EDITOR: _____ └─┴─┴─┘   *CONFIDENTIAL*   HHID: └─┴─┴─┴─┘ └─┴─┴─┘ └─┴─┴─┘ └─┴─┴─┘

INTERVIEWER: _____ └─┴─┴─┘

INDONESIA FAMILY LIFE SURVEY 2007
BOOK V

SECTIONS: DLA, MAA, PSA, RJA, FMA, RNA, BAA, CP
Respondent is a child less than 15 years old

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR: PID

NAME OF HOUSEHOLDER: _____ └─┴─┘

 # INTERVIEW SESSIONS OF BOOK V: └─┘ **(NUMVIS)**

WAWANCARA	1	2	3
DATE:	└─┴─┘/ └─┴─┘/ └─┴─┴─┘ DAY MONTH YEAR	└─┴─┘/ └─┴─┘/ └─┴─┴─┘ DAY MONTH YEAR	└─┴─┘/ └─┴─┘/ └─┴─┴─┘ DAY MONTH YEAR
TIME STARTED:	└─┴─┘ / └─┴─┘ HOUR / MINUTE	└─┴─┘ / └─┴─┘ HOUR / MINUTE	└─┴─┘ / └─┴─┘ HOUR / MINUTE
TIME FINISHED:	└─┴─┘ / └─┴─┘ HOUR / MINUTE	└─┴─┘ / └─┴─┘ HOUR / MINUTE	└─┴─┘ / └─┴─┘ HOUR / MINUTE

TO BE FILLED OUT BY INTERVIEWER FOR BOOK V

QUESTION FOR RESPONDENT:

AGE. How old is [NAME OF CHILD]?... └─┴─┘ Years

MARSTAT. Sex: Male 1
Female 3

BIRTHDATE. Date of Birth .... └─┴─┘ / └─┴─┘ / └─┴─┴─┴─┘
DAY   MONTH   YEAR
AR00

RESPID. NAME OF PERSON WHO ANSWERS**:** _____ └─┴─┘

RELCHILD. RELATION TO CHILD:
1. MOTHER   4. AUNT/UNCLE
2. FATHER   5. GRANDPARENT
3. SIBLING   6. CHILD HIM/HERSELF

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

└─┴─┘ Other: ....

LANGOTHR. Other language used (if any):

└─┴─┘ Other: ....

CODES FOR LANGUAGE

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

RESULT OF INTERVIEW OF BOOK V	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: _____		Yes No a. Observed by local supervisor (SUP_OBS) ....1 3 b. Edited by local supervisor (SUP_EDIT)............1 3 c. Verified by local supervisor (SUP_VERIF) 1 3

SECTION DLA (CHILD'S EDUCATION)

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

DLA01.	Has [CHILD'S NAME] ever been to school?	Yes..1➔**DLA08** No 3
DLA02.	Why has [CHILD'S NAME] never been to school? **CIRCLE ALL THAT APPLY**	NOT OLD ENOUGH ....A TO HELP PARENTS EARN MONEY ....B COULD NOT AFFORD.................................C NO SCHOOL/ TOO FAR ....D NOT ABLE TO STUDY...................................E NOT ACCEPTED IN SCHOOL......................F BECAUSE SICK OR DISABLED ....G SCHOOL HAD NO TEACHER......................H SCHOOL CLOSED.......................................I DOESN'T WANT TO GO..............................K HELP AT HOME ....L OTHER ....V ➔**DLA04a**

DLA08.	What is the highest education level attended?
	
	[NOTE TO INTERVIEWER: IF CURRENTLY IN SCHOOL, RECORD LEVEL ATTENDING CURRENTLY]
		02. Elementary School
		03. Junior High-General
		04. Junior High-Vocational
		05. High School-General
		06.High School-Vocational
		11. Adult Education A
		12. Adult Education B
		14. Islamic School *(Pesantren)*
		15. Adult Education C
		17. School for the disabled.
		72. Islamic Elementary School
		     (Madrasah Ibtidaiyah)
		73. Islamic Junior/High School
		     (Madrasah Tsanawiyah)
		74. Madrasah Senior High School
		98. DON'T KNOW
		95. Other...

DLA09.	What class has [CHILD'S NAME] completed?	Did not finish 1st class at that level................00 1..01 2..02 3..03 4..04 5..05 6..06 Graduated...07 DON'T KNOW..98
DLA04.	At what age did [CHILD'S NAME] first enter elementary school ?	⌷⌷⌷ Years.. 1 DON'T KNOW 8

DLA04a.	Did [CHILD'S NAME] ever attend a kindergarten?	No.. 3➔DLA04c Yes. 1
DLA04b.	At what age did [CHILD'S NAME] first enter kindergarten ?	⌷⌷⌷ Years.. 1 DON'T KNOW 8
DLA04c.	Did [CHILD'S NAME] ever attend a playgroup?	No.. 3➔DLA05x Yes. 1
DLA04d.	At what age did [CHILD'S NAME] first enter playgroup ?	⌷⌷⌷ Years.. 1 DON'T KNOW 8
DLA04e.	Is [CHILD'S NAME] attending school at Kindergarten now?	No.. 3➔DLA07 Yes. 1
DLA04f.	What was the total amount of money you spent on Kindergarten this academic year?	Rp ⌷⌷⌷ . ⌷⌷⌷⌷ . ⌷⌷⌷ ➔ DLA56x
DL0A5x.	**INTERVIEWER CHECK DLA08: 14 (PESANTREN)?**	Yes.. 3 ➔ **DLA56x** No.. 1
DLA07.	Are you currently attending school?	No.. 3➔ **DLA09c** Yes 1
DLA07a .	How many effective shool hours did you attend your school last week or the last week the school was in session? (**NOT INCLUDING BREAKS**)	⌷⌷⌷ hours
DLA09c.	**INTERVIEWR CHECK DLA08: WRITE DOWN THE NUMBER OF COLUMNS NEED TO BE COMPLETED ACCORDING TO HIGHEST LEVEL OF SCHOOL ATTENDED**	⌷ columns **IF "0" THEN ➔ DLA56x**

SECTION DLA (CHILD'S EDUCATION)

