CONFIDENTIAL

INTERVIEWER : _____ |_|_|_|

EDITOR : _____ |_|_|_|

HHID: |_|_|_|_| |_|_|_| |_|_|_| |_|_|_|

INDONESIA FAMILY LIFE SURVEY 2007

BOOK IIIB

SECTIONS: KM, KK, VG, CD, KP, CO, MA, AK, PS, RJ, FM, RN, PM, BA, TF, EP, CP

Respondent is an adult 15 years or older

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER **AR00**

NAME OF RESPONDENT:_____ |_|_|

RSPNDNT. RESPONDENT IS:
Head of Household (AR02b=01) 1
Head of Household (AR02b=02) 2
Other Householder 3

PANEL. FOR BOOK III, IS RESPONDENT:
Responden Lanjutan (AR01g=1) 1
Responden Baru (AR01g=3) 3

VGRESP. RESPONDENT VG: 1. YES 3. NO
VGDOMAIN: A B C D E F
COLIST. CO LIST: 1. LIST A 2. LIST B 3. LIST C 4. LIST D

TO BE FILLED OUT BY INTERVIEWER FOR BOOK III

QUESTIONS FOR RESPONDENT:

AGE. How old are you? |_|_|_| years

MARSTAT. What is your marital status:..... Never married
Married.....2
Separated 3
Divorce.....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
95. Other

INTERVIEW	1	2	3
DATE:	|_|_| / |_|_| / |_|_|_|_| DAY/MONTH/YEAR	|_|_| / |_|_| / |_|_|_|_| DAY/MONTH/YEAR	|_|_| / |_|_| / |_|_|_|_| DAY/MONTH/YEAR
TIME STARTED:	|_|_| / |_|_| HOUR/MINUTE	|_|_| / |_|_| HOUR/MINUTE	|_|_| / |_|_| HOUR/MINUTE
TIME FINISHED:	|_|_| / |_|_| HOUR/MINUTE	|_|_| / |_|_| HOUR/MINUTE	|_|_| / |_|_| HOUR/MINUTE

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

|_|_| Other, mention .....

LANGOTHR. Other language used (if any):

|_|_| Other, mention .....

RESULT OF INTERVIEW OF BOOK IIIB	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..... 1 3 b. Edited by local supervisor ..... 1 3 c. Verified 1 3

SECTION KM (SMOKING BEHAVIOUR)

Next I would like to ask whether you have had the habit of smoking cigarettes/smoking a pipe/chewing tobacco, now or in the past.

KM01a.	Have you ever chewed tobacco, smoked a pipe, smoked self-rolled cigarettes, or smoked cigarettes/cigars?	No ..... 3 ➔ **SECTION KK** 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.	Smoking cigarettes/cigars	1 / 3
KM02.	**INTERVIEWER'S CHECK KM01e:** **DOES KM01e=1 (SMOKING CIGARETTES/CIGARS)?**	**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.	Do you still have the habit or have you totally quit?	STILL HAVE.....1 ➔**KM05b** QUIT.....3
KM05aa.	At what age did you totally quit from […]?	1. ⌊_⌋⌊_⌋ Years 8. DON'T KNOW
KM05b.	**INTERVIEWER CHECK KM01b KM01c KM01d:** **DOES KM01b=1 or KM01c=1 or KM01d=1 (CHEWING TOBACCO/SMOKING A PIPE)?**	**NO..... 3 ➔KM07** **YES.....** 1
KM06.	In one week how many ounces (100 grams) did/do you consume now/before totally quitting of chewing tobacco and smoking pipe?	⌊_⌋⌊_⌋ oz (100 gr) ..... 1 DON'T KNOW 8
KM06a.	**INTERVIEWER CHECK KM04=1**	**NO.....3 ➔KM07** **YES.....1**
KM06b.	What's the price for 1 ounce you have to pay?	⌊_⌋⌊_⌋⌊_⌋⌊_⌋, ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Rp.....1 DON'T KNOW 8
KM07.	**INTERVIEWER CHECK KM01d AND KM01e:** **DOES KM01d=1 OR KM01e=1 (SMOKING SELF-ROLLED CIGARETTES / CIGARETTES/CIGARS)?**	**NO.....3 ➔KM09** **YES.....1**

KM08.	In one day about how many cigars/cigarettes did you consume now/before totally quitting?	⌊_⌋⌊_⌋ per day .....1 DON'T KNOW.....8
KM08a.	**INTERVIEWER CHECK KM04=1**	NO .....3➔**KM09** YES.....1
KM08f.	**INTERVIEWER CHECK KM0e=1**	NO .....3➔**KM09** YES.....1
KM08b.	How many cigarettes/packs do you usually buy each time?	⌊_⌋⌊_⌋ cigarettes.....1➔**KM08d** ⌊_⌋⌊_⌋ packs.....3
KM08c.	How many cigarettes for each pack?	⌊_⌋⌊_⌋ cigarettes
KM08d.	How much did you spend each time?	⌊_⌋⌊_⌋⌊_⌋⌊_⌋, ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Rp. .....1 DON'T KNOW.....8
KM08e.	What is the brand of cigarettes do you 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 tanpa filter ..... 09 Ardath ..... 10 Marlboro..... 11 Marlboro Kretk Filter ..... 12 Lucky Strike ..... 13 Kansas ..... 14 Dji Sam Soe ..... 15 Lainnya, sebutkan..... 95
KM09.	About how much money did/do you spend each week on these products?	⌊_⌋⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Rp. ..... 1 DON'T KNOW..... 8
KM10.	At what age did you start to smoke on a regular basis?	⌊_⌋⌊_⌋ years ..... 1 DON'T KNOW..... 8
KM11.	How soon after you wake up did/do you smoke your first cigarette, cigar, or pipe?	Within 5 minutes ..... 1 Within 6-30 minutes ..... 2 Within 31-60 minutes ..... 3 More than 1 hour..... 4 DON'T KNOW..... 8

SECTION KK (HEALTH CONDITIONS)

Next we would like to know about your health.

KK01.	In general, how is your health?	Very healthy ..... 1 Somewhat healthy ..... 2 Somewhat unhealthy..... 3 Unhealthy..... 4
KK02a.	During the last 4 weeks, how many days of your primary daily activities did you miss due to poor health?	⌊_⌊_⌋ Days ..... 1 DON'T KNOW 8
KK02b.	In the last 4 weeks, how many days have you stayed in bed due to poor health?	⌊_⌊_⌋ Days..... 1 DON'T KNOW 8

KK02c.	Compared with your health 12 months ago, would you say that your health is [...]?	Much better now..... 1 Somewhat better now ..... 2 About the same ..... 3 Somewhat worse..... 4 Much worse 5
KK02i.	How do you expect your health to be in next year?	Much better than now..... 1 Somewhat better than now..... 2 About the same ..... 3 Somewhat worse..... 4 Much worse..... 5
KK02k.	Compared to another person of your age and sex, would you say that your health is […]?	Very healthy ..... 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Unhealthy 4
KK02l.	Knowing your current condition, do you expect you will be able to do the same activities as you do today in the next 5 years?	Very likely.....1 Likely.....2 Unlikely.....3 Very unlikely.....4

Now we would like to ask about the amount of time you spend on different types of physical activities in the last 7 days.

	PHYSICAL ACTIVITIES (KKTYPE)	**KK02m.** During the **last 7 days**, did you do any [….] for at least 10 mintues continuously?	**KK02n.** How much time did you usually spend doing [….] on one of those days		**KK02o.** During the **last 7 days**, on how many days did you do […]?
A.	Now, think about all the **vigorous activities** which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, plowing, aerobics, fast bicycling, cycling with loads. Think only about those physical activities that you did for at least 10 minutes at a time.	3. No↓ 1. Yes→	1. < 2 hours 2. ≥ 2 hours	11. < 30 minutes 12. ≥ 30 minutes 21. < 4 hours 22. ≥ 4 hours	⌊___⌋ days
B.	Now think about activities which take **moderate physical effort** that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or mopping the floor. Again, think about only those physical activities that you did for at least 10 minutes at a time.	3. No↓ 1. Yes→	1. < 2 hours 2. ≥ 2 hours	11. < 30 minutes 12. ≥ 30 minutes 21. < 4 hours 22. ≥ 4 hours	⌊___⌋ days
C.	Now think about the time you spent **walking** in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.	3. No↓ 1. Yes→	1. < 2 hours 2. ≥ 2 hours	11. < 30 minutes 12. ≥ 30 minutes 21. < 4 hours 22. ≥ 4 hours	⌊___⌋ days
D.	Now think about the time you spent **sitting** on week days during the last 7 days. Include time spent at work, at home, while doing course work, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.	3. No↓ 1. Yes→	1. < 2 hours 2. ≥ 2 hours	11. < 30 minutes 12. ≥ 30 minutes 21. < 4 hours 22. ≥ 4 hours	⌊___⌋ days

SECTION KK (HEALTH CONDITIONS)

KK03x. INTERVIEWER CHECK COV3: AGE OF RESPONDENT≥ 40	**AGE < 40 ..... 3➔SECTION VG** **AGE ≥ 40 ..... 1**

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

		If you had […], could you do it:		
KK03a.	To carry a heavy load (like a pail of water) for 20 meters	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

Now we would like to know your ability to do the following activities by yourself.

		If you had […] by yourself, could you 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**

SECTION KK (HEALTH CONDITIONS)

Now we would like to know if about help you may have received in your daily activities.

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

KODE KK04d DAN 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

KK05.	**INTERVIEWER CHECK COV3: AGE OF RESPONDENT?**	**1. < 50 YEAR ➔COLUMN A**	**4. 60 – 64 YEAR ➔ COLUMN D**	**7. > 75 YEAR ➔ COLUMN G**
		2. 50 – 54 YEAR ➔COLUMN B	**5. 65 – 69 YEAR ➔ COLUMN E**	
		3. 55 – 59 YEAR ➔COLUMN C	**6. 70 – 74 YEAR ➔ COLUMN F**	

	AGE (KK1TYPE)	**A**	**B**	**C**	**D**	**E**	**F**	**G**
		60 years	**65 years**	**70 years**	**75 years**	**80 years**	**85 years**	**100 years**
KK06.	Suppose there are 5 steps, where the lowest step represents the smallest chance and the highest step represents the highest chance, on what step do you think is your chance in reaching the age of [...]? **1 (almost impossible)** **5 (almost cerain)**	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SEKSI VG (VIGNETTE)

VG00a.	**INTERVIEWER CHECK COV7: HOUSEHOLD IS VG RESPONDENT?**	**NO** ..... **3➔SECTION CD** **YES** **1**
VG00b.	**INTERVIEWER CHECK COV3: AGE ≥ 40 YEARS?**	**NO** ..... **3➔ SECTION CD** **YES** **1**

Now we would like you to evaluate different areas of your health.

