

EDITOR: _____
INTERVIEWER: _____
(IDIVWR)

CONFIDENTIAL

HHID : _____

INDONESIA FAMILY LIFE SURVEY 2007

BOOK PROXY

SECTION: DL, KW, MG, TK, KM, KK, CD, MA, RJ, RN, PM, BR, CH, CX, BA, CP
Respondent is an adult 15 years or older

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED AR:PID

RESPONDENT'S NAME:_____

RSPNDNT. RESPONDENT IS:

Head of Household (AR02b=01)1
Spouse of HH head (AR02b=02).....2
Other Householder3

PANEL. HOUSEHOLDER STATUS:

Panel Respondent (AR01g=1).....1
New Respondent (AR01g=3).....3

FILLED BY INTERVIEWER WHO FILLED BOOK PROXY:PID

NAME OF PROXY: _____

RELATIONSHIP WITH RESPONDENT:
01. Spouse 02. Child 04. Parent
05. Sibling 06. Child in-law 95. Others

REASON FOR PROXY: _____

TO FILLED BY INTERVIEWER FOR BOOK PROXY:

QUESTIONS FOR respondent:

AGE. How old is [RESPONDENT'S NAME]?_____ Years

MARSTAT. Marital Status:

Not yet married 1
Married 2
Separated 3
Divorced 4
Widow/er 5

SEX. Sex:

Male 1
Female 3

BIRTHDATE. Date of Birth:

____ / ____ / _____
Day Month Year

| INDONESIAN LANGUAGE CODES | |
|---------------------------|---------------------|
| 00. | Indonesian |
| 01. | Javanese |
| 02. | Sundanese |
| 03. | Balinese |
| 04. | Batak |
| 05. | Bugis |
| 06. | Chinese |
| 07. | Maduranese |
| 08. | Sasak |
| 09. | Minang |
| 10. | Banjar |
| 11. | Bima |
| 12. | Makassar |
| 13. | Nias |
| 14. | Palembang |
| 15. | Sumbawa |
| 16. | Toraja |
| 17. | Lahat |
| 18. | Other South Sumatra |
| 19. | Betawi |
| 20. | Lampung |
| 96. | NO OTHER |
| 91. | Other |

| INTERVIEW | 1 | 2 | 3 | LANGMAIN. Interview was entirely/mostly conducted in what language? ____ Other LANGOTHR. Other language used (if any): ____ Other |
|----------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 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 | |

| RESULT OF Interview of Book I | REASON | EDIT_CK. Review by Editor | SUP. LOCAL SUPERVISOR MONITORING |
|--|--|---|---|
| 1. Completed➔EDIT_CK 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 supervisor ...13</div> <div>b. Edited by local supervisor13</div> <div>c. Verified by local supervisor13</div> |

SECTION DL (EDUCATION)

Next questions related to [RESPONDENT’S NAME]’s education.

| | |
|--|--|
| DL01a. What languages does [RESPONDENT’S NAME] speak in his/her daily life at home? (CIRCLE ALL THAT APPLY) | W. Indonesian A. Javanese B. Sundanese C. Maduranese D. Balinese E. Sasak F. Minang G. Bataknese H. Bugis I. Chinese J. Banjar L. Bima M. Makassar N. Nias O. Palembang P. Sumbawa Q. Toraja R. Lahat S. Other South Sumatera T. Betawi U. Lampung V. Other..... |
| DL02. Can [RESPONDENT’S NAME] read an Indonesian-language newspaper? | Yes..... 1 No..... 3 |
| DL02a. Can [RESPONDENT’S NAME] read an another language newspaper? | Yes..... 1 No..... 3 |
| DL03. Can [RESPONDENT’S NAME] write a letter in Indonesian? | Yes..... 1 No..... 3 |
| DL03a. Can [RESPONDENT’S NAME] write a letter in another language? | Yes..... 1 No..... 3 |
| DL04. Has [RESPONDENT’S NAME] ever attended/is attending school? | No..... 3➔DL05b Yes..... 1 |
| DL06. What is the highest education level attended by [RESPONDENT’S NAME]? [note to interviewer: if they are currently attending school, record the level they are currently attending] | Elementary..... 02 Junior High General..... 03 Junior High Vocational..... 04 Senior High General..... 05 Senior High Vocational..... 06 College (D1, D2, D3)..... 60 University (Bachelor)..... 61 University (Master)..... 62 University (Doctorate)..... 63 Adult Education A..... 11 Adult Education B..... 12 Adult Education C..... 15 Open University..... 13 Islamic School (<i>Pesantren</i>)..... 14 School For Disabled..... 17 Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)..... 72 Junior/High School (<i>Madrasah Tsanawiyah</i>)..... 73 Islamic Senior High School (<i>Madrasah Aaliyah</i>)..... 74 Kindergarten..... 90 Don’t Know..... 98 Other:..... 95 |

| | |
|--|---|
| DL07. What is the highest grade completed by [RESPONDENT’S NAME] at that school? | 00. Did not complete first grade at that level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 98. DON’T KNOW |
| DL05a. At what age did [RESPONDENT’S NAME] first attend the elementary school? | ____ years |
| DL05b. Did [RESPONDENT’S NAME] attend a kindergarten? | No 3 ➔ DL05 Yes..... 1 |
| DL05c. At what age did [RESPONDENT’S NAME] first attend the kindergarten? | ____ years |
| DL05. INTERVIEWER CHECK COV3: RESPONDENT’S AGE? | RESPONDENT’S AGE ≥ 50 YRS.... 1➔SECTION KW RESPONDENT’S AGE < 50 YRS ... 3 |
| DL05f. INTERVIEWER CHECK: DL04 = 1 (EVER /CURRENTLY ATTEND SCHOOL)? | NO (DL04=3) 3➔ SECTION KW YES (DL04=1)..... 1 |
| DL06x. INTERVIEWER CHECK: DL06 = 14 (PESANTREN)? | YES..... 1➔ SECTION KW NO..... 3 |
| DL07a. Is [RESPONDENT’S NAME] currently attending school? | Tidak 3➔ DL07x Ya 1 |
| DL07aa. How many effective hours did [RESPONDENT’S NAME] attend his/her school last week or the last week the school was in session? (NOT INCLUDING BREAKS) | ____ jam 1 TIDAK TAHU..... 8 |
| DL07x. INTERVIEWER CHECK COV2: | PANEL RESPONDENT 1 ➔ DL07d NEW RESPONDENT 3 ➔ DL08b |

SECTION DL (EDUCATION)

| PANEL RESPONDENT BOOK III (AR01g=1) | | | NEW RESPONDENT BOOK III (AR01g=3) | | |
|-------------------------------------|--|---|-----------------------------------|--|--|
| ↓ | | | ↓ | | |
| DL07d. | INTERVIEWER CHECK DL07a: CURRENTLY ATTENDING SCHOOL? | YES 1 → DL08a NO 3 | DL08b. | INTERVIEWER CHECK DL06: HIGHEST LEVEL OF SCHOOLING ATTENDED/CURRENTLY ATTENDING | ELEMENTARY 1 JUNIOR HIGH 2 SENIOR HIGH 3 D1, D2, D3, UNIVERSITY 4 |
| DL07b. | In what month and year did [RESPONDENT'S NAME] last graduate or leave school? | <div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> Month / Year | | | |
| DL07e. | INTERVIEWER CHECK DL07b: GRADUATED/LEFT SCHOOL BEFORE JUNE 2000? | BEFORE JUNE 2000 1 → DL16xc JUNE 2000 OR AFTER 3 | DL09b. | INTERVIEWER CHECK DL08b AND WRITE DOWN THE NUMBER OFCOLUMNS ACCORDING TO THE HIGHEST LEVEL OF SCHOOLING | <div></div> columns |
| DL08a. | What levels of schooling [RESPONDENT'S NAME] has attended/is attending since June 2000? | ELEMENTARY A JUNIOR HIGH B SENIOR HIGH C D1, D2, D3, UNIVERSITY D | | | |
| DL09a. | INTERVIEWER CHECK DL08a AND WRITE DOWN THE NUMBER OF COLUMNS ACCORDING TO THE LEVELS OF SCHOOLING ATTENDED SINCE JUNE 2000 | <div></div> columns | | | |

SECTION DL (EDUCATION)

| | | | | | |
|--------------------------|---|--|--|---|---------------------------|
| DL16ad. | INTERVIEWER CHECK COV2 DAN COV3: | PANEL RESPONDENT BOOK 3 (AR01g=1)1→COMPLETE DL16a-DL16e ACCORDING TO LEVELS OF SCHOOLING ATTENDED SINCE JUNE 2000 NEW RESPONDENT ≥302→DL16xc NEW RESPONDENT<303→COMPLETE DL16a-DL16e FOR ALL LEVELS OF SCHOOLING EVER ATTENDED | | | |
| SCHOOL LEVEL (DL2NUM) | | 1. ELEMENTARY | 2. JUNIOR HIGH | 3. SENIOR HIGH | 4. D1, D2, D3//UNIVERSITY |
| DL16a. | Has [RESPONDENT'S NAME] ever taken the EBTANAS/UAN/UN exam at [...] level? | DON'T KNOW ..8→DL16xc No3→DL16a COLUMN 2 Yes 1 | DON'T KNOW ..8→DL16xc No3→DL16a COLUMN 3 Yes 1 | DON'T KNOW ...8→DL16xc No3→DL16xc Yes 1 | |
| DL16b. | Can you show us the official record of [RESPONDENT'S NAME] EBTANAS/ UAN/UN score (DANEM)? INTERVIEWER NOTE: EBTANAS/UAN/ UN SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM). | Yes1 No3 | Yes 1 No 3 | Yes 1 No 3 | |
| DL16c. | What month and year did [RESPONDENT'S NAME] take the EBTANAS/ UAN/UN [...]? | 1. / Month / Year 8. DON'T KNOW | 1. / Month / Year 8. DON'T KNOW | 1. / Month / Year 8. DON'T KNOW | |
| DL16c1. | INTERVIEWER CHECK : EBTANAS OR UAN/UN | EBTANAS1 UAN/UN.....2 | EBTANAS1 UAN/UN.....2 | EBTANAS1 UAN/UN.....2 | |
| DL16c2. | Number of subjects tested in the national exam (EBTANAS/UAN/UN) for the [...] school level: | | | | |
| DL16d. | What was his/her EBTANAS score for the following subjects: (IF THE RESPONDENT SHOWS YOU OFFICIAL RECORD (DANEM) COPY FROM DANEM, IF YOU CANNOT SEE OFFICIAL RECORD (DANEM) ASK THE RESPONDENT FOR THEIR SCORE). | | | | |
| | A. Moral and Civic Education from the nation's five principal/Pancasila (PMP/PPKn) | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | |
| | B. Indonesian | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | |
| | C. English | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | |
| | D. Math | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | |
| | E. Science | 1. . 6. NOT APPLICABLE 8. DK | 1. . 6. NOT APPLICABLE 8. DK | | |

SECTION DL (EDUCATION)

| SCHOOL LEVEL (DL2NUM) | 1. ELEMENTARY | 2. JUNIOR HIGH | 3. SENIOR HIGH | 4. D1, D2, D3//UNIVERSITY |
|---|--|--|---|---------------------------|
| I. Social studies | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | | |
| F. Biology | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| G. Chemistry | | | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| H. Physics | | | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| J. Economics | | | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| K. Sociology | | | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| L. Anthropology | | | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| M. Government | | | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| N. Accounting | | | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| T. Total score for other subjects not listed above: | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. NOT APPLICABLE 8. DK | |
| DL16e. Total EBTANAS/UAN/UN | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW →DL16a COLUMN 2 | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 8. DON'T KNOW →DL16a COLUMN 3 | 1. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> 6. DON'T KNOW 8. DK →DL16xc | |

SECTION DL (EDUCATION)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| DL16xc. INTERVIEWER CHECK DL06 | | <div></div> columns WRITE DOWN THE NUMBER OF COLUMNS ACCORDING TO LEVELS OF SCHOOLING EVER ATTENDED BY RESPONDENT | | | | | | | |
| SCHOOL LEVEL (DL2NUM) | | 1. ELEMENTARY | | 2. JUNIOR HIGH | | 3. SENIOR HIGH | | 4. D1, D2, D3//UNIVERSITY | |
| DL10. What is the school level [RESPONDENT'S NAME] attended or [RESPONDENT'S NAME] is still attending? | | Elementary.....02 Adult Education A11 School for Disabled17 Madrasah Elementary72 Other95 | | Junior high general.....03 Junior high vocational04 Adult Education B.....12 School for Disabled17 Madrasah Junior High School73 Other95 | | Senior high general05 Senior high vocational06 Adult Education C.....15 School for Disabled17 Madrasah Senior High School74 Other specify95 | | College (D1, D2, D3).....60 University (BA)61 University (MA)62 University (PhD).....63 Open University13 Other95 | |
| DL10b. Under whose administration is/was the school? | | Public non-religious.....01 Public religious02 Private non-religious03 Private Islam04 Private Catholic05 Private Protestant and others.....06 Private Buddhist08 Other95 | | Public non-religious.....01 Public religious02 Private non-religious03 Private Islam04 Private Catholic05 Private Protestant and others.....06 Private Buddhist08 Other95 | | Public non-religious01 Public religious02 Private non-religious03 Private Islam04 Private Catholic05 Private Protestant and others06 Private Buddhist08 Other95 | | Public non-religious.....01 Public religious02 Private non-religious03 Private Islam04 Private Catholic05 Private Protestant and others.....06 Private Buddhist08 Other95 | |
| DL11a. When did [RESPONDENT'S NAME] first attended schooling at this level ? | | 1. Year <div></div> →DL11c 8. DON'T KNOW | | 1. Year <div></div> →DL11c 8. DON'T KNOW | | 1. Year <div></div> →DL11c 8. DON'T KNOW | | 1. Year <div></div> →DL11c 8. DON'T KNOW | |
| DL11b. At what age did [RESPONDENT'S NAME] first attended schooling at [...] level? | | 1. <div></div> years old 8. DON'T KNOW | | 1. <div></div> years old 8. DON'T KNOW | | 1. <div></div> years old 8. DON'T KNOW | | 1. <div></div> years old 8. DON'T KNOW | |
| DL11c. What is the highest grade [RESPONDENT'S NAME] have ever/is currently enrolled in at [...] level? | | Graduated07→DL11f 101 202 303 404 505 606 DON'T KNOW98 | | Graduated07→DL11f 101 202 303 DON'T KNOW98 | | Graduated07→DL11f 101 202 303 DON'T KNOW98 | | Graduated07→DL11f 101 202 303 404 505 606 DON'T KNOW98 | |
| DL11d. Did [RESPONDENT'S NAME] completed this level of schooling [...]? | | Yes1→DL11f Still in school6→DL13 No3 DON'T KNOW8 | | Yes1→DL11f Still in school6→DL13 No3 DON'T KNOW8 | | Yes1→DL11f Still in school6→DL13 No3 DON'T KNOW8 | | Yes1→DL11f Still in school6→DL14a No3 DON'T KNOW8 | |
| DL11e. Why did [RESPONDENT'S NAME] leave this level of schooling? | | B C D E F G H I K L V Y | | B C D E F G H I K L V Y | | B C D E F G H I K L V Y | | B C D E F G H I K L V Y | |
| Codes DL11e Working/helping to earn incomeB Could not affordC No schools/schools too farD Not able to studyE Not admitted at schoolF Sick or disabledG School had no teachersH School closed/ruinedI Doesn't want to goK Help at homeL OthersV DON'T KNOWY | | | | | | | | | |

SECTION DL (EDUCATION)

| SCHOOL LEVEL (DL2NUM) | | 1. ELEMENTARY | | 2. JUNIOR HIGH | | 3. SENIOR HIGH | | 4. D1, D2, D3//UNIVERSITY | |
|--------------------------------------|---|--|--|--|--|--|--|--|--|
| DL11f. | When did [RESPONDENT'S NAME] leave/graduate from this [...] level of schooling? | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL13 8. DON'T KNOW | | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL13 8. DON'T KNOW | | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL13 8. DON'T KNOW | | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL14a 8. DON'T KNOW | |
| DL11g. | At what age did [RESPONDENT'S NAME] leave/graduate from this [...] level of schooling? | 1. <input type="text"/> years 8. DK | | 1. <input type="text"/> years 8. DK | | 1. <input type="text"/> years 8. DK | | 1. <input type="text"/> years 8. DK | |
| DL13. | Has [RESPONDENT'S NAME] ever failed a grade at [...] school ? | DON'T KNOW8 →DL14a No.....3 →DL14a Yes.....1 | | DON'T KNOW8 →DL14a No.....3 →DL14a Yes.....1 | | DON'T KNOW8 →DL14a No.....3 →DL14a Yes.....1 | | | |
| DL14. | What grades has [RESPONDENT'S NAME] failed and how many times did you repeat that grade? CIRCLE ALL THAT APPLY | Class Number of repeats A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times D. 4 <input type="text"/> times E. 5 <input type="text"/> times F. 6 <input type="text"/> times | | Class Number of repeats A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times | | Class Number of repeats A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times | | | |
| DL14a. | When [RESPONDENT'S NAME] are at this [...] school level, did you ever leave school for 4 consecutive weeks or more, including not enrolling in a full year? | 8. DON'T KNOW →DL15 3. No →DL15 1. Yes | | 8. DON'T KNOW →DL15 3. No →DL15 1. Yes | | 8. DON'T KNOW →DL15 3. No →DL15 1. Yes | | 8. DON'T KNOW →DL15 3. No →DL15 1. Yes | |
| DL14b. | How many times did the school disruptions occur? | Class Number of disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times D. 4 <input type="text"/> times E. 5 <input type="text"/> times F. 6 <input type="text"/> times | | Class Number of disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times | | Class Number of disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times | | Class Number of disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times D. 4 <input type="text"/> times E. 5 <input type="text"/> times F. 6 <input type="text"/> times | |
| DL14c. | When did the school disruptions occur? (IF MORE THAN 3 TIMES, WRITE THE THREE LONGEST) | 1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 2. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 3. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year | | 1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 2. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 3. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year | | 1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 2. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 3. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year | | 1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 2. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year 3. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month/ Year Month/ Year | |
| DL14d. | Why did the school disruption occur? | G B C D E F Y H I K L V..... | | G B C D E F Y H I K L V..... | | G B C D E F Y H I K L V..... | | G B C D E F Y H I K L V..... | |
| DL15. | While attending [...] school, did [RESPONDENT'S NAME] work? | Yes 1 No..... 3 DON'T KNOW 8 →DL10a/DL11a NEXT COLUMN/DL30 | | Yes 1 No..... 3 DON'T KNOW 8 →DL10a/DL11a NEXT COLUMN/DL30 | | Yes 1 No..... 3 DON'T KNOW 8 →DL10a/DL11a NEXT COLUMN/DL30 | | Yes 1 No..... 3 DON'T KNOW 8 →DL30 | |
| Code DL14d: | | No schools/schools too far..... D | | School had no teachers..... H | | Marriage.....M | | | |
| Working/helping to earn income.....B | | Not able to study..... E | | School closed/ruinedI | | Others V | | | |
| Could not afford.....C | | Not admitted at school F | | Doesn't want to go.....K | | DON'T KNOW..... Y | | | |
| | | Sick or disabledG | | Help at home L | | | | | |

SECTION DL (EDUCATION)

We would like to ask about school-related expenses for the previous school year.

| | | | | |
|---|---|--|--|--------|
| DL30. Did [RESPONDENT'S NAME] attend school in the previous school year (starting 2006-2007) ? | | | No3→ DL31c Yes1 | |
| DL31a. What were your (approximate) school-related expenses during the 2006-2007school year? Did [RESPONDENT'S NAME] spend money for: | | | DL31b. Please give your best estimate of the amount [RESPONDENT'S NAME] spent for [...] | |
| TYPE OF EXPENSES (DL31TYPE) | | | 3. No | 1. Yes |
| T | Total (Fees, supplies, transportation, pocket money, other) | | 3 ↓ | 1 → |
| A. | School Fees | | | |
| | 1. Registration..... | | 3 ↓ | 1 → |
| | 2. Tuition and other scheduled fees | | 3 ↓ | 1 → |
| | 3. Exams | | 3 ↓ | 1 → |
| B. | School supplies | | | |
| | 1. Books and writing supplies | | 3 ↓ | 1 → |
| | 2. Uniform and sports..... | | 3 ↓ | 1 → |
| C. | Transportation and Pocket Money | | | |
| | 1. Transportation | | 3 ↓ | 1 → |
| | 2. Housing costs, food | | 3 ↓ | 1 → |
| | 3. Special courses..... | | 3 ↓ | 1 → |
| V. | Other: | | 3 ↓ | 1 → |
| DL42. Did [RESPONDENT'S NAME] receive assistance for school costs from GNOTA, School Committee, government, community groups, religious groups, or family (outside HH), or other? | | | No 3→ DL31c Yes 1 | |
| DL43. From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY) | | | | |
| T. Total | | | T. Rp. | |
| A. GNOTA | | | A. Rp. | |
| C. Government (other than BOS)..... | | | C. Rp. | |
| D. Community Group | | | D. Rp. | |
| E. Religious Group..... | | | E. Rp. | |
| F. Family..... | | | F. Rp. | |
| I. School Committee | | | I. Rp. | |
| J. BOS fund..... | | | J. Rp. | |
| K. Foreign Government/Foundation/Private | | | K. Rp. | |
| L. Domestic Non-Government Institution..... | | | L. Rp. | |

SECTION DL (EDUCATION)

| | | |
|--------|--------------------|--|
| DL31c. | INTERVIEWER CHECK: | Respondent not in school (DL07a = 3)3→SECTION KW Respondent still in school (DL07a = 1).....1 |
|--------|--------------------|--|

| | | | | |
|--------|--|-------|--------|---|
| DL44a. | What were your (approximate) school-related expenses during the past month? Did [RESPONDENT'S NAME] spend money for: | | DL44b. | Please give your best estimate of the amount [RESPONDENT'S NAME] spent. |
| | TYPE OF EXPENSES (DL44TYPE) | 3. No | 1. Yes | |
| T | Total (Fees, supplies, transportation, pocket money, other) | 3 ↓ | 1 → | ____, _____, _____ Rp |
| A. | School Fees | | | |
| | 1. Registration..... | 3 ↓ | 1 → | ____, _____, _____ Rp |
| | 2. Tuition and other scheduled fees..... | 3 ↓ | 1 → | ____, _____, _____ Rp |
| | | | | DL31bx. How much is the tuition if [RESPONDENT'S NAME] have to pay in full? |
| | | | | ____, _____, _____ Rp |
| | 3. Exams..... | 3 ↓ | 1 → | ____, _____, _____ Rp |
| B. | School supplies | | | |
| | 1. Books and writing supplies | 3 ↓ | 1 → | ____, _____, _____ Rp |
| | 2. Uniform and sports..... | 3 ↓ | 1 → | ____, _____, _____ Rp |
| C. | Transportation and Pocket Money | | | |
| | 1. Transportation | 3 ↓ | 1 → | ____, _____, _____ Rp |
| | 2. Housing costs, food | 3 ↓ | 1 → | ____, _____, _____ Rp |
| | 3. Special courses..... | 3 ↓ | 1 → | ____, _____, _____ Rp |
| V. | Other | 3 ↓ | 1 → | ____, _____, _____ Rp |

SECTION KW (MARITAL HISTORY)

Now we would like to ask about [RESPONDENT'S NAME]'s marital history.

| | |
|--|---|
| KW01a. What is [RESPONDENT'S NAME]'s current marital status? | Never married.....1→SECTION MG Cohabitation2 Married, formal (KUA or Civil Registration)3 Married, formal according to religious law (nikah sirri)4 Married, formal according to adat law5 Separated.....6 Divorced7 Widow/Widower.....8 |
| KW02a. What is the name of [RESPONDENT'S NAME]'s current/latest spouse? | _____ |
| KW02f. Does [RESPONDENT'S NAME]'s current/latest spouse live in this household ? | No.....3→KW02h Yes 1 |
| KW02g. INTERVIEWER VERIFY KW02A AND AR00: 1. IF SPOUSE LIVES IN THE HOUSEHOLD FILL IN AR00 (LINE # FROM ROSTER). 2. IF SPOUSE DIED/DOES NOT LIVE IN HOUSEHOLD, BUT REGISTERED IN THE ROSTER, FILL IN AR00 3. IF SPOUSE IS NOT REGISTERED IN THE ROSTER | 1. 2. 3. |
| KW02h. INTERVIEWER CHECK AR01g AND AR01h: RESPONDENT IS PANEL RESPONDENT (AR01g=1 OR AR01h=1). | NO 3→KW12a YES 1 |
| KW02x. INTERVIEWER CHECK KW01a = 2 (COHABITATION)? | YES 1→KW02I NO 3 |
| KW02j. What was the date of [RESPONDENT'S NAME]'s current/most recent marriage? | / 1 Month / Year DON'T KNOW8 |
| KW02k. INTERVIEWER CHECK: YEAR IN KW02j IS BEFORE 2000. | YES, PANEL RESPONDENT ..1→SECTION MG NO, PANEL RESPONDENT3→KW12a NEW RESPONDENT2→KW12a |

| | |
|--|--|
| KW02I. When did [RESPONDENT'S NAME] start living together with his/her spouse ? | / 1 Month / Year DON'T KNOW 8 |
| KW02m. What was the value of the assets [RESPONDENT'S NAME] owned just prior to of his/her living together with his/her spouse? | , , Rp.1 DON'T KNOW8 |
| KW02n. What was the highest education level attended by [RESPONDENT'S NAME]'s spouse? | Elementary..... 02 Junior High General..... 03 Junior High Vocational..... 04 Senior High General 05 Senior High Vocational 06 College (D1, D2, D3) 60 University (Bachelor) 61 University (Master)..... 62 University (Doctorate)..... 63 Adult Education A. 11 Adult Education B 12 Adult Education C 15 Open University 13 Islamic School (<i>Pesantren</i>)..... 14 School For Disabled 17 Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)..... 72 Junior/High School (<i>Madrasah Tsanawiyah</i>)..... 73 Islamic Senior High School (<i>Madrasah Aaliyah</i>)..... 74 Kindergarten 90 Don't Know 98 Other 95 |
| KW02o. What was the highest grade completed by [RESPONDENT'S NAME]'s spouse ? | Did not complete first grade at that level 00 1..... 01 2..... 02 3..... 03 4..... 04 5..... 05 6..... 06 Graduated 07 DON'T KNOW 98 →SECTION MG |

SECTION KW (MARITAL HISTORY)

| | |
|---|---|
| KW12a. What was the dowry for [RESPONDENT'S NAME]'s current/ most recent marriage? (CIRCLE ALL THAT APPLY) | NOTHINGW→KW13a Sholat (praying) accessoryA Money.....B LandC Building/HouseD JewelryE Complete set of clothing G FoodH Household Items I Religious bookK Beauty items..... L Livestock M OtherV |
| KW12b. What was the value of the dowry of [RESPONDENT'S NAME]'s current/most recent marriage at the time of the marriage? | <div><div></div><div></div><div></div><div></div> . <div></div><div></div><div></div><div></div> . <div></div><div></div><div></div><div></div> Rp. 1</div> <div><div></div><div></div><div></div><div></div> . <div></div><div></div><div></div><div></div></div> <div>Other currency, specify..... 2</div> <div>DON'T KNOW 8</div> |
| KW13a. What did [RESPONDENT'S NAME] receive as a gift, not a dowry, at the time of his/her current/most recent marriage, that was not consumed for the wedding party? (CIRCLE ALL THAT APPLY) | NOTHINGW→KW14 Sholat (praying) accessoryA Money.....B LandC Building/HouseD JewelryE Complete set of clothing G FoodH Household Items I Religious bookK Beauty items..... L Livestock M OtherV |
| KW13b. What was the value of the gift? | <div><div></div><div></div><div></div><div></div> . <div></div><div></div><div></div><div></div> Rp. 1</div> <div><div></div><div></div><div></div><div></div> . <div></div><div></div><div></div><div></div></div> <div>Other currency..... 2</div> <div>DON'T KNOW 8</div> |
| KW14. What was the value of the assets [RESPONDENT'S NAME] owned just prior to the wedding of his/her current/latest marriage? | <div><div></div><div></div><div></div><div></div> . <div></div><div></div><div></div><div></div> Rp. 1</div> <div>DON'T KNOW 8</div> |
| KW14a. Right after the wedding ceremony of [RESPONDENT'S NAME]'s current/latest marriage, did he/she move? | NO, lived at the same place 3→KW14d YES, moved within the same village..... 2→KW14d YES, moved to another Village..... 1 |

| | |
|---|--|
| KW14b. What is the [...] name at the place [RESPONDENT'S NAME] moved at that time? | A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW |
| KW14d. At the time [RESPONDENT'S NAME] married his/her current/latest husband/wife, did his/her husband/wife change residence? | Yes 1 No 3 |
| KW03. How many times has [RESPONDENT'S NAME] been married ? | <div><div></div><div></div></div> times |

SECTION MG (MIGRATION)

Now we would like to ask you about [RESPONDENT’S NAME]’s birthplace and his/her moves from one place to another.

| | |
|--|---|
| MG01. What is the [...] name of [RESPONDENT’S NAME]’s birthplace when he/she was born? | A. Vill: 1. _____ 3. Same as current residence 8. DK B. Kec: 1. _____ 3. Same as current residence 8. DK C. Kab: 1. _____ 3. Same as current residence 8. DK D. Prov: 1. _____ 3. Same as current residence 8. DK E. Country: 1. _____ 3. Same as current residence 8. DK |
| MG02. To your best knowledge, have any of the above mentioned places changed their names? | DON’T KNOW8→MG04 No3→MG04 Yes1 |
| MG02a. Is [...] the current name? | No3→MG03b Yes.....1 |
| MG03a. What was the name when [RESPONDENT’S NAME] was born? | A. Vill.: 1. _____ 3. Same as current name (MG01) 8. DON’T KNOW B. Kec: 1. _____ 3. Same as current name (MG01) 8. DON’T KNOW C. Kab: 1. _____ 3. Same as current name (MG01) 8. DON’T KNOW D. Prov.: 1. _____ 3. Same as current name (MG01) 8. DON’T KNOW E. Country: 1. _____ 3. Same as current name (MG01) 8. DON’T KNOW |
| MG03b. What is the name now? | A. Vill.: 1. _____ 3. Same as name at birth (MG01) 8. DON’T KNOW B. Kec: 1. _____ 3. Same as name at birth (MG01) 8. DON’T KNOW C. Kab: 1. _____ 3. Same as name at birth (MG01) 8. DON’T KNOW D. Prov.: 1. _____ 3. Same as name at birth (MG01) 8. DON’T KNOW E. Country: 1. _____ 3. Same as name at birth (MG01) 8. DON’T KNOW |

| | |
|---|---|
| MG04. Was the place when [RESPONDENT’S NAME] was born a: | Village1 Small town.....3 Big city.....5 DON’T KNOW8 |
| MG04a. When [RESPONDENT’S NAME] was 12 years old did he/she live in the same place as the place where he/she was born? | Yes1→MG08 DON’T KNOW8→MG08 No3 |
| MG05. What was the [...] name of the place where [RESPONDENT’S NAME] lived when he/she was 12 years old (the name when he/she was age 12)? | A. Vill.: 1. _____ 3. Same as name at birth (MG01) 8. DK B. Kec: 1. _____ 3. Same as name at birth (MG01) 8. DK C. Kab: 1. _____ 3. Same as name at birth (MG01) 8. DK D. Prov.: 1. _____ 3. Same as name at birth (MG01) 8. DK E. Country: 1. _____ 3. Same as name at birth (MG01) 8. DK |
| MG06. To your best knowledge, have any of the above mentioned places changed their names (since [RESPONDENT’S NAME] was 12)? | DON’T KNOW8→MG08 No3→MG08 Yes1 |
| MG07. Is the name of [...] still the same or has it been changed? | A. Vill.: 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON’T KNOW B. Kec: 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON’T KNOW C. Kab: 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON’T KNOW D. Prov.: 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON’T KNOW E. Country: 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON’T KNOW |
| MG08. When [RESPONDENT’S NAME] was 12, was the place a [...]? | Village1 Small town.....3 Big city.....5 DON’T KNOW8 |

SECTION MG (MIGRATION)

| | | |
|--------|---|---|
| MG08a. | When [RESPONDENT'S NAME] was 12 ,were his/her biological parents still married? | No.....3 Yes1 NOT APPLICABLE6 |
| MG08b. | When [RESPONDENT'S NAME] was 12, did he/she live with his/her mother? | No.....3 Yes1 NOT APPLICABLE6 |
| MG08c. | When [RESPONDENT'S NAME] was 12, did he/she live with his/her father? | No.....3 Yes1 NOT APPLICABLE6 |

| | | |
|--------|---|--|
| MG05d. | Is [RESPONDENT'S NAME] always live in current residence ? | Yes..... 1 → SECTION TK No 3 DON'T KNOW 8 |
| MG05e. | When did [RESPONDENT'S NAME] move to current residence? | <div> / </div> <div>Month Year 1 → MG05g</div> <div>DON'T KNOW 8</div> |
| MG05f. | At what age did [RESPONDENT'S NAME] move to current residence? | <div> </div> Years 1 DON'T KNOW 8 |
| MG05g. | What was the name of [...] of the last residence before moved to current residence? | <div>A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW</div> <div>B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW</div> <div>C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</div> <div>D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</div> <div>E. Country: 1. _____ 3. Same as current residence 8. DON'T KNOW</div> |

SECTION TK (EMPLOYMENT)

Now we would like to ask about [RESPONDENT'S NAME]'s work experience.

| | | |
|---------------|--|---|
| TK01a. | During the past week, did [RESPONDENT'S NAME] do any of these activities? | 1. Yes 3. No 8. DK a. Working/trying to work/helping to earn income 1 3 8 b. Attending school..... 1 3 8 c. Housekeeping 1 3 8 d. Job searching..... 1 3 8 |
| TK01. | What was [RESPONDENT'S NAME]'s primary activity during the past week? | Working/trying to work/helping to earn income.....01→TK18A Job searching02 Attending school03 Housekeeping04 Retired05 Sick/disable.....07 On vacation/just graduated09 Other.....95 |
| TK02. | Did [RESPONDENT'S NAME] work/try to work/help to earn income for pay for at least 1 hour during the past week? | Yes1→TK18A No3 DON'T KNOW.....8 |
| TK03. | Do [RESPONDENT'S NAME] have a job/business, but were temporarily not working during the past week? | Yes1→TK18A No3 DON'T KNOW.....8 |
| TK04. | Did [RESPONDENT'S NAME] work at a family-owned (farm or non-farm) business during the past week? | Yes1→TK18A No3 DON'T KNOW.....8 |
| TK05. | Has [RESPONDENT'S NAME] ever worked before? | No3→SECTION KM Yes1 DON'T KNOW.....8 |
| TK07. | When did [RESPONDENT'S NAME] work for the last time? | Year <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> 1 DON'T KNOW.....8 |

| | |
|---|---|
| <p>TK08. Why haven't [RESPONDENT'S NAME] worked again since that year?</p> <p>(CIRCLE ALL THAT APPLY)</p> | <p>Retirement A</p> <p>Prolonged sickness B</p> <p>Handicap C</p> <p>Marriage D</p> <p>Too old E</p> <p>Have child F</p> <p>Family responsibilities N</p> <p>Forbidden O</p> <p>Other family reason P</p> <p>Fired Q</p> <p>Cannot find work R</p> <p>Do not want to work S</p> <p>Company closed/moved/bankrupt T</p> <p>DON'T KNOW Y</p> <p>Other V</p> |
| <p>TK15. Which category best describes the work [RESPONDENT'S NAME] did in your last job?</p> | <p>Unpaid family worker 06 → TK47x</p> <p>Self employed 01</p> <p>Self-employed with unpaid family worker/temporary worker 02</p> <p>Self-employed with permanent worker 03</p> <p>Government worker 04</p> <p>Private worker 05</p> <p>Casual worker in agriculture 07</p> <p>Casual worker not in agriculture 08</p> <p>DON'T KNOW 98</p> |
| <p>TK16a. What was [RESPONDENT'S NAME]'s monthly income when he/she was working at that job?</p> | <p>□ □ □ □ , □ □ □ □ , □ □ □ □ Rp. 1 → TK16b</p> <p>DON'T KNOW 8</p> |
| <p>T16a1. Is it [...]?</p> | <p>1. ≥ 1 million Rp 11. ≥ 10 million Rp</p> <p> 12. < 10 million Rp</p> <p> 18. DK</p> <p>2. < 1 million Rp 21. ≥ 500 thousand Rp</p> <p> 22. < 500 thousand Rp</p> <p> 28. DK</p> <p>98. DK</p> |
| <p>TK16b. Was that a [...]?</p> | <p>Wage 1</p> <p>Net profits (after taking out costs) 3</p> <p>DON'T KNOW 8</p> <p style="text-align: center;">→ TK47x</p> |

SECTION TK (EMPLOYMENT)

| | CURRENT JOB | A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME |
|---------|--|---|
| TK18A. | Where does [RESPONDENT'S NAME] work on your [...] job? (ENTER NAME OF COMPANY/EMPLOYER) | 1. _____ 8. DON'T KNOW |
| TK18Aa. | What is the address of the company? | _____ _____ |
| TK18Ab. | What is telephone number of the company? | A. Phone _____ B. Cellphone _____ Belonging to _____ W. NA Y. DK |
| TK18Ac. | What is the name of [RESPONDENT'S NAME]'s supervisor? | 1. _____ 8. TIDAK TAHU |
| TK18Ad. | What is telephone number of the [RESPONDENT'S NAME]'s supervisor? | A. Phone _____ B. Cellphone _____ Belonging to _____ W. NA Y. DK |
| TK19A. | What does [RESPONDENT'S NAME]'s company produce? | 1. _____ 8. DON'T KNOW |
| TK19Aa. | EDITOR: CODE FOR SECTORS | ____ |
| TK20A. | What are [RESPONDENT'S NAME]'s primary duties at your workplace? | 1. _____ 8. DON'T KNOW |
| TK20aA. | How many people work at [RESPONDENT'S NAME]'s company? | 1. _____ persons 8. DON'T KNOW |
| TK21A. | What was the total number of hours [RESPONDENT'S NAME] worked during the past week (on his/her job)? | 1. _____ hours/week 8. DON'T KNOW |
| TK22A. | Normally, what is the approximate total number of hours [RESPONDENT'S NAME] work per week?? | 1. _____ hours/week 8. DON'T KNOW |

| | | |
|----------|---|---|
| TK23A. | Approximately what is the total number of weeks [RESPONDENT'S NAME] work per year? | 1. _____ Weeks/Year 8. DON'T KNOW |
| TK23A2. | For how many years has [RESPONDENT'S NAME] worked on this job? | 1. _____ years _____ months 8. DON'T KNOW |
| TK24A. | Which category best describes the work that [RESPONDENT'S NAME] do? | Self employed 01→TK26A1 Self-employed with unpaid family worker/temporary worker 02→TK26A1 Self-employed with permanent worker03→TK26A1 Government worker 04→TK24A5 Private worker 05→TK24A5 Casual worker in agriculture 07→TK24A5 Casual worker not in agriculture 08→TK24A5 DON'T KNOW..... 98 Unpaid family worker 06 |
| TK24A1. | What is the name of [RESPONDENT'S NAME]'s employer? | _____ AR00 _____ →TK27 |
| TK24A5. | Does [RESPONDENT'S NAME] work with a contract? | No, work without contract.....03 Yes, with contract but not fixed time01 Yes, with fixed time contract 02 DON'T KNOW.....08 |
| TK25A1. | Approximately what was [RESPONDENT'S NAME]'s salary/wage during the last month (including the value of all benefits)? | _____, _____, _____ Rp.... 1→TK25A2 DON'T KNOW 8 |
| TK25A1a. | Is it [...]? | 1. ≥ 1 million Rp 11. ≥ 10 million Rp 12. < 10 million Rp 18. DK 2. < 1 million Rp 21. ≥ 500 thousand Rp 22. < 500 thousand Rp 28. DK 98. DK |
| TK25A2. | Approximately what was [RESPONDENT'S NAME]'s salary/wage during the last year (including the value of all benefits)? | _____, _____, _____ Rp.... 1→TK25A2b DON'T KNOW 8 |
| TK25A2a. | Is it [...]? | 1. ≥ 12 million Rp 11. ≥ 80 million Rp 12. < 80 million Rp 18. DK 2. < 12 million Rp 21. ≥ 6 million Rp 22. < 6 million Rp 28. DK 98. DK |

SECTION TK (EMPLOYMENT)

| TK25A2b. | What is the amount of year-end-bonus or other bonuses [RESPONDENT'S NAME] received during the last year ? | <div><div>_____ , _____ , _____ Rp 1→TK25A3</div><div>DON'T KNOW 8</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|-----|----|----|-----------------------------|---|---|---|---------------------------|--|--|--|-------------------------|--|--|--|------------------|--|--|--|------------------------------------|---|---|---|----------------------|---|---|---|-----------------------------|--|--|--|---------|---|---|---|------------------------------|---|---|---|----------------------|--|--|--|--|---|---|---|---|---|---|---|------------------------------------|---|---|---|-----------|---|---|---|------------------------------|---|---|---|--------------------------|---|---|---|
| TK25A2c. | Is it [...]? | <div><div>1. ≥ 1 million Rp 11. ≥ 10 million Rp</div><div>12. < 10 million Rp</div><div>18. DK</div><div>2. < 1 million Rp 21. ≥ 500 thousand Rp</div><div>22. < 500 thousand Rp</div><div>28. DK</div><div>98. DK</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25A3. | Did [RESPONDENT'S NAME] receive the following benefits from your employer for this job? | <table><thead><tr><th></th><th>Yes</th><th>No</th><th>DK</th></tr></thead><tbody><tr><td>a. Employer provided meals?</td><td>1</td><td>3</td><td>8</td></tr><tr><td> If yes, how many per day?</td><td></td><td></td><td></td></tr><tr><td> 1. _____ times each day</td><td></td><td></td><td></td></tr><tr><td> 2. not every day</td><td></td><td></td><td></td></tr><tr><td>b. Raw food, not in form of meals?</td><td>1</td><td>3</td><td>8</td></tr><tr><td>c. Housing benefits?</td><td>1</td><td>3</td><td>8</td></tr><tr><td>d. Transportation benefits?</td><td></td><td></td><td></td></tr><tr><td> 1. Car?</td><td>1</td><td>3</td><td>8</td></tr><tr><td> 2. Transportation allowance?</td><td>1</td><td>3</td><td>8</td></tr><tr><td>e. Medical benefits?</td><td></td><td></td><td></td></tr><tr><td> 1. Employer paid some health expenses?</td><td>1</td><td>3</td><td>8</td></tr><tr><td> 2. Employer provided health insurance policy?</td><td>1</td><td>3</td><td>8</td></tr><tr><td> 3. Employer provided health clinic</td><td>1</td><td>3</td><td>8</td></tr><tr><td>f. Credit</td><td>1</td><td>3</td><td>8</td></tr><tr><td>g. Employer-provided pension</td><td>1</td><td>3</td><td>8</td></tr><tr><td>h. Severance eligibility</td><td>1</td><td>3</td><td>8</td></tr></tbody></table> | | Yes | No | DK | a. Employer provided meals? | 1 | 3 | 8 | If yes, how many per day? | | | | 1. _____ times each day | | | | 2. not every day | | | | b. Raw food, not in form of meals? | 1 | 3 | 8 | c. Housing benefits? | 1 | 3 | 8 | d. Transportation benefits? | | | | 1. Car? | 1 | 3 | 8 | 2. Transportation allowance? | 1 | 3 | 8 | e. Medical benefits? | | | | 1. Employer paid some health expenses? | 1 | 3 | 8 | 2. Employer provided health insurance policy? | 1 | 3 | 8 | 3. Employer provided health clinic | 1 | 3 | 8 | f. Credit | 1 | 3 | 8 | g. Employer-provided pension | 1 | 3 | 8 | h. Severance eligibility | 1 | 3 | 8 |
| | Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Employer provided meals? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, how many per day? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. _____ times each day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. not every day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Raw food, not in form of meals? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Housing benefits? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Transportation benefits? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Car? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Transportation allowance? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Medical benefits? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Employer paid some health expenses? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Employer provided health insurance policy? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Employer provided health clinic | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Credit | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Employer-provided pension | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Severance eligibility | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25A3a. | INTERVIEWER CHECK: TK24A= 7 OR 8? | <div><div>YES1→TK27</div><div>NO3</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25A4. | What type of pension plan are [RESPONDENT'S NAME] enrolled in? | <div>No pension plan6→ TK25A7</div> <div>TASPEN1</div> <div>ASABRI2</div> <div>JAMSOSTEK3</div> <div>Other private pension4</div> <div>DON'T KNOW8</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25A5. | What is [RESPONDENT'S NAME]'s out of pocket contribution to the pension fund each month? | <div><div>_____ , _____ , _____ Rp..... 1</div><div>DON'T KNOW 8</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25A6. | How will the pension benefit be paid out? | <div>Pembayaran per bulan/tahun1</div> <div>Pembayaran sekaligus/lump sum2</div> <div>Kombinasi3</div> <div>TIDAK TAHU8</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25A7. | What is [RESPONDENT'S NAME]'s out of pocket contribution to the health insurance each month? | <div><div>_____ , _____ , _____ Rp.1</div><div>DON'T KNOW8</div><div>No health insurance6</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|-----------------|---|---|
| TK26A1. | Approximately how much net profit did [RESPONDENT'S NAME] gain last month , after taking out all his/her business expenses? | <div><div>Profit (+)</div><div>_____ , _____ , _____ Rp. 1 → TK26A3</div><div>Loss (-)</div><div>_____ , _____ , _____ Rp. 2 → TK26A3</div><div>DON'T KNOW 8</div></div> |
| TK26A1a. | Is it [...]? | <div><div>1. ≥ 1 million Rp 11. ≥ 10 million Rp</div><div>12. < 10 million Rp</div><div>18. DK</div><div>2. < 1 million Rp 21. ≥ 500 thousand Rp</div><div>22. < 500 thousand Rp</div><div>28. DK</div><div>98. DK</div></div> |
| TK26A3. | Approximately how much net profit did [RESPONDENT'S NAME] gain last year , after taking out all his/her business expenses? | <div><div>Profit (+)</div><div>_____ , _____ , _____ Rp. 1 → TK27</div><div>Loss (-)</div><div>_____ , _____ , _____ Rp. 2 → TK27</div><div>DON'T KNOW 8</div></div> |
| TK26A3a. | Is it [...]? | <div><div>1. ≥ 12 million Rp 11. ≥ 80 million Rp</div><div>12. < 80 million Rp</div><div>18. DK</div><div>2. < 12 million Rp 21. ≥ 6 million Rp</div><div>22. < 6 million Rp</div><div>28. DK</div><div>98. DK</div></div> |
| TK27. | Does [RESPONDENT'S NAME] have any additional job? | <div>DON'T KNOW 8→TK47x</div> <div>No 3→TK47x</div> <div>Yes 1</div> |

SECTION TK (EMPLOYMENT)

| | ADDITIONAL JOB | B. ADDITIONAL JOB – IF MORE THAN ONE JOB, ASK ABOUT THE ONE THAT CONSUMES MOST TIME |
|---------|--|--|
| TK18B. | Where does [RESPONDENT'S NAME] work on your [...] job? (ENTER NAME OF COMPANY/EMPLOYER) | 1. _____ 8. DON'T KNOW |
| TK19B. | What does [RESPONDENT'S NAME]'s company produce? | 1. _____ 8. DON'T KNOW |
| TK19Bb. | EDITOR: CODE FOR SECTORS | ____ |
| TK20B. | What are [RESPONDENT'S NAME]'s primary duties at your workplace? | 1. _____ 8. DON'T KNOW |
| TK20Ba. | How many people work at [RESPONDENT'S NAME]'s company? | 1. ____ . ____ persons 8. DON'T KNOW |
| TK21B. | What was the total number of hours [RESPONDENT'S NAME] worked during the past week (on his/her job)? | 1. ____ hours/week 8. DON'T KNOW |
| TK22B. | Normally, what is the approximate total number of hours [RESPONDENT'S NAME] work per week?? | 1. ____ hours/week 8. DON'T KNOW |
| TK23B. | Approximately what is the total number of weeks [RESPONDENT'S NAME] work per year? | 1. ____ Weeks/Year 8. DON'T KNOW |
| TK23B2. | For how many years has [RESPONDENT'S NAME] worked on this job? | 1. ____ years ____ months 8. DON'T KNOW |
| TK24B. | Which category best describes the work that [RESPONDENT'S NAME] do? | Self employed01→TK26B1 Self-employed with unpaid family worker/temporary worker02→TK26B1 Self-employed with permanent worker03→TK26B1 Government worker04→TK25B1 Private worker.....05→TK25B1 Casual worker in agriculture07→TK25B1 Casual worker not in agriculture08→TK25B1 DON'T KNOW..... 98 Unpaid family worker 06 |
| TK24B1. | What is the name of [RESPONDENT'S NAME]'s employer? | _____ AR00 ____ →TK47x |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----|-----|----|----|--|---|---|---|------------------------------------|---|---|---|----------------------|---|---|---|--|---|---|---|---|---|---|---|------------------------------------|---|---|---|-----------|---|---|---|------------------------------|---|---|---|--------------------------|---|---|---|
| TK25B1. | Approximately what was [RESPONDENT'S NAME]'s salary/wage during the last month (including the value of all benefits)? | ____,____,____ Rp..... 1→TK25B2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25B1a. | Is it [...]? | 1. ≥ 1 million Rp 11. ≥ 10 million Rp 12. < 10 million Rp 18. DK 2. < 1 million Rp 21. ≥ 500 thousand Rp 22. < 500 thousand Rp 28. DK 98. DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25B2. | Approximately what was [RESPONDENT'S NAME]'s salary/wage during the last year (including the value of all benefits)? | ____,____,____ Rp..... 1→TK25B2b DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25B2a. | Is it [...]? | 1. ≥ 12 million Rp 11. ≥ 80 million Rp 12. < 80 million Rp 18. DK 2. < 12 million Rp 21. ≥ 6 million Rp 22. < 6 million Rp 28. DK 98. DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25B2b. | What is the amount of year-end-bonus or other bonuses [RESPONDENT'S NAME] received during the last year ? | ____,____,____ Rp..... 1→TK25B3 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25B2c. | Is it [...]? | 1. ≥ 1 million Rp 11. ≥ 10 million Rp 12. < 10 million Rp 18. DK 2. < 1 million Rp 21. ≥ 500 thousand Rp 22. < 500 thousand Rp 28. DK 98. DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK25B3. | Did [RESPONDENT'S NAME] receive the following benefits from your employer for this job? | <table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>a. Employer provided meals? If yes, how many per day? 1. ____ times each day 2. not every day</td><td>1</td><td>3</td><td>8</td></tr><tr><td>b. Raw food, not in form of meals?</td><td>1</td><td>3</td><td>8</td></tr><tr><td>c. Housing benefits?</td><td>1</td><td>3</td><td>8</td></tr><tr><td>d. Transportation benefits? 1. Car? 2. Transportation allowance?</td><td>1</td><td>3</td><td>8</td></tr><tr><td>e. Medical benefits? 1. Employer paid some health expenses? 2. Employer provided health insurance policy?</td><td>1</td><td>3</td><td>8</td></tr><tr><td>3. Employer provided health clinic</td><td>1</td><td>3</td><td>8</td></tr><tr><td>f. Credit</td><td>1</td><td>3</td><td>8</td></tr><tr><td>g. Employer-provided pension</td><td>1</td><td>3</td><td>8</td></tr><tr><td>h. Severance eligibility</td><td>1</td><td>3</td><td>8</td></tr></table> →TK47x | | Yes | No | DK | a. Employer provided meals? If yes, how many per day? 1. ____ times each day 2. not every day | 1 | 3 | 8 | b. Raw food, not in form of meals? | 1 | 3 | 8 | c. Housing benefits? | 1 | 3 | 8 | d. Transportation benefits? 1. Car? 2. Transportation allowance? | 1 | 3 | 8 | e. Medical benefits? 1. Employer paid some health expenses? 2. Employer provided health insurance policy? | 1 | 3 | 8 | 3. Employer provided health clinic | 1 | 3 | 8 | f. Credit | 1 | 3 | 8 | g. Employer-provided pension | 1 | 3 | 8 | h. Severance eligibility | 1 | 3 | 8 |
| | Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Employer provided meals? If yes, how many per day? 1. ____ times each day 2. not every day | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Raw food, not in form of meals? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Housing benefits? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Transportation benefits? 1. Car? 2. Transportation allowance? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Medical benefits? 1. Employer paid some health expenses? 2. Employer provided health insurance policy? | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Employer provided health clinic | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Credit | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Employer-provided pension | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Severance eligibility | 1 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION TK (EMPLOYMENT)

| | |
|--|--|
| TK26B1. Approximately how much net profit did [RESPONDENT'S NAME] gain last month , after taking out all his/her business expenses? | Profit (+) _____, _____, _____ Rp. 1 → TK47x Loss (-) _____, _____, _____ Rp. 1 → TK47x DON'T KNOW 8 |
| TK26B1a. Is it [...] ? | 1. ≥ 4 million Rp 11. ≥ 8 million Rp 12. < 8 million Rp 18. DK 2. < 4 million Rp 21. ≥ 2 million Rp 22. < 2 million Rp 28. DK 98. DK |

Now we would like to ask about [RESPONDENT'S NAME]'s first job.

| | |
|---|---|
| <p>TK47x. INTERVIEWER CHECK COV2: RESPONDENT IS PANEL RESPONDENT BOOK III (AR01g=1)</p> | <p>1. Yes → SECTION KM 3. No</p> |
| <p>TK47. When did [RESPONDENT'S NAME] start working full-time for the first time? THE MEANING OF WORKING FULL-TIME IS THAT WORKING IS THE PRIMARY ACTIVITY.</p> | <p>Work never primary activity.....6 → SECTION KM Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>1 → SECTION KM DON'T KNOW.....8</p> |
| <p>TK48. What was [RESPONDENT'S NAME]'s age when starting to work full-time for the first time?</p> | <p>1. <input type="text"/> <input type="text"/> <input type="text"/> years 8. DON'T KNOW</p> |

SECTION KM (SMOKING HABIT)

Next I would like to ask whether [RESPONDENT’S NAME] have had the habit of smoking cigarettes/smoking a pipe/chewing tobacco, now or in the past.

| | | |
|----------------|---|---|
| KM01a. | Has [RESPONDENT’S NAME] ever chewed tobacco, smoked a pipe, smoked self-rolled cigarettes, or smoked cigarettes/cigars? | No 3 → KM08 Yes 1 |
| | Products normally used: | 1. Yes 3. No |
| KM01b. | Chewing tobacco | 1 3 |
| KM01c. | Smoking a pipe | 1 3 |
| KM01d. | Smoking self-rolled cigarettes | 1 3 |
| KM01e. | Chewing tobacco | 1 3 |
| KM02. | INTERVIEWER’S NOTE: KM01e = 1 ? | NO 3 → KM04 YES 1 |
| KM03. | Are the cigarettes classified as: ANSWER MAY BE MORE THAN ONE | Filtered cigarette A Unfiltered cigarette B Filtered cloves cigarette C Unfiltered cloves cigarette D Cigar E |
| KM04. | Does [RESPONDENT’S NAME] still have the habit or has he/she totally quit? | STILL HAVE 1 → KM08 QUIT 3 |
| KM05aa. | At what age did [RESPONDENT’S NAME] totally quit from [...]? | 1. Years 8. DON’T KNOW |
| KM08. | In one day about how many cigars/cigarettes did [RESPONDENT’S NAME] consume now/before totally quitting? | per day 1 DON’T KNOW 8 NOT APPLICABLE 6 |

| | | |
|---------------|--|--|
| KM08e. | What is the brand of cigarettes does [RESPONDENT’S NAME] usually purchase? | Gudang Garam Merah 01 Gudang Garam Surya 02 Gudang Garam International..... 03 Sampoerna A Mild 04 Sampoerna Hijau 05 Djarum Super 06 Djarum 76 Kretek..... 07 Bentoel Filter..... 08 Bentoel Kretek without filter..... 09 Ardath 10 Marlboro..... 11 Marlboro Kretek Filter 12 Lucky Strike 13 Kansas..... 14 Dji Sam Soe..... 15 Other..... 95 NOT APPLICABLE..... 96 |
| KM09. | About how much money did/do [RESPONDENT’S NAME] spend each week on these products? | . Rp. 1 DON’T KNOW 8 |
| KM10. | At what age did [RESPONDENT’S NAME] start to smoke on a regular basis? | years 1 DON’T KNOW 8 |

SECTION KK (HEALTH CONDITION)

Next we would like to know about [RESPONDENT’S NAME]’s health.

| | |
|--|--|
| KK01. In general, how is [RESPONDENT’S NAME]’s health? | Very healthy 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Unhealthy..... 4 |
| KK02a. During the last 4 weeks, how many days of [RESPONDENT’S NAME]’s primary daily activities did he/she miss due to poor health? | ___ Days 1 DON’T KNOW 8 |

| | |
|---|--|
| KK02b. In the last 4 weeks, how many days has [RESPONDENT’S NAME] stayed in bed due to poor health? | ___ Days 1 DON’T KNOW 8 |
| KK02c. Compared with [RESPONDENT’S NAME]’s health 12 months ago, would you say that his/her health is [...]? | Much better now 1 Somewhat better now 2 About the same 3 Somewhat worse 4 Much worse 5 |

| | |
|--|---|
| KK03x. INTERVIEWER CHECK COV3: AGE OF RESPONDENT ≥ 40 | AGE < 403→SECTION CD AGE ≥ 401 |
|--|---|

Now we would like to know [RESPONDENT’S NAME]’s physical ability in daily activity.

| | If [RESPONDENT’S NAME] had [...], could you do it: | | |
|--|--|--------------------|--------------------|
| KK03a. To carry a heavy load (like a pail of water) for 20 meters | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03d. To draw a pail of water from a well | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03j. To walk for 1 kilometer | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03c. To walk for 5 kilometers | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03b. To sweep the house floor yard | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03e. To bow, squat, kneel | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03f. To dress without help | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03h. To go to the bathroom (BM) without help | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03m. To bathe | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03k. To get out of bed | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03l. To walk across the room | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03i. To stand up from sitting on the floor without help | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03g. To stand up from sitting position in a chair without help | 1. Easily | 3. With difficulty | 5. Unable to do it |

SECTION KK (HEALTH CONDITION)

Now we would like to know [RESPONDENT’S NAME]’s ability to do the following activities by him/herself without help.

| | | | |
|--|--|--------------------|--------------------|
| | If [RESPONDENT’S NAME] had [...] by him/herself, could he/she do it: | | |
| KK03n. To shop for personal needs | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03o. To prepare meal for yourself | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03p. To take medicine | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03q. To visit a friend/acquaintances in the same village | 1. Easily | 3. With difficulty | 5. Unable to do it |
| KK03r. To take a trip out of town | 1. Easily | 3. With difficulty | 5. Unable to do it |

| | |
|---------------------------|--|
| KK04a. INTERVIEWER CHECK: | IF ALL OF KK03a-KK03r = 1 1 → KK04j |
| | IF ANY OF KK03a-KK03r = 3 OR 5 3 → KK04b |

Now we would like to know if about help [RESPONDENT’S NAME] may have received in his/her daily activities.

| | |
|--|--|
| KK04b. If [RESPONDENT’S NAME] need to do any of the daily activities listed in KK03A-KK03Q, does he/she need someone to assist him/her? | No..... 3→KK04j Yes..... 1 |
| KK04c. Who most often assisted [RESPONDENT’S NAME]? | Name:_____ PID: ____ (51 IF NOT IN HH ROSTER) |
| KK04d. What is his/her relationship with [RESPONDENT’S NAME]? | 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 |
| KK04e. During the last 4 weeks, about how many days did [...] help [RESPONDENT’S NAME]? | 1. ____ days 8. DON’T KNOW |
| KK04f. On the days [...] helps [RESPONDENT’S NAME]?, about how many hours per day is that? | 2. ____ hours 8. DON’T KNOW |
| KK04g. Is [...] paid to help [RESPONDENT’S NAME]? | Yes..... 1 No..... 3 |
| KK04h. Is there any other person help [RESPONDENT’S NAME]? | Yes..... 1 No..... 3 |
| KK04i. In the last 4 weeks, how much money did [RESPONDENT’S NAME] spend to have someone assisted [RESPONDENT’S NAME] in the daily activities mentioned above? | 1. Rp ____, ____, ____ 6. DID NOT HAVE TO PAY 8. DON’T KNOW |
| KK04j. If in the future [RESPONDENT’S NAME] need someone to assist you in one of the daily activities above, who do you think will assist [RESPONDENT’S NAME] besides your spouse? | Name:_____ PID: ____ (51 IF NOT IN HH ROSTER) |
| KK04k. What is his/.her relationship with [RESPONDENT’S NAME]? | 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 |

| | | | | | | | | | |
|-----------------------|--------------------------|-------------------|---------------------------|-----------------|------------------|-------------|------------------|--|--|
| CODE KK04d and KK04k: | | | | | | | | | |
| 02. Spouse | 04. Non-biological child | 06. Parent | 08. Sibling | 10. Grandchild | 12. Uncle/aunt | 14. Cousin | 16. Other family | | |
| 03. Biological child | 05. Son/daughter-in-law | 07. Parent-in-law | 09. Brother/sister-in-law | 11. Grandparent | 13. Nephew/niece | 15. Servant | 17. Non-family | | |

SECTION CD (CHRONIC CONDITIONS)

Now we would like to ask you about some health conditions that [RESPONDENT'S NAME] may have been diagnosed with.

| | | | | | | | |
|--|-----------------------------|---------|----------|---|--------------|----------|------------|
| CD01. Did a doctor/paramedic/nurse/midwife ever diagnose [RESPONDENT'S NAME] with [...]? | | | | CD02. Who first diagnose [RESPONDENT'S NAME] with [...]? | | | |
| A. | Physical disabilities | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| B. | Brain damage | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| C. | Vision problem | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| D. | Hearing problem | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| E. | Speech impediment | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| F. | Mental retardation | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| G. | Heart problem | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| H. | Depression | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| I. | Autism | 3. No ↓ | 1. Yes → | 1. Doctor | 2. Paramedic | 3. Nurse | 4. Midwife |
| CD03x. INTERVIEWER CHECK CD01: ALL OPTIONS IN CD01=3? | | | | YES 1 → CD04 NO 3 | | | |
| CD03. Does this disability or health impairment limit the kind or amount of paid work [RESPONDENT'S NAME] can do? | | | | Yes, very much so 1 Yes, some degree 2 No, not much 3 No, not at all 4 | | | |

| | |
|---|--|
| CD04. INTERVIEWER CHECK COV3: AGE OF RESPONDENT ≥ 40 | AGE < 40 3 → SECTION MA AGE ≥ 40 1 |
|---|--|

Now we would like to ask you about some chronic illnesses that [RESPONDENT'S NAME] may have been diagnosed with.

| CHRONIC CONDITIONS (CDTYPE) | CD05. Have a doctor/paramedic/nurse/ midwife ever told [RESPONDENT'S NAME] that he/she had [...] | CD06. In which organ or part of the body have had cancer? | CD07. When was the condition [...] first diagnosed? | CD08. Who diagnosed the [...] condition? | CD09. In order to deal with [...] is [RESPONDENT'S NAME] currently taking prescribed medication on a weekly basis? | CD10. Does the condition limit the kind or amount of paid work [RESPONDENT'S NAME] can do? |
|---------------------------------|---|--|--|---|---|---|
| A. Hypertension | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor.....1 Paramedic2 Nurse.....3 Midwife4 | Yes1 No.....3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| B. Diabetes or high blood sugar | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor.....1 Paramedic2 Nurse.....3 Midwife4 | Yes1 No.....3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| C. Tuberculosis (TBC) | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor.....1 Paramedic2 Nurse.....3 Midwife4 | Yes1 No.....3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |

SECTION CD (CHRONIC CONDITIONS)

| CHRONIC CONDITIONS (CDTYPE) | CD05. | CD06. | CD07. | CD08. | CD09. | CD10. |
|--|---|--|--|---|---|--|
| | Have a doctor/paramedic/ nurse/ midwife ever told [RESPONDENT'S NAME] that he/she had [....] | In which organ or part of the body have had cancer? | When was the condition [...] first diagnosed? | Who diagnosed the [...] condition? | In order to deal with [...] is [RESPONDENT'S NAME] currently taking prescribed medication on a weekly basis? | Does the condition limit the kind or amount of paid work [RESPONDENT'S NAME] can do? |
| D. Asthma | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor..... 1 Paramedic 2 Nurse..... 3 Midwife 4 | Yes 1 No..... 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| E. Other lung conditions | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor..... 1 Paramedic 2 Nurse..... 3 Midwife 4 | Yes 1 No..... 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| F. Heart attack, coronary heart disease, angina, or other heart problems | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor..... 1 Paramedic 2 Nurse..... 3 Midwife 4 | Yes 1 No..... 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| G. Liver | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor..... 1 Paramedic 2 Nurse..... 3 Midwife 4 | Yes 1 No..... 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| H. Stroke | 3. No ↓ 1. Yes → | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor..... 1 Paramedic 2 Nurse..... 3 Midwife 4 | Yes 1 No..... 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| I. Cancer or malignant tumor | 3. No ↓ 1. Yes → | A B C D E F G H I J K L M N O P Q R S T U X V | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor..... 1 Paramedic 2 Nurse..... 3 Midwife 4 | Yes 1 No..... 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |

CODE OF CD06:

- | | | |
|------------------|-------------|-------------------------|
| A. Brain | I. Stomach | Q. Endometrium |
| B. Oral cavity | J. Liver | R. Colon/Rectum |
| C. Larynx | K. Pancreas | S. Bladder |
| D. Other pharynx | L. Kidney | T. Skin |
| E. Thyroid | M. Prostate | U. Non Hodgkin lymphoma |
| F. Lungs | N. Testicle | X. Leukemia |
| G. Breast | O. Ovary | V. Other |
| H. Oesophagus | P. Cervix | |

SECTION CD (CHRONIC CONDITIONS)

| CHRONIC CONDITIONS (CDTYPE) | CD05. | CD06. | CD07. | CD08. | CD09. | CD10. |
|--------------------------------|---|---|--|---|---|--|
| | Have a doctor/paramedic/ nurse/ midwife ever told [RESPONDENT'S NAME] that he/she had [....] | In which organ or part of the body have had cancer? | When was the condition [...] first diagnosed? | Who diagnosed the [...] condition? | In order to deal with [...] is [RESPONDENT'S NAME] currently taking prescribed medication on a weekly basis? | Does the condition limit the kind or amount of paid work [RESPONDENT'S NAME] can do? |
| J. Arthritis/ rheumatism | 3. No 1. Yes → ↓ | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor.....1 Paramedic2 Nurse.....3 Midwife4 | Yes 1 No 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| K. Uric Acid/Gout | 3. No 1. Yes → ↓ | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor.....1 Paramedic2 Nurse.....3 Midwife4 | Yes 1 No 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |
| L. Depression | 3. No 1. Yes → ↓ SECTION MA | | 1. / Month / Year 2. Age: years 8. DON'T KNOW | Doctor.....1 Paramedic2 Nurse.....3 Midwife4 | Yes 1 No 3 | 1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all |

SECTION MA (ACUTE MORBIDITY)

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

| SYMPTOMS (MATYPE) | MA01. | | |
|---|---|-------|---------------|
| | Did [RESPONDENT'S NAME] ever experience [...] in the last 4 weeks? | | |
| | 1. Yes | 3. No | 8. DON'T KNOW |
| A. Headache..... | 1 | 3 | 8 |
| B. Runny nose | 1 | 3 | 8 |
| C. Cough..... | 1 | 3→D | 8→D |
| a. Dry cough | a. 1 | 3 | 8 |
| b. Cough with phlegm..... | b. 1 | 3 | 8 |
| c. Bloody cough..... | c. 1 | 3 | 8 |
| D. Difficulty breathing..... | 1 | 3→E | 8→E |
| a. Wheezing | a. 1 | 3 | 8 |
| b. Short, rapid breath..... | b. 1 | 3 | 8 |
| E. Fever | 1 | 3 | 8 |
| F. Stomach ache | 1 | 3 | 8 |
| H. Nausea/vomiting..... | 1 | 3 | 8 |
| I. Diarrhea minimal of 3x per day..... | 1 | 3→P | 8→P |
| a. Mixed with blood..... | a. 1 | 3 | 8 |
| b. Mixed with mucous..... | b. 1 | 3 | 8 |
| c. Pale liquid | c. 1 | 3 | 8 |
| P. Swollen legs | 1 | 3 | 8 |
| K. Skin infection (boil, abcess, itching) | 1 | 3 | 8 |
| L. Eye Infection..... | 1 | 3 | 8 |
| M. Toothache | 1 | 3 | 8 |
| U. Cold sores | 1 | 3 | 8 |

SECTION MA (ACUTE MORBIDITY)

Now we would like to ask you about pain [RESPONDENT'S NAME] may have felt in the last 6 months.

| JOINTS OR OTHER PART OF BODY (MA2TYPE) | MA09. | MA10. | MA11. | MA12. | MA13. | MA14. |
|--|---|--|--|--|--|--|
| | In the last 6 months was [RESPONDENT'S NAME] bothered by a pain in his/her [...]? | When were you first bothered or when was the onset of this pain [...]? | How severe is the pain usually? | How often have you felt the pain your [...] in the past 6 months? | Does the pain limit [RESPONDENT'S NAME]'s daily activities? | Was [RESPONDENT'S NAME] bother by the pain in his/her [...] the past week? |
| A. Head | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| B. Neck | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| C. Shoulder | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| D. Arm | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| E. Wrist/hand/fingers | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| F. Back/lower back | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| G. Hip | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| H. Knee | 3. No 1. Yes➔ ↓ | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |
| I. Ankle/foot/toes | 3. No 1. Yes➔ ↓ MA15 | 1. / Month / Year 2. Age years old 8. DON'T KNOW | Mild 1 Painful 2 Severe..... 3 | Every day 1 At least once a week 2 At least once a month..... 3 A few times in the last 6 months..... 4 | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all | Yes 1 No 3 |

SECTION MA (ACUTE MORBIDITY)

Now we would like to ask about [RESPONDENT'S NAME]'s accident history.

| | |
|--|---|
| MA15. Has [RESPONDENT'S NAME] ever been in an accident and received treatment? | DON'T KNOW 8→ MA18 No 3→ MA18 Yes 1 |
| MA16. When was [RESPONDENT'S NAME] injured in an accident? (Most recent one if more than once) | <div> / </div> <div>Month / Year</div> |
| MA17. Does the injury caused by the accident limit [RESPONDENT'S NAME]'s daily activities? | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all 8. DON'T KNOW |
| MA18. Has [RESPONDENT'S NAME] fallen down in the last two years? | DON'T KNOW 8→ MA22 No 3→ MA22 Yes 1 |
| MA19. How many times has [RESPONDENT'S NAME] fallen down in the last two years? | times |
| MA20. When did [RESPONDENT'S NAME] last fall and need treatment? (Most recent one if more than once) | <div> / </div> 1 Month / Year NOT APPLICABLE 6 DON'T KNOW..... 8 |
| MA21. Does the injury caused by the fall [RESPONDENT'S NAME]'s daily activities? | 1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all 8. DON'T KNOW |
| MA22. Has [RESPONDENT'S NAME] ever fractured his/her hip? | Yes 1 No 3 DON'T KNOW..... 8 |

SECTION AK (HEALTH INSURANCE)

Now we would like to know about health insurance or benefits that [RESPONDENT'S NAME] might have.

| | | |
|--|------------------|-----------------|
| AK01. Is [RESPONDENT'S NAME] the policy holder/primary beneficiary of health benefits, health insurance, such as ASKES , ASTEK/Jamsostek , employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, Health Card or ASKESKIN ? | DON'T KNOW | 8 → AK06 |
| | No | 3 → AK06 |
| | Yes | 1 |

| BENEFIT TYPE (AKTYPE) | AK02. | | | AK03. | AK04. | AK05. |
|--|--|----------------------------|--------|--------------------------------------|--|--|
| | Do [RESPONDENT'S NAME]'s benefits include [...]? | | | When did this benefit begin? | Does this benefit cover outpatient visits to public and private health centers? (CIRCLE ALL THAT APPLY) | Who else in the household is covered under this benefit? (CIRCLE ALL THAT APPLY) |
| A. Health Insurance (PT ASKES) | 3. No ↓ | 8. DON'T KNOW ↓ | 1.Yes→ | 1. Year <u> </u> 8. DON'T KNOW | A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic | A. Spouse C. 2 nd oldest child E. Other child V. Other B. Oldest child D. 3 rd oldest child W. NO ONE H. Parents/Siblings |
| B. Labor (Social) Insurance (ASTEK Jamsostek) | 3. No ↓ | 8. DON'T KNOW ↓ | 1.Yes→ | 1. Year <u> </u> 8. DON'T KNOW | A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic | A. Spouse C. 2 nd oldest child E. Other child V. Other B. Oldest child D. 3 rd oldest child W. NO ONE H. Parents/Siblings |
| C. Employer provided health insurance/benefits | 3. No ↓ | 8. DON'T KNOW ↓ | 1.Yes→ | 1. Year <u> </u> 8. DON'T KNOW | A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic | A. Spouse C. 2 nd oldest child E. Other child V. Other B. Oldest child D. 3 rd oldest child W. NO ONE H. Parents/Siblings |
| D. Employer Provided Clinic | 3. No ↓ | 8. DON'T KNOW ↓ | 1.Yes→ | 1. Year <u> </u> 8. DON'T KNOW | A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic | A. Spouse C. 2 nd oldest child E. Other child V. Other B. Oldest child D. 3 rd oldest child W. NO ONE H. Parents/Siblings |
| E. Private Insurance | 3. No ↓ | 8. DON'T KNOW ↓ | 1.Yes→ | 1. Year <u> </u> 8. DON'T KNOW | A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic | A. Spouse C. 2 nd oldest child E. Other child V. Other B. Oldest child D. 3 rd oldest child W. NO ONE H. Parents/Siblings |
| G. Savings-related insurance | 3. No ↓ | 8. DON'T KNOW ↓ | 1.Yes→ | 1. Year <u> </u> 8. DON'T KNOW | A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic | A. Spouse C. 2 nd oldest child E. Other child V. Other B. Oldest child D. 3 rd oldest child W. NO ONE H. Parents/Siblings |
| H. Health Card/ ASKESKIN | 3. No ↓ AK06 | 8. DON'T KNOW ↓ AK06 | 1.Yes→ | 1. Year <u> </u> 8. DON'T KNOW | A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic | A. Spouse C. 2 nd oldest child E. Other child V. Other B. Oldest child D. 3 rd oldest child W. NO ONE H. Parents/Siblings |

SECTION AK (HEALTH INSURANCE)

| | |
|--|--|
| AK06. Since 2000, has [RESPONDENT'S NAME] lost any health insurance coverage, such as ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, Health Card or ASKESKIN? | DON'T KNOW8 ➔ SECTION RJ No3 ➔ SECTION RJ Yes1 |
|--|--|

| BENEFIT TYPE (AKTYPE) | AK07. | AK08. |
|---|---|--|
| | What benefits did [RESPONDENT'S NAME] lose? | When did the benefits end? |
| A. Health Insurance (<i>PT ASKES</i>) | 3. No ↓ 8. DON'T KNOW ↓ 1. Yes➔ | ____ / ____ 1 Month Year DON'T KNOW 8 |
| B. Labor (Social) Insurance (<i>ASTEK Jamsostek</i>) | 3. No ↓ 8. DON'T KNOW ↓ 1. Yes➔ | ____ / ____ 1 Month Year DON'T KNOW 8 |
| C. Employer provided health insurance/benefits | 3. No ↓ 8. DON'T KNOW ↓ 1. Yes➔ | ____ / ____ 1 Month Year DON'T KNOW 8 |
| D. Employer Provided Clinic | 3. No ↓ 8. DON'T KNOW ↓ 1. Yes➔ | ____ / ____ 1 Month Year DON'T KNOW 8 |
| E. Private Insurance | 3. No ↓ 8. DON'T KNOW ↓ 1. Yes➔ | ____ / ____ 1 Month Year DON'T KNOW 8 |
| G. Savings-related insurance | 3. No ↓ 8. DON'T KNOW ↓ 1. Yes➔ | ____ / ____ 1 Month Year DON'T KNOW 8 |
| H. Health Card/ ASKESKIN | 3. No ↓ SECTION RJ 8. DON'T KNOW ↓ SECTION RJ 1. Yes➔ | ____ / ____ 1 Month Year DON'T KNOW 8 |

SECTION RJ (OUTPATIENT CARE)

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

| | | |
|--------------|--|--|
| RJ00. | In the last 4 weeks has [RESPONDENT'S NAME] visited a public hospital, puskesmas, private hospital, clinic, health worker or doctor's practice or been visited by a health worker or doctor? | DON'T KNOW8 ➔ SECTION RN No3 ➔ SECTION RN Yes1 |
|--------------|--|--|

| | RJ01. | RJA02. |
|--|--|---|
| MEDICAL FACILITY (RJTYPE) | Within the last 4 weeks, has [RESPONDENT'S NAME] been to [...] / visited by [...]? | How many times did [RESPONDENT'S NAME] visit / been visited by [...] during the last 4 weeks? |
| A. Public hospital (General or Specialty) | 8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ | Times |
| B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu) | 8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ | Times |
| E. Private Hospital | 8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ | Times |
| F. Polyclinic, Private Clinic, Medical Center | 8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ | Times |
| G. Private Physician (General Practitioner, Specialist, Dentist, Family Doctor) | 8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ | Times |
| H. Nurse, Paramedic, Midwife practitioner | 8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ | Times |
| I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.) | 8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ | Times |
| K. Posyandu Lansia (Posyandu for the Elder) | 8. DON'T KNOW ↓ SECTION RN 3. No ↓ SECTION RN 1. Yes ➔ | Times |

SECTION RN (INPATIENT CARE)

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

| | |
|---|--------------------------------------|
| RN00. During the past 12 months has [RESPONDENT'S NAME] ever received patient care at a hospital, puskesmas, clinic, or other? | DON'T KNOW8→ SECTION PM |
| | No3→ SECTION PM |
| | Yes1 |

| Tempat Dirawat Inap (RNTYPE) | | RN01. | | | RN02. | |
|---------------------------------|--|--|------------|----------|--|--|
| | | During the past 12 months, has [RESPONDENT'S NAME] ever received inpatient care at [...] ? | | | How many times has [RESPONDENT'S NAME] received inpatient care at [...] during the past 12 months? | |
| A. | Public Hospital (General or Specialty) | 8. DON'T KNOW ↓ | 3. No ↓ | 1. Yes → | <div> <div></div> <div></div> <div></div> </div> Times | |
| B. | Public Health Center (puskesmas) | 8. DON'T KNOW ↓ | 3. No ↓ | 1. Yes → | <div> <div></div> <div></div> <div></div> </div> Times | |
| C. | Private Hospital | 8. DON'T KNOW ↓ | 3. No ↓ | 1. Yes → | <div> <div></div> <div></div> <div></div> </div> Times | |
| D. | Private Clinic | 8. DON'T KNOW ↓ | 3. No ↓ | 1. Yes → | <div> <div></div> <div></div> <div></div> </div> Times | |
| V. | Other | 8. DON'T KNOW ↓ | 3. No ↓ | 1. Yes → | <div> <div></div> <div></div> <div></div> </div> Times | |

SECTION PM (COMMUNITY PARTICIPATION)

Now we would ask about *arisan* that [RESPONDENT'S NAME] participate during last 12 months.

| | |
|---|--|
| PM01. Has [RESPONDENT'S NAME] participated in arisan in the last 12 months? | DON'T KNOW 8 ➔ SECTION BR No 3 ➔ SECTION BR Yes..... 1 |
| PM01a. How many arisan has [RESPONDENT'S NAME] participated in the last 12 months? | ___ Types |
| PM01c. How many arisan meetings did [RESPONDENT'S NAME] attend in the last 12 months? | ___ Meetings |
| PM01d. In total, for all the arisan in which [RESPONDENT'S NAME] participated in the last 12 months, how much money did he/she contribute? | 1. ___, ___, ___ Rp. 8. DON'T KNOW |
| PM01e. In total, from all the arisan in which [RESPONDENT'S NAME] participated in the last 12 months, how much money did he/she receive? | 1. ___, ___, ___ Rp. 8. DON'T KNOW |

SECTION BR (PREGNANCY SUMMARY)

| | |
|---|--|
| BR00xa. INTERVIEWER CHECK COV5: SEX? | MALE..... 1→SECTION BA FEMALE 5 |
|---|--|

Now we would like to ask you about all of [RESPONDENT'S NAME]'s pregnancies.

| | |
|--|----------------------------------|
| BR01. Now I would like to ask you about all children that [RESPONDENT'S NAME] have so far. Has she ever given birth? | No 3 → BR08 Yes 1 |
| BR02. Does [RESPONDENT'S NAME] have biological sons or daughters who are now living with her? | No 3 → BR06 Yes 1 |
| BR03. How many biological sons are now living with [RESPONDENT'S NAME]? | <div> </div> <div>Male</div> |
| BR04. How many biological daughters are now living with [RESPONDENT'S NAME]? | <div> </div> <div>Female</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). | |
| BR06. How many biological sons are still alive, but do not live with [RESPONDENT'S NAME]? | <div> </div> <div>Male</div> |
| BR07. How many biological daughters are still alive, but do not live with [RESPONDENT'S NAME]? | <div> </div> <div>Female</div> |
| BR08. Has [RESPONDENT'S NAME] 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>Male</div> |
| BR10. How many daughters were born alive but passed away later? | <div> </div> <div>Female</div> |

| | |
|---|--|
| BR11. Has [RESPONDENT'S NAME] you ever had a pregnancy that resulted in a stillbirth? | No 3 → BR13 Yes 1 |
| BR12. How many stillbirths has [RESPONDENT'S NAME] had? | <div> </div> |
| BR13. (Besides that) has [RESPONDENT'S NAME] had any miscarriages? | No 3 → BR15 Yes 1 |
| BR14. How many miscarriages has [RESPONDENT'S NAME] had? | <div> </div> |
| BR15. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, [RESPONDENT'S NAME] has had <div> </div> livebirths, is it correct ? | <div> </div> 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, [RESPONDENT'S NAME] has had <div> </div> stillbirths and miscarriages, is it correct? | <div> </div> No 3 → REVISE BR12 and BR14 Yes..... 1 |

SECTION CH (PREGNANCY HISTORY)

| | |
|---|--------------------------------------|
| CH00x. In the last 5 years, has [RESPONDENT'S NAME] ever been pregnant? | No 3 →SECTION CX Yes..... 1 |
| CH03. TOTAL COLUMN TO BE FILLED OUT: | |

| | | |
|--|--|--|
| CH05. Chronological order of pregnancy's outcome | 1. LAST PREGNANCY | 2. SECOND LAST PREGNANCY |
| 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 |
| CH06a. Did pregnancy end in multiple birth? | Yes 1 No..... 3 | Yes 1 No..... 3 |
| CH07. Name of child: _____ | _____ | _____ |
| CH08. Is [...] a male or female? | Male..... 1 Female 3 | Male..... 1 Female 3 |
| CH09. What date was [...] born/[RESPONDENT'S NAME] had a miscarriage? (DAY/MON/YR) | 1. / / →CH10b DAY / MONTH / YEAR 8. DON'T KNOW | 1. / / →CH10b DAY / MONTH / YEAR 8. DON'T KNOW |
| CH10a. How old were you when [...] was born/[RESPONDENT'S NAME] had a miscarriage? | Years | Years |
| CH10b. USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH. (BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH/MISCARRIAGE) | Year | Year |

| | |
|--|---|
| CH11. CHECK THE NUMBER OF COLUMNS FILLED OUT AGAINST CH03. | INCONSISTENT 3 → CHECK AGAIN, UNTIL THE NUMBER OF COLUMNS = CH03 CONSISTENT..... 1 |
|--|---|

SECTION CH (PREGNANCY HISTORY)

| | 1. LAST PREGNANCY | 2. SECOND LAST PREGNANCY |
|---|--|--|
| CH14. During the pregnancy have/did [RESPONDENT'S NAME] ever have a pregnancy check-up? | DON'T KNOW 8 → CH18 Never 3 → CH18 Ever 1 | DON'T KNOW 8 → CH18 Never 3 → CH18 Ever 1 |
| CH15. Where do/did [RESPONDENT'S NAME] 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 V. Other | A B C D E F G I V | A B C D E F G I V |
| CH18. INTERVIEWER CHECK CH06: 1. CH06 = 1 (PREGNANT) 2. CH06 = 4 (MISCARRIAGE) 3. CH06 = 2 (LIVE BIRTH) ATAU 3 (STILLBIRTH) | 1 → CH14 COLUMN 2 2 → CH14 COLUMN 2 3 | 1 → SECTION CX 2 → SECTION CX 3 |
| CH18a. At the time that [RESPONDENT'S NAME] gave birth to [...], was [RESPONDENT'S NAME] in labor for more than one day and night? | DON'T KNOW 8→ CH20 Yes 1 No 3 | DON'T KNOW 8→ CH20 Yes 1 No 3 |
| CH19. Where did you give birth to [...]? 09. Own house 10. Family Members House..... 01. Public hospital 02. Private hospital..... 03. Delivery Hospital 04. Community health center 05. Village Delivery Post..... 06. Clinic/office of physician 07. Clinic/office of midwife 08. Office/house of trad. midwife 95. Other | 09 10 01 02 03 04 05 06 07 08 95 | 09 10 01 02 03 04 05 06 07 08 95 |

SECTION CH (PREGNANCY HISTORY)

| | 1. LAST PREGNANCY | 2. SECOND LAST PREGNANCY |
|---|--|---|
| CH20. Who provided care during [...]’s birth? (CIRCLE ALL THAT APPLY) | NOBODY G Physician..... A Private midwife..... B Village midwife C Nurse D Traditional birth attendant E Family H Other V DON’T KNOW Y | NOBODY G Physician A Private midwife B Village midwife C Nurse..... D Traditional birth attendant..... E Family..... H Other V DON’T KNOW Y |
| CH25. Is [...] still alive? | Yes 1 → CH14 COLUMN 2 No 3 | Yes 1 → SECTION CX No 3 |
| CH26. How old was [...] when he/she died? | <div> </div> <div>Days 03</div> <div>Weeks 04</div> <div>Months 05</div> <div>Years 06</div> | <div> </div> <div>Days 03</div> <div>Weeks 04</div> <div>Months 05</div> <div>Years 06</div> |

SECTION CX (CONTRACEPTIVE USE)

| | |
|---|--|
| CX00. INTERVIEWER CHECK COV3: AGE OF THE RESPONDENT ≥ 50? | AGE OF THE RESPONDENT ≥ 50.....1 →SECTION BA AGE OF THE RESPONDENT < 50.....3 |
|---|--|

Now we would like to ask about methods to postpone or prevent pregnancy.

| | |
|---|--|
| CX20. Does [RESPONDENT'S NAME] or her husband now use a device/method to postpone or prevent a pregnancy? | DON'T KNOW 8→ SECTION BA No 3→ SECTION BA Yes 1 |
| CX21. Which birth control device/method does [RESPONDENT'S NAME] or her husband use now? | Rhythm/calendar11 Coitus interruptus12 Traditional Herbs13 Traditional massage14 Pill.....01 1 Mo. Injection02 2 Mo. Injection03 3 Mo. Injection04 Intravag.....05 Condom06 IUD/AKDR/Spiral07 Norplant/Implant08 Female Sterilization/Tubectomy09 Male Sterilization10 Female condom/Femidom15 DON'T KNOW98 Other.....95 → SECTION BA |

SECTION BA (NON-CORESIDENT PARENTS)

Now we want to ask about [RESPONDENT’S NAME]’s biological parents.

BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM

| | [RESPONDENT’S NAME]’s Father | [RESPONDENT’S NAME]’s Mother |
|--|---|---|
| BA04. Does [RESPONDENT’S NAME]’s father/mother still live in this household? | No 3 → BA05 Yes 1 | No 3 → BA05 Yes 1 |
| BA04a. INTERVIEWER CHECK: AR00 | 1. <input type="checkbox"/> AR00 → BA04 MOTHER’S COLUMN 3. NOT IN HOUSEHOLD | 1. <input type="checkbox"/> AR00 → BA10 3. NOT IN HOUSEHOLD |
| BA05. Is [RESPONDENT’S NAME]’s father/mother still alive? | Yes 1 → BA06b No 3 DON’T KNOW 8 | Yes 1 → BA06b No 3 DON’T KNOW 8 |
| BA06a. 12 months ago was [RESPONDENT’S NAME]’s father/mother still alive? | No 3 → BA06c Yes 1 DON’T KNOW 8 | No 3 → BA06c Yes 1 DON’T KNOW 8 |
| BA06aa. Was [RESPONDENT’S NAME]’s father/mother living in this household when he/she died? | Yes 1 → BA06c No 3 DON’T KNOW 8 | Yes 1 → BA06c No 3 DON’T KNOW 8 |
| BA06b. How often has [RESPONDENT’S NAME] seen his/her father/mother in the last 12 months? | Everyday 5 → BA06c Never 1 At least once per year 2 At least once per month 3 At least once per week 4 | Everyday 5 → BA06c Never 1 At least once per year 2 At least once per month 3 At least once per week 4 |
| BA06bb. How often was [RESPONDENT’S NAME] in telephone contact with his/her father/mother in the last 12 months? | Everyday 5 → BA06c Never 1 At least once per year 2 At least once per month 3 At least once per week 4 | Everyday 5 → BA06c Never 1 At least once per year 2 At least once per month 3 At least once per week 4 |
| BA06bc. How often was [RESPONDENT’S NAME] in contact through email or text messages with his/her father/mother in the last 12 months? | Everyday 5 Never 1 At least once per year 2 At least once per month 3 At least once per week 4 | Everyday 5 Never 1 At least once per year 2 At least once per month 3 At least once per week 4 |
| BA06c. INTERVIEWER CHECK BA05: [RESPONDENT’S NAME]’s FATHER/MOTHER ALIVE? | Yes 1 → BA07 No 3 → BA06e DON’T KNOW 8 → BA07 | Yes 1 → BA07 No 3 → BA06e DON’T KNOW 8 → BA07 |

SECTION BA (NON-CORESIDENT PARENTS)

| | [RESPONDENT'S NAME]'s Father | [RESPONDENT'S NAME]'s Mother |
|---|---|---|
| BA06e. Did [RESPONDENT'S NAME]'s father/mother died of a [...] | Heart attack1 Stroke2 Cancer3 Other illness4 Old age5 Other cause of death6 DON'T KNOW8 | Heart attack1 Stroke2 Cancer3 Other illness4 Old age5 Other cause of death6 DON'T KNOW8 |
| BA06d. When did [RESPONDENT'S NAME]'s father/mother die? | ___ / ___ / ___1 Month / Year DON'T KNOW8 | ___ / ___ / ___1 Month / Year DON'T KNOW8 |
| BA07. How old is [RESPONDENT'S NAME]'s father/mother now/at time of death? | ___ year1 DON'T KNOW8 | ___ year1 DON'T KNOW8 |
| BA07a. Has [RESPONDENT'S NAME]'s father/mother been attending school? | Tidak3→BA11 TIDAK TAHU8→BA11 Ya1 | Tidak3→BA11 TIDAK TAHU8→BA11 Ya1 |
| BA08. What is the highest level of education of [RESPONDENT'S NAME]'s father/mother? | ___ | ___ |
| BA09. What is the highest class that [RESPONDENT'S NAME]'s father/mother finished? | 00 01 02 03 04 05 06 07 98 | 00 01 02 03 04 05 06 07 98 |
| BA11. What is/was [RESPONDENT'S NAME]'s father's/mother's primary activity now/before his/her death? | Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other 95 → BA14a Working/trying to get work/helping to earn income 01 | Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled 07 → BA14a DON'T KNOW 98 → BA14a Other 95 → BA14a Working/trying to get work/helping to earn income 01 |
| BA13a. What was [...] primary duties (now/one year before he died)? | →BA14a | →BA14a |

KODE BA08:

| | | | |
|-------------------------------------|---------------------------|--------------------------------|---|
| 02. Elementary | 60. College (D1, D2, D3) | 12. Adult Education B | 72. Islamic Elementary (<i>Madrasah Ibtidaiyah</i>) |
| 03. Junior High School - General | 61. University (Bachelor) | 13. Open University | 73. Islamic Junior High (Madrasah Tsanawiyah) |
| 04. Junior High School - Vocational | 62. University (Master) | 14. Islamic School (Pesantren) | 74. Islamic Senior High (Madrasah Aliyah) |
| 05. Senior High School - General | 63. University (Ph.D.) | 15. Adult Education C | 98. DON'T KNOW |
| 06. Senior High School - Vocational | 11. Adult Education A | 17. School for Disabled | 95. Other |

KODE BA09:

| | |
|---|----------------|
| 00. Did not completer 1 st grade at this level | 05. 5 |
| 01. 1 | 06. 6 |
| 02. 2 | 07. Graduated |
| 03. 3 | 98. DON'T KNOW |
| 04. 4 | |

SECTION BA (NON-CORESIDENT PARENTS)

| | [RESPONDENT'S NAME]'s Father | [RESPONDENT'S NAME]'s Mother |
|--|---|--|
| BA14a. How is the health status of [RESPONDENT'S NAME]'s father/mother now/before his/her death? | Very healthy 1 Somewhat healthy..... 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8 | Very healthy 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Very unhealthy 4 DON'T KNOW 8 |
| BA14b. Now/before death does/did [RESPONDENT'S NAME]'s father/mother need help with basic personal needs like dressing, eating, or bathing? | Yes..... 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW..... 8 →BA04 MOTHER COLUMN | Yes..... 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW..... 8 →BA10 |

| BA10. INTERVIEWER CHECK BA04, BA05, BA06a, BA06aa: | [RESPONDENT'S NAME]'s Father | [RESPONDENT'S NAME]'s Mother |
|--|---|--|
| a. BA04 AND BA05: IS [RESPONDENT'S NAME]'s FATHER/MOTHER STILL ALIVE? | 1. YES 3. NO | 1. YES 3. NO |
| b. BA04, BA06a, AND BA06aa: DOES [RESPONDENT'S NAME]'s FATHER/MOTHER LIVE IN THE HH NOW (BA04=1) OR BEFORE HE/SHE DIED IN THE LAST 12 MONTHS(BA06a=1 AND BA06aa=1)? | 1. YES 3. NO | 1. YES 3. NO |
| c. BA06a: DID [RESPONDENT'S NAME]'s FATHER/MOTHER DIE LESS THAN 12 MONTH AGO? | 1. YES 3. NO | 1. YES 3. NO |
| d. TOTAL (ADD CODE '1' CIRCLED) | TOTAL [] | TOTAL [] |
| BA10a. INTERVIEWER CHECK BA10: | TOTAL IN BA10c FOR MOTHER | |
| 0 | 0 | 1 2 |
| TOTAL BA10.d FOR FATHER 1 | 00 → BA28 10 → BA19-22 FATHER ONLY 20 → BA28 | 01 →BA19-22 MOTHER ONLY 11 → BA18 21 → BA19-22 MOTHER ONLY 02 → BA28 12 →BA19-22 FATHER ONLY 22→ BA28 |
| BA18. Do [RESPONDENT'S NAME]'s parents still live together now/at the time of death? | Yes 1 → ASK BA19-BA22 ABOUT FATHER AND MOTHER TOGETHER AND RECORD ANSWERS IN "FATHER AND MOTHER LIVE TOGETHER" COLUMN (1ST COLUMN) No 3 → ASK BA19-BA22 ABOUT FATHER FIRST (2ND COLUMN), THEN REPEAT QUESTIONS BA19-BA22 ABOUT MOTHER (3RD COLUMN) | |

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

| | [RESPONDENT'S NAME]'s Father and Mother Live Together | [RESPONDENT'S NAME]'s Father Only | [RESPONDENT'S NAME]'s Mother Only |
|--|--|--|--|
| BA19. During the past 12 months (before his/her death) did [RESPONDENT'S NAME] (or his/her spouse) ever provide help to [...] in the form of money, goods or service? | DON'T KNOW 8→ BA21 UNWILLING TO ANSWER 7→ BA21 No 3→ BA21 Yes 1 | DON'T KNOW 8→ BA21 UNWILLING TO ANSWER 7→ BA21 No 3→ BA21 Yes 1 | DON'T KNOW 8→ BA21 UNWILLING TO ANSWER 7→ BA21 No 3→ BA21 Yes 1 |
| BA20. What type of help did [RESPONDENT'S NAME]'s provide to [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods G. Doing household chores, or providing child care or assisting during physical recovery H. Helping family business V. Other | (ANSWER MAY BE MORE THAN ONE) A. , , Rp. D. , , Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. , , Rp. | (ANSWER MAY BE MORE THAN ONE) A. , , Rp. D. , , Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. , , Rp. | (ANSWER MAY BE MORE THAN ONE) A. , , Rp. D. , , Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. , , Rp. |
| BA21. During the past 12 months (before his/her death) did [RESPONDENT'S NAME] (or his/her spouse) ever receive help from [...] in the form of money, goods or service? | DON'T KNOW 8→ BA14c UNWILLING TO ANSWER ... 7→ BA14c No 3→ BA14c Yes 1 | DON'T KNOW 8→ BA14c UNWILLING TO ANSWER .. 7→ BA14c No 3→ BA14c Yes 1 | DON'T KNOW 8→ BA14c UNWILLING TO ANSWER .. 7→ BA14c No 3→ BA14c Yes 1 |
| BA22. What type of help did you receive from [...] in the past 12 months (before his/her death) and how much? A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other oods G. Doing household chores, or providing child care or assisting during physical recovery H. Helping family business V. Other | (ANSWER MAY BE MORE THAN ONE) A. , , Rp. D. , , Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. , , Rp. →BA14c FATHER COLUMN | (ANSWER MAY BE MORE THAN ONE) A. , , Rp. D. , , Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. , , Rp. | (ANSWER MAY BE MORE THAN ONE) A. , , Rp. D. , , Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. , , Rp. →BA14c FATHER COLUMN |
| BA27. INTERVIEWER CHECK: | | RETURN TO BA10a TO CHECK WHETHER QUESTIONS REGARDING MOTHER SHOULD BE ANSWERED | |

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

| | [RESPONDENT'S NAME]'s FATHER | [RESPONDENT'S NAME]'s MOTHER |
|--|--|---|
| BA14c. Where does [...] live now/before his death? | In this household00 In the same village01 In the same subdistrict02 In the same district03 In the same province04 DON'T KNOW08 In another province, specify05 In another country06 | In this household 00 In the same village..... 01 In the same subdistrict..... 02 In the same district 03 In the same province 04 DON'T KNOW08 In another province, specify05 In another country 06 |
| BA15. With whom does/did [...] live now/before his/her death? (CIRCLE ALL THAT APPLY) ANSWER OF “BY HIM/HERSELF” CANNOT BE COMBINED WITH OTHER ANSWERS | By him/herself A Wife/husband B Daughter C Son..... D Daughter-in-law/son-in-law..... E Sister F Brother G Brother/sister-in-law I Grandchild J Grandparent K Aunt/uncle L Niece/nephew M Cousin N Parents R Parents in law..... S Step/foster/adopted kid T Other V | By him/herself..... A Wife/husband..... B Daughter..... C Son D Daughter-in-law/son-in-law E Sister F Brother G Brother/sister-in-law..... I Grandchild J Grandparent K Aunt/uncle..... L Niece/nephew M Cousin N Parents R Parents in law S Step/foster/adopted kid..... T Other V |
| BA15a. INTERVIEWER CHECK BA15. IF C OR D IS CIRCLED ASK: What is the name of the son/daughter that [...] lives with now/before his/her death? IF C OR D IS NOT CIRCLED, WRITE W | <div></div> <div>→ BA23A MOTHER COLUMN</div> | <div></div> <div>→ BA28</div> |

SECTION BA (NON-CORESIDENT SIBLINGS)

| | |
|---|---|
| BA28. Does [RESPONDENT'S NAME] have biological or non-biological siblings who do not live in this household (including those who have died during the past 12 months, but were non-householders at the time of their deaths)? | DON'T KNOW 8 → BA58x No 3 → BA58x Yes 1 |
| BA29. a. How many siblings do not live in the house are still alive? b. How many siblings died during the past 12 months and were non-householders at the time of their deaths? | a..... b. |
| BA29x. INTERVIEWER CHECK: | IF BA29.a and BA29.b = 0 3→ BA58x IF BA29.a and BA29.b > 0 1 |
| BA54. During the past 12 months, did [RESPONDENT'S NAME] (or his/her spouse) ever provide help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service? | DON'T KNOW 8 → BA56 UNWILLING TO ANSWER 7 → BA56 No 3 → BA56 Yes 1 |
| BA55. What type of help did [RESPONDENT'S NAME] (or his/her spouse) provide to the siblings during the past 12 months and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery..... H. Helping family business..... V. Other..... | (ANSWER MAY BE MORE THAN ONE) A. , Rp. D. , Rp.. G. 03. Days 05. Months H. 03. Days 05. Months V. , Rp.. |
| BA56. During the past 12 months/12 months before death, did [RESPONDENT'S NAME] (or his/her spouse) ever receive help from siblings who do not live in the HH (including those who died in the last 12 months) in the form of money, goods or service? | DON'T KNOW 7 → BA58x UNWILLING TO ANSWER 7 → BA58x No 3 → BA58x Yes 1 |
| BA57. What type of help [RESPONDENT'S NAME] (or his/her spouse) receive from the siblings during the past 12 months and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery H. Helping family business..... V. Other..... | (ANSWER MAY BE MORE THAN ONE) A. , Rp. D. , Rp.. G. 03. Days 05. Months H. 03. Days 05. Months V. , Rp.. |

SECTION BA (NON-CORESIDENT CHILDREN)

| | |
|---|---|
| BA58x. INTERVIEWER CHECK COV2: (select one) | |
| PANEL RESPONDENT (AR01g=1) 1 ↓ BA58a | PANEL RESPONDENT (AR01g=3) 1 ↓ BA58b |

| |
|---|
| PANEL RESPONDENT |
| BA58a. INTERVIEWER CHECK PREPRINTED CHILD ROSTERS PREPRINTED CHILD ROSTER EXISTS, BOOK IV INDICATED (AR01h = 1).....5 → SECTION TF PREPRINTED CHILD ROSTER EXISTS, BOOK III INDICATED3 → PREPRINTED CHILD ROSTER (BA00b) PREPRINTED CHILD ROSTER DOES NOT EXIST1 → BA58b |

| | |
|--|---|
| BA58b. INTERVIEWER CHECK COV3 AND COV5: | FEMALE AND DOESN'T ANSWER BOOK IV 3→BA61 FEMALE AND ANSWER BOOK IV 2→SECTION TF MALE 1 |
| BA59. Does [RESPONDENT'S NAME]'s wife live in the household? | Not Yet Married 5 → SECTION TF No 3 → BA61 Yes 1 |
| BA60. INTERVIEWER'S NOTE (REFER TO KW03): | MARRIED ONLY ONCE..... 1 → BA62a MARRIED MORE THAN ONCE 3 → BA62 |
| BA61. Does [RESPONDENT'S NAME] have children over 15 years old who live outside the household, or who have died during the past 12 months but were non-householders at the time of their death? | Not Yet Married 5 →BA62a Yes 1 → BA00b (BA FORM FOR NEW CHILD) No 3 DON'T KNOW 8 |
| BA62. Does [RESPONDENT'S NAME] have children over 15 years old who live outside the household, from other marriages than this current one, who are still alive or have died during the past 12 months? | Yes 1 → BA00b (BA FORM FOR NEW CHILD) No 3 DON'T KNOW 8 |
| BA62a. Does [RESPONDENT'S NAME] have adopted/step children over 15 years old who live outside the household, who are still alive or have died during the past 12 months? | DON'T KNOW 8 → SECTION TF No 3 → SECTION TF Yes 1 → BA00b (BA FORM FOR NEW CHILD) |

CHILD ROSTER

| BA00b. INTERVIEWER CHECK (choose one) | |
|--|--|
| <div>THERE IS A PREPRINTED CHILD ROSTER BOOK 1 ↓ INSERT PREPRINTED CHILD ROSTER BOOK III</div> | <div>THERE IS NO PREPRINTED CHILD ROSTER BOOK III / NEW RESPONDENT 3 ↓ USE FORM BA FOR NEW CHILD</div> |

SECTION BA (NON-CORESIDENT CHILDREN)

(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, [RESPONDENT'S NAME] and his/her husband married? | When [...] was 12 years old, with whom she/he lived?? | 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 does/did [RESPONDENT’S NAME] meet with [...] during the past year now/before his/her death? | How often does/did [RESPONDENT’S NAME] have contact with [...] by telephone during the past year now/before his/her death? | How often does/did [RESPONDENT’S NAME] have contact with [...] by mail, sms, email/chatting during the past year now/before his/her death? |
| | | 1. Yes 3. No 6. NA 8. DK | 1 2 3 4 8 | 02 03 04 05 06 07 98 →BA84 01 95 | <div></div> | | 1 → 3 → 5 ↓ 8 ↓ | 5→BA87a 8→BA87a 1 2 3 4 | 5→BA87a 8→BA87a 1 2 3 4 | 1 2 3 4 5 8 |
| | | 1. Yes 3. No 6. NA 8. DK | 1 2 3 4 8 | 02 03 04 05 06 07 98 →BA84 01 95 | <div></div> | | 1 → 3 → 5 ↓ 8 ↓ | 5→BA87a 8→BA87a 1 2 3 4 | 5→BA87a 8→BA87a 1 2 3 4 | 1 2 3 4 5 8 |
| | | 1. Yes 3. No 6. NA 8. DK | 1 2 3 4 8 | 02 03 04 05 06 07 98 →BA84 01 95 | <div></div> | | 1 → 3 → 5 ↓ 8 ↓ | 5→BA87a 8→BA87a 1 2 3 4 | 5→BA87a 8→BA87a 1 2 3 4 | 1 2 3 4 5 8 |
| | | 1. Yes 3. No 6. NA 8. DK | 1 2 3 4 8 | 02 03 04 05 06 07 98 →BA84 01 95 | <div></div> | | 1 → 3 → 5 ↓ 8 ↓ | 5→BA87a 8→BA87a 1 2 3 4 | 5→BA87a 8→BA87a 1 2 3 4 | 1 2 3 4 5 8 |
| | | 1. Yes 3. No 6. NA 8. DK | 1 2 3 4 8 | 02 03 04 05 06 07 98 →BA84 01 95 | <div></div> | | 1 → 3 → 5 ↓ 8 ↓ | 5→BA87a 8→BA87a 1 2 3 4 | 5→BA87a 8→BA87a 1 2 3 4 | 1 2 3 4 5 8 |

CODES FOR BA79:

1. With Father and mother
2. With Father only
3. With Mother only
4. Not with father and mother
8. DON'T KNOW

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
8. DON'T KNOW

SECTION BA (NON-CORESIDENT CHILDREN)

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

| BA63a. | BA63b. (NAME) | BA87a. In the past 12 months, did [RESPONDENT'S NAME] provide assistance to [...] in the form of money, goods, or services? | BA88. What type of assistance did [RESPONDENT'S NAME] provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY) | BA89a. In the past 12 months, did [RESPONDENT'S NAME] receive assistance from [...] in the form of money, goods, or services? | BA90. What type of assistance did [RESPONDENT'S NAME] receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY) |
|--------|----------------------|---|--|---|--|
| | | 8 ➔BA89a 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"/> <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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. | 8 ➔BA63b NEXT ROW / SECTION TF 7 ➔BA63b NEXT ROW / SECTION TF 3 ➔BA63b NEXT ROW / SECTION TF 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. |
| | | 8 ➔BA89a 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. | 8 ➔BA63b NEXT ROW / SECTION TF 7 ➔BA63b NEXT ROW / SECTION TF 3 ➔BA63b NEXT ROW / SECTION TF 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. |
| | | 8 ➔BA89a 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. | 8 ➔BA63b NEXT ROW / SECTION TF 7 ➔BA63b NEXT ROW / SECTION TF 3 ➔BA63b NEXT ROW / SECTION TF 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. |
| | | 8 ➔BA89a 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. | 8 ➔BA63b NEXT ROW / SECTION TF 7 ➔BA63b NEXT ROW / SECTION TF 3 ➔BA63b NEXT ROW / SECTION TF 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. |
| | | 8 ➔BA89a 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. | 8 ➔BA63b SUPPLEMENT / SECTION TF 7 ➔BA63b SUPPLEMENT / SECTION TF 3 ➔BA63b SUPPLEMENT / SECTION TF 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"/> 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"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. |

CODE BA87a AND BA89a:
1. Yes
3. No
7. UNWILLING TO ANSWER
8. DON'T KNOW

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 CHILDREN)

FORM BA CHILDREN FOR NEW RESPONDENT OR PANEL RESPONDENT WITHOUT PREPRINTED CHILD LIST.

Now we would like to ask all of [RESPONDENT’S NAME]’s biological/non-biological children with aged 15+, who lived outside this household, include children died within the last 12 months and lived outside the household when died.

| AR00. | BA63a. | BA63b. | BA63c. | BA64. | BA64a. | BA64b. | BA64c. | BA65. | BA65a. | BA66. | BA66a. | | BA67. | BA68. | BA69. | BA70. |
|------------------|--------|--------|--|-------------|--------------|---|-----------------------------------|-----------------------|---|----------------------------------|-----------|--|----------------|--|-----------------------------------|---|
| NO. OF HHM | | NAME | Is [...] [RESPONDENT'S NAME]'s biological child? | Sex | Age in 2000? | Birth Date Month/Year | Did [...] live in this household? | Is [...] 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> | 01 | | 1 2 3 8 ↓ 7 ↓ 6 ↓ ↓ | <div></div> | | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | | 1→BA66 8→BA66 3 | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | 1. <div></div> years 8. DK | 3 ↓ 1 | | <div></div> | <div></div> | <div></div> | 00→BA63b ROW 2 <div></div> |
| <div></div> | 02 | | 1 2 3 8 ↓ 7 ↓ 6 ↓ ↓ | <div></div> | | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | | 1→BA66 8→BA66 3 | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | 1. <div></div> years 8. DK | 3 ↓ 1 | | <div></div> | <div></div> | <div></div> | 00→BA63b ROW 2 <div></div> |
| <div></div> | 03 | | 1 2 3 8 ↓ 7 ↓ 6 ↓ ↓ | <div></div> | | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | | 1→BA66 8→BA66 3 | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | 1. <div></div> years 8. DK | 3 ↓ 1 | | <div></div> | <div></div> | <div></div> | 00→BA63b ROW 2 <div></div> |
| <div></div> | 04 | | 1 2 3 8 ↓ 7 ↓ 6 ↓ ↓ | <div></div> | | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | | 1→BA66 8→BA66 3 | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | 1. <div></div> years 8. DK | 3 ↓ 1 | | <div></div> | <div></div> | <div></div> | 00→BA63b ROW 2 <div></div> |
| <div></div> | 05 | | 1 2 3 8 ↓ 7 ↓ 6 ↓ ↓ | <div></div> | | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | | 1→BA66 8→BA66 3 | 1. <div></div> / <div></div> Month / Year 8. DON'T KNOW | 1. <div></div> years 8. DK | 3 ↓ 1 | | <div></div> | <div></div> | <div></div> | 00→BA63b SUPPLEMENT <div></div> |

CODE AR00:
96. Not Registered at the Roster

CODE BA64:
1. Male
3. Female

CODE BA63c:
1. Biological Child
2. Step Child
3. Adopted Child
6. Duplicate
8. DON'T KNOW
7. Not a child of respondent

CODE BA65:
1. Yes
3. No
8. DK

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 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 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. 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 _____

SECTION TF (OTHER TRANSFERS)

Now we would like to know whether [RESPONDENT’S NAME] have provided/received help, in the form of money, goods or services to/from persons outside the household (other than parents, siblings children) during the past 12 months (except gifts, souvenirs, etc.)

| | |
|--|---|
| TF01a. INTERVIEWER CHECK: RESPONDENT STATUS = MARRIED (COV4=2)? | NO 3→TF02a COLUMN A1 YES..... 1 |
| TF01. Does [RESPONDENT’S NAME] live with his/her spouse? | Yes..... 1→TF02a COLUMN A1 No 3→TF03a COLUMN A |

INTERVIEWER NOTE: IF TF01=3, ASK TF03-TF06 COLUMN A, B, AND C.

| TFTYPE | A | A1 |
|---|---|--|
| | Respondent’s spouse not in the household | Non-biological parents not in the household |
| TF02a. Does [RESPONDENT’S NAME] have non-biological parents who live outside the household who are still alive or died within the last 12 months? | | DON’T KNOW.....8 → SECTION CP No3 → SECTION CP Yes.....1 |
| TF03a. How often does/did [RESPONDENT’S NAME] meet with [...] within the last 12 months? | 5. Every day →TF03 COLUMN A 4. At least once a week 3. At least once a month 2. At least once a year 1. Never 8. DON’T KNOW | 5. Every day →TF03 COLUMN A1 4. At least once a week 3. At least once a month 2. At least once a year 1. Never 8. DON’T KNOW |
| TF03b. How often does/did [RESPONDENT’S NAME] have contact with [...] by telephone within the last 12 months? | 5. Every day →TF03 COLUMN A 4. At least once a week 3. At least once a month 2. At least once a year 1. Never 8. DON’T KNOW | 5. Every day →TF03 COLUMN A1 4. At least once a week 3. At least once a month 2. At least once a year 1. Never 8. DON’T KNOW |
| TF03c. How often does/did [RESPONDENT’S NAME] have contact with [...] by mail, sms, email/chatting within the last 12 month? | 5. Every day 4. At least once a week 3. At least once a month 2. At least once a year 1. Never 8. DON’T KNOW →TF03 COLUMN A | 5. Every day 4. At least once a week 3. At least once a month 2. At least once a year 1. Never 8. DON’T KNOW →TF03 COLUMN A1 |

SECTION TF (OTHER TRANSFERS)

| TFTYPE | A | A1 |
|--|---|--|
| | Respondent's spouse not in the household | Non-biological parents not in the household |
| TF03. In the past 12 months, did [RESPONDENT'S NAME] provide assistance to [...] in the form of money, goods, or services? | DON'T KNOW.....8 ➔TF05 COLUMN A No3 ➔TF05 COLUMN A Yes1 | DON'T KNOW8 ➔TF05 COLUMN A1 No3 ➔TF05 COLUMN A1 Yes1 |
| TF04. In the past 12 months, what type of assistance did [RESPONDENT'S NAME] provide to [...] and what is the value? | (CIRCLE ALL THAT APLLY) | (CIRCLE ALL THAT APLLY) |
| A. Money or loans | A. . . Rp. | A. . . Rp. |
| B. Tuition | B. . . Rp. | B. . . Rp. |
| C. Health care costs | C. . . Rp. | C. . . Rp. |
| D. Food stuffs or other goods | D. . . Rp. | D. . . Rp. |
| G. Chores, child care, care for sick family | G. 03. Days 05. Months | G. 03. Days 05. Months |
| H. Help family business | H. 03. Days 05. Months | H. 03. Days 05. Months |
| V. Other | V. Rp. | V. Rp. |
| TF05. In the past 12 months, did [RESPONDENT'S NAME] receive assistance from [...] in the form of money, goods, or services? | DON'T KNOW.....8 ➔TF02a COLUMN A1 No3 ➔TF02a COLUMN A1 Yes1 | DON'T KNOW 8 ➔ SECTION CP No..... 3 ➔ SECTION CP Yes 1 |
| TF06. In the past 12 months, what type of assistance did [RESPONDENT'S NAME] receive from [...] and what is the value? | (CIRCLE ALL THAT APLLY) | (CIRCLE ALL THAT APLLY) |
| A. Money or loans | A. . . Rp. | A. . . Rp. |
| B. Tuition | B. . . Rp. | B. . . Rp. |
| C. Health care costs | C. . . Rp. | C. . . Rp. |
| D. Food stuffs or other goods | D. . . Rp. | D. . . Rp. |
| G. Chores, child care, care for sick family | G. 03. Days 05. Months | G. 03. Days 05. Months |
| H. Help family business | H. 03. Days 05. Months | H. 03. Days 05. Months |
| V. Other | V. Rp. ➔TF02a COLUMN A1 | V. Rp. |

SECTION CP (INTERVIEWER NOTES)
EVALUATION FORM OF BOOK PROXY

| | | |
|---|--|---|
| <p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p> | <p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT’S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p> | <p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p> |
| <p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p> |

CATATAN:
