

INTERVIEWER:

(IDIVWR)

INDONESIAN FAMILY LIFE SURVEY 1997

BOOK 3B

SECTIONS: KM, KK, AK, MA, PS, RJ, RN, PM, BA, CP

Respondent is an adult 15 years or older

| CODES FOR LANGUAGE | |
|--------------------|---------------------|
| 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 |

| | | | |
|---|--|---|---|
| TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER: | | TO BE FILLED OUT BY INTERVIEWER FOR BOOK 3B | |
| HOUSEHOLDER: | PID97 | QUESTIONS FOR RESPONDENT: | |
| | | AGE. | How old are you? YEARS <div><div></div><div></div></div> |
| | (NAME) <div><div></div><div></div></div> | MARSTAT. | What is your marital status? Not yet married 1 |
| | | | Married 2 |
| PANEL: FOR BOOK 3B IS HOUSEHOLDER? | (Circle One) | | Separated 3 |
| PANEL | 1 | | Divorced 4 |
| NEW | 3 | | Widowed 5 |
| RESPONDENT IS: | HEAD OF HOUSEHOLD 1 | SEX. | Male 1 Female 3 |
| | SPOUSE OF HOUSEHOLD HEAD 2 | BIRTHDATE. | <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div><div></div><div></div></div> |
| | OTHER HOUSEHOLDER 3 | | DAY MONTH YEAR |

INTERVIEW SESSIONS OF BOOK 3B: (NUMVIS)

| | | | | |
|----------------|---|---|---|---|
| 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> | LANGMAIN. Interview was entirely/mostly conducted in what language? <div><div></div><div></div></div> |
| 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> | |
| | 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> | |
| | HOUR MINUTE | HOUR MINUTE | HOUR MINUTE | LANGOTHR. Other language used (if any): <div><div></div><div></div></div> |

| REASON | | EDIT_CHK | SUP | |
|-----------------------------|--|---|---|----------|
| BOOK 3B Interview | | Review by Editor | Local Supervisor Monitoring | |
| 3. Not completed →REASON | | 4. Manual edit, no CAFE | Yes No | |
| 1. Completed | | 3. Entered but not corrected, explain _____ | | |
| | | 2. Entered and corrected | | |
| | | 1. Entered, no corrections necessary | a. Observed by local supervisor (SUP_OBS) | 1 3 |
| | | | b. Edited by local supervisor (SUP_EDIT) | 1 3 |

| | |
|---|---------------------|
| 1. Respondent was not at home/not available | 4. Language problem |
| 2. Respondent was seriously ill | 5. Other: _____ |
| 3. Respondent refused (to be interviewed) | 6. Moved |
| | 7. Dead |
| | 8. Supplies problem |
| | 9. Old/disable |

SECTION KM SMOKING HABITS

Next I would like to ask whether you have had the habit of smoking cigarettes/smoking a pipe/chewing tobacco, now or in the past.

| | |
|--|---|
| KM01. Have you had the habit of chewing tobacco, smoking a pipe, smoking self-rolled cigarettes, or smoking cigarettes/cigars? Products normally used: b. Chewing tobacco c. Smoking a pipe d. Smoking self-rolled cigarettes e. Smoking cigarettes/cigars | a. No.....3--> KK Yes 1 Y N b. 1 3 c. 1 3 d. 1 3 e. 1 3 |
| KM02. INTERVIEWER'S NOTE: Is KM01d or KM01e = 1 ? | No.....3--> KM04 Yes 1 |
| KM03. Are the cigarettes classified as: ANSWER MAY BE MORE THAN ONE | Filtered cigarette..... A Unfiltered cigarette B Filtered cloves cigarette C Unfiltered cloves cigarette D Cigar E Self-rolled, probably unfiltered..... F |
| KM04. Do you still have the habit or have you totally quit? | STILL HAVE1 --> KM05a QUIT3 |

| | |
|--|---|
| KM05. How long have you totally quit from [...]? | <div> </div> <div>04. Weeks</div> <div>05. Months</div> <div>06. Years</div> <div>98. DK</div> |
| KM05a. INTERVIEWER CHECK: KM01b = 1 or KM01c = 1? | No3 --> KM07 Yes..... 1 |
| KM06. In one week how many ounces (100 grams) did/do you consume now/before totally quitting? | 1. . 8. DK |
| KM07. INTERVIEWER CHECK. KM01d = 1 or KM01e = 1? | No3 --> KM09 Yes..... 1 |
| KM08. In one day about how many cigars/cigarettes did you consume now/before totally quitting? | 1. . per day 8. DK |
| KM09. About how much money did/do you spend each week on these products? | 1. . Rp. 8. DK |
| KM10. At what age did you start to smoke on a regular basis? 1. Value 8. DON'T KNOW (DK)..... | 1. Years 8. DK |

SECTION KK (HEALTH CONDITION)

Next we would like to know about your health.

| | | | |
|---------------|--|--|--|
| KK01. | In general, how is your health? | Very healthy 1 Somewhat healthy 2 | Somewhat unhealthy . 3 Unhealthy 4 |
| KK02a. | During the last 4 weeks, how many days of your primary daily activities did you miss due to poor health? | <div><div></div><div></div><div></div></div> 1. Days 8. DK | |
| KK02b. | In the past 4 weeks, how many days have you stayed in bed due to poor health? | <div><div></div><div></div><div></div></div> 1. Days 8. DK | |
| KK02c. | Compared with your health four years ago, would you say that your health is [...]? | Much better now 1 Somewhat better now.. 2 About the same 3--> KK02e | Somewhat worse 4 Much worse 5 |

| ACTIVITIES OF DAILY LIVING | KK03. If you had [...] could you do it: |
|--|---|
| KK03a. To carry a heavy load (like a pail of water) for 20 meters | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03c. To walk for 5 kilometers | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03e. To bow, squat, kneel | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03b. To sweep the house floor yard | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03d. To draw a pail of water from a well | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03f. To dress without help | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03g. To stand up from sitting position in a chair without help | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03h. To go to the bathroom (BM) without help | 1. Easily 3. With difficulty 5. Unable to do it |
| KK03i. To stand up from sitting on the floor without help | 1. Easily 3. With difficulty 5. Unable to do it |

| | | |
|-----------------------|--|--|
| KK02d. | Why has your health become, much better/somewhat better/somewhat worse/much worse? | <div><div></div><div></div><div></div></div> |
| KK02e. | In the last 4 years have you experienced any serious health problems? | No 3-> KK03 Yes 1 |
| KK02f. | KK02g. | KK02h. |
| What health problems? | When did it start? | For how long? |
| a. _____ | 1. Mo <div><div></div><div></div><div></div></div> 8. DK 1. Yr <div><div></div><div></div><div></div><div></div><div></div></div> 8. DK | 1. <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> months 3. Still experiencing |
| b. _____ | 1. Mo <div><div></div><div></div><div></div></div> 8. DK 1. Yr <div><div></div><div></div><div></div><div></div><div></div></div> 8. DK | 1. <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> months 3. Still experiencing |
| c. _____ | 1. Mo <div><div></div><div></div><div></div></div> 8. DK 1. Yr <div><div></div><div></div><div></div><div></div><div></div></div> 8. DK | 1. <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> months 3. Still experiencing |

SECTION AK INSURANCE

Now we would like to know about health insurance or benefits that you might have.