VG01a.	Overall in the last 30 days, how much of a problem did [name of person/you] have with moving around?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
VG02a.	Overall in the last 30 days, how much of bodily aches or pains did you have?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
VG03a.	Overall in the last 30 days overall how much difficulty did you have remembering things?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
VG04a.	In the last 30 days, how much difficulty do you had with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
VG05a.	Overall in the last 30 days, how much of a problem did you have with feeling sad, low, or depressed?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
VG06a.	In the last 30 days, how much of a problem did you have because of shortness of breath?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do

We will now read to you some stories about people with varying levels of difficulties in different areas of health. We want you to think about these people's experiences as if they were your own. Once we have finished reading each story, we will ask you to rate what happened in the story. We would like to know how you view each story and rate how much of a problem or difficulty the person described has in that area of health in the same way that you described your own health to us earlier. While giving the rating, think of the person in the story as someone who is of your age and background. There is no right or wrong answer.

VG00c. **INTERVIEWER CHECK COV8: VG DOMAIN**	**A**	**B**	**C**	**D**	**E**	**F**

INTERVIEWER NOTE: FOR THIS SECTION, INTERVIEWER MUST NOT PROBE FOR ANSWER. IF RESPONDENT DOES NOT UNDERSTAND THE VIGNETTES , INTERVIEWER MAY REREAD THEM.

DOMAIN: A

MOBILITY (VG1TYPE)	**VG01b.** Overall in the last 30 days, how much of a problem did [name of person] have with moving around?				
A. Pak Taryono/Bu Taryini is able to walk distances of up to 200 metres without any problems but feels tired after walking one kilometer. He has no problems with day-to-day activities, such as carrying food from the market.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
B. Pak Tumino/Bu Tumini does not exercise. He cannot climb stairs or do other physical activities because he is obese. He is able to carry the groceries and do some light household work.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
C. Pak Sidik/Bu Endah has a lot of swelling in his legs due to his health condition. He has to make an effort to walk around his home as his legs feel heavy..	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do

SEKSI VG (VIGNETTE)

DOMAIN: B

PAIN (VG2TYPE)		VG02b. Overall in the last 30 days, how much of bodily aches or pains did [name of person] have?				
A.	Pak Budiarto/ Bu Budiarti has a headache once a month that is relieved after taking a pill. During the headache she can carry on with her day-to-day affairs.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
B.	Pak Sumarno/ Bu Sumarni has pain that radiates down her right arm and wrist during her day at work. This is slightly relieved in the evenings when she is no longer working on her computer.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
C.	Pak Mulyono/ Bu Mulyanti has pain in his knees, elbows, wrists and fingers, and the pain is present almost all the time. Although medication helps, he feels uncomfortable when moving around, holding and lifting things.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do

DOMAIN: C

COGNITION (VG3TYPE)		VG03b. Overall in the last 30 days overall how much difficulty did [name of person] have remembering things?				
A.	Pak Taryono/ Bu Taryini can concentrate while watching TV, reading a magazine or playing a game of cards or chess. Once a week he forgets where his keys or glasses are, but finds them within five minutes.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
B.	Pak Suwarso/ Bu Suwarsih is keen to learn new recipes but finds that she often makes mistakes and has to reread several times before she is able to do them properly.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
C.	Pak Mugiono/ Bu Mugianti cannot concentrate for more than 15 minutes and has difficulty paying attention to what is being said to him. Whenever he starts a task, he never manages to finish it and often forgets what he was doing. He is able to learn the names of people he meets.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do

DOMAIN: D

SLEEP (VG4TYPE)		VG04b. In the last 30 days, how much difficulty does [name of person] had with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?				
A.	Pak Partono/ Bu Partini falls asleep easily at night, but two nights a week she wakes up in the middle of the night and cannot go back to sleep for the rest of the night.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
B.	Pak Darma/ Bu Darmi wakes up almost once every hour during the night. When he wakes up in the night, it takes around 15 minutes for him to go back to sleep. In the morning he does not feel well-rested.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
C.	Pak Parto/ Bu Parti takes about two hours every night to fall asleep. He wakes up once or twice a night feeling panicked and takes more than one hour to fall asleep again.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do

SEKSI VG (VIGNETTE)

DOMAIN: E

AFFECT (VG5TYPE)		VG05b. Overall in the last 30 days, how much of a problem did [name of person] have with feeling sad, low, or depressed?				
A.	Pak Arman/ Bu Lina enjoys her work and social activities and is generally satisfied with her life. She gets depressed every 3 weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day-to-day activities.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
B.	Pak Sukarso/ Bu Sukarsih feels nervous and anxious. He worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests him. When he is alone he tends to feel useless and empty.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
C.	Pak Rano/ Bu Rina feels depressed most of the time. She weeps frequently and feels hopeless about the future. She feels that she has become a burden on others and that she would be better dead..	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do

DOMAIN: F

BREATHING (VG6TYPE)		VG06b. In the last 30 days, how much of a problem did [name of person] have because of shortness of breath?				
A.	Pak Sugiarto/ Bu Suwarsih has no problems while walking slowly. He gets out of breath easily when climbing uphill for 20 meters or a flight of stairs.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
B.	Pak Ramlan/ Bu Badriah suffers from respiratory infections about once every year. He is short of breath 3 or 4 times a week and had to be admitted in hospital twice in the past month with a bad cough that required treatment with antibiotics.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do
C.	Pak Hamid/ Bu Karsini has been a heavy smoker for 30 years and wakes up with a cough every morning. He gets short of breath even while resting and does not leave the house anymore. He often needs to be put on oxygen.	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/Cannot do

SEKSI CD (CHRONIC CONDITIONS)

Now we would like to ask you about some health conditions that you may have been diagnosed with.

CD01. Did a **doctor/paramedic/nurse/midwife** ever diagnose you with […]?			**CD02.** Who first diagnose you 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: ANY OPTION=1?	NO ..... 3 ➔**CD04** YES 1
CD03. Does this disability or health impairment limit the kind or amount of work you 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 RESPONDEN ≥ 40 YEARS?	**AGE <40 ..... 3➔SECTION KP** **AGE ≥ 40 ..... 1**

Now we would like to ask you about some chronic illnesses that you may have been diagnosed with.

CHRONIC CONDITIONS (CDTYPE)	**CD05.** Have a doctor/paramedic/nurse/ midwive ever told you that you had [….]	**CD06.** In which organ or part of the body have you or have you had cancer?	**CD07.** When was the condition […] first diagnosed?	**CD08.** Who diagnosed the […] condition?	**CD09.** In order to deal with […] are you currently taking prescribed medication on a weekly basis?	**CD10.** Does the condition limit the kind or amount of paid work you can do?
A. Hypertension	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
B. Diabetes or high blood sugar	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
C. Tuberculosis (TBC)	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

SEKSI CD (CHRONIC CONDITIONS)

CHRONIC CONDITIONS (CDTYPE	CD05. Have a doctor/paramedic/nurse/ midwive ever told you that you had [….]	CD06. In which organ or part of the body have you or have you had cancer?	CD07. When was the condition […] first diagnosed?	CD08. Who diagnosed the […] condition?	CD09. In order to deal with […] are you currently taking prescribed medication on a weekly basis?	CD10. Does the condition limit the kind or amount of work you 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

KODE CD06:

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

SEKSI CD (CHRONIC CONDITIONS)

CHRONIC CONDITIONS (CDTYPE	CD05. Have a doctor/paramedic/nurse/ midwive ever told you that you had [….]	CD06. In which organ or part of the body have you or have you had cancer?	CD07. When was the condition […] first diagnosed?	CD08. Who diagnosed the […] condition?	CD09. In order to deal with […] are you currently taking prescribed medication on a weekly basis?	CD10. Does the condition limit the kind or amount of paid work you can do?
J. Arthritis/rheumatism	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
K. Uric Acid/Gout	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
L. Depression	3. No ➔ **SECTION KP** 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

SECTION KP (MENTAL HEALTH)

Now we would like to ask some questions about how you feel in the past week.

KPTYPE	KP01. In the past week did you feel […]?	KP02. How often ?			
A. I was bothered by things that usually don't bother me	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
B. I had trouble concentrating in what I was doing	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
C. I felt depressed	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
D. I felt everything I did was an effort	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
E. I felt hopeful about the future	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
F. I felt fearful	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
G. My sleep was restless	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
H. I was happy	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
I. I felt lonely	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
J. I could not get going	Yes.....1 No .....3↓	1. Rarely(≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
	SECTION CO				

SEKSI CO (COGNITIVE CAPACITY)

Now I am going to ask some simple questions. Some may be easy, some may be hard to answer.

CO01.	Please tell me today's date	1. Gregorian calenddar: ⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋ (Day / Month / Year) 2. Islamic calendar: ⌊_⌊_⌋ / _____ / ⌊_⌊_⌊_⌊_⌋ (Day / Month / Year) 3. Local calendar: ⌊_⌊_⌋ / _____ / ⌊_⌊_⌊_⌊_⌋ (Day / Month / Year) 8. DON'T KNOW
CO02.	**PEWAWANCARA PERIKSA TANGGAL SAAT WAWANCARA:** 1. Gregorian calenddar: ⌊_⌊_⌋ / ⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋ (Day / Month / Year) 2. Islamic calendar: ⌊_⌊_⌋ / _____ / ⌊_⌊_⌊_⌊_⌋ (Day / Month / Year) 3. Local calendar: ⌊_⌊_⌋ / _____ / ⌊_⌊_⌊_⌊_⌋ (Day / Month / Year)	**1. ALL THREE OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY** **2. TWO OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY** **3. ONE OF DAY/MONTH/YEAR WAS ANSWERED CORRECTLY** **4. NONE OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY** **5. CO01=8**
CO03.	Please tell me what the day of the week is today	1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday 8. DON"T KNOW
CO04.	**INTERVIEWER CHECK TODAY'S DAY: _____**	**1. DAY MENTIONED IN CO03 IS CORRECT** **3. DAY MENTIONED IN CO03 IS INCORRECT** **6. CO03=8**

We are going to read a list consisting of 10 words and we would like you to memorize as many as you can. We deliberately made the list long to make it difficult for anyone to memorize all of the words, most people will only remember a few of them. Please listen carefully as we read the list, because we cannot repeat it. When we finsih reading the list, we will ask you to recall and tell us as many words as you can remember, and they don't have to be in order. Is this explanation clear?

CO05.	**INTERVIEWER CHECK: PROBE WHETHER RESPONDENT NEED MORE EXPLANATION. READ THE LIST SLOWLY, WITH INTERVAL AROUND 2 SECONDS BETWEEN EACH WORD**	**MENOLAK..... 7➔SEKSI MA** **BERPARTISIPASI..... 1**

CO06. INTERVIEWER CHECK COV9 AND CIRCLE THE LIST OF WORDS TO USE: 1. A 2. B 3. C 4.D

READ THE LIST SLOWLY, WITH INTERVAL AROUND 2 SECONDS BETWEEN EACH WORD

LIST A	LIST B	LIST C	LIST D
A01. HOTEL	B01. SKY	C01. MOUNT	D01. WATER
A02. RIVER	B02. OCEAN	C02. STONE	D02. MOSQUE
A03. TREE	B03. FLAG	C03. BLOOD	D03. DOCTOR
A04. SKIN	B04. RUPIAH	C04. CORNER	D04. CASTLE
A05. GOLD	B05. WIFE	C05. SHOES	D05. FIRE
A06. MARKET	B06. MACHINE	C06. LETTER	D06. GARDEN
A07. PAPER	B07. HOUSE	C07. GIRL	D07. SEA
A08. CHILD	B08. EARTH	C08. HOUSE	D08. VILLAGE
A09. KING	B09. SCHOOL	C09. VALLEY	D09. BABY
A10. BOOK	B10. BUTTER	C10. CAR	D10. TABLE

Now please let us know the words you are able to recall.

INTERVIEWER CHECK: GIVE RESPONDENT ENOUGH TIME TO RECALL, APPROXIMATELY UP TO TWO MINUTES.

CO07. INTERVIEWER CHECK: CIRCLE ALL THE WORDS MENTIONED BY THE RESPONDENT ON THE COLUMN AND LIST ALL OF THE WORDS MENTIONED WHICH ARE NOT ON THE LIST IN ROW 51-55

LIST A	LIST B	LIST C	LIST D
A01. HOTEL	B01. SKY	C01. MOUNT	D01. WATER
A02. RIVER	B02. OCEAN	C02. STONE	D02. MOSQUE
A03. TREE	B03. FLAG	C03. BLOOD	D03. DOCTOR
A04. SKIN	B04. RUPIAH	C04. CORNER	D04. CASTLE
A05. GOLD	B05. WIFE	C05. SHOES	D05. FIRE
A06. MARKET	B06. MACHINE	C06. LETTER	D06. GARDEN
A07. PAPER	B07. HOUSE	C07. GIRL	D07. SEA
A08. CHILD	B08. EARTH	C08. HOUSE	D08. VILLAGE
A09. KING	B09. SCHOOL	C09. VALLEY	D09. BABY
A10. BOOK	B10. BUTTER	C10. CAR	D10. TABLE
WRONG WORDS:	**WRONG WORDS:**	**WRONG WORDS:**	**WRONG WORDS:**
A51. _____	**B51.** _____	**C51.** _____	**D51.** _____
A52. _____	**B52.** _____	**C52.** _____	**D52.** _____
A53. _____	**B53.** _____	**C53.** _____	**D53.** _____
A54. _____	**B54.** _____	**C54.** _____	**D54.** _____
A55. _____	**B55.** _____	**C55.** _____	**D55.** _____
A96. NONE RECALLED	**B96. NONE RECALLED**	**C96. NONE RECALLED**	**D96. NONE RECALLED**
A97. REFUSE TO RECALL	**B97. REFUSE TO RECALL**	**C97. REFUSE TO RECALL**	**D97. REFUSE TO RECALL**

CO08. INTERVIEWER CHECK: WRITE DOWN THE TIME NOW ⌊_⌊_⌋ / ⌊_⌊_⌋

HOUR / MINUTE

SECTION MA (ACUTE MORBIDITY)

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

SYMPTOMS (MATYPE)	MA01. Did you ever experience [...] in the last 4 weeks?	1. Yes	3. No
A. Headache		1	3
B. Runny nose		1	3
C. Cough		1	3➔**D**
a. Dry cough	a.	1	3
b. Cough with phlegm	b.	1	3
c. Bloody cough	c.	1	3
D. Difficulty breathing		1	3➔**E**
a. Wheezing	a.	1	3
b. Short, rapid breath	b.	1	3
E. Fever		1	3
F. Stomach ache		1	3
H. Nausea/vomiting		1	3
I. Diarrhea minimal of 3x per day		1	3➔**P**
a. Mixed with blood	a.	1	3
b. Mixed with mucous	b.	1	3
c. Pale liquid	c.	1	3
P. Swollen legs		1	3
K. Skin infection (boil, abcess itching)		1	3
L. Eye Infection		1	3
M. Toothache		1	3
U. Cold sores		1	3

MA07.	**INTERVIEWER CHECK COV3:**	**RESPONDENT IS< 40YEARS ..... 3➔MA09** **RESPONDENT IS ≥ 40 YEARS 1**
MA08a.	Do you have to often get up during the night to urinate?	Yes ..... 1 No 3
MA08b.	If you have a cut or wound, does it take a long time to heal?	Yes ..... 1 No 3
MA08c.	Do you ever feel pain on the left side of your chest?	Yes ..... 1 No 3
MA08d.	Do you ever feel chest pains when climbing stairs/or up hill?	Yes ..... 1 No 3
MA08e.	Do you ever feel chest pains when you are active or walk fast?	Yes ..... 1 No 3
MA08f.	Do you often have a headache when you wake up in the morning?	Yes ..... 1 No 3

SECTION MA (ACUTE MORBIDITY)

Now we would like to ask you about pain you may have felt in the last 6 months.

JOINTS OR OTHER PART OF BODY (MA2TYPE)	MA09. In the last 6 months were you bothered by a pain in your […]?	MA10. When were you first bothered or when was the onset of this pain […]?	MA11. How severe is the pain usually?	MA12. How often have you felt the pain your [….] in the past 6 months?	MA13. Does the pain limit your daily activities?	MA14. Were you bother by the pain in your […] 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 ↓ **MA15** 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

SECTION MA (ACUTE MORBIDITY)

MA15.	Have you ever been in a traffic accident and received treatment?	No.....3➔**MA18** Yes 1
MA16.	When were you injured in a traffic accident? (**Most recent one if more than once**)	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Month / Year
MA17.	Does the injury caused by the accident limit your daily activities?	1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all
MA18.	Have you fallen down in the last two years?	No.....3➔ **MA22** Yes 1
MA19.	How many times have you fallen down in the last two years?	⌊_⌋⌊_⌋ Times
MA20.	When did you last fall and need treatment? (**Most recent one if more than once**)	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Month / Year
MA21.	Does the injury caused by the fall limit your daily activities?	1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all
MA22.	Have you ever fractured your hip?	No.....3 Yes 1

SECTION CO (COGNITIVE CAPACITY)

CO09. INTERVIEWER CHECK: WRITE DOWN THE TIME NOW	⌊_⌊_⌋ / ⌊_⌊_⌋ HOUR / MINUTE

A short while ago, we read a list of words to you and you have tried to recall some of the words you heard. Please let us know the words you are able to recall now.

CO10. INTERVIEWER CHECK: GIVE RESPONDENT ENOUGH TIME TO RECALL, APPROXIMATELY UP TO TWO MINUTES

LIST A	LIST B	LIST C	LIST D
A01. HOTEL	B01. SKY	C01. MOUNT	D01. WATER
A02. RIVER	B02. OCEAN	C02. STONE	D02. MOSQUE
A03. TREE	B03. FLAG	C03. BLOOD	D03. DOCTOR
A04. SKIN	B04. RUPIAH	C04. CORNER	D04. CASTLE
A05. GOLD	B05. WIFE	C05. SHOES	D05. FIRE
A06. MARKET	B06. MACHINE	C06. LETTER	D06. GARDEN
A07. PAPER	B07. HOUSE	C07. GIRL	D07. SEA
A08. CHILD	B08. EARTH	C08. HOUSE	D08. VILLAGE
A09. KING	B09. SCHOOL	C09. VALLEY	D09. BABY
A10. BOOK	B10. BUTTER	C10. CAR	D10. TABLE
WRONG WORDS:	WRONG WORDS:	WRONG WORDS:	WRONG WORDS:
A51. _____	B51. _____	C51. _____	D51. _____
A52. _____	B52. _____	C52. _____	D52. _____
A53. _____	B53. _____	C53. _____	D53. _____
A54. _____	B54. _____	C54. _____	D54. _____
A55. _____	B55. _____	C55. _____	D55. _____
A96. NONE RECALLED	B96. NONE RECALLED	C96. NONE RECALLED	D96. NONE RECALLED
A97. REFUSE TO RECALL	B97. REFUSE TO RECALL	C97. REFUSE TO RECALL	D97. REFUSE TO RECALL

SECTION AK (HEALTH INSURANCE)

Now we would like to know about health insurance or benefits that you might have.

AK01.	Are you the policy holder/primary beneficiary of health benefits, health insurance, such as **ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, *Health Card* or *ASKESKIN***?	No ..... 3 ➔ **AK06** Yes 1

Benefit Type (AKTYPE)	**AK02.** Do your benefits include [...]?	**AK03.** When did this benefit begin?	**AK04.** Does this benefit cover outpatient visits to public and private health centers? **(CIRCLE ALL THAT APPLY)**	**AK05.** Who else in the household is covered under this benefit? **(CIRCLE ALL THAT APPLY)**
A. Health Insurance (*PT ASKES*)	1. Yes ➔ 3. No ➔ 8. DON'T KNOW ➔	1. Year ⌊_⌊_⌊_⌊_⌋ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other ..... H. Orang tua/Kakak/Adik
B. Labor (Social) Insurance (*ASTEK Jamsostek*)	1. Yes ➔ 3. No ➔ 8. DON'T KNOW ➔	1. Year ⌊_⌊_⌊_⌊_⌋ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other ..... H. Orang tua/Kakak/Adik
C. Employer provided health insurance/benefits	1. Yes ➔ 3. No ➔ 8. DON'T KNOW ➔	1. Year ⌊_⌊_⌊_⌊_⌋ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other ..... H. Orang tua/Kakak/Adik
D. Employer Provided Clinic	1. Yes ➔ 3. No ➔ 8. DON'T KNOW ➔	1. Year ⌊_⌊_⌊_⌊_⌋ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other ..... H. Orang tua/Kakak/Adik
E. Private Insurance	1. Yes ➔ 3. No ➔ 8. DON'T KNOW ➔	1. Year ⌊_⌊_⌊_⌊_⌋ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other ..... H. Orang tua/Kakak/Adik
G. Savings-related insurance	1. Yes ➔ 3. No ➔ 8. DON'T KNOW ➔	1. Year ⌊_⌊_⌊_⌊_⌋ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital D. Other, ... G. Employer Provided clinic	A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other ..... H. Orang tua/Kakak/Adik
H. Health Card/ ASKESKIN	1. Yes ➔ 3. No ➔ 8. DON'T KNOW ➔	1. Year ⌊_⌊_⌊_⌊_⌋ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other ..... H. Orang tua/Kakak/Adik

SECTION AK (HEALTH INSURANCE)

AK06. Since 2000, have you 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***?	No ..... 3 ➔**SECTION PS** Yes 1

BENTUK JAMINAN/TUNJANGAN (AKTYPE)	AK07. What benefits did you lose?	AK08. When did the benefits end?
A. Health Insurance (*PT ASKES*)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8
B. Labor (Social) Insurance (*ASTEK Jamsostek*)	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8
C. Employer provided health insurance/benefits	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8
D. Employer Provided Clinic	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8
E. Private Insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8
G. Savings-related insurance	1. Yes ➔ 3. No ↓ 8. DON'T KNOW ↓	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8
H. Health Card/ ASKESKIN	1. Yes ➔ 3. No ↓ SECTION PS 8. DON'T KNOW ↓ SECTION PS	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8

SECTION PS (SELF TREATMENT)

Now we'd like to know whether you have treated yourself during the past 4 weeks, namely since [...] date, 4 weeks ago.

TYPE OF SELF TREATMENT (PSTYPE)	PS01. During the past 4 weeks, have you ever [...]?	PS02. What is the approximate total cost to purchase or make that medicine during the last 4 weeks?
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	3. No ➔ 1. Yes ➔	1. ⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 8. DON'T KNOW
B. Consumed traditional herbs or traditional medicines as treatment	3. No ➔ 1. Yes ➔	1. ⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 8. DON'T KNOW
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	3. No ➔ 1. Yes ➔	1. ⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 8. DON'T KNOW
E. Vitamin/Supplements	3. No ➔ 1. Yes ➔	1. ⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 8. DON'T KNOW
F. Massage, *coining*	3. No ➔ SECTION RJ 1. Yes ➔	1. ⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 8. DON'T KNOW

SECTION RJ (OUTPATIENT CARE)

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

RJ04a.	**INTERVIEWER CHECK COV3: AGE ≥ 50 YEARS?**	**NO ..... 3 ➔RJ00a** **YES..... 1**

Now we would like to ask you some question about your visit to the Posyandu for the Elderly

RJ04b.	In the past4 weeks, did you visit a Posyandu for the elderly?	No..... 3 ➔**RJ00a** Yes 1
RJ04c.	What is the name and location of the Posyandu for the elderly? 1. Specify 3. Same as residence 8. DON'T KNOW	**Name** 1. _____ 8. DK _____ **Address** 1. _____ 8. DK _____ _____ **Loc. Note** 1. _____ 8. DK _____ _____ **Vill:** 1. _____ 3. Same as residence 8. DON'T KNOW **Kec:** 1. _____ 3. Same as residence 8. DON'T KNOW **Kab:** 1. _____ 3. Same as residence 8. DON'T KNOW **Prov:** 1. _____ 3. Same as residence 8. DON'T KNOW **CODE CF** ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋
RJ04d.	What was the purpose of your visit to the Posyandu for the Elderly?	**CIRCLE ALL THAT APPLY**
	A. Health checks.....	A
	B. Food supplement	B
	C. Meeting with other elderly.....	C
	D. Activities with other elderly	D
	E. Counseling.....	E
	V. Other.....	V .....
RJ04e.	How many kilometers is it from the medical facility to your residence?	⌊_⌊_⌊_⌋ . ⌊_⌊_⌋ km.....1 DON'T KNOW 8

RJ04f.	What is the travel time (one-way) to that facility?	1. ⌊_⌊_⌊_⌋ 02. Minute 03. Hour 8. DON"T KNOW
RJ04g.	What was the total transportation cost to the facility (**INCLUDING FUEL COST, ONE WAY TRIP)?**	⌊_⌊_⌊_⌋ . ⌊_⌊_⌊_⌋ Rp. .....1 DON"T KNOW 8
RJ04h.	What was the total cost of treatment or consultation including medications that may have been administered, not including prescription cost?	⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp.....1 DIDN"T PAY ANYTHING .....3 DON"T KNOW 8
RJ04i.	Was a Puskesmas staff present in the Posyandu Lansia?	No .....3 Yes.....1

SECTION RJ (OUTPATIENT CARE)

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

RJ00a.	Have you had a general check up performed in the last 5 years?	No ..... 3 ➔ **RJ00** Yes 1
RJ00b.	Where did you go to have this general check-up? **(CIRCLE ALL THAT APPLY)**	Public hospital ..... A Public health center ..... B Private hospital ..... C Polyclinic, private clinic, medical center ..... D Private physician, family doctor ..... E Nurse, paramedic, midwife ..... F Traditional practitioner ..... G DON'T KNOW ..... Y Other V
RJ00.	In the last 4 weeks have you visited a public hospital, puskesmas, private hospital, clinic, health worker or doctor's practice or been visited by a health worker or doctor?	No ..... 3 ➔ **RJ24a** Yes 1

MEDICAL FACILITY **(RJTYPE)**	**RJ01.** Within the last 4 weeks, have you been to [...] / visited by [...]?	**RJ02.** How many times did you visit / been visited by [...] during the last 4 weeks?	**RJ02b.** How much did you pay out of pocket for outpatient care at […] during the past 4 weeks?
A. Public hospital (General or Specialty)	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┴┘,└┴┴┴┘,└┴┴┴┘ Rp.
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┴┘,└┴┴┴┘,└┴┴┴┘ Rp.
E. Private Hospital	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┴┘,└┴┴┴┘,└┴┴┴┘ Rp.
F. Polyclinic, Private Clinic, Medical Center	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┴┘,└┴┴┴┘,└┴┴┴┘ Rp.
G. Private Physician (General Practitioner, Specialist, Dentist, Family Doctor)	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┴┘,└┴┴┴┘,└┴┴┴┘ Rp.
H. Nurse, Paramedic, Midwife practitioner	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┴┘,└┴┴┴┘,└┴┴┴┘ Rp.
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No ➔ **RJ05a** 1. Yes ➔	└┴┘ Times	└┴┴┴┘,└┴┴┴┘,└┴┴┴┘ Rp.

SECTION RJ (OUTPATIENT CARE)

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

Now we want to ask you about the name and location of the last medical provider you may have visited in the last 4 weeks.

RJ05a.	What is the type of medical facility or type of provider?	⌊_⌋ _____
RJ06.	What is the name and location of the medical provider? 1. Specify 3. Same as residence 8. DON'T KNOW	**Name** 1. _____ 8. DK _____ **Address** 1. _____ 8. DK _____ _____ **Loc. Note** 1. _____ 8. DK _____ _____ **Vill:** 1. _____ 3. Same as residence 8. DK 8. DON'T KNOW **Kec:** 1. _____ 3. Same as residence 8.DK 8. DON'T KNOW **Kab:** 1. _____ 3. Same as residence 8. DON'T KNOW **Prov:** 1. _____ 3. Same as residence 8. DON'T KNOW **CODE CF** ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋
RJ08.	What was the purpose of visit?	**CIRCLE ALL THAT APPLY**
	B. Immunization	B
	C. Consultation	C
	D. Medical heck up	D
	E. Medication	E
	F. Injection	F
	H. Treatment of injury	H
	I. Treatment of illness	I
	J. Massage	J
	K. Family planning consultation	K
	L. Prenatal check	L
	M. Physiotherapy	M
	V. Other	V
RJ09.	Was the visit to [...] the first visit or a follow-up visit for the symptom?	First ..... 1 Follow up 3

RJ10a.	**INTERVIEWER CHECK RJ05a: FACILY IS A, B, E, F?**	**YES ..... 1 ➔RJ11** **NO 3**
RJ10.	Did the provider visit you at home?	Yes ..... 1 ➔RJ17 No 3
RJ11.	How many kilometers is it from the medical facility to your residence?	⌊_⌊_⌊_⌋ , ⌊_⌊_⌋ Km ..... 1 DON"T KNOW 8
RJ12.	What is the travel time (one-way) to that facility?	1. ⌊_⌊_⌊_⌋ 02. Minute 03. Hour 8. DON"T KNOW
RJ14.	What was the total transportation cost to the facility (**INCLUDING FUEL COST, ONE WAY TRIP)?**	⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. ..... 1 DON"T KNOW 8
RJ15.	Upon arrival, how long did you have to wait to be examined?	1. ⌊_⌊_⌊_⌋ 02. Minute 03. Hour 8. DON"T KNOW
RJ17.	What kind of treatment did you receive?	**CIRCLE ALL THAT APPLY**
	A. Health examination/consultation	A
	B. Injection	B
	C. Laboratory examination	C
	D. Operation/surgery	D
	E. X-Ray	E
	F. Family Planning	F
	G. Medicine	G
	I. Massage	I
	J. Traditional/herbal medicine	J
	K. Pregnancy examination	K
	L. Physiotherapy	L
	V. Other	V .....
RJ17a.	What do you think about the services that were provided by this facility?	Satisfactory ..... 1 Somewhat satisfactory ..... 2 Unsatisfactory ..... 3 Very unsatisfactory 4
RJ20.	What was the total cost to fill a prescription that you received during this visit?	⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. ..... 1 Didn't get prescription ..... 3 Didn't fill prescription ..... 5 DON'T KNOW 8

SECTION RJ (OUTPATIENT CARE)

RJ21.	What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	⌊_⌋,⌊_⌋⌊_⌋,⌊_⌋⌊_⌋ Rp. ..... 1 Didn't pay ..... 3 DON'T KNOW 8
RJ21a.	Did you use insurance to pay for all or some of this visit?	No ..... 3 ➔**RJ22** Yes 1
RJ21b.	What insurance did you use?	*Askes* ..... 01 *Jamsostek* ..... 02 Employer provided health benefits ..... 03 Private health insurance ..... 04 Savings related insurance ..... 05 *SKTM* ..... 06 *Kartu Sehat/Askeskin* ..... 07 Other 95
RJ22.	Was any payment in kind made?	No ..... 3 ➔**RJ24a** Yes 1
RJ23.	What was the approximate value of the goods?	⌊_⌋,⌊_⌋⌊_⌋,⌊_⌋⌊_⌋ Rp. ..... 1 DON'T KNOW 8

Now we would like to ask you about some health examinations you may have received.

RJ24a.	When did you last have your blood pressure check?	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month / Year Never had ..... 3 DON"T KNOW 8
RJ24b.	When did you last have your cholesterol level check?	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month / Year Never had ..... 3 DON"T KNOW 8
RJ24c.	When did you last have your blood sugar check?	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month / Year Never had ..... 3 DON"T KNOW 8
RJ24d.	When did you last have an EKG test?	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month / Year Never had ..... 3 DON"T KNOW 8
RJ25.	**INTERVIEWER NOTE COV5: RESPONDENT IS FEMALE?**	**MALE ..... 1➔SECTION FM** **FEMALE 3**
RJ26.	Have you heard about papsmears?	No ..... 3➔**RJ29** Yes 1
RJ27.	When did you last have papsmear?	Never ..... 3➔**RJ29** ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month / Year DON'T KNOW 8
RJ28.	Who did the procedure the last time you had it performed?	Public hospital ..... 01 Public health center ..... 02 Private hospital ..... 03 Polyclinic, private clinic, medical center ... 04 Private physician ..... 05 Nurse, paramedic, midwife ..... 06 Traditional practitioner ..... 07 Private lab ..... 09 DON'T KNOW ..... 08 Other 95
RJ29.	How many times did you perform self-examination of your breast in the last 12 months?	1. ⌊_⌋⌊_⌋ Times 3. None 8. DON'T KNOW
RJ29a.	Have you heard about mammograms?	No ..... 3➔ **SECTION FM** Yes 1
RJ29b.	How many times did you have a mammogram exam in the last 12 months?	1. ⌊_⌋⌊_⌋ Times 3. None 8. DON'T KNOW

SECTION FM (FOOD FREQUENCY)

Now we would like to ask you about your eating frequency

FM01. Do you normally eat […]?	01. 3 times per day 02. 2 times per day 03. 1 times per day	04. 5-6 times per week 05. 3-4 times per week 06. 2 times per week	95. Other .....

Now we would like to ask you about the type of food you usually eat.

FOOD TYPE (FMTYPE)	**FM02.** In the last week, did you eat any [….]?	**FM03.** How many days in a week did you eat […] in the last week?	**FM04.** How many days in did you eat […] in the last month?	**FM05.** How many days did you eat […] in the last 6 months?
A. Sweet potatoes	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
B. Eggs	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
C. Fish	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
D. Meat (beef, chicken, pork, etc.)	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
E. Dairy	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
F. Green leafy vegetables	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
G. Banana	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
H. Papaya	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
I. Carrot	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day
J. Mango	3. No ➔**FM04** 1. Yes	2 3 4 5 6 7 ➔ 1➔ **SECTION RN**	2. ⌊_⌊_⌋ days ➔ 1. 1 day ➔ **SECTION RN** 0. 0 day ➔	2. ⌊_⌊_⌋ days 1. 1 day 0. 0 day

SECTION RN (INPATIENT CARE)

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

RN00.	During the past 12 months have you ever received patient care at a hospital, puskesmas, clinic, or other?	No .....3 ➔**SEKSI PM** Yes 1

TEMPAT DIRAWAT INAP (RNTYPE)		**RN01.** During the past 12 months, have you ever received inpatient care at […] ?	**RN02.** How many times have you received inpatient care at […] during the past 12 months?	**RN02b.** 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	└┴┴┘ . └┴┴┘ . └┴┴┘ Rp.
B.	Public Health Center (puskesmas)	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┘ . └┴┴┘ . └┴┴┘ Rp.
C.	Private Hospital	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┘ . └┴┴┘ . └┴┴┘ Rp.
D.	Private Clinic	3. No ➔ 1. Yes ➔	└┴┘ Times	└┴┴┘ . └┴┴┘ . └┴┴┘ Rp.
V.	Other.....	3. No ➔ **RN05a** 1. Yes ➔	└┴┘ Times	└┴┴┘ . └┴┴┘ . └┴┴┘ Rp.

SECTION RN (INPATIENT CARE)

IDRT ⌊_⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌋ **NO. ART** ⌊_⌊_⌋

Now, we would like to ask you a few questions about the last visit for inpatient care (hospital admissions) that you have made in the past 12 months, namely in the 12 months prior to month [...]?

RN05a.	What is the type of health or service facility?	⌊_⌋ _____
RN06.	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 _____ _____ **Location** 1. _____ 8. DK _____ _____ **Vill:** 1. _____ 3. Same as current residence 8. DON'T KNOW **Kec:** 1. _____ 3. Same as current residence 8. DON'T KNOW **Kab:** 1. _____ 3. Same as current residence 8. DON'T KNOW **Prov:** 1. _____ 3. Same as current residence 8. DON'T KNOW **CODE CF** ⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋
RN08.	How many nights were you hospitalized there?	⌊_⌊_⌋ Nights
RN10.	For what reason were you hospitalized?	Sickness ..... 01 Accident ..... 02 Giving birth ..... 03 Operation ..... 05 Other 95
RN15.	During hospitalization, what kind of treatment did you receive? **CIRCLE ALL THAT APPLY**	Physical exam/consult ..... A Injection ..... B Laboratory test ..... C Surgery ..... D X-ray ..... E Birth control ..... F Medications ..... G IV (Drip Infusion) ..... I Physiotherapy ..... J Other V

RN15a.	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
RN18.	What was the total cost to fill a prescription that you received during this visit?	1. ⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
RN19.	Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply)?	1. ⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp. 8. DON'T KNOW
RN19a.	Did you use insurance to pay for all or some of this visit?	No ..... 3➔ **SECTION PM** Yes 1
RN19b.	What insurance did you use?	*Askes* ..... 01 *Jamsostek* ..... 02 Employer provided health benefits ..... 03 Private health insurance ..... 04 Savings related insurance ..... 05 *SKTM* ..... 06 *Kartu Sehat/Askeskin* ..... 07 Other 95

SECTION PM (COMMUNITY PARTICIPATION)

Now we will ask you about the arisan you participated in in the last 12 months.

PM01.	Have you participated in arisan in the last 12 months?	No ..... 3 ➔**PM15** Yes 1
PM01a.	How many arisan have you participated in the last 12 months?	⌊_⌋⌊_⌋ Types
PM01c.	How many arisan meetings did you attend in the last 12 months?	⌊_⌋⌊_⌋ Meetings
PM01d.	In total, for all the arisan in which you participated in the last 12 months, how much money did you contribute?	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW
PM01e.	In total, from all the arisan in which you participated in the last 12 months, how much money did you receive?	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW

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

PM1TYPE	PM03.	PM04.	PM05.	PM05a.	PM05b.	PM05c.	PM05d.
ARISAN TYPE	What is the interval between meetings of the [...] arisan ?	How much money do you pay into the […] arisan each time it meets?	How long is the period between until the last person receive the pot of money?	How many people normally participate in this arisan?	How many number of pots are drawn in each meeting?	When was the last time you receive the pot of money from this arisan?	The last time you receive the pot of money from the […] arisan, what is the amount?
1. ⌊_⌋⌊_⌋ _____	Every : ⌊_⌋⌊_⌋ 03. Days 04. Weeks 05. Months 06. Years	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW	⌊_⌋⌊_⌋ 04. Weeks 05. Month 06. Years	⌊_⌋⌊_⌋⌊_⌋ People	⌊_⌋⌊_⌋	1. ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Month / Year 6. Have not received ↓	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW
2. ⌊_⌋⌊_⌋ _____	Every : ⌊_⌋⌊_⌋ 03. Days 04. Weeks 05. Months 06. Years	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW	⌊_⌋⌊_⌋ 04. Weeks 05. Month 06. Years	⌊_⌋⌊_⌋⌊_⌋ People	⌊_⌋⌊_⌋	1. ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Month / Year 6. Have not received ↓	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW
3. ⌊_⌋⌊_⌋ _____	Every : ⌊_⌋⌊_⌋ 03. Days 04. Weeks 05. Months 06. Years	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW	⌊_⌋⌊_⌋ 04. Weeks 05. Month 06. Years	⌊_⌋⌊_⌋⌊_⌋ People	⌊_⌋⌊_⌋	1. ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Month / Year 6. Have not received ↓	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW
4. ⌊_⌋⌊_⌋ _____	Every : ⌊_⌋⌊_⌋ 03. Days 04. Weeks 05. Months 06. Years	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW	⌊_⌋⌊_⌋ 04. Weeks 05. Month 06. Years	⌊_⌋⌊_⌋⌊_⌋ People	⌊_⌋⌊_⌋	1. ⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Month / Year 6. Have not received ↓	1. ⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋,⌊_⌋⌊_⌋⌊_⌋ Rp. 8. DON'T KNOW

KODE PM01b:

01.	Office	06.	PKK	13.	Retirees
02.	RT (sub-neighborhood)	07.	Market	14.	Farmers group
03.	RW (neighborhood)	08.	Family	15.	Youth group
04.	Village	09.	Religiious group	16.	Motorcycle arisan
05.	Dharma Wanita/Dharma Pertiwi (Wives of civil servant/military)	12.	Friend	95.	Other

SECTION PM (COMMUNITY PARTICIPATION)

Now, I would like to ask you about some community or government activities and programs that may have taken place in this village during the past 12 months.

COMMUNITY PROGRAMS/ACTIVITIES (PM3TYPE)	PM15. Do you know whether, in the last 12 months, the […] activity has occurred in this village?	PM16. During the last 12 months did you participate in or use […]?	PM18a. What is the value of money or materials that you contributed to the […] program during the last four weeks? (total)
A. Community Meeting (each level: 10 HH level, RT, RW, Village, Kecamatan, and including Village Advisory Board activities (LMD, LKMD))	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
B. Cooperatives (include all types and levels of cooperatives: 10 HH level, RT, RW, Village, Kecematan.)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
C. Voluntary Labor (for example cleaning up the village)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
D. Program to Improve the Village/Neighborhood (KIP, MHT, con-block, street improvement, public facility)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
N. Youth Groups Activity (Karang Taruna)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
O. Religious Activities (Prayer groups, etc.)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
P. Village library	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
Q. Village Savings and Loans	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
R. Health Fund (Dana Sehat)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW

PM20. INTERVIEWER CHECK BOOK COVER: SEX OF RESPONDENT ?	**MALE ---------- 1 ➔ PM15 LINE E, F1, H, J** **FEMALE ---------- 3 ➔ PM15 LINE I, J**

SECTION PM (COMMUNITY PARTICIPATION)

COMMUNITY PROGRAMS/ACTIVITIES (PM3TYPE)	PM15. Do you know whether, in the last 12 months, the […] activity has occurred in this village?	PM16. During the last 12 months did you participate in or use […]?	PM18a. What is the value of money or materials that you contributed to the […] program during the last four weeks? **(total)**
E. Neighbourhood Security Organization (Siskamling)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
F1. Water for Drinking System/Supply (for example a public pump and for bathing/washing (MCK))	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
H. System for garbage disposal	3. No ➔ **ROW J** 8. DON'T KNOW ➔ **ROW J** 1.Yes ➔	3. No ➔ **ROW J** 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW **ROW J**
I. Women's Association Activities (PKK)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW
J. Community Weighing Post (Posyandu)	3. No ➔ 8. DON'T KNOW ➔ 1.Yes ➔	3. No ➔ 1.Yes ➔	1. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp. 6. NA 8. DON'T KNOW

SECTION PM (COMMUNITY PARTICIPATION)

Now we would like to know about your parcipation in elections.

PM24. Did you vote in the most recent […..]	1. Yes	3. No	6. NA	8. DK
a. President	1	3	6	8
b. DPD Members	1	3	6	8
c. DPR Pusat (Legislature-Central)	1	3	6	8
d. Anggota DPRD (Legislature-Provincial)	1	3	6	8
e. Anggota DPRD Kabupaten/Kota (Legislature-Regional)	1	3	6	8
f. Governor	1	3	6	8
g. Bupati/Walikota (Head of District)	1	3	6	8
h. Village head	1	3	6	8
PM25. Will you vote in the next [….] election?]	**1. Yes**	**3. No**	**6. NA**	**8. DK**
a. President	1	3	6	8
b. DPD Members	1	3	6	8
c. DPR Pusat (Legislature-Central)	1	3	6	8
d. Anggota DPRD (Legislature-Provincial)	1	3	6	8
e. Anggota DPRD Kabupaten/Kota (Legislature-Regional)	1	3	6	8
f. Governor	1	3	6	8
g. Bupati/Walikota (Head of District)	1	3	6	8
h. Village head	1	3	6	8

PM26. What factors do you consider in electing a Bupate/Mayor?		
a. Appearance	1. Yes	3. No
b. Popularity	1. Yes	3. No
c. Quality of the program	1. Yes	3. No
d. Political affiliation	1. Yes	3. No
e. Faith/religion	1. Yes	3. No
f. Ethnicity	1. Yes	3. No
g. Experience in governance	1. Yes	3. No
h. Gender	1. Yes	3. No
i. Gifts (“transport money”)	1. Yes	3. No

PM27. Mention the three most important factors you consider in electing a Bupati/Mayor .

a. First ⌴

b. Seco nd ⌴

c. Third ⌴

SECTION BA (NON-CORESIDENT PARENTS)

Now we want to ask about your biological parents.

BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM

		Father	Mother
BA04.	Does your father/mother still live in this household?	No ..... 3➔**BA05** Yes 1	No ..... 3➔**BA05** Yes 1
BA04a.	**INTERVIEWER CHECK: AR00**	**1. ⌊_⌊_⌋ AR00 ➔ BA04 MOTHER'S COLUMN** **3. NOT IN HOUSEHOLD**	**1. ⌊_⌊_⌋ AR00 ➔ BA10** **3. NOT IN HOUSEHOLD**
BA05.	Is your father/mother still alive?	Yes ..... 1➔ **BA06b** No ..... 3 DON'T KNOW..... 8	Yes ..... 1➔ **BA06b** No ..... 3 DON'T KNOW..... 8
BA06a.	12 months ago was your father/mother still alive?	Yes ..... 1 No ..... 3 ➔ **BA06c** DON'T KNOW..... 8	Yes ..... 1 No ..... 3 ➔ **BA06c** DON'T KNOW..... 8
BA06aa.	Was your 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 have you seen your father/mother in the last 12 months?	Everyday ..... 5➔ **BA06c** At least once per week ..... 4 At least once per month ..... 3 At least once per year ..... 2 Never 1	Everyday..... 5➔ **BA06c** At least once per week ..... 4 At least once per month ..... 3 At least once per year..... 2 Never 1
BA06bb.	How often were you in telephone contact with your father/mother in the last 12 months?	Everyday ..... 5➔ **BA06c** At least once per week ..... 4 At least once per month ..... 3 At least once per year ..... 2 Never 1	Everyday..... 5➔ **BA06c** At least once per week ..... 4 At least once per month ..... 3 At least once per year..... 2 Never 1
BA06bc.	How often were you in contact through email or text messages with your father/mother in the last 12 months?	Everyday ..... 5 At least once per week ..... 4 At least once per month ..... 3 At least once per year ..... 2 Never 1	Everyday..... 5 At least once per week ..... 4 At least once per month ..... 3 At least once per year..... 2 Never 1
BA06c.	**INTERVIEWER CHECK BA05:** **FATHER/MOTHER ALIVE?**	**Yes..... 1➔BA07** **DON'T KNOW ..... 8➔BA07** **No ..... 3➔BA06e**	**Yes ..... 1➔BA07** **DON'T KNOW ..... 8➔BA07** **No ..... 3➔BA06e**

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

		Father	Mother
BA06e.	Did your father/mother died of a […]	Heart attack.....01 Stroke.....02 Cancer .....03 Other illness .....04 Old age .....05 Other cause of death.....06 DON"T KNOW.....98	Heart attack .....01 Stroke .....02 Cancer .....03 Other illness.....04 Old age .....05 Other cause of death .....06 DON"T KNOW 98
BA06d.	When did your father/mother die?	⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋ .....1 Month / Year DON'T KNOW 8	⌊_⌊_⌋ / ⌊_⌊_⌊_⌊_⌋ .....1 Month / Year DON'T KNOW 8
BA07.	How old is your father/mother now/at time of death?	⌊_⌊_⌊_⌋ year .....1 DON'T KNOW.....8	⌊_⌊_⌊_⌋ year.....1 DON'T KNOW.....8
BA07a.	Did your [...] ever attend school?	No .....3➔**BA11** DON'T KNOW.....8➔**BA11** Yes 1	No .....3➔**BA11** DON'T KNOW.....8➔**BA11** Yes 1
BA08.	What is the highest level of education of your father/mother?	⌊_⌊_⌋ _____	⌊_⌊_⌋ _____
BA09.	What is the highest class that your father/mother finished?	00 01 02 03 04 05 06 07 98	00 01 02 03 04 05 06 07 98
BA11.	What is/was your father's/mother's primary activity now/before his/her death?	Job searching..... 02 ➔ **BA14a** Attending school..... 03 ➔ **BA14a** Housekeeping ..... 04 ➔ **BA14a** Retired ..... 05 ➔ **BA14a** Stay at home/unemployed ..... 06 ➔ **BA14a** Sick/disabled..... 07 ➔ **BA14a** DON'T KNOW ..... 98 ➔ **BA14a** Other ..... 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
BA12.	What was your father's/mother's status of worl before his/her death?	⌊_⌊_⌋	⌊_⌊_⌋
BA13a.	What were […] primary duties (now/one year before he died)?	_____ _____ ➔**BA14a**	_____ _____ ➔**BA14a**

CODE FOR BA08:

02.	Elementary school	62.	University S2 (Master)	17.	School for the disabled
03.	Junior High General (SLP/SLTP)	63.	University S3 (Doctorate)	72.	Madrasah Ibtidaiyah
04.	Junior High Vocational (SLP/SLTP)	11.	Adult Education C	73.	Madrasah Tsanawiyah
05.	Senior High General (SMA/SLA/SLTA)	12.	Adult Education B	74.	Madrasah Aliyah
06.	Senior High Vocational (SMA/SLA/SLTA)	13.	Open University	98.	DON'T KNOW
60.	College D1, D2, D3	14.	Pesantren	95.	Other.....
61.	University S1 (Bachelor)	15.	Adult Education C		

CODE FORBA09:

00.	Did not/have not completed 1st grade		
01.	1		
02.	2	06.	6
03.	3	07.	Graduated
04.	4	98.	DON'T KNOW
05.	5		

CODE FOR BA12:

01. Self employed	04. Buruh/karyawan pemerintah
02. Berusaha sendiri dengan bantuan pekerja keluarga tidak dibayar/ karyawan tidak tetap	05. Buruh/karyawan Swasta
	06. Pekerja keluarga tidak dibayar
	07. Pekerja bebas di pertanian
03. Berusaha sendiri dengan bantuan karyawan tetap	08. Pekerja bebas di non-pertanian
	98. DON'T KNOW

SECTION BA (NON-CORESIDENT PARENTS)

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

BA10.	**PEWAWANCARA PERIKSA BA04, BA05, BA06a, BA06aa:**	**FATHER**	**MOTHER**
	a. BA04 AND BA05: IS FATHER/MOTHER STILL ALIVE?	**1. YES 3. NO**	**1. YES 3. NO**
	b. BA04, BA06a, AND BA06aa: DOES 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 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 BA10.d FOR MOTHER**	
	TOTAL BA10.d FOR FATHER	**0**	**1**	**2**
	0	**00 → BA28**	**01 →BA19-22 MOTHER ONLY**	**02 → BA28**
	1	**10 → BA19-22 FATHER ONLY**	**11 → BA18**	**12 →BA19-22 FATHER ONLY**
	2	**20 → BA28**	**21 → BA19-22 MOTHER ONLY**	**22→ BA28**
BA18.	Do your parents still live together?/Did your parents still live together at the time of death?	Yes ..... 1 ➔ **ASK BA19-BA22 ABOUT FATHER AND MOTHER TOGETHER AND RECORD ANSWERS IN "FATHER AND MOTHER LIVE TOGETHER" COLUMN (1ST COLUMN)** No ..... 3 ➔ **ASK BA19-BA22 ABOUT FATHER FIRST (2ND COLUMN), THEN REPEAT QUESTIONS BA19-BA22 ABOUT MOTHER (3RD COLUMN)**	