	SCHOOL LEVEL (DLATYPE)	1. Elementary	2. Junior High	3. Senior High
DLA70.	What is the school level [CHILD'S NAME] attended or [CHILD'S NAME] is still attending?	Elementary .... 02 Adult Education A .... 11 School for Disabled .... 17 Madrasah Elementary .... 72 Other 95	Junior high general...............................03 Junior high vocational ....04 Adult Education B...................................12 School for Disabled ....17 Madrasah Junior High School ....73 Other 95	Senior high general ....05 Senior high vocational ....06 Adult Education C................................15 School for Disabled ....17 Madrasah Senior High School ....74 Other 95
DLA71.	Under whose administration is the school?	Public non-religious .... 01 Public religious .... 02 Private non-religious............................ 03 Private Islam .... 04 Private Catholic .... 05 Private Protestant and others .... 06 Private Buddhist .... 08 Other 95	Public non-religious..............................01 Public religious ....02 Private non-religious ....03 Private Islam ....04 Private Catholic.....................................05 Private Protestant and others...............06 Private Buddhist....................................08 Other 95	Public non-religious ....01 Public religious ....02 Private non-religious............................03 Private Islam...04 Private Catholic ....05 Private Protestant and others ....06 Private Buddhist ....08 Other 95
DLA71a.	What year did [CHILD'S NAME] first attend this level of schooling?	1. Year └─┴─┴─┴─┘ ➔**DLA71c** 8. DON'T KNOW	1. Year └─┴─┴─┴─┘ ➔**DLA71c** 8. DON'T KNOW	1. Year └─┴─┴─┴─┘ ➔**DLA71c** 8. DON'T KNOW
DLA71b.	At what age did [CHILD'S NAME] first enter this level of schooling?	└─┴─┘ Years	└─┴─┘ Years	└─┴─┘ Years
DLA71c.	What is highest grade [CHILD'S NAME] completed at this level?	Graduated .... 07➔**DLA71f** Did not finish 1st class at that level ...... 00 1 .... 01 2 .... 02 3 .... 03 4 .... 04 5 .... 05 6 .... 06 DON'T KNOW 98	Graduated ....07➔**DLA71f** Did not finish 1st class at that level ....00 1 ....01 2 ....02 3 ....03 4 ....04 5 ....05 6 ....06 DON'T KNOW......................................98	Graduated.................................07➔**DLA71f** Did not finish 1st class at that level.......00 1 ....01 2 ....02 3 ....03 4 ....04 5 ....05 6 ....06 DON'T KNOW 98
DLA71d.	Did [CHILD'S NAME] graduate this level of schooling?	Still enrolled................................6➔**DLA75** Yes ....1➔**DLA71f** No.. 3	Still enrolled...............................6➔**DLA75** Yes...1➔**DLA71f** No 3	Still enrolled................................6➔**DLA75** Yes ....1➔**DLA71f** No..3
DLA71e.	Why did [CHILD'S NAME] stop [….]school?	Working/help parents earn money .... B Could not afford.................................. C No school/ too far .... D Not able to study................................ E Not accepted in school .... F Because sick or disabled.................... G School had no teacher........................ H School closed/ruined .... I Doesn't want to go.............................. K Help at home .... L Other V	Working/help parents earn money ....B Could not afford....................................C No school/ too far ....D Not able to study ....E Not accepted in school.........................F Because sick or disabled.....................G School had no teacher ....H School closed/ruined.............................I Doesn't want to go ....K Help at home...L Other..V	Working/help parents earn money .... B Could not afford ....C No school/ too far ....D Not able to study.................................E Not accepted in school ....F Because sick or disabled ....G School had no teacher.........................H School closed/ruined ....I Doesn't want to go..............................K Help at home ....L Other V
DLA71f.	When did [CHILD'S NAME] leave/graduate from this level of schooling?	1. Year └─┴─┴─┴─┘ ➔**DLA75** 8. DON'T KNOW	1. Year └─┴─┴─┴─┘ ➔**DLA75** 8. DON'T KNOW	1. Year └─┴─┴─┴─┘ ➔**DLA75** 8. DON'T KNOW

SECTION DLA (CHILD'S EDUCATION)

SCHOOL LEVEL (DLATYPE)	1. Elementary	2. Junior High	3. Senior High
DLA71g. At what age did [CHILD;S NAME] leave/graduate from this level of schooling?	└┴┘ Years	└┴┘ Years	└┴┘ Years
DLA75. While attending [...] school, did [CHILD'S NAME] work?	Yes .... 1 No.. 3	Yes..1 No 3	Yes .... 1 No... 3
DLA73. Has [CHILD'S NAME]ever failed a grade at [...] school ?	No.. 3➔**DLA74a** Yes 1	No ....3➔**DLA74a** Yes...1	No.......................................3➔**DLA74a** Yes 1
DLA74. What grades has [CHILD'S NAME] failed and how many times did you repeat that grade? **CIRCLE ALL THAT APPLY**	Grade Number of repeats A. 1 └┴┘ Times B. 2 └┴┘ Times C. 3 └┴┘ Times D. 4 └┴┘ Times E. 5 └┴┘ Times F. 6 └┴┘ Times	Grade Number of repeats A. 1 └┴┘ Times B. 2 └┴┘ Times C. 3 └┴┘ Times	Grade Number of repeats A. 1 └┴┘ Times B. 2 └┴┘ Times C. 3 └┴┘ Times
DLA74a. Has [CHILD'S NAME] ever left [...] and reentered?	No.. 3➔**DLA76a** Yes 1	No ....3➔**DLA75** Yes...1	No...3➔**DLA75** Yes 1
DLA74b. How many time did [CHILD'S NAME] ever leave school and reenter?	└┴┘ Times	└┴┘ Times	└┴┘ Times

DLA74c. How many and when [CHILD;S NAME] leaves school temporary?	1. └┴┘/└┴┘ until └┴┘/└┴┘
	   Month /Year Month /Year
	
	2. └┴┘/└┴┘ until └┴┘/└┴┘
	   Month /Year Month /Year
	
	3. └┴┘/└┴┘ until └┴┘/└┴┘
	   Month /Year Month /Year
		1. └┴┘/└┴┘ until └┴┘/└┴┘
		   Month /Year Month /Year
		
		2. └┴┘/└┴┘ until └┴┘/└┴┘
		   Month /Year Month /Year
		
		3. └┴┘/└┴┘ until └┴┘/└┴┘
		   Month /Year Month /Year
			1. └┴┘/└┴┘ until └┴┘/└┴┘
			   Month /Year Month /Year
			
			2. └┴┘/└┴┘ until └┴┘/└┴┘
			   Month /Year Month /Year
			
			3. └┴┘/└┴┘ until └┴┘/└┴┘
			   Month /Year Month /Year

DLA74d. What the reason [CHILD'S NAME] stop/leave this level of schooling?	To help parents earn money......... B Could not afford........................... C No school/ too far .... D Not able to study.......................... E Not accepted in school .... F Because sick or disabled.............. G School had no teacher.................. H School closed/ruined .... I Doesn't want to go........................ K Help at home .... L Other V	To help parents earn money ....B Could not afford............................C No school/ too far ....D Not able to study ....E Not accepted in school..................F Because sick or disabled...............G School had no teacher ....H School closed/ruined.....................I Doesn't want to go ....K Help at home................................L Other V	To help parents earn money......... B Could not afford........................... C No school/ too far .... D Not able to study.......................... E Not accepted in school .... F Because sick or disabled.............. G School had no teacher.................. H School closed/ruined .... I Doesn't want to go........................ K Help at home .... L Other V

SECTION DLA (CHILD'S EDUCATION)

SCHOOL LEVEL		1. Elementary	2. Junior High	3. Senior High
DLA76a.	Has [CHILD'S NAME] ever taken the EBTANAS/UAN exam at [...] level?	No .... 3 ➔ **DLA76f** Yes 1	No .... 3 ➔ **DLA76f** Yes 1	No .... 3 ➔ **DLA76f** Yes 1
DLA76b.	Can you show us the official record of [CHILD'S NAME]'s EBTANAS/UAN score (DANEM) or National Examination Certificate (SURAT KETERANGAN HASIL UJIAN NASIONAL /SKHUN)? **INTERVIEWER NOTE:** **EBTANAS/UAN SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM OR SKHUN).**	Yes .... 1 No 3	Yes .... 1 No 3	Yes .... 1 No 3
DLA76c.	What month and year did [CHILD'S NAME] take the EBTANAS/UAN [...]?	1. ⎵⎵ / ⎵⎵⎵⎵ Month Year 8. DON'T KNOW	1. ⎵⎵ / ⎵⎵⎵⎵ Month Year 8. DON'T KNOW	1. ⎵⎵ / ⎵⎵⎵⎵ Month Year 8. DON'T KNOW
DLA76c1.	**INTERVIEWER CHECK: EBTANAS OR UAN**	EBTANAS .... 1 UAN/UN/UAS 2	EBTANAS ....1 UAN/UN/UAS.......................................2	EBTANAS...1 UAN/UN/UAS...2
DLA76d.	What was [CHILD'S NAME] 's Ebtanas/UAN 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 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW
	B. Indonesian	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW
	C. English	▓▓▓▓▓▓	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW
	D. Math	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW
	E. Science	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW	▓▓▓▓▓▓
	F. Biology	▓▓▓▓▓▓	▓▓▓▓▓▓	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW
	G. Chemistry	▓▓▓▓▓▓	▓▓▓▓▓▓	1. ⎵⎵ . ⎵⎵ 6 . NA 8. DON'T KNOW

SECTION DLA (CHILD'S EDUCATION)

SCHOOL LEVEL	1. Elementary	2. Junior High	3. Senior High
H. Physics			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
I. Social studies	1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW	1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW	
J. Economics			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
K. Sociology			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
L. Anthropology			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
M. Government			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
N. Accounting			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
O. Culinary			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
P. Firm Management			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
Q. Physics – Chemistry			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
R. Comprehensive Component			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
S. Business Management			1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
T. Total score of other courses	1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW	1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW	1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW
DLA76e. What is the total EBTANAS/UAN/UN (NEM) score?	1. └─┴─┘ . └─┴─┘ 6. NA 8. DK	1. └─┴─┘ . └─┴─┘ 6. NA 8. DK	1. └─┴─┘ . └─┴─┘ 6 . NA 8. DON'T KNOW

SECTION DLA (CHILD'S EDUCATION)

	SCHOOL LEVEL	1. Elementary	2. Junior High	3. Senior High
DLA76xa.	INTERVIEWER CHECK DLA08 AND DLA07: IS CHILD CURRENTLY ENROLLED IN […]?	NO .... 3➔**DLA76g** YES 1	NO .... 3➔**DLA76g** YES 1	NO .... 3➔**DLA76g** YES 1

DLA76f.	What is the name and address of the school?
	
	1. Specify
	3. Same as current residence
	8. DON'T KNOW (DK)
		N. Name : 8. DK
		1. _____
		Add. Address: 8. DK
		1. _____
		_____
		Loc. Loc. Note: 8. DK
		1. _____
		_____
		A. Vill: 1. _____
		        3. Same 8. DK
		B. Kec: 1. _____
		        3. Same 8. DK
		C. Kab: 1. _____
		        3. Same 8. DK
		D. Prov: 1. _____
		        3. Same 8. DK
		
		CODE CF ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋
			N. Name : 8. DK
			1. _____
			Add. Address: 8. DK
			1. _____
			_____
			Loc. Loc. Note: 8. DK
			1. _____
			_____
			A. Vill: 1. _____
			        3. Same 8. DK
			B. Kec: 1. _____
			        3. Same 8. DK
			C. Kab: 1. _____
			        3. Same 8. DK
			D. Prov: 1. _____
			        3. Same 8. DK
			
			CODE CF ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋
				N. Name : 8. DK
				1. _____
				Add. Address: 8. DK
				1. _____
				_____
				Loc. Loc. Note: 8. DK
				1. _____
				_____
				A. Vill: 1. _____
				        3. Same 8. DK
				B. Kec: 1. _____
				        3. Same 8. DK
				C. Kab: 1. _____
				        3. Same 8. DK
				D. Prov: 1. _____
				        3. Same 8. DK
				
				CODE CF ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋

DLA76g.	How many hours on average did [CHILD'S NAME] attend school each day now/in his/her last year at school?	⌊_⌊_⌋ Hours/Day	⌊_⌊_⌋ Hours/Day	⌊_⌊_⌋ Hours/Day
DLA76i.	Approximately how many students are/were in [CHILD'S NAME]'s class now/in last year of school attended at this level?	⌊_⌊_⌋ Person(s) .... 1 DON'T KNOW 8	⌊_⌊_⌋ Person(s) .... 1 DON'T KNOW 8	⌊_⌊_⌋ Person(s) .... 1 DON'T KNOW 8
DLA76j.	Approximately how much time does it take to make a one-way trip to the school, now/in [CHILD'S NAME]'s last year of school at this level.	1. ⌊_⌊_⌊_⌋ 1. Hour 2. Minute 8. DON'T KNOW ➔ **DLA70 COLUMN 2/ DLA90**	1. ⌊_⌊_⌊_⌋ 1. Hour 2. Minute 8. DON'T KNOW ➔ **DLA70C OLUMN 3/ DLA90**	1. ⌊_⌊_⌊_⌋ 1. Hour 2. Minute 8. DON'T KNOW ➔ **DLA90**

HHID ⌊_⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ PID ⌊_⌊_⌋

SECTION DLA (CHILD'S EDUCATION)

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

DLA90.	Did [CHILD'S NAME] attend school in the previous school year (starting 2006-2007) ?	No .... 3➔ **DLA91c** Yes... 1

DLA91a.	What were [CHILD'S NAME] 's (approximate) school-related expenses during the 2006-2007school year? Did you spend money for:			DLA91b. Please give your best estimate of the amount you spent.
	T Total			└─┴─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp.
		3. No	**1. Yes**	
	A. School Fees			
	1. Registration..	3 ↓	1 ➔	└─┴─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp.
	2. Other scheduled fees (BP3, School Committee, etc)..	3 ↓	1 ➔	└─┴─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. **DLA91bx. How much should you spend for other schedule fees […]?** └─┴─┘ . └─┴─┴─┘ . └─┴─┴─┘ 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.
	D. Other:	3 ↓	1 ➔	└─┴─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp.

DLA100.	Did [CHILD'S NAME] receive any books from the school during the 2006/2007 school year? **(CIRCLE ALL THAT APPLY)**	Yes, for himself/herself .... A Yes, to share.. B No C
DLA101.	Did the school reduce [CHILD'S NAME] School Committee fees or other fees during the 2006/2007 school year (**i.e. FEES LISTED IN ITEM A IN DLA91a**)?	Yes... 1 No 3
DLA102.	Did [CHILD'S NAME] receive assistance for school costs from School Committee, GNOTA, government, community groups, religious groups, or family (outside HH), or other?	No .... 3➔ **DLA91c** Yes... 1

SECTION DLA (CHILD'S EDUCATION)

DLA103.	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 (beside BOS/BKM)	C. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	D. Community Group	D. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	E. Religious Group	E. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	F. Family	F. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	H. School Committee.. .	H. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	I. BOS/BKM fund... .	I. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	K. Foreign Government/Foundation/Private	K. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	L. Domestic Non-Government Institution/Organzitation	L. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.

DLA91c.	INTERVIEWER CHECK:	RESPONDENT NOT IN SCHOOL (DLA07 = 3)...............................3➜DLA56X
		RESPONDENT STILL IN SCHOOL (DLA07 = 1) 1

	DLA104TYPE			DLA104b. Please give your best estimate of the amount you spent.
DLA104a.	What were [CHILD'S NAME] 's(approximate) school-related expenses during the past month? Did you spend money for:			
	T Total			└─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
		3. No	**1. Yes**	
A.	School Fees			
	1. Registration	3 ↓	1 ➜	└─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
	2. Other scheduled fees (BP3, School Committee, etc)	3 ↓	1 ➜	└─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp.
				DLA91bx. How much should you spend for other schedule fees]?
				└─┴─┘.└─┴─┴─┘.└─┴─┴─┘ 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 DLA (CHILD'S EDUCATION)

DLA56x.	INTERVIEWER CHECK COV3: AGE OF CHILDREN ≥ 5 YEARS OLD	NO .... 3 ➔SECTION MAA YES 1

		1.Wages	2. Family farm business	3. Family non-farm business	4. Household work
DLA56a.	Has [CHILD'S NAME] ever worked for […]?	No ....3 ➔NEXT COLUMN Yes.............1	No...............3 ➔NEXT COLUMN Yes 1	No .... 3 ➔NEXT COLUMN Yes............. 1	No...............3 ➔NEXT COLUMN Yes 1
DLA57a.	Did [CHILD'S NAME] work for […] last month?	No ....3➔DLA61a Yes.............1	No...............3➔DLA61a Yes 1	No .... 3➔DLA61a Yes............. 1	No...............3➔DLA61a Yes............. 1
DLA58a.	How many hours did [CHILD'S NAME] work for […] in the last week he/she worked?	⌊_⌊_⌊_⌋ hours .... 1 DON'T KNOW 8	⌊_⌊_⌊_⌋ hours ....1 DON'T KNOW 8	⌊_⌊_⌊_⌋ hours........... 1 DON'T KNOW............. 8	⌊_⌊_⌊_⌋ hours ....1 DON'T KNOW 8
DLA59a.	How many weeks did [CHILD'S NAME] work for […] in last month?	⌊_⌋ . ⌊_⌋ weeks...... 1 DON'T KNOW............. 8	⌊_⌋ . ⌊_⌋ weeks ....1 DON'T KNOW 8	⌊_⌋ . ⌊_⌋ weeks ..... 1 DON'T KNOW............. 8	⌊_⌋ . ⌊_⌋ weeks........1 DON'T KNOW 8
DLA60a.	How much was [CHILD'S NAME]'s earnings last month?	⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 1 DON'T KNOW...................... 8			
DLA61a.	At what age did [CHILD'S NAME] start working for […]?	⌊_⌊_⌋ age ....1 DON'T KNOW.................8	⌊_⌊_⌋ age...................... 1 DON'T KNOW 8	⌊_⌊_⌋ age ....1 DON'T KNOW.................8	⌊_⌊_⌋ age .... 1 DON'T KNOW 8
DLA62a.	At what age did [CHILD'S NAME] last work for […]?	⌊_⌊_⌋ age ....1 STILL WORKING............6 DON'T KNOW.................8 ➔DLA56a NEXT COLUMN	⌊_⌊_⌋ age...................... 1 STILL WORKING .... 6 DON'T KNOW .... 8 ➔DLA56a NEXT COLUMN	⌊_⌊_⌋ age ....1 STILL WORKING............6 DON'T KNOW.................8 ➔DLA56 NEXT COLUMN	⌊_⌊_⌋ age .... 1 STILL WORKING .... 6 DON'T KNOW .... 8 ➔SECTION MAA

SECTION MAA (ACUTE MORBIDITY)

Now, we'd like to know about [CHILD'S NAME]'s health status and whatever symptoms [CHILD'S NAME] has had during the past 4 weeks, namely since [...] date, 4 weeks ago.

MAA0a.	In general, how is [...]'s health at this time?	Very healthy .... 1 Somewhat healthy .... 2 Somewhat unhealthy .... 3 Unhealthy...................................... 4
MAA0b.	During the last 4 weeks how many days of activities did [...] miss because of poor health?	└─┴─┘ Days .... 1 DON'T KNOW 8
MAA0c.	During the last 4 weeks how many days did [...] spend in bed because of poor health?	└─┴─┘ Days .... 1 DON'T KNOW 8
MAA0d.	Compared with […]'s health 12 months ago, would you say that [NAME OF CHILD]'s health now is […]?	Much better now .... 1 Somewhat better now .... 2 About the same............................ 3 Somewhat worse .... 4 Much worse .... 5 Child less than 1 year old.............. 6

		MAA01. Did your child ever experience […] in the last 4 weeks? 1. Yes 3. No	
AA	Headache	1	3↓
BA	Runny nose	1	3↓
CA	Cough..	1	3➔DA
	a. Dry cough	a. 1	3
	b. Cough with phlegm	b. 1	3
	c. Bloody cough	c. 1	3
DA	Difficulty breathing	1	3➔EA
	a. Wheezing...	a. 1	3
	b. Short, rapid breath	b. 1	3
EA	Fever	1	3↓
FA	Stomach ache..	1	3↓
HA	Nausea/vomiting..	1	3↓
IA	Diarrhea minimal of 3x per day	1	3➔JA
	a. Mixed with blood	a. 1	3
	b. Mixed with mucous	b. 1	3
	c. Pale liquid	c. 1	3
JA	Skin infection (boil, abcess itching)........................	1	3↓
KA	Eye Infection...	1	3↓
LA	Toothache...	1	3↓
MA	Cold sores	1	3

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

SECTION MAA (ACUTE MORBIDITY)

Now, we'd like to know whether [CHILD'S NAME] has taken medicine on his/her own during the past 4 weeks, namely since [...] date, 4 weeks ago.

TYPE OF SELF TREATMENT (PSATYPE)	PSA01. During the past 4 weeks, has [CHILD'S NAME] ever [...]?	PSA02. What is the approximate total cost to purchase or make that medicine during the past 4 weeks?
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	3. No ↓ 1. Yes →	1. └─┘,└─┴─┴─┘,└─┴─┴─┘ Rp. 8. DON'T KNOW
B. Consumed traditional herbs or traditional medicines as treatment	3. No ↓ 1. Yes →	1. └─┘,└─┴─┴─┘,└─┴─┴─┘ Rp. 8. DON'T KNOW
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	3. No ↓ 1. Yes →	1. └─┘,└─┴─┴─┘,└─┴─┴─┘ Rp. 8. DON'T KNOW
E. Vitamins/Supplements	3. No ↓ 1. Yes →	1. └─┘,└─┴─┴─┘,└─┴─┴─┘ Rp. 8. DON'T KNOW
F. Massage, *coining*, etc.	3. No ↓ 1. Yes →	1. └─┘,└─┴─┴─┘,└─┴─┴─┘ Rp. 8. DON'T KNOW

SECTION RJA (OUT-PATIENT CARE)

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

RJA0a.	Did [...] visit a Posyandu in the last 4 weeks?	No .... 3 ➔ **RJA01a** Yes 1
RJA0b.	What is the name and address of the Posyandu, including RT?	Name 1. _____ 8. DK Address 1._____ _____ 8. DK Loc. Note 1. _____ _____ 8. DK **RT** 1. _____ 3. Same as current residence 8. DON'T KNOW **RW** 1. _____ 3. Same as current residence 8. DON'T KNOW **A. Village** 1. _____ 3. Same as current residence 8. DON'T KNOW **CODE COMFAS** �框⌷ ⌷ ⌷框
RJA0c.	What services did [...] receive at the Posyandu?	Yes No a. Weighing .... 1 3 b. Supplementary Food .... 1 3 c. Vitamin A Pill .... 1 3 d. Oral Rehydration Solution.......... 1 3 e. Immunization .... 1 3 f. Exam by Puskesmas Staff......... 1 3 g. Child Development Activity........ 1 3 v. Other 1 3
RJA0d.	Were there any staff from the Puskesmas at the Posyandu?	No .... 3 Yes 1
RJA0e.	Did you pay for the services [...] received at the posyandu?	No .... 3 ➔ **RJA01a** Yes 1
RJA0f.	How much did you pay?	⌷⌷⌷ , ⌷⌷⌷ Rp. .... 1 DON'T KNOW 8

HHID: ⌷⌷⌷ ⌷⌷⌷ ⌷⌷⌷ ⌷⌷   **PID:** ⌷⌷

SECTION RJA (OUT-PATIENT CARE)

RJA01a.	In the last 4 weeks, did [...] visit a hospital, health center, clinic, or doctor's practice, or was [...] visited by a health worker?	No .... 3 ➔ **RJA25**
		Yes 1

MEDICAL FACILITY (RJA1TYPE)	RJA01. Within the last 4 weeks, has [CHILD'S NAME] been to [...]/ visited by [...]?	RJA02. How many times did [CHILD'S NAME] [...] / been visited by [...] during the past 4 weeks?	RJA02a. How much did you pay out of pocket for [CHILD'S NAME]'s outpatient care at […] during the past 4 weeks?
A. Public hospital (General or Specialty)	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW
E. Private Hospital	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW
F. Polyclinic, Private Clinic, Medical Center	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW
G. Private Physician (General Practitioner, Specialist, Dentist)	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW
H. Nurse, Paramedic, Midwife practitioner	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW
V. Other	3. No⬇ 1. Yes ➔	⎿__⎿__⎦ Times	1. ⎿__⎦ , ⎿__⎿__⎿__⎦ , ⎿__⎿__⎦ Rp. 8. DON'T KNOW

SECTION RJA (OUT-PATIENT CARE)

Now, I'd like to ask you some questions about [CHILD'S NAME] LAST VISIT to health care providers.

		LAST HEALTH CARE
RJA05a.	What is the type of medical facility or type of provider?	⊔ _____
RJA06.	What is the name and location of the medical provider? 1. Specify 3. Same as residence 8. DON'T KNOW (DK)	Name 1. _____ 8. DK _____ Address 1. _____ _____ 8. DK Loc. Note 1. _____ _____ 8. DK **A. Vill:** 1. _____ 3. Same as residence 8. DK **B. Kec** 1. _____ 3. Same as residence 8. DK **C. Kab:** 1. _____ 3. Same as residence 8. DK **D. Prov:** 1. _____ 3. Same as residence 8. DK **CODE CF** ⊔⊔⊔⊔ ⊔⊔ ⊔⊔⊔⊔
RJA08.	What was the purpose of [CHILD'S NAME] visit to that facility? **ANSWER MAY BE MORE THAN ONE** B. Immunization............................ C. Consultation .... D. Medical check-up .... E. Medications............................... F. Injection.................................... H. Treatment for Injury................... I. Treatment for Illness .... J. Massage................................... V. Other, ...	**ANSWER MAY BE MORE THAN ONE** B C D E F H I J V..

HHID: ⊔⊔⊔⊔ ⊔⊔⊔ ⊔⊔⊔ ⊔⊔⊔   **PID:** ⊔⊔⊔

RJA09.	Was the visit to [...] the first visit or a follow-up visit for the symptom?	First..1 Follow-up 3
RJA10.	**INTERVIEWER'S NOTE:** **CHECK RJA05a** **1. IF A, B, E, F, J ➜ RJA11.....................** **3. NO ....**	 **1. ➜ RJA11** **3. NO**
RJA10a.	Did the provider visit the child at home?	Yes ....1 ➜ **RJA17** No 3
RJA11.	How many kilometers is it between the medical facility and [CHILD'S NAME] residence?	1. ⊔⊔⊔ . ⊔⊔ Km 8. DON'T KNOW
RJA12.	What is the travel time to that facility?	1. ⊔⊔ 01. Minute 02. Hour 8. DON'T KNOW
RJA14.	What was the total transportation cost to the facility (**INCLUDING FUEL COST, ONE WAY TRIP)?**	1. ⊔⊔⊔ , ⊔⊔⊔ Rp. 8. DON'T KNOW
RJA15.	Upon arrival, how long did [CHILD'S NAME] have to wait to be examined?	⊔⊔ 01. Minute 02. Hour 8. DON'T KNOW
RJA17.	What kind of treatment did [CHILD'S NAME] receive? **ANSWER MAY BE MORE THAN ONE** A. Medical check-up/consultation .. B. Injection .... C. Laboratorium test...................... D. Surgery .... E. X-ray .... G. Medications.............................. I. Massage .... J. Traditional treatment................. V. Other...	**ANSWER MAY BE MORE THAN ONE** A B C D E G I J V..
RJA17a.	What do you think about the services that were provided by this facility ?	1. Satisfactory 2. Somewhat satisfactory 3. Not satisfactory 4. Far from satisfactory
RJA20.	What was the total cost to fill a prescription that you received during this visit?	1. ⊔⊔⊔ , ⊔⊔⊔ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW

SECTION RJA (OUT-PATIENT CARE)

RJA21.	What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	1. ⌊⌊⌊⌋,⌊⌊⌊⌊⌋,⌊⌊⌊⌊⌋ Rp 3. Did not pay anything 8. DON'T KNOW
RJA21a.	Did you use insurance to pay for all or some of this visit?	No...................................3 ➔ **RJA22** Yes 1
RJA21b.	What insurance did you use?	01. Askes 02. Jamsostek 03. Employer provided insurance 04. Health insurance paid by the respondent 05. Insurance related bank saving 06. Letter stating non-affordability (*Surat Miskin*) 07. Health Card (*Kartu Sehat*)/Askeskin 96. NONE 95. Other ....
RJA22.	Was any payment in kind made?	No...................................3 ➔ **RJA25** Yes 1
RJA23.	What was the approximate value of the goods?	1. ⌊⌊⌋,⌊⌊⌊⌊⌋,⌊⌊⌊⌊⌋ Rp. 8. DON'T KNOW
RJA25.	**INTERVIEWER CHECK BOOK COVER (COV3): IS [CHILD'S NAME] 0-5 YEARS OLD?**	**NO .... 3 ➔ FMA01** **YES 1**
RJA25a.	Has [CHILD'S NAME] been given Vitamin A in the last 6 months?	Yes .... 1 No... 3

SECTION RJA (OUT-PATIENT CARE)

<table>
<tr><td>RJA26.</td><td colspan="2">Does [CHILD'S NAME] have a KMS card or KIA book?
IF YES, MAY I SEE IT, PLEASE?</td><td colspan="3">Does not have card .... 3 ➔ RJA30
Yes, but can't see .... 2 ➔ RJA30
Yes, can see..................................... 1</td></tr>
<tr><td>RJA27.</td><td colspan="2">FROM THE KMS CARD, RECORD THE NUMBER OF TIMES VITAMIN A WAS GIVEN</td><td colspan="3">1. └─┴─┘ ....times vitamin A was given as recorded on the KMS/KIA card
3. Tidak tercatat di Kartu KMS/KIA</td></tr>
<tr><td>RJA28a.</td><td colspan="2">1. RECORD THE DATE OF EACH IMMUNIZATION ON THE KMS CARD.
2. WRITE '44' IN 'DAY' COLUMN, IF THE CHILD HAS ALREADY HAD THE IMMUNIZATION, BUT THE DATE ISN'T RECORDED.</td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td>DAY</td><td>MONTH</td><td>YEAR</td></tr>
<tr><td></td><td></td><td>b. BCG ....</td><td>b. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>c. Polio 0 (at birth) ....</td><td>c. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>d. Polio 1 ....</td><td>d. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>e. Polio 2 ....</td><td>e. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>f. Polio 3 ....</td><td>f. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>n. Polio 4 ....</td><td>n. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>g. DPT 1 ....</td><td>g. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>h. DPT 2 ....</td><td>h. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>i. DPT 3 ....</td><td>i. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>j. Measles ....</td><td>j. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>k. Hepatitis B 1 ....</td><td>k. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>l. Hepatitis B 2 ....</td><td>l. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td></td><td></td><td>m. Hepatitis B 3 ....</td><td>m. └─┴─┘</td><td>└─┴─┘</td><td>└─┴─┴─┴─┘</td></tr>
<tr><td>RJA29.</td><td colspan="2">Has [CHILD'S NAME] already received BCG, DPT 1-3, POLIO 0-4, and/or Measles and Hepatitis B, but this information isn't recorded on the KMS/KIA card?</td><td colspan="3">Yes 1
No 3
DON'T KNOW .... 8</td></tr>
<tr><td>RJA29a.</td><td colspan="5">INTERVIEWER CHECK:

PROBE ABOUT VACCINATIONS THAT HAVE BEEN RECEIVED AND WRITE "66" IN THE APPROPRIATE ROWS IN RJA28a➔ACCORDING TO THE LINES MENTIONED
WRITE "00" IN RJA28a IN THE ROWS FOR WHICH IMMUNIZATION WERE NOT DONE
WRITE "88" IN RJA28a IN THE ROWS FOR WHICH RESPONDENT DIDN'T KNOW WHETHER IMMUNIZATIONS HAVE BEEN DONE

➔RJA31</td></tr>
</table>

<table>
<tr><td>RJA30.</td><td>Please telll us whether [CHILD'S NAME] has already received the immunizations listed below:</td><td></td></tr>
<tr><td></td><td>A. A BCG vaccination against turberculosis, that is, an injection in the upper arm that left a scar.</td><td>Yes 1
No 3
DON'T KNOW................................. 8</td></tr>
<tr><td></td><td>B. Polio Vaccine, that is, pink or white drops in the mouth?

IF 'YES':
How many times?</td><td>Yes 1
No 3
DON'T KNOW............................... 8

└─┴─┘ Times</td></tr>
<tr><td></td><td>C. DPT Vaccination, that is, an injection, usually given at the same time as polio drops
IF 'YES':
How many times?</td><td>Yes 1
No 3
DON'T KNOW............................... 8

└─┴─┘ Times</td></tr>
<tr><td></td><td>D. An injection against Measles.</td><td>Yes 1
No 3
DON'T KNOW................................. 8</td></tr>
<tr><td></td><td>E. Anti Hepatitis B Injection

IF 'YES':
How many times?</td><td>Yes 1
No 3
DON'T KNOW................................. 8

└─┴─┘ Times</td></tr>
<tr><td></td><td>F. Vitamin A</td><td>Yes 1
No 3

DON'T KNOW............................... 8</td></tr>
<tr><td></td><td>IF 'YES':
How many times?</td><td>└─┴─┘ Times</td></tr>
<tr><td>RJA31.</td><td>In the last 4 weeks has [CHILD'S NAME] participated in the activities of the Child Development Program?</td><td>Yes 1
No .... 3</td></tr>
<tr><td>RJA32.</td><td>How many times was child weighed in the last 6 months?</td><td>└─┴─┘ Times 1
DON'T KNOW............................... 8</td></tr>
</table>

SECTION FMA (FOOD FREQUENCY)

FMA01	Does [CHILD'S NAME] eat	3 or more times a day... 1
		2 times a day 2
		1 time a day.. 3
		5-6 times a week 4
		3-4 times a week 5
		2 or less times a week 6
		DON'T KNOW 8
FMA01a.	Does [CHILD'S NAME] brush their teeth?	In the morning .... A
		At night .... B
	(CIRCLE ALL THAT APPLY)	In the afternoon C
		After meals .... D
		Never.. E
		Sometimes .... F
		DON'T KNOW .... Y

Now we would like to ask you about the type of food [CHILD'S NAME] usually eat.

TYPE OF FOOD FMTYPE (FMTYPE)	FMA02. In the last week, did [CHILD'S NAME] eat any [....]?	FMA03. How many days did [CHILD'S NAME] eat […] in the last week?	FMA04. How many days did [CHILD'S NAME] eat […] in the last month?	FMA05. How many days did [CHILD'S NAME] eat […] in the last 6 months?
a) Sweet potatoes	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
b) Eggs	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
c) Fish	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
d) Meat (beef, chicken, pork, etc.)	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
e) Dairy	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
f) Green leafy vegetables	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
g) Banana	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
h) Papaya	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
i) Carrot	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days
j) Mango	3. No ➔ **FMA04** 1. Ya ➔	2 3 4 5 6 7 ↓ 1➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days➔	2. └┴┴┘ days ↓ 0.0 day 1.1 days

SECTION RNA (CHILD INPATIENT UTILIZATION)

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

RNA00.	In the last 12 months, namely since the month of [...], did [CHILD'S NAME] receive inpatient care?	No .... 3 ➔**SECTION BAA** Yes 1

HOSPITALIZATION FACILITY (RNA1TYPE)	RNA01. During the past 12 months, has [CHILD'S NAME] ever received inpatient care at [...]?	RNA02. How many times has [CHILD'S NAME] received inpatient care at [...] during the past 12 months?	RNA02a. How much did you pay out of pocket for inpatient care at […] during the past 12 months?
A. Public Hospital (General or Specialty)	3. No↓ 1. Yes ➔	⌊⌊⌋ Times	1. Rp ⌊⌊⌋ , ⌊⌊⌊⌋ , ⌊⌊⌊⌋ Rp. 8. TIDAK TAHU
B. Public Health Center (puskesmas)	3. No↓ 1. Yes ➔	⌊⌊⌋ Times	1. Rp ⌊⌊⌋ , ⌊⌊⌊⌋ , ⌊⌊⌊⌋ Rp. 8. TIDAK TAHU
C. Private Hospital	3. No↓ 1. Yes ➔	⌊⌊⌋ Times	1. Rp ⌊⌊⌋ , ⌊⌊⌊⌋ , ⌊⌊⌊⌋ Rp. 8. TIDAK TAHU
D Private Clinic	3. No↓ 1. Yes ➔	⌊⌊⌋ Times	1. Rp ⌊⌊⌋ , ⌊⌊⌊⌋ , ⌊⌊⌊⌋ Rp. 8. TIDAK TAHU
F. Midwife Clinic	3. No↓ 1. Yes ➔	⌊⌊⌋ Times	1. Rp ⌊⌊⌋ , ⌊⌊⌊⌋ , ⌊⌊⌊⌋ Rp. 8. TIDAK TAHU
V. Other..	3. No↓ 1. Yes ➔ **RNA05a**	⌊⌊⌋ Times	1. Rp ⌊⌊⌋ , ⌊⌊⌊⌋ , ⌊⌊⌊⌋ Rp. 8. TIDAK TAHU

SECTION RNA (CHILD INPATIENT UTILIZATION)

Now, we'd like to ask you some questions about [CHILD'S NAME] LAST VISIT to inpatient health care providers.

RNA05a.	What was the type of the last hospitalization facility	└─┘ _____
RNA06.	What is the name and location of facility? 1. Specify 3. Same as current residence 8. Don't Know	Name 1. _____ 8. DK Address 1._____ _____ 8. DK Loc. Note 1. _____ _____ 8. DK **A. Vill:** 1. _____ 3. Same 8. DK **B. Kec** 1. _____ 3. Same 8. DK **C. Kab:** 1. _____ 3. Same 8. DK **D. Prov:** 1. _____ 3. Same 8. DK **CODE CF** └─┴─┴─┘ └─┴─┘ └─┴─┴─┘
RNA08.	How many nights was [CHILD'S NAME] hospitalized there?	└─┴─┴─┘ Nights
RNA10.	For what reason was [CHILD'S NAME] hospitalized?	Sickness ....1 Accident ....2 Operation, what type?_____5 Other 4

HHID: └─┴─┴─┴─┘ └─┴─┴─┘ └─┴─┴─┘ └─┴─┴─┘   **PID:** └─┴─┘

RNA15.	During hospitalization, what kind of treatment did [CHILD'S NAME] receive?	**(CIRCLE ALL THAT APPLY)** A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) V. Other ....
RNA15a.	What do you think about the services that were provided by this facility ?	1. Satisfactory 2. Somewhat satisfactory 3. Not satisfactory 4. Far from satisfactory
RNA18.	What was the total cost to fill a prescription that you received during this visit?	1. └─┴─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
RNA19.	Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply.)	1. └─┴─┘,└─┴─┴─┘,└─┴─┴─┘ Rp. 3. Did not pay anything 8. DON'T KNOW
RNA19a.	Did you use insurance to pay for all or some of this visit?	No................................3 ➔ **SECTION BAA** Yes 1
RNA19b.	What insurance did you use?	01. Askes 02. Jamsostek 03. Employer provided insurance 04. Health insurance paid by the respondent 05. Insurance related bank saving 06. Letter stating non-affordability (Surat Miskin) 07. Health Card (*Kartu Sehat*)/Askeskin 96. NONE 95. Other ....

SECTION BAA (PARENTAL INFORMATION)

(BAATYPE)	Father (1)	Mother (2)
BAA00. **INTERVIEWER CHECK : [CHILD'S NAME] MOTHER/FATHER IS RESPONDENT FOR BOOK V?**	YES..1➔**BAA00 FOR MOTHER** NO...3	YES ....1➔ **SECTION CP** NO...3
BAA02. **INTERVIEWER CHECK:** **1. […] CHILD STAYS IN HOUSEHOLD AND REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER […] FROM AR00.** **2. […] CHILD DIED/DOES NOT STAY IN HOUSEHOLD, BUT REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER […] FROM AR00.** **3. […] CHILD IS NOT REGISTERED ON HOUSEHOLD ROSTER➔BAA03.**	1. └─┴─┘ AR00 and stays in household ➔**BAA00 COLUMN MOTHER** 2. └─┴─┘ AR00 and died/does not stay in household 3. Not in household roster	1. └─┴─┘ AR00 and stays in household ➔ **SECTION CP** 2. └─┴─┘ AR00 and died/does not stay in household 3. Not in household roster
BAA03. Is [child's name] father/mother still alive?	No ....3➔**BAA06** DON'T KNOW ....8➔**BAA06** Yes...1	No...3➔**BAA06** DON'T KNOW ....8➔**BAA06** Yes...1
BAA04. How often has [child's name] seen his/her father/mother in the last 12 months?	Everyday ....5➔**BAA05** Never ....1 At least once per year ....2 At least once per month ....3 At least once per week.......................................4	Everyday ....5➔**BAA05** Never ....1 At least once per year....................................2 At least once per month..................................3 At least once per week 4
BAA04a. How often has [child's name] been in telephone contact with his/her father/mother in the last 12 months?	Everyday ....5➔**BAA05** Never ....1 At least once per year ....2 At least once per month ....3 At least once per week.......................................4	Everyday ....5➔**BAA05** Never ....1 At least once per year....................................2 At least once per month..................................3 At least once per week 4
BAA04b. How often has [child's name] been in contact with his/her father/mother through email, sms, chatting, or letter in the last 12 months?	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 Everyday 5
BAA05. Where does [child's name] father/mother live?	└─┴─┴─┘	└─┴─┴─┘ ....
BAA06. What is the highest level of education of father/mother?	└─┴─┘	└─┴─┘ ....
BAA07. What is the highest class that father/mother finished? **IF BA06 = 1 CIRCLE 96.**	00 01 02 03 04 05 06 07 96 98 ➔**BAA00 FOR MOTHER**	00 01 02 03 04 05 06 07 96 98 ➔**SECTION CP**

CODE BAA05:					CODE BAA06:			CODE BAA07:
000 In this household	018 Lampung	060 Kalimantan	081 Maluku	121 Yaman	01. No school/Not yet in	61. University (Bachelor)	15. Adult Education C	00. Did not completer 1st
001 In the same village	019 Bangka Belitung	061 West Kalimantan	082 North Maluku	122 Saudi Arabia	school	62. University (Master)	17. School for disabled	grade at this level
002 In the same subdistrict	020 Riau Islands	062 Central Kalimantan	090 Irian	123 Kuwait	02. Elementary	63. University (PhD)	72. Islamic Elementary School (Madrasah Ibtidaiyah)	01. 1
003 In the same district	030 Java	063 South Kalimantan	091 West Irian Jaya	124 United Arab Emirates	03. Junior High - General	11. Adult Education A	73. Islamic Junior High School (Madrasah Tsanawiyah)	02. 2 06. 6
004 In the same province	031 DKI Jakarta	064 East Kalimantan	094 Papua	131 Argentina	04. Junior High - Vocational	12. Adult Education B	74. Islamic Senior High School (Madrasah Aliyah)	03. 3 07. Graduated
010 Sumatera	032 West Java	070 Sulawesi	101 Malaysia	132 USA	05. Senior High - General	13. Open University	90. Kindergarten	04. 4 96. No school
011 Nanggroe Aceh Darussalam	033 Central Java	071 North Sulawesi	102 Singapore	141 Australia	06. Senior High – Vocational	14. Islamic School	98. DON'T KNOW	05. 5 98. DK
012 North Sumatra	034 D.I. Yogyakarta	072 Central Sulawesi	103 Brunei Darussalam	151 Holland	60. College (D1, D2, D3)	(Pesantren)	95. Other	

SECTION BAA (PARENTAL INFORMATION)

013	West Sumatra	035	East Java	073	South Sulawesi	104	Hongkong	152	England
014	Riau	036	Banten	074	Southeast Sulawesi	105	Japan	998	DON'T KNOW
015	Jambi	051	Bali	075	Gorontalo	106	South Korea	995	Other
016	South Sumatra	052	West Nusa Tenggara	076	West Sulawesi	107	Taiwan		
017	Bengkulu	053	East Nusa Tenggara			108	Timor Leste		

SECTION CP (INTERVIEW SESSION NOTES)

EVALUATION FORM FOR BOOK V

CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? **ANSWER MAY BE MORE THAN ONE.** 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	**CP2.** WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD	**CP3.** WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD
CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING? _____ _____ _____	**CP5.** WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING? _____ _____ _____	**CP6.** WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN? _____ _____ _____

NOTES:

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