| | |
|--|--|
| AK01. Are you the policy holder/primary beneficiary of health benefits, health insurance, and accident or safety insurance? | Yes 1 No..... 3→NEXT SECTION DK 8→NEXT SECTION |
|--|--|

| Benefit Type | AK02 | AK03 | AK04 | AK05 | | | | | | |
|--------------------------------------|--|---|--|---|--|--|--|---|--|--|
| | Do your benefits include [...]? | When did this benefit begin? | Does this benefit cover outpatient visits to public and private health centers? (CIRCLE ALL THAT APPLY) | Who else in the household is covered under this benefit? (CIRCLE ALL THAT APPLY) | | | | | | |
| A. PT ASKES | 1. Yes-----> 3. No 8. DK ↓ ↓ | 1. Year <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 8. DK | | | | | | A. Pusk or Pustu B. Private C. Public Hospital D. Other | A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child | E. Other child F. Other G. No one →AK02B |
| | | | | | | | | | | |
| B. ASTEK (Jamsostek) | 1. Yes-----> 3. No 8. DK ↓ ↓ | 1. Year <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 8. DK | | | | | | A. Pusk or Pustu B. Private C. Public Hospital D. Other | A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child | E. Other child F. Other G. No one →AK02C |
| | | | | | | | | | | |
| C. Medical Expenditure Reimbursement | 1. Yes-----> 3. No 8. DK ↓ ↓ | 1. Year <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 8. DK | | | | | | A. Pusk or Pustu B. Private C. Public Hospital D. Other | A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child | E. Other child F. Other G. No one →AK02D |
| | | | | | | | | | | |
| D. Employer Provided Clinic | 1. Yes-----> 3. No 8. DK ↓ ↓ | 1. Year <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 8. DK | | | | | | A. Pusk or Pustu B. Private C. Public Hospital D. Other W. Not applicable | A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child | E. Other child F. Other G. No one →AK02E |
| | | | | | | | | | | |
| E. Private Insurance _____ | 1. Yes-----> 3. No 8. DK ↓ ↓ | 1. Year <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 8. DK | | | | | | A. Pusk or Pustu B. Private C. Public Hospital D. Other | A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child | E. Other child F. Other G. No one →AK02F |
| | | | | | | | | | | |
| F. Life/Accident Insurance | 1. Yes 4. Not asked | 1. Year <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 8. DK | | | | | | A. Pusk or Pustu B. Private C. Public Hospital D. Other | A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child | E. Other child F. Other G. No one →NEXT SECTION |
| | | | | | | | | | | |

SECTION MA (ACUTE MORBIDITY)

Now we'd like to know about whatever symptoms you have had during the past 4 weeks, namely since [...] date, 4 weeks ago.

| | | | |
|-------|--|--------------|---------------------|
| MA01. | Did you ever experience [...] in the last 4 weeks? | 1. Yes 3. No | |
| A | Headache | 1 | 3 |
| B | Runny nose | 1 | 3 |
| C | Cough | 1 | 3 --> NEXT QUESTION |
| | a. Dry cough | a. | 1 3 |
| | b. Cough with phlegm..... | b. | 1 3 |
| | c. Bloody cough..... | c. | 1 3 |
| D | Difficulty breathing | 1 | 3 --> NEXT QUESTION |
| | a. Wheezing | a. | 1 3 |
| | b. Short, rapid breath..... | b. | 1 3 |
| E | Fever | 1 | 3 |
| F | Stomach ache..... | 1 | 3 |
| G | Heartburn..... | 1 | 3 |
| H | Nausea/vomiting..... | 1 | 3 |
| I | Diarrhea minimal of 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 |
| J | Painful or swollen joints | 1 | 3 |
| K | Skin infection (boil, abcess itching) | 1 | 3 |
| L | Eye Infection..... | 1 | 3 |
| M | Toothache..... | 1 | 3 |
| N | Other, specify | 1 | 3 |
| R | Kidney..... | 1 | 3 |
| S | Heart/BP | 1 | 3 |
| T | Wound/Injury | 1 | 3 |

| | | | |
|--------|--|--------------------|----------------|
| MA07. | INTERVIEWER CHECK BOOK COVER: | RESP. 50 OR OLDER | 1→MA08A |
| | | RESP. LESS THAN 50 | 3→NEXT SECTION |
| MA08a. | Do you have to often get up during the night to urinate? | Yes 1 No 3 | |
| MA08b. | If you have a cut or wound, does it take a long time to heal? | Yes 1 No 3 | |
| MA08c. | Do you ever feel pain on the left side of your chest? | Yes 1 No 3 | |
| MA08d. | Do you ever feel chest pains when climbing stairs/or up hill? | Yes 1 No 3 | |
| MA08e. | Do you ever feel chest pains when you are active or walk fast? | Yes 1 No 3 | |
| MA08f. | Do you often have a headache when you wake up in the morning? | Yes 1 No 3 | |

SECTION PS (SELF TREATMENT)

Now we'd like to know whether you have treated yourself during the past 4 weeks, namely since [...] date, 4 weeks ago.

| TYPE OF SELF TREATMENT | PS01 | PS02 |
|---|---|---|
| | During the past 4 weeks, have you 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. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rupiah 8. DK |
| B. Consumed traditional herbs or traditional medicines as treatment | 1. Yes -----> 3. No ----> NEXT LINE | 1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rupiah 8. DK |
| C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like) | 1. Yes -----> 3. No ----> NEXT LINE | 1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rupiah 8. DK |
| D. Other, specify _____ | 1. Yes -----> 3. No ----> NEXT LINE | 1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rupiah 8. DK |
| E. Vitamin | 1. Yes -----> 4. Not asked | 1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rupiah 8. DK |
| F. Refresher | 1. Yes -----> 4. Not asked | 1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rupiah 8. DK |
| G. Medicine from other provider | 1. Yes -----> 4. Not asked | 1. <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rupiah 8. DK |

SECTION RJ (OUTPATIENT UTILIZATION)

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

| | | |
|-------|---|----------------------------|
| RJ00. | In the last 4 weeks have you visited a public hospital, puskesmas, private hospital, clinic, health worker or doctor's practice or been visited by a health worker or doctor? | No..... 3→RN Yes..... 1 |
|-------|---|----------------------------|

| MEDICAL FACILITY (RJ1TYPE) | RJ01 | RJ02 |
|--|---|---|
| | Within the last 4 weeks, have you been to [...] / visited by [...]? | How many times did you visit / been visited by [...] 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, specify _____ | 1. Yes -----> 3. No ---> RJ04 | Times |

START WITH THE MOST RECENT VISIT, THEN GO BACKWARD. IF VISITS EXCEED 4 USE SUPPLEMENT. HHID97: PID97:

Now I'd like to ask you some questions about your visits to health care providers.

RJ_NUM: Number of outpatient care visits

| (RJ2TYPE) | | MOST RECENT | | 2ND MOST RECENT | | 3RD MOST RECENT | | 4TH MOST RECENT | |
|-----------|--|--|--|--|--|--|--|--|--|
| RJ05a. | 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></div> </div> | | <div> <div></div> <div></div> </div> | |
| RJ06. | What is the name and location of the medical provider? | <div> <div>1. Name</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>1. Address</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>Vill: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kec: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kab: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Prov: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>FCODE</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | | <div> <div>1. Name</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>1. Address</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>Vill: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kec: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kab: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Prov: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>FCODE</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | | <div> <div>1. Name</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>1. Address</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>Vill: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kec: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kab: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Prov: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>FCODE</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | | <div> <div>1. Name</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>1. Address</div> <div>8. DK</div> </div> <div> <div></div> </div> <div> <div>Vill: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kec: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Kab: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>Prov: 1</div> <div>3 Same</div> <div>8. DK</div> </div> <div> <div>FCODE</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | |
| RJ08. | What was the purpose of visit? B. Immunization C. Consultation..... D. Medical check-up..... E. Medications..... F. Injection G. Other H. Treatment for Injury I. Treatment for Illness J. Massage..... K. Birth control..... L. Prenatal care..... | ANSWER MAY BE MORE THAN ONE B C D E F G H I J K L | | ANSWER MAY BE MORE THAN ONE B C D E F G H I J K L | | ANSWER MAY BE MORE THAN ONE B C D E F G H I J K L | | ANSWER MAY BE MORE THAN ONE B C D E F G H I J K L | |
| RJ09. | Was the visit to [...] the first visit or a follow-up visit for the symptom? | <div> <div>First</div> <div>1</div> </div> <div> <div>Follow-up</div> <div>3</div> </div> | | <div> <div>First</div> <div>1</div> </div> <div> <div>Follow-up</div> <div>3</div> </div> | | <div> <div>First</div> <div>1</div> </div> <div> <div>Follow-up</div> <div>3</div> </div> | | <div> <div>First</div> <div>1</div> </div> <div> <div>Follow-up</div> <div>3</div> </div> | |
| RJ10a. | INTERVIEWER'S NOTE: CHECK RJ05a 1. IF A, B, E, F, G, H, I, J -->RJ11 3. NO | 1 --> RJ11 3 | | 1 --> RJ11 3 | | 1 --> RJ11 3 | | 1 --> RJ11 3 | |
| RJ10. | Did the provider visit you at home? | Yes 1 --> RJ17 No 3 | | Yes 1 --> RJ17 No 3 | | Yes 1 --> RJ17 No 3 | | Yes 1 --> RJ17 No 3 | |
| RJ11. | How many kilometers is it from the medical facility to your residence? | 1. <div></div> , <div></div> Km 8. DK | | 1. <div></div> , <div></div> Km 8. DK | | 1. <div></div> , <div></div> Km 8. DK | | 1. <div></div> , <div></div> Km 8. DK | |

| | MOST RECENT | 2ND MOST RECENT | 3RD MOST RECENT | 4TH MOST RECENT |
|--|---|---|---|---|
| RJ12. What is the travel time (one-way) to that facility? | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK |
| RJ14. 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. 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 |
| RJ15. Upon arrival, how long did you have to wait to be examined? | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK | <div><div></div><div></div></div> 01. Min. 02. Hr. 98. DK |
| RJ17. What kind of treatment did you receive? A. Medical check-up/consultation. B. Injection C. Laboratorium test D. Surgery E. X-ray F. Birth control..... G. Medications H. Other, specify I. Massage..... J. Traditional treatment K. Prenatal care | ANSWER MAY BE MORE THAN ONE A B C D E F G H..... I. J. K. | ANSWER MAY BE MORE THAN ONE A B C D E F G H..... I. J. K. | ANSWER MAY BE MORE THAN ONE A B C D E F G H..... I. J. K. | ANSWER MAY BE MORE THAN ONE A B C D E F G H..... I. J. K. |
| RJ20. 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 |
| RJ21. 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. 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 |
| RJ22. Was any payment in kind made? 1. Yes 3. No ---> RJ24 | 1 3 ---> RJ24 | 1 3 ---> RJ24 | 1 3 ---> RJ24 | 1 3 ---> RJ24 |
| RJ23. 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 |
| RJ24. INTERVIEWER NOTE: OTHER VISIT? 1 YES --> THE NEXT RJ05a 3. NO --> SECTION RN | 1 ---> NEXT RJ05a 3 ---> SECTION RN | 1 ---> NEXT RJ05a 3 ---> SECTION RN | 1 ---> NEXT RJ05a 3 ---> SECTION RN | 1 ---> RJ SUPPLEMENT 3 ---> SECTION RN |

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

SECTION RN (INPATIENT UTILIZATION)

The following questions pertain to hospitalization (inpatient care) that you have had during the past 12 months, namely since the month of [...] 12 months ago.

| | | | |
|------|---|-----------|----------------|
| RN00 | During the past 12 months have you ever received patient care at a hospital, puskesmas, clinic, or other? | No Yes | 3----->PM 1 |
|------|---|-----------|----------------|

| | RN01 | RN02 |
|---|---|---|
| HOSPITALIZATION FACILITY (RN1TYPE) | During the past 12 months, have you ever received inpatient care at [...]? | How many times have you received inpatient care at [...] during the past 12 months? |
| A. Public Hospital (General or Specialty) | 1. Yes -----> 3. No --> NEXT LINE | Times |
| B. Public Health Center (puskesmas) | 1. Yes -----> 3. No --> NEXT LINE | Times |
| C. Private Hospital | 1. Yes -----> 3. No --> NEXT LINE | Times |
| D. Private Clinic | 1. Yes -----> 3. No --> NEXT LINE | Times |
| E. Other | 1. Yes -----> 3. No --> RN05a | Times |
| F. Midwife Clinic | 1. Yes -----> 4. Not asked --> RN05a | Times |

RN_NUM: Number of hospitalizations

HHID97:

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 PID97:

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BEGIN WITH THE MOST RECENT VISIT AND PROCEED TO PAST VISITS. IF MORE THAN 4 VISITS USE THE RN SUPPLEMENT

Now we would like to ask you a few questions about visits for inpatient care (hospital admissions) that you have made in the past 12 months, namely in the 12 months prior to month [...].

| (RN2TYPE) | MOST RECENT | 2ND MOST RECENT | 3RD MOST RECENT | 4TH MOST RECENT |
|---|--|--|--|--|
| RN05a. What is the type of health or service facility? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RN06. What is the name and location of facility? | 1. Name <input type="text"/> 8. DK <input type="text"/> | 1. Name <input type="text"/> 8. DK <input type="text"/> | 1. Name <input type="text"/> 8. DK <input type="text"/> | 1. Name <input type="text"/> 8. DK <input type="text"/> |
| 1. Specify 3. Same as current residence 8. Don't Know | 1. Address <input type="text"/> 8. DK <input type="text"/> | 1. Address <input type="text"/> 8. DK <input type="text"/> | 1. Address <input type="text"/> 8. DK <input type="text"/> | 1. Address <input type="text"/> 8. DK <input type="text"/> |
| | Vill: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Vill: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Vill: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Vill: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> |
| | Kec: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Kec: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Kec: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Kec: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> |
| | Kab: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Kab: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Kab: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Kab: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> |
| | Prov: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Prov: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Prov: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> | Prov: 1 <input type="text"/> 3 Same <input type="text"/> 8. DK <input type="text"/> |
| | FCODE <input type="text"/> | FCODE <input type="text"/> | FCODE <input type="text"/> | FCODE <input type="text"/> |
| RN08. How many nights were you hospitalized there? | <input type="text"/> Nights | <input type="text"/> Nights | <input type="text"/> Nights | <input type="text"/> Nights |

| | MOST RECENT | 2ND MOST RECENT | 3RD MOST RECENT | 4TH MOST RECENT |
|---|--|--|--|--|
| RN10. For what reason were you hospitalized? 1. SICKNESS 2. ACCIDENT 3. GIVING BIRTH 4. OTHER, SPECIFY 5. OPERATION | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| RN15. During hospitalization, what kind of treatment did you receive? A. Physical exam/consult B. Injection C. Laboratory test..... D. Surgery E. X-ray F. Birth control..... G. Medications H. Other, specify I. IV..... | ANSWER MAY BE MORE THAN ONE A B C D E F G H I. | ANSWER MAY BE MORE THAN ONE A B C D E F G H I. | ANSWER MAY BE MORE THAN ONE A B C D E F G H I. | ANSWER MAY BE MORE THAN ONE A B C D E F G H I. |
| RN18. 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 |
| RN19. 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 |
| RN20. INTERVIEWER'S NOTE: WAS THERE ANY OTHER HOSPITALIZATION? 1. YES --> THE NEXT RN05a 3. NO --> SECTION PM | 1 ---> THE NEXT RN05a 3 ---> SECTION PM | 1 ---> THE NEXT RN05a 3 ---> SECTION PM | 1 ---> THE NEXT RN05a 3 ---> SECTION PM | 1 ---> THE NEXT RN05a 3 ---> SECTION PM |

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

SECTION PM (COMMUNITY PARTICIPATION)

| | | |
|------|--|-------------------------------|
| PM01 | Have you participated in arisan in the last 12 months? | NO3 →PM06 YES1 |
|------|--|-------------------------------|

| PM1 TYPE | Type of arisan (PM02X) | PM02 Do you participate in [...] arisan? | PM03 What is the interval between meetings of the [...] arisan? | PM04 How much money do you pay into the [...] arisan each time it meets? | PM05 How long is the period between the times that you receive the pot of money? |
|-------------|--|--|---|--|--|
| 1. | Office (A) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |
| 2. | Sub-Neighbourhood (B) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |
| 3. | Neighbourhood (C) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |
| 4. | Village (D) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |
| | PM01a. INTERVIEWER CHECK RESPONDENT IS: | Male 1→PM02 LINE G Female..... 3 | | | |
| 5. | Wives of Civil Servants/Army (E) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |
| 6. | Women's Association (F) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |
| 7. | Other, specify ____ (A, B, C, D, E, F, G, H, J, K, L) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |
| 8. | Other, specify ____ (A, B, C, D, E, F, G, H, J, K, L) | 3. No 1. Yes → ↓ | _____ 03. Days 04. Weeks 05. Months 06.Years | 1. Rp _____ . _____ . _____ 8. DK | _____ 03. Days 04. Weeks 05. Months 06.Years |

Codes for PM02X when PM1TYPE = 7 or 8: A. Office B. Sub-neighborhood C. Neighborhood D. Village E. Wives of Civil Servants/Army F. Women's Association G. or H. Other J. Market K. Family Group L. Religious Group

SECTION PM (COMMUNITY PARTICIPATION)

| | |
|---|--|
| PM06. Do you know of a place where you can borrow money? | NO3→ PM15 YES..... 1 |
| PM07. What type of place is it? MORE THAN ONE ANSWER ALLOWED | Bank A Cooperative B Money Lender..... C Friend/ Family..... D Save/Borrow Program E Village Credit Institution..... F Other, specify..... G Workplace I Pawnshop.....J EmployerK Neighborhood AssociationL ArisanM IDT programN |
| PM08. In the past 12 months have you ever borrowed money? | No, but I tried to borrow money..... 3 → PM15 No, never borrowed nor tried to borrow.. 5 → PM15 Yes 1 |
| PM09. From where did you borrow the money? MORE THAN ONE ANSWER ALLOWED | Bank A Cooperative B Money Lender..... C Friend/ Family..... D Save/Borrow Program E Village Credit Institution..... F Other, specify..... G Workplace I Pawnshop.....J EmployerK Neighborhood AssociationL ArisanM IDT programN |

| | |
|--|---|
| PM10. What did you use the money for? | _____ _____ _____ |
| PM11. In the past 12 months how much did you borrow? | Rp _____ . _____ . _____ 1 DON'T KNOW 8 |
| PM12. How much do you have to pay back when this loan is due, including interest? | Rp _____ . _____ . _____ 1 DON'T KNOW 8 |
| PM13. What interest rate will you be charged? | _____ Per Year 1 _____ Per Month 3 DON'T KNOW 8 |
| PM14. When must this loan be paid back? | _____ Years _____ Months 1 DON'T KNOW 8 |

SECTION PM (COMMUNITY PARTICIPATION)

Now I would like to ask you about some community or government activities and programs that may have taken place in this village during the past 12 months.

| Program or Community Activity (PM3TYPE) | PM15 Do you know whether, in the last 12 months, the [...] activity has occurred in this village? | PM16 During the last 12 months did you participate in or use [...]? | PM17 How much time did you spend participating in the [...] program during the last 12 months? | PM18 What is the value of money or materials that you contributed to the [...] program during the last 12 months? (total) | PM19 Did you receive any benefits, such as services, materials, or money, from this program during the last 12 months? (all benefits) |
|--|--|--|---|---|---|
| A. Community Meeting each level: 10 HH level, RT, RW, Village, Kecamatan, and including Village Advisory Board activities (LMD, LKMD) | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →PM15 LINE B |
| B. Cooperatives (include all types and levels of cooperatives: 10 HH level, RT, RW, Village, Kecamatan.) | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →PM15 LINE C |
| C. Voluntary Labor (for example cleaning up the village) | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →PM15 LINE D |
| D. Program to Improve the Village/Neighborhood | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →PM15 LINE E |

| | |
|---|-------------------------------|
| CODE PM15 1. Yes 3. No 8. Don't Know | CODE PM16 1. Yes, 3. No |
|---|-------------------------------|

| | |
|---|---|
| CODE PM19 A. Service B. Materials C. Money D. Other E. Nothing | G. Information H. Infrastructure I. Environment J. Health K. Community Cohesion |
|---|---|

| | |
|---|--|
| PM20. INTERVIEWER CHECK BOOK COVER: SEX OF RESPONDENT ? | MALE 1→ PM15 LINE E FEMALE 3→ PM15 LINE I |
|---|--|

SECTION PM (COMMUNITY PARTICIPATION)

| Program or Community Activity (PM3TYPE) | PM15 | PM16 | PM17 | PM18 | PM19 |
|--|--|--|---|---|--|
| | Do you know whether, in the last 12 months, the [...] activity has occurred in this village? | During the last 12 months did you participate in or use [...]? | How much time did you spend participating in the [...] program during the last 12 months? | What is the value of money or materials that you contributed to the [...] program during the last 12 months? (total) | Did you receive any benefits, such as services, materials, or money, from this program during the last 12 months? (all benefits) |
| E. Neighbourhood Security Organization | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | 02. Hour 03. Day 98. DK 96. No time spent | 1. Rp . . . 3. NOTHING 8. DK | A. G. B. H. C. I. D. J. E. K. →PM15 LINE F |
| F. Drinking Water System/Supply (for example a public pump) | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | 02. Hour 03. Day 98. DK 96. No time spent | 1. Rp . . . 3. NOTHING 8. DK | A. G. B. H. C. I. D. J. E. K. →PM15 LINE G |
| G. Washing Water System/Supply (for example a | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | 02. Hour 03. Day 98. DK 96. No time spent | 1. Rp . . . 3. NOTHING 8. DK | A. G. B. H. C. I. D. J. E. K. →PM15 LINE H |
| H. System for garbage disposal | 1 -----> 3 8 ↓ ↓ BA BA | 3 → PM18 1 -----> | 02. Hour 03. Day 98. DK 96. No time spent | 1. Rp . . . 3. NOTHING 8. DK | A. G. B. H. C. I. D. J. E. K. →BA |

| | | | |
|---|-------------------------------|---|---|
| CODE PM15 1. Yes 3. No 8. Don't Know | CODE PM16 1. Yes, 3. No | CODE PM19 A. Service B. Materials C. Money D. Other E. Nothing | G. Information H. Infrastructure I. Environment J. Health K. Community Cohesion |
|---|-------------------------------|---|---|

SECTION PM (COMMUNITY PARTICIPATION)

| Program or Community Activity (PM3TYPE) | PM15 | PM16 | PM17 | PM18 | PM19 |
|---|--|--|---|---|--|
| | Do you know whether, in the last 12 months, the [...] activity has occurred in this village? | During the last 12 months did you participate in or use [...]? | How much time did you spend participating in the [...] program during the last 12 months? | What is the value of money or materials that you contributed to the [...] program during the last 12 months? (total) | Did you receive any benefits, such as services, materials, or money, from this program during the last 12 months? (all benefits) |
| I. Women's Association Activities (PKK) (like a meeting) | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →PM15 LINE J |
| J. Community Weighing Post | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →PM15 LINE K |
| K. Contraceptive Acceptors' Group | 1 -----> 3 8 ↓ ↓ | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →PM15 LINE L |
| L. Child Development Program | 1 -----> 3 8 ↓ ↓ NEXT SECTION | 3 → PM18 1 -----> | <div> </div> <div>02. Hour 03. Day 98. DK</div> <div>96. No time spent</div> | 1. Rp <div> </div> . <div> </div> . <div> </div> 3. NOTHING 8. DK | A. G. B. H. C. I D. J. E. K. →NEXT SECTION |

CODE PM15
1. Yes
3. No
8. Don't Know

CODE PM16
1. Yes,
3. No

CODE PM19
A. Service
B. Materials
C. Money
D. Other _____
E. Nothing
G. Information
H. Infrastructure
I. Environment
J. Health
K. Community Cohesion

SECTION BA: PRE-PRINTED CHILD ROSTER

IFLS 97

BOOK:

NAME:

HH ID '97:

PID:

| AR00_93 | CH00_93 | BA63a_93 | BA63a | BA63b | BA64 | BA64a | BA64b | BA64c | BA65 | BA65a | BA66 | BA67 | BA68 | BA69 | BA70 |
|---------|---------|----------|-------|-------|------|------------|--------------------------------|---------------|----------------------------|--------------------------------|-------------------------------|----------------|---|--|--|
| | | | | NAME | Sex | Age in '93 | Birth Date Mo/Yr | In HH in '97? | Is [...] alive ? | Death Date Mo/Yr | Current Age/Age when died Yrs | Marital Status | Highest education level attended by non-HHM | Highest grade completed by non-HHM | Where does [...] live now/before died? |
| | | | 01 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 ↓ 04 06 98 05_____ |
| | | | 02 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 ↓ 04 06 98 05_____ |
| | | | 03 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 ↓ 04 06 98 05_____ |
| | | | 04 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 ↓ 04 06 98 05_____ |
| | | | 05 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 ↓ 04 06 98 05_____ |

CH00a. Name of youngest child _____

| BA64c | BA65 | BA67 | BA68 | BA69 |
|---|--|--|--|--|
| 1. Yes 3. No | 1. Yes 3. No 8. DK | 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. Don't Know (DK) | 01. Unschooled 02. Elementary 03. Jr. Hi. General 04. Jr. Hi. Vocational 05. Sr. Hi. General 06. Sr. Hi. Vocational 07. Jr. College (D1, D2) 08. College (D3) 09. University (BA, MA, PhD) 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School 17. School for the Disabled 70. Madrasah 90. Kindergarten 98. DON'T KNOW | 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. No school 98. 8. Don't Know (DK) |
| BA70 | | | | |
| 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 05. In another province, specify _____ 06. In another country | 10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra | 17. Bengkulu 18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. Yogyakarta 35. East Java | 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan | 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. South East Sulawesi 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan 90. US 91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. Korea 98. Don't Know 99. Miss |

| SIBLING ROSTER | | |
|--|---|--|
| BA28x. INTERVIEWER CHECK (Circle Only One) | | |
| <div>PANEL WITH PREPRINTED SIBLING ROSTER</div> <div>1 ↓ ↓</div> <div>TO PREPRINTED ROSTER</div> | <div>PANEL W/O PREPRINTED SIBLING ROSTER</div> <div>2 ↓ ↓</div> <div>BA28</div> | <div>NEW RESPONDENT</div> <div>3 ↓ ↓</div> <div>BA28</div> |

| FOR PANEL RESPONDENTS W/O PREPRINTED SIBLING ROSTER AND NEW RESPONDENTS | | |
|---|--|--|
| BA28. | Do you have biological siblings who do not live in this household (including those who have died during the past 12 months, but were non-householders at the time of their deaths)? | No3 ---> BA58x Yes1 |
| BA28a. | Is the head of the household your mother or father? | Yes1 ---> BA54 No3 |
| BA28b. | Is the wife of the head of the household your mother? | Yes1 ---> BA54 No3 |
| BA28c. | Is the head of the household your brother or sister? | Yes1 ---> BA54 No3 |
| BA28d. | Is the wife of the head of the household your sister? | Yes1 ---> BA54 No3 |
| BA29. | a. What is the number of siblings who do not live in the house and are still alive? b. What is the number of siblings who died during the past 12 months and were non-householders at the time of their deaths? | <div>┌┐┌ 29a</div> <div>┌┐┌ 29b</div> <div>IF 0-->BA58x</div> |
| BA30. | List biological siblings who are non-householders, who are still alive or died during the past 12 months (not including <u>householders</u> who died during the past 12 months). | |
| → SIBLING ROSTER | | |

| | |
|--|--|
| BA54. During the past 12 months, did you (or your spouse) ever provide help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service? | Unwilling to answer7--> BA56 No3--> BA56 Yes.....1 |
| BA55. What type of help did you (or your spouse) provide to the siblings during the past 12 months and how much? (MULTIPLE ANSWERS ALLOWED) A. Money or loan, tuition, or health care costs (including treatment) D. Food stuff or other goods E. Doing household chores, or providing child care or assisting during physical recovery F. Other, specify | A. . . Rp. D. . . Rp. E. 03 Day 05 Months F. . . Rp. |
| BA56. During the past 12 months/12 months before death, did you (or your spouse) ever receive help from siblings who do not live in the HH (including those who died in the last 12 months) in the form of money, goods or service? | Unwilling to answer7--> BA58x No3--> BA58x Yes.....1 |
| BA57. What type of help did you (or your spouse) receive from the siblings during the past 12 months and how much? (MULTIPLE ANSWERS ALLOWED) A. Money or loan, tuition, or health care costs (including treatment) D. Food stuff or other goods E. Doing household chores, or providing child care or assisting during physical recovery F. Other, specify | A. . . Rp. D. . . Rp. E. 03 Day 05 Months F. . . Rp. |

| | |
|--|--|
| CHILD ROSTER | |
| BA58x. INTERVIEWER CHECK | |
| PANEL RESPONDENT <div>1 ↓ ↓</div> BA58a | NEW RESPONDENT <div>3 ↓ ↓</div> BA58b |

| | |
|---|-----------------------------|
| PANEL RESPONDENTS | |
| BA58a. INTERVIEWER CHECK PREPRINTED CHILD ROSTERS. | |
| 5. PREPRINTED CHILD ROSTER EXISTS, BOOK IV INDICATED | 5-->BOOK IV |
| 3. PREPRINTED CHILD ROSTER EXISTS, BOOK III INDICATED | 3-->PREPRINTED CHILD ROSTER |
| 1. PREPRINTED CHILD ROSTER DOES NOT EXIST | 1 ↓ ↓BA58b |

| |
|--|
| BA63. Number of children listed on roster (filled by DE) |
| <div></div> |

| | |
|--|---|
| NEW RESPONDENTS AND PANEL RESPONDENTS WITHOUT A PREPRINTED ROSTER | |
| BA58b. INTERVIEWER TO VERIFY: | FEMALE RESPONDENT 49 OR YOUNGER..... 5-->CP FEMALE RESPONDENT OVER AGE 49 3-->BA61 MALE RESPONDENT..... 1 |
| BA59. Does your wife live in the household? | Not Yet Married 5-->CP Yes 1 No 3-->BA61 |
| BA60. INTERVIEWER'S NOTE (REFER TO KW03): | MARRIED ONLY ONCE 1-->CP MARRIED MORE THAN ONCE 3-->BA62 |
| BA61. Do you have children 15+ years old who live outside the household, or who have died during the past 12 months but were non-householders at the time of their death? | Not Yet Married 5-->CP Yes 1-->BA63 No 3-->CP |
| BA62. Do you have children 15+ years old who live outside the household, from other marriages than this current one, who are still alive or have died during the past 12 months? | Yes 1-->BA63 No 3-->CP |

SECTION BA: SIBLING ROSTER FOR NEW RESPONDENTS AND FOR PANEL RESPONDENTS WITHOUT A PREPRINTED ROSTER

Fill out columns BA30a-BA45 with information about silblings who do not live in the household, but are still alive or died within the last 12 months.

| BA 30a | BA30b | BA 30c | BA 30c1 | BA30c2 | BA30d | BA30e | BA30f | BA36 | BA37 | BA39 | BA40 | BA42 | BA43 | BA45 |
|-----------|-------|------------|------------|--------|-----------------|-------|----------------------------------|--|-------------------------------------|----------------|---|--------------------------------------|--|--------------------------------------|
| | NAME | Sex | | | Is [...] alive? | | Current Age/Age when died Yrs | Highest Education Level Attended | Highest Grade Completed | Marital Status | What is/was [...]’s Primary Activity? | What type of work does/did [...] do? | Where does [...] live now/before died? | How often do/did you meet/met [...]? |
| 01 | | 1 3 | | | 1→BA30f 3 | | 1. <input type="text"/> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 -----> 02 03 04 05 →BA43 06 07 08 98 →BA43 | <input type="text"/> | 00 01 02 03 04 06 98 05 __ | 1 2 3 4 5 |
| 02 | | 1 3 | | | 1→BA30f 3 | | 1. <input type="text"/> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 -----> 02 03 04 05 →BA43 06 07 08 98 →BA43 | <input type="text"/> | 00 01 02 03 04 06 98 05 __ | 1 2 3 4 5 |
| 03 | | 1 3 | | | 1→BA30f 3 | | 1. <input type="text"/> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 -----> 02 03 04 05 →BA43 06 07 08 98 →BA43 | <input type="text"/> | 00 01 02 03 04 06 98 05 __ | 1 2 3 4 5 |
| 04 | | 1 3 | | | 1→BA30f 3 | | 1. <input type="text"/> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 -----> 02 03 04 05 →BA43 06 07 08 98 →BA43 | <input type="text"/> | 00 01 02 03 04 06 98 05 __ | 1 2 3 4 5 |
| 05 | | 1 3 | | | 1→BA30f 3 | | 1. <input type="text"/> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 -----> 02 03 04 05 →BA43 06 07 08 98 →BA43 | <input type="text"/> | 00 01 02 03 04 06 98 05 __ | 1 2 3 4 5 |
| 06 | | 1 3 | | | 1→BA30f 3 | | 1. <input type="text"/> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 -----> 02 03 04 05 →BA43 06 07 08 98 →BA43 | <input type="text"/> | 00 01 02 03 04 06 98 05 __ | 1 2 3 4 5 |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|----------------|--|--|
| BA36 01. Unschooled 02. Elementary 03. Jr. Hi. General 04. Jr. Hi. Vocational 05. Sr. Hi. General 06. Sr. Hi. Vocational 07. Jr. College (D1, D2) 08. College (D3) 09. Univer. (BA, MA, PhD) | | | BA39 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School 17. School for the Disabled 70. Madrasah 90. Kindergaretn 98. DON'T KNOW | | | BA40 1. Unmarried 2. Married 3. Separated 4. Divorced 5. Widow/widower 8. DON'T KNOW | | | BA42 01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home/unemployed 07. Sick/disabled 08. Other, specify _____ 98. DON'T KNOW | | | BA42 01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other, specify _____ | | | BA37 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. GRADUATED 96. UNSCHOOLED 98. DON'T KNOW | | | BA45 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday | | | | | |
| BA43 | | | | | | | | | | | | | | | | | | | | | | | |
| 00. In this household | | | 10. Sumatra | | | 17. Bengkulu | | | 51. Bali | | | 63. South Kalimantan | | | 81. Maluku | | | 90. US | | | 97. Korea | | |
| 01. In the same village | | | 11. Aceh | | | 18. Lampung | | | 52. West Nusa Tenggara | | | 64. East Kalimantan | | | 82. Irian Jaya | | | 91. Saudi Arabia | | | 98. DON'T KNOW | | |
| 02. In the same subdistrict | | | 12. North Sumatra | | | 31. Jakarta | | | 53. East Nusa Tenggara | | | 70. Sulawesi | | | 85. Malaysia | | | 92. Australia | | | 99. Miss | | |
| 03. In the same district | | | 13. West Sumatra | | | 32. West Java | | | 54. East Timor | | | 71. North Sulawesi | | | 86. Singapore | | | 93. Holland | | | | | |
| 04. In the same province | | | 14. Riau | | | 33. Central Java | | | 60. Kalimantan | | | 72. Central Sulawesi | | | 87. Argentina | | | 94. Brunei | | | | | |
| 05. In another province, specify _____ | | | 15. Jambi | | | 34. Yogyakarta | | | 61. West Kalimantan | | | 73. South Sulawesi | | | 88. Yemen | | | 95. Hong Kong | | | | | |
| 06. In another country | | | 16. South Sumatra | | | 35. East Java | | | 62. Central Kalimantan | | | 74. South East Sulawesi | | | 89. Taiwan | | | 96. Japan | | | | | |

SECTION BA: PRE-PRINTED SIBLING ROSTER

HHID97:

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 PID97

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IFLS 97

Now we would like to update our information about your siblings who did not live in this household in 1993. We would also like to obtain information about other siblings who do not live in this household, including those who died in the past 12 months.

| BA30a | BA30b | BA30c | BA03c1 | BA30c2 | BA30d | BA30e | BA30f | BA36 | BA37 | BA39 | BA40 | BA42 | BA43 | BA45 |
|-------|-------|-----------------------------|--|--------------------------------|-----------------|---------------------------------------|--|--|-------------------------------------|-------------------|---|--|--|---|
| | NAME | Sex 1. Male 3. Female | Age in 93? | Does [...] live in this HH? | Is [...] alive? | Died during the past 12 months? | Current Age/Age when died Yrs | Highest Education Level Attended | Highest Grade Completed | Marital Status | What is/was [...]’s Primary Activity? | What type of work does/did [...] do? | Where does [...] live now/before died? | How often do/did you meet/met [...]? |
| 01 | | 1 3 | <div><div></div><div></div><div></div></div> | Yes 1 No 3 | 1→BA30f 3 | Yes 1 No 3 | 1. <div><div></div><div></div><div></div></div> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 _____> 02 03 04 05 → BA43 06 07 08 98 → BA43 | <div><div></div><div></div><div></div></div> | 01 02 03 04 06 98 05 _____ | 1 2 3 4 5 |
| 02 | | 1 3 | <div><div></div><div></div><div></div></div> | Yes 1 No 3 | 1→BA30f 3 | Yes 1 No 3 | 1. <div><div></div><div></div><div></div></div> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 _____> 02 03 04 05 → BA43 06 07 08 98 → BA43 | <div><div></div><div></div><div></div></div> | 01 02 03 04 06 98 05 _____ | 1 2 3 4 5 |
| 03 | | 1 3 | <div><div></div><div></div><div></div></div> | Yes 1 No 3 | 1→BA30f 3 | Yes 1 No 3 | 1. <div><div></div><div></div><div></div></div> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 _____> 02 03 04 05 → BA43 06 07 08 98 → BA43 | <div><div></div><div></div><div></div></div> | 01 02 03 04 06 98 05 _____ | 1 2 3 4 5 |
| 04 | | 1 3 | <div><div></div><div></div><div></div></div> | Yes 1 No 3 | 1→BA30f 3 | Yes 1 No 3 | 1. <div><div></div><div></div><div></div></div> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 _____> 02 03 04 05 → BA43 06 07 08 98 → BA43 | <div><div></div><div></div><div></div></div> | 01 02 03 04 06 98 05 _____ | 1 2 3 4 5 |
| 05 | | 1 3 | <div><div></div><div></div><div></div></div> | Yes 1 No 3 | 1→BA30f 3 | Yes 1 No 3 | 1. <div><div></div><div></div><div></div></div> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 _____> 02 03 04 05 → BA43 06 07 08 98 → BA43 | <div><div></div><div></div><div></div></div> | 01 02 03 04 06 98 05 _____ | 1 2 3 4 5 |
| 06 | | 1 3 | <div><div></div><div></div><div></div></div> | Yes 1 No 3 | 1→BA30f 3 | Yes 1 No 3 | 1. <div><div></div><div></div><div></div></div> 8. DK | 01 02 03 04 05 06 07 08 09 10 _____ 98 | 00 01 02 03 04 05 06 07 96 98 | 1 2 3 4 5 8 | 01 _____> 02 03 04 05 → BA43 06 07 08 98 → BA43 | <div><div></div><div></div><div></div></div> | 01 02 03 04 06 98 05 _____ | 1 2 3 4 5 |

| BA30d | BA36 | BA39 | BA40 | BA42 | BA37 | BA45 |
|---|---|--|--|---|--|---|
| 1. Yes 3. No | 01. Unschooled 02. Elementary 03. Jr. Hi. General 04. Jr. Hi. Vocational 05. Sr. Hi. General 06. Sr. Hi. Vocational 07. Jr. College (D1, D2) 08. College (D3) 09. Univer. (BA, MA, PhD) | 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School 17. School for the Disabled 70. Madrasah 90. Kindergaretn 98. DON'T KNOW | 1. Unmarried 2. Married 3. Separated 4. Divorced 5. Widow/widower 8. DON'T KNOW | 01. Working/trying to get work/helping to earn income 02. Job searching 03. Attending school 04. Housekeeping 05. Retired 06. Stay at home/unemployed 07. Sick/disabled 08. Other, specify _____ 98. DON'T KNOW | 01. Professional or technical worker 02. Management or administrative worker 03. Clerical personnel and the like 04. Sales personnel 05. Service personnel 06. Farm, forestry, game hunting, fishery worker 07. Production Line Worker 08. Transportation vehicle operation 09. Blue collar worker 10. Other, specify _____ | 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. GRADUATED 96. UNSCHOOLED 98. DON'T KNOW |
| <div> <div>BA43</div> <div> 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 05. In another province, specify _____ 06. In another country </div> <div> 10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra </div> <div> 17. Bengkulu 18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. Yogyakarta 35. East Java </div> <div> 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan </div> <div> 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. South East Sulawesi </div> <div> 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan </div> <div> 90. US 91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan </div> <div> 97. Korea 98. DON'T KNOW 99. Miss </div> <div> INTERVIEWER NOTE: AFTER COMPLETING THE PRE-PRINTED LINES, ASK ABOUT WHETHER THERE ARE ANY OTHER SIBLINGS. </div> </div> | | | | | | |

IFLS 97

| AR00_93 | CH00_93 | BA63a_93 | BA63a | BA63b | BA64 | BA64a | BA64b | BA64c | BA65 | BA65a | BA66 | BA67 | BA68 | BA69 | BA70 | | | |
|---------|---------|----------|-------|-------|------|-------|-------|-------|----------------------------|-------|---|----------------|---|------------------------------------|--|--|--|-----------------------------------|
| | | | | NAME | Sex | | | | Is [...] alive ? | | Current Age/Age when died Yrs | Marital Status | Highest education level attended by non-HHM | Highest grade completed by non-HHM | Where does [...] live now/before died? | | | |
| | | | 01 | | | | | | 1. →BA66 3. 8. →BA66 | | 8. DK → 1. <table border="1"><tr><td></td><td></td><td></td></tr></table> If <15↓ | | | | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 04 06 98 ↓ 05_____ |
| | | | | | | | | | | | | | | | | | | |
| | | | 02 | | | | | | 1. →BA66 3. 8. →BA66 | | 8. DK → 1. <table border="1"><tr><td></td><td></td><td></td></tr></table> If <15↓ | | | | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 04 06 98 ↓ 05_____ |
| | | | | | | | | | | | | | | | | | | |
| | | | 03 | | | | | | 1. →BA66 3. 8. →BA66 | | 8. DK → 1. <table border="1"><tr><td></td><td></td><td></td></tr></table> If <15↓ | | | | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 04 06 98 ↓ 05_____ |
| | | | | | | | | | | | | | | | | | | |
| | | | 04 | | | | | | 1. →BA66 3. 8. →BA66 | | 8. DK → 1. <table border="1"><tr><td></td><td></td><td></td></tr></table> If <15↓ | | | | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 04 06 98 ↓ 05_____ |
| | | | | | | | | | | | | | | | | | | |
| | | | 05 | | | | | | 1. →BA66 3. 8. →BA66 | | 8. DK → 1. <table border="1"><tr><td></td><td></td><td></td></tr></table> If <15↓ | | | | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 01 02 03 04 06 98 ↓ 05_____ |
| | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|--|---|--|--|--|---|--|
| BA65 1. Yes 3. No 8. DK | | BA67 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. Don't Know (DK) | | BA68 01. Unschooled 02. Elementary 03. Jr. Hi. General 04. Jr. Hi. Vocational 05. Sr. Hi. General 06. Sr. Hi. Vocational 07. Jr. College (D1, D2) 08. College (D3) 09. Univer. (BA, MA, PhD) | | BA69 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School 17. School for the Disabled 70. Madrasah 90. Kindergarten 98. DON'T KNOW | | 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 96. No school 98. 8. Don't Know (DK) | | | | | | | |
| BA70 | | | | | | | | | | | | | | | |
| 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province 05. In another province, specify _____ 06. In another country | | 10. Sumatra 11. Aceh 12. North Sumatra 13. West Sumatra 14. Riau 15. Jambi 16. South Sumatra | | 17. Bengkulu 18. Lampung 31. Jakarta 32. West Java 33. Central Java 34. Yogyakarta 35. East Java | | 51. Bali 52. West Nusa Tenggara 53. East Nusa Tenggara 54. East Timor 60. Kalimantan 61. West Kalimantan 62. Central Kalimantan | | 63. South Kalimantan 64. East Kalimantan 70. Sulawesi 71. North Sulawesi 72. Central Sulawesi 73. South Sulawesi 74. South East Sulawesi | | 81. Maluku 82. Irian Jaya 85. Malaysia 86. Singapore 87. Argentina 88. Yemen 89. Taiwan | | 90. US 91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan | | 97. Korea 98. Don't Know 99. Miss | |

SECTION BA: PRE-PRINTED CHILD ROSTER

IFLS 97

BOOK:

NAME:

HHID97:

PID97

| AR00_93 | CH00_93 | BA63a_93 | BA63a | BA63b | BA64 | BA64a | BA64b | BA64c | BA65 | BA65a | BA66 | BA67 | BA68 | BA69 | BA70 |
|---------|---------|----------|-------|-------|------|------------|--------------------------------|---------------|----------------------------|--------------------------------|-------------------------------|----------------|---|--|--|
| | | | | NAME | Sex | Age in '93 | Birth Date Mo/Yr | In HH in '97? | Is [...] alive ? | Death Date Mo/Yr | Current Age/Age when died Yrs | Marital Status | Highest education level attended by non-HHM | Highest grade completed by non-HHM | Where does [...] live now/before died? |
| | | | 01 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 ↓ 01 02 03 04 06 98 05_____ |
| | | | 02 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 ↓ 01 02 03 04 06 98 05_____ |
| | | | 03 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 ↓ 01 02 03 04 06 98 05_____ |
| | | | 04 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 ↓ 01 02 03 04 06 98 05_____ |
| | | | 05 | | | | 1. MO 8.DK 1. YR 8.DK | 1 3 → ↓ | 1. →BA66 3. 8. →BA66 | 1. MO 8.DK 1. YR 8.DK | 8. DK → 1. If <15↓ | 1 2 3 4 5 8 | 01 02 03 04 05 06 07 08 09 10 98 | 00 01 02 03 04 05 06 07 96 98 | 00 ↓ 01 02 03 04 06 98 05_____ |

| | | | | | | | | |
|--|--------------------------|----------------------------------|---|--|---|--|--|--|
| CH00a Name of youngest biological child (for CH01aa) | BA64c 1. Yes 3. No | BA65 1. Yes 3. No 8. DK | BA67 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. Don't Know (DK) | BA68 01. Unschooled 02. Elementary 03. Jr. Hi. General 04. Jr. Hi. Vocational 05. Sr. Hi. General 06. Sr. Hi. Vocational | 07. Jr. College (D1, D2) 08. College (D3) 09. Univer. (BA, MA, PhD) 10. Other, specify _____ 11. Adult Education A 12. Adult Education B | 13. Open University 14. Islamic School 17. Disabled School 70. MD chk grd 90. Kindergarten 98. DON'T KNOW | BA69 00. Did not complete 1st grade at this level 01. 1 02. 2 03. 3 04. 4 | 05. 5 06. 6 07. Graduated 96. No school 98. 8. Don't Know (DK) |
| BA70 | | | | | | | | |
| 00. In this household | 10. Sumatra | 17. Bengkulu | 51. Bali | 63. South Kalimantan | 81. Maluku | 90. US | 97. Korea | |
| 01. In the same village | 11. Aceh | 18. Lampung | 52. West Nusa Tenggara | 64. East Kalimantan | 82. Irian Jaya | 91. Saudi Arabia | 98. Don't Know | |
| 02. In the same subdistrict | 12. North Sumatra | 31. Jakarta | 53. East Nusa Tenggara | 70. Sulawesi | 85. Malaysia | 92. Australia | 99. Miss | |
| 03. In the same district | 13. West Sumatra | 32. West Java | 54. East Timor | 71. North Sulawesi | 86. Singapore | 93. Holland | | |
| 04. In the same province | 14. Riau | 33. Central Java | 60. Kalimantan | 72. Central Sulawesi | 87. Argentina | 94. Brunei | | |
| 05. In another province, specify _____ | 15. Jambi | 34. Yogyakarta | 61. West Kalimantan | 73. South Sulawesi | 88. Yemen | 95. Hong Kong | | |
| 06. In another country | 16. South Sumatra | 35. East Java | 62. Central Kalimantan | 74. South East Sulawesi | 89. Taiwan | 96. Japan | | |

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

| | | | | | |
|---------|---------|---|---|--|---|
| (BA63a) | (BA63b) | BA80 | BA81 | BA82 | BA84 |
| | | What is/was []'s primary activity now/before his/her death? | What is/was []'s work status now/before his/her death? | What is/was []'s type of work now/before his/her death? | How often do/did you meet with [] during the past year now/before his/her death? |
| | (NAME) | 01 → BA81 02 03 04 05 06 07 08 98 02-08, 98 → BA84 | 01 04 05 06 98 | 01 02 03 04 05 06 07 08 09 10 10 _____ | 1 2 3 4 5 |
| | | 01 → BA81 02 03 04 05 06 07 08 98 02-08, 98 → BA84 | 01 04 05 06 98 | 01 02 03 04 05 06 07 08 09 10 10 _____ | 1 2 3 4 5 |
| | | 01 → BA81 02 03 04 05 06 07 08 98 02-08, 98 → BA84 | 01 04 05 06 98 | 01 02 03 04 05 06 07 08 09 10 10 _____ | 1 2 3 4 5 |
| | | 01 → BA81 02 03 04 05 06 07 08 98 02-08, 98 → BA84 | 01 04 05 06 98 | 01 02 03 04 05 06 07 08 09 10 10 _____ | 1 2 3 4 5 |
| | | 01 → BA81 02 03 04 05 06 07 08 98 02-08, 98 → BA84 | 01 04 05 06 98 | 01 02 03 04 05 06 07 08 09 10 10 _____ | 1 2 3 4 5 |
| | | 01 → BA81 02 03 04 05 06 07 08 98 02-08, 98 → BA84 | 01 04 05 06 98 | 01 02 03 04 05 06 07 08 09 10 10 _____ | 1 2 3 4 5 |

- BA80**
01. Working/trying to get work/helping to earn income
02. Job searching
03. Attending school
04. Housekeeping
05. Retired
06. Stay at home
07. Sick/Disabled
08. Other, specify: _____
98. DON'T KNOW

- BA81**
01. Self-employed
04. Government worker/employee
05. Private worker/employee
06. Unpaid family worker
98. DON'T KNOW

- BA82**
01. Professional or technical worker
02. Management or administrative worker
03. Clerical personnel and the like
04. Sales personnel
05. Service personnel
06. Farm, forestry, game hunting, fishery worker
07. Production Line Worker
08. Transportation vehicle operation
09. Blue collar worker
10. Other, specify _____

- BA84**
1. Never
2. At least once a year
3. At least once a month
4. At least once a week
5. Everyday

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

| (BA63a) | (BA63b) | BA87a | BA88 | BA89a | BA90 |
|---------|---------|--|---|--|---|
| | | In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services? | What type of assistance did you provide and what is the value? A. Money (loans, tuition, health care cost) D. Food stuff or other goods E. Chores, child care F. Other CIRCLE LETTER IF VALUE RECORDED | In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services? | What type of assistance did you receive and what is the value? A. Money (loans, tuition, health care cost) D. Food stuff or other goods E. Chores, child care F. Other CIRCLE LETTER IF VALUE RECORDED |
| | (NAME) | 1. Yes 3. No→BA89a 7. Unwilling to answer →BA89a | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ | 1. Yes 3. No→Next Line / CP 7. Unwilling to answer →Next Line/CP | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ |
| | | 1. Yes 3. No→BA89a 7. Unwilling to answer →BA89a | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ | 1. Yes 3. No→Next Line / CP 7. Unwilling to answer →Next Line/CP | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ |
| | | 1. Yes 3. No→BA89a 7. Unwilling to answer →BA89a | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ | 1. Yes 3. No→Next Line / CP 7. Unwilling to answer →Next Line/CP | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ |
| | | 1. Yes 3. No→BA89a 7. Unwilling to answer →BA89a | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ | 1. Yes 3. No→Next Line / CP 7. Unwilling to answer →Next Line/CP | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ |
| | | 1. Yes 3. No→BA89a 7. Unwilling to answer →BA89a | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ | 1. Yes 3. No→Next Line / CP 7. Unwilling to answer →Next Line/CP | A. _____. _____. _____ Rp. D. _____. _____. _____ Rp. E. _____ 03. Days 05. Mos. F. _____. _____. _____ Rp. _____ |

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> |
|--|