CONFIDENTIAL

INTERVIEWER : _____ |_|_|_|

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

INDONESIA FAMILY LIFE SURVEY 2014

BOOK V

SECTIONS: DLA, MAA, PSA, RJA, FMA, RNA, BAA, CP

Respondent is a child less than 15 years old

COV00aa.	CAPI CHECK : HAS THE RESPONDENT BEEN READ THE INFORMED CONSENT EARLIER AND AGREED TO BE INTERVIEWED (COV00x=1 IN BOOK K OR 1 , 2, OR 3A)	1. Yes ➔ **RESVIS** 3. No

COV00x. Informed Consent (to be read to each individual the first time the individual is interviewed): IF PARENT/GUARDIAN IS THE ONE ANSWERING BOOK5, THIS INFORMED CONSENT IS TO BE READ TO AND AGREED BY THE PARENT/GUARDIAN

Good morning/afternoon/evening,

My name is _____ and my colleague here is _____. We are both from SurveyMeter, an independent research organization based in Yogyakarta. We are currently conducting the fieldwork for Sakerti 5, a survey project conducted with collaboration with RAND Corporation. We will start by reading the informed consent form and ask whether you would be willing to participate in the survey. You can ask about anything that is not clear at any time. Please do discuss with your family members before deciding to participate in the survey.

The IFLS is a longitudinal survey that was first fielded in 1993, and again in 1997, 2000, and 2007. You may remember that we visited your households to interview you or your household members in 2007 or in an earlier round. Your household was interviewed since it was one of the households or part of the households that were randomly chosen to participate since the beginning of the survey in 1993. This year, we will visit the same households again to conduct the interview and to see whether there have been some changes since the last time we visited you.

If you choose to participate in the study, our interviewer will first ask you about your basic demographics, family information, health status, health care and insurance, work, retirement and pensions, household and individual income, expenditure, and assets, etc. Then the interviewer will give you a physical examination to better understand your true health conditions. The measurements include height, weight, waist circumference, blood pressure, peak meter flow lung capacity, grip strength, balance, timed walk, and timed sit to stand. We will also do a finger prick to measure your blood hemoglobin level [and to collect blood spot on a filter paper which we will store and use in the lab for analysis of C-reactive Protein that can be used to measure inflammation and the risk to cardiovascular diseases and HbA1c that can be used to measure risk of diabetes].

This survey will take some time to complete, but we will be doing it at your convenience. If you need to take a break or run some errands, please let us know so we can stop the interview and continue later in the day or the next day.

Generally, the study will pose no health risk. The blood drawing procedure will not transmit diseases to you, because the syringe and needle are new and disinfected. The small amount of blood drawn has no harm to your health. There maybe discomfort or very mild pain, we will help you deal with it.

If you agree to participate in the survey, the physical examination and test results related to your health will be feed back to you directly. And the information you provided can be used to help make health, retirement and social security policies suitable for Indonesia, which will benefit you and other people just like you.

The interview is completely voluntary and all survey information will be kept confidential. With your consent, we also will take picture of you and the front of your house solely for the purpose of confirming your identity and your address in the follow up survey. The photos and all your personal records including, questionnaires, and physical examination and test results are confidential; we will not tell others, include your family, friends, local hospitals, etc. Your personal information, including name, address, phone number, and other information which can be used to identify you will not be disclosed. You are identified by a number in the questionnaires and test records, which will be stored safely in IFLS5 project office. You may withdraw from the study any time, which will not impact any of your benefits. The researcher will keep your information confidentially until it is destroyed, and your information will not be used or disclosed during this period.

If you agree to participate in this study, all the interviews, physical examination, tests and counseling are provided to you for free. You do not need to pay anything.

If you agree to participate in this study, you will get Rp _____ as a token gift of appreciation for the time you spend with us.

If you have any questions about this study, you may contact Bondan Sikoki at SurveyMETER at email address: sm@surveymeter.org atau telpon 62-274-4477464 dan fax: 62-274-4477004

Interviewer's Statement

"*I have informed the respondent about the background, goals, procedure, risks and benefits of the survey, given him/her enough time to read the informed consent and discuss with others, and answered all questions related to the survey; I have informed the respondent that he/she can contact the SurveyMETER, when having problems about the surveand provided the accurate contact information. I have informed the respondent that he/she can withdraw from the survey anytime. I have informed the potential respondent that he/she can get a copy of this informed consent with signatures of mine*."

□ Signed by interviewer. Interviewer name: _____ day/month/year

Respondent's statement:

"*I have been read the informed consent and I agree to participate in*": □ **questionnaire survey**

RESVIS.	RESPONDENT INTERVIEWED?	3. No ➔ C1 1. Yes

REFER TO BOOK K

PID

NAME OF CHILD: _____ ⌊__⌋⌊__⌋

TO BE FILLED OUT BY INTERVIEWER FOR BOOK V

PIDPROX

COV7. NAME OF PERSON WHO ANSWERS: _____ ⌊__⌋⌊__⌋

RELATPROX:

RELATION TO CHILD:

01. MOTHER	**02. FATHER**	**03. SIBLING**
04. AUNT/UNCLE	**05. GRANDPARENT**	**06. CHILD HIM/HERSELF**
95. OTHER		

TO BE FILLED OUT BY INTERVIEWER FOR BOOK V

AGE. How old is [NAME OF CHILD]? ..... ⌊__⌋⌊__⌋ years

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

DOB. Date of birth ⌊__⌋⌊__⌋ / ⌊__⌋⌊__⌋ / ⌊__⌋⌊__⌋⌊__⌋⌊__⌋
DAY MONTH YEAR

BIRTH_CERT. Does [NAME OF CHILD] have a birth certificate? Yes (can show it if asked).... 1
No 3

BIRTH_CERT REASON Main reason not have a birth certificate : ⌊__⌋

1	Expensive	6	Complicated process
2	Didn't know how to get one	7	Cannot show if asked /misplaced birth certificae
3	Not important		
4	Too far		
5.	Didn't know it was required		

COV11. Now with your consent we would like to take a picture of you. The sole purpose o the picture is to help us in confirming your identity in the follow up survey. The photo will not be disclosed to anyone.

☐ **Agreed to have picture taken**

SECTION DLA (CHILD'S EDUCATION)

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

DLA01.	Has [CHILD'S NAME] ever been to school?	Yes. .....1➔**DLA03b** No 3
DLA02.	Why has [CHILD'S NAME] never been to school? **CIRCLE ALL THAT APPLY**	NOT OLD ENOUGH .....A➔**DLA04a** TO HELP PARENTS EARN MONEY .....B COULD NOT AFFORD .....C NO SCHOOL/ TOO FAR .....D NOT ABLE TO STUDY .....E NOT ACCEPTED IN SCHOOL .....F BECAUSE SICK OR DISABLED .....G SCHOOL HAD NO TEACHER .....H SCHOOL CLOSED .....I DOESN'T WANT TO GO .....K HELP AT HOME .....L OTHER _____ V
DLA03b.	Do you have cell phone?	No. .....3 ➔**DLA3d** Yes 1
DLA03c.	What do you usually use the cell phone for?	A. Private conversation B. Bussiness Conversation C. Text Message D. Email E. Social Media (chatting,facebook,Twitter) F. Mobile Banking G. Transfer phone minutes H. Entertainment/Multimedia (games, ringtones, TV, Radio, MP3)
DLA03d.	Do you have internet access?	No. .....3 ➔**DLA03x** Yes 1
DLA03e.	Where do you get internet access?	A. Computer at home B. Computer at school C. Computer at place of work D. Computer at Internet Cafe E. Handphone V. Others _____
DLA03x.	**CAPI CHECK** **DLA01 = 1**	**NO .....3➔DLA04a** **YES 1**

DLA08.	What is the highest education level attended? **[NOTE TO INTERVIEWER: IF CURRENTLY IN SCHOOL, RECORD LEVEL ATTENDING CURRENTLY]**	02. Elementary School 03. Junior High-General 04. Junior High-Vocational 05. High School-General 06. High School-Vocational 11. Adult Education A 12. Adult Education B 14. Islamic School *(Pesantren)* 15. Adult Education C 17. School for the disabled. 72. Islamic Elementary School *(Madrasah Ibtidaiyah)* 73. Islamic Junior/High School *(Madrasah Tsanawiyah)* 74. Madrasah Senior High School 98. DON'T KNOW 95. Other _____
DLA09.	What class has [CHILD'S NAME] completed? **NOTE : IF DLA07=1 , THEN DLA09 MUS NOT "00"OR"07"**	Did not finish 1st class at that level..... 00 1..... 01 2..... 02 3..... 03 4..... 04 5..... 05 6..... 06 Graduated..... 07 DON'T KNOW..... 98
DLA04.	At what age did [CHILD'S NAME] first enter elementary school ?	└┴┘ Years..... 1 DON'T KNOW 8
DLA04a.	Did [CHILD'S NAME] ever attend a kindergarten?	No ..... 3➔**DLA04c** Yes..... 1
DLA04b.	At what age did [CHILD'S NAME] first enter kindergarten ?	└┴┘ Years..... 1 DON'T KNOW 8
DLA04c.	Did [CHILD'S NAME] ever attend a playgroup?	No ..... 3➔**DLA04e** Yes..... 1
DLA04d.	At what age did [CHILD'S NAME] first enter playgroup ?	└┴┘ Years..... 1 DON'T KNOW 8

SECTION DLA (CHILD'S EDUCATION)

DLA04e.	Is [CHILD'S NAME] attending school at Kindergarten now?	No ..... 3➔**DLA05x** Yes 1
DLA04f.	What was the total amount of money you spent on Kindergarten this academic year?	Rp └┴┘ . └┴┴┴┘ . └┴┴┴┘ ➔**DLA56x**
DL0A5x.	**CAPI CHECK: DLA08 = 14 (PESANTREN)?**	Yes ..... 3 ➔**DLA56x** No..... 1
DLA07.	Are you currently attending school?	No. ..... 3➔**DLA09c** Yes 1
DLA07a .	How many effective shool hours did you attend your school last week or the last week the school was in session? (**NOT INCLUDING BREAKS**)	└┴┘ hours
DLA09c.	**CAPI CHECK DLA08: WRITE DOWN THE NUMBER OF COLUMNS NEED TO BE COMPLETED ACCORDING TO HIGHEST LEVEL OF SCHOOL ATTENDED**	└┴┘ columns **IF "0" THEN➔DLA56x**

SECTION DLA (CHILD'S EDUCATION)

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

SECTION DLA (CHILD'S EDUCATION)

	SCHOOL LEVEL (DLATYPE)	1. Elementary	2. Junior High	3. Senior High
DLA71g.	At what age did [CHILD;S NAME] leave/graduate from this level of schooling?	___ Years	___ Years	___ Years
DLA75.	While attending [...] school, did [CHILD'S NAME] work?	Yes ..... 1 No 3	Yes ..... 1 No 3	Yes ..... 1 No 3
DLA73.	Has [CHILD'S NAME]ever failed a grade at [...] school ?	No ..... 3 ➔**DLA74a** Yes 1	No ..... 3 ➔**DLA74a** Yes 1	No ..... 3 ➔**DLA74a** Yes 1
DLA74.	What grades has [CHILD'S NAME] failed and how many times did you repeat that grade? **CIRCLE ALL THAT APPLY**	Grade / Number of repeats A. 1 ___ Times B. 2 ___ Times C. 3 ___ Times D. 4 ___ Times E. 5 ___ Times F. 6 ___ Times	Grade / Number of repeats A. 1 ___ Times B. 2 ___ Times C. 3 ___ Times	Grade / Number of repeats A. 1 ___ Times B. 2 ___ Times C. 3 ___ Times
DLA74a.	Has [CHILD'S NAME] ever left […] and reentered?	No ..... 3 ➔**DLA76a** Yes 1	No ..... 3 ➔**DLA76a** Yes 1	No ..... 3 ➔**DLA76a** Yes 1
DLA74b.	How many time did [CHILD'S NAME] ever leave school and reenter?	Grade / Number of repeats A. 1 ___ Times B. 2 ___ Times C. 3 ___ Times D. 4 ___ Times E. 5 ___ Times F. 6 ___ Times	Grade / Number of repeats A. 1 ___ Times B. 2 ___ Times C. 3 ___ Times	Grade / Number of repeats A. 1 ___ Times B. 2 ___ Times C. 3 ___ Times
DLA74c.	How many and when [CHILD;S NAME] leaves school temporary? **INTERVIEWER NOTE :** **IF MORE THAN 3 LEAVES, RECORD THE THREE LONGEST**	A. ___ / ___ until ___ / ___ Month Year Month Year B. ___ / ___ until ___ / ___ Month Year Month Year C. ___ / ___ until ___ / ___ Month Year Month Year	A. ___ / ___ until ___ / ___ Month Year Month Year B. ___ / ___ until ___ / ___ Month Year Month Year C. ___ / ___ until ___ / ___ Month Year Month Year	A. ___ / ___ until ___ / ___ Month Year Month Year B. ___ / ___ until ___ / ___ Month Year Month Year C. ___ / ___ until ___ / ___ Month Year Month Year

SECTION DLA (CHILD'S EDUCATION)

	SCHOOL LEVEL (DLATYPE)	1. Elementary	2. Junior High	3. Senior High
DLA74d.	What the reason [CHILD'S NAME] stop/leave this level of schooling?	To help parents earn money ..... B Could not afford..... C No school/ too far ..... D Not able to study ..... E Not accepted in school ..... F Because sick or disabled ..... G School had no teacher ..... H School closed/ruined ..... I Doesn't want to go ..... K Help at home..... L Other _____ V	To help parents earn money .....B Could not afford .....C No school/ too far.....D Not able to study.....E Not accepted in school.....F Because sick or disabled .....G School had no teacher .....H School closed/ruined.....I Doesn't want to go .....K Help at home.....L Other_____ V	To help parents earn money..... B Could not afford ..... C No school/ too far ..... D Not able to study..... E Not accepted in school ..... F Because sick or disabled..... G School had no teacher..... H School closed/ruined ..... I Doesn't want to go..... K Help at home ..... L Other _____ V
DLA76a.	Has [CHILD'S NAME] ever taken the EBTANAS/UAN exam at [...] level?	No ..... 3 ➔ **DLA76f** Yes 1	No .....3 ➔ **DLA76f** Yes 1	No..... 3 ➔ **DLA76f** Yes 1
DLA76b.	Can you show us the official record of [CHILD'S NAME]'s EBTANAS/UAN score (DANEM) or National Examination Certificate (SURAT KETERANGAN HASIL UJIAN NASIONAL /SKHUN)? **INTERVIEWER NOTE:** **EBTANAS/UAN SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM OR SKHUN).**	Yes ..... 1 No 3	Yes .....1 No 3	Yes ..... 1 No 3
DLA76c.	What month and year did [CHILD'S NAME] take the EBTANAS/UAN [...]?	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ .....1 Month Year DON'T KNOW.....8	⌊_⌋⌊_⌋ / ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ ..... 1 Month Year DON'T KNOW 8
DLA76c1.	**CAPI CHECK: EBTANAS OR UAN/UN/UAS**	EBTANAS ..... 1 UAN/UN/UAS 2	EBTANAS .....1 UAN/UN/UAS.....2	EBTANAS..... 1 UAN/UN/UAS 2
DLA76c2.	Number of subjects tested in the national exam (EBTANAS/UAN/UN) for the […] school level:	⌊_⌋⌊_⌋	⌊_⌋⌊_⌋	⌊_⌋⌊_⌋
DLA76d.	What was [CHILD'S NAME] 's Ebtanas/UAN score for the following subjects: **(If the respondent shows you official record (*DANEM*) copy from danem, if you cannot see official record (*DANEM*) ask the respondent for their score).**			
	B. Indonesian	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW
	C. English	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW
	D. Math	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW	1. ⌊_⌋⌊_⌋ , ⌊_⌋⌊_⌋ 6. NA 8. DON'T KNOW

SECTION DLA (CHILD'S EDUCATION)

DLA76e.	What is the total EBTANAS/UAN/UN (NEM) score?	1. ⌊_⌊_⌋ , ⌊_⌊_⌋ 8. DON'T KNOW	1. ⌊_⌊_⌋ , ⌊_⌊_⌋ 8. DON'T KNOW	1. ⌊_⌊_⌋ , ⌊_⌊_⌋ 8. DON'T KNOW

DLA76xa.	**CAPI CHECK DLA07 AND DLA08: IS CHILD CURRENTLY ENROLLED IN […]?**	NO..... 3 ➔**DLA76g** YES..... 1	NO .....3 ➔**DLA76g** YES.....1	NO .....3 ➔**DLA76g** YES 1
DLA76f.	What is the name and address of the school? 1. Specify 3. Same as current residence 8. DON'T KNOW (DK)	**Name :** 8. DK 1. _____ **Address:** 8. DK 1. _____ _____ **Loc. Note:** 8. DK 1. _____ _____ **A. Vill:** 1. _____ 3. Same 8. DK **B. Kec:** 1. _____ 3. Same 8. DK **C. Kab:** 1. _____ 3. Same 8. DK **D. Prov:** 1. _____ 3. Same 8. DK **CODE CF** ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋	**Name :** 8. DK 1. _____ **Address:** 8. DK 1. _____ _____ **Loc. Note:** 8. DK 1. _____ _____ **A. Vill:** 1. _____ 3. Same 8. DK **B. Kec:** 1. _____ 3. Same 8. DK **C. Kab:** 1. _____ 3. Same 8. DK **D. Prov:** 1. _____ 3. Same 8. DK **CODE CF** ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋	**Name :** 8. DK 1. _____ **Address:** 8. DK 1. _____ _____ **Loc. Note:** 8. DK 1. _____ _____ **A. Vill:** 1. _____ 3. Same 8. DK **B. Kec:** 1. _____ 3. Same 8. DK **C. Kab:** 1. _____ 3. Same 8. DK **D. Prov:** 1. _____ 3. Same 8. DK **CODE CF** ⌊_⌊_⌊_⌋ ⌊_⌋ ⌊_⌊_⌊_⌋
DL76fa.	What languages are used in teaching at this school [...] ?	A. Indonesia C. Mandarin B. English D. Local language	A. Indonesia C. Mandarin B. English D. Local language	A. Indonesia C. Mandarin B. English D. Local language
DLA76g.	How many hours on average did [CHILD'S NAME] attend school each day now/in his/her last year at school?	⌊_⌊_⌋ Hours/Day	⌊_⌊_⌋ Hours/Day	⌊_⌊_⌋ Hours/Day
DLA76i.	Approximately how many students are/were in [CHILD'S NAME]'s class now/in last year of school attended at this level?	⌊_⌊_⌋ Person(s) ..... 1 DON'T KNOW 8	⌊_⌊_⌋ Person(s) .....1 DON'T KNOW 8	⌊_⌊_⌋ Person(s) ..... 1 DON'T KNOW 8
DLA76j.	Approximately how much time does it take to make a one-way trip to the school, now/in [CHILD'S NAME]'s last year of school at this level.	1. ⌊_⌊_⌊_⌋ 1. Hour 2. Minute 8. DON'T KNOW ➔**DLA70 COLUMN 2/ DLA90**	1. ⌊_⌊_⌊_⌋ 1. Hour 2. Minute 8. DON'T KNOW ➔**DLA70 COLUMN 3/ DLA90**	1. ⌊_⌊_⌊_⌋ 1. Hour 2. Minute 8. DON'T KNOW ➔**DLA90**

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

SECTION DLA (CHILD'S EDUCATION)

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

DLA90.	Did [CHILD'S NAME] attend school in the previous school year (2013/2014) ?	No ..... 3➔**DLA91c** Yes..... 1

DLA91a.	What were [CHILD'S NAME] 's (approximate) school-related expenses during the 2013/2014 school year? Did you spend money for:			**DLA91b.** Please give your best estimate of the amount you spent.
T	Total			⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
		3. No	**1. Yes**	
A.	School Fees			
	1. Registration.....	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
	2. Other scheduled fees (BP3, School Committee, etc).....	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp. **DLA91bx. How much should you spend for other schedule fees [...]?** ⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
	3. Exams.....	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
B.	School supplies			
	1. Books and writing supplies	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
	2. Uniform and sports	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
C.	Transportation and Pocket Money			
	1. Transportation	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
	2. Housing costs, food	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
	3. Special courses	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
D.	Other:	3 ↓	1 ➔	⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp.
DLA100.	Did [CHILD'S NAME] receive any books from the school during the2013/2014 school year?			Yes, for himself/herself ..... A Yes, to share..... B No C
DLA101.	Did the school reduce [CHILD'S NAME]School Committee fees or other fees during the 2013/2014 school year (**i.e.FEES LISTED IN ITEM A IN DLA91a**)?			Yes..... 1 No 3
DLA102.	Did [CHILD'S NAME] receive assistance for school costs from School Committee, GNOTA, government, community groups, religious groups, or family (outside HH), or other?			No ..... 3➔ **DLA91c** Yes..... 1

DLA103. From what source was this assistance, and what was the total value? **(CIRCLE ALL THAT APPLY)**	**JAWABAN BOLEH LEBIH DARI SATU**
T. TOTAL	___ . ___ . ___ Rp.
A. GNOTA	___ . ___ . ___ Rp.
C. Government (beside BOS/BKM)	
C1. *Bantuan Siswa Miskin* (BSM)	C1. ___ , ___ , ___ Rp.
C2. *Bidik Misi*	C2. ___ , ___ , ___ Rp.
C3. Other non-BOS government assistance	C3. ___ , ___ , ___ Rp.
D. Community Group	___ . ___ . ___ Rp.
E. Religious Group	___ . ___ . ___ Rp.
F. Family	___ . ___ . ___ Rp.
I. School Committee	___ . ___ . ___ Rp.
J. BOS/BKM fund	___ . ___ . ___ Rp.
K. Foreign Government/Foundation/Private	___ . ___ . ___ Rp.
L. Domestic Non-Government Institution/Organization	___ . ___ . ___ Rp.
L1. Assistance for poor students	___ . ___ . ___ Rp.

DLA91c.	**CAPI CHECK DLA07:**	**RESPONDENT NOT IN SCHOOL (DLA07 = 3)**.....**3➔DLA56X** **RESPONDENT STILL IN SCHOOL (DLA07 = 1)**.....**1**

SECTION DLA (CHILD'S EDUCATION)

	DLA104TYPE			DLA104b. Please give your best estimate of the amount you spent.
DLA104a.	What were [CHILD'S NAME] 's(approximate) school-related expenses during the past month? Did you spend money for:			
	T Total.....			└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	A. School Fees	**3. No**	**1. Yes**	
	1. Registration	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	2. Other scheduled fees (BP3, School Committee, etc)	3 → **DLA91bx**	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp. **DLA91bx. How much should you spend for other schedule fees]?** └┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	3. Exams	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	B. School supplies			
	1. Books and writing supplies	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	2. Uniform and sports	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	C. Transportation and Pocket Money			
	1. Transportation	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	2. Housing costs, food	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	3. Special courses	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.
	V. Other: _____	3 ↓	1 →	└┴┴┘ , └┴┴┴┘ , └┴┴┴┘ Rp.

SECTION DLA (CHILD'S EDUCATION)

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

	DLA2TYPE	**1.Wages**	**2.Family farm business**	**3.Family non-farm business**	**4.Household work**
DLA56a.	Has [CHILD'S NAME] ever worked for […]?	No.....3 ➔**NEXT COLUMN** Yes 1	No ..... 3 ➔**NEXT COLUMN** Yes..... 1	No .....3 ➔**NEXT COLUMN** Yes.....1	No..... 3 ➔**NEXT COLUMN** Yes 1
DLA57a.	Did [CHILD'S NAME] work for […] last month?	No.....3➔**DLA61a** Yes 1	No ..... 3➔**DLA61a** Yes..... 1	No .....3➔**DLA61a** Yes.....1	No..... 3➔**DLA61a** Yes 1
DLA58a.	How many hours did [CHILD'S NAME] work for […] in the last week he/she worked?	⌊_⌊_⌊_⌋ hours.....1 DON'T KNOW 8	⌊_⌊_⌊_⌋ hours ..... 1 DON'T KNOW 8	⌊_⌊_⌊_⌋ hours ..... 1 DON'T KNOW..... 8	⌊_⌊_⌊_⌋ hours..... 1 DON'T KNOW 8
DLA59a.	How many weeks did [CHILD'S NAME] work for […] in last month?	⌊_⌋ . ⌊_⌋ weeks .....1 DON'T KNOW 8	⌊_⌋ . ⌊_⌋ weeks..... 1 DON'T KNOW 8	⌊_⌋ . ⌊_⌋ weeks..... 1 DON'T KNOW..... 8	⌊_⌋ . ⌊_⌋ weeks ..... 1 DON'T KNOW 8
DLA60a.	How much was [CHILD'S NAME]'s earnings last month?	⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ , ⌊_⌊_⌊_⌋ Rp. .....1 DON'T KNOW 8			
DLA61a.	At what age did [CHILD'S NAME] start working for […]?	⌊_⌊_⌋ age.....1 DON'T KNOW 8	⌊_⌊_⌋ age ..... 1 DON'T KNOW..... 8	⌊_⌊_⌋ age ..... 1 DON'T KNOW..... 8	⌊_⌊_⌋ age..... 1 DON'T KNOW 8
DLA62a.	At what age did [CHILD'S NAME] last work for […]?	⌊_⌊_⌋ age.....1 STILL WORKING .....6 DON'T KNOW .....8 ➔**DLA56a NEXT COLUMN**	⌊_⌊_⌋ age ..... 1 STILL WORKING..... 6 DON'T KNOW..... 8 ➔**DLA56a NEXT COLUMN**	⌊_⌊_⌋ age ..... 1 STILL WORKING..... 6 DON'T KNOW..... 8 ➔**DLA56 NEXT COLUMN**	⌊_⌊_⌋ age..... 1 STILL WORKING ..... 6 DON'T KNOW ..... 8 ➔**SECTION MAA**

SECTION MAA (ACUTE MORBIDITY)

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

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

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

		MAA01. Did your child ever experience […] in the last 4 weeks?		
			1. Yes	3. No
KA	Eye Infection		1	3↓
LA	Toothache		1	3↓
MA	Cold sores.....		1	3

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

MAA06.	Did [.....] have any of the diseases or illnesses during his/her childhood (that is, from when he/shewas born up to now)?	A. Infectious disease (e.g. measles, rubella, chicken pox, mumps, tubercolosis, diphtheria, scarlet fever) B. Polio C. Asthma D. Respiratory problems other than asthma E. Allergies (other than asthma) F. Severe diarrhoea G. Epilepsy, fits or seizures H. Emotional, nervous, or psychiatric problem J. Childhood diabetes or high blood sugar K. Heart trouble L. Leukaemia or lymphoma M. Cancer or malignant tumour (excluding minor skin cancers) W. NONE OF THESE V. Other serious diseases/illnesses

SECTION PSA (CHILD SELF TREATMENT)

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

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

SECTION RJA (OUT-PATIENT CARE)

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

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

HHID: |__\|__\|__\| |__\|__\| |__\|__\| |__\|__\| **PID:** |__\|__\|

SECTION RJA (OUT-PATIENT CARE)

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

MEDICAL FACILITY (RJA1TYPE)	RJA01 Within the last 4 weeks, has [CHILD'S NAME] been to [...]/ visited by [...]?	RJA02 How many times did [CHILD'S NAME] [...] / been visited by [...] during the past 4 weeks?	RJA02a How much did you pay out of pocket for [CHILD'S NAME]'s outpatient care at […] during the past 4 weeks?
A. Public hospital (General or Specialty)	3. No🡻 1. Yes ➔	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	3. No🡻 1. Yes ➔	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW
E. Private Hospital	3. No🡻 1. Yes ➔	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW
F. Polyclinic, Private Clinic, Medical Center	3. No🡻 1. Yes ➔	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW
G. Private Physician (General Practitioner, Specialist, Dentist)	3. No🡻 1. Yes ➔	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW
H. Nurse, Paramedic, Midwife practitioner	3. No🡻 1. Yes ➔	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No🡻 1. Yes ➔	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW
V. Other	3. No 1. Yes ➔ 🡻 **RJA05a**	└─┴─┘ Times	1. └─┘ , └─┴─┴─┘ , └─┴─┴─┘ Rp. 8. DON'T KNOW

SECTION RJA (OUT-PATIENT CARE)

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

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

HHID: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **PID:** ☐☐☐

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

RJA21.	What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp..... 1 Did not pay anything..... 3 DON'T KNOW.....8
RJA21a.	Did you use insurance to pay for all or some of this visit?	No..... 3 ➔ **RJA22** Yes 1
RJA21b.	What insurance did you use?	*Askes* ..... 01 *Jamsostek* ..... 02 Employer provided health benefits ..... 03 Private health insurance..... 04 Savings related insurance ..... 05 *SKTM* ..... 06 Jamkesmas ..... 07 Jamkesda ..... 08 JKN ..... 09 Jampersal ..... 10 Other 95
RJA21c.	How much was the total cost you should have paid?	⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp..... 1 DON'T KNOW 8
RJA21d.	Do you expect to get reimbursement from insurance?	3. No ➔**RJA22** 1. Yes
RJA21e.	How much do you expect to be reimbursed?	⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp..... 1 DON'T KNOW 8
RJA22.	Was any payment in kind made?	No..... 3 ➔ **RJA25** Yes 1
RJA23.	What was the approximate value of the goods?	⌊_⌊_⌋,⌊_⌊_⌊_⌋,⌊_⌊_⌊_⌋ Rp..... 1 DON'T KNOW 8
RJA25.	**CAPI CHECK BOOK COVER (COV3): IS [CHILD'S NAME] 0-5 YEARS OLD?**	**NO..... 3 ➔ SECTION FMA** **YES 1**
RJA25a.	Has [CHILD'S NAME] been given Vitamin A in the last 6 months?	Yes ..... 1 No..... 3

RJA26.	Does [CHILD'S NAME] have a KMS card or KIA book? IF YES, MAY I SEE IT, PLEASE?	Does not have card ..... 3 ➔**RJA30** Yes, but can't see..... 2 ➔**RJA30** Yes, can see..... 1
RJA27.	FROM THE KMS CARD, RECORD THE NUMBER OF TIMES VITAMIN A WAS GIVEN	1. ⌊_⌊_⌋ times vitamin A was given as recorded on the KMS/KIA card 3. Tidak tercatat di Kartu KMS/KIA
RJA28a.	1. RECORD THE DATE OF EACH IMMUNIZATION ON THE KMS CARD. 2. WRITE '44' IN 'DAY' COLUMN, IF THE CHILD HAS ALREADY HAD THE IMMUNIZATION, BUT THE DATE ISN'T RECORDED.	DAY / MONTH / YEAR
	b. BCG	b. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	c. Polio 0 (at birth)	c. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	d. Polio 1	d. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	e. Polio 2	e. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	f. Polio 3	f. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	n. Polio 4	n. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	g. DPT 1	g. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	h. DPT 2	h. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	i. DPT 3	i. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	j. Measles	j. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	k. Hepatitis B 1	k. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	l. Hepatitis B 2	l. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	m. Hepatitis B 3	m. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	n. Rotavirus 1	n. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
	o. Rotavirus 2	o. ⌊_⌊_⌋ ⌊_⌊_⌋ ⌊_⌊_⌊_⌊_⌋
RJA29.	Has [CHILD'S NAME] already received BCG, DPT 1-3, POLIO 0-4, and/or Measles and Hepatitis B, but this information isn't recorded on the KMS/KIA card?	Yes ..... 1 No ..... 3 DON'T KNOW..... 8
RJA29a.	**CAPI CHECK:** **PROBE ABOUT VACCINATIONS THAT HAVE BEEN RECEIVED AND WRITE "66" IN THE APPROPRIATE ROWS IN RJA28a➔ACCORDING TO THE LINES MENTIONED** **WRITE "00" IN RJA28a IN THE ROWS FOR WHICH IMMUNIZATION WERE NOT DONE** **WRITE "88" IN RJA28a IN THE ROWS FOR WHICH RESPONDENT DIDN'T KNOW WHETHER IMMUNIZATIONS HAVE BEEN DONE** **➔RJA31**	

RJA30.	Please telll us whether [CHILD'S NAME] has already received the immunizations listed below:	
	A. **A BCG** vaccination against turberculosis, that is, an injection in the upper arm that left a scar.	Yes ..... 1 No ..... 3 DON'T KNOW 8
	B. **Polio Vaccine**, that is, pink or white drops in the mouth? **IF 'YES':** How many times?	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 └─┴─┘ Times
	C. **DPT Vaccination**, that is, an injection, usually given at the same time as polio drops **IF 'YES':** How many times?	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 └─┴─┘ Times
	D. An injection against **Measles.**	Yes ..... 1 No ..... 3 DON'T KNOW 8
	E. **Anti Hepatitis B** Injection **IF 'YES':** How many times?	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 └─┴─┘ Times
	F. Vitamin A **IF 'YES':** How many times?	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 └─┴─┘ Times
	G. Rotavirus 1	Yes ..... 1 No ..... 3 DON'T KNOW 8
	H. Rotavirus 2	Yes ..... 1 No ..... 3 DON'T KNOW 8
RJA31.	In the last 4 weeks has [CHILD'S NAME] participated in the activities of the Child Development Program?	Yes ..... 1 No 3
RJA32.	How many times was child weighed in the last 6 months?	└─┴─┘ Times..... 1 DON'T KNOW 8

SECTION FM (FOOD FREQUENCY)

FMA01.	Does [CHILD'S NAME] eat?	Breastfeeding .....96 ➔**SECTION RNA** 3 or more times a day.....01 2 times a day.....02 1 time a day.....03 5-6 times a week .....04 3-4 times a week .....05 2 or less times a week.....06 DON'T KNOW 98
FMA01a.	Does [CHILD'S NAME] brush their teeth? **(CIRCLE ALL THAT APPLY)**	In the morning .....A At night .....B In the afternoon .....C After meals .....D Never.....E DON'T KNOW .....Y

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

TYPE OF FOOD FMTYPE (FMTYPE)	FMA02		FMA03
	In the last week, did [CHILD'S NAME] eat any [….]?		How many days did [CHILD'S NAME] eat […] in the last week?
A. Sweet potatoes	3. No ⬇	1. Yes	1 2 3 4 5 6 7
B. Eggs	3. No ⬇	1. Yes	1 2 3 4 5 6 7
C. Fish	3. No ⬇	1. Yes	1 2 3 4 5 6 7
D. Meat (beef, chicken, pork, etc.)	3. No ⬇	1. Yes	1 2 3 4 5 6 7
E. Dairy	3. No ⬇	1. Yes	1 2 3 4 5 6 7
F. Green leafy vegetables	3. No ⬇	1. Yes	1 2 3 4 5 6 7
G. Banana	3. No ⬇	1. Yes	1 2 3 4 5 6 7
H. Papaya	3. No ⬇	1. Yes	1 2 3 4 5 6 7
I. Carrot	3. No ⬇	1. Yes	1 2 3 4 5 6 7
J. Mango	3. No ⬇	1. Yes	1 2 3 4 5 6 7
K. Instant Noodle	3. No ⬇	1. Yes	1 2 3 4 5 6 7
L. Fast food (eg. KFC	3. No ⬇	1. Yes	1 2 3 4 5 6 7
M. Carbonated beverages (*Coca cola, sprite , etc*)	3. No ⬇	1. Yes	1 2 3 4 5 6 7
N. Chili sauces/Sambal	3. No ⬇	1. Yes	1 2 3 4 5 6 7
O. Fried snacks (fried *tempe, tahu, bakwan*, etc)	3. No ⬇	1. Yes	1 2 3 4 5 6 7
P. Rice	3. No ⬇	1. Yes	1 2 3 4 5 6 7
Q. Sweet snacks (wajik, geplak, donat, wafer, coolate, dll)	3. No ⬇	1. Yes	1 2 3 4 5 6 7

SECTION RNA (INPATIENT CARE)

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

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

HOSPITALIZATION FACILITY (RNA1TYPE)	**RNA01** During the past 12 months, has [CHILD'S NAME] ever received inpatient care at [...]?	**RNA02** How many times has [CHILD'S NAME] received inpatient care at [...] during the past 12 months?	**RNA02a** How much did you pay out of pocket for inpatient care at […] during the past 12 months?
A. Public Hospital (General or Specialty)	3. No ➔ 1. Yes ➔	└┴┴┘ Times	1. └┴┘, └┴┴┴┘, └┴┴┴┘ Rp. 8. DON'T KNOW
B. Public Health Center (puskesmas)	3. No ➔ 1. Yes ➔	└┴┴┘ Times	1. └┴┘, └┴┴┴┘, └┴┴┴┘ Rp. 8. DON'T KNOW
C. Private Hospital	3. No ➔ 1. Yes ➔	└┴┴┘ Times	1. └┴┘, └┴┴┴┘, └┴┴┴┘ Rp. 8. DON'T KNOW
D. Private Clinic	3. No ➔ 1. Yes ➔	└┴┴┘ Times	1. └┴┘, └┴┴┴┘, └┴┴┴┘ Rp. 8. DON'T KNOW
F. Midwife Clinic	3. No ➔ 1. Yes ➔	└┴┴┘ Times	1. └┴┘, └┴┴┴┘, └┴┴┴┘ Rp. 8. DON'T KNOW
V. Other	3. No ➔ **RNA05a** 1. Yes ➔	└┴┴┘ Times	1. └┴┘, └┴┴┴┘, └┴┴┴┘ Rp. 8. DON'T KNOW

SECTION RNA (INPATIENT CARE)

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

RNA05a.	What was the type of the last hospitalization facility	☐ _____
RNA06.	What is the name and location of facility? 1. Specify 3. Same as current residence 8. Don't Know	**Name:** 1. _____ 8. DK _____ **Address:** 1. _____ 8. DK _____ _____ **Loc. Note:** 1. _____ 8. DK _____ _____ **Vill:** 1. _____ 3. Same 8. DON'T KNOW **Kec:** 1. _____ 3. Same 8. DON'T KNOW **Kab:** 1. _____ 3. Same 8. DON'T KNOW **Prov:** 1. _____ 3. Same 8. DON'T KNOW **CODE CF** ☐☐☐ ☐ ☐☐☐
RNA08.	How many nights was [CHILD'S NAME] hospitalized there?	☐☐☐ Nights
RNA10.	For what reason was [CHILD'S NAME] hospitalized?	Sickness .....01 Accident .....02 Operation, what type? _____ .....05 Other _____ 95
RNA15.	During hospitalization, what kind of treatment did [CHILD'S NAME] receive?	**(CIRCLE ALL THAT APPLY)** A. Physical exam/consult B. Injection C. Laboratory test D. Surgery E. X-ray F. Family Planning G. Medications I. IV (Drip Infusion) V. Other

RNA15a.	What do you think about the services that were provided by this facility ?	1. Satisfactory 2. Somewhat satisfactory 3. Not satisfactory 4. Far from satisfactory
RNA18.	What was the total cost to fill a prescription that you received during this visit?	1. ☐☐☐, ☐☐☐, ☐☐☐ Rp. 3. Didn't receive 5. Didn't fill 8. DON'T KNOW
RNA19.	Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply.)	1. ☐☐, ☐☐☐, ☐☐☐ Rp. 3. Did not pay anything 8. DON'T KNOW
RNA19a.	Did you use insurance to pay for all or some of this visit?	No..... 3 ➔ **SECTION BAA** Yes 1
RNA19b.	What insurance did you use?	*Askes* ..... 01 *Jamsostek* ..... 02 Employer provided health benefits ..... 03 Private health insurance..... 04 Savings related insurance ..... 05 *SKTM* ..... 06 Jamkesmas ..... 07 Jamkesda ..... 08 JKN ..... 09 Jampersal ..... 10 Other 95
RNA19c.	How much was the total cost you should have paid?	☐☐, ☐☐☐, ☐☐☐ Rp..... 1 DON'T KNOW 8

HHID: ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ **PID:** ☐☐☐

SECTION BAA (PARENTAL INFORMATION)

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

CODE BAA05:

001.	In the same village	018.	Lampung	060.	Kalimantan	081.	Maluku	121.	Yaman
002.	In the same subdistrict	019.	Bangka Belitung	061.	West Kalimantan	082.	North Maluku	122.	Saudi Arabia
003.	In the same district	020.	RiauIslands	062.	Central Kalimantan	090.	Irian	123.	Kuwait
004.	In the same province	030.	Java	063.	South Kalimantan	091.	West Papua	124.	United Arab Emirates
010.	Sumatera	031.	DKI Jakarta	064.	East Kalimantan	094.	Papua	131.	Argentina
011.	Nanggroe Aceh Darussalam	032.	West Java	065.	North Kalimantan	101.	Malaysia	132.	USA
012.	North Sumatra	033.	Central Java	070.	Sulawesi	102.	Singapore	141.	Australia
013.	West Sumatra	034.	D.I. Yogyakarta	071.	North Sulawesi	103.	Brunei Darussalam	151.	Holland
014.	Riau	035.	East Java	072.	Central Sulawesi	104.	Hongkong	152.	England
015.	Jambi	036.	Banten	073.	South Sulawesi	105.	Japan	998.	DON'T KNOW
016.	South Sumatra	051.	Bali	074.	Southeast Sulawesi	106.	South Korea	995.	Other
017.	Bengkulu	052.	West Nusa Tenggara	075.	Gorontalo	107.	Taiwan		
		053.	East Nusa Tenggara	076.	West Sulawesi	108.	Timor Leste		

CODE BAA06:

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

CODE BAA07:

00. Did not completer 1st grade at this level

01. 1	
02. 2	06. 6
03. 3	07. Graduated
04. 4	96. No school
05. 5	98. DK

SECTION CP (INTERVIEW SESSION NOTES)

LANGMAIN.	Interview was entirely/mostly conducted in what language?	└┴┘ Other _____
LANGOTHR.	Other language used (if any):	└┴┘ Other _____

CODES FOR LANGUAGE:

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

C1. RESULT OF INTERVIEW OF BOOK IV	C2. REASON	C4. LOCAL SUPERVISOR MONITORING
1. Completed ➔ **C4** 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: _____	Yes No a. Observed by local supervisor ..... 1 3 b. Edited by local supervisor ..... 1 3 c. Verified by local supervisor..... 1 3

SECTION CP (INTERVIEW SESSION NOTES)

EVALUATION FORM FOR BOOK V

CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? **ANSWER MAY BE MORE THAN ONE.** A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER	**CP2.** WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD	**CP3.** WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD

NOTES: