

INDONESIA FAMILY LIFE SURVEY 2007

BOOK IV

SECTIONS: KW, BR, BA, BF, CH, BX, EP, CX, CP

Respondent is an ever-married woman age 15-49 years

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR:

HOUSEHOLDER _____ (NAME) _____

PID _____

PANEL: IS HOUSEHOLDER: (Circle One)

Panel Respondent (AR01h=1) 1

New Respondent (AR01h=3) 3

TO BE FILLED OUT BY INTERVIEWER FOR BOOK IV

QUESTIONS FOR RESPONDENT:

AGE.

How old are you? years

MARSTAT.

What is your marital status?

Married2

Separated.....3

Divorced4

Widow.....5

BIRTHDATE.

Date of birth / /

DAY MONTH YEAR

CODES FOR LANGUAGE

00. Indonesian

01. Javanese

02. Sundanese

03. Balinese

04. Batak

05. Bugis

06. Chinese

07. Maduranese

08. Sasak

09. Minang

10. Banjar

11. Bima

12. Makassar

13. Nias

14. Palembang

15. Sumbawa

16. Toraja

17. Lahat

18. Other South Sumatra

19. Betawi

20. Lampung

96. NO OTHER

95. Other

INTERVIEW SESSIONS OF BOOK IV: (NUMVIS)

INTERVIEW	1	2	3
DATE:	/ /	/ /	/ /
	DAY / MONTH / YEAR	DAY / MONTH / YEAR	DAY / MONTH / YEAR
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 IV	REASON	EDIT_CHK REVIEW BY EDITOR	SUP. LOCAL SUPERVISOR MONITORING
1. Completed→EDIT_CHK 2. Partially completed 3. Not completed	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>YesNo</div> <div>a. Observed by local supervisor13</div> <div>b. Edited by local supervisor13</div> <div>c. Verified by local supervisor.....13</div>

SECTION KW (MARITAL HISTORY)
Now we would like to ask about your marital history.

KW03a.	What is your marital status?	Cohabitation..... 2→ KW02i Married formal (KUA or civil registration)..... 3 Married,formal according to religious law 4 Married,formal according to adat law..... 5 Separated 6 Divorced..... 7 Widow/widower..... 8
KW03.	How many times have you been married ?	___ Times
KW02a.	What is the name of your current/latest spouse?	_____
KW02g.	INTERVIEWER VERIFY: 1. IF HUSBAND LIVES IN THE HOUSEHOLD, FILL IN AR00 (LINE # FROM ROSTER) 2. IF HUSBAND DIED/DOES NOT LIVE IN HOUSEHOLD, BUT REGISTERED IN ROSTER, FILL IN AR00. 3. HUSBAND IS NOT REGISTERED IN ROSTER	1. ___ 2. ___ 3. _____
KW02b.	In the last 4 weeks, have you taken iron pills?	No 3 →KW02e Yes 1
KW02c.	In the last 4 weeks, how many iron pills did you take?	___1 DON'T KNOW8
KW02d.	Where did you get these pills? CIRCLE ALL THAT APPLY	Posyandu..... A Health Center B Place of work C Midwife D Pharmacy F Private doctor G Hospital..... H Paramedic I Other..... V
KW02e.	Before you got married did you receive an injection of TT to keep your babies from getting tetanus or convulsions at birth?	Yes 1 No 3
KW02h.	INTERVIEWER CHECK (COV2) Respondent is panel respondent (AR01h=1)	NO 3 →KW12a YES 1
KW02i.	What was the date of your current/most recent marriage?	1. ___ / ____ Month Year 8. DON'T KNOW

KW02j.	INTERVIEWER CHECK KW02i: Is the year at KW02i before 2000?	YES 1→KW08 NO 3→KW12a
KW02i.	When did you start living together with your spouse ?	1. ___ / ____ Month Year 8. DON'T KNOW
KW02m.	What was the value of the assets you owned just prior to of your living together with your spouse?	____,____,____ Rp. 1 DON'T KNOW 8
KW02n.	What was the highest education level attended by your spouse of the [...] marriage?	____
KW02o.	What was the highest grade completed by your spouse ?	00 01 02 03 04 05 06 07 96 98 →KW23a
KW12a.	What was the dowry for your current/ most recent marriage? CIRCLE ALL THAT APPLY	NOTHING W → KW13a Sholat (praying) accessory A Money..... B Land..... C Building/House D Jewelry E Complete set of clothing..... G Food H Household Items..... I Religious book K Beauty items L Livestock..... M Other..... V
KW12b.	What was the value of the dowry of your current/most recent marriage at the time of the marriage?	____,____,____ Rp. 1 ____,____,____ Other currency..... 2 DON'T KNOW 8

CODE KW02n:		CODE KW02o:
01. None	12. Adult Education B	00. Didn't complete 1 st grade at that level
02. Elementary School	13. Open University	01. 1
03. Junior High General	14. Islamc School (<i>Pesantren</i>)	02. 2
04. Junior High Vocational	15. Adult Education C	03. 3
05. Senior High General	17. School for disabled	04. 4
06. Senior High Vocational	72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)	05. 5
60. College (D1, D2, D3)	73. Islamic Junior High (<i>Madrasah Tsanawiyah</i>)	06. 6
61. University (BA)	74. Islamic Senior High (Madrasah Aliyah)	07. Graduated
62. University (MA)	90. Kindergarten	96. Unschooled
63. University (PhD)	98. DON'T KNOW	98. DON'T KNOW
11. Adult Education A	95. Other	

SECTION KW (MARITAL HISTORY)

<div>KW13a.</div> <div>What did you receive as a gift, not a dowry, at the time of your current/most recent marriage, that was not consumed for the wedding party?</div> <div>CIRCLE ALL THAT APPLY</div>	<div>NOTHINGW → KW14</div> <div>Sholat (praying) accessoryA</div> <div>MoneyB</div> <div>LandC</div> <div>Building/HouseD</div> <div>JewelryE</div> <div>Complete set of clothingG</div> <div>FoodH</div> <div>Household ItemsI</div> <div>Religious bookK</div> <div>Beauty itemsL</div> <div>LivestockM</div> <div>OtherV</div>
<div>KW13b.</div> <div>What was the value of the gift?</div>	<div><div> </div> , <div> </div> , <div> </div> Rp. 1</div> <div><div> </div> , <div> </div> , <div> </div></div> <div>Other currency 2</div> <div>DON'T KNOW 8</div>
<div>KW14.</div> <div>What was the value of the assets you owned just prior to the wedding of your current/latest marriage?</div>	<div><div> </div> , <div> </div> , <div> </div> Rp. 1</div> <div>DON'T KNOW 8</div>
<div>KW14a.</div> <div>Right after the wedding ceremony of your current/latest marriage, did you move?</div>	<div>NO, lived at the same place 3 → KW14c</div> <div>YES, moved within the same village/town 2 → KW14c</div> <div>YES, moved to another village/town 1</div>
<div>KW14b.</div> <div>What is the [...] name at the place you moved at that time?</div>	<div>A. Vill: 1.</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div> <div>B. Kec: 1.</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div> <div>C. Kab: 1.</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div> <div>D. Prov: 1.</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div>
<div>KW14c.</div> <div>How long did you reside at your first residence after the wedding?</div>	<div>01. <div> </div> </div> 04. Weeks

05. Months

06. Years

96. Still live there

98. DON'T KOW

<div>KW14d1.</div> <div>Because of <i>adat</i> and the high cost of wedding, many couples choose to live together before the wedding. Did you and your current/latest partner live together before the wedding?</div>	<div>No 3 → KW14e</div> <div>Yes 1</div>
<div>KW14d2.</div> <div>How long did you live together before the wedding?</div>	<div>01. <div> </div> </div> 04. Weeks

05. Monts

06. Years

98. DON'T KNOW

SECTION KW (MARITAL HISTORY)

FILL OUT NAMES AND DATES STARTING WITH CURRENT/LATEST MARRIAGE

KWN: NUMBER OF MARRIAGE	Latest / Current	Second Latest	Third Latest	Fourth Latest	Fifth Latest	Sixth Latest
KW09. Name of husband:.....	_____	_____	_____	_____	_____	_____
KW10. What (month/year) did you get married?	1. ____ / ____ Month Year → KW11a 8. DON'T KNOW	1. ____ / ____ Month Year → KW11a 8. DON'T KNOW	1. ____ / ____ Month Year → KW11a 8. DON'T KNOW	1. ____ / ____ Month Year → KW11a 8. DON'T KNOW	1. ____ / ____ Month Year → KW11a 8. DON'T KNOW	1. ____ / ____ Month Year → KW11a 8. DON'T KNOW
KW11. How old were you when your [...] marriage started?	____ Years	____ Years	____ Years	____ Years	____ Years	____ Years
KW11a. Because of adat and the high cost of wedding, many couples choose to live together before the wedding. Did you and your current/latest partner live together before the wedding?	1 Yes 3. No	1 Yes 3. No	1 Yes 3. No	1 Yes 3. No	1 Yes 3. No	1 Yes 3. No
KW11b. What was I status of your marriage	2 3 4 5 →KW20 6 7 8	2 3 4 5 →KW20 6 7 8	2 3 4 5 →KW20 6 7 8	2 3 4 5 →KW20 6 7 8	2 3 4 5 →KW20 6 7 8	2 3 4 5 →KW20 6 7 8
KW18. When (month/year) did the marriage end/separation begin?	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW	1. ____ / ____ Month Year → KW20 8. DON'T KNOW
KW19. How old were you when the [...] marriage ended/separation began?	____ Years	____ Years	____ Years	____ Years	____ Years	____ Years
KW20. What was the highest education level attended by your husband/wife of the [...] marriage?	____	____	____	____	____	____
KW21. What was the highest grade completed by your husband/wife of the [...] marriage?	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98	00 01 02 03 04 05 06 07 96 98
KW22x. INTERVIEWER CHECK: IS RESPONDENT: 3. NEW →KW22b 1. PANEL	3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.	3. →KW22b 1.
KW22a. INTERVIEWER'S NOTE: CHECK KW10 FOR PANEL: 3. NO OTHER MARRIAGE..... 2. MARRIAGE BEGAN BEFORE 2000 1. MARRIAGE BEGAN AFTER 1999.....	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 2	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 3	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 4	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 5	3.→KW23a 2.→KW23a 1.→KW09 COLUMN 6	3.→KW23a 2.→KW23a 1.→KW09 SUPPLEMENT
KW22b. INTERVIEWER'S NOTE: CHECK NUMBER OF MARRIAGES FOR NEW: 3. NO OTHER MARRIAGE..... 1. ANOTHER MARRIAGE.....	3.→KW23a 1.→KW09 COLUMN 2	3.→KW23a 1.→KW09 COLUMN 3	3.→KW23a 1.→KW09 COLUMN 4	3.→KW23a 1.→KW09 COLUMN 5	3.→KW23a 1.→KW09 COLUMN 6	3.→KW23a 1.→KW09 SUPPLEMENT

KODE KW11b	KODE KW20					KODE KW21:
2. Cohabitation	01. None	61. University (BA)	15. Adult Education C	95. Other	00. Didn't complete 1 st grade at that level	
3. Married formal (KUA or civil registration)	02. Elementary School	62. University (MA)	17. School for disabled		01. 1	
4. Married,formal according to religious law	03. Junior High General	63. University (PhD)	72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)		02. 2	06. 6
5. Married,formal according to adat law	04. Junior High Vocational	11. Adult Education A	73. Islamic Junior High (<i>Madrasah Tsanawiyah</i>)		03. 3	07. Graduated
6. Separated	05. Senior High General	12. Adult Education B	74. Islamic Senior High (Madrasah Aliyah)		04. 4	96. Unschooled
7. Divorced	06. Senior High Vocational	13. Open University	90. Kindergarten		05. 5	98. DON'T KNOW
8. Widow/widower	60. College (D1, D2, D3)	14. Islamic School (<i>Pesantren</i>)	98. DON'T KNOW			

SECTION KW (MARITAL HISTORY)

KW23a. If you could choose exactly the number of children to have in your whole life, how many would that be?	<div><div></div><div></div><div></div> Children 01</div> <div>Up to God..... 95</div>
KW23b. How old were you on your first menstruation?	<div>Never menstruated..... 96 →KW24a</div> <div><div></div><div></div><div></div> Years..... 01</div>
KW23c. INTERVIEWER’S CHECK COV3:	RESPONDENT’S AGE <35..... 1 →KW24a RESPONDENT’S AGE ≥ 35..... 3
KW23d. Do you now still have menstruation?	<div>Yes 1 →KW24a</div> <div>No, because another reason (medication, contraception method, etc.) 2 →KW24a</div> <div>No (stop at all)..... 3</div>
KW23e. How old were you when you stopped having menstruation?	<div><div></div><div></div><div></div> Years → SECTION BR</div>

KW24. Are you and your wife physically able to conceive a child (again) without medical help?	<div>Yes 1→KW25</div> <div>No..... 3</div>
KW24a. Have you and your wife ever sought medical attention to help you conceive?	<div>Yes 1</div> <div>No..... 3→KW25</div>
KW25. Do you personally wish to have another child (besides the children you already have)?	<div>No..... 3→SECTION BR</div> <div>Yes 1</div>
KW26. How many (more) children do you wish to have?	<div><div></div><div></div><div></div> Children 01</div> <div>Up to God..... 95</div>
KW27. Among the children that you (still) wish to have, how many sons and daughters do you wish to have?	<div>01. a. <div><div></div><div></div><div></div> Sons</div></div> <div>b. <div><div></div><div></div><div></div> Daughters</div></div> <div>95. Up to God</div>

SECTION BR (PREGNANCY SUMMARY)

Now I would like to ask you about all of your pregnancies.

BR00x. INTERVIEWER CHECK:	NEW RESPONDENT 3 → BR01 PANEL RESPONDENT 1
BR00a. INSTRUCTION FOR INTERVIEW:	HAS CHILD ROSTER AND A CHILD LISTED AT CH00a..... 1 → BA00a HAS CHILD ROSTER AND NO CHILD LISTED AT CH00a..... 2 HAS NO CHILD ROSTER..... 3
BR01. Now I would like to ask you about all children that you have so far. Have you ever given birth?	No.....3 → BR08 Yes 1
BR02. Do you have biological sons or daughters who are now living with you?	No.....3 → BR05 Yes1
BR03. How many biological sons are now living with you?	<div><div></div><div></div></div> <div>Males</div>
BR04. How many biological daughters are now living with you?	<div><div></div><div></div></div> <div>Females</div>
USE LIST OF HOUSEHOLDERS TO VERIFY NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN WHO LIVE IN THIS HOUSEHOLD. IF THE TOTAL OF BR03 + BR04 AND THE NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN IN LIST OF HOUSEHOLDERS DO NOT MATCH, DO SOME PROBING TO CONFIRM THE NUMBER. REPEAT THE QUESTION BY MENTIONING EACH BIOLOGICAL CHILD'S NAME FROM LIST OF HOUSEHOLDERS (AR01).	
BR05. Do you have biological sons or daughters, who are still alive, but do not live with you?	No..... 3 → BR08 Yes 1
BR06. How many biological sons are still alive, but do not live with you?	<div><div></div><div></div></div> <div>Males</div>
BR07. How many biological daughters are still alive, but do not live with you?	<div><div></div><div></div></div> <div>Females</div>
BR08. Have you ever given live birth to a son or daughter, even one who lived only for a short a while?	No..... 3 → BR11 Yes 1

BR09. How many sons were born alive but passed away later?	<div><div></div><div></div></div> <div>Males</div>
BR10. How many daughters were born alive but passed away later?	<div><div></div><div></div></div> <div>Females</div>
BR11. Have you ever had a pregnancy that resulted in a stillbirth?	No..... 3 → BR13 Yes 1
BR12. How many stillbirths have you had?	<div><div></div><div></div></div>
BR13. (Besides that) have you had any miscarriages?	No..... 3 → BR15 Yes 1
BR14. How many miscarriages have you had?	<div><div></div><div></div></div>
BR15. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, you have had <div><div></div><div></div></div> livebirths, is it correct ?	No..... 3 → REVISE BR01-BR10 Yes 1
BR16. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE: Again, to confirm your answers, you have had <div><div></div><div></div></div> stillbirths and miscarriages, is it correct?	No..... 3 → REVISE BR12 and BR14 Yes 1
BR16a. INTERVIEWER CHECK BR00a.	HAVE ROSTER 2 → BA00a NO ROSTER 3 → BF00

CHILD ROSTER

BA00a. INTERVIEWER CHECK (Choose One)	
RESPONDENT HAS A CHILD ROSTER FOR BOOK IV 1 ↓ ↓ ↓ INSERT PREPRINTED CHILD ROSTER FOR BOOK IV	RESPONDENT HAS NO PREPRINTED CHILD ROSTER FOR BOOK IV / NEW RESPONDENT 3 ↓ ↓ ↓ BF00

SECTION BA (NON-CORESIDENT CHILD 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.	BA78.	BA79.	BA80.	BA81.	BA82a.	BA83a.	BA84.	BA84a.	BA84b.
	(NAME)	When [...] twelve years old, you and your husband married?	When [...] twelve years old, with whom did [...] live?	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?	INTERVIEWER CHECK BA65 AND BA65a: [...] STILL ALIVE?	How often do/did you meet with [] during the past year now/before his/her death?	How often do/did you have contact with [] by telephone during the past year now/before his/her death?	How often do/did you have contact with [] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5

CODES FOR BA79:

1. With Father and mother
2. With Father only
3. With Mother only
4. Not with father and mother

CODES FOR 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
98. DON'T KNOW
95. Other:

CODES FOR 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
07. Casual worker in agriculture
08. Casual worker in non-agriculture
98. DON'T KNOW

CODES FOR BA83a:

1. Still Alive
3. Has died in the last 12 months
5. Has died more than 12 months ago
8. DON'T KNOW

CODES FOR BA84, BA84a, BA84b:

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 CHILD 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. (NAMA)	BA87a. In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	BA88. What type of assistance did you provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	BA89a. In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	BA90. What type of assistance did you receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 2 / SECTION BF 3 →BA63b ROW 2 / SECTION BF 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 3 / SECTION BF 3 →BA63b ROW 3 / SECTION BF 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 4 / SECTION BF 3 →BA63b ROW 4 / SECTION BF 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 5 / SECTION BF 3 →BA63b ROW 5 / SECTION BF 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b SUPPLEMENT / SECTION BF 3 →BA63b SUPPLEMENT / SECTION BF 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.

CODE BA87a AND BA89a:

1. Yes

3. No

7. UNWILLING TO ANSWER

CODE BA88 AND BA90:

- A. Money (loans, tuition, health care cost)
- D. Food stuff or other goods
- G. Chores, child care
- H. Help with family business
- V. Other

SECTION BA (NON-CORESIDENT CHILD ROSTER)

NON-CO RESIDENT (BA) CHILD ROSTER FOR NEW RESPONDENT/PANEL RESPONDENT WITHOUT PREPRINTED CHILD ROSTER.

Now we would like to ask about all of your biological children with aged 15 years old or more that live outside the household, including biological children that have died in the last 12 months and lived outside the HH at the time of death.

AR00.	BA63a.	BA63b.	BA63c.	BA64.	BA64a.	BA64b.	BA64c.	BA65.	BA65a.	BA66.	BA66a	BA67.	BA68.	BA69.	BA70.
NO. OF HHM		NAME	Is [...] you're your biological child?	Sex	Age in 2000?	Birth Date Month/Year	Is [...] in this HH in 2000?	Is [...] still alive?	Death Date Month/Year	Current Age/Age when died Yrs	USIA ≥ 15?	Marital Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
<div> </div>	01		<div>1 → 2 ↓ 3 ↓ 7 ↓ 8 ↓ 6 ↓</div>	<div> </div>		<div>1. / Month / Year 8. DON'T KNOW</div>		<div>1→BA66 8→BA66 3</div>	<div>1. / Month / Year 8. DON'T KNOW</div>	<div>1. years 8. DK</div>	<div>3 1→ ↓</div>	<div> </div>	<div> </div>	<div> </div>	<div>00→BA63b ROW 2 </div>
<div> </div>	02		<div>1 → 2 ↓ 3 ↓ 7 ↓ 8 ↓ 6 ↓</div>	<div> </div>		<div>1. / Month / Year 8. DON'T KNOW</div>		<div>1→BA66 8→BA66 3</div>	<div>1. / Month / Year 8. DON'T KNOW</div>	<div>1. years 8. DK</div>	<div>3 1→ ↓</div>	<div> </div>	<div> </div>	<div> </div>	<div>00→BA63b ROW 2 </div>
<div> </div>	03		<div>1 → 2 ↓ 3 ↓ 7 ↓ 8 ↓ 6 ↓</div>	<div> </div>		<div>1. / Month / Year 8. DON'T KNOW</div>		<div>1→BA66 8→BA66 3</div>	<div>1. / Month / Year 8. DON'T KNOW</div>	<div>1. years 8. DK</div>	<div>3 1→ ↓</div>	<div> </div>	<div> </div>	<div> </div>	<div>00→BA63b ROW 2 </div>
<div> </div>	04		<div>1 → 2 ↓ 3 ↓ 7 ↓ 8 ↓ 6 ↓</div>	<div> </div>		<div>1. / Month / Year 8. DON'T KNOW</div>		<div>1→BA66 8→BA66 3</div>	<div>1. / Month / Year 8. DON'T KNOW</div>	<div>1. years 8. DK</div>	<div>3 1→ ↓</div>	<div> </div>	<div> </div>	<div> </div>	<div>00→BA63b ROW 2 </div>
<div> </div>	05		<div>1 → 2 ↓ 3 ↓ 7 ↓ 8 ↓ 6 ↓</div>	<div> </div>		<div>1. / Month / Year 8. DON'T KNOW</div>		<div>1→BA66 8→BA66 3</div>	<div>1. / Month / Year 8. DON'T KNOW</div>	<div>1. years 8. DK</div>	<div>3 1→ ↓</div>	<div> </div>	<div> </div>	<div> </div>	<div>00→BA63b ROW 2 </div>

CODE AR00: 96. Not Registered at the Roster	CODE BA63c: 1. Yes 2. Stepchild 3. Adopted 6. Duplicate 7. Not a child 8.DON'T KNOW	CODE BA65: 1. Yes 3. No 8. DON'T KNOW	CODE BA67: 1. Unmarried 2. Married 3. Separated/ Estranged 4. Divorced 5. Widow/ widower 8. DON'T KNOW	CODE 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) 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren)	15. Adult Education C 17. School for disabled 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior High School (Madrasah Tsanawiyah) 74. Islamic Senior High School (Madrasah Aliyah) 90. Kindergarten 98. DON'T KNOW 95. Other	CODE BA69: 00. Did not completer 1 st 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
CODE BA64: 1. Male 3. Female								

CODE BA70: 000. In this household 001. In the same village 002. In the same subdistrict 003. In the same district 004. In the same province 010. Sumatera 011. Nangroe Aceh Darussalam 012. North Sumatra 013. West Sumatra 014. Riau 015. Jambi 016. South Sumatra 017. Bengkulu	018. Lampung 019. Bangka Belitung 020. Riau Islands 030. Java 031. DKI Jakarta 032. West Java 033. Central Java 034. D.I. Yogyakarta 035. East Java 036. Banten 051. Bali 052. West Nusa Tenggara 053. East Nusa Tenggara	060. Kalimantan 061. West Kalimantan 062. Central Kalimantan 063. South Kalimantan 064. East Kalimantan 070. Sulawesi 071. North Sulawesi 072. Central Sulawesi 073. South Sulawesi 074. Southeast Sulawesi 075. Gorontalo 076. West Sulawesi	081. Maluku 082. North Maluku 090. Irian 091. West Irian Jaya 094. Papua 101. Malaysia 102. Singapore 103. Brunei Darussalam 104. Hongkong 105. Japan 106. South Korea 107. Taiwan 108. Timor Leste	121. Yaman 122. Saudi Arabia 123. Kuwait 124. United Arab Emirates 131. Argentina 132. USA 141. Australia 151. Holland 152. England 998. DON'T KNOW 995. Other
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SECTION BF (BREASTFEEDING UPDATE)

BF00. INTERVIEWER CHECK		
<div>PANEL RESPONDENT WITH CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>↓</div> <div>1→ BF01</div>	<div>PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>↓</div> <div>2→ BF09</div>	<div>NEW RESPONDENT</div> <div>↓</div> <div>3→ BF09</div>

BF01.	Name of youngest child (from CH00a).	_____
BF02.	Age of youngest child.	____ Years
BF03	INTERVIEWER CHECK: IS CHILD GREATER THAN 12 YEARS?	Yes1→BF09 No3
BF04.	Did you ever breastfeed [...] even for a short period?	No3→BF09 Yes1
BF05.	How old was [...] when he/she was first fed water (plain, sugared, honey, ice water, tea)?	____ 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED
BF06.	What age was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breast milk? ENTER "96" IF NOT FED REGULARLY YET	____ 03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY
BF07.	For how many months did you breastfeed [...]?	____ 96. STILL BREASTFEEDING→BF09 05. MONTHS 88. DIED WHILE BREASTFEEDING

BF08.	Why did you stop breastfeeding [...]?	
	CIRCLE ALL THAT APPLY	
		A. MOTHER SICK/WEAK B. SORE NIPPLES C. WORK D. INCONVENIENCE E. TAKE CONTRACEPTIVE PILLS F. WANT TO GET PREGNANT G. WAS PREGNANT AGAIN H. INSUFFICIENT BREAST MILK I. CHILD'S DEATH J. CHILD'S SICKNESS K. CHILD IN INCUBATOR L. CHILD DID NOT DEVELOP M. CHILD DID NOT WANT N. CHILD LIVED SEPARATELY O. DR/NURSE'S RECOMMENDATIONS P. HUSBAND'S OBJECTIONS Q. CHILD'S INABILITY TO SUCK R. CHILD WAS BIG ENOUGH V. OTHER
BF09	We want to ask you about your knowledge on breastfeeding. Until what age do you think a newborn should be breastfed exclusively?	____ 03. DAYS 04. WEEKS 05. MONTHS →CH00

SECTION CH (PREGNANCY HISTORY)

CH00. INTERVIEWER CHECK		
<div>PANEL RESPONDENT WITH CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>1 ↓ ↓ CH01a</div>	<div>PANEL RESPONDENT WITH NO CHILD LISTED AT CH00a IN CHILD ROSTER</div> <div>2 ↓ ↓ CH01b</div>	<div>NEW RESPONDENT</div> <div>3 ↓ ↓ CH01b</div>

PANEL RESPONDENT WITH CHILD AT CH00a	
CH01a. INSTRUCTION: FIND CH00a. ON PRE-PRINTED CHILDROSTER NAME OF YOUNGEST CHILD: _____	
a. Since the birth of [...] (NAME OF CHILD IN CH00a), have you been pregnant again?	No 3 → CH42b Yes 1
b. How many times have you been pregnant (including live births, still births, and abortions) since the birth of [...] (NAME OF YOUNGEST CHILD) (NOT INCLUDING THIS PREGNANCY)	<div> IF = 0 → c</div> <div> IF > 0 ↓</div>
d. After the birth of [YOUNGEST CHILD] how many live births do you have?	
e. After the birth of [YOUNGEST CHILD] how many still births/miscarriages did you have?	
c. Are you currently pregnant?	<div>Yes..... 1 → (ENTER “1”)</div> <div>No..... 3 → (ENTER “0”)</div>
CH02a. TOTAL OF PREGNANCIES (c + d + e)	<div> IF > 0 → CH03</div> <div> IF = 0 → CH42b</div>

NEW RESPONDENT OR PANEL RESPONDENT WITH NO CHILD AT CH00a		
CH01b.	INSTRUCTION: TRANSFER INFORMATION FROM SECTION BR: a. NUMBER OF LIVE BIRTHS (BR15) AND b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)	
	a. NUMBER OF LIVE BIRTHS (BR15)	
	b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)	
	c. Are you currently pregnant?	<div>Yes..... 1 → (ENTER “1”)</div> <div>No 3 → (ENTER “0”)</div>
CH02b.	TOTAL OF PREGNANCIES (a+b+c)	<div> IF > 0 → CH03</div> <div> IF = 0 → CH42b</div>

SECTION CH (PREGNANCY HISTORY)

LIST ALL PREGNANCIES. FILL OUT ACCORDING TO EACH PREGNANCY'S OUTCOME. COMPLETE ALL COLUMNS IN CH05-CH17 BEFORE MOVING TO THE FIRST PREGNANCY AND CONTINUING.

CH03. TOTAL OF COLUMNS TO BE FILLED OUT FROM CH02a/CH02b :

CH05. Chronological order of pregnancy's outcome	[0 1]	[0 2]	[0 3]	[0 4]
CH06. Classification of pregnancy's outcome	Is pregnant 1 → CH17 Still birth 3 → CH09 Miscarriage 4 → CH09 Live birth 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2	Is pregnant 1 → CH17 Still birth 3 → CH09 Miscarriage 4 → CH09 Live birth 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage 4 → CH09 Live birth..... 2
CH06a. Did pregnancy end in multiple birth?	Yes..... 1 No 3	Yes 1 No..... 3	Yes..... 1 No 3	Yes 1 No..... 3
CH07. Name of child:	<div></div>	<div>→CH06 COLUMN 3/CH11</div>	<div>→CH06 COLUMN 4/CH11</div>	<div>→CH06 SUPPLEMENT/CH11</div>
CH08. Is [...] a male or female?	Male 1 Female 3	Male..... 1 Female 3	Male 1 Female 3	Male..... 1 Female 3
CH09. What date was [...] born/you had a miscarriage? (DAY/MON/YR)	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY / MONTH / YEAR 8. DON'T KNOW
CH10a. How old were you when [...] was born/you had a miscarriage?	<div>Years</div>	<div>Years</div>	<div>Years</div>	<div>Years</div>
CH10b. USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH. (BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH/MISCARRIAGE)	<div>Year <input type="text"/></div>	<div>Year <input type="text"/></div>	<div>Year <input type="text"/></div>	<div>Year <input type="text"/></div>
CH17. How far was/is the pregnancy when [...] was born/you had the miscarriage/now?	<div>Month 05 Weeks 04 →CH06 COLUMN 2 / CH11</div>	<div>Month 05 Weeks 04 →CH06 COLUMN 3 / CH11</div>	<div>Month 05 Weeks 04 →CH06 COLUMN 4 / CH11</div>	<div>Month 05 Weeks 04 →CH06 SUPPLEMENT / CH11</div>

CH11. CHECK THE NUMBER OF COLUMNS FILLED OUT AGAINST CH03.	INCONSISTENT 3 → CHECK AGAIN, UNTIL THE NUMBER OF COLUMNS = CH03 CONSISTENT 1
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SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH12. INTERVIEWER CHECK: CH09/CH10B 3. PREGNANCY ENDED AFTER 2001 1. PREGNANCY ENDED BEFORE 2002	3 → CH14 1	3 → CH14 1	3 → CH14 1	3 → CH14 1
CH13. INTERVIEWER'S NOTE: 3. CH06 = 1, 3, 4 1. CH06 = 2 (LIVE BIRTH)	3 → CH12 KOLOM 2 /CH42 1 → CH25	3 → CH12 KOLOM 3 /CH42 1 → CH25	3 → CH12 KOLOM 4 /CH42 1 → CH25	3 → CH12 SUPPLEMENT /CH42 1 → CH25
CH14. During the pregnancy have/did you ever have a pregnancy check-up?	No 3 → CH18 Yes..... 1	No 3 → CH18 Yes 1	No 3 → CH18 Yes..... 1	No 3 → CH18 Yes..... 1
CH14a. During the pregnancy, what if any complications you experienced?	Swelling of the feet or legA Difficulty of vision during dayB Difficulty of vision during nightC Vaginal bleedingD Fever.....E Convulsion and faintingF Labor before 9 months.....G NO COMPLICATIONS.....W	Swelling of the feet or legA Difficulty of vision during dayB Difficulty of vision during nightC Vaginal bleedingD Fever.....E Convulsion and faintingF Labor before 9 months.....G NO COMPLICATIONS.....W	Swelling of the feet or legA Difficulty of vision during dayB Difficulty of vision during nightC Vaginal bleedingD Fever.....E Convulsion and faintingF Labor before 9 months.....G NO COMPLICATIONS.....W	Swelling of the feet or legA Difficulty of vision during dayB Difficulty of vision during nightC Vaginal bleedingD Fever.....E Convulsion and faintingF Labor before 9 months.....G NO COMPLICATIONS.....W
CH15. Where do/did you go for pregnancy check-ups? (CIRCLE ALL THAT APPLY) A. Public hospital B. Private hospital..... C. Community health center (Puskesmas)..... D. Village Delivery Post (POLINDES) E. Clinic/office of physician F. Clinic/office of midwife G. Office of traditional midwife I. Posyandu..... J. Specialist V. Other.....	A B C D E F G I J V	A B C D E F G I J V	A B C D E F G I J V	A B C D E F G I J V

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
<div>CH15a. What is the name and location of the provider you visited?</div> <div>(IF MORE THAN 1, ASK ABOUT PROVIDER VISITED MOST FREQUENTLY.)</div> <div>3. Same as residence</div> <div>8. DON'T KNOW</div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name8. DON'T KNOW</div> <div>1. </div> <div>Address8. DON'T KNOW</div> <div>1. </div> <div>Loc. Note </div> <div>A. Vill: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. </div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name8. DON'T KNOW</div> <div>1. </div> <div>Address8. DON'T KNOW</div> <div>1. </div> <div>Loc. Note </div> <div>A. Vill: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. </div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name8. DON'T KNOW</div> <div>1. </div> <div>Address8. DON'T KNOW</div> <div>1. </div> <div>Loc. Note </div> <div>A. Vill: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. </div>	<div><div><div></div></div>(CODE CH15)</div> <div>Name8. DON'T KNOW</div> <div>1. </div> <div>Address8. DON'T KNOW</div> <div>1. </div> <div>Loc. Note </div> <div>A. Vill: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>B. Kec: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>C. Kab: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>D. Prov: 1. </div> <div>3. Same8. DON'T KNOW</div> <div>CODE COMFAS. </div>

HHID: PID:

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH16a. During the first 3 months of your pregnancy, how many visits did you make for prenatal care?	1. <input type="text"/> Visits	1. <input type="text"/> Visits	1. <input type="text"/> Visits	1. <input type="text"/> Visits
CH16b. During the second 3 months of your pregnancy, months 4 to 6, how many visits did you make for prenatal care?	1. <input type="text"/> Visits 6. Not yet in 2nd trimester	1. <input type="text"/> Visits 6. Not yet in 2nd trimester	1. <input type="text"/> Visits 6. Not yet in 2nd trimester	1. <input type="text"/> Visits 6. Not yet in 2nd trimester
CH16c. During the third 3 months of your pregnancy, months 7 to 9, how many visits did you make for prenatal care?	1. <input type="text"/> Visits 6. Not yet in 3rd trimester	1. <input type="text"/> Visits 6. Not yet in 3rd trimester	1. <input type="text"/> Visits 6. Not yet in 3rd trimester	1. <input type="text"/> Visits 6. Not yet in 3rd trimester
CH16d. At any time during your pregnancy, did you receive the following services? a. Weight b. Height c. Blood pressure..... d. Blood test for hemoglobin..... e. Measure of height of fetus..... f. Listen to fetal heartbeat..... g. Internal Exam h. Measurement of hips.....	1. Yes 3. No 8. DON'T KNOW a. 1. 3. 8. b. 1. 3. 8. c. 1. 3. 8. d. 1. 3. 8. e. 1. 3. 8. f. 1. 3. 8. g. 1. 3. 8. h. 1. 3. 8.	1. Yes 3. No 8. DON'T KNOW a. 1. 3. 8. b. 1. 3. 8. c. 1. 3. 8. d. 1. 3. 8. e. 1. 3. 8. f. 1. 3. 8. g. 1. 3. 8. h. 1. 3. 8.	1. Yes 3. No 8. DON'T KNOW a. 1. 3. 8. b. 1. 3. 8. c. 1. 3. 8. d. 1. 3. 8. e. 1. 3. 8. f. 1. 3. 8. g. 1. 3. 8. h. 1. 3. 8.	1. Yes 3. No 8. DON'T KNOW a. 1. 3. 8. b. 1. 3. 8. c. 1. 3. 8. d. 1. 3. 8. e. 1. 3. 8. f. 1. 3. 8. g. 1. 3. 8. h. 1. 3. 8.
CH16e. At any time in your pregnancy did you receive an injection of TT to keep the baby from getting tetanus or convulsions at birth?	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8
CH16f. At any time during your pregnancy did you take iron pills?	No3 → CH18 Yes1 DON'T KNOW8	No3 → CH18 Yes1 DON'T KNOW8	No3 → CH18 Yes1 DON'T KNOW8	No3 → CH18 Yes1 DON'T KNOW8
CH16g. How many iron pills did you take during your pregnancy?	1. <input type="text"/> pills 8. DON'T KNOW	1. <input type="text"/> pills 8. DON'T KNOW	1. <input type="text"/> pills 8. DON'T KNOW	1. <input type="text"/> pills 8. DON'T KNOW
CH18. INTERVIEWER NOTE : 1. CH06 = 1 (STILL PREGNANT) 3. CH06 = 2 OR 3 2. CH06 = 4	1. → CH12 COLUMN 2 / CH42b 3. → CH18a 2.	1. → CH12 COLUMN 3 / CH42b 3. → CH18a 2.	1. → CH12 COLUMN 4 / CH42b 3. → CH18a 2.	1. → CH12 SUPPLEMENT / CH42b 3. → CH18a 2.
CH18aa. What were the reasons of your miscarriage?	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 COLUMN 2 / CH42b	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 COLUMN 3 / CH42b	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 COLUMN 4 / CH42b	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 SUPPLEMENT / CH42b
CH18a. At the time that you gave birth to [...], were you in labor for more than one day and night?	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8	Yes1 No3 DON'T KNOW8

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH18b. At the time that you gave birth to [...] were you experiencing above normal bleeding?	Yes1 No3	Yes 1 No 3	Yes1 No3	Yes 1 No 3
CH18c. At the time that you gave birth to [...] were you experiencing high fever?	Yes1 No3	Yes 1 No 3	Yes1 No3	Yes 1 No 3
CH19. Where did you give birth to [...]?				
09. Own house	09 → CH20	09 → CH20	09 → CH20	09 → CH20
10. Family Members House.....	10 → CH20	10 → CH20	10 → CH20	10 → CH20
01. Public hospital	01	01	01	01
02. Private hospital	02	02	02	02
03. Delivery Hospital.....	03	03	03	03
04. Community health center	04	04	04	04
05. Village Delivery Post.....	05	05	05	05
06. Clinic/office of physician	06	06	06	06
07. Clinic/office of midwife	07	07	07	07
08. Office/house of trad. midwife	08	08	08	08
95. Other	95.....	95.....	95.....	95.....

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH19a. What is the name and location of the place you delivered [...]? 1. Specify 3. Same as residence 8. DON'T KNOW	Name _____ 8. DON'T KNOW 1. _____ Address _____ 8. DON'T KNOW 1. _____ Loc. Note _____ A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW CODE COMFAS. [] [] [] [] [] []	Name _____ 8. DON'T KNOW 1. _____ Address _____ 8. DON'T KNOW 1. _____ Loc. Note _____ A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW CODE COMFAS. [] [] [] [] [] []	Name _____ 8. DON'T KNOW 1. _____ Address _____ 8. DON'T KNOW 1. _____ Loc. Note _____ A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW CODE COMFAS. [] [] [] [] [] []	Name _____ 8. DON'T KNOW 1. _____ Address _____ 8. DON'T KNOW 1. _____ Loc. Note _____ A. Vill: 1. _____ 3. Same 8. DON'T KNOW B. Kec: 1. _____ 3. Same 8. DON'T KNOW C. Kab: 1. _____ 3. Same 8. DON'T KNOW D. Prov: 1. _____ 3. Same 8. DON'T KNOW CODE COMFAS. [] [] [] [] [] []
CH20. Who provided care during [...]’s birth? (CIRCLE ALL THAT APPLY)	NOBODY..... W→ CH20c Physician..... A Private midwife..... B Village midwife C Nurse..... D Traditional birth attendant E Family..... H Other V	NOBODY..... W→ CH20c Physician A Private midwife B Village midwife..... C Nurse D Traditional birth attendant E Family H Other..... V	NOBODY..... W→ CH20c Physician..... A Private midwife..... B Village midwife C Nurse..... D Traditional birth attendant E Family..... H Other V	NOBODY..... W→ CH20c Physician A Private midwife B Village midwife..... C Nurse D Traditional birth attendant E Family H Other..... V
CH20a. What is the name of the person who provided care? (IF MORE THAN ONE ANSWER CIRCLED, ASK THE NAME OF THE MAIN ATTENDANT)	<div style="text-align: center;">[] letter code, CH20</div> <hr/>	<div style="text-align: center;">[] letter code, CH20</div> <hr/>	<div style="text-align: center;">[] letter code, CH20</div> <hr/>	<div style="text-align: center;">[] letter code, CH20</div> <hr/>
CH20c. What factors led you to choose this delivery site/attendant? (CIRCLE ALL THAT APPLY)	Cheap A Nearby B Feel Safe C More Comfortable D Modern Service E Habit..... G Family reason H Few choices I Medical reasons (abnormality) K Too early delivery L Recommended by doctor/midwife..... M Other V	Cheap..... A Nearby B Feel Safe C More Comfortable..... D Modern Service E Habit..... G Family reason..... H Few choices I Medical reasons (abnormality) K Too early delivery L Recommended by doctor/midwife M Other V	Cheap A Nearby B Feel Safe C More Comfortable D Modern Service..... E Habit G Family reason H Few choices..... I Medical reasons (abnormality)..... K Too early delivery L Recommended by doctor/midwifeM Other.....V	Cheap..... A Nearby B Feel Safe C More Comfortable D Modern Service E Habit..... G Family reason..... H Few choices I Medical reasons (abnormality) K Too early delivery L Recommended by doctor/midwife..... M Other V

HHID: PID:

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH20g. How much did you spend on care during the delivery?	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW
CH20h. In the first 40 days after the baby was born, did you receive any follow-up care from the person who delivered the baby?	Yes 1 No.....3	Yes 1 No 3	Yes 1 No.....3	Yes 1 No 3
CH21. INTERVIEWER'S NOTE: 3. CH06 = 3 1. CH06 = 2 (LIVE BIRTH)	3 → CH12 COLUMN 2 /CH42b 1	3 → CH12 COLUMN 3 /CH42b 1	3 → CH12 COLUMN 4 /CH42b 1	3 → CH12 SUPPLEMENT/CH42b 1
CH22. In your opinion, compared with other infants, was [...] bigger, smaller or similar in size?	Much bigger..... 1 Bigger 2 Similar..... 3 Smaller 4 Much smaller 5 DON'T KNOW 8	Much bigger 1 Bigger..... 2 Similar 3 Smaller 4 Much smaller..... 5 DON'T KNOW 8	Much bigger..... 1 Bigger 2 Similar..... 3 Smaller 4 Much smaller 5 DON'T KNOW 8	Much bigger 1 Bigger..... 2 Similar 3 Smaller 4 Much smaller..... 5 DON'T KNOW 8
CH23. Was [...] weighed right after birth?	No 3 → CH24a Yes 1	No 3 → CH24a Yes..... 1	No 3 → CH24a Yes 1	No 3 → CH24a Yes..... 1
CH24. To be exact, how many kilograms was [...]’s birth weight?	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg
CH24a. Did you ever breastfeed [...] even for a short period?	No 3 → CH25 Yes 1	No 3 → CH25 Yes..... 1	No 3 → CH25 Yes 1	No 3 → CH25 Yes..... 1
CH24c. How old was [...] when he/she was first fed water (plain, sugared, honey, ice water, tea)?	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH24d. What age was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breast milk?	01. 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed
CH24e. For how many months did you breastfeed [...]?	96. Still Breastfeeding → CH25 05. Months 88. Died While Breastfeeding	96. Still Breastfeeding → CH25 05. Months 88. Died While Breastfeeding	96. Still Breastfeeding → CH25 05. Months 88. Died While Breastfeeding	96. Still Breastfeeding → CH25 05. Months 88. Died While Breastfeeding
CH24f. Why did you stop breastfeeding [...]? CIRCLE ALL THAT APPLY A. Mother sick/weak B. Sore nipples C. Work D. Inconvenience..... E. Take contraceptive pills F. Want to get pregnant..... G. Was pregnant again..... H. Insufficient breast milk I. Child's death..... J. Child's sickness K. Child in incubator L. Child did not develop M. Child did not want N. Child lived separately O. Dr/nurse's recommendations..... P. Husband's objections Q. Child's inability to suck R. Child was big enough S. Other.....	A B C D E F G H I J K L M N O P Q R S	A B C D E F G H I J K L M N O P Q R S	A B C D E F G H I J K L M N O P Q R S	A B C D E F G H I J K L M N O P Q R S
CH25. Is [...] still alive?	Yes 1 → CH27 No..... 3	Yes 1 → CH27 No 3	Yes 1 → CH27 No..... 3	Yes 1 → CH27 No 3

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH26. How old was [...] when he/she died?	<div>Days 03</div> <div>weeks 04</div> <div>Months 05</div> <div>Years 06</div>	<div>Days 03</div> <div>weeks 04</div> <div>Months 05</div> <div>Years 06</div>	<div>Days 03</div> <div>weeks 04</div> <div>Months 05</div> <div>Years 06</div>	<div>Days 03</div> <div>weeks 04</div> <div>Months 05</div> <div>Years 06</div>
CH27. INTERVIEWER CHECK: IS [...] LISTED IN THE HH ROSTER?				
1. YES, AR00 = [] [] (PID)	1 [] []	1 [] []	1 [] []	1 [] []
2. YES, BUT DIED OR NOT LIVE IN HOUSEHOLD, AR00	2 [] []	2 [] []	2 [] []	2 [] []
3. NO	3	3	3	3
CH27x. INTERVIEWER CHECK CH00:				
1. PANEL WITH CHILD ROSTER	1 ➔ CH12 COLUMN 2 / CH42b	1 ➔ CH12 COLUMN 3 / CH42b	1 ➔ CH12 COLUMN 4 / CH42b	1 ➔ CH12 SUPPLEMENT / CH42b
3. PANEL WITHOUT CHILD ROSTER OR NEW	3	3	3	3
CH27b. INTERVIEWER CHECK CH25 AND CH27:				
1. ALIVE, IN HH (CH27=1)	1 ➔ CH12 COLUMN 2 / CH42b	1 ➔ CH12 COLUMN 3 / CH42b	1 ➔ CH12 COLUMN 4 / CH42b	1 ➔ CH12 SUPPLEMENT / CH42b
3. ALIVE NOT IN HH (CH27=2 OR 3 AND CH25=1)	3	3	3	3
5. DEAD (CH25=3)	5	5	5	5
CH28a. Is/was [...] now/at the time [...] died 15 years old or older?	No 3 ➔ CH12 COLUMN 2 / CH42b Yes 1	No 3 ➔ CH12 COLUMN 3 / CH42b Yes 1	No 3 ➔ CH12 COLUMN 4 / CH42b Yes 1	No 3 ➔ CH12 SUPPLEMENT / CH42b Yes 1
CH28b. INTERVIEWER CHECK CH25 STILL ALIVE?	Yes 1 ➔ CH30a No 3	Yes 1 ➔ CH30a No 3	Yes 1 ➔ CH30a No 3	Yes 1 ➔ CH30a No 3
CH29a. Did [...] die within the last 12 months?	No 3 ➔ CH12 COLUMN 2 / CH42b Yes 1	No 3 ➔ CH12 COLUMN 3 / CH42b Yes 1	No 3 ➔ CH12 COLUMN 4 / CH42b Yes 1	No 3 ➔ CH12 SUPPLEMENT / CH42b Yes 1
CH29b. Was [...] living outside the HH at the time of death?	No 3 ➔ CH12 COLUMN 2 / CH42b Yes 1	No 3 ➔ CH12 COLUMN 3 / CH42b Yes 1	No 3 ➔ CH12 COLUMN 4 / CH42b Yes 1	No 3 ➔ CH12 SUPPLEMENT / CH42b Yes 1
CH30a. Marital status (now/at death):				
01. Single	01	01	01	01
02. Married	02	02	02	02
03. Separated	03	03	03	03
04. Divorced	04	04	04	04
05. Widow/widower	05	05	05	05
98. DON'T KNOW	98	98	98	98

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH31a. Highest education level attained by non-householder: 01. No school/Not yet in School 02. Elementary 03. Jr. Hi General 04. Jr. Hi Vocational 05. Sr. Hi General 06. Sr. Hi Vocational 60. College, D1, D2, D3 61. University (Bachelors) 62. University (Masters) 63. University (PhD) 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren) 15. Adult Education C 17. School for the Disabled 70. Madrasah, General 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior High School (Madrasah Tsanawiyah) 74. Islamic Senior High School (Madrasah Aliyah) 90. Kindergarten 98. DON'T KNOW 10. Other:	 01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 70 72 73 74 90 98 95	 01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 70 72 73 74 90 98 95	 01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 70 72 73 74 90 98 95	 01 02 03 04 05 06 60 61 62 63 11 12 13 14 15 17 70 72 73 74 90 98 95
CH32a. Highest grade completed by non-householder: 00. Did not complete 1st class..... 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated..... 96. NO SCHOOL 98. DON'T KNOW	 00 01 02 03 04 05 06 07 96 98	 00 01 02 03 04 05 06 07 96 98	 00 01 02 03 04 05 06 07 96 98	 00 01 02 03 04 05 06 07 96 98
CH32b. When [...] were twelve years old were you and your spouse married?	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA
CH32c. Were [...] living with you when [...] were twelve ?	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH32d. What was your primary activity when [...] was 12 years old ? 02. Job searching 03. Attending school 04. Housekeeping..... 05. Retired 06. Stay at home/unemployed 07. Sick/disabled..... 98. DON'T KNOW..... 01. Working/trying to get work/ helping to earn income 95. Other:.....	02 03 04 05 06 07 98 01 95→CH37a	02 03 04 05 06 07 98 01 95→CH37a	02 03 04 05 06 07 98 01 95→CH37a	02 03 04 05 06 07 98 01 95→CH37a
CH33a. Where does/did [...] live now/before his/her death? [][][]	00 → CH12 COLUMN 2 / CH42b [][][]	00 → CH12 COLUMN 3 / CH42b [][][]	00 → CH12 COLUMN 4 / CH42b [][][]	00 → CH12 SUPPLEMENT / CH42b [][][]
CH34a. What is/was [...]’s primary activity now/before his/her death? 02. Job searching 03. Attending school 04. Housekeeping..... 05. Retired 06. Stay at home/unemployed 07. Sick/disabled..... 98. DON'T KNOW..... 01. Working/trying to get work/ helping to earn income 95. Other:.....	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08→CH37a	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08→CH37a	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08→CH37a	02 →CH37a 03 →CH37a 04 →CH37a 05 →CH37a 06 →CH37a 07 →CH37a 98 →CH37a 01 08→CH37a
CH35a. What is/was [...]’s work status now/before his/her death? 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	01 02 03 04 05 06 98	01 02 03 04 05 06 98	01 02 03 04 05 06 98	01 02 03 04 05 06 98

CODE CH33a:				
000. In this household	018. Lampung	060. Kalimantan	081. Maluku	121. Yaman
001. In the same village	019. Bangka Belitung	061. West Kalimantan	082. North Maluku	122. Saudi Arabia
002. In the same subdistrict	020. Riau Islands	062. Central Kalimantan	090. Irian	123. Kuwait
003. In the same district	030. Java	063. South Kalimantan	091. West Irian Jaya	124. United Arab Emirates
004. In the same province	031. DKI Jakarta	064. East Kalimantan	094. Papua	131. Argentina
010. Sumatera	032. West Java	070. Sulawesi	101. Malaysia	132. USA
011. Nanggroe Aceh Darussalam	033. Central Java	071. North Sulawesi	102. Singapore	141. Australia
012. North Sumatra	034. D.I. Yogyakarta	072. Central Sulawesi	103. Brunei Darussalam	151. Holland
013. West Sumatra	035. East Java	073. South Sulawesi	104. Hongkong	152. England
014. Riau	036. Banten	074. Southeast Sulawesi	105. Japan	998. DON'T KNOW
015. Jambi	051. Bali	075. Gorontalo	106. South Korea	995. Other
016. South Sumatra	052. West Nusa Tenggara	076. West Sulawesi	107. Taiwan	
017. Bengkulu	053. East Nusa Tenggara		108. Timor Leste	

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH36b. What is/was [...]’s primary duty now/before his/her death?	_____	_____	_____	_____
CH37a. How often do/did you meet with [...] during the past year now/before his/her death? 5. Everyday 4. At least once a week 3. At least once a month 2. At least once a year 1. Never	5 → CH38a 4 3 2 1	5 → CH38a 4 3 2 1	5 → CH38a 4 3 2 1	5 → CH38a 4 3 2 1
CH37b. How often do/did you have a telephone contact with [...] during the past year now/before his/her death? 5. Everyday 4. At least once a week 3. At least once a month 2. At least once a year 1. Never	5 → CH38a 4 3 2 1	5 → CH38a 4 3 2 1	5 → CH38a 4 3 2 1	5 → CH38a 4 3 2 1
CH37c. How often do/did you have a contact with [...] through email and text messages during the past year now/before his/her death? 1. Never 2. At least once a year 3. At least once a month 4. At least once a week 5. Everyday	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
CH38a. In the past 12 months, did you or your husband ever provide help to [...] in the form of money, goods, or services?	UNWILLING TO ANSWER 7→ CH40a No 3→ CH40a Yes 1	UNWILLING TO ANSWER 7→ CH40a No 3→ CH40a Yes 1	UNWILLING TO ANSWER 7→ CH40a No 3→ CH40a Yes 1	UNWILLING TO ANSWER 7→ CH40a No 3→ CH40a Yes 1

SECTION CH (PREGNANCY HISTORY)

	[0 1]	[0 2]	[0 3]	[0 4]
CH39a. What type of help did you provide to [...] in the past 12 months and what is the value? A. Money, loan, tuition, health care costs D. Food stuffs or other goods G. Chores, child care, help when ill 03. Days 05. Months H Helping family business 03. Days 05. Months V. Other:	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____
CH40a. In the past 12 months, did you or your husband ever receive help from [...] in the form of money, goods, or services?	UNWILLING TO ANSWER..... 7→CH12 COLUMN 2 / CH42b No..... 3→CH12 COLUMN 2 / CH42b Yes 1	UNWILLING TO ANSWER..... 7→CH12 COLUMN 3 / CH42b No..... 3→CH12 COLUMN 3 / CH42b Yes 1	UNWILLING TO ANSWER 7→CH12 COLUMN 4 / CH42b No..... 3→CH12 COLUMN 4 / CH42b Yes 1	UNWILLING TO ANSWER . 7→CH12 SUPPLEMENT / CH42b No..... 3→CH12 SUPPLEMENT/ CH42b Yes 1
CH41a. What type of help did you provide to [...] in the past 12 months and what is the value? A. Money, loan, tuition, health care costs D. Food stuffs or other goods G. Chores, child care, help when ill 03. Days 05. Months H. Helping family business 03. Days 05. Months V. Other:	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____	(CIRCLE ALL THAT APPLY) Rupiah A. _____ D. _____ G. ____ 03. DAYS 05. MONTHS H. ____ 03. DAYS 05. MONTHS V. _____ _____,_____,_____

CH42b. Do you have adopted/step children over 15 years old that live outside the household, or that have died within the last 12 months and lived outside the household at the time of death?	No 3 →SECTION EP Yes, with preprinted BX 1 →INSERT PREPRINTED BX Yes, without preprinted BX 2
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SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

(Note: Interviewers asked questions BX64-BX90 sequentially for one child before moving down a row to the next child listed in BX63b).

	BX63a.	BX63b.	BX78.	BX79.	BX80.	BX81.	BX82a.	BX83a.	BX84.	BX84a.	BX84b.
		(NAME)	When [...] twelve years old, you and your husband married?	When [...] twelve years old, with whom did [...] live?	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?	INTERVIEWER CHECK BX65 AND BX65a: [...] STILL ALIVE?	How often do/did you meet with [] during the past year now/before his/her death?	How often do/did you have contact with [] by telephone during the past year now/before his/her death?	How often do/did you have contact with [] by mail, sms, email/chatting during the past year now/before his/her death?
			1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BX83a 01 95.....	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BX87a 1 2 3 4	5➔BX87a 1 2 3 4	1 2 3 4 5
			1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BX83a 01 95.....	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BX87a 1 2 3 4	5➔BX87a 1 2 3 4	1 2 3 4 5
			1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BX83a 01 95.....	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BX87a 1 2 3 4	5➔BX87a 1 2 3 4	1 2 3 4 5
			1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BX83a 01 95.....	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BX87a 1 2 3 4	5➔BX87a 1 2 3 4	1 2 3 4 5
			1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BX83a 01 95.....	<div></div>	<div></div>	1 ➔ 3 ➔ 5 ↓ 8 ↓	5➔BX87a 1 2 3 4	5➔BX87a 1 2 3 4	1 2 3 4 5

CODES FOR BX79:

1. With Father and mother
2. With Father only
3. With Mother only
4. Not with father and mother

CODES FOR BX80:

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
98. DON'T KNOW
95. Other:

CODES FOR BX81:

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
07. Casual worker in agriculture
08. Casual worker in non-agriculture
98. DON'T KNOW

CODES FOR BX83a:

1. Still Alive
3. Has died in the last 12 months
5. Has died more than 12 months ago
8. DON'T KNOW

CODES FOR BX84, BX84a, BX84b:

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

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

(Note: Interviewers asked questions BX64-BX90 sequentially for one child before moving down a row to the next child listed in BX63b).

BX63a.	BX63b. (NAME)	BX87a. In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	BX88. What type of assistance did you provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	BX89a. In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	BX90. What type of assistance did you receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 2 / SECTION EP 3 ➔BX63b ROW 2 / SECTION EP 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 3 / SECTION EP 3 ➔BX63b ROW 3 / SECTION EP 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 4 / SECTION EP 3 ➔BX63b ROW 4 / SECTION EP 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 5 / SECTION EP 3 ➔BX63b ROW 5 / SECTION EP 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b SUPPLEMENT / SECTION EP 3 ➔BX63b SUPPLEMENT / SECTION EP 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.

CODE BX87a AND BX89a:
1. Yes
3. No
7. UNWILLING TO ANSWER

CODE BX88 AND BX90:
A. Money (loans, tuition, health care cost)
D. Food stuff or other goods
G. Chores, child care
H. Help with family business
V. Other

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

Now I would like to know about all of your adopted children that live outside the household, including adopted children that have died in the last 12 months and lived outside the HH at the time of death.

BXAR00.	BX63a.	BX63b.	BX63c.	BX64.	BX64b.	BX65.	BX65a.	BX66.	BX66a.	BX67.	BX68.	BX69.	BX70.
NO. OF HHM		NAME	Is [...] your step or adopted child?	Sex	Birth Date Month/Year	Is [...] still alive?	Death Date Month/Year	Current Age/Age when died Yrs	AGE >=15?	Marital Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
<div><div></div><div></div><div></div></div>	01		<div><div>23</div><div>1↓7↓8↓</div><div>6</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1→BX66</div><div>8→BX66</div><div>3</div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1.</div><div></div><div>8. DK</div></div>	<div><div>1. Yes→</div><div>3. No↓</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>00→BX63b ROW 2</div><div></div><div></div></div>
<div><div></div><div></div><div></div></div>	02		<div><div>23</div><div>1↓7↓8↓</div><div>6</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1→BX66</div><div>8→BX66</div><div>3</div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1.</div><div></div><div>8. DK</div></div>	<div><div>1. Yes→</div><div>3. No↓</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>00→BX63b ROW 2</div><div></div><div></div></div>
<div><div></div><div></div><div></div></div>	03		<div><div>23</div><div>1↓7↓8↓</div><div>6</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1→BX66</div><div>8→BX66</div><div>3</div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1.</div><div></div><div>8. DK</div></div>	<div><div>1. Yes→</div><div>3. No↓</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>00→BX63b ROW 2</div><div></div><div></div></div>
<div><div></div><div></div><div></div></div>	04		<div><div>23</div><div>1↓7↓8↓</div><div>6</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1→BX66</div><div>8→BX66</div><div>3</div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1.</div><div></div><div>8. DK</div></div>	<div><div>1. Yes→</div><div>3. No↓</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>00→BX63b ROW 2</div><div></div><div></div></div>
<div><div></div><div></div><div></div></div>	05		<div><div>23</div><div>1↓7↓8↓</div><div>6</div></div>	<div><div></div><div></div><div></div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1→BX66</div><div>8→BX66</div><div>3</div></div>	<div><div>1.</div><div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1.</div><div></div><div>8. DK</div></div>	<div><div>1. Yes→</div><div>3. No↓</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>00→BX63b ROW 2</div><div></div><div></div></div>

CODE BXAR00: 96. Not Registered at the Roster	CODE BX63c: 1. Biological child 2. Step child 3. Adopted child 6. Duplicate 7. Not a child 8. DON'T KNOW	CODE BX65: 1. Yes 3. No 8. DON'T KNOW	CODE BX67: 1. Unmarried 2. Married 3. Separated/ Estranged 4. Divorced 5. Widow/ widower 8. DON'T KNOW	CODE BX68: 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) 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren)	15. Adult Education C 17. School for disabled 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior High School (Madrasah Tsanawiyah) 74. Islamic Senior High School (Madrasah Aliyah) 90. Kindergarten 98. DON'T KNOW 95. Other	CODE BX69: 00. Did not completer 1 st 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
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CODE BX70: 000. In this household 001. In the same village 002. In the same subdistrict 003. In the same district 004. In the same province 010. Sumatera 011. Nanggroe Aceh Darussalam 012. North Sumatra 013. West Sumatra 014. Riau 015. Jambi 016. South Sumatra 017. Bengkulu	018. Lampung 019. Bangka Belitung 020. Riau Islands 030. Java 031. DKI Jakarta 032. West Java 033. Central Java 034. D.I. Yogyakarta 035. East Java 036. Banten 051. Bali 052. West Nusa Tenggara 053. East Nusa Tenggara	060. Kalimantan 061. West Kalimantan 062. Central Kalimantan 063. South Kalimantan 064. East Kalimantan 070. Sulawesi 071. North Sulawesi 072. Central Sulawesi 073. South Sulawesi 074. Southeast Sulawesi 075. Gorontalo 076. West Sulawesi	081. Maluku 082. North Maluku 090. Irian 091. West Irian Jaya 094. Papua 101. Malaysia 102. Singapore 103. Brunei Darussalam 104. Hongkong 105. Japan 106. South Korea 107. Taiwan 108. Timor Leste	121. Yaman 122. Saudi Arabia 123. Kuwait 124. United Arab Emirates 131. Argentina 132. USA 141. Australia 151. Holland 152. England 998. DON'T KNOW 995. Other
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SEKSI EP (EXPECTATION)

EP02. INTERVIEWER CHECK: IS RESPONDENT HAVE PREPRINTED ROSTER EP?	YES 1 →PREPRINTED ROSTER EP NO3
EP03. Do you have children (biological/non-biological children) that lives in or outside this household?	No3 →SECTION CX Yes1
EP04. How many children do you have?	<input type="text"/> <input type="text"/> → ROSTER EP

SEKSI EP (EXPECTATION)

INTERVIEWER CHECK: FILL WITH THE NAME OF ALL CHILDREN AGE 7-24 WHO LIVES IN THIS HOUSEHOLD (AR00) AND THE NAME OF ALL CHILDREN WHO DOESN'T LIVE IN THIS HOUSEHOLD (SECTION BA AND BA). ALSO FILL THE NAME OF ALL CHILDREN AGE 7-24 FROM SECTION CH.

Now we would like to ask about your expectation about your children's education, health, and life status in the future.

EP05.	EP06.	EP07.	EP07a.	EP08.	EP09.	EP10.	EP11.	EP12.	EP13.	EP14.	EP15.	EP16.	EP17.	EP18.	EP19.
	NO. OF HHM (AR00)	NO. OF SECTION BA (BA63a)	NO. OF SECTION BX (BX63a)	NAME	Child status	Sex	Age	Is [...] still alive?	INTERVIEWER CHECK EP11: IS [...] AGED 7-24 ?	Is [...] live in this HH?	Is [...] currently attending school, will attend school, or will continuing school in the future?	What his/her highest education level do you expect?	What his/her highest class level do you expect?	When [...] at your age now, according to you, how is [...]’s health status comparing your health status now?	When [...] at your age now, according to you, how is [...]’s live status comparing your live status now?
01					1 2 3 → 7 ↓ 8 ↓ 6 → ↓			1 → 3 ↓ 8 ↓	1. YES → 3. NO ↓	1. Yes 3. No	3. No → EP18 1. Yes	<div></div> <div>.....</div>	<div></div> <div>.....</div>	1 2 3 4 5 6	1 2 3 4 5 6
02					1 2 3 → 7 ↓ 8 ↓ 6 → ↓			1 → 3 ↓ 8 ↓	1. YES → 3. NO ↓	1. Yes 3. No	3. No → EP18 1. Yes	<div></div> <div>.....</div>	<div></div> <div>.....</div>	1 2 3 4 5 6	1 2 3 4 5 6
03					1 2 3 → 7 ↓ 8 ↓ 6 → ↓			1 → 3 ↓ 8 ↓	1. YES → 3. NO ↓	1. Yes 3. No	3. No → EP18 1. Yes	<div></div> <div>.....</div>	<div></div> <div>.....</div>	1 2 3 4 5 6	1 2 3 4 5 6
04					1 2 3 → 7 ↓ 8 ↓ 6 → ↓			1 → 3 ↓ 8 ↓	1. YES → 3. NO ↓	1. Yes 3. No	3. No → EP18 1. Yes	<div></div> <div>.....</div>	<div></div> <div>.....</div>	1 2 3 4 5 6	1 2 3 4 5 6
05					1 2 3 → 7 ↓ 8 ↓ 6 → ↓			1 → 3 ↓ 8 ↓	1. YES → 3. NO ↓	1. Yes 3. No	3. No → EP18 1. Yes	<div></div> <div>.....</div>	<div></div> <div>.....</div>	1 2 3 4 5 6	1 2 3 4 5 6
06					1 2 3 → 7 ↓ 8 ↓ 6 → ↓			1 → 3 ↓ 8 ↓	1. YES → 3. NO ↓	1. Yes 3. No	3. No → EP18 1. Yes	<div></div> <div>.....</div>	<div></div> <div>.....</div>	1 2 3 4 5 6	1 2 3 4 5 6
07					1 2 3 → 7 ↓ 8 ↓ 6 → ↓			1 → 3 ↓ 8 ↓	1. YES → 3. NO ↓	1. Yes 3. No	3. No → EP18 1. Yes	<div></div> <div>.....</div>	<div></div> <div>.....</div>	1 2 3 4 5 6	1 2 3 4 5 6

CODE EP06, EP07, AND EP07a:
96. Not Registered at the Roster

KODE EP10:
1. Male
3. Female

CODE EP09:
1. Biological child
2. Step child
3. Adopted child
6. Duplicate
7. Not a child
8. DON'T KNOW

CODE EP12:
1. Yes
3. No
8. DON'T KNOW

CODE EP16:

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)
11. Adult Education A
12. Adult Education B
13. Open University
14. Islamic School (Pesantren)

15. Adult Education C
17. School for disabled
72. Islamic Elementary School (Madrasah Ibtidaiyah)
73. Islamic Junior High School (Madrasah Tsanawiyah)
74. Islamic Senior High School (Madrasah Aliyah)
90. Kindergarten
98. DON'T KNOW
95. Other

CODE EP17:

00. Did not completer 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

CODE EP18, EP19:

1. Much better
2. Better
3. Same
4. Worst
5. Much worst
6. NOT APPLICABLE

SECTION CX (CONTRACEPTIVE USE)

CX00. INTERVIEWER CHECK COV3: AGE OF THE RESPONDENT ≥ 50?	AGE OF THE RESPONDENT ≥ 50..... 1 →SECTION CP AGE OF THE RESPONDENT < 50..... 3
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Now we would like to ask about methods to postpone or prevent pregnancy.

	BIRTH CONTROL DEVICE/METHOD (CX1TYPE)	CX01.	CX02.	CX02A.	CX02B.
		Have you ever heard about [...] to prevent pregnancy?	Have you/has your husband ever used?	When did you first use this method?	How old were you when you first used this method?
A.	Contraceptive Pill A woman can take contraceptive pills every day	3. No 1. Yes ↓	3. No 1. Yes ↓	1. Yr _____ ↓ 8. DK	_____ Years
B.	IUD/AKDR/Spiral A woman can have an intrauterine device inserted into her uterus by a doctor or midwife	3. No 1. Yes ↓	3. No 1. Yes ↓	1. Yr _____ ↓ 8. DK	_____ Years
C.	Contraceptive Injections A woman can be injected by a doctor or midwife to prevent pregnancy for a few months	3. No 1. Yes ↓	3. No 1. Yes ↓	1. Yr _____ ↓ 8. DK	_____ Years
F.	Contraceptive Tubes/IMPLANT/NORPLANT A woman can have small tubes implanted in her arm to prevent pregnancy	3. No 1. Yes ↓	3. No 1. Yes ↓	1. Yr _____ ↓ 8. DK	_____ Years
F1.	Intravag Kind of Tissue to kill spermatozoa inserted into vagina	3. No 1. Yes ↓	3. No 1. Yes ↓	1. Yr _____ ↓ 8. DK	_____ Years
F2.	Female Condom / Femidom A kind of condom designated for woman	3. No 1. Yes ↓	3. No 1. Yes ↓	1. Yr _____ ↓ 8. DK	_____ Years
G.	Tubal Ligation/Female Sterilization A woman can undergo surgery to prevent pregnancy	3. No 1. Yes ↓	3. No 1. Yes ↓		
I.	Abortion A woman can do something or have someone do something to end a pregnancy	3. No 1. Yes ↓	3. No 1. Yes ↓	1. Yr _____ ↓ 8. DK	_____ Years
E.	Condom A man can wear a condom during intercourse	3. No 1. Yes ↓	3. No 1. Yes ↓		
H.	Vasectomy/Male Sterilization A man can undergo surgery to prevent having another child	3. No 1. Yes ↓ CX20	3. No 1. Yes ↓ →CX20		

CX20. Do you/does your husband now use a device/method to postpone or prevent a pregnancy?	No 3 ➔ CX26 Yes 1
CX21. Which birth control device/method do you/does your husband use now?	Rhythm/calendar 11 ➔ CP Coitus interruptus 12 ➔ CP Traditional Herbs 13 ➔ CP Traditional massage 14 ➔ CP Other 95 ➔ CP Pill..... 01 1 Mo. Injection 02 2 Mo. Injection 03 3 Mo. Injection 04 Intravag..... 05 Condom 06 IUD/AKDR/Spiral 07 Norplant/Implant 08 Female Sterilization/Tubectomy ... 09 Male Sterilization 10 Female condom/Femidom 15
CX21aa. When did you first receive this method?	1. <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Month Year 8. DON'T KNOW
CX21a. When did you (last) receive this method?	1. <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Month Year 8. DON'T KNOW
CX21b. What facility did you visit?	Public hospital 1 Private hospital 2 Puskesmas, Pembantu 3 Private clinic 4 Posyandu 5 Birth control post/association 6 Fieldworker (PLKB) 7 TKBK/TMK 8 Pharmacist/drugstore 9 Private physician 10 Nurse/paramedic 11 Midwife 12 Traditional midwife 13 Friend/family 14 Village midwife/Village Polyclinic 16 DON'T KNOW 98 Other 95

<p>CX21ba. Where is it located?</p> <p>1. Sebutkan</p> <p>3. Sama dengan tempat tinggal sekarang</p> <p>8. DON'T KNOW</p>	<p style="text-align: right;">(CODE CX21b)</p> <p>Name: 1. _____ 8. DK</p> <p>_____</p> <p>Address: 1. _____ 8. DK</p> <p>_____</p> <p>_____</p> <p>Loc. Note: 1. _____ 8. DK</p> <p>_____</p> <p>_____</p> <p>Vill: 1. _____</p> <p>3. Sama dengan tempat tinggal sekarang</p> <p>8. DON'T KNOW</p> <p>Kec: 1. _____</p> <p>3. Sama dengan tempat tinggal sekarang</p> <p>8. DON'T KNOW</p> <p>Kab: 1. _____</p> <p>3. Sama dengan tempat tinggal sekarang</p> <p>8. DON'T KNOW</p> <p>Prov: 1. _____</p> <p>3. Sama dengan tempat tinggal sekarang</p> <p>8. DON'T KNOW</p> <p style="text-align: right;">CODE COMFAS <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></p>
<p>CX21c. How much did it cost (including drugs, materials, services and other related costs)?</p>	<p>1. <u> </u> <u> </u> <u> </u> <u> </u> , <u> </u> <u> </u> <u> </u> <u> </u> , <u> </u> <u> </u> <u> </u> <u> </u> Rp.</p> <p>8. DON'T KNOW</p>
<p>CX21d. INTERVIEWER CHECK:</p> <p>IS CX21=06 OR 10?</p>	<p>YES, CX21=6 (CONDOM)..... 1→CX27</p> <p>YES, CX21=10 (MALE STERILIZATION)..... 2→SECTION CP</p> <p>NO 3</p>
<p>CX21e. Was your blood pressure measured before the contraception was prescribed?</p>	<p>Yes 1</p> <p>No 3</p>

HHID: PID:

SEKSI EP (EXPECTATION)

CX22. In your visits to the provider who provides the method you are currently using, has the provider ever: a. Explained the possibility of side effects due to the use of the birth control device/method being used? b. Explained what has to be done or where to seek help if side effects occur? c. Asked about your health history before prescribing contraception?	 Ever1 Never3 DON'T KNOW8 Ever1 Never3 DON'T KNOW8 Ever1 Never3 DON'T KNOW8
CX22d. Since you started using the current method for birth control, have you ever had health problems or side effects?"	NO SIDE EFFECT W→CX22h Gaining weight A Losing weight B Excessive bleeding on menstruation C Irregular menstruation D Flare-up of red facial rash E Convulsions/cramps F High blood pressure G Headache H Nausea I Fatigue J Skin problems K Stomachache L Not menstruating M Other V
CX22e. Did you visit any medical facility for these side effects?	No 3 →CX22h Yes 1
CX22f. When did you visit the medical facility? (Most recent visit)	month of ____ / year ____

CX22g. Where is it located? 1. Sebutkan 3. Sama dengan tempat tinggal sekarang 8. DON'T KNOW	<div>____ (CODE CX21b)</div> <div>Name: 1. _____ 8. DK _____</div> <div>Address: 1. _____ 8. DK _____ _____ _____</div> <div>Loc. Note: 1. _____ 8. DK _____ _____ _____</div> <div>Vill: 1. _____ 3. Sama dengan tempat tinggal sekarang 8. DON'T KNOW</div> <div>Kec: 1. _____ 3. Sama dengan tempat tinggal sekarang 8. DON'T KNOW</div> <div>Kab: 1. _____ 3. Sama dengan tempat tinggal sekarang 8. DON'T KNOW</div> <div>Prov: 1. _____ 3. Sama dengan tempat tinggal sekarang 8. DON'T KNOW</div> <div>CODE COMFAS ____</div>
CX22h. Before you/your husband use the current method, did you use any other birth control method?	No 3 →CX27 Yes..... 1

SEKSI EP (EXPECTATION)

<p>CX22i. What was the method you/your husband using before?</p>	<p>Pill.....01 1 Mo. Injection02 2 Mo. Injection03 3 Mo. Injection04 Intravag.....05 Condom.....06 IUD/AKDR/Spiral07 Norplant/ Implant08 Female Sterilization/Tubectomy09 Male Sterilization10 Rhythm/calendar11 Coitus interruptus12 Traditional Herbs13 Traditional massage14 Female Condom (Femidom).....15 DON'T KNOW98 Other95</p>
<p>CX22j. What was the reason you stopped using the method?</p>	<p>(Got) pregnant while using.....A Wants to get pregnantB Husband's objectionC Side effects.....D Health problemsE Difficulty in getting pregnantF Wants more effective methodsG UncomfortableH Husband was absentI Too expensiveJ Menopause.....K Divorced/widowL Detached (device)M Too hard to use/tired of using.....N Method not availableO OtherV</p>

➔CX27

HHID: **PID:**

<p>CX26. Why don't you/ your husband currently use any of the birth control devices/methods to prevent pregnancy?</p> <p>(CIRCLE ALL THAT APPLY)</p>	<p>MENOPAUSE/HYSTERECTOMY P ➔ SECTION CP</p> <p>IS PREGNANT A</p> <p>WANT TO HAVE A CHILD B</p> <p>LACK OF KNOWLEDGE C</p> <p>HUSBAND DISAPPROVES..... D</p> <p>HIGH COST E</p> <p>HEALTH REASONS F</p> <p>SIDE EFFECTS G</p> <p>ADVICE OF DR/NURSE/MIDWIFE H</p> <p>DIFFICULTY IN OBTAINING METHOD I</p> <p>RELIGION J</p> <p>RESPONDENT DISAPPROVES K</p> <p>FAMILY DISAPPROVES L</p> <p>DO NOT CARE/ INDIFFERENT M</p> <p>INFREQUENT INTERCOURSE N</p> <p>DIFFICULTY IN GETTING PREGNANT.... O</p> <p>DIVORCEE/WIDOW P</p> <p>INCONVENIENT Q</p> <p>HUSBAND'S ABSENCE R</p> <p>JUST GAVE BIRTH (PRE-MENSTRUAL) . S</p> <p>JUST GAVE BIRTH (NO SEX) T</p> <p>BREASTFEEDING..... U</p> <p>KIDS GROWN W</p> <p>DON'T WANT TO USE X</p> <p>OTHER V</p>
<p>CX27. Do you/your husband plan to use a birth control device/method to postpone/prevent pregnancy in the future?</p>	<p>No..... 3 ➔ SECTION CP</p> <p>DON'T KNOW 8 ➔ SECTION CP</p> <p>Yes..... 1</p>
<p>CX28. If some day you/your husband plans to use birth control, what method would you prefer?</p>	<p>Pill 01</p> <p>1 Mo. Injection 02</p> <p>2 Mo. Injection 03</p> <p>3 Mo. Injection 04</p> <p>Intravag 05</p> <p>Condom..... 06</p> <p>IUD/AKDR/Spiral..... 07</p> <p>Norplant/ Implant..... 08</p> <p>Female Sterilization/Tubectomy 09</p> <p>Male Sterilization..... 10</p> <p>Rhythm/calendar 11</p> <p>Coitus interruptus 12</p> <p>Traditional Herbs 13</p> <p>Traditional massage..... 14</p> <p>Female Condom (Femidom) 15</p> <p>DON'T KNOW 98</p> <p>Other 95</p>

SECTION CP (INTERVIEW SESSION NOTES)

EVALUATION FORM FOR BOOK IV

<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>
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<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NOTES:
