

INDONESIA FAMILY LIFE SURVEY 2000

BOOK IIIB

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

Respondent is an adult 15 years or older

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER

PID

NAME OF RESPONDENT: _____

RSPNDNT. RESPONDENT IS: Head of Household (AR02b=01)..... 01
 Spouse of Household (AR02b=02)..... 02
 Other Householder..... 03

PANEL. FOR BOOK III IS
 HOUSEHOLDER?: Panel Respondent (AR01g=1)..... 1
 New Respondent (AR01g=3)..... 3

TO BE FILLED OUT BY INTERVIEWER FOR BOOK III

QUESTIONS FOR RESPONDENT:

AGE. How old are you? _____ years

MARSTAT. What is your marital status: Single..... 1
 Married2
 Separated3
 Divorced4
 Widowed5

SEX. Sex: Male 1
 Female.....3

BIRTHDATE. Date of Birth: ____/____/____
 Day Month Year

INDONESIAN LANGUAGE CODES	
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 IIIB: ____ (NUMVIS)

INTERVIEW	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 IIIB	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: _____	<div>Yes No</div> <div>a. Observed by local supervisor (SUP_OBS) 1 3</div> <div>b. Edited by local supervisor (SUP_EDIT)..... 1 3</div>

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.....	No 3 → SECTION KK Yes 1 b. No 3 Yes 1 c. No 3 Yes 1 d. No 3 Yes 1 e. No 3 Yes 1
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 cigaretteA Unfiltered cigarette.....B Filtered cloves cigaretteC Unfiltered cloves cigarette.....D CigarE
KM04. Do you still have the habit or have you totally quit?	STILL HAVE 1 →KM05a QUIT 3
KM05aa. At what age did you totally quit from [...]?	1. [...] Years 8. DON'T KNOW
KM05a. INTERVIEWER CHECK: KM01b = 1 or KM01c = 1?	NO 3 →KM07 YES..... 1

KM06. In one week how many ounces (100 grams) did/do you consume now/before totally quitting of chewing tobacco and smoking pipe?	[] oz (100 gr)..... 1 DON'T KNOW 8
KM06a. INTERVIEWER CHECK: KM04 = 1	NO 3 →KM07 YES..... 1
KM06b. What's the price for 1 ounce you have to pay?	[], [] Rp. 1 DON'T KNOW 8
KM07. INTERVIEWER CHECK. KM01d = 1 or KM01e = 1?	NO 3 →KM09 YES..... 1
KM08. In one day about how many cigars/cigarettes did you consume now/before totally quitting?	[] per day 1 DON'T KNOW 8
KM08a. INTERVIEWER CHECK KM04=1	NO 3 →KM09 YES 1
KM08b. How many cigarettes/packs do you usually buy each time?	[] cigarettes 1 → KM08d [] packs 3
KM08c. How many cignarettes for each pack?	[] cigarettes
KM08d.	[], [] Rp. 1 DON'T KNOW 8
KM09. About how much money did/do you spend each week on these products?	[], [] Rp. 1 DON'T KNOW 8
KM10. At what age did you start to smoke on a regular basis?	[] Years 1 DON'T KNOW 8

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?	___ Days 1 DON'T KNOW 8
KK02b.	In the last 4 weeks, how many days have you stayed in bed due to poor health?	___ Days..... 1 DON'T KNOW 8
KK02c2.	Compared with your health 12 months ago, would you say that your health is [...]?	About the same 3 ➔ KK02e Much better now..... 1 Somewhat better now 2 Somewhat worse..... 4 Much worse 5
KK02d2.	Why has your health become, much better/somewhat better/somewhat worse/much worse?	_____ _____ _____
KK02e2.	In the last 12 months have you experienced any serious health problems?	No 3 ➔ KK02i Yes 1

KK02f2.	KK02g2.	KK02h2.
What health problems?	When did it start?	For how long?
a. _____	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ Months 3. Still experiencing
b. _____	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ Months 3. Still experiencing
c. _____	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ Months 3. Still experiencing
KK02i.	How do you expect your health to be in next year?	Much better than now 1 Somewhat better than now 2 About the same 3 Somewhat worse 4 Much worse 5
KK02j.	Compared to another person of your age and sex, would you say that your health is [...]?	Better than the others 1 Same as the others 2 Worse than the others 3

Now we would like to know your physical ability in daily activity.

If you had [...], could you do it:	
KK03a.	To carry a heavy load (like a pail of water) for 20 meters
KK03c.	To walk for 5 kilometers
KK03j.	To walk for 1 kilometer
KK03e.	To bow, squat, kneel
KK03b.	To sweep the house floor yard
KK03d.	To draw a pail of water from a well
KK03i.	To stand up from sitting on the floor without help
KK03g.	To stand up from sitting position in a chair without help
KK03h.	To go to the bathroom (BM) without help
KK03f.	To dress without help

SECTION KK (HEALTH CONDITION)

The following questions pertain to your conditions during the past 4 weeks.

KK04.	In the last 4 weeks, do you have a hard time sleeping (could not get to sleep or stay asleep)?	Often..... 1 Sometimes 3 Never 5
KK05.	In the last 4 weeks, have you been bothered by things that usually don't bother you?	Often..... 1 Sometimes 3 Never 5
KK06.	In the last 4 weeks, have you felt lonely?	Often..... 1 Sometimes 3 Never 5
KK07.	In the last 4 weeks, have you experienced sadness?	Often..... 1 Sometimes 3 Never 5
KK08.	In the last 4 weeks, have you experienced anxiety or fear?	Often..... 1 Sometimes 3 Never 5
KK09.	In the last 4 weeks, have you had difficulty concentrating on doing something?	Often..... 1 Sometimes 3 Never 5
KK10.	In the last 4 weeks has carrying out normal tasks seemed like an effort?	Often..... 1 Sometimes 3 Never 5
KK11.	In the last 4 weeks have you had difficulty in remembering/recalling something?	Often..... 1 Sometimes 3 Never 5

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?	No 3 ➔ AK06 Yes 1
--	---

Benefit Type (AKTYPE)	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. Health Insurance (PT ASKES)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
B. Labor (Social) Insurance (ASTEK Jamsostek)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
C. Medical Expenditure Reimbursement	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
D. Employer Provided Clinic	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
E. Private Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
F. Life/Accident Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS
V. Other _____	1. Yes ➔ 3. No ↓ AK06	1. Year _ _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, _____ G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child F. Other _____ B. Oldest child D. 3rd oldest child G. NO ONE H. PARENTS/SIBLINGS

SECTION AK (INSURANCE)

AK06. Since January 1, 1998, have you lost any health benefits, health insurance, or accident or safety insurance for which you were the primary beneficiary?	No 3 ➔ SECTION MA Yes 1
--	---

Benefit Type (AKTYPE)	AK07.	AK08.
	What benefits did you lose?	When did the benefits end?
A. Health Insurance (PT ASKES)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
B. Labor (Social) Insurance (ASTEK Jamsostek)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
C. Medical Expenditure Reimbursement	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
D. Employer Provided Clinic	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
E. Private Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
F. Life/Accident Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	____ / ____ 1 Month Year DON'T KNOW 8
V. Private Insurance, Other _____	1. Yes ➔ 3. No ↓ SECTION MA 8. DON'T KNOW ↓ SECTION MA	____ / ____ 1 Month Year DON'T KNOW 8

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.

SYMPTOMS (MATYPE)	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→D
a. Dry cough.....	a. 1	3
b. Cough with phlegm.....	b. 1	3
c. Bloody cough.....	c. 1	3
D. Difficulty breathing	1	3→E
a. Wheezing	a. 1	3
b. Short, rapid breath.....	b. 1	3
E. Fever	1	3
F. Stomach ache	1	3
H. Nausea/vomiting.....	1	3
I. Diarrhea minimal of 3x per day.....	1	3→J
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
G. Painful or swollen joints.....	1	3
Q. Ear/Nose/Throat	1	3
R. Kidney	1	3
S. Heart/Blood Pressure	1	3
T. Wound/Injury	1	3
N. Other, specify	1	3

MA07. INTERVIEWER CHECK BOOK COVER:		RESPONDENT IS< 50 YEARS3 →SECTION PS
		RESPONDENT IS ≥ 50 YEARS 1
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 (PSTYPE)	PS01.	PS02.
	During the past 4 weeks, have you ever [...]?	What is the approximate total cost to purchase or make that medicine during the last 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. Vitamin	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 ↓ SECTION RJ 1. Yes →	1. , , Rp. 8. DON'T KNOW

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.

RJ00a. Have you had a general check up performed in the last 5 years?	No 3 ➔ RJ00 Yes 1
RJ00b. Where did you go to have this general check-up? (CIRCLE ALL THAT APPLY)	Public hospital A Public health center..... B Private hospital..... C Polyclinic, private clinic, medical center D Private physician E Nurse, paramedic, midwife..... F Traditional practitioner..... G DON'T KNOW H Other, specify I
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 ➔ RJ25 Yes 1

	RJ01.	RJ02.
MEDICAL FACILITY (RJ1TYPE)	Within the last 4 weeks, have you been to [...] / visited by [...]?	How many times did you visit / been visited by [...] during the last 4 weeks?
A. Public hospital (General or Specialty)	3. No ↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	3. No ↓ 1. Yes ➔	Times
E. Private Hospital	3. No ↓ 1. Yes ➔	Times
F. Polyclinic, Private Clinic, Medical Center	3. No ↓ 1. Yes ➔	Times
G. Private Physician (General Practitioner, Specialist, Dentist)	3. No ↓ 1. Yes ➔	Times
H. Nurse, Paramedic, Midwife practitioner	3. No ↓ 1. Yes ➔	Times
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No ↓ 1. Yes ➔	Times
J. Other, specify _____	3. No ↓ RJ05a 1. Yes ➔	Times

SECTION RJ (OUTPATIENT UTILIZATION)

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

HHID

--	--	--

--	--

--	--

--	--

 PID

--	--

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?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RJ06.	What is the name and location of the medical provider? 1. Specify 3. Same as residence 8. DON'T KNOW	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Loc. Note 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RJ08.	What was the purpose of visit? CIRCLE ALL THAT APPLY B. Immunization..... C. Consultation..... D. Medical check-up..... E. Medications..... F. Injection..... H. Treatment for Injury..... I. Treatment for Illness..... J. Massage..... K. Birth control..... L. Prenatal care..... G. Other, specify _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____	CIRCLE ALL THAT APPLY B C D E F H I J K L G _____

SECTION RJ (OUTPATIENT UTILIZATION)

(RJNUM)	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJ09. 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
RJ10a. INTERVIEWER NOTE: CHECK RJ05a 1. IF A, B, E, F, J → RJ11..... 3. NO.....	YES1 → RJ11 NO3	YES..... 1 → RJ11 NO..... 3	YES..... 1 → RJ11 NO..... 3	YES..... 1 → RJ11 NO..... 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. [][][][] . [][] Km 8. DON'T KNOW	1. [][][][] . [][] Km 8. DON'T KNOW	1. [][][][] . [][] Km 8. DON'T KNOW	1. [][][][] . [][] Km 8. DON'T KNOW
RJ12. What is the travel time (one-way) to that facility?	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW
RJ14. 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
RJ15. Upon arrival, how long did you have to wait to be examined?	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW	[][] 01. Minute 02. Hour 98. DON'T KNOW
RJ17. What kind of treatment did you receive? CIRCLE ALL THAT APPLY A. Medical check-up/consultation..... B. Injection C. Laboratorium test..... D. Surgery E. Xray F. Birth Control..... G. Medications H. Other, specify I. Massage J. Traditional treatment..... K. Prenatal care	CIRCLE ALL THAT APPLY A B C D E F G H I J K	CIRCLE ALL THAT APPLY A B C D E F G H I J K	CIRCLE ALL THAT APPLY A B C D E F G H I J K	CIRCLE ALL THAT APPLY 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. [][][][] , [][][][][] , [][][][][] 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

SECTION RJ (OUTPATIENT UTILIZATION)

(RJNUM)	MOST RECENT	2ND MOST RECENT	3RD MOST RECENT	4TH MOST RECENT
RJ21. 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
RJ21a. Did you use insurance to pay for all or some of this visit?	No..... 3 → RJ22 Yes..... 1	No..... 3 → RJ22 Yes..... 1	No..... 3 → RJ22 Yes..... 1	No..... 3 → RJ22 Yes..... 1
RJ21b. What insurance did you use?	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)..... 2 Private insurance..... 3 Employer-provided insurance..... 4 Other 5
RJ22. Was any payment in kind made?	No..... 3. → RJ24 Yes..... 1	No..... 3. → RJ24 Yes..... 1	No..... 3. → RJ24 Yes..... 1	No..... 3. → RJ24 Yes..... 1
RJ23. 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
RJ24. INTERVIEWER NOTE: OTHER VISIT?	1. YES → RJ05a COLUMN 2 3. NO	1. YES → RJ05a COLUMN 3 3. NO	1. YES → RJ05a COLUMN 4 3. NO	1. YES → SUPPLEMENT SECTION RJ 3. NO

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

SECTION RJ (OUTPATIENT UTILIZATION)

RJ25. INTERVIEWER NOTE COV5: RESPONDENT IS FEMALE?	MALE1→RJ30 FEMALE3
RJ26. Have you heard about papsmears?	No3→RJ29 Yes1
RJ27. When did you last have papsmear?	1. / Month / Year 3. Never had →RJ29 8. DON'T KNOW
RJ28. Who did the procedure the last time you had it performed?	Public hospital01 Public health center.....02 Private hospital.....03 Polyclinic, private clinic, medical center04 Private physician05 Nurse, paramedic, midwife.....06 Traditional practitioner.....07 DON'T KNOW08 Other _____ 95
RJ29. How many times did you perform self-examination of your breast in the last 12 months?	1. Times 3. None 8. DON'T KNOW
RJ30. Do you normally eat [...]? (READ EACH CHOICE OF THE ANSWERS)	3 meals per day.....01 2 meals per day.....02 1 meal per day03 5-6 meals per week.....04 3-4 meals per week.....05 2 meals per week06
RJ31. How many different kinds/types of foods do you eat over a one week period?	1. Types 8. DON'T KNOW

SECTION RJ (OUTPATIENT UTILIZATION)

<div>RJ32.</div> <div>In the last week, what did you eat [...] and how many times?</div> <div>(READ ALL AVAILABLE TYPES OF FOOD)</div> <div>IF THE RESPONDENT ANSWERS “YES” FOR A SPECIFIC TYPE, ASK:</div> <div>How many times did you eat [...] in the last week?</div> <div>CIRCLE ONE ANSWER FOR EACH OF AVAILABLE TYPES OF FOOD.</div>	TYPE	NOT EAT IN THE LAST WEEK	YES, EVERY DAY	YES, 4-6 TIMES PER WEEK	YES, 2-3 TIMES PER WEEK	YES, ONCE PER WEEK
	a) Sweet potatoes	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat (beef, chicken, pork, etc.)	1	2	3	4	5
	e) Dairy	1	2	3	4	5
	f) Green leafy vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Jack fruit	1	2	3	4	5
	j) Mango	1	2	3	4	5
<div>RJ33.</div> <div>In the last 12 months, how many times do you eat [...] ?</div> <div>(READ ALL AVAILABLE TYPES OF FOOD)</div> <div>CIRCLE ONE ANSWER FOR EACH OF AVAILABLE TYPES OF FOOD.</div>	TYPE	NOT EAT IN THE LAST 12 MONTHS	YES, EVERY MONTH	YES, ALMOST EVERY MONTH	YES, FEW MONTHS	YES, 1-2 MONTHS
	a) Sweet potatoes	1	2	3	4	5
	b) Eggs	1	2	3	4	5
	c) Fish	1	2	3	4	5
	d) Meat (beef, chicken, pork, etc.)	1	2	3	4	5
	e) Dairy	1	2	3	4	5
	f) Green leafy vegetables	1	2	3	4	5
	g) Banana	1	2	3	4	5
	h) Papaya	1	2	3	4	5
	i) Jack fruit	1	2	3	4	5
	j) Mango	1	2	3	4	5

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 3 ➔ SECTION PM Yes 1
--	---

HOSPITALIZATION FACILITY (RN1TYPE)	RN01.	RN02.
	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)	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
E. Other _____	3. No ↓ RN05a 1. Yes ➔	Times

RN_NUM: Number of hospitalizations Times

SECTION RN (INPATIENT UTILIZATION)

HHID PID

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 [...]?

RN_NUM: # of hospitalizations:

(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. Specify 3. Same as current residence 8. Don't Know	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Location1. <input type="text"/> 8. DK <input type="text"/> <input type="text"/> Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RN08. How many nights were you hospitalized there?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights
RN10. For what reason were you hospitalized?	Sickness.....1 Accident2 Giving birth3 Operation5 Other, specify4	Sickness1 Accident2 Giving birth3 Operation5 Other, specify4	Sickness1 Accident2 Giving birth3 Operation5 Other, specify4	Sickness1 Accident2 Giving birth3 Operation5 Other, specify4

SECTION RN (INPATIENT UTILIZATION)

(RNNUM)	Most Recent	2nd Most Recent	3rd Most Recent	4th Most Recent
RN15. During hospitalization, what kind of treatment did you receive? CIRCLE ALL THAT APPLY	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____	A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Birth control G. Medications I. IV (Drip Infusion) H. Other, specify _____
RN18. 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
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. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW	1. _____, _____, _____ Rp. 8. DON'T KNOW
RN19a. Did you use insurance to pay for all or some of this visit?	No3→ RN20 Yes.....1	No3→ RN20 Yes.....1	No 3→ RN20 Yes 1	No..... 3→ RN20 Yes 1
RN19b. What insurance did you use?	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)2 Private insurance3 Employer-provided insurance.....4 Other5	Health Card (<i>Kartu Sehat</i>) 1 Letter stating non-affordability (<i>Surat Miskin</i>) 2 Private insurance 3 Employer-provided insurance 4 Other 5	Health Card (<i>Kartu Sehat</i>)1 Letter stating non-affordability (<i>Surat Miskin</i>).....2 Private insurance3 Employer-provided insurance4 Other5	Health Card (<i>Kartu Sehat</i>)..... 1 Letter stating non-affordability (<i>Surat Miskin</i>)2 Private insurance.....3 Employer-provided insurance.....4 Other 5
RN20. INTERVIEWER'S NOTE: WAS THERE ANY OTHER HOSPITALIZATION?	YES 1 →RN05a COLUMN 2 NO 3 →SECTION PM	YES 1 →RN05A COLUMN 3 NO 3 →SECTION PM	YES 1 →RN05A COLUMN 4 NO 3 →SECTION PM	YES 1 → RN05a SUPPLEMENT RN NO 3 →SECTION PM

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

SECTION PM (COMMUNITY PARTICIPATION)

Now, we would like to know three types of arisan you participated in the last 12 months.

PM01.	Have you participated in arisan in the last 12 months?	No 3 ➔PM15 Yes..... 1
PM01b.	How many arisan have you participated in the last 12 months?	Number

PM01c.	PM03.	PM04.	PM05.	PM05a.
TYPE OF ARISAN	What is the interval between meetings of the [...] arisan ?	How much money do you pay into the [...] arisan each time it meets?	How long is the period between the times that you receive the pot of money ?	How many people normally participate in this arisan?
1. <input type="text"/> _____	Every : <input type="text"/> 03. Days 04. Weeks 05. Months 06. Years	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	<input type="text"/> 04. Weeks 05. Month 06. Years	<input type="text"/> People
2. <input type="text"/> _____	Every : <input type="text"/> 03. Days 04. Weeks 05. Months 06. Years	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	<input type="text"/> 04. Weeks 05. Month 06. Years	<input type="text"/> People
3. <input type="text"/> _____	Every : <input type="text"/> 03. Days 04. Weeks 05. Months 06. Years	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	<input type="text"/> 04. Weeks 05. Month 06. Years	<input type="text"/> People

- Code PM01c
01. Office

02. Sub-Neighborhood (RT)

03. Neighborhood (RW)

04. Village

05. Wives of Civil Servants/Army

06. Women's Association

07. Market

08. Family group

09. Religious groups

10. Other _____

12. Friends

13. Retirees

14. Agriculture

15. Youth

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.

	PM15.	PM16.	PM16a.	PM16b.	PM17.	PM18.	PM19.
Program or Community Activity (PM3TYPE)	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 [...]?	Did you participate in this activity as a beneficiary or as an implementor?	In the planning stage, did you participate in the decision making process?	How much time did you spend participating in the [...] program during the last 12 months? (total hours)	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) (CIRCLE ALL THAT APPLY)
A. Community Meeting (each level: 10 HH level, RT, RW, Village, Kecamatan, and including Village Advisory Board activities (LMD, LKMD))	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1	1. Beneficiary 3. Implementor 8. Other _____	Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE B
B. Cooperatives (include all types and levels of cooperatives: 10 HH level, RT, RW, Village, Kecamatan.)	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1	1. Beneficiary 3. Implementor 8. Other _____	Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE C
C. Voluntary Labor (for example cleaning up the village)	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1		Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE D
D. Program to Improve the Village/Neighborhood (KIP, MHT, con-block, street improvement, public facility)	Yes 1 No 3↓ DON'T KNOW .. 8↓	No 3↓ Yes 1		Yes 1 No 3	_____ 02. Hour 03. Day 98. DON'T KNOW	1. _____, _____, _____ Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM20

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

CODE PM19	
A. Service	G. Information
B. Materials	H. Infra-structure
C. Money	I. Environment
E. NOTHING	J. Health
D. Other _____	K. Cohesion of Community
	L. Religious Knowled

SECTION PM (COMMUNITY PARTICIPATION)

	PM15.	PM16.	PM16a.	PM16b.	PM17.	PM18.	PM19.
Program or Community Activity (PM3TYPE)	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 [...]?	Did you participate in this activity as a beneficiary or as an implementor?	In the planning stage, did you participate in the decision making process?	How much time did you spend participating in the [...] program during the last 12 months? (total hours)	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) (CIRCLE ALL THAT APPLY)
E. Neighbourhood Security Organization (Siskamling)	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div><div></div><div></div><div></div><div></div></div> 02. Hour 03. Day 98. DON'T KNOW	1. <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> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE F1
F1. Water for Drinking System/Supply (for example a public pump and for bathing/washing (MCK))	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div><div></div><div></div><div></div><div></div></div> 02. Hour 03. Day 98. DON'T KNOW	1. <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> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE H
H. System for garbage disposal	Yes.....1 No3↓ ROW M DON'T KNOW...8↓ ROW M	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div><div></div><div></div><div></div><div></div></div> 02. Hour 03. Day 98. DON'T KNOW	1. <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> Rp. 3. NOTHING 8. DON'T KNOW	A B C E F G H I J D _____ →PM15 LINE M
I. Women's Association Activities (PKK)	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div><div></div><div></div><div></div><div></div></div> 02. Hour 03. Day 98. DON'T KNOW	1. <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> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM15 LINE J
J. Community Weighing Post (Posyandu)	Yes.....1 No3↓ DON'T KNOW...8↓	No 3↓ Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div><div></div><div></div><div></div><div></div></div> 02. Hour 03. Day 98. DON'T KNOW	1. <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> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ → PM15 LINE M
M. Other _____	Yes.....1 No3↓ DON'T KNOW...8↓	No 3 → PM21 Yes..... 1	1. Beneficiary 3. Implementor 8. Other _____	Yes.....1 No3	<div><div></div><div></div><div></div><div></div></div> 02. Hour 03. Day 98. DON'T KNOW	1. <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> Rp. 3. NOTHING 8. DON'T KNOW	A B C E G H I J K L D _____ →PM21

CODE PM19

A. Service
B. Materials
C. Money
E. NOTHING
D. Other _____

G. Information
H. Infra-structure
I. Environment
J. Health
K. Cohesion of Community
L. Religious Knowled

SECTION PM (COMMUNITY PARTICIPATION)

PM21.	Have you ever heard the phrase/news of Regional Autonomy?	Yes 1 No..... 3→PM24
PM22.	What do you know about Regional Autonomy? CIRCLE ALL THAT APPLY	A. Bigger regional autonomy in development planning and implementation B. More people' participation in development C. Regional development program and policy will better answer local needs D. Better/bigger regional revenue E. Better regulation and service procedure F. Higher autonomy G. Regional revenues is for the region H. Region is more developed V. Other, _____ Y. DON'T KNOW
PM23.	If the regional autonomy is implemented, what are its impacts on people's welfare?	Better 01 Same 03 Worse 05 DON'T KNOW..... 08
PM24.	Did you vote in general election 1999?	Yes 1 No..... 3

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA04. Does your father/mother still live in this household?	No 3 ➔ BA05 Yes 1	No 3 ➔ BA05 Yes 1
BA04a. INTERVIEWER CHECK: AR00	1. [][] PID ➔ BA04 MOTHER'S COLUMN 3. NOT IN HOUSEHOLD	1. [][] PID ➔ BA10 3. NOT IN HOUSEHOLD
BA05. Is your father/mother still alive?	Yes 1 ➔ BA06b No 3 DON'T KNOW 8	Yes 1 ➔ BA06b No 3 DON'T KNOW 8
BA06a. 12 months ago was your father/mother still alive?	No 3 ➔ BA06d Yes 1 DON'T KNOW 8	No 3 ➔ BA06d Yes 1 DON'T KNOW 8
BA06aa. Was your father/mother living in this household when he/she died?	Yes 1 ➔ BA06d No..... 3 DON'T KNOW 8	Yes 1 ➔ BA06d No..... 3 DON'T KNOW 8
BA06b. How often have you seen your 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
BA06c. INTERVIEWER CHECK BA05: FATHER/MOTHER ALIVE?	Yes 1 ➔ BA07 DON'T KNOW..... 8 ➔ BA07 No 3	Yes 1 ➔ BA07 DON'T KNOW..... 8 ➔ BA07 No 3
BA06d. When did your father/mother die?	[][] / [][][][] 1 Month / Year DON'T KNOW 8	[][] / [][][][] 1 Month / Year DON'T KNOW 8
BA07. How old is your father/mother now/at time of death?	[][][] year 1 DON'T KNOW 8	[][][] year 1 DON'T KNOW 8
BA07a. Did your father/mother ever attend school?	No 3 ➔ BA11 DON'T KNOW 8 ➔ BA11 Yes 1	No 3 ➔ BA11 DON'T KNOW 8 ➔ BA11 Yes 1

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

	Father	Mother
BA08. What is the highest level of education of your father/mother?	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
BA09. What is the highest class that your father/mother finished?	00 01 02 03 04 05 06 07 98	00 01 02 03 04 05 06 07 98
BA11. What is/was your father's/mother's primary activity now/before his/her death?	Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other, 08 → BA14a Working/trying to get work/helping to earn income 01	Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other, 08 → BA14a Working/trying to get work/helping to earn income 01
BA13. What were [...] primary duties (now/one year before he died)?	Professional or technical worker 01 Managerial, administrative, decision making staff 02 Clerical personnel and the like 03 Sales personnel 04 Service personnel 05 Farm, forestry, game hunting, fishery worker 06 Production line worker 07 Transportation vehicle operator 08 Blue collar worker 09 Other 10 Don't know 98	Professional or technical worker 01 Managerial, administrative, decision making staff 02 Clerical personnel and the like 03 Sales personnel 04 Service personnel 05 Farm, forestry, game hunting, fishery worker 06 Production line worker 07 Transportation vehicle operator 08 Blue collar worker 09 Other 10 Don't know 98
BA14a. How is the health status of your father/mother now/before his/her death?	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8
BA14b. Now/before death does/did your father/mother need help with basic personal needs like dressing, eating, or bathing?	Yes 1 NO 3 UNWILLING TO ANSWER 7 DON'T KNOW 8	Yes 1 NO 3 UNWILLING TO ANSWER 7 DON'T KNOW 8
→BA04 MOTHER COLUMN		
<div><div><div>CODE BA08</div><div>Elementary school 02 University S1 61 Islamic School (<i>Pesantren</i>) 14 General junior secondary school 03 University S2 62 Madrasah, General 70 Vocational junior secondary school 04 University S3 63 Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 72 General senior high school 05 Adult Education A 11 Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 73 Vocational senior high school 06 Adult Education B 12 Madrasah Senior High School 74 Academy D1, D2, D3 60 Open University 13 Kindergarten 90 DON'T KNOW 98 Other, specify 10</div></div><div><div>CODE BA09</div><div>Didn't finish first class 00 5 05 1 01 6 06 2 02 Graduated 07 3 03 DON'T KNOW 98 4 04</div></div></div>		

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

FILL-OUT ROW FROM LEFT TO RIGHT

BA10. INTERVIEWER TO CHECK : BA04, BA05, BA06a, BA06aa	FATHER 1a. [...] RESPONDENT DIED 12 MONTHS OR MORE [BA06a = 3] 1b. [...] RESPONDENT IS STILL ALIVE IN THIS HOUSEHOLD (BA04a = 1) 1c. [...] RESPONDENT DIED LESS THAN 12 MONTHS AGO AND STAYED AT THE HOUSEHOLD WHEN HE/SHE DIED (BA06a = 1 DAN BA06aa = 1) 1d. DON'T KNOW [BA06a = 8 AND BA06aa = 8] 3. MOTHER/FATHER DIED LESS THAN 12 MONTHS AGO (BA06a=1 AND BA06aa=3) 5. MOTHER/FATHER STILL ALIVE AND DOES NOT STAY AT THE HOUSEHOLD (BA04=3)	MOTHER 1a. [...] RESPONDENT DIED 12 MONTHS OR MORE [BA06a = 3] 1b. [...] RESPONDENT IS STILL ALIVE IN THIS HOUSEHOLD (BA04a = 1) 1c. [...] RESPONDENT DIED LESS THAN 12 MONTHS AGO AND STAYED AT THE HOUSEHOLD WHEN HE/SHE DIED (BA06a = 1 DAN BA06aa = 1) 1d. DON'T KNOW [BA06a = 8 AND BA06aa = 8] 3. MOTHER/FATHER DIED LESS THAN 12 MONTHS AGO (BA06a=1 AND BA06aa=3) 5. MOTHER/FATHER STILL ALIVE AND DOES NOT STAY AT THE HOUSEHOLD (BA04=3)
BA10a. INTERVIEWER CHECK: BA10 TO ANSWER BA19 – BA22	FATHER = 1 AND MOTHER = 1 1 ➔ BA28x FATHER = 1 AND MOTHER > 1 2 ➔ ASK BA19-BA22 ABOUT MOTHER ONLY FATHER > 1 AND MOTHER = 1 3 ➔ ASK BA19-BA22 ABOUT FATHER ONLY FATHER > 1 AND MOTHER > 1 4 ➔ BA18	
BA18. Do your parents still live together?/Did your parents still live together at the time of death?	Yes 1 ➔ ASK BA19-BA22 ABOUT FATHER AND MOTHER TOGETHER AND RECORD ANSWERS IN “FATHER AND MOTHER LIVE TOGETHER” COLUMN (1ST COLUMN) No 3 ➔ ASK BA19-BA22 ABOUT FATHER FIRST (2ND COLUMN), THEN REPEAT QUESTIONS BA19-BA22 ABOUT MOTHER (3RD COLUMN)	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father and Mother Live Together	Father Only	Mother Only
BA19. During the past 12 months (before his/her death) did you (or your spouse) ever provide help to [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1	UNWILLING TO ANSWER 7➔ BA21 No 3➔ BA21 Yes 1
BA20. What type of help did you provide to [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Days 05. Month F. Other, specify _____	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.
BA21. During the past 12 months (before his/her death) did you (or your spouse) ever receive help from [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7➔ BA23a No 3➔ BA23a Yes 1	UNWILLING TO ANSWER 7➔ BA27 No 3➔ BA27 Yes 1	UNWILLING TO ANSWER 7➔ BA23a No 3➔ BA23a Yes 1
BA22. What type of help did you receive from [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery 03. Days 05. Month F. Other, specify _____	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ Rp. D. _____ Rp. E. _____ 03. Days 05. Month F. _____ _____ Rp.
BA27.		RETURN TO BA10a TO CHECK WHETHER QUESTIONS REGARDING MOTHER SHOULD BE ANSWERED	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - PARENTS)

	Father	Mother
BA23a. INTERVIEWER CHECK:	Yes 1 →BA14c No 3	Yes 1 →BA14c No 3
RESPONDENT IS HH HEAD OR SPOUSE OF HH HEAD?		
BA24a. Is your father/mother also the father/mother of the HH head or the spouse of the HH head?	Yes 1→BA23a MOTHER COLUMN No 3	Yes 1→BA28x No 3
BA14c. Where does [...] live now/before his death?	In this household00 In the same village01 In the same subdistrict02 In the same district03 In the same province04 DON'T KNOW08 In another province, specify 05 In another country 06	In this household 00 In the same village 01 In the same subdistrict 02 In the same district 03 In the same province 04 DON'T KNOW 08 In another province, specify 05 In another country 06
BA15. With whom does/did [...] live now/before his/her death? (CIRCLE ALL THAT APPLY) ANSWER OF “BY HIM/HERSELF” CANNOT BE COMBINED WITH OTHER ANSWERS	By him/herself A Wife/husband B Daughter C Son D Daughter-in-law/son-in-law E Sister F Brother G Brother/sister-in-law I Grandchild J Grandparent K Aunt/uncle L Niece/nephew M Cousin N Parents R Parents in law S Step/foster/adopted kid T Other family H Other non-family Q	By him/herself A Wife/husband B Daughter C Son D Daughter-in-law/son-in-law E Sister F Brother G Brother/sister-in-law I Grandchild J Grandparent K Aunt/uncle L Niece/nephew M Cousin N Parents R Parents in law S Step/foster/adopted kid T Other family H Other non-family Q
BA15a. INTERVIEWER CHECK BA15. IF C OR D IS CIRCLED ASK: What is the name of the son/daughter that [...] lives with now/before his/her death? IF C OR D IS NOT CIRCLED, WRITE W	<div></div> → BA23a MOTHER COLUMN	<div></div> → BA28x

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS - SIBLINGS)

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

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)?	No 3 → BA58x Yes 1	
BA28a. Is the head of the household your mother or father?	Yes 1 → BA54 No 3	
BA28b. Is the wife of the head of the household your mother?	Yes 1 → BA54 No 3	
BA28c. Is the head of the household your brother or sister?	Yes 1 → BA54 No 3	
BA28d. Is the wife of the head of the household your sister?	Yes 1 → BA54 No 3	
BA29. a. How many siblings do not live in the house are still alive? b. How many siblings died during the past 12 months and were non-householders at the time of their deaths? <input type="text"/> <input type="text"/> <div>IF BA29a and BA29b = 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		

BA00a. INTERVIEWER CHECK (select one)	
THERE IS A PREPRINTED SIBLING ROSTER..... 1 ↓ INSERT PREPRINTED SIBLING ROSTER	THERE IS NO PREPRINTED SIBLING ROSTER / NEW RESPONDENT 3 ↓ BA00b & BAA00c USE NEW SIBLING ROSTER FORM
BA00b. NUMBER OF SIBLINGS STILL ALIVE AND NOT STAYING AT THE HOUSEHOLD <input type="text"/>	
BA00c. NUMBER OF SIBLINGS WHO DIED IN THE LAST 12 MONTHS AND WERE NOT STAYING IN THE HOUSEHOLD BEFORE THEY DIED..... <input type="text"/>	
INTERVIEWER NOTES: CHECK BA00b AND BA00c. FILL BA30a-BA45 WITH INFORMATION ON NON-HOUSEHOLDER SIBLINGS STILL ALIVE OR DEAD IN THE LAST 12 MONTHS. IF BA00b AND BA00c = 0 → BA58x.	

SECTION BA (NON-CORESIDENT FAMILY TRANSFER AND ROSTERS – SIBLINGS)

Fill out columns BA30a-BA45 with information about siblings 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 1. Male 3. Female	Age in 1997?	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 [...]?		
01		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
02		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
03		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
04		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
05		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
06		<input type="checkbox"/>			1→BA30f 3		1. <input type="text"/> th 8. DK	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> IF BA40≠ 01 →BA43	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		
BA36					BA37		BA39		BA40		BA42		BA45			
01. No school/Not yet in School 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelor) 62. University (Master) 63. University (PhD) 09. University					10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (<i>Pesantren</i>) 17. School for the Disabled 70. Madrasah 72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>) 73. Islamic Junior/High School (<i>Madrasah Tsanawiyah</i>) 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. Unschooled 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 _____ 09. Traveling/on vacation 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 _____ 98. DON'T KNOW		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 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 98. DON'T KNOW 99. Other _____			

SECTION BA (NON-CORESIDENT SIBLING ROSTER)

<div>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?</div>	<div>UNWILLING TO ANSWER 7 → BA56</div> <div>No 3 → BA56</div> <div>Yes 1</div>
<div>BA55. What type of help did you (or your spouse) provide to the siblings during the past 12 months and how much?</div> <div>(MULTIPLE ANSWERS ALLOWED)</div> <div>A. Money or loan, tuition, or health care costs (including treatment)</div> <div>D. Food stuff or other goods.....</div> <div>E. Doing household chores, or providing child care or assisting during physical recovery</div> <div>03. Day 05. Month</div> <div>F. Other, specify.....</div>	<div>A. [][][][] , [][][][] , [][][][] Rp.</div> <div>D. [][][][] , [][][][] , [][][][] Rp.</div> <div>E. [][] 03. day 05. month</div> <div>F.</div> <div>[][][][] , [][][][] , [][][][] Rp.</div>
<div>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?</div>	<div>UNWILLING TO ANSWER 7 → BA58x</div> <div>No 3 → BA58x</div> <div>Yes 1</div>
<div>BA57. What type of help did you (or your spouse) receive from the siblings during the past 12 months and how much?</div> <div>(MULTIPLE ANSWERS ALLOWED)</div> <div>A. Money or loan, tuition, or health care costs (including treatment)</div> <div>D. Food stuff or other goods.....</div> <div>E. Doing household chores, or providing child care or assisting during physical recovery</div> <div>03. Day 05. Month</div> <div>F. Other, specify.....</div>	<div>A. [][][][] , [][][][] , [][][][] Rp.</div> <div>D. [][][][] , [][][][] , [][][][] Rp.</div> <div>E. [][] 03. day 05. month</div> <div>F.</div> <div>[][][][] , [][][][] , [][][][] Rp.</div>

SECTION BA (NON-CORESIDENT SIBLING ROSTER)

BA58x. INTERVIEWER CHECK (select one)

PANEL RESPONDENT (AR01g=1)

1
↓
BA58a

NEW RESPONDENT (AR01g=3)

3
↓
BA58b

PANEL RESPONDENT

BA58a. INTERVIEWER CHECK PREPRINTED CHILD ROSTERS

5. PREPRINTED CHILD ROSTER EXISTS, BOOK IV INDICATED (AR01h = 1)5 → TF
3. PREPRINTED CHILD ROSTER EXISTS, BOOK III INDICATED3 → PREPRINTED CHILD ROSTER (BA00b)
1. PREPRINTED CHILD ROSTER DOES NOT EXIST1↓BA58b

BA58b. INTERVIEWER TO VERIFY:

FEMALE RESPONDENT 49 OR YOUNGER..... 5 → SECTION TF
FEMALE RESPONDENT OVER AGE 49 AND ANSWER BOOK IV 2 → SECTION TF
FEMALE RESPONDENT OVER AGE 49 AND DOES NOT ANSWER BOOK IV . 3 → BA61
MALE RESPONDENT 1

BA59. Does your wife live in the household?

Not Yet Married 5 → SECTION TF
No 3 → BA61
Yes 1

BA60. INTERVIEWER'S NOTE (REFER TO KW03):

MARRIED ONLY ONCE 1 → SECTION TF
MARRIED MORE THAN ONCE 3 → BA62

BA61. Do you have children over 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 →SECTION TF
No 3
Yes 1 → BA00b
(BA FORM FOR NEW CHILD)

BA62. Do you have children over 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?

No 3 → SECTION TF
Yes 1 → BA00b
(BA FORM FOR NEW CHILD)

BA00b. INTERVIEWER CHECK (select one)

THERE IS A PREPRINTED CHILD ROSTER BOOK III 1
↓
INSERT PREPRINTED CHILD ROSTER BOOK III

THERE IS NO PREPRINTED CHILD ROSTER BOOK III 3
↓
USE FORM BA FOR NEW CHILD

SECTION BA (NON-CORESIDENT CHILDREN ROSTER)

Please list any children who are at least 15 years old and live outside the household. Please include children who died during the past 12 months and were living outside of the household at the time of death.

BAAR00	BA63a	BA63b		BA64	BA64a	BA64b		BA64c	BA65	BA65a		BA66	BA67	BA68		BA69	BA70	
NO. OF HHM		NAME		Sex	Age in '97	Birth Date Mo/Yr		In HH in '97?	Is [...] alive?	Death Date Month/Year		Current Age/Age when died Yrs	Marital Status	Highest education level	Highest grade completed	Where does [...] live now/before died?		
<div></div>	01			<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW			1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>		
<div></div>	02			<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW			1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>		
<div></div>	03			<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW			1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>		
<div></div>	04			<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW			1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>		
<div></div>	05			<div></div>		1. <div></div> / <div></div> Month / Year 8. DON'T KNOW			1→BA66 3 8→BA66	1. <div></div> / <div></div> Month / Year 8. DON'T KNOW		1. <div></div> th 8. DK	<div></div>	<div></div>	<div></div>	00↓ <div></div>		
AR00 97. Not registered at the roster		BA64 1. Male 3. Female		BA65 1. Yes 3. No 8. DON'T KNOW		BA67 1. Unmarried 2. Married 3. Separated/estranged 4. Divorced 5. Widow/widower 8. DON'T KNOW		BA68 01. No school/Not yet in School 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High - Vocational 60. College, D1, D2, D3 61. University (Bachelor) 62. University (Master) 63. University (PhD) 09. University 10. Other, specify _____ 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren) 17. School for the Disabled 70. Madrasah 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior/High School (Madrasah Tsanawiyah) 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. DON'T KNOW	
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 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 98. DON'T KNOW 99. Other _____																		

SECTION BA (NON-CORESIDENT CHILDREN ROSTER)

(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
		(NAME)	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?
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 10 _____	1 2 3 4 5
			02, 03, 04, 05, 06, 07, 98 →BA84 01 _____ 08 _____	01 02 03 04 05 06 98	01 02 03 04 05 06 07 08 09 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: _____ 09. Traveling/on vacation 98. DON'T KNOW	BA81 01. Self-employed 02. Self-employed assisted other family members/temporary employees 03. Self-employed with permanent employees 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 _____ 98. Don't know	BA84 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday

SECTION BA (NON-CORESIDENT CHILDREN ROSTER)

(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
	(NAME)	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?	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?
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____
		3. No→BA89a 7. UNWILLING TO ANSWER→BA89a 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____	3. No→ NEXT LINE/SECTION TF 7. UNWILLING TO ANSWER → NEXT LINE/TF 1. Yes	A. , , Rp. D. , , Rp. E. 03. days 05. months F. , , Rp. _____

BA88 & BA90
A. Money (loans, tuition, health care cost)
D. Food stuff or other goods
E. Chores, child care
F. Other_____

SECTION TF (TRANSFERS)

Now we would like to know whether you have provided/received help, in the form of money, goods or services to/from persons outside the household (other than parents, siblings children) or to/from other parties (for example like a foundation/organization, friends, and relatives) during the past 12 months (except gifts, souvenirs, etc.)

TF01a. INTERVIEWER CHECK: RESPONDENT STATUS = MARRIED (COV4=2)?	No 3 ➔ TF03 Column B Yes..... 1
TF01. Do you live with your spouse?	Yes..... 1 ➔ TF03 Column B No 3 ➔ TF03 Column A

INTERVIEW NOTE: ASK TF03-TF06 COLUMN A, B, C FOR TF01=3

(TFTYPE)	A Respondent's spouse not in the household	B Family members other than your parents, siblings or children	C Friends or neighbors
TF03. Did you ever provide help in the form of money, goods or services to [...] during the past 12 months?	No 3 ➔ TF05 Yes 1	No 3 ➔ TF05 Yes..... 1	No3 Yes.....1
TF04. What type of help did you provide to [...] during the past 12 months and how much? (CIRCLE ALL THAT APPLY) A. Money or loan B. Tuition C. Health care cost (including treatment) D. Food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery V. Other, specify_____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	
TF05. Did you ever receive help in the form of money, goods or services from [...] during the past 12 months?	No 3 ➔ COLUMN B Yes 1	No 3 ➔ COLUMN C Yes..... 1	No3 ➔ SECTION BH Yes.....1
TF06. What type of help did you receive from [...] during the past 12 months and how much? (CIRCLE ALL THAT APPLY) A. Money or loan B. Tuition C. Health care cost (including treatment) D. Food stuff or other goods..... E. Doing household chores, or providing child care or assisting during physical recovery V. Other, specify_____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____	Rupiah A. , , Rp. B. , , Rp. C. , , Rp. D. , , Rp. E. 03. days 05. months V. , , Rp. _____

SECTION BH (BORROWING HISTORY)

Now we would like to ask you about your loans from non-family or friends in the last 12 months.

BH00.	Do you know of a place where you can borrow money?	No..... 3 → SECTION CP Yes..... 1
BH01.	What type of place is this? (CIRCLE ALL THAT APPLY)	A B C D E F G H I J K V _____
BH02.	Did you try to borrow any money or goods from a source other than your family or friends over the past 12 months?	No..... 3 → SECTION CP Yes..... 1
BH03.	Were you turned down in your efforts to secure a loan over the past 12 months?	No..... 3 → BH05 Yes..... 1
BH04.	Where were you turned down? (CIRCLE ALL THAT APPLY)	A B C D E F G H I J K V _____
BH05.	Were you successful in securing a loan in the past 12 months?	No..... 3 → SECTION CP Yes..... 1
BH06.	How many times did you borrow from a source other than your family or friends over the past 12 months?	__ __ times
BH07.	How much did you borrow from a source other than your family or friends over the past 12 months?	1. __ __ __ __ , __ __ __ __ , __ __ __ __ Rupiah 8. DON'T KNOW

Code-Code BH01 and BH04
A. Private commercial bank
B. Cooperative bank
C. Government/semi government bank
D. Agricultural bank
E. Employer

F. Landlord
G. Shopkeeper
H. Non-government organization
I. Neighborhood association
J. Arisan

K. Small farmers group (kelompok petani kecil)
L. Money lender
M. Office
V. Other, _____

SECTION BH (BORROWING HISTORY)

Complete a column for each loan in the past 12 months.

	1st Loan	2nd Loan	3rd Loan
BH08. Was there any co-borrower from other household member?	No3 →BH10 Yes.....1	No3 →BH10 Yes 1	No 3 →BH10 Yes..... 1
BH09. Which other household member was co-borrower? (CIRCLE ALL THAT APPLY)	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____
BH10. Was there any co-borrower from non household member?	No3 →BH12 Yes1	No 3 →BH12 Yes 1	No 3 →BH12 Yes 1
BH11. Which non household member was co-borrower? (CIRCLE ALL THAT APPLY)	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____	B C D E F G I J K L M P Q R U N _____ H _____
BH12. Where did you receive the loan?	_____ <u> </u> <u> </u> <u> </u>	_____ <u> </u> <u> </u> <u> </u>	_____ <u> </u> <u> </u> <u> </u>
BH13. How many months ago did you receive this loan?	____ Months	____ Months	____ Months
BH14. Amount of loan?	1. _____,_____,_____ Rp. 8. DON'T KNOW	1. _____,_____,_____ Rp. 8. DON'T KNOW	1. _____,_____,_____ Rp. 8. DON'T KNOW

Code-Code BH09 and BH11 B. Wife/husband C. Respondent's biological children and wife/husband D. Respondent's parents E. Respondent's parent's-in-law F. Respondent's siblings G. Respondent's brother/sister-in-law I. Grandchild J. Grandparent K. Uncle/aunt L. Nephew/niece M. Cousin N. Other family _____ P. Non family Q. Adopted child R. Family of spouse U. Ex-spouse H. Others _____	Code BH12 01. Private commercial bank 02. Cooperative bank 03. Government/semi government bank 04. Agricultural bank 05. Employer 06. Landlord 07. Shopkeeper 08. Non-government organization 09. Neighborhood association 10. Arisan 11. Small farmers group (kelompok petani kecil) 12. Other, _____ 13. Money lender 14. Office
--	---

SECTION BH (BORROWING HISTORY)

	1ST LOAN	2ND LOAN	3RD LOAN
BH15. What was the purpose of loan?	<div><div></div><div></div><div></div></div> <div>Other _____</div>	<div><div></div><div></div><div></div></div> <div>Other _____</div>	<div><div></div><div></div><div></div></div> <div>Other _____</div>
BH16. Did the loan have to be repaid by a particular date?	DON'T KNOW8 ➔BH18 No3 ➔BH18 Yes.....1	DON'T KNOW8 ➔BH18 No3 ➔BH18 Yes.....1	DON'T KNOW 8 ➔BH18 No..... 3 ➔BH18 Yes 1
BH17. What was the duration (in months) of the payback period?	1. <div><div></div><div></div><div></div><div></div></div> Month 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> Month 8. DON'T KNOW	1. <div><div></div><div></div><div></div><div></div></div> Month 8. DON'T KNOW
BH18. How much of the loan have you paid up till now?	1. <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> Rp. 8. DON'T KNOW	1. <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> Rp. 8. DON'T KNOW	1. <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> Rp. 8. DON'T KNOW
BH19. Has the entire loan been repaid?	Yes.....1 ➔BH21 No3	Yes.....1 ➔BH21 No3	Yes 1 ➔BH21 No..... 3
BH20. How much of the loan is still outstanding?	1. <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> Rp. 8. DON'T KNOW	1. <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> Rp. 8. DON'T KNOW	1. <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> Rp. 8. DON'T KNOW
BH21. In addition to cash, what kind of in-kind payments were made to repay the loan? (CIRCLE ALL THAT APPLY)	None A Labour..... B Crops C Assets D Other, specify _____ E	None A Labour B Crops C Assets D Other, specify _____ E	None..... A Labour B Crops..... C Assets D Other, specify _____ E
BH22. What was given as collateral for this loan? (CIRCLE ALL THAT APPLY)	Nothing A Land B Gold C Crops D Homestead..... E Other _____ F Letter of appointment as employee G Vehicle H	Nothing A Land B Gold C Crops D Homestead E Other _____ F Letter of appointment as employee G Vehicle H	Nothing A Land B Gold..... C Crops..... D Homestead E Other _____ F Letter of appointment as employee G Vehicle H
BH23. INTERVIEWER CHECK: Was there any other loan? (SEE BH06)	Yes.....1 ➔COLUMN 2 No3 ➔SECTION CP	Yes.....1 ➔COLUMN 3 No3 ➔SECTION CP	Yes 1 ➔SECTION CP No..... 3 ➔SECTION CP

Code-code BH15

01. Birth

02. Death

03. Marriage

04. Dowry

05. Social ceremony

06. Household goods

07. Medication
08. Education

09. Home

10. To buy house

11. Agriculture inputs (seeds, pesticides, etc.)

12. Agriculture equipment

13. To buy land

14. To buy cattle
15. To buy inputs for poultry

16. Fishing net/equipment

17. *Becak* (commercial tri-cycle)

18. Boat

19. Fishing nets

20. Material for cottage industry

21. Capital for other businesses
22. Daily expenses

23. Rotating credit association (*Arisan*)

24. To help HH members, family or friends

25. To buy or repair vehicle

26. Debt repayment

27. Transport/travel

95. Other _____

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>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____ _____ _____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____ _____ _____</p>

NOTES:

