . Rp. 8. DK	1. . Rp. 8. DK
RNA20. INTERVIEWER'S NOTE: WAS THERE ANY OTHER HOSPITALIZATION? 1. YES --> THE NEXT RNA05a 3. NO --> SECTION CP	1 ---> THE NEXT RNA05a 3 ---> SECTION CP	1 ---> THE NEXT RNA05a 3 ---> SECTION CP	1 ---> THE NEXT RNA05a 3 ---> SECTION CP	1 ---> THE NEXT RNA05a 3 ---> 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.

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>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</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		