

CONFIDENTIAL

INTERVIEWER : _____

HHID: _____

INDONESIA FAMILY LIFE SURVEY 2014

BOOK IIIB

SECTIONS: KM, KK, CD, KP, PSN, CO, MA, TDR, COB, EH, SA, AK, PS, RJ, FM, RN, PM, BA, TF, EP, CP

Respondent is an adult 15 years or older

RESVIS.	RESPONDENT INTERVIEWED ?	1. Yes 3. No → C1
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COMPLETED FROM ROSTER		TO BE FILLED OUT BY INTERVIEWER FOR BOOK III	
NAME OF RESPONDENT: _____ AR00: ____		QUESTIONS FOR RESPONDENT:	
		AGE. How old are you? _____ years (CAPI CHECK)	
RSPNDNT. (CAPI CHECK)	RESPONDENT IS: Head of household (AR02b=01) 1 Spouse of household head (AR02b=02)..... 2 Other Householder 3	MARSTAT What is your marital status?:	Never married..... 1 Married 2 Separated 3 Divorce 4 Widow/er 5 Cohabitate 6
PANEL. (CAPI CHECK)	FOR BOOK III, RESPONDENT IS: Panel Respondent 1 New Respondent 3	SEX: (CAPI CHECK)	Male.....1 Female..... 3
		DOB. Date of Birth: _____ / _____ / _____ (CAPI CHECK) Day Month Year	
RANDOM_CO: (CAPI CHECK)	1. LIST A 2. LIST B 3. LIST C 4. LIST D		
RANDOM_PSN: (CAPI CHECK)	1. LSIT A 2. LIST B 3. LIST C 4. LIST D		

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
KM01b. Products normally used: Chewing tobacco	1. Yes 3. No 1 3
KM01c. Smoking a pipe	1 3
KM01d. Smoking self-rolled cigarettes	1 3
KM01e. Smoking cigarettes/cigars	1 3
KM02a. CAPI 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 cigaretteA Unfiltered cigaretteB Filtered cloves cigarette C Unfiltered cloves cigarette D CigarE
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. CAPI 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. CAPI 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. CAPI 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. CAPI 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 Krek Filter 12 Lucky Strike 13 Kansas 14 Dji Sam Soe 15 Other 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 KM (SMOKING BEHAVIOUR)

KM12. Do you find it difficult to refrain from smoking in places where it is forbidden to smoke/chew tobacco? (such as: mall, hospital, working places)	1 Yes 3 No
KM13. Which one is the most difficult for you to sacrifice: first smoking/chewing tobacco in the morning or smoking/chewing tobacco in other time?	1. First smokin/chewing tobacco g in the morning 3. Smoking/chewing tobacco in other time
KM14. Do you smoke/chew tobacco more frequently during the first hours after waking than during the rest of the day?	1 Yes 3 No
KM15. When you are so ill that you are in bed most of the day, do you smoke/chew tobacco?	1 Yes 3 No

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?	<input type="text"/> Days 1 DON'T KNOW 8
KK02b. In the last 4 weeks, how many days have you stayed in bed due to poor health?	<input type="text"/> 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 same3 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.		KK02n.		KK02o.
	During the last 7 days, did you do any [...] for at least 10 minutes continuously?		How much time did you usually spend doing [...] on one of those days		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	<input type="text"/> 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	<input type="text"/> 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	<input type="text"/> days

SECTION KK (HEALTH CONDITIONS)

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

Physical Functioning Measures (SHOWCARD 15)

	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
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
KK03ea. To reach or extend your arms above shoulder level	1. Easily	3. With difficulty	5. Unable to do it
KK03eb. To pick up a small coin from a table	1. Easily	3. With difficulty	5. Unable to do it
KK03xx. CAPI CHECK: ALL KK03a-KK03eb = 1?	1. YES → KK03n	3. NO	

Activities of Daily Living (ADL) (SHOWCARD 16)

KK03f. To dress without help	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03m. To bathe	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03k. To get out of bed	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03ka. To eat (eating food by oneself when it is ready)	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03kc. To control urination or defecation	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it

Instrumental Activities of Daily Living (IADL)

KK03n. To shop for personal needs	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03o. To prepare hot meals (preparing ingredients, cooking, and serving food)	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03p. To take medicine (taking right portion right on time)	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03pa. To do household chores (house cleaning, doing dishes, making the bed, and arranging the house)	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03pb. To shop for groceries (deciding what to buy and pay for it)	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
KK03pc. To manage your money (paying your bills, keeping track of expenses, or managing assets)	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it

SECTION KK (HEALTH CONDITIONS)

KK04a. CAPI CHECK :	IF ALL OF KK03f-KK03pc = 1 AND AGE>=40 1→KK04j
	IF ALL OF KK03f-KK03pc = 1 AND AGE<40 2→SECTION CD
	IF ANY OF KK03f-KK03pc = 3 , 4 OR 5 3→KK04b

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 KK03f-KK03pc, do you need someone to assist you?	No..... 3→KK04j
	Yes..... 1

	First person	Second person	Third person
KK04c. Who often assisted you? (CAPI CHECK)	Name: _____ ART: [][] ("51" IF NOT IN THE ROSTER)	Name: _____ ART: [][] ("51" IF NOT IN THE ROSTER)	Name: _____ ART: [][] ("51" IF NOT IN THE ROSTER)
KK04d. What is his/.her relationship with you ? (CAPI CHECK)	[][]	[][]	[][]
KK04e. During the last 4 weeks, about how many days did [.....] help you?	1. [][] days 8. DON'T KNOW	1. [][] days 8. DON'T KNOW	1. [][] days 8. DON'T KNOW
KK04f. On the days [.....] helps you, about how many hours per day is that?	1. [][] hours 8. DON'T KNOW	1. [][] hours 8. DON'T KNOW	1. [][] hours 8. DON'T KNOW
KK04g. Is [...] paid to help you?	Yes..... 1 No 3	Yes 1 No 3	Yes..... 1 No 3
KK04h. Is there any other person who helps you?	Yes..... 1 → Kolom 2 No 3 → KK04i	Yes 1 → Kolom 3 No 3 → KK04i	Yes..... 1 → KK04i No 3 → KK04i

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? (CAPI PRELOAD NAMES)	Name: AR00 : [][] ("51" IF NOT IN THE ROSTER)
KK04k. What is his/.her relationship with you ? (CAPI WARNING: CANNOT BE 02)	[][]

KODE KK04d AND KK04k:

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

SECTION KK (HEALTH CONDITIONS)

KK05x. CAPI CHECK COV3: AGE OF RESPONDENT ≥ 40	AGE < 40	3 → SECTION CD
	AGE ≥ 40	1

Now we would like to ask you about the likelihood of you reaching a certain age.

KK05. CAPI 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 certain) (SHOWCARD 17)	1	1	1	1	1	1	1
	2	2	2	2	2	2	2
	3	3	3	3	3	3	3
	4	4	4	4	4	4	4
	5	5	5	5	5	5	5

SECTION 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 [...]?	CD02a. When was the condition [...] first diagnosed?	CD03. Does the condition limit the kind or amount of paid work you can do?
A. Physical disabilities..... 3. No ↓ 1. Yes →	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. ____ / ____ Month / Year 2. Age: ____ years 8. DON'T KNOW	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
B. Brain damage 3. No ↓ 1. Yes →	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. ____ / ____ Month / Year 2. Age: ____ years 8. DON'T KNOW	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
C. Vision problem 3. No ↓ 1. Yes →	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. ____ / ____ Month / Year 2. Age: ____ years 8. DON'T KNOW	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
D. Hearing problem 3. No ↓ 1. Yes →	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. ____ / ____ Month / Year 2. Age: ____ years 8. DON'T KNOW	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
E. Speech impediment.... 3. No ↓ 1. Yes →	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. ____ / ____ Month / Year 2. Age: ____ years 8. DON'T KNOW	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
F. Mental retardation..... 3. No ↓ 1. Yes →	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. ____ / ____ Month / Year 2. Age: ____ years 8. DON'T KNOW	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
I. Autism..... 3. No ↓ 1. Yes →	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. ____ / ____ Month / Year 2. Age: ____ years 8. DON'T KNOW	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

SECTION CD (CHRONIC CONDITIONS)

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

CHRONIC CONDITIONS (CDTYPE)	CD05.	CD06.	CD07.	CD08.	CD09.	CD09a.	CD09b.	CD09c.	CD10.
	Have a doctor/paramedic/nurse/ midwife ever told you that you had [...]	In which organ or part of the body have you or have you had cancer?	When was the condition [...] first diagnosed?	Who diagnosed the [...] condition?	In order to deal with [...] are you currently taking prescribed medication on a weekly basis?	Are you now taking the following treatments to treat [...] and its complications?	How many times in the last 12 months have you had:	Have your care providers ever given you health education/advice on the following?	Does the condition limit the kind or amount of paid work you can do? (SHOWCARD 18)
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. _____	____	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. _____ 2. _____ 3. _____ 4. _____ 5. _____	____	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
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

SECTION CD (CHRONIC CONDITIONS)

CHRONIC CONDITIONS (CDTYPE)	CD05. Have a doctor/paramedic/nurse/ midwife 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?	CD09a. Are you now taking the following treatments to treat [...] and its complications?	CD09b. How many times in the last 12 months have you had:	CD09c Have your care providers ever given you health education/advice on the following?	CD10. Does the condition limit the kind or amount of paid work you can do? (SHOWCARD 18)
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→		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
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
M. High Cholesterol (Total or LDL)	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
N. Prostate illness	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
O. Kidney disease (except for tumor or cancer)	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
P. Stomach or other digestive disease	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

SECTION CD (CHRONIC CONDITIONS)

CHRONIC CONDITIONS (CDTYPE)	CD05. Have a doctor/paramedic/nurse/ midwife 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?	CD09a. Are you now taking the following treatments to treat [...] and its complications?	CD09b. How many times in the last 12 months have you had:	CD09c Have your care providers ever given you health education/advice on the following?	CD10. Does the condition limit the kind or amount of paid work you can do? (SHOWCARD 18)
Q. Emotional, nervous, or psychiatric 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 1	/ / /		1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all	
R. Memory-related disease	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 1	/ / /		1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all	

<p>Code for CD06 (Cancer)</p> <p>A. Brain B. Oral cavity C. Larynx D. Other pharynx E. Thyroid F. Lungs G. Breast H. Oesophagus</p> <p>I. Stomach J. Liver K. Pancreas L. Kidney M. Prostate N. Testicle O. Ovary P. Cervix</p> <p>Q. Endometrium R. Colon/Rectum S. Bladder T. Skin U. Non Hodgkin lymphoma X. Leukemia V. Other, mention _____</p>	<p>Code for CD09a</p> <p>A. Traditional medicine B. Modern medicine C. Insulin injection (CAPI: ONLY FOR CDTYPE B) D. Chemotherapy (CAPI: ONLY FOR CDTYPE I) E. Surgery (CAPI: ONLY FOR CDTYPE I) F. Radiation therapy (CAPI: ONLY FOR CDTYPE I) G. Physical therapy (CAPI: ONLY FOR CDTYPE H) H. Occupational therapy(CAPI: ONLY FOR CDTYPE H) I. Receiving psychiatric/psychological treatment (CAPI: ONLY FOR CDTYPE L) J. Taking anti-depressant (CAPI: ONLY FOR CDTYPE L) K. Taking tranquilizer/sleeping pills (CAPI: ONLY FOR CDTYPE L) V. Other treatment W. No treatment</p>	<p>Code for CD09b</p> <p>1. Blood pressure test (CAPI: ONLY FOR CDTYPE A) 2. Blood glucose test (CAPI: ONLY FOR CDTYPE B) 3. Urine glucose test (CAPI: ONLY FOR CDTYPE B) 4. Fundus examination (CAPI: ONLY FOR CDTYPE B) 5. Micro-albuminuria test (CAPI: ONLY FOR CDTYPE B)</p> <p>Code for CD09c</p> <p>A. Weight control B. Exercise C. Diet D. Smoking control E. Foot self care (CAPI: ONLY FOR CDTYPE B) W. None of the above</p>
<p>NOTE for CD09a</p> <p>1. Codes A, B,V and W is for all CDTYPE, codes C-K are for specific CDTYPE mentioned in the parentheses. 2. CD09b is for CDTYPE A and B only, need to block the other CDTYPE. 3. CD09c is for CDTYPE A,B,F,H and M only need to block the other CDTYPE.</p>		

CD11.	Do you usually wear glasses or corrective lenses?	1. Yes 3. No
CD12.	Do you ever wear hearing aid?	1. Yes 3. No
CD13.	Do you use a walking cane/walker/other walking aids?	1. Walking cane 2. Walker 3. Manual wheelchair 4. Electric wheelchair 6. DO NOT USE WALKING AID

SECTION KP (MENTAL HEALTH)

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

KPTYPE	KP02. (SHOWCARD 19)			
	How often ?			
A. I was bothered by things that usually don't bother me	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤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	1. Rarely or none (≤1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)

SECTION PSN (PERSONALITY)

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who *likes to spend time with others*? Please fill in the bubble that corresponds to how much you agree or disagree with each statement using the following scale: 1. Disagree strongly 2. Disagree a little 3. Neither agree nor disagree 4. Agree a little 5. Agree Strongly

RANDOM_PSN:

1. LIST A

PSNTYPE		PSN01. <i>I See Myself As Someone Who [....]</i>				
		1. Disagree strongly	2. Disagree a little	3. Neither agree nor disagree	4. Agree a little	5. Agree Strongly
1	Is talkative.	1	2	3	4	5
2	Does a thorough job.	1	2	3	4	5
3	Is original, comes up with new ideas.	1	2	3	4	5
4	Is reserved.	1	2	3	4	5
5	Is relaxed, handles stress well.	1	2	3	4	5
6	Has a forgiving nature.	1	2	3	4	5
7	Worries a lot.	1	2	3	4	5
8	Has an active imagination.	1	2	3	4	5
9	Tends to be lazy.	1	2	3	4	5
10	Values artistic, aesthetic experiences.	1	2	3	4	5
11	Is considerate and kind to almost everyone.	1	2	3	4	5
12	Does things efficiently.	1	2	3	4	5
13	Outgoing, sociable.	1	2	3	4	5
14	Is sometimes rude to others.	1	2	3	4	5
15	Gets nervous easily.	1	2	3	4	5

SECTION PSN (PERSONALITY)

RANDOM_PSN:

2. LIST B

	PSNTYPE	PSN01. <i>I See Myself As Someone Who [....]</i>				
		3. Disagree strongly	2. Disagree a little	3. Neither agree nor disagree	4. Agree a little	5. Agree Strongly
4	Is reserved.	1	2	3	4	5
12	Does things efficiently.	1	2	3	4	5
9	Tends to be lazy.	1	2	3	4	5
10	Values artistic, aesthetic experiences.	1	2	3	4	5
13	Outgoing, sociable.	1	2	3	4	5
3	Is original, comes up with new ideas.	1	2	3	4	5
11	Is considerate and kind to almost everyone.	1	2	3	4	5
2	Does a thorough job.	1	2	3	4	5
8	Has an active imagination.	1	2	3	4	5
14	Is sometimes rude to others.	1	2	3	4	5
5	Is relaxed, handles stress well.	1	2	3	4	5
1	Is talkative.	1	2	3	4	5
6	Has a forgiving nature.	1	2	3	4	5
15	Gets nervous easily.	1	2	3	4	5
7	Worries a lot.	1	2	3	4	5

SECTION PSN (PERSONALITY)

RANDOM_PSN:

3. LIST C

	PSNTYPE	PSN01. <i>I See Myself As Someone Who [....]</i>				
		4. Disagree strongly	2. Disagree a little	3. Neither agree nor disagree	4. Agree a little	5. Agree Strongly
12	Does things efficiently.	1	2	3	4	5
3	Is original, comes up with new ideas.	1	2	3	4	5
9	Tends to be lazy.	1	2	3	4	5
4	Is reserved.	1	2	3	4	5
15	Gets nervous easily.	1	2	3	4	5
5	Is relaxed, handles stress well.	1	2	3	4	5
2	Does a thorough job.	1	2	3	4	5
6	Has a forgiving nature.	1	2	3	4	5
11	Is considerate and kind to almost everyone.	1	2	3	4	5
13	Outgoing, sociable.	1	2	3	4	5
8	Has an active imagination.	1	2	3	4	5
7	Worries a lot.	1	2	3	4	5
14	Is sometimes rude to others.	1	2	3	4	5
1	Is talkative.	1	2	3	4	5
10	Values artistic, aesthetic experiences.	1	2	3	4	5

SECTION PSN (PERSONALITY)

RANDOM_PSN:

4. LIST D

	PSNTYPE	PSN01. <i>I See Myself As Someone Who [....]</i>				
		4. Disagree strongly	2. Disagree a little	3. Neither agree nor disagree	4. Agree a little	5. Agree Strongly
8	Has an active imagination.	1	2	3	4	5
9	Tends to be lazy.	1	2	3	4	5
15	Gets nervous easily.	1	2	3	4	5
11	Is considerate and kind to almost everyone.	1	2	3	4	5
13	Outgoing, sociable.	1	2	3	4	5
2	Does a thorough job.	1	2	3	4	5
14	Is sometimes rude to others.	1	2	3	4	5
6	Has a forgiving nature.	1	2	3	4	5
10	Values artistic, aesthetic experiences.	1	2	3	4	5
3	Is original, comes up with new ideas.	1	2	3	4	5
5	Is relaxed, handles stress well.	1	2	3	4	5
1	Is talkative.	1	2	3	4	5
4	Is reserved.	1	2	3	4	5
7	Worries a lot.	1	2	3	4	5
12	Does things efficiently.	1	2	3	4	5

SECTION CO (COGNITIVE CAPACITY)

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 finish 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. CAPI 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

SECTION CO (COGNITIVE CAPACITY)

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

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
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

CO08a. INTERVIEWER : “We will ask you again the recall the words later. Now we will go on with the next questions. “

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. CAPI CHECK COV3:	RESPONDENT IS < 40YEARS 3 → MA15
	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
MA08g. Do you/have you ever had cataract?	No.....3→MA08i Yes1
MA08h. Do you/did you have cataract on both eyes or just one?	Right eye1 Left eye.....2 Right and left eyes3
MA08i. Have you ever had glaucoma?	Yes1 No.....3
MA08j. Have you lost all your teeth?	Yes1 No.....3

SECTION MA (ACUTE MORBIDITY)

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

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
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 TDR (SLEEP)

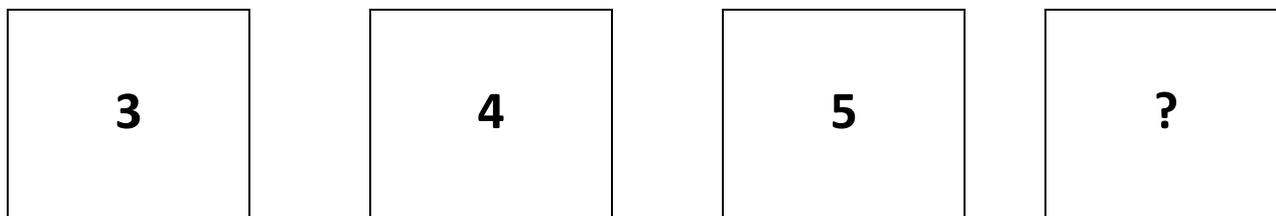
Now we would like to ask you some questions about your sleep.

TDRTYPE		TDR01. In the past 7 days [...]				
1	I had trouble sleeping	1. Never	2. Rarely	3. Sometimes	4. Often	5. Always
2	My quality of sleep was...	1. Very poor	2. Poor	3. Fair	4. Good	5. Very good
3	My sleep was refreshing	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much
4	I was satisfied with my sleep	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much
5	I had difficulty falling asleep	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much
6	I had a hard time concentrating because of poor sleep	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much
7	I had problems during the day because of poor sleep	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much
8	I had a hard time getting things done because I was sleepy	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much
9	I felt tired	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much
10	I felt irritable because of poor sleep	1. Not at all	2. A little bit	3. Somewhat	4. Quite a bit	5. Very much

SECTION COB (COGNITIVE CAPACITY B)

Now we will show you several series of numbers on the computer screen. In each series there will be one number that is missing. The missing number will be indicated by a question mark "?". Please look at the pattern of the numbers. Based on this pattern, tell me what the number that is missing. Sometimes the question mark will be at the beginning of the series, sometimes the question mark will be in the middle, or at the beginning.

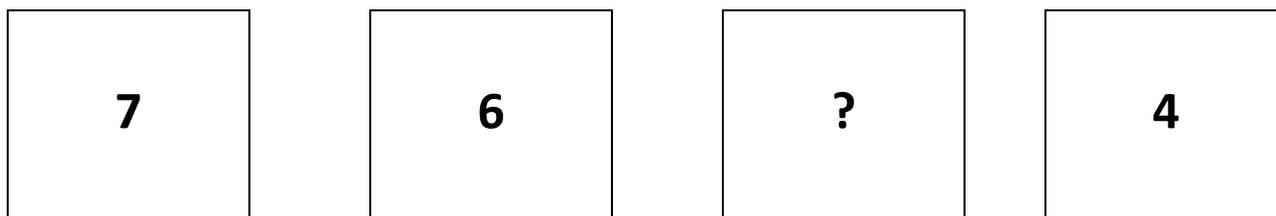
For example, if you see the following [SHOW EXAMPLE ON SHOWCARD], what number should go in the question mark?



IF RESPONDENT ANSWERS INCORRECTLY OR DID NOT ANSWER THEN SAY: The answer we were looking for is 6.

PROBE TO SEE IF RESPONDENT UNDERSTANDS THE TASK BY ASKING: Do you understand the directions for this task?

NEXT SHOW THE SECOND EXAMPLE ON SHOWCARD, AND ASK: Let's try another one: what number should go in the question mark?



IF RESPONDENT ANSWERS INCORRECTLY OR DID NOT ANSWER, THEN SAY: The answer we were looking for is 5.

I AM NOW GOING TO ASK SIX MORE QUESTIONS LIKE THE ONES YOU JUST DID. SOMETIME THERE CAN BE MORE THAN ONE MISSING NUMBER IN THE SEQUENCE. THE NUMBERS MAY INCREASE OR DECREASE. SOME OF THE PROBLEMS WILL BE EASY, AND SOME OF THEM WILL BE HARD. JUST DO THE BEST YOU CAN. IT IS MORE IMPORTANT TO ANSWER CORRECTLY THAN QUICKLY, SO TAKE A LITTLE TIME BEFORE ANSWERING. IT IS OKAY IF YOU DO NOT KNOW THE ANSWER BECAUSE SOME OF THE QUESTIONS ARE INTENDED TO BE VERY DIFFICULT. YOU CAN GO ON TO THE NEXT QUESTION AT ANY TIME. **ARE YOU READY TO BEGIN?**

SECTION COB (COGNITIVE CAPACITY B)

COBXX1. CAPI: TIME START | | | / | | | / | | | (HOUR: MINUTE:SECOND)

STARTING BLOCK: 4, 7, 11 FOR ALL RESPONDENTS (questions appear one at a time in CAPI)

COB01.	04.	7	8	?	10
--------	-----	---	---	---	----

COB02.	07.	8	?	12	14
--------	-----	---	---	----	----

COB03.	11.	18	10	6	?	3
--------	-----	----	----	---	---	---

SECTION COB (COGNITIVE CAPACITY B)

QUESTION BLOCK 1: 1, 2, 3 FOR RESPONDENTS WHO GOT 0 (ZERO) QUESTION CORRECT IN STARTING BLOCK

COB04.	01.	1	2	3	?
--------	-----	---	---	---	---

COB05.	02.	6	5	4	?
--------	-----	---	---	---	---

COB06.	03.	12	?	16	18
--------	-----	----	---	----	----

COBXX2. CAPI: WAKTU SELESAI / / (JAM: MENIT:DETIK)

SECTION COB (COGNITIVE CAPACITY B)

QUESTION BLOCK 2: 5, 6, 8 FOR RESPONDENTS WHO GOT 1 (ONE) QUESTION CORRECT IN STARTING BLOCK

COB04.	05.	5	?	3	2
--------	-----	---	---	---	---

COB05.	06.	4	7	10	?
--------	-----	---	---	----	---

COB06.	08.	?	4	6	8
--------	-----	---	---	---	---

COBXX2. CAPI: WAKTU SELESAI / / (JAM: MENIT:DETIK)

SECTION COB (COGNITIVE CAPACITY B)

QUESTION BLOCK 3: 9, 10, 12 FOR RESPONDENTS WHO GOT 2 (TWO) QUESTIONS CORRECT IN STARTING BLOCK

COB04.	09.	1	3	3	5	7	7	?
--------	-----	---	---	---	---	---	---	---

COB05.	10.	3	?	8	12	17
--------	-----	---	---	---	----	----

COB06.	12.	17	?	12	8
--------	-----	----	---	----	---

COBXX2. CAPI: TIME END / / (HOUR: MINUTE:SECOND)

SECTION COB (COGNITIVE CAPACITY B)

QUESTION BLOCK 4: 13, 14, 15 FOR RESPONDENTS WHO GOT 3(ALL) QUESTIONS CORRECT IN STARTING BLOCK

COB04.	13.	10	?	3	1
--------	-----	----	---	---	---

COB05.	14.	18	17	15	?	8
--------	-----	----	----	----	---	---

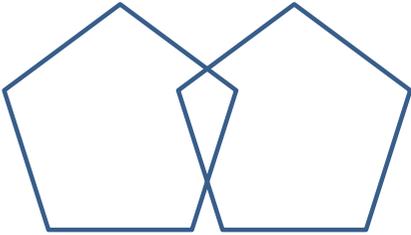
COB06.	15.	3	3	4	6	6	7	?	?
--------	-----	---	---	---	---	---	---	---	---

COBXX2. CAPI: TIME END / / (HOUR: MINUTE:SECOND)

SECTION COB (COGNITIVE CAPACITY B)

COB16.	CAPI CHECK AGE OF RESPONDENT	< 50 Years..... 1 → SECTION EH ≥ 50 Years..... 3
COB17.	Please try to count backward as quickly as you can from 20:	
COB17XX1.	STARTING TIME	___ / ___ / ___ (HOUR/MINUTE/SECOND) (CAPI)
COB17A.	INTERVIEWER CHECK: WAS THE RESPONDENT ABLE TO COUNT DOWN BACKWARD FROM 20 CORRECTLY?	YES, IN ___ SECONDS 1 NO, 3
COB17XX2.	ENDING TIME (CAPI)	___ / ___ / ___ (HOUR/MINUTE/SECOND) (CAPI)
COB17C.	LANGUAGE USED	___ (LANGUAGE CODE)
CO B17D.	DOES INTERVIEWER UNDERSTAND THE LANGUAGE IN COB17C?	1. YES 3. NO
COB18.	<p>Now I want to know how many animals you can name. You will have 60 seconds. When I say "begin", say the animal as fast as you can. Please do not include mythical animals and try not to repeat the animal.</p> <p>GET READY TO TIME 60 SECONDS. REPEAT INSTRUCTION IF NECESSARY.</p> <p>WITH PENCIL AND PAPER TALLY THE NUMBER OF ANIMALS MENTIONED BY THE RESPONDENT. DO NOT TALLY MYTHICAL ANIMALS OR REPEATED ANIMALS. START THE TIMER AS SOON AS YOU SAY "BEGIN"</p> <p>Are you ready? Begin.</p> <p>CAPI: SHOW THE TIMER. AFTER 60 SECONDS, COUNT THE TALLY AND ENTER THE TOTAL IN CAPI</p>	___ number of animal names
COB18B.	LANGUAGE USED	___ (LANGUAGE CODE)
CO B18C.	DOES INTERVIEWER UNDERSTAND THE LANGUAGE IN COB18B?	1. YES 3. NO

SECTION COB (COGNITIVE CAPACITY B)

<p>COB18A.</p>  <p>Please draw the two overlapping pentagons as shown in the following example (INTERVIEWER: USE SHOWCARD, PROVIDE ANSWER SHEET AND PEN).</p>	<p>ANSWER SHEET:</p> <p>IDRT: <input type="checkbox"/> ART: <input type="checkbox"/> <input type="checkbox"/></p>
<p>COB18B. INTERVIEWER CHECK : WAS THE RESPONDENT ABLE TO DRAW THE OVERLAPPING PENTAGONS?</p>	<p>YES 1 NO 3</p>

SECTION EH (EARLY HEALTH)

The next set of questions is about your health during your childhood. By childhood we mean from when you were born up until, and including, when you were age 15.

EH01.	Would you say that your health during your childhood was in general excellent, very good, good, fair, or poor?	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor
EH02.	Did you ever miss school for a month or more because of a health condition during childhood (that is, from when you were born up to and including age 15)?	1. Yes 3. No 6. NA (No school)
EH03.	During your childhood, because of a health condition, were you ever confined to bed or home for one month or more?	1. Yes 3. No
EH04.	During your childhood (that is, from when you were born up to and including age 15), because of a health condition, were you ever in hospital for one month or more?	1. Yes 3. No
EH05.	Did you have any of the diseases or illnesses on this card during your childhood (that is, from when you were born up to and including age 15)? <i>Interviewer: Please code all that apply. Choose 'other' in the next question if necessary.</i>	A. Infectious disease (e.g. measles, rubella, chicken pox, mumps, tuberculosis, 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
EH06.	WHEN INFECTIOUS DISEASE CAPI CHECK: EH05 HAS "A" CHOSEN When in your childhood did you first have an infectious disease?	1. When I was between 0-5 years old. 2. When I was between 6-10 years old. 3. When I was between 11-15 years old. 6. NA

EH07.	WHEN POLIO CAPI CHECK: EH05 HAS "B" CHOSEN When in your childhood did you first have polio?	1. When I was between 0-5 years old. 2. When I was between 6-10 years old. 3. When I was between 11-15 years old. 6. NA
EH08.	Did you ever experience hunger in your childhood (from birth to 15 years)	1. Yes 3. No
EH09.	IF EVER HUNGER CAPI CHECKS: EH08 == 1 . When in your childhood were you first exposed to hunger?	1. When I was between 0-5 years old. 2. When I was between 6-10 years old. 3. When I was between 11-15 years old. 6. NA

Comment [FW1]: Options: 1. Drop EH06 (and also drop the follow up questions EH09, EH10), or 2. Drop some diseases from the options in EH06, but still keeping EH09, EH10.

SECTION SA (CHILDHOOD SES)

We would like to find out more about you when you were 12 years old.

SA01	When you were 12, how many rooms did your household occupy in the accommodation, including bedrooms but excluding kitchen, bathrooms, and hallways? <i>Interviewer: Do not count boxroom, cellar, attic etc.</i>	□□□
SA02.	Including yourself, how many people lived in your household at this accommodation when you were 12?	□□□
SA03.	How many older brothers lived in your household at this accommodation when you were 12?	□□□
SA04.	How many older sisters lived in your household at this accommodation when you were 12?	□□□
SA05.	How many younger brothers lived in your household at this accommodation when you were 12?	□□□
SA06.	How many younger sisters lived in your household at this accommodation when you were 12?	□□□
SA07.	When you were 12, did any of your parents:	Smoke A Drink heavily B Have mental problems C None of the above X NA W
MG18f.	When you were 12, were your biological parents still married?	NA 6 No 3 Yes 1
MG18g.	When you were 12, did you live with your biological mother?	NA 6 No 3 Yes 1
MG18h.	When you were 12, did you live with your biological father?	NA 6 No 3 Yes 1
SA08.	When you were 12, did you live with any of your grandparent?	NA 6 No 3 Yes 1
SA09.	When you were 12, did your households utilize electricity?	Yes 1 No 3

SA10.	When you were 12, what is the main water source for drinking in your household?	Piped water 01 Well/pump (electric, hand) 02 Well water 03 Other 95
SA11.	When you were 12, where do the majority of householders go to the toilet?	Own toilet with septic tank 01 Own toilet without septic tank 02 Shared toilet 03 Public toilet 04 Other: 95
SA12.	NUMBER OF BOOKS WHEN 12 Please look at showcard XX Approximately how many books were there in the place you lived in when you were 12? Do not count magazines, newspapers, or your school books.	1. None or very few (0-10 books) 2. Enough to fill 1 shelf (11-25 books) 3. Enough to fill 1 bookcase (26-100 books) 4. Enough to fill 2 bookcases (101-200 books) 5. Enough to fill 2 or more bookcases (more than 200 books)
SA13	OCCUPATION OF MAIN BREADWINNER WHEN 12 Please look at showcard What best describes the employment status of the household's main breadwinner when you were 12? <i>Interviewer: The main breadwinner is the person providing the majority of income for the household.</i>	Unpaid family worker 06 Self employed 01 Self-employed with unpaid family worker/temporary worker 02 Self-employed with permanent worker 03 Government worker 04 Private worker 05 Casual worker in agriculture 07 Casual worker not in agriculture 08

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, JAMKESMAS, JAMKESDA, JAMKESOS, JAMPERSAL or ASURANSI MANDIRI?	No	3 → AK06
	Yes	1

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

SECTION AK (HEALTH INSURANCE)

Benefit Type (AKTYPE)	AK02.	AK03.	AK04.	AK05.
	Do your benefits include [...]?	When did this benefit begin?	Does this benefit cover outpatient visits to public and private health centers? (CIRCLE ALL THAT APPLY)	Who else in the household is covered under this benefit? (CIRCLE ALL THAT APPLY)
J. JAMKESSOS	3.No ↓ 8. DON'T KNOW ↓ 1. Yes →	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. Parent/siblings
K. JAMPERSAL	3.No ↓ 8. DON'T KNOW ↓ 1. Yes →	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. Parent/siblings
L. JKN (Jaminan Kesehatan Nasional)	3.No ↓ 8. DON'T KNOW ↓ 1. Yes →	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. Parent/siblings

AK06. Since 2007, 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, JAMKEMAS , JAMKESDA, JAMKESSOS, JAMPERSAL atau JKN?	No 3 → SECTION PS Yes 1
--	---

TYPES OF INSURANCE/BENEFITS (AKTYPE)	AK07.	AK08.
	What benefits did you lose?	When did the benefits end?
A. Health Insurance (PT ASKES)	3. No ↓ 8. DON'T KNOW ↓ 1. Yes →	<input type="text"/> / <input type="text"/> 1 Month Year DON'T KNOW 8
B. Labor (Social) Insurance (ASTEK Jamsostek)	3. No ↓ 8. DON'T KNOW ↓ 1. Yes →	<input type="text"/> / <input type="text"/> 1 Month Year DON'T KNOW 8
C. Employer provided health insurance/benefits	3. No ↓ 8. DON'T KNOW ↓ 1. Yes →	<input type="text"/> / <input type="text"/> 1 Month Year DON'T KNOW 8
D. Employer Provided Clinic	3. No ↓ 8. DON'T KNOW ↓ 1. Yes →	<input type="text"/> / <input type="text"/> 1 Month Year DON'T KNOW 8

SECTION AK (HEALTH INSURANCE)

TYPES OF INSURANCE/BENEFITS (AKTYPE)	AK07.			AK08.	
	What benefits did you lose?			When did the benefits end?	
E. Private Insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes →	____ / ____ 1 Month Year DON'T KNOW 8	
G. Savings-related insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes →	____ / ____ 1 Month Year DON'T KNOW 8	
H. JAMKESMAS	3. No ↓	8. DON'T KNOW ↓	1. Yes →	____ / ____ 1 Month Year DON'T KNOW 8	
I. JAMKESDA	3. No ↓	8. DON'T KNOW ↓	1. Yes →	____ / ____ 1 Month Year DON'T KNOW 8	
J. JAMKESSOS	3. No ↓	8. DON'T KNOW ↓	1. Yes →	____ / ____ 1 Month Year DON'T KNOW 8	
K. JAMPERSAL	3. No ↓	8. DON'T KNOW ↓	1. Yes →	____ / ____ 1 Month Year DON'T KNOW 8	
L. JKN (Jaminan Kesehatan Nasional)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	____ / ____ 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.		PS02.
	During the past 4 weeks, have you ever [...]?		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, <i>coining</i>	3. No ↓ SECTION RJ	1. Yes →	1. , , Rp. 8. DON'T KNOW

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.		RJ02.	RJ02b.
	Within the last 4 weeks, have you been to [...] / visited by [...]?		How many times did you visit / been visited by [...] during the last 4 weeks?	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)

RJ21. What was the total cost of treatment, including medications that may have been administered, not including prescription cost? (out of pocket 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 Jamkesmas 07 Jamkesda 08 JKN 09 Jampersal..... 10 Other, mention..... 95
RJ21c. How much is the total cost of treatment, including those that will be paid or have already been paid by insurance??	____ . ____ . ____ Rp 1 DON'T KNOW 8
RJ21d. Do you expect to get reimbursement from insurance?	3. No → RJ22 1. Yes
RJ21e. How much do you expect to be reimbursed?	____ , ____ , ____ Rp..... 1 DON'T KNOW 8
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.

	RJ24TYPE	RJ24a	RJ24A
		When did you last have your [...] checked?	How regularly have your [...] checked?
A	Blood pressure	____ / ____ . 1 Month / Year Never had 3↓ DON'T KNOW..... 8	1. Regularly 3. Irregularly
B	Cholesterol level	____ / ____ . 1 Month / Year Never had 3↓ DON'T KNOW..... 8	1. Regularly 3. Irregularly
C	Blood sugar	____ / ____ . 1 Month / Year Never had 3↓ DON'T KNOW..... 8	1. Regularly 3. Irregularly
D	EKG (ElectroCardioGram)?	____ / ____ . 1 Month / Year Never had 3↓ DON'T KNOW..... 8	1. Regularly 3. Irregularly
E	Eye	____ / ____ . 1 Month / Year Never had 3↓ DON'T KNOW..... 8	1. Regularly 3. Irregularly
F	Dentis	____ / ____ . 1 Month / Year Never had 3↓ DON'T KNOW..... 8	1. Regularly 3. Irregularly

RJ24AA. CAPI CHEK COV5: SEX OF RESPONDENT?	MALE 1 → LINE G FEMALE 3 → RJ26
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	RJ24TYPE	RJ24	RJ24A
		When did you last have your [...] checked?	How regularly have your [...] checked?
G	Prostate	____ / ____ . 1 Month / Year Never 3 → SECTION FM DON'T KNOW..... 8	1. Regularly 3. Irregularly → SECTION FM

SECTION RJ (OUTPATIENT CARE)

RJ26. Have you heard about papsmears?	No 3→RJ29 Yes 1
RJ27. When did you last have papsmear?	Never.....3→RJ29 <input type="text"/> / <input type="text"/> 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. <input type="text"/> 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. <input type="text"/> 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	04. 5-6 times per week	95. Other
	02. 2 times per day	05. 3-4 times per week	
	03. 1 times per day	06. 2 times per week	

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

FOOD TYPE (FMTYPE)	FM02.		FM03.						
	In the last week, did you eat any [...]?		How many days in a week did you 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	3. No ↓	1. Yes →	1	2	3	4	5	6	7
M. Soft drink (Coca cola, sprite , dll)	3. No ↓	1. Yes →	1	2	3	4	5	6	7
N. Sambal	3. No ↓	1. Yes →	1	2	3	4	5	6	7
O. Fried snacks (tempe, tahu, bakwan dll)	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 (<i>wajik, geplak</i> , donuts, wafers, chocolate, dll)	3. No ↓	1. Yes →	1	2	3	4	5	6	7

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?	
	→	3. No ↓	1. Yes	___ Times	____ . ____ . ____ Rp.
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	□ □ □
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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)? (out of pocket cost)	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 Jamkesmas 07 Jamkesda 08 JKN 09 Jampersal 10 Other 95
RN19c. How much is the total cost of hospitalization, including those that will be paid or have already been paid by insurance??	□ □ □ . □ □ □ □ . □ □ □ □ Rp 1 DON'T KNOW 8
RN19d. Do you expect to get reimbursement from insurance?	3. No → SECTION PM 1. Yes
RN19e. How much do you expect to be reimbursed?	□ □ □ , □ □ □ □ , □ □ □ □ Rp 1 DON'T KNOW 8

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

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

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. Religious 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.

PROGRAM ATAU KEGIATAN MASYARAKAT (PM3TYPE)	PM15.			PM16.					
	Do you know whether, in the last 12 months, the [...] activity has occurred in this village?			During the last 12 months did you participate in or use [...]?					
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 →	A. Labour /Time	B. Money	C. Goods	W.NA
B. Cooperatives (include all types and levels of cooperatives: 10 HH level, RT, RW, Village, Kecamatan.)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
C. Voluntary Labor (for example cleaning up the village)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
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 →	A. Labour /Time	B. Money	C. Goods	W.NA
N. Youth Groups Activity (Karang Taruna)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
O. Religious Activities (Prayer groups, etc.)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
P. Village library	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
Q. Village Savings and Loans	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
R. Health Fund (Dana Sehat)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
R1. PNPM	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA
R2. Political Party	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time	B. Money	C. Goods	W.NA

PM20. CAPI CHECK BOOK COVER: SEX OF RESPONDENT ?	MALE ----- 1 → PM15 LINE E , F1 , H, J1 FEMALE ----- 3 → PM15 LINE I , J, J1
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SECTION PM (COMMUNITY PARTICIPATION)

PROGRAM ATAU KEGIATAN MASYARAKAT (PM3TYPE)	PM15.			PM16.		
	Do you know whether, in the last 12 months, the [...] activity has occurred in this village?			During the last 12 months did you participate in or use [...]?		
E. Neighbourhood Security Organization (Siskamling)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time B. Money C. Goods
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 →	A. Labour /Time B. Money C. Goods
H. System for garbage disposal	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time B. Money C. Goods
I. Women's Association Activities (PKK)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time B. Money C. Goods
J. Community Weighing Post (Posyandu)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	3. No ↓	1. Yes →	A. Labour /Time B. Money C. Goods
J1. Community Weighing Post Lansia (Posyandu Lansia)	3. No ↓PM24	8. DON'T KNOW ↓PM24	1. Yes →	3. No	1. Yes → → PM24	A. Labour /Time B. Money C. Goods

SECTION PM (COMMUNITY PARTICIPATION)

Now we would like to know about your participation 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. Anggota DPD	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 Bupati /Mayor?	1. Yes	3. No
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/relegion	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
J. Age	1. Yes	3. No

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. <input type="checkbox"/> AR00 → BA04 MOTHER'S COLUMN 3. NOT IN HOUSEHOLD	1. <input type="checkbox"/> 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. CAPI 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-CO-RESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA06e. Did your father/mother died of a [...]	Heart attack..... A Malaria J Heart problems B Childbirth K Stroke C Kidney L Diabetes D Other illness M Cancer E Accidents N TBC F Violence O Asthma G Suicide P Other respiratory illness .. H DON'T KNOW..... Y Dengue I	Heart attack..... A Malaria J Heart problems B Childbirth K Stroke C Kidney L Diabetes D Other illness M Cancer E Accidents N TBC F Violence O Asthma G Suicide P Other respiratory illness ... H DON'T KNOW..... Y Dengue I
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 FOR BA09:

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. Government worker
02. Self-employed with unpaid family worker/temporary worker.	05. Private worker
03. Self-employed with permanent worker.	06. Unpaid family worker
	07. Casual worker in agriculture
	08. Casual worker not in agriculture
	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. CAPI CHECK BA10:	TOTAL IN BA10.d FOR MOTHER	
0	0	1 2
TOTAL BA10.d FOR FATHER 1	00 → BA28 10 → BA19-22 FATHER ONLY 20 → BA28	01 →BA19-22 MOTHER ONLY 11 → BA18 21 → BA19-22 MOTHER ONLY 02 → BA28 12 →BA19-22 FATHER ONLY 22→ BA28
2		
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) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery..... H. Helping family business..... V. Other.....	(ANSWER MAY BE MORE THAN ONE) A. _____ . _____ . _____ Rp. D. _____ . _____ . _____ Rp. G. _____ 03. Days 05. Months H. _____ 03. Days 05. Months V. _____ _____ . _____ . _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ . _____ . _____ Rp. D. _____ . _____ . _____ Rp. G. _____ 03. Days 05. Months H. _____ 03. Days 05. Months V. _____ _____ . _____ . _____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. _____ . _____ . _____ Rp. D. _____ . _____ . _____ Rp. G. _____ 03. Days 05. Months H. _____ 03. Days 05. Months V. _____ _____ . _____ . _____ Rp.
BA21. During the past 12 months (before his/her death) did 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? A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery..... H. Helping family business..... V. Other.....	(ANSWER MAY BE MORE THAN ONE) A. _____ . _____ . _____ Rp. D. _____ . _____ . _____ Rp. G. _____ 03. Days 05. Months H. _____ 03. Days 05. Months V. _____ _____ . _____ . _____ Rp. →BA14c FATHER COLUMN	(ANSWER MAY BE MORE THAN ONE) A. _____ . _____ . _____ Rp. D. _____ . _____ . _____ Rp. G. _____ 03. Days 05. Months H. _____ 03. Days 05. Months V. _____ _____ . _____ . _____ Rp. RETURN TO BA10a TO CHECK WHETHER QUESTIONS REGARDING MOTHER SHOULD BE ANSWERED	(ANSWER MAY BE MORE THAN ONE) A. _____ . _____ . _____ Rp. D. _____ . _____ . _____ Rp. G. _____ 03. Days 05. Months H. _____ 03. Days 05. Months V. _____ _____ . _____ . _____ Rp. →BA14c FATHER COLUMN
BA27. INTERVIEWER CHECK:			

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA14c. Where does [...] live now/before his death?	In this household00 In the same village01 In the same subdistrict02 In the same district03 In the same province04 DON'T KNOW08 In another province,05 In another country06	In this household 00 In the same village 01 In the same subdistrict 02 In the same district 03 In the same province 04 DON'T KNOW 08 In another province 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. CAPI 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	<hr/> → BA14c MOTHER COLUMN	<hr/> → BA28

SECTION BA (NON-CO-RESIDENT SIBLINGS)

<p>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)?</p>	<p>No 3→BA58x Yes 1</p>
<p>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?</p>	<p>..... </p>
<p>BA29x. INTERVIEWER CHECK:</p>	<p>IF BA29.a and BA29.b = 0 3→BA58x IF BA29.a and BA29.b > 0 1</p>
<p>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?</p>	<p>UNWILLING TO ANSWER 7→BA56 No 3→BA56 Yes 1</p>
<p>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)</p> <p>A. Money, loan, tuition, health care costs (including treatment).....</p> <p>D. Value of food stuff or other goods.....</p> <p>G. Doing household chores, or providing child care or assisting during physical recovery</p> <p>H. Helping family business</p> <p>V. Other.....</p>	<p>(ANSWER MAY BE MORE THAN ONE)</p> <p>A. . . Rp.</p> <p>D. . . Rp.</p> <p>G. 03. Days 05. Months</p> <p>H. 03. Days 05. Months</p> <p>V. Rp.</p>
<p>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?</p>	<p>UNWILLING TO ANSWER 7→BA58x No 3→BA58x Yes 1</p>
<p>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)</p> <p>A. Money, loan, tuition, health care costs (including treatment).....</p> <p>D. Value of food stuff or other goods.....</p> <p>G. Doing household chores, or providing child care or assisting during physical recovery</p> <p>H. Helping family business</p> <p>V. Other.....</p>	<p>(ANSWER MAY BE MORE THAN ONE)</p> <p>A. . . Rp.</p> <p>D. . . Rp.</p> <p>G. 03. Days 05. Months</p> <p>H. 03. Days 05. Months</p> <p>V. Rp.</p>

SECTION BA (NON-CORESIDENT SIBLINGS)

BA58x. CAPI CHECK (select one)	
PANEL RESPONDENT (AR01g=1) 1 ↓ BA58a	NEW RESPONDENT (AR01g=3) 1 ↓ BA58b

PANEL RESPONDENT BA58a. CAPI 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
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BA58b. CAPI 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
BA60a. Do you married only once ?	Yes, MARRIED ONLY ONCE 1 → BA62a No, MARRIED MORE THAN ONCE 3 → BA62
BA61. Do you have children 7 years old or older 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 7 years old or older 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 7 years old or older 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. CAPI 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 SIBLINGS)

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

BA63a.	BA63b. (NAME)	BA78. When [...] twelve years old, you and your husband married?	BA79. When [...] was 12 years old, with whom she/he lived?	BA80. What is/was [...]’s primary activity now/before his/her death?	BA81. What is/was [...]’s work status now/before his/her death?	BA82a. What is/was [...]’s type of work now/before his/her death?	BA83a. CAPI CHECK BA65 AND BA65a: [...] STILL ALIVE?	BA84. How often do/did you meet with [...] during the past year now/before his/her death?	BA84a. How often do/did you have contact with [...] by telephone during the past year now/before his/her death?	BA84b. 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 → BA63b ROW 2 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 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 → BA63b ROW 3 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 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 → BA63b ROW 4 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 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 → BA63b ROW 5 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 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 SIBLINGS)

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

BA63a.	BA63b. (NAME)	BA87a. In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	BA88. What type of assistance did you provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	BA89a. In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	BA90. What type of assistance did you receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 2 / BA90x/TF 3 →BA63b ROW 2 / BA90x/TF	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 3 / BA90x/TF 3 →BA63b ROW 3 / BA90x/TF	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 4 / BA90x/TF 3 →BA63b ROW 4 / BA90x/TF	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 5 / BA90x/TF 3 →BA63b ROW 5 / BA90x/TF	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 →BA63b ROW 6 / BA90x/TF 3 →BA63b ROW 6 / BA90x/TF	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.

BA90x	Is there any other child age 7 or above, biological or non-biological, co-residing or non-coresiding, who is not on the list?	1. Yes → ADD THE CHILD TO BA63b 3. No → SECTION TF
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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-CO-RESIDENT CHILDREN)

AR00.	BA63a.	BA63b.	BA63c.	BA64.	BA64a.	BA64b.	BA64c.	BA65.	BA65a.	BA66.	BA66a.	BA67.	BA68.	BA69.	BA70.
NO. OF HHM		NAME	Is [...] your biological child?	Sex	Age in 2007?	Birth Date Month/Year	Did [...] live in this household?	Is [...] alive?	Death Date Month/Year	Current Age/Age when died Yrs	CAP: AGE ≥ 15?	Marital Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
██	01		1 2 3 7 ↓ 8 ↓ 6 █ █ ↓	5. █		5. █ / █ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. █ / █ Month / Year 8. DON'T KNOW	1. █ years 8. DK	3 1 ↓	█	█	█	00 → BA63b ROW 2/BA90x/TF █
██	02		1 2 3 7 ↓ 8 ↓ 6 █ █ ↓	5. █		5. █ / █ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. █ / █ Month / Year 8. DON'T KNOW	1. █ years 8. DK	3 1 ↓	█	█	█	00 → BA63b ROW 3/BA90x/TF █
██	03		1 2 3 7 ↓ 8 ↓ 6 █ █ ↓	5. █		5. █ / █ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. █ / █ Month / Year 8. DON'T KNOW	1. █ years 8. DK	3 1 ↓	█	█	█	00 → BA63b ROW 4/BA90x/TF █
██	04		1 2 3 7 ↓ 8 ↓ 6 █ █ ↓	5. █		5. █ / █ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. █ / █ Month / Year 8. DON'T KNOW	1. █ years 8. DK	3 1 ↓	█	█	█	00 → BA63b ROW 5/BA90x/TF █
██	05		1 2 3 7 ↓ 8 ↓ 6 █ █ ↓	5. █		5. █ / █ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. █ / █ Month / Year 8. DON'T KNOW	1. █ years 8. DK	3 1 ↓	█	█	█	00 → BA63b ROW 6/BA90x/TF █

CODE AR00:
96. Not Registered at the Roster

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 BA64c:
1. Yes
3. No

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 complete 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	A1	B	C
	Respondent's spouse not in the household	Non-biological parents not in the household	Family members other than your parents, siblings or children	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	A1	B	C
	Respondent's spouse not in the household	Non-biological parents not in the household	Family members other than your parents, siblings or children	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?	No3 →TF05 COLUMN A Yes1	No 3 →TF05 COLUMN A1 Yes..... 1	No 3 →TF05 COLUMN B Yes 1	
TF04. In the past 12 months, what type of assistance did you or your spouse provide to [...] and what is the value? A. Money or loans B. Tuition..... C. Health care costs D. Food stuffs or other goods G. Chores, child care, care for sick family H. Help family business V. Other	(CIRCLE ALL THAT APLLY) A. ____ . ____ . ____ Rp. B. ____ . ____ . ____ Rp. C. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp.	(CIRCLE ALL THAT APLLY) A. ____ . ____ . ____ Rp. B. ____ . ____ . ____ Rp. C. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp.	(CIRCLE ALL THAT APLLY) A. ____ . ____ . ____ Rp. B. ____ . ____ . ____ Rp. C. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp.	
TF05. In the past 12 months, did you or your spouse receive assistance from [...] in the form of money, goods, or services?	No3 →TF02a COLUMN A1 Yes1	No 3 →TF03 COLUMN B Yes..... 1	No 3 →TF05 COLUMN C Yes 1	No3 →SECTION EP Yes 1

	A	A1	B	C
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SECTION TF (OTHER TRANSFERS)

	Respondent's spouse not in the household	Non-biological parents not in the household	Family members other than your parents, siblings or children	Friends or neighbors
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 APPLY)	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)
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.	V. [] [] [] . [] [] [] . [] [] [] Rp.	V. [] [] [] . [] [] [] . [] [] [] Rp.	V. [] [] [] . [] [] [] . [] [] [] Rp.
	→TF02a COLUMN A1	→TF03 COLUMN B	→TF05 COLUMN C	→SEKSI EP

SECTION EP (EXPECTATION)

<p>EP01. CAPI CHECK COV3 DAN COV5:</p>	<p>RESPONDENT IS BOOK IV RESPONDENT 3 →SEKSI CP RESPONDENT IS NOT BOOK IV RESPONDENT 1</p>
<p>EP01x. CAPI CHECK BA63b & BA66: HAVE CHILDREN AGE 7 – 24 YEAR?</p>	<p>YES 1 → EP NO 3 →CP</p>
<p>EP0Xa. Do you have any child (biological or non-biological) aged 7-24 from the current or previous wives?</p>	<p>Yes..... 1 → EP05 No 3 → SEKSI CP</p>

SECTION EP (EXPECTATION)

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

EP05.	EP06. HHM NUMBER IN AR (AR00)	EP07. HHM NUMBER IN BA (BA63a)	EP08. NAME	EP09. Child status	EP10. Sex	EP11. Age	EP12. Is [...] still alive?	EP13. CAPI CHECK EP11: IS [...] AGED 7-4?	EP14. Is [...] live in this HH?	EP15. Is [...] currently attending school, will attend school, or will continuing school in the future?	EP16. What his/her highest education level do you expect?	EP17. What his/her highest class level do you expect?	EP18. When [...] at your age now, according to you, how is [...]’s health status comparing your health status now?	EP19. 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

EP 19X. Is there any child (biological or non-biological) aged 7-24 that is not listed?

1. Yes → EP 05
3. No → SECTION CP

CODE EP06 AND EP07:

96. Not Registered

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 complete 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

LANGMAIN. Interview was entirely/mostly conducted in what language?	<input type="text"/> Other: _____				
LANGOTHR. Other language used (if any):	<input type="text"/> Other: _____				
CODE FOR LANGUAGE:					
00. Indonesian	04. Batak	08. Sasak	12. Makassar	16. Toraja	20. Lampung
01. Javanese	05. Bugis	09. Minang	13. Nias	17. Lahat	96. NONE
02. Sundanese	06. Chinese	10. Banjar	14. Palembang	18. Other South Sumatra	95. Other
03. Balinese	07. Maduranese	11. Bima	15. Sumbawa	19. Betawi	

C1.RESULT OF INTERVIEW OF BOOK III	C2.REASON CODE FOR ANSWER "3"/"2" ON C1	C4. SUPERVISOR MONITORING	
1. Completed → C4	1. Respondent was not at home/not available		Yes No
2. Partially completed	2. Respondent was seriously ill	a. Observed	1 3
3. Not completed	3. Respondent refused (to be interviewed)	b. Edited	1 3
	5. Other:	c. Verified	1 3

