

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:			MARSTAT What is your marital status?:			
	Head of h ousehold (AR02b=01) 1			Never married..... 1			
	Spouse of household head (AR02b=02)..... 2			Married 2			
	Other Householder 3			Separated 3			
				Divorce 4			
PANEL. (CAPI CHECK)	FOR BOOK III, RESPONDENT IS:			Widow/er 5			
	Panel Respondent 1			Cohabitate 6			
	New Respondent 3						
				SEX: Male.....1			
				(CAPI CHECK) Female..... 3			
				DOB. Date of Birth: _____ / _____ / _____			
				(CAPI CHECK) Day Month Year			
RANDOM_CO:	1. LIST A	2. LIST B	3. LIST C	4. LIST D			
(CAPI CHECK)							
RANDOM_PSN:	1. LSIT A	2. LIST B	3. LIST C	4. LIST D			
(CAPI CHECK)							

SECTION KM (SMOKING BEHAVIOUR)

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

KM01a.	Have you ever chewed tobacco, smoked a pipe, smoked self-rolled cigarettes, or smoked cigarettes/cigars?	No 3 →SECTION KK Yes 1
Products normally used:		
KM01b.	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 Kretek 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 mintues 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	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	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	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)
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
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
KK04g.	Is [...] paid to help you?	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 → 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 _____, _____, _____ 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)	____

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

SECTION 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	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. 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. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

Code for CD06 (Cancer) A. Brain B. Oral cavity C. Larynx D. Other pharynx E. Thyroid F. Lungs G. Breast H. Oesophagus I. Stomach J. Liver K. Pancreas L. Kidney M. Prostate N. Testicle O. Ovary P. Cervix Q. Endometrium R. Colon/Rectum S. Bladder T. Skin U. Non Hodgkin lymphoma X. Leukemia V. Other, mention _____	Code for CD09a 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	Code for CD09b 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) Code for CD09c A. Weight control B. Exercise C. Diet D. Smoking control E. Foot self care (CAPI: ONLY FOR CDTYPE B) W. None of the above
NOTE for CD09a 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. CD09b is for CDTYPE A,B,F,H and M only need to block the other CDTYPE.		

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 See Myself As Someone Who [....]				
		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 See Myself As Someone Who [....]				
		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 See Myself As Someone Who [....]				
		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 See Myself As Someone Who [....]				
		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)

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

CO01. Please tell me today's date	1. Gregorian calenddar: / / Day / Month / Year	2. Islamic calendar: / / Day / Month / Year
	3. Local calendar: / / Day / Month / Year	8. DON'T KNOW
CO02. CAPI CHECK: DATE OF INTERVIEW		
1. Gregorian calenddar: / / Day / Month / Year	1. ALL THREE OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY	
2. Islamic calendar: / / Day / Month / Year	2. TWO OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY	
3. Local calendar: / / Day / Month / Year	3. ONE OF DAY/MONTH/YEAR WAS ANSWERED CORRECTLY	
	4. NONE OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY	
	5. CO01=8	
CO03. Please tell me what the day of the week is today	1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday 8. DON'T KNOW	
CO04. CAPI CHECK TODAY'S DAY: _____	1. DAY MENTIONED IN CO03 IS CORRECT 3. DAY MENTIONED IN CO03 IS INCORRECT 6. CO03=8	
C04aa. How would you rate your memory at the present time? Would you say it is excellent, very good, good, fair or poor?	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor	

Let's try some subtraction of numbers now.

CO04a. What are 100 minus 7 equal to?	1.	7. REFUSE→CO04f	8. DON'T KNOW→CO04f
CO04b. And - 7 from that?	1.	7. REFUSE→CO05	8. DON'T KNOW→CO05
CO04c. And - 7 from that?	1.	7. REFUSE→CO05	8. DON'T KNOW→CO05
CO04d. And - 7 from that?	1.	7. REFUSE→CO05	8. DON'T KNOW→CO05
CO04e. And - 7 from that?	1. →CO05	7. REFUSE→CO05	8. DON'T KNOW→CO05

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 finsih reading the list, we will ask you to recall and tell us as many words as you can remember, and they don't have to be in order. Is this explanation clear?

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

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

SECTION CO (COGNITIVE CAPACITY)

CO09. INTERVIEWER CHECK: WRITE DOWN THE TIME NOW

/

HOUR / MINUTE

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

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

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

3

4

5

?

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?

7

6

?

4

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)

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
--------	-----	----	----	----	---	---

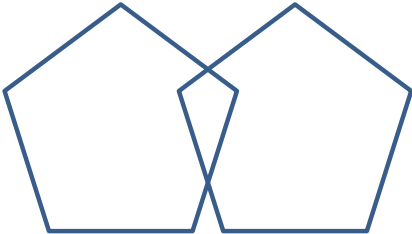
COB06.	15.	3	3	4	6	6	7	?	?
--------	-----	---	---	---	---	---	---	---	---

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.	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. GET READY TO TIME 60 SECONDS. REPEAT INSTRUCTION IF NECESSARY. 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” Are you ready? Begin. CAPI: SHOW THE TIMER. AFTER 60 SECONDS, COUNT THE TALLY AND ENTER THE TOTAL IN CAPI	___ 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)

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

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>	<input type="text"/>
SA02.	Including yourself, how many people lived in your household at this accommodation when you were 12?	<input type="text"/>
SA03.	How many older brothers lived in your household at this accommodation when you were 12?	<input type="text"/>
SA04.	How many older sisters lived in your household at this accommodation when you were 12?	<input type="text"/>
SA05.	How many younger brothers lived in your household at this accommodation when you were 12?	<input type="text"/>
SA06.	How many younger sisters lived in your household at this accommodation when you were 12?	<input type="text"/>
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, JAMKESSOS, JAMPERSAL or ASURANSI MANDIRI?	No 3 ➔ AK06 Yes 1
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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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other 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 <u> </u> 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
K. JAMPERSAL	3.No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year <u> </u> 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
L. JKN (Jaminan Kesehatan Nasional)	3.No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year <u> </u> 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE 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, JAMKESMAS , JAMKESDA, JAMKESSOS, JAMPERSAL atau JKN ?	No 3 ➔ SECTION PS Yes 1
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TYPES OF INSURANCE/BENEFITS (AKTYPE)		AK07.			AK08.		
		What benefits did you lose?			When did the benefits end?		
A.	Health Insurance (<i>PT ASKES</i>)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Month</div> <div>Year</div> </div> </div> <div>DON'T KNOW</div>	1	8
B.	Labor (Social) Insurance (<i>ASTEK Jamsostek</i>)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Month</div> <div>Year</div> </div> </div> <div>DON'T KNOW</div>	1	8
C.	Employer provided health insurance/benefits	3. No ↓	8. DON'T KNOW ↓	1. Yes →	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Month</div> <div>Year</div> </div> </div> <div>DON'T KNOW</div>	1	8
D.	Employer Provided Clinic	3. No ↓	8. DON'T KNOW ↓	1. Yes →	<div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Month</div> <div>Year</div> </div> </div> <div>DON'T KNOW</div>	1	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. , , Rp. 8. DON'T KNOW

SECTION RJ (OUTPATIENT CARE)

HHID										PID		
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RJ04a.	CAPI CHECK COV3: AGE ≥ 50 YEARS?	NO 3 →RJ00a YES..... 1
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Now we would like to ask you some question about your visit to the Posyandu for the Elderly

RJ04aa.	Have you ever received vaccination for:	
	a. Pneumonia	1. Yes 3. NO
	b.Chicken pox/shingles	1. Yes 3. NO
	c.Influenze	1. Yes 3. NO
RJ04b.	In the past4 weeks, did you visit a Posyandu for the elderly?	No..... 3 →RJ00a Yes 1
RJ04c.	What is the name and location of the Posyandu for the elderly? 1. Specify 3. Same as residence 8. DON'T KNOW	Name 1. 8. DK Address 1. 8. DK Loc. Note 1. 8. DK Vill: 1. 3. Same as residence 8. DON'T KNOW Kec: 1. 3. Same as residence 8. DON'T KNOW Kab: 1. 3. Same as residence 8. DON'T KNOW Prov: 1. 3. Same as residence 8. DON'T KNOW CODE CF

RJ04d.	What was the purpose of your visit to the Posyandu for the Elderly?	CIRCLE ALL THAT APPLY
	A. Health checks.....	A
	B. Food supplement	B
	C. Meeting with other elderly.....	C
	D. Activities with other elderly	D
	E. Counseling	E
	V. Other.....	V.....
RJ04e.	How many kilometers is it from the medical facility to your residence? km 1 DON'T KNOW 8

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

SECTION RJ (OUTPATIENT CARE)

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

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

MEDICAL FACILITY (RJTYPE)	RJ01.	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)

HHID **PID**

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

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

RJ10a. CAPI CHECK RJ05a: FACILY IS A, B, E, F?	YES1 ➔RJ11 NO3
RJ10. Did the provider visit you at home?	Yes1 ➔RJ17 No3

RJ11.	How many kilometers is it from the medical facility to your residence?	_____, ____ Km..... 1 DON'T KNOW..... 8
RJ12.	What is the travel time (one-way) to that facility?	1. _____ 02. Minute 03. Hour 8. DON'T KNOW
RJ14.	What was the total transportation cost to the facility (INCLUDING FUEL COST, ONE WAY TRIP)?	_____,_____ Rp. 1 DON'T KNOW..... 8
RJ15.	Upon arrival, how long did you have to wait to be examined?	1. _____ 02. Minute 03. Hour 8. DON'T KNOW
RJ17.	What kind of treatment did you receive? A. Health examination/consultation B. Injection..... C. Laboratory examination..... D. Operation/surgery..... E. X-Ray..... F. Family Planning..... G. Medicine..... I. Massage..... J. Traditional/herbal medicine..... K. Pregnancy examination L. Physiotherapy V. Other	CIRCLE ALL THAT APPLY A B C D E F G I J K L V.....
RJ17a.	What do you think about the services that were provided by this facility?	Satisfactory 1 Somewhat satisfactory 2 Unsatisfactory 3 Very unsatisfactory..... 4
RJ20.	What was the total cost to fill a prescription that you received during this visit?	_____,_____,_____ Rp..... 1 Didn't get prescription 3 Didn't fill prescription 5 DON'T KNOW 8

SECTION RJ (OUTPATIENT CARE)

RJ21.	What was the total cost of treatment, including medications that may have been administered, not including prescription cost? (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?	MALE1 →LINE G FEMALE3 → RJ26
--------------------------------------------	---------------------------------------------

	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 / 1 Month / Year DON'T KNOW 8
RJ28. Who did the procedure the last time you had it performed?	Public hospital 01 Public health center..... 02 Private hospital..... 03 Polyclinic, private clinic, medical center .. 04 Private physician 05 Nurse, paramedic, midwife 06 Traditional practitioner..... 07 Private lab 09 DON'T KNOW 08 Other 95
RJ29. How many times did you perform self-examination of your breast in the last 12 months?	1. Times 3. None 8. DON'T KNOW
RJ29a. Have you heard about mammograms?	No..... 3➔ SECTION FM Yes 1
RJ29b. How many times did you have a mammogram exam in the last 12 months?	1. Times 3. None 8. DON'T KNOW

SECTION FM (FOOD FREQUENCY)

Now we would like to ask you about your eating frequency

FM01. Do you normally eat [...]?	01. 3 times per day	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 (wajik, geplak, 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?	No3 Yes1
------------------------------------------------------------------------------------------------------------------------	-------------------------

TEMPAT DIRAWAT INAP (RNTYPE)	RN01.	RN02.	RN02b.
	During the past 12 months, have you ever received inpatient care at [...] ?	How many times have you received inpatient care at [...] during the past 12 months?	How much did you pay out of pocket for inpatient care at [...] during the past 12 months?
A. Public Hospital (General or Specialty)	→ 3. No 1. Yes ↓	___ Times	___ . ___ . ___ Rp.
B. Public Health Center (puskesmas)	→ 3. No 1. Yes ↓	___ Times	___ . ___ . ___ Rp.
C. Private Hospital	→ 3. No 1. Yes ↓	___ Times	___ . ___ . ___ Rp.
D. Private Clinic	→ 3. No 1. Yes ↓	___ Times	___ . ___ . ___ Rp.
V. Other	→ 3. No 1. Yes ↓ RN05a	___ Times	___ . ___ . ___ Rp.

SECTION RN (INPATIENT CARE)

IDRT NO. ART

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

<p>RN05a. What is the type of health or service facility?</p> <p>RN06. What is the name and location of facility?</p> <p>1. Specify 3. Same as current residence 8. Don't Know</p>	<p><input type="checkbox"/> _____</p> <p>Name 1. _____ 8. DK _____</p> <p>Address 1. _____ 8. DK _____ _____</p> <p>Location 1. _____ 8. DK _____ _____</p> <p>Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p> <p>CODE CF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>RN08. How many nights were you hospitalized there?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nights</p>
<p>RN10. For what reason were you hospitalized?</p>	<p>Sickness 01 Accident 02 Giving birth 03 Operation 05 Other 95</p>
<p>RN15. During hospitalization, what kind of treatment did you receive?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>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</p>

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. <input type="text"/> , <input type="text"/> , <input type="text"/> 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 cosst)	1. <input type="text"/> , <input type="text"/> , <input type="text"/> 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 insurance04 Savings related insurance.....05 SKTM.....06 Jamkesmas07 Jamkesda08 JKN09 Jampersal10 Other.....95
RN19c. How much is the total cost of hospitalization , including those that will be paid or have already been paid by insurance??	<input type="text"/> . <input type="text"/> . <input type="text"/> 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?	<input type="text"/> , <input type="text"/> , <input type="text"/> 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

02. RT (sub-neighborhood)

03. RW (neighborhood)

04. Village

05. Dharma Wanita/Dharma Pertiwi (Wives of civil servant/military)

06. PKK

07. Market

08. Family

09. Religious group

12. Friend

13. Retirees

14. Farmers group

15. Youth group

16. Motorcycle arisan

95. Other

B3B_PM1

BOOK IIIB - 46

IFLS5

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?		
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-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA06e. Did your father/mother died of a [...]	Heart attack.....A Malaria J Heart problemsB 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 problemsB 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:			CODE FORBA09:		CODE FOR BA12:	
02. Elementary school	62. University S2 (Master)	17. School for the disabled	00. Did not/have not completed 1st grade		01. Self employed.	04. Government worker
03. Junior High General (SLP/SLTP)	63. University S3 (Doctorate)	72. Madrasah Ibtidaiyah	01. 1		02. Self-employed with unpaid family worker/temporary worker.	05. Private worker
04. Junior High Vocational (SLP/SLTP)	11. Adult Education C	73. Madrasah Tsanawiyah	02. 2	06. 6	03. Self-employed with permanent worker.	06. Unpaid family worker
05. Senior High General (SMA/SLA/SLTA)	12. Adult Education B	74. Madrasah Aliyah	03. 3	07. Graduated		07. Casual worker in agriculture
06. Senior High Vocational (SMA/SLA/SLTA)	13. Open University	98. DON'T KNOW	04. 4	98. DON'T KNOW		08. Casual worker not in agriculture
60. College D1, D2, D3	14. Pesantren	95. Other	05. 5			98. DON'T KNOW
61. University S1 (Bachelor)	15. Adult Education C					

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)	

FILL-OUT COLUMN FROM TOP TO BOTTOM

B3B_BA1	BOOK IIIB - 53	IFLS5
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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	<div></div> → BA14c MOTHER COLUMN	<div></div> → BA28

SECTION BA (NON-CORESIDENT SIBLINGS)

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

SECTION BA (NON-CORESIDENT 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 INDICATED3→BA00b (PREPRINTED CHILD ROSTER)
PREPRINTED CHILD ROSTER DOES NOT EXIST1→BA58b

BA58b. CAPI CHECK COV3 AND COV5:	FEMALE AND DOES NOT ANSWER BOOK IV3 →BA61 FEMALE AND ANSWER BOOK IV2 →SECTION TF MALE1
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 ONCE1 →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.	BA78.	BA79.	BA80.	BA81.	BA82a.	BA83a.	BA84.	BA84a.	BA84b.
	(NAME)	When [...] twelve years old, you and your husband married?	When [...] was 12 years old, with whom she/he lived?	What is/was [...]’s primary activity now/before his/her death?	What is/was [...]’s work status now/before his/her death?	What is/was [...]’s type of work now/before his/her death?	CAPI CHECK BA65 AND BA65a: [...] STILL ALIVE?	How often do/did you meet with [...] during the past year now/before his/her death?	How often do/did you have contact with [...] by telephone during the past year now/before his/her death?	How often do/did you have contact with [...] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 8 → BA63b ROW 2 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 8 → BA63b ROW 3 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 8 → BA63b ROW 4 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 8 → BA63b ROW 5 / BA90x/TF	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		CODES FOR BA79:		CODES FOR BA80:		CODES FOR BA81:		CODES FOR BA83a:		CODES FOR BA84, BA84a, A84b:
		1. With Father and mother 2. With Father only 3. With Mother only 4. Not with father and mother		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		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		1. Still Alive 3. Has died in the last 12 months 5. Has died more than 12 months ago 8. DON’T KNOW		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.	BA87a.	BA88.	BA89a.	BA90.
	(NAME)	In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	What type of assistance did you provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	What type of assistance did you receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> <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"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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-CORESIDENT 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?	Marita l Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
<div><div></div><div></div><div></div></div>	01		<div><div>1 2 3</div><div>7 ↓ 8 ↓</div><div>6 <div></div> ↓</div></div>	<div><div>5. <div></div></div></div>		<div><div>5. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1 ↓</div><div>3</div></div>	<div><div>1 → BA66</div><div>8 → BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>3 1</div><div>↓</div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div>00 → BA63b ROW</div><div>2/BA90x/TF</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	02		<div><div>1 2 3</div><div>7 ↓ 8 ↓</div><div>6 <div></div> ↓</div></div>	<div><div>5. <div></div></div></div>		<div><div>5. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1 ↓</div><div>3</div></div>	<div><div>1 → BA66</div><div>8 → BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>3 1</div><div>↓</div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div>00 → BA63b ROW</div><div>3/BA90x/TF</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	03		<div><div>1 2 3</div><div>7 ↓ 8 ↓</div><div>6 <div></div> ↓</div></div>	<div><div>5. <div></div></div></div>		<div><div>5. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1 ↓</div><div>3</div></div>	<div><div>1 → BA66</div><div>8 → BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>3 1</div><div>↓</div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div>00 → BA63b ROW</div><div>4/BA90x/TF</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	04		<div><div>1 2 3</div><div>7 ↓ 8 ↓</div><div>6 <div></div> ↓</div></div>	<div><div>5. <div></div></div></div>		<div><div>5. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1 ↓</div><div>3</div></div>	<div><div>1 → BA66</div><div>8 → BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>3 1</div><div>↓</div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div>00 → BA63b ROW</div><div>5/BA90x/TF</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	05		<div><div>1 2 3</div><div>7 ↓ 8 ↓</div><div>6 <div></div> ↓</div></div>	<div><div>5. <div></div></div></div>		<div><div>5. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1 ↓</div><div>3</div></div>	<div><div>1 → BA66</div><div>8 → BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>3 1</div><div>↓</div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div><div></div></div></div>	<div><div>00 → BA63b ROW</div><div>6/BA90x/TF</div><div><div></div><div></div><div></div></div></div>

CODE AR00:

96. Not Registered at the
Roster

CODE BA64:

1. Male
3. Female

CODE BA63c:

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

CODE BA65:

1. Yes
3. No
8. DK

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

CODE BA70:

000. In this household
001. In the same village
002. In the same subdistrict
003. In the same district
004. In the same province
010. Sumatera
011. Nanggroe Aceh Darussalam
012. North Sumatra
013. West Sumatra
014. Riau
015. Jambi
016. South Sumatra
017. Bengkulu

018. Lampung
019. Bangka Belitung
020. Riau Islands
030. Java
031. DKI Jakarta
032. West Java
033. Central Java
034. D.I. Yogyakarta
035. East Java
036. Banten
051. Bali
052. West Nusa Tenggara
053. East Nusa Tenggara

060. Kalimantan
061. West Kalimantan
062. Central Kalimantan
063. South Kalimantan
064. East Kalimantan
070. Sulawesi
071. North Sulawesi
072. Central Sulawesi
073. South Sulawesi
074. Southeast Sulawesi
075. Gorontalo
076. West Sulawesi

081. Maluku
082. North Maluku
090. Irian
091. West Irian Jaya
094. Papua
101. Malaysia
102. Singapore
103. Brunei Darussalam
104. Hongkong
105. Japan
106. South Korea
107. Taiwan
108. Timor Leste

121. Yaman
122. Saudi Arabia
123. Kuwait
124. United Arab Emirates
131. Argentina
132. USA
141. Australia
151. Holland
152. England
998. DON'T KNOW
995. Other

B3B_BA6

BOOK IIIB - 60

IFLS5

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

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 APLLY)	(CIRCLE ALL THAT APLLY)	(CIRCLE ALL THAT APLLY)	(CIRCLE ALL THAT APLLY)
A. Money or loans	A. . . Rp.	A. . . Rp.	A. . . Rp.	A. . . Rp.
B. Tuition.....	B. . . Rp.	B. . . Rp.	B. . . Rp.	B. . . Rp.
C. Health care costs	C. . . Rp.	C. . . Rp.	C. . . Rp.	C. . . Rp.
D. Food stuffs or other goods	D. . . Rp.	D. . . Rp.	D. . . Rp.	D. . . Rp.
G. Chores, child care, care for sick family	G. 03. Days 05. Months	G. 03. Days 05. Months	G. 03. Days 05. Months	G. 03. Days 05. Months
H. Help family business	H. 03. Days 05.Months	H. 03. Days 05.Months	H. 03. Days 05.Months	H. 03. Days 05.Months
V. Other	V. Rp.	V. Rp.	V. Rp.	V. Rp.
	➔TF02a COLUMN A1	➔TF03 COLUMN B	➔TF05 COLUMN C	➔SEKSI EP

SECTION EP (EXPECTATION)

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

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
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CODE EP06 AND EP07:
96. Not Registered

CODE EP10:
1. Male
3. Female

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

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

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

CODE EP17:
00. Did not 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:																									
<table><tr><td>00. Indonesian</td><td>04. Batak</td><td>08. Sasak</td><td>12. Makassar</td><td>16. Toraja</td><td>20. Lampung</td></tr><tr><td>01. Javanese</td><td>05. Bugis</td><td>09. Minang</td><td>13. Nias</td><td>17. Lahat</td><td>96. NONE</td></tr><tr><td>02. Sundanese</td><td>06. Chinese</td><td>10. Banjar</td><td>14. Palembang</td><td>18. Other South Sumatra</td><td>95. Other</td></tr><tr><td>03. Balinese</td><td>07. Maduranese</td><td>11. Bima</td><td>15. Sumbawa</td><td>19. Betawi</td><td></td></tr></table>		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	
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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

SECTION CP (INTERVIEWER NOTES)

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