

**EDITOR:** \_\_\_\_\_

**INTERVIEWER:** \_\_\_\_\_

**(IDIVWR)**

**CONFIDENTIAL**

HHID: 

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# INDONESIA FAMILY LIFE SURVEY 2000

# BOOK V

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

**Respondent is a child less than 15 years old**

<b>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR:   PID</b>	<b>TO BE FILLED OUT BY INTERVIEWER FOR BOOK V</b>
<b>NAME OF HOUSEHOLDER:</b> _____ <span style="float: right;"> _ _ </span>	<b>QUESTION FOR RESPONDENT:</b> <b>AGE.</b> How old is [NAME OF CHILD]?..... <span style="float: right;"> _ _ </span> Years <b>SEX.</b> Sex:   Male ..... 1 Female ..... 3 <b>BIRTHDATE.</b> Date of Birth ..... <span style="float: right;"> _ _  /  _ _  /  _ _ _ </span> <div style="text-align: right; margin-right: 50px;">DAY   MONTH   YEAR</div> <div style="text-align: right; margin-right: 50px;"><b>PID</b></div>
	<b>RESPID.</b> NAME OF PERSON WHO ANSWERS: _____ <span style="float: right;"> _ _ </span> <b>RELATION.</b> RELATION TO CHILD:   1. MOTHER       4. AUNT/UNCLE 2. FATHER           5. GRANDPARENT 3. SIBLING          6. CHILD HIM/HERSELF

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
96. NO OTHER
91. Other

# INTERVIEW SESSIONS OF BOOK V:  (NUMVIS)

WAWANCARA	1	2	3
DATE:	____ / ____	____ / ____	____ / ____
	DAY / MONTH	DAY / MONTH	DAY / MONTH
TIME STARTED:	____ / ____	____ / ____	____ / ____
	HOUR / MINUTE	HOUR / MINUTE	HOUR / MINUTE
TIME FINISHED:	____ / ____	____ / ____	____ / ____
	HOUR / MINUTE	HOUR / MINUTE	HOUR / MINUTE

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

Other: \_\_\_\_\_

**LANGOTHR.** Other language used (if any):

Other: \_\_\_\_\_

RESULT OF INTERVIEW OF BOOK V	REASON	EDIT_CHK REVIEW BY EDITOR	SUP LOCAL SUPERVISOR MONITORING	
1. Completed 2. Partially completed → REASON 3. Not completed → REASON	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____	1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____	Yes a. Observed by local supervisor (SUP_OBS) .....1 b. Edited by local supervisor (SUP_EDIT) .....1	No 3 3

SECTION DLA (CHILD’S EDUCATION)

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

DLA01.	Has [CHILD’S NAME] ever been to school?	Yes. ....1→DLA08 No .....3
DLA02.	Why has [CHILD’S NAME] never been to school?  CIRCLE ALL THAT APPLY	NOT OLD ENOUGH .....A TO HELP PARENTS EARN MONEY .....B COULD NOT AFFORD .....C NO SCHOOL/ TOO FAR .....D NOT ABLE TO STUDY .....E NOT ACCEPTED IN SCHOOL .....F BECAUSE SICK OR DISABLED .....G SCHOOL HAD NO TEACHER .....H SCHOOL CLOSED .....I DOESN'T WANT TO GO .....K HELP AT HOME .....L OTHER .....J  →DLA56x
DLA08.	What is the highest education level attended?  [NOTE TO INTERVIEWER: IF CURRENTLY IN SCHOOL, RECORD LEVEL ATTENDING CURRENTLY]	90. Kindergarten →DLA07 02. Elementary School 03. Junior High-General 04. Junior High-Vocational 05. High School-General 06.High School-Vocational 14. Islamic School ( <i>Pesantren</i> ) 70. Madrasah, General 72. Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> ) 73. Islamic Junior/High School ( <i>Madrasah Tsanawiyah</i> ) 74. Madrasah Senior High School 98. DON'T KNOW 10. Other .....
DLA09.	What class has [CHILD’S NAME] completed?	Did not finish 1 <sup>st</sup> class at that level.....00 1.....01 2.....02 3.....03 4.....04 5.....05 6.....06 Graduated.....07 DON'T KNOW .....98
DLA03.	In what month and year did [CHILD’S NAME] enter elementary school?	/ ..... 1 →DLA05 Month Year 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?	No ..... 3→DLA07 Yes..... 1																				
DLA06.	Which grade and how many times did [CHILD’S NAME] repeat?	<table><tr><th>Grade</th><th>Number of Repetitions</th></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																					
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																					
DLA07.	Is [CHILD’S NAME] now in school?	Yes..... 1→DLA20 No ..... 3																				
DLA07a.	How many hours in one week was [...] at school?	hours																				
DLA14.	When did [CHILD’S NAME] graduate from or stop school?	/ ..... 1 →DLA16 Month Year DON'T KNOW ..... 8																				
DLA15.	At what age did [CHILD’S NAME] graduate from or stop school?	Years..... 1 DON'T KNOW..... 8																				

## SECTION DLA (CHILD'S EDUCATION)

<b>DLA16.</b> Why did [CHILD'S NAME] stop school?  <b>CIRCLE ALL THAT APPLY</b>	To Help Parents Earn Money .....B Could Not Afford .....C No School/ Too Far .....D Not Able To Study.....E Not Accepted In School .....F Because Sick Or Disabled.....G School Had No Teacher .....H School Closed/Ruined .....I Other .....J Doesn't Want to Go .....K Help at Home.....L Just Graduated, Not Continue to Higher Education Yet.....M
<b>DLA20.</b> Did [CHILD'S NAME] ever take the EBTANAS exam at elementary school?	No ..... 3 → <b>DLA27</b> Yes ..... 1
<b>DLA21.</b> Could we see [CHILD'S NAME] EBTANAS (DANEM) record?  <b>INTERVIEWER NOTE : TAKE THE EBTANAS SCORES FROM THE EBTANAS RECORD (DANEM)</b>	Yes ..... 1 No ..... 3
<b>DLA22.</b> What month and year did [CHILD'S NAME] take the EBTANAS [...] ?	<div> <div> <div></div><div></div><div></div> </div> / <div> <div></div><div></div><div></div><div></div> </div> ..... 1  <div>Month</div> <div>Year</div> </div> DON'T KNOW ..... 8
<b>DLA23.</b> What was the EBTANAS score for each subject?	<b>(COPY FROM THE EBTANAS RECORD IF THE CHILD HAS A DANEM RECORD, OTHERWISE ASK THE RESPONDENT)</b>
<div>A. Moral Education</div>	<div> 1. <div></div><div></div><div></div> . <div></div><div></div><div></div> </div> <div>8. DON'T KNOW</div>
<div>B. Indonesian Language</div>	<div> 1. <div></div><div></div><div></div> . <div></div><div></div><div></div> </div> <div>8. DON'T KNOW</div>
<div>E. Mathematics</div>	<div> 1. <div></div><div></div><div></div> . <div></div><div></div><div></div> </div> <div>8. DON'T KNOW</div>
<div>D. Social Science</div>	<div> 1. <div></div><div></div><div></div> . <div></div><div></div><div></div> </div> <div>8. DON'T KNOW</div>
<div>C. Science</div>	<div> 1. <div></div><div></div><div></div> . <div></div><div></div><div></div> </div> <div>8. DON'T KNOW</div>
<b>DLA24.</b> What was the total EBTANAS score (NEM) ?	<div> 1. <div></div><div></div><div></div> . <div></div><div></div><div></div> </div> <div>8. DON'T KNOW</div>

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**PID :**        

<p><b>DLA25.</b> What is the name and address of that school?</p> <p>1. Specify 3. Same as current residence 8. Don't Know</p>	<p>Name 1. _____ 8. DK</p> <p>Address 1. _____ 8. DK</p> <p>Loc. Note 1. _____ 8. DK</p> <p><b>A. Vill:</b> 1. _____ 3. Same as current residence 8. DK</p> <p><b>B. Kec</b> 1. _____ 3. Same as current residence 8. DK</p> <p><b>C. Kab:</b> 1. _____ 3. Same as current residence 8. DK</p> <p><b>D. Prov:</b> 1. _____ 3. Same as current residence 8. DK</p> <p><b>CODE COMFAS</b>    <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u></p>
<p><b>DLA26.</b> What is the school type?</p>	<p>Government non-religious ..... 01 Government religious ..... 02 Private non-religious ..... 03 Private Islam ..... 04 Private Catholic ..... 05 Private Christian ..... 06 Private Buddhist ..... 08 Other, Specify ..... 07</p>
<p><b>DLA27. INTERVIEWER CHECK DLA07</b> <b>[CHILD'S NAME] IN SCHOOL NOW?</b></p>	<p><b>YES</b>.....1 ➔ <b>DLA30</b> <b>NO</b>.....3</p>
<p><b>DLA29.</b> Before stopping or graduating from school, did child ever miss school for 4 or more weeks in a row, or for an entire year?</p>	<p>No. ....3 ➔ <b>DLA35</b> Yes.....1</p>
<p><b>DLA30.</b> In the last 5 years, how many times has child missed school for 4 or more weeks in a row, or post-pone other schooling?</p>	<p><u>    </u> <u>    </u> <u>    </u> times</p>

SECTION DLA (CHILD’S EDUCATION)

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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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	1. 1999/2000      2. 2000/2001	_____ / _____	_____ / _____
DLA37. What level did [CHILD'S NAME] attend during School Year [...] ?  02. ELEMENTARY SCHOOL ..... 03. JUNIOR HIGH-GENERAL..... 04. JUNIOR HIGH-VOCATIONAL..... 05. SR HIGH SCHOOL-GENERAL..... 06. SENIOR HGIH SCHOOL-VOCATIONAL ..... 14. Islamic School ( <i>Pesantren</i> ) 72. Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> )..... 73. Islamic Junior/High School ( <i>Madrasah Tsanawiyah</i> )..... 90. Kindergarten..... 98. DON'T KNOW (DK) ..... 10. Other, specify _____		02 03 04 05 06 14 72  73  90 98 10 _____	02 03 04 05 06 14 72  73  90 98 10 _____
DLA38. What is the highest class that [CHILD'S NAME] attended during the School Year [...]?  00. Not finished grade 1 01. 1                                      05. 5 02. 2                                      06. 6 03. 3                                      07. GRADUATED 04. 4                                      98. DON'T KNOW		00  01                      05 02                      06 03                      07 04                      98	00  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
DLA39a. How many hours was [...] at school last week?	____ hours		

## SECTION DLA (CHILD'S EDUCATION)

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**PID :**                  

	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)
<b>DLA40.</b> What is the name and address of the school attended by [CHILD'S NAME] during the School Year [...]?  1. Specify 3. Same as current residence 8. DON'T KNOW	6. Same as the EBTANAS school → <b>DLA42</b> Name 1. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK <b>A. Vill:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>B. Kec</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>C. Kab:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>D. Prov:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>CODE COMFAS</b>  _ _ _ _ _ _ _	6. Same as the EBTANAS school → <b>DLA42</b> Name 1. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK <b>A. Vill:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>B. Kec</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>C. Kab:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>D. Prov:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>CODE COMFAS</b>  _ _ _ _ _ _ _	6. Same as the EBTANAS school → <b>DLA42</b> Name 1. _____ 8. DK Address 1. _____ 8. DK Loc. Note 1. _____ 8. DK <b>A. Vill:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>B. Kec</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>C. Kab:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>D. Prov:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW <b>CODE COMFAS</b>  _ _ _ _ _ _ _
<b>DLA41.</b> What is the school type?	Government non-religious .....01 Government religious .....02 Private non-religious .....03 Private Islam .....04 Private Catholic .....05 Private Christian .....06 Other, specify .....07 Private Buddhist .....08	Government non-religious ..... 01 Government religious ..... 02 Private non-religious ..... 03 Private Islam ..... 04 Private Catholic ..... 05 Private Christian ..... 06 Other, specify .....07 Private Buddhist..... 08	Government non-religious .....01 Government religious .....02 Private non-religious .....03 Private Islam .....04 Private Catholic .....05 Private Christian .....06 Other, specify .....07 Private Buddhist .....08
<b>DLA42.</b> About how long does it take to travel one way to [CHILD'S NAME]'S school?	_ _  01. Minute   02. Hour DON'T KNOW ..... 98	_ _  01. Minute   02. Hour DON'T KNOW ..... 98	_ _  01. Minute   02. Hour DON'T KNOW ..... 98

SECTION DLA (CHILD’S EDUCATION)

	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)
<div>DLA46. What were your (approximate) school-related expenses during the 1998/1997 school year? Did you spend money for [...]?</div> <div><div>A. School Fees</div><div>1. Registration .....Rp.</div><div>2. Other scheduled fees.....Rp.</div><div>3. Exams.....Rp.</div><div>B. School Supplies</div><div>1. Books and writing supplies.....Rp.</div><div>2. Uniform and sports.....Rp.</div><div>C. Transportation and Pocket Money</div><div>1. Transportation .....Rp.</div><div>2. Housing costs, food .....Rp.</div><div>3. Special courses.....Rp.</div><div>D. Other, specify .....</div></div>		<div><div>A. 1. ....Rp.</div><div>2. ....Rp.</div><div>3. ....Rp.</div><div>B. 1. ....Rp.</div><div>2. ....Rp.</div><div>C. 1. ....Rp.</div><div>2. ....Rp.</div><div>3. ....Rp.</div><div>D. 1. ....Rp.</div><div>.....</div></div>	<div><div>A. 1. ....Rp.</div><div>2. ....Rp.</div><div>3. ....Rp.</div><div>B. 1. ....Rp.</div><div>2. ....Rp.</div><div>C. 1. ....Rp.</div><div>2. ....Rp.</div><div>3. ....Rp.</div><div>D. 1. ....Rp.</div><div>.....</div></div>

SECTION DLA (CHILD’S EDUCATION)

	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)
DLA46a. What were your (approximate) school-related expenses during the 1999/2000 school year? Did you spend money for [...]?			
A. School Fees			
1. Registration .....	A. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
2. Other scheduled fees .....	2. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
3. Exams .....	3. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
B. School Supplies			
1. Books and writing supplies .....	B. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
2. Uniform and sports .....	2. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
C. Transportation and Pocket Money			
1. Transportation .....	C. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
2. Housing costs, food .....	2. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
3. Special courses .....	3. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
D. Other, specify _____	D. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp. _____		

SECTION DLA (CHILD’S EDUCATION)

	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)
DLA51. Did [NAME] receive any books from the school during the [...] school year?  (CIRCLE ALL THAT APPLY)	Yes, for himself .....A Yes, to share .....B No.....C	Yes, for himself .....A Yes, to share .....B No .....C	Yes, for himself .....A Yes, to share .....B No.....C
DLA52. Did the school reduce [NAME] BP3 fees or other fees during the [...] school year?	Yes ..... 1 No.....3	Yes .....1 No.....3	Yes ..... 1 No.....3
DLA53. Did [NAME] receive assistance for school costs from GNOTA, POMG, government, community groups, religious groups, or family (outside HH), or other?	No.....3 →DLA55 Yes ..... 1	No .....3 →DLA49 Yes .....1	No.....3 →DLA49 Yes ..... 1
DLA54. From what source was this assistance, and what was the total value?  (CIRCLE ALL THAT APPLY)  A. GNOTA..... B. POMG..... C. Government..... D. Community Group ..... E. Religious Group ..... F. Family ..... H. Social Safety Nets: Education..... G. Other, specify _____	A.   ,   ,   ,    Rp. B.   ,   ,   ,    Rp. C.   ,   ,   ,    Rp. D.   ,   ,   ,    Rp. E.   ,   ,   ,    Rp. F.   ,   ,   ,    Rp. H.   ,   ,   ,    Rp. G.   ,   ,   ,    Rp. _____	A.   ,   ,   ,    Rp. B.   ,   ,   ,    Rp. C.   ,   ,   ,    Rp. D.   ,   ,   ,    Rp. E.   ,   ,   ,    Rp. F.   ,   ,   ,    Rp. H.   ,   ,   ,    Rp. G.   ,   ,   ,    Rp. _____	A.   ,   ,   ,    Rp. B.   ,   ,   ,    Rp. C.   ,   ,   ,    Rp. D.   ,   ,   ,    Rp. E.   ,   ,   ,    Rp. F.   ,   ,   ,    Rp. H.   ,   ,   ,    Rp. G.   ,   ,   ,    Rp. _____



SECTION DLA (CHILD’S EDUCATION)

	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)
DLA55. What were your (approximate) school-related expenses during the last month? Did you spend money for [...]?			
A. School Fees			
1. Registration .....	A. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
2. Other scheduled fees .....	2. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
3. Exams .....	3. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
B. School Supplies			
1. Books and writing supplies .....	B. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
2. Uniform and sports .....	2. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
C. Transportation and Pocket Money			
1. Transportation .....	C. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
2. Housing costs, food .....	2. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
3. Special courses .....	3. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp.		
D. Other, specify .....	D. 1. [ ][ ] , [ ][ ][ ] , [ ][ ][ ] Rp. .....		
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 →DLA56x	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 →DLA56x
DLA50. Has [CHILD’S NAME] changed schools or school level in the last 5 years?	Yes ..... 1 → DLA36 COLUMN 2 No ..... 3		

DLA56x. INTERVIEWER CHECK COV3: AGE OF CHILDREN ≥ 5 YEARS OLD	NO ..... 3 →SECTION MAA YES ..... 1
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SECTION DLA (CHILD’S EDUCATION)

DLA56.	Did [CHILD’S NAME] work for wage in last month?	Yes ..... 1→DLA58 No ..... 3
DLA57.	Has [CHILD’S NAME] ever worked for wage?	Yes ..... 1→DLA61 No ..... 3→DLA63
DLA58.	How many hours did [CHILD’S NAME] work for wages in last week?	hours..... 1 Not work last week..... 3 DON’T KNOW ..... 8
DLA59.	How many weeks did [CHILD’S NAME] work for wages in last month?	weeks ..... 1 DON’T KNOW ..... 8
DLA60.	How much was [...]’s earnings last month?	,     ,     Rp. .. 1 DON’T KNOW ..... 8 →DLA62
DLA61.	At what age did [CHILD’S NAME] last work for wage?	age..... 1 DON’T KNOW ..... 8
DLA62.	At what age did [CHILD’S NAME] start working for wage?	age..... 1 DON’T KNOW ..... 8
DLA63.	Did [CHILD’S NAME] work on family business in last month?	Yes ..... 1→DLA67 No ..... 3
DLA64.	Has [CHILD’S NAME] ever worked for a family business?	Yes ..... 1→DLA67 No ..... 3→SECTION MAA
DLA65.	How many weeks did [CHILD’S NAME] work for family business last month?	weeks ..... 1 Not work last month ..... 3 DON’T KNOW ..... 8 →DLA68
DLA66.	How many hours [CHILD’S NAME] work for family business last week?	hours..... 1 Not work last week..... 3 DON’T KNOW ..... 8
DLA67.	At what age did [CHILD’S NAME] last work on a family business?	age..... 1 DON’T KNOW ..... 8
DLA68.	At what age did [CHILD’S NAME] last work on a family business?	age..... 1 DON’T KNOW ..... 8

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?	<input type="text"/> <input type="text"/> <input type="text"/> Days ..... 1 DON'T KNOW ..... 8
MAA0c.	During the last 4 weeks how many days did [...] spend in bed because of poor health?	<input type="text"/> <input type="text"/> <input type="text"/> Days ..... 1 DON'T KNOW ..... 8
MAA0d.	Compared with [...]’s health 12 months ago, would you say that [NAME OF CHILD]’s health now is [...]?	About the same..... 3→MA01 Less than one year old..... 6→MA01 Much better now ..... 1 Somewhat better now ..... 2 Somewhat worse..... 4 Much worse..... 5 Child less than 1 year old..... 6
MAA0e.	How has [NAME OF CHILD]’s health become better/worse?	<div></div> <div></div> <div></div>

	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→DA
	a. Dry cough.....	a.    1    3
	b. Cough with phlegm .....	b.    1    3
	c. Bloody cough .....	c.    1    3
DA	Difficulty breathing.....	1    3→EA
	a. Wheezing .....	a.    1    3
	b. Short, rapid breath .....	b.    1    3
EA	Fever.....	1    3↓
FA	Stomach ache .....	1    3↓
HA	Nausea/vomiting .....	1    3↓
IA	Diarrhea minimal of 3x per day .....	1    3→JA
	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 itching) .....	1    3↓
KA	Eye Infection .....	1    3↓
LA	Toothache .....	1    3↓
RA	Other, specify .....	1    3↓

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

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 (PSATYPE)	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?
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	3. No ↓                      1. Yes →	1.    □□, □□□□, □□□□    Rp. 8.    DON'T KNOW
B. Consumed traditional herbs or traditional medicines as treatment	3. No ↓                      1. Yes →	1.    □□, □□□□, □□□□    Rp. 8.    DON'T KNOW
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	3. No ↓                      1. Yes →	1.    □□, □□□□, □□□□    Rp. 8.    DON'T KNOW
E. Vitamins	3. No ↓                      1. Yes →	1.    □□, □□□□, □□□□    Rp. 8.    DON'T KNOW
F. Refresher	3. No ↓                      1. Yes →	1.    □□, □□□□, □□□□    Rp. 8.    DON'T KNOW
G. Medicine from other provider	3. No ↓                      1. Yes →	1.    □□, □□□□, □□□□    Rp. 8.    DON'T KNOW
D. Other, specify _____	3. No ↓ RJA0a            1. Yes →	1.    □□, □□□□, □□□□    Rp. 8.    DON'T KNOW

## 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.

<b>RJA0a.</b>	Did [...] visit a Posyandu in the last 4 weeks?	No ..... 3 ➔ <b>RJA01a</b> Yes ..... 1
<b>RJA0b.</b>	What is the name and address of the Posyandu, including RT?	Name 1. .... 8. DK Address 1. .... 8. DK Loc. Note 1. .... 8. DK <b>RT</b> 1. .... 3. Same as current residence 8. DON'T KNOW <b>RW</b> 1. .... 3. Same as current residence 8. DON'T KNOW <b>A. Desa</b> 1. .... 3. Same as current residence 8. DON'T KNOW <b>CODE COMFAS</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>RJA0c.</b>	What services did [...] receive at the Posyandu?	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
<b>RJA0d.</b>	Were there any staff from the Puskesmas at the Posyandu?	No ..... 3 Yes ..... 1
<b>RJA0e.</b>	Did you pay for the services [...] received at the posyandu?	No ..... 3 ➔ <b>RJA01a</b> Yes ..... 1
<b>RJA0f.</b>	How much did you pay?	[ ] [ ] [ ] , [ ] [ ] [ ] Rp. .... 1 DON'T KNOW ..... 8

<b>RJA01a.</b> In the last 4 weeks, did [...] visit a hospital, health center, clinic, or doctor's practice, or was [...] visited by a health worker?	No .....	3 → RJA24a
	Yes .....	1

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] [...] / been visited by [...] during the past 4 weeks?
A.	Public hospital (General or Specialty)	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times
B.	Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times
E.	Private Hospital	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times
F.	Polyclinic, Private Clinic, Medical Center	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times
G.	Private Physician (General Practitioner, Specialist, Dentist)	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times
H.	Nurse, Paramedic, Midwife practitioner	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times
I.	Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times
J.	Other _____	3. No↓      1. Yes ➡	<input type="text"/> <input type="text"/> <input type="text"/> Times

## SECTION RJA (CHILD OUTPATIENT UTILIZATION)

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

**Now, I'd like to ask you some questions about [...]’s visits to health care providers.**

HHID97:   | |   | |   | |   PID97:   | |

NUMBER OF OUTPATIENT CARE VISITS   11  

(RJA2TYPE)		MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
<b>RJA05a.</b>	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>
<b>RJA06.</b>	What is the name and location of the medical provider?  1. Specify 3. Same as residence 8. DON'T KNOW (DK)	Name 1. _____ 8. DK <div>Address 1. _____ 8. DK</div> Loc. Note 1. _____ 8. DK <b>A. Vill:</b> 1. _____ 3. Same as residence 8. DK <b>B. Kec</b> 1. _____ 3. Same as residence 8. DK <b>C. Kab:</b> 1. _____ 3. Same as residence 8. DK <b>D. Prov:</b> 1. _____ 3. Same as residence 8. DK <b>CODE CF</b> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Name 1. _____ 8. DK <div>Address 1. _____ 8. DK</div> Loc. Note 1. _____ 8. DK <b>A. Vill:</b> 1. _____ 3. Same as residence 8. DK <b>B. Kec</b> 1. _____ 3. Same as residence 8. DK <b>C. Kab:</b> 1. _____ 3. Same as residence 8. DK <b>D. Prov:</b> 1. _____ 3. Same as residence 8. DK <b>CODE CF</b> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Name 1. _____ 8. DK <div>Address 1. _____ 8. DK</div> Loc. Note 1. _____ 8. DK <b>A. Vill:</b> 1. _____ 3. Same as residence 8. DK <b>B. Kec</b> 1. _____ 3. Same as residence 8. DK <b>C. Kab:</b> 1. _____ 3. Same as residence 8. DK <b>D. Prov:</b> 1. _____ 3. Same as residence 8. DK <b>CODE CF</b> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Name 1. _____ 8. DK <div>Address 1. _____ 8. DK</div> Loc. Note 1. _____ 8. DK <b>A. Vill:</b> 1. _____ 3. Same as residence 8. DK <b>B. Kec</b> 1. _____ 3. Same as residence 8. DK <b>C. Kab:</b> 1. _____ 3. Same as residence 8. DK <b>D. Prov:</b> 1. _____ 3. Same as residence 8. DK <b>CODE CF</b> <div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<b>RJA08.</b>	What was the purpose of [CHILD'S NAME] visit to that facility? <b>ANSWER MAY BE MORE THAN ONE</b> B. Immunization..... <div>C. Consultation .....</div> D. Medical check-up ..... <div>E. Medications .....</div> F. Injection..... <div>H. Treatment for Injury .....</div> I. Treatment for Illness ..... <div>J. Massage.....</div> G. Other, _____	<b>ANSWER MAY BE MORE THAN ONE</b> B <div>C</div> D <div>E</div> F <div>H</div> I <div>J</div> G _____	<b>ANSWER MAY BE MORE THAN ONE</b> B <div>C</div> D <div>E</div> F <div>H</div> I <div>J</div> G _____	<b>ANSWER MAY BE MORE THAN ONE</b> B <div>C</div> D <div>E</div> F <div>H</div> I <div>J</div> G _____	<b>ANSWER MAY BE MORE THAN ONE</b> B <div>C</div> D <div>E</div> F <div>H</div> I <div>J</div> G _____
<b>RJA09.</b>	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
<b>RJA10.</b>	<b>INTERVIEWER'S NOTE:</b> <b>CHECK RJA05a</b> 1. IF A, B, E, F, J → RJA11..... 3. NO .....	<b>1. → RJA11</b> <b>3. NO</b>	<b>1. → RJA11</b> <b>3. NO</b>	<b>1. → RJA11</b> <b>3. NO</b>	<b>1. → RJA11</b> <b>3. NO</b>
<b>RJA10a.</b>	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

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJA11. How many kilometers is it between the medical facility and [CHILD'S NAME] residence?	1.   .    Km 8. DON'T KNOW	1.   .    Km 8. DON'T KNOW	1.   .    Km 8. DON'T KNOW	1.   .    Km 8. DON'T KNOW
RJA12. What is the travel time to that facility?	01. Minute    02. Hour 8. DON'T KNOW	01. Minute    02. Hour 8. DON'T KNOW	01. Minute    02. Hour 8. DON'T KNOW	01. Minute    02. Hour 8. DON'T KNOW
RJA14. What was the total transportation cost to the facility (INCLUDING FUEL COST, ONE WAY TRIP)?	1.   ,    Rp. 8. DON'T KNOW	1.   ,    Rp. 8. DON'T KNOW	1.   ,    Rp. 8. DON'T KNOW	1.   ,    Rp. 8. DON'T KNOW
RJA15. Upon arrival, how long did [CHILD'S NAME] have to wait to be examined?	01. Minute    02. Hour 8. DON'T KNOW	01. Minute    02. Hour 8. DON'T KNOW	01. Minute    02. Hour 8. DON'T KNOW	01. Minute    02. Hour 8. DON'T KNOW
RJA17. What kind of treatment did [CHILD'S NAME] receive? ANSWER MAY BE MORE THAN ONE  A. Medical check-up/consultation.. B. Injection ..... C. Laboratorium test..... D. Surgery ..... E. X-ray ..... G. Medications..... I. Massage ..... J. Traditional treatment..... H. Other, specify_____	ANSWER MAY BE MORE THAN ONE  A B C D E F I J H _____	ANSWER MAY BE MORE THAN ONE  A B C D E F I J H _____	ANSWER MAY BE MORE THAN ONE  A B C D E F I J H _____	ANSWER MAY BE MORE THAN ONE  A B C D E F I J H _____
RJA20. What was the total cost to fill a prescription that you received during this visit?	1.   ,    Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1.   ,    Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1.   ,    Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1.   ,    Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
RJA21. What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	1.   ,   ,    Rp 3. Did not pay anything 8. DON'T KNOW	1.   ,   ,    Rp 3. Did not pay anything 8. DON'T KNOW	1.   ,   ,    Rp 3. Did not pay anything 8. DON'T KNOW	1.   ,   ,    Rp 3. Did not pay anything 8. DON'T KNOW
RJA21a. Did you use insurance to pay for all or some of this visit?	No ..... 3 → RJA22 Yes ..... 1	No ..... 3 → RJA22 Yes ..... 1	No ..... 3 → RJA22 Yes ..... 1	No ..... 3 → RJA22 Yes ..... 1

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJA21b. What insurance did you use?	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify _____
RJA22. Was any payment in kind made?	No ..... 3 → RJA24 Yes ..... 1	No ..... 3 → RJA24 Yes ..... 1	No ..... 3 → RJA24 Yes ..... 1	No ..... 3 → RJA24 Yes ..... 1
RJA23. What was the approximate value of the goods?	1.   ,   ,   ,   ,    Rp. 8. DON'T KNOW	1.   ,   ,   ,   ,    Rp. 8. DON'T KNOW	1.   ,   ,   ,   ,    Rp. 8. DON'T KNOW	1.   ,   ,   ,   ,    Rp. 8. DON'T KNOW
RJA24. INTERVIEWER NOTE: OTHER VISIT?	1. YES→RJA05a COLUMN 2 3. NO	1. YES→RJA05a COLUMN 3 3. NO	1. YES→RJA05a COLUMN 4 3. NO	1. YES→SUPPLEMENT SECTION RJA 3. NO
IF THE NUMBER OF VISITS EXCEEDS 4 , CONTINUE WITH THE SUPPLEMENT TO SECTION RJA.				

RJA24a. Does [CHILD'S NAME] eat	3 or more times a day ..... 1 2 times a day ..... 2 1 time a day ..... 3 5-6 times a week ..... 4 3-4 times a week ..... 5 2 or less times a week ..... 6 DON'T KNOW ..... 8
RJA24b. Does [CHILD'S NAME] brush their teeth?  (CIRCLE ALL THAT APPLY)	Morning ..... A At night ..... B After meals ..... C Never ..... D DON'T KNOW ..... Y
RJA25. INTERVIEWER CHECK BOOK COVER (COV3): IS [CHILD'S NAME] 0-5 YEARS OLD?	NO ..... 3 → RJA33 YES ..... 1
RJA25a. Has [CHILD'S NAME] been given Vitamin A in the last 6 months?	Yes ..... 1 No ..... 3



SECTION RJA (CHILD OUTPATIENT UTILIZATION)

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	1. <input type="text"/> <input type="text"/> ... times vitamin A was given as recorded on the KMS card 3. Tidak tercatat di Kartu KMS
RJA28a.	1. RECORD THE DATE OF EACH IMMUNIZATION ON THE KMS CARD. 2. WRITE '44' IN 'DAY' COLUMN, IF THE CHILD HAS ALREADY HAD THE IMMUNIZATION, BUT THE DATE ISN'T RECORDED.	
		DAY MONTH YEAR
	b. BCG .....	b. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c. Polio 0 (at birth) .....	c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	d. Polio 1 .....	d. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	e. Polio 2 .....	e. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	f. Polio 3 .....	f. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	g. DPT 1 .....	g. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	h. DPT 2 .....	h. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	i. DPT 3 .....	i. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	j. Measles .....	j. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	k. Hepatitis B 1 .....	k. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	l. Hepatitis B 2 .....	l. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	m. Hepatitis B 3 .....	m. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 No ..... 3 DON'T KNOW ..... 8

RJA30.	Please telll us whether [CHILD'S NAME] has already received the immunizations listed below:  A. <b>A BCG</b> vaccination against tuberculosis, that is, an injection in the upper arm that left a scar.	Yes ..... 1 No ..... 3 DON'T KNOW..... 8
	B. <b>Polio Vaccine</b> , that is, pink or white drops in the mouth?  IF 'YES': How many times?	Yes ..... 1 No ..... 3 DON'T KNOW..... 8  <input type="text"/> <input type="text"/> Times
	C. <b>DPT Vaccination</b> , that is, an injection, usually given at the same time as polio drops  IF 'YES': How many times?	Yes ..... 1 No ..... 3 DON'T KNOW..... 8  <input type="text"/> <input type="text"/> Times
	D. An injection against <b>Measles</b> .	Yes ..... 1 No ..... 3 DON'T KNOW..... 8
	E. <b>Anti Hepatitis B</b> Injection	Yes ..... 1 No ..... 3 DON'T KNOW..... 8
RJA31.	In the last 4 weeks has [CHILD'S NAME] participated in the activities of the Child Development Program?	Yes ..... 1 No ..... 3
RJA32.	How many times was child weighed in the last 6 months?	<input type="text"/> <input type="text"/> Times ..... 1 DON'T KNOW..... 8
RJA33.	How many types of food [CHILD'S NAME] ate in last week?	1. <input type="text"/> <input type="text"/> Types 8. DON'T KNOW

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

<div>RJA34.</div> <div>Did [CHILD'S NAME] eat [...] last week?</div> <div>(READ TYPES OF FOOD)</div> <div>IF YES, FOR EACH FOOD ASK:</div> <div>How many times [CHILD'S NAME] ate in last week?</div> <div>CIRCLE ONE ANSWER FOR EACH TYPE OF FOOD.</div>	FOOD TYPE	NO, DID NOT EAT IN THE LAST WEEK	YES, ATE [...] TIMES DAILY	YES, ATE [...] 4-6 TIMES IN A WEEK	YES, ATE [...] 2-3 TIMES IN A WEEK	YES, ATE [...] 1 TIME IN A WEEK
	(RJA3TYPE)					
	a) Tubee	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat/poultry	1	2	3	4	5
	e) Milk	1	2	3	4	5
	f) Vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Carrot	1	2	3	4	5
<div>RJ35.</div> <div>In the last 12 months, how many times did [CHILD'S NAME] eat?</div> <div>(READ TYPES OF FOOD)</div> <div>CIRCLE ONE ANSWER FOR EACH TYPE OF FOOD.</div>	FOOD TYPE	NO, DID NOT EAT IN THE LAST 12 MONTHS	YES, ATE EACH MONTH	YES, ATE ALMOST EACH MONTH	YES, ATE MORE THAN 2 MONTHS	YES, ATE ONLY 1-2 MONTHS
	(RJA3TYPE)					
	a) Tubee	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat/poultry	1	2	3	4	5
	e) Milk	1	2	3	4	5
	f) Vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Carrot	1	2	3	4	5
j) Mango	1	2	3	4	5	

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?	No ..... 3 ➔SECTION BAA Yes ..... 1
---	--

HOSPITALIZATION FACILITY (RNA1TYPE)	RNA01.	RNA02.
	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)	3. No↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)	3. No↓ 1. Yes ➔	Times
C. Private Hospital	3. No↓ 1. Yes ➔	Times
D Private Clinic	3. No↓ 1. Yes ➔	Times
F. Midwife Clinic	3. No↓ 1. Yes ➔	Times
E. Other, specify _____	3. No↓ 1. Yes ➔ RNA05a	Times

SECTION RNA (CHILD INPATIENT UTILIZATION)

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

NUMBER OF HOSPITALIZATIONS:   

(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	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>	<div>Name 1. 8. DK</div> <div>Address 1. 8. DK</div> <div>Loc. Note 1. 8. DK</div> <div>A. Vill: 1. 3. Same 8. DK</div> <div>B. Kec 1. 3. Same 8. DK</div> <div>C. Kab: 1. 3. Same 8. DK</div> <div>D. Prov: 1. 3. Same 8. DK</div> <div>CODE CF</div>
RNA08. How many nights was [CHILD'S NAME] hospitalized there?	<div>Nights</div>	<div>Nights</div>	<div>Nights</div>	<div>Nights</div>

SECTION RNA (CHILD INPATIENT UTILIZATION)

	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RNA10. For what reason was [CHILD'S NAME] hospitalized?	Sickness .....1 Accident.....2 Operation, what type? .....5 Other, specify .....4	Sickness .....1 Accident .....2 Operation, what type? .....5 Other, specify .....4	Sickness .....1 Accident.....2 Operation, what type? .....5 Other, specify .....4	Sickness .....1 Accident .....2 Operation, what type? .....5 Other, specify .....4
RNA15. During hospitalization, what kind of treatment did [CHILD'S NAME] receive?	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify .....	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify .....	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify .....	(CIRCLE ALL THAT APPLY) A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) H. Other, specify .....
RNA18. What was the total cost to fill a prescription that you received during this visit?	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
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. 3. Did not pay anything 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Did not pay anything 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Did not pay anything 8. DON'T KNOW	1. _____, _____, _____ Rp. 3. Did not pay anything 8. DON'T KNOW
RNA19a. Did you use insurance to pay for all or some of this visit?	No .....3 → RNA20 Yes .....1	No .....3 → RNA20 Yes .....1	No .....3 → RNA20 Yes .....1	No .....3 → RNA20 Yes .....1
RNA19b. What insurance did you use?	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify .....	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify .....	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify .....	1. Health Card ( <i>Kartu Sehat</i> ) 2. Letter stating non-affordability ( <i>Surat Miskin</i> ) 3. Private insurance 4. Employer–provided insurance 6. NONE 5. Other, specify .....
RNA20. INTERVIEWER'S NOTE: IS THERE ANY OTHER IN-PATIENT?	Yes .....1 → RNA05a COLUMN 2 No .....3 → SECTION BAA	Yes .....1 → RNA05a COLUMN 3 No .....3 → SECTION BAA	Yes .....1 → RNA05a COLUMN 4 No .....3 → SECTION BAA	Yes .....1 → RNA05a SUPPLEMENT No .....3 → SECTION BAA

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

SECTION BAA (PARENTAL INFORMATION)

(BAATYPE)	Father (1)	Mother (2)
BAA00. INTERVIEWER CHECK : [CHILD'S NAME] MOTHER/FATHER IS RESPONDENT FOR BOOK V?	Yes ..... 1→BAA00 FOR MOTHER No..... 3	Yes ..... 1→NEXT SECTION No..... 3
BAA02. INTERVIEWER CHECK: 1. [...] CHILD STAYS IN HOUSEHOLD AND REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00.  2. [...] CHILD DIED/DOES NOT STAY IN HOUSEHOLD, BUT REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00.  3. [...] CHILD IS NOT REGISTERED ON HOUSEHOLD ROSTER→BAA03.	1. <input type="text"/> <input type="text"/> AR00 and stays in household →BAA00 col MOTHER  2. <input type="text"/> <input type="text"/> AR00 and died/does not stay in household  3. Not in household roster	1. <input type="text"/> <input type="text"/> AR00 and stays in household →BAA00 col MOTHER  2. <input type="text"/> <input type="text"/> AR00 and died/does not stay in household  3. Not in household roster
BAA03. Is [child's name] father/mother still alive?	No .....3→BAA06 DON'T KNOW .....8→BAA06 Yes .....1	No .....3→BAA06 DON'T KNOW .....8→BAA06 Yes .....1
BAA04. How often has [child's name] seen his/her father/mother in the last 12 months?	Did not see .....1 At least once per year .....2 At least once per month .....3 At least once per week .....4 Everyday .....5	Did not see .....1 At least once per year .....2 At least once per month .....3 At least once per week .....4 Everyday .....5
BAA05. Where does [child's name] father/mother live?	<div><div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div></div></div>
BAA06. What is the highest level of education of father/mother?	01 02 03 04 05 06 11 12 13 14 60 61 62 63 72 73 90 98 10 _____	01 02 03 04 05 06 11 12 13 14 60 61 62 63 72 73 90 98 10 _____
BAA07. What is the highest class that father/mother finished? IF BA06 = 1 CIRCLE 96.	00 01 02 03 04 05 06 07 96 98 →BAA00 FOR MOTHER	00 01 02 03 04 05 06 07 96 98 →SECTION CP

<b>CODE FOR BAA05</b> 00. In this household 01. In the same village 02. In the same subdistrict 03. In the same district 04. In the same province	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. D.I. 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. USA	91. Saudi Arabia 92. Australia 93. Holland 94. Brunei 95. Hong Kong 96. Japan 97. South Korea 95. Other _____ 98. DON'T KNOW
<b>CODE FOR BAA06</b> 01. No schooling 02. Elementary school 03. Junior high general 04. Junior high vocational 05. Senior high general 06. Senior high vocational	11. Adult education A 12. Adult education B 13. Open university 14. Islamic school ( <i>Pesantren</i> ) 60. College (D1, D2, D3) 61. University (Bachelor) 62. University (Masters)	63. University (PhD) 72. Islamic elementary school ( <i>Madrasah Ibtidaiyah</i> ) 73. Islamic junior/high school ( <i>Madrasah Tanawiyah</i> ) 90. Kindergarten 98. DON'T KNOW 10. Other, specify: _____	<b>CODE FOR BAA07</b> 00. Didn't finish first class 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6		
			07. Graduated 96. No School 98. DON'T KNOW		

SECTION CP (INTERVIEW SESSION NOTES)

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

<p><b>CP1.</b> WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? <b>ANSWER MAY BE MORE THAN ONE.</b></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><b>CP2.</b> 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><b>CP3.</b> 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><b>CP4.</b> WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p><b>CP5.</b> WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p><b>CP6.</b> WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____ _____ _____</p>

**NOTES:**

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