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

		Father and Mother Live Together	Father Only	Mother Only
BA19.	During the past 12 months (before his/her death) did you (or your spouse) ever provide help to [...] in the form of money, goods or service?	UNWILLING TO ANSWER .... 7➔ **BA21** No ..... 3➔ **BA21** Yes 1	UNWILLING TO ANSWER ..... 7➔ **BA21** No ..... 3➔ **BA21** Yes 1	UNWILLING TO ANSWER ..... 7➔ **BA21** No ..... 3➔ **BA21** Yes 1
BA20.	What type of help did you provide to [...] in the past 12 months (before his/her death) and how much? **(ANSWER MAY BE MORE THAN ONE)**	**(ANSWER MAY BE MORE THAN ONE)**	**(ANSWER MAY BE MORE THAN ONE)**	**(ANSWER MAY BE MORE THAN ONE)**
	A. Money, loan, tuition, health care costs (including treatment).....	A. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	A. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	A. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.
	D. Value of food stuff or other goods.....	D. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	D. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	D. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.
	G. Doing household chores, or providing child care or assisting during physical recovery	G. ⌊_⌊_⌋ 03. Days 05. Months	G. ⌊_⌊_⌋ 03. Days 05. Months	G. ⌊_⌊_⌋ 03. Days 05. Months
	H. Helping family business.....	H. ⌊_⌊_⌋ 03. Days 05. Months	H. ⌊_⌊_⌋ 03. Days 05. Months	H. ⌊_⌊_⌋ 03. Days 05. Months
	V. Other.....	V. ..... ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	V. ..... ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	V. ..... ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.
BA21.	During the past 12 months (before his/her death) did you (or your spouse) ever receive help from [...] in the form of money, goods or service?	UNWILLING TO ANSWER ... 7➔ **BA14c** No ..... 3➔ **BA14c** Yes 1	UNWILLING TO ANSWER ... 7➔ **BA27** No ..... 3➔ **BA27** Yes 1	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?	**(ANSWER MAY BE MORE THAN ONE)**	**(ANSWER MAY BE MORE THAN ONE)**	**(ANSWER MAY BE MORE THAN ONE)**
	A. Money, loan, tuition, health care costs (including treatment).....	A. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	A. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	A. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.
	D. Value of food stuff or other goods.....	D. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	D. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	D. ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.
	G. Doing household chores, or providing child care or assisting during physical recovery	G. ⌊_⌊_⌋ 03. Days 05. Months	G. ⌊_⌊_⌋ 03. Days 05. Months	G. ⌊_⌊_⌋ 03. Days 05. Months
	H. Helping family business.....	H. ⌊_⌊_⌋ 03. Days 05. Months	H. ⌊_⌊_⌋ 03. Days 05. Months	H. ⌊_⌊_⌋ 03. Days 05. Months
	V. Other.....	V. ..... ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp. ➔**BA14c FATHER COLUMN**	V. ..... ⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋.⌊_⌊_⌊_⌋ Rp.	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

		Father	Mother
BA14c.	Where does […] live now/before his death?	In this household ....00 In the same village ....01 In the same subdistrict ....02 In the same district ....03 In the same province ....04 DON'T KNOW ....08 In another province, specify _____ 05 In another country _____ 06	In this household ....00 In the same village ....01 In the same subdistrict ....02 In the same district ....03 In the same province ....04 DON'T KNOW ....08 In another province, specify _____ 05 In another country _____ 06
BA15.	With whom does/did [...] live now/before his/her death? **(CIRCLE ALL THAT APPLY)** **ANSWER OF "BY HIM/HERSELF" CANNOT BE COMBINED WITH OTHER ANSWERS**	By him/herself .... A Wife/husband .... B Daughter .... C Son .... D Daughter-in-law/son-in-law .... E Sister .... F Brother .... G Brother/sister-in-law .... I Grandchild .... J Grandparent .... K Aunt/uncle .... L Niece/nephew .... M Cousin .... N Non-relative .... O 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 Non-relative .... O 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**	_____ ➔ **BA14c MOTHER COLUMN**	_____ ➔ **BA28**

SECTION BA (NON-CORESIDENT SIBLINGS)

BA28.	Do you 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)?	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?	..... ⌊_⌋ ..... ⌊_⌋
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 you (or your spouse) ever **provide** help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service?	UNWILLING TO ANSWER ..... 7➔**BA56** No ..... 3➔**BA56** Yes 1
BA55.	What type of help did you (or your spouse) provide to the siblings during the past 12 months and how much? **(ANSWER MAY BE MORE THAN ONE)**	**(ANSWER MAY BE MORE THAN ONE)**
	A. Money, loan, tuition, health care costs (including treatment).....	A. ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp.
	D. Value of food stuff or other goods.....	D. ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp.
	G. Doing household chores, or providing child care or assisting during physical recovery	G. ⌊_⌋⌊_⌋ 03. Days 05. Months
	H. Helping family business.....	H. ⌊_⌋⌊_⌋ 03. Days 05. Months
	V. Other.....	V. ..... ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp.
BA56.	During the past 12 months/12 months before death, did you (or your spouse) ever receive help from siblings who do not live in the HH (including those who died in the last 12 months) in the form of money, goods or service?	UNWILLING TO ANSWER ..... 7➔**BA58x** No ..... 3➔**BA58x** Yes 1
BA57.	What type of help did you (or your spouse) receive from the siblings during the past 12 months and how much? **(ANSWER MAY BE MORE THAN ONE)**	**(ANSWER MAY BE MORE THAN ONE)**
	A. Money, loan, tuition, health care costs (including treatment).....	A. ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp.
	D. Value of food stuff or other goods.....	D. ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp.
	G. Doing household chores, or providing child care or assisting during physical recovery	G. ⌊_⌋⌊_⌋ 03. Days 05. Months
	H. Helping family business.....	H. ⌊_⌋⌊_⌋ 03. Days 05. Months
	V. Other.....	V. ..... ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋⌊_⌋ Rp.

SECTION BA (NON-CORESIDENT SIBLINGS)

BA58x. INTERVIEWER CHECK (select one)	
PANEL RESPONDENT (AR01g=1) 1 ↓ BA58a	NEW 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 INDICATED ..... 3➔BA00b (PREPRINTED CHILD ROSTER)
	PREPRINTED CHILD ROSTER DOES NOT EXIST ..... 1➔BA58b

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

CHILD ROSTER

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

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.
	(NAMA)	When […] twelve years old, you and your 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 do/did you meet with […] during the past year now/before his/her death?	How often do/did you have contact with […] by telephone during the past year now/before his/her death?	How often do/did you have contact with […] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	⌊_⌊_⌋	_____ _____	1 ➔ 3 ➔ 5 ➔ 8 ➔	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	⌊_⌊_⌋	_____ _____	1 ➔ 3 ➔ 5 ➔ 8 ➔	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	⌊_⌊_⌋	_____ _____	1 ➔ 3 ➔ 5 ➔ 8 ➔	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	⌊_⌊_⌋	_____ _____	1 ➔ 3 ➔ 5 ➔ 8 ➔	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 ➔BA83a 01 95	⌊_⌊_⌋	_____ _____	1 ➔ 3 ➔ 5 ➔ 8 ➔	5➔BA87a 1 2 3 4	5➔BA87a 1 2 3 4	1 2 3 4 5

CODES FOR BA79:
1. With Father and mother
2. With Father only
3. With Mother only
4. Not with father and mother

CODES FOR BA80:
01. Working/trying to get work/helping to earn income
02. Job searching
03. Attending school
04. Housekeeping
05. Retired
06. Stay at home
07. Sick/Disabled
98. DON'T KNOW
95. Other

CODES FOR BA81:
01. Self-employed
02. Self-employed assisted other family members/temporary employees
03. Self-employed with permanent employees
04. Government worker/employee
05. Private worker/employee
06. Unpaid family worker
07. Casual worker in agriculture
08. Casual worker in non-agriculture
98. DON'T KNOW

CODES FOR BA83a:
1. Still Alive
3. Has died in the last 12 months
5. Has died more than 12 months ago
8. DON'T KNOW

CODES FOR BA84, BA84a, A84b:
1. Never
2. At least once a year
3. At least once a month
4. At least once a week
5. Everyday

SECTION BA (NON-CORESIDENT CHILDREN)

(Note: Interviewers asked questions BA64-BA90 sequentially for one child before moving down a row to the next child listed in BA63b).

BA63a.	BA63b.	BA87a.	BA88.	BA89a.	BA90.
	(NAME)	In the past 12 months, did you **provide** assistance to [...] in the form of money, goods, or services?	What type of assistance did you provide to […] and what is the value? **(CIRCLE AND FILL ALL THAT APPLY)**	In the past 12 months, did you **receive** assistance from [...] in the form of money, goods, or services?	What type of assistance did you receive to […] and what is the value? **(CIRCLE AND FILL ALL THAT APPLY)**
		7 ➔**BA89a** 3 ➔**BA89a** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.	7 ➔**BA63b ROW 2 / SECTION TF** 3 ➔**BA63b ROW 2 / SECTION TF** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.
		7 ➔**BA89a** 3 ➔**BA89a** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.	7 ➔**BA63b ROW 3 / SECTION TF** 3 ➔**BA63b ROW 3 / SECTION TF** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.
		7 ➔**BA89a** 3 ➔**BA89a** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.	7 ➔**BA63b ROW 4 / SECTION TF** 3 ➔**BA63b ROW 4 / SECTION TF** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.
		7 ➔**BA89a** 3 ➔**BA89a** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.	7 ➔**BA63b ROW 5 / SECTION TF** 3 ➔**BA63b ROW 5 / SECTION TF** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.
		7 ➔**BA89a** 3 ➔**BA89a** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.	7 ➔**BA63b SUPPLEMENT / SECTION TF** 3 ➔**BA63b SUPPLEMENT / SECTION TF** 1	A. ___ . ___ . ___ Rp. D. ___ . ___ . ___ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. ..... ___ . ___ . ___ Rp.

CODE BA87a AND BA89a:
1. Yes
3. No
7. UNWILLING TO ANSWER

CODE BA88 AND BA90:
A. Money (loans, tuition, health care cost)
D. Food stuff or other goods
G. Chores, child care
H. Help with family business
V. Other

SECTION BA (NON-CORESIDENT CHILDREN)

AR00. NO. OF HHM	BA63a.	BA63b. NAME	BA63c. Is […] your biological child?	BA64. Sex	BA64a. Age in 2000?	BA64b. Birth Date Month/Year	BA64c. Did […] live in this household?	BA65. Is […] alive?	BA65a. Death Date Month/Year	BA66. Current Age/Age when died Yrs	BA66a. Age ≥ 15?	BA67. Marital Status	BA68. Highest education level attended by […]?	BA69. Highest grade completed by […]?	BA70. Where does […] live now/before died?
└┴┘	01		1 2 3 7 ↓ 8 ↓ 6 └┴┘ ↓	5. └┘		5. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW		1→BA66 8→BA66 3	1. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW	1. └┴┘ years 8. DK	3 1 ↓	└┘	└┴┘	└┴┘	00→BA63b ROW 2 └┴┴┘ .....
└┴┘	02		1 2 3 7 ↓ 8 ↓ 6 └┴┘ ↓	5. └┘		5. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW		1→BA66 8→BA66 3	1. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW	1. └┴┘ years 8. DK	3 1 ↓	└┘	└┴┘	└┴┘	00→BA63b ROW 2 └┴┴┘ .....
└┴┘	03		1 2 3 7 ↓ 8 ↓ 6 └┴┘ ↓	5. └┘		5. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW		1→BA66 8→BA66 3	1. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW	1. └┴┘ years 8. DK	3 1 ↓	└┘	└┴┘	└┴┘	00→BA63b ROW 2 └┴┴┘ .....
└┴┘	04		1 2 3 7 ↓ 8 ↓ 6 └┴┘ ↓	5. └┘		5. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW		1→BA66 8→BA66 3	1. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW	1. └┴┘ years 8. DK	3 1 ↓	└┘	└┴┘	└┴┘	00→BA63b ROW 2 └┴┴┘ .....
└┴┘	05		1 2 3 7 ↓ 8 ↓ 6 └┴┘ ↓	5. └┘		5. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW		1→BA66 8→BA66 3	1. └┴┘ / └┴┴┴┘ Month / Year 8. DON'T KNOW	1. └┴┘ years 8. DK	3 1 ↓	└┘	└┴┘	└┴┘	00→BA63b SUPPLEMENT └┴┴┘ .....

CODE AR00:
96. Not Registered at the Roster

CODE BA64:
1. Male
3. Female

CODE BA63c:
1. Biological
2. Step child
3. Adopted
6. Duplicates
7. Not a child of Resp
8. DK

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

CODE BA66a:
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	018.	Lampung	060.	Kalimantan	081.	Maluku	121.	Yaman
001.	In the same village	019.	Bangka Belitung	061.	West Kalimantan	082.	North Maluku	122.	Saudi Arabia
002.	In the same subdistrict	020.	Riau Islands	062.	Central Kalimantan	090.	Irian	123.	Kuwait
003.	In the same district	030.	Java	063.	South Kalimantan	091.	West Irian Jaya	124.	United Arab Emirates
004.	In the same province	031.	DKI Jakarta	064.	East Kalimantan	094.	Papua	131.	Argentina
010.	Sumatera	032.	West Java	070.	Sulawesi	101.	Malaysia	132.	USA
011.	Nanggroe Aceh Darussalam	033.	Central Java	071.	North Sulawesi	102.	Singapore	141.	Australia
012.	North Sumatra	034.	D.I. Yogyakarta	072.	Central Sulawesi	103.	Brunei Darussalam	151.	Holland
013.	West Sumatra	035.	East Java	073.	South Sulawesi	104.	Hongkong	152.	England
014.	Riau	036.	Banten	074.	Southeast Sulawesi	105.	Japan	998.	DON'T KNOW
015.	Jambi	051.	Bali	075.	Gorontalo	106.	South Korea	995.	Other.....
016.	South Sumatra	052.	West Nusa Tenggara	076.	West Sulawesi	107.	Taiwan		
017.	Bengkulu	053.	East Nusa Tenggara			108.	Timor Leste		

SECTION TF (OTHER TRANSFERS)

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

TF01a.	**INTERVIEWER CHECK:** **RESPONDENT STATUS = MARRIED (COV4=2)?**	**NO** ..... **3➔TF02a COLUMN A1** **YES**..... **1**
TF01.	Do you live with your spouse?	Yes..... 1**➔TF02a COLUMN A1** No ..... 3**➔TF03a COLUMN A**

TFTYPE		**A** **Respondent's spouse not in the household**	**A1** **Non-biological parents not in the household**	**B** **Family members other than your parents, siblings or children**	**C** **Friends or neighbors**
TF02a.	Do you have non-biological parents who live outside the household who are still alive or died within the last 12 months?		No ..... 3 **➔TF03 COLUMN B** Yes..... 1		
TF03a.	How often have you seen […]in 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	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		
TF03b.	How often were you in telephone contact with […] in 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	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		
TF03c.	How often were you in contact through email, text messages, or chatting with […]in 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 **➔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 **➔TF03 COLUMN A1**		

SECTION TF (OTHER TRANSFERS)

TFTYPE	A Respondent's spouse not in the household	A1 Non-biological parents not in the household	B Family members other than your parents, siblings or children	C Friends or neighbors
TF03. In the past 12 months, did you or your spouse **provide** assistance to [...] in the form of money, goods, or services?	Tidak.....3 ➔**TF05 COLUMN A** Ya.....1	Tidak .....3 ➔**TF05 COLUMN A1** Ya.....1	Tidak..... 3 ➔**TF05 COLUMN B** Ya 1	
TF04. In the past 12 months, what type of assistance did you or your spouse provide to […] and what is the value?	**(CIRCLE ALL THAT APLLY)**	**(CIRCLE ALL THAT APLLY)**	**(CIRCLE ALL THAT APLLY)**	
A. Money or loans.....	A. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	A. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	A. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	
B. Tuition	B. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	B. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	B. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	
C. Health care costs	C. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	C. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	C. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	
D. Food stuffs or other goods	D. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	D. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	D. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	
G. Chores, child care, care for sick family	G. ⌊_⌋⌊_⌋ 03. Days 05. Months	G. ⌊_⌋⌊_⌋ 03. Days 05. Months	G. ⌊_⌋⌊_⌋ 03. Days 05. Months	
H. Help family business	H. ⌊_⌋⌊_⌋ 03. Days 05.Months	H. ⌊_⌋⌊_⌋ 03. Days 05.Months	H. ⌊_⌋⌊_⌋ 03. Days 05.Months	
V. Other	V. ..... ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	V. ..... ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	V. ..... ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	
TF05. In the past 12 months, did you or your spouse **receive** assistance from [...] in the form of money, goods, or services?	No.....3 ➔**TF02a COLUMN A1** Yes 1	No .....3 ➔**TF03 COLUMN B** Yes.....1	No..... 3 ➔**TF05 COLUMN C** Yes 1	No .....3 ➔**SECTION EP** Yes.....1
TF06. In the past 12 months, what type of assistance did you or your spouse receive from […] and what is the value?	**(CIRCLE ALL THAT APLLY)**	**(CIRCLE ALL THAT APLLY)**	**(CIRCLE ALL THAT APLLY)**	**(CIRCLE ALL THAT APLLY)**
A. Money or loans.....	A. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	A. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	A. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	A. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.
B. Tuition	B. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	B. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	B. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	B. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.
C. Health care costs	C. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	C. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	C. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	C. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.
D. Food stuffs or other goods	D. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	D. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	D. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.	D. ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp.
G. Chores, child care, care for sick family	G. ⌊_⌋⌊_⌋ 03. Days 05. Months	G. ⌊_⌋⌊_⌋ 03. Days 05. Months	G. ⌊_⌋⌊_⌋ 03. Days 05. Months	G. ⌊_⌋⌊_⌋ 03. Days 05. Months
H. Help family business	H. ⌊_⌋⌊_⌋ 03. Days 05.Months	H. ⌊_⌋⌊_⌋ 03. Days 05.Months	H. ⌊_⌋⌊_⌋ 03. Days 05.Months	H. ⌊_⌋⌊_⌋ 03. Days 05.Months
V. Other	V. ..... ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp. ➔**TF02a COLUMN A1**	V. ..... ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp. ➔**TF03 COLUMN B**	V. ..... ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp. ➔**TF05 COLUMN C**	V. ..... ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ . ⌊_⌋⌊_⌋ Rp. ➔**SEKSI EP**

SECTION EP (EXPECTATION)

EP01.	**INTERVIEWER CHECK COV3 DAN COV5:**	**RESPONDENT IS BOOK IV RESPONDENT ..... 3 ➔SEKSI CP** **RESPONDENT IS NOT BOOK IV RESPONDENT 1**
EP02.	**PEWAWANCARA PERIKSA:** **APAKAH RESPONDEN MEMILIKI PREPRINTED ROSTER EP?**	**YES ..... 1 ➔PREPRINTED ROSTER EP** **NO..... 3**
EP03.	Do you have biological or non-biological children age 7-24 who live in the household or outside the household?	No ..... 3 ➔**CP** Yes 1
EP04.	How many children?	└┴┘ ➔ **NEW EP ROSTER**

SECTION EP (EXPECTATION)

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

INTERVIEWER CHECK: FILL WITH THE NAME OF ALL CHILDREN AGE 7-24 WHO LIVES IN THIS HOUSEHOLD (AR00) AND THE NAME OF ALL CHILDREN WHO DOESN'T LIVE IN THIS HOUSEHOLD (SECTION BA AND BA). ALSO FILL THE NAME OF ALL CHILDREN AGE 7-24 THAT MAYBE NOT (YET) LISTED IN SECTION AR AND BA.

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

CODE EP06 AND EP07:
96. Not Registered

CODE EP10:
1. Male
3. Female

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

CODE EP12:
1. Yes
3. No
8. DK

CODE EP16:
01. No school/Not yet in school
02. Elementary
03. Junior High - General
04. Junior High - Vocational
05. Senior High - General
06. Senior High – Vocational
60. College (D1, D2, D3)
61. University (Bachelor)
62. University (Master)
63. University (PhD)
11. Adult Education A
12. Adult Education B
13. Open University
14. Islamic School (Pesantren)
15. Adult Education C
17. School for disabled
72. Islamic ES (Madrasah Ibtidaiyah)
73. Islamic JHS (Madrasah Tsanawiyah)
74. Islamic SHS (Madrasah Aliyah)
90. Kindergarten
98. DON'T KNOW
95. Other

CODE EP17:
00. Did not completer 1st grade at this level
01. 1
02. 2
03. 3
04. 4
05. 5
06. 6
07. Graduated
96. No school
98. DON'T KNOW

CODE EP18 AND EP19:
1. Much better
2. Better
3. Same
4. Worst
5. Much worst
6. NOT APPLICABLE

SECTION CP (INTERVIEWER NOTES)

EVALUATION FORM FOR BOOK IIIB

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: