



## SECTION DL (EDUCATION)

The following questions pertain to [R'S NAME] education.

<b>DL01a.</b> What languages does [R'S NAME] speak in daily life at home?  (CIRCLE ALL THAT APPLY)	Indonesian .....	W
	Javanese .....	A
	Sundanese .....	B
	Maduranese .....	C
	Balinese .....	D
	Sasak .....	E
	Minang .....	F
	Batak .....	G
	Bugis .....	H
	Chinese .....	I
	Banjar .....	J
	Bima .....	L
	Makassar .....	M
	Nias .....	N
	Palembang .....	O
Sumbawa .....	P	
Toraja .....	Q	
Lahat .....	R	
Other South Sumatra .....	S	
Betawi .....	T	
Lampung .....	U	
Other .....	V	
<b>DL02.</b> Can [R'S NAME] read an Indonesian-language newspaper?	Yes .....	1
	No .....	3
<b>DL02a.</b> Can [R'S NAME] read a newspaper in another language?	Yes .....	1
	No .....	3
<b>DL03.</b> Can [R'S NAME] write a letter in Indonesian?	Yes .....	1
	No .....	3
<b>DL03a.</b> Can [R'S NAME] write a letter in another language?	Yes .....	1
	No .....	3
<b>DL03b.</b> Does [R'S NAME] have cell phone?	Yes .....	1
	No .....	3 → DL3d
<b>DL03c.</b> What does [R'S NAME] usually use the cell phone for?	A.Private conversation B.Bussiness conversation C.Text Message D.Email E.Social Media (chatting,facebook, Twitter) F.Mobile Banking G.Transfer phone minutes H. Entertainment/multimedia (games, ringtone, TV, Radio,MP3)	
<b>DL03d.</b> Do you have internet access?	No .....	3 → DL04
	Yes .....	1

<b>DL03e.</b> Where does [R'S NAME] get internet access?	A.Computer at home B.Computer at school C.Computer at place of work D.Computer at Internet Cafe E.Handphone V.Others	
<b>DL04.</b> Has [R'S NAME] ever attended/is [R'S NAME] attending school?	No .....	3 → DL05b
	Yes .....	1
<b>DL06.</b> What is the highest education level attended?  [NOTE TO INTERVIEWER: IF THEY ARE CURRENTLY ATTENDING SCHOOL, RECORD THE LEVEL THEY ARE CURRENTLY ATTENDING]	ELEMENTARY .....	
	JUNIOR HIGH GENERAL .....	
	JUNIOR HIGH VOCATIONAL .....	
	SENIOR HIGH GENERAL .....	
	SENIOR HIGH VOCATIONAL .....	
	COLLEGE (D1, D2, D3) .....	
	UNIVERSITY (BACHELOR) .....	
	UNIVERSITY (MASTER) .....	
	UNIVERSITY (DOCTORATE) .....	
	ADULT EDUCATION A. ....	
	ADULT EDUCATION B. ....	
	ADULT EDUCATION C. ....	
	OPEN UNIVERSITY .....	
	ISLAMIC SCHOOL (PESANTREN) .....	
	SCHOOL FOR DISABLED .....	
	ISLAMIC ELEMENTARY SCHOOL (MADRASAH IBTIDAIYAH) .....	
	JUNIOR/HIGH SCHOOL (MADRASAH TSANAWIYAH) .....	
	ISLAMIC SENIOR HIGH SCHOOL (MADRASAH AALIYAH) .....	
	KINDERGARTEN .....	
	DON'T KNOW .....	
	OTHER: .....	
<b>DL07.</b> What is the highest grade completed at that school?	Did not complete first grade at that level .....	
	1 .....	01
	2 .....	02
	3 .....	03
	4 .....	04
	5 .....	05
	6 .....	06
	Graduated .....	07
	DON'T KNOW .....	98
<b>DL05a.</b> At what age did [R'S NAME] first attend the elementary school?	_ _  Age	
<b>DL05b.</b> Did [R'S NAME] attend a kindergarten?	No .....	3 → DL05
	Yes .....	1
<b>DL05c.</b> At what age did [R'S NAME] first attend the kindergarten?	_ _  Age	
<b>DL05.</b> CAPI CHECK COV3:	RESPONDENT'S AGE ≥ 50 YEARS .....	
	1 → SECTION KW	
	RESPONDENT'S AGE < 50 YEARS .....	
	3	
<b>DL05f.</b> CAPI CHECK DL04: (EVER /CURRENTLY ATTEND SCHOOL)	DL04=3 .....	3 → SECTION KW
	DL04=1 .....	1
<b>DL06x.</b> CAPI CHECK DL06: 14 (PESANTREN)?	NO .....	3 → SECTION KW
	YES .....	1

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<p><b>DL07a.</b> Is [R'S NAME] currently attending school? NOTES :IF DL07a=1 , THEN DL 07 MUST NOT= 07</p>	<p>No ..... 3 → DL07x Yes..... 1</p>
<p><b>DL07aa.</b> How many effective hours did [R'S NAME] attend school last week or the last week the school was in session? <b>(NOT INCLUDING BREAKS)</b></p>	<p>          hours</p>
<p><b>DL07x.</b> CAPI CHECK : PANEL RESPONDENT? (COV 2)</p>	<p>PANEL RESPONDENT ..... 1 → DL07d NEW RESPONDENT..... 3 → DL08b</p>

**SECTION DL (EDUCATION)**

PANEL RESPONDENT BOOK 3 (AR01g=1) ↓		NEW RESPONDENT BOOK 3 (AR01g=3) ↓	
<b>DL07d. CAPI CHECK DL07a: CURRENTLY ATTENDING SCHOOL?</b>	<b>YES</b> ..... 1 → DL08a <b>NO</b> ..... 3	<b>DL08b. CAPI CHECK DL06: HIGHEST LEVEL OF SCHOOLING ATTENDED/CURRENTLY ATTENDING</b>	ELEMENTARY ..... 1 JUNIOR HIGH ..... 2 SENIOR HIGH ..... 3 D1, D2, D3, UNIVERSITY ..... 4
<b>DL07b.</b> In what month and year did [R'S NAME] last graduate or leave school?	<input type="text"/> / <input type="text"/> Month / Year		
<b>DL07e. CAPI CHECK DL07b: GRADUATED/LEFT SCHOOL BEFORE JUNE 2007?</b>	<b>BEFORE JUNE 2007</b> ..... 1 → DL16xc <b>JUNE 2007 OR AFTER</b> ..... 3	<b>DL09b. CAPI CHECK DL08a AND WRITE DOWN THE NUMBER OF COLUMNS ACCORDING TO THE HIGHEST LEVEL OF SCHOOLING</b>	<input type="text"/> columns  <b>COMPLETE DL10-DL16j FOR EACH LEVEL OF SCHOOLING EVER ATTENDED</b>
<b>DL08a.</b> What levels of schooling [R'S NAME] has attended/are attending since June 2007?	ELEMENTARY ..... A JUNIOR HIGH ..... B SENIOR HIGH ..... C D1, D2, D3, UNIVERSITY ..... D		
<b>DL09a. CAPI CHECK DL08a AND WRITE DOWN THE NUMBER OF COLUMNS ACCORDING TO THE LEVELS OF SCHOOLING ATTENDED SINCE JUNE 2007</b>	<input type="text"/> columns  <b>COMPLETE DL10-DL16j ONLY FOR THE LEVELS OF SCHOOLING ATTENDED SINCE JUNE 2007</b>		

**SECTION DL (EDUCATION)**

DL16xb. CAPI CHECK :	PANEL RESPONDENT (AR01g=1)..... 1→ISI DL16a-DL16e ACCORDING TO LEVELS OF SCHOOLING ATTENDED SINCE JUNE 2007 NEW RESPONDENT ≥30 YEARS OLD ..... 2→DL16xc NEW RESPONDENT <30 YEARS OLD ..... 3→ISI DL16a-DL16e FOR ALL LEVELS OF SCHOOLING EVER ATTENDED
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School Level (DL2TYPE)	1. Elementary	2. Junior High	3. Senior High	4. D1, D2, D3//University
DL16a. Have [R'S NAME] ever taken the EBTANAS/UAN/UN exam at [...] level?	DON'T KNOW. 8→DL16xc No ..... 3→DL16a COL 2 Yes ..... 1	DON'T KNOW 8→DL16xc No ..... 3→DL16a COL 3 Yes ..... 1	DON'T KNOW. 8→DL16xc No ..... 3→DL16a Yes ..... 1	
DL16b. Can you show us the official record of [R'S NAME] EBTANAS/UAN/UN score (DANEM)?  <b>INTERVIEWER NOTE: EBTANAS/UAN/UN SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM).</b>	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3	
DL16c. What month and year did [R'S NAME] take the EBTANAS/UAN/UN [...]?	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW	
DL16c1. CAPI CHECK DL16a: EBTANAS/UAN/UN	EBTANAS .....1 UAN/UN .....2	EBTANAS .....1 UAN/UN .....2	EBTANAS ..... 1 UAN/UN ..... 2	
DL16c2. Number of subjects tested in the national exam (EBTANAS/UAN/UN) for the [...] school level:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DL16d. What was [R'S NAME] ebtanas score for the following subjects: (If the respondent shows you official record (DANEM) copy from danem, if you cannot see official record (DANEM) ask the respondent for their score).				
B. Indonesian	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	
C. English	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	
D. Math	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	1. <input type="text"/> . <input type="text"/> 6 . NA 8. DON'T KNOW	
DL16e. Total EBTANAS/UAN/UN	1. <input type="text"/> , <input type="text"/> 8. DON'T KNOW →DL16a COL 2 DL16xc	1. <input type="text"/> , <input type="text"/> 8. DON'T KNOW →DL16a COL 3 DL16xc	1. <input type="text"/> , <input type="text"/> 6. NB 8. DON'T KNOW →DL16xc	

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<b>DL16xc. CAPI CHECK DL06:</b>	<input type="checkbox"/> columns → <b>WRITE DOWN THE NUMBER OF COLUMNS ACCORDING TO LEVELS OF SCHOOLING EVER ATTENDED</b>
<b>DL16xd. CAPI CHECK DL07x and DL07e</b>	<b>PANEL RESPONDENT OF BOOK 3 WHO IS CURRENTLY ATTENDING SCHOOL/HAS ATTENDED SCHOOL SINCE JUNE 2007 ..... 1</b> <b>NEW RESPONDENT ..... 2</b> <b>PANEL RESPONDENT OF BOOK 3 WHO GRADUATED/LEFT SCHOOL BEFORE JUNE 2007 ..... 3 → KW</b>

School Level (DL2TYPE)	1. Elementary	2. Junior High	3. Senior High	4. D1, D2, D3//University
<b>DL11a.</b> When did [R'S NAME] first attended schooling at this level?	1. Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW	1. Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW	1. Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW	1. Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW
<b>DL11b.</b> At what age did [R'S NAME] first attended schooling at this level?	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW
<b>DL11c.</b> What is the highest grade [R'S NAME] has ever/is currently enrolled in at this level?	Graduated ..... 07 →DL11f 1 ..... 01 2 ..... 02 3 ..... 03 4 ..... 04 5 ..... 05 6 ..... 06 DON'T KNOW ..... 98	Graduated ..... 07 →DL11f 1 ..... 01 2 ..... 02 3 ..... 03 DON'T KNOW ..... 98	Graduated ..... 07 →DL11f 1 ..... 01 2 ..... 02 3 ..... 03 DON'T KNOW ..... 98	Graduated ..... 07 →DL11f Year 1 ..... 01 Year 2 ..... 02 Year 3 ..... 03 Year 4 ..... 02 Year 5 ..... 03 Year 6 ..... 02 DON'T KNOW ..... 98
<b>DL11d.</b> Did [R'S NAME] completed this level of schooling [...] ?	Yes ..... 1 →DL11f Still in school ..... 6 →DL13 No ..... 3	Yes ..... 1 →DL11f Still in school ..... 6 →DL13 No ..... 3	Yes ..... 1 →DL11f Still in school ..... 6 →DL13 No ..... 3	Yes ..... 1 →DL11f Still in school ..... 6 →DL13 No ..... 3
<b>DL11e.</b> Why did [R'S NAME] leave this level of schooling?	B C D E F G H I K L V ..... Y	B C D E F G H I K L V ..... Y	B C D E F G H I K L V ..... Y	B C D E F G H I K L V ..... Y

<b>Kode DL11e</b>				
Working/helping to earn income .....B	Not able to study .....E	School had no teachers ..... H	Help at home .....L	
Could not afford .....C	Not admitted at school .....F	School closed/ruined ..... I	Marriage .....M	
No schools/schools too far .....D	Sick or disabled ..... G	Doesn't want to go .....K	Others ..... V	

**SECTION DL (EDUCATION)**

School Level (DL2TYPE)	1. Elementary	2. Junior High	3. Senior High	4. D1, D2, D3//University
<b>DL11f.</b> When did [R'S NAME] leave/graduate from this [...] level of schooling?	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL13 8. DON'T KNOW	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL13 8. DON'T KNOW	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL13 8. DON'T KNOW	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL14a 8. DON'T KNOW
<b>DL11g.</b> At what age did [R'S NAME] leave/graduate from this [...] level of schooling?	1. <input type="text"/> years 8. DK			
<b>DL13.</b> Has [R'S NAME] ever failed a grade at [...] school ?	DON'T KNOW ..... 8 →DL14a No ..... 3 →DL14a Yes ..... 1	DON'T KNOW ..... 8 →DL14a No ..... 3 →DL14a Yes ..... 1	DON'T KNOW ..... 8 →DL14a No ..... 3 →DL14a Yes ..... 1	
<b>DL14.</b> What grades has [R'S NAME] failed and how many times did [R'S NAME] repeat that grade?  <b>CIRCLE ALL THAT APPLY</b>	Grade # repeats A. 1 <input type="checkbox"/> times B. 2 <input type="checkbox"/> times C. 3 <input type="checkbox"/> times D. 4 <input type="checkbox"/> times E. 5 <input type="checkbox"/> times F. 6 <input type="checkbox"/> times	Grade # repeats A. 1 <input type="checkbox"/> times B. 2 <input type="checkbox"/> times C. 3 <input type="checkbox"/> times	Grade # repeats A. 1 <input type="checkbox"/> times B. 2 <input type="checkbox"/> times C. 3 <input type="checkbox"/> times	
<b>DL14a.</b> When [R'S NAME] are at this [...] school level, did [R'S NAME] ever leave school for 4 consecutive weeks or more, including not enrolling in a full year?	8. DON'T KNOW →DL15 3. No →DL15 1. Yes			
<b>DL14b.</b> How many times did the school disruptions occur?	Grade # disruptions A. 1 <input type="checkbox"/> times B. 2 <input type="checkbox"/> times C. 3 <input type="checkbox"/> times D. 4 <input type="checkbox"/> times E. 5 <input type="checkbox"/> times F. 6 <input type="checkbox"/> times	Grade # disruptions A. 1 <input type="checkbox"/> times B. 2 <input type="checkbox"/> times C. 3 <input type="checkbox"/> times	Grade # disruptions A. 1 <input type="checkbox"/> times B. 2 <input type="checkbox"/> times C. 3 <input type="checkbox"/> times	Year # disruptions A. 1 <input type="checkbox"/> times B. 2 <input type="checkbox"/> times C. 3 <input type="checkbox"/> times D. 4 <input type="checkbox"/> times E. 5 <input type="checkbox"/> times F. 6 <input type="checkbox"/> times
<b>DL14c.</b> When did the school disruptions occur?  <b>(IF MORE THAN 3 TIMES, WRITE THE THREE LONGEST)</b>	A. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year B. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year C. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year	A. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year B. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year C. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year	A. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year B. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year C. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year	A. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year B. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year C. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month / Year Month / Year
<b>DL14d.</b> Why did the school disruption occur?	B C D E F G H I K L M Y V .....	B C D E F G H I K L M Y V .....	B C D E F G H I K L M Y V .....	B C D E F G H I K L M Y V .....
<b>DL15.</b> While attending [...] school, did [R'S NAME] work?	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 →DL11a COL 2/DL30	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 →DL11a COL 3/DL30	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 →DL11a COL 4/DL30	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 →DL30

**Code DL14d**  
 Working/helping to earn income ..... B  
 Could not afford ..... C  
 No schools/schools too far ..... D  
 Not able to study ..... E  
 Not admitted at school ..... F  
 Sick or disabled ..... G  
 School had no teachers ..... H  
 School closed/ruined ..... I  
 Doesn't want to go ..... K  
 Help at home ..... L  
 Marriage ..... M  
 Others ..... V

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

**SECTION DL (EDUCATION)**

<b>DL30.</b> Did [R'S NAME] attend school in the previous school year (starting 2013-2014) ?	No ..... <b>3</b> → <b>DL31c</b> Yes ..... <b>1</b>
<b>DL31TYPE</b>	
<b>DL31a.</b> What were [R'S NAME] (approximate) school-related expenses during the 2013-2014 school year? Did [R'S NAME] spend money for:	<b>DL31b.</b> Please give your best estimate of the amount [R'S NAME] spent.
<b>T Total (Fees, supplies, transportation, pocket money, other)</b>	3 ↓      1 →      _____ Rp.
<b>A. School Fees</b>	_____ Rp.
1. Registration .....	3 ↓      1 →      _____ Rp.
2. Tuition and other scheduled fees	3 → DL31bx      1 →      _____ Rp.
3. Exam fees .....	3 ↓      1 →      _____ Rp.
<b>B. School supplies</b>	_____ Rp.
1. Books and writing supplies .....	3 ↓      1 →      _____ Rp.
2. Uniforms and sports .....	3 ↓      1 →      _____ Rp.
<b>C. Transportation, allowance, and courses</b>	_____ Rp.
1. Transportation .....	3 ↓      1 →      _____ Rp.
2. Allowance, housing/boarding costs, food .....	3 ↓      1 →      _____ Rp.
3. Special courses .....	3 ↓      1 →      _____ Rp.
<b>V. Other</b> .....	3 ↓      1 →      _____ Rp.
<b>DL40.</b> Did [R'S NAME] receive any books from the school during the 2013/2014 school year? <b>(CIRCLE ALL THAT APPLY)</b>	Yes, for him/herself ..... A Yes, to share ..... B No ..... C
<b>DL41.</b> Did the school reduce [R'S NAME] Committee fees or other fees during the 2013/2014 school year?	Yes ..... 1 No ..... 3
<b>DL42.</b> Did [R'S NAME] receive assistance for school costs from GNOTA, School Committee, government, community groups, religious groups, or family (outside HH), or other?	No ..... <b>3</b> → <b>DL31c</b> Yes ..... 1
<b>DL43.</b> From what source was this assistance, and what was the total value? <b>(CIRCLE ALL THAT APPLY)</b>	_____ Rp.
<b>T. Total</b>	T. _____ Rp.
A. GNOTA .....	A. _____ Rp.
C. Government (other than BOS) .....	C. _____ Rp.
D. Community Group .....	D. _____ Rp.
E. Religious Group .....	E. _____ Rp.
F. Family .....	F. _____ Rp.
I. School Committee .....	I. _____ Rp.
J. BOS/BKM Fund .....	J. _____ Rp.
K. Foreign government/foundation/individual .....	K. _____ Rp.
L. Domestic Non-Government Institution .....	L. _____ Rp.

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<b>DL31c. CAPI CHECK DL07a:</b>	<b>RESPONDENT NOT IN SCHOOL (DL07a = 3) ..... 3 → SECTION KW</b> <b>RESPONDENT STILL IN SCHOOL (DL07a = 1) ..... 1</b>
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<b>DL41TYPE</b>				
<b>DL44a.</b>	What were [R'S NAME] (approximate) school-related expenses during the last month? Did [R'S NAME] spend money for:	3. No	1. Yes	<b>DL31b.</b> Please give your best estimate of the amount [R'S NAME] spent.
<b>T</b>	<b>Total (Fees, supplies, transportation, pocket money, other)</b>	3 ↓	1 →	__ . __ . __ Rp.
<b>A.</b>	<b>School Fees</b>			
	1. Registration .....	3 ↓	1 →	__ . __ . __ Rp.
	2. Tuition and other scheduled fees	3 →DL31bx	1 →	__ . __ . __ Rp. <b>DL31bx.</b> How much is the tuition if [R'S NAME] have to pay in full? __ . __ . __ Rp.
	3. Exam fees .....	3 ↓	1 →	__ . __ . __ Rp.
<b>B.</b>	<b>School supplies</b>			
	1. Books and writing supplies.....	3 ↓	1 →	__ . __ . __ Rp.
	2. Uniforms and sports .....	3 ↓	1 →	__ . __ . __ Rp.
<b>C.</b>	<b>Transportation, allowance, and courses</b>			
	1. Transportation .....	3 ↓	1 →	__ . __ . __ Rp.
	2. Allowance, housing/boarding costs, food .....	3 ↓	1 →	__ . __ . __ Rp.
	3. Special courses .....	3 ↓	1 →	__ . __ . __ Rp.
<b>V.</b>	<b>Other .....</b>	3 ↓	1 →	__ . __ . __ Rp.

## SECTION KW (MARRIAGE HISTORY)

Now we would like to ask about [R'S NAME] marital history.

<b>KW01a.</b> What is [R'S NAME] current marital status?	Never married.....1 → SECTION MG Cohabitation .....2 Married, formal (KUA or Civil Registration).....3 Married, formal according to religious law (nikah sirri).....4 Married, formal according to adat law .....5 Separated.....6 Divorced.....7 Widow/Widower.....8
<b>KW02a.</b> What is the name of [R'S NAME] current/latest spouse?	_____
<b>KW02g.</b> INTERVIEWER VERIFY KW02a AND AR00: 1. If [...] lives in the household fill in AR00 (line # from Roster). 2. If [...] died/does not live in household, but registered in the Roster, fill in AR00 3. If [...] is not registered in the Roster	1. [ ] [ ] [ ] 2. [ ] [ ] [ ] 3.
<b>KW02h.</b> CAPI CHECK : RESPONDENT IS PANEL RESPONDENT .	NO ..... 3 → KW12a YES ..... 1
<b>KW02x.</b> CAPI CHECK KW01a = 2	YES ..... 1 → KW02I NO ..... 3
<b>KW02j.</b> What was the date of [R'S NAME] current/most recent marriage?	[ ] [ ] / [ ] [ ] [ ] [ ] ..... 1 Month / Year DON'T KNOW ..... 8
<b>KW02k.</b> CAPI CHECK : YEAR IN KW02j IS BEFORE 2007.	YES ..... 1 → SECTION MG NO ..... 3 → KW12a

<b>KW02i.</b> When did [R'S NAME] start living together with his/her partner ?	1. [ ] [ ] / [ ] [ ] [ ] [ ] Month Year 8. DON'T KNOW
<b>KW02m.</b> What was the value of the assets [R'S NAME] owned just prior to of living together with his/her partner?	[ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] , [ ] [ ] [ ] [ ] Rp. .... 1 DON'T KNOW ..... 8
<b>KW02n.</b> What was the highest education level attended by [R'S NAME] partner?	01. None..... 02. Elementary School..... 03. Junior High General..... 04. Junior High Vocational ..... 05. Senior High General ..... 06. Senior High Vocational ..... 60. College (D1, D2, D3)..... 61. University (BA)..... 62. University (MA)..... 63. University (PHD)..... 11. Adult Education A ..... 12. Adult Education B ..... 15. Adult Education C ..... 13. Open University ..... 14. Islamic School ( <i>Pesantren</i> ) ..... 17. School for the disabled ..... 70. Madrasah, General..... 72. Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> ) ..... 73. Islamic Junior/High School ( <i>Madrasah Tsanawiyah</i> ) ..... 74. Madrasah Senior High School ( <i>Madrasah Aaliyah</i> )..... 90. Kindergarten..... 98. Don't Know ..... 95. Other .....
<b>KW02o.</b> What was the highest grade completed by [R'S NAME] partner?	Did not complete grade 1.....00 1.....01 2.....02 3.....03 4.....04 5.....05 6.....06 Finished/graduated .....07 96 UNSCHOLEED .....96 DON'T KNOW .....98  → SECTION MG

**SECTION KW (MARRIAGE HISTORY)**

<p><b>KW12a.</b> What was the dowry for [R'S NAME] current/ most recent marriage?  (CIRCLE ALL THAT APPLY)</p>	<p>Nothing .....W→KW13a                  Sholat (praying) accessory .....A                  Money.....B                  Land .....C                  Building/House .....D                  Jewelry .....E                  Complete set of clothing ..... G                  Food .....H                  Household Items ..... I                  Religious book.....K                  Beauty items..... L                  Livestock ..... M                  Other .....V</p>
<p><b>KW12b.</b> What was the value of the dowry of [R'S NAME] current/most recent marriage at the time of the marriage?</p>	<p>_____, _____, _____ Rp. .... 1                  _____, _____, _____                  Other currency..... 2                  DON'T KNOW ..... 8</p>
<p><b>KW13a.</b> What did [R'S NAME] receive as a gift, not a dowry, at the time of [R'S NAME] current/most recent marriage, that was not consumed for the wedding party?  (CIRCLE ALL THAT APPLY)</p>	<p>Nothing .....W→KW14                  Sholat (praying) accessory .....A                  Money.....B                  Land .....C                  Building/House .....D                  Jewelry .....E                  Complete set of clothing ..... G                  Food .....H                  Household Items ..... I                  Religious book.....K                  Beauty items..... L                  Livestock ..... M                  Other .....V</p>
<p><b>KW13b.</b> What was the value of the gift?</p>	<p>_____, _____, _____ Rp. .... 1                  _____, _____, _____                  Other currency..... 2                  DON'T KNOW ..... 8</p>
<p><b>KW14.</b> What was the value of the assets [R'S NAME] owned just prior to the wedding of [R'S NAME] current/latest marriage?</p>	<p>_____, _____, _____ Rp. .... 1                  DON'T KNOW ..... 8</p>
<p><b>KW14a.</b> Right after the wedding ceremony of [R'S NAME] current/latest marriage, did [R'S NAME] move?</p>	<p>NO, lived at the same place ..... 3→KW14d                  YES, moved within the same village..... 2→KW14d                  YES, moved to another Village..... 1</p>

<p><b>KW14b.</b> What is the [ ] name at the place [R'S NAME] moved at that time?</p>	<p>A. <b>Vill:</b> 1. _____                  3. Same as current residence                  8. DON'T KNOW                  B. <b>Kec:</b> 1. _____                  3. Same as current residence                  8. DON'T KNOW                  C. <b>Kab:</b> 1. _____                  3. Same as current residence                  8. DON'T KNOW                  D. <b>Prov:</b> 1. _____                  3. Same as current residence                  8. DON'T KNOW</p>
<p><b>KW14d.</b> At the time [R'S NAME] married current/latest husband/wife, did [R'S NAME] husband/wife change residence?</p>	<p>Yes ..... 1                  No .....3</p>
<p><b>KW03.</b> How many times has [R'S NAME] been married ?</p>	<p>____ Times</p>

## SECTION MG (MIGRATION)

Now I would like to ask you about your birthplace and your moves from one place to another.

<p><b>MG01.</b> What is the [...] name of [R'S NAME] birthplace when [R'S NAME] were born?</p>	<p>A. Vill 1. _____ 8. 3. Same as current residence</p> <p>DK</p> <p>B. Kec 1. _____ 8. 3. Same as current residence</p> <p>DK</p> <p>C. Kab 1. _____ 8. 3. Same as current residence</p> <p>DK</p> <p>D. Prov 1. _____ 8. 3. Same as current residence</p> <p>DK</p> <p>E. Country 1. _____ 8. 3. Same as current residence</p> <p>DK</p>
<p><b>MG02.</b> To your best knowledge, have any of the above mentioned places changed their names?</p>	<p>DON'T KNOW ..... 8 → <b>MG04</b> No ..... 3 → <b>MG04</b> Yes ..... 1</p>
<p><b>MG02a.</b> Is [...] the current name?</p>	<p>3. No → <b>MG03b</b> 1. Yes</p>
<p><b>MG03a.</b> What was the name when [R'S NAME] were born?</p>	<p>A. Vill 1. _____ 8. DK 3. Same as current name (MG01)</p> <p>B. Kec 1. _____ 8. DK 3. Same as current name (MG01)</p> <p>C. Kab 1. _____ 8. DK 3. Same as current name (MG01)</p> <p>D. Prov 1. _____ 8. DK 3. Same as current name (MG01)</p> <p>E. Country 1. _____ 8. DK 3. Same as current name (MG01)</p> <p style="text-align: center;">→ <b>MG04</b></p>

<p><b>MG03b.</b> What is the name now?</p>	<p>A. Vill 1. _____ 8. 3. Same as name at birth (MG01)</p> <p>DK</p> <p>B. Kec 1. _____ 8. 3. Same as name at birth (MG01)</p> <p>DK</p> <p>C. Kab 1. _____ 8. 3. Same as name at birth (MG01)</p> <p>DK</p> <p>D. Prov 1. _____ 8. 3. Same as name at birth (MG01)</p> <p>DK</p> <p>E. Country 1. _____ 8. 3. Same as name at birth (MG01)</p> <p>DK</p>
<p><b>MG04.</b> Was the place when [R'S NAME] were born a:</p>	<p>Village..... 1 Small town..... 3 Big city..... 5 DON'T KNOW ..... 8</p>
<p><b>MG04a.</b> When [R'S NAME] were 12 years old did [R'S NAME] live in the same place as the place where [R'S NAME] were born?</p>	<p>Yes ..... 1 → <b>MG18a</b> No..... 3 DK ..... 8 → <b>MG08</b></p>
<p><b>MG05.</b> What was the [...] name of the place where [R'S NAME] lived when [R'S NAME] were 12 years old (the name when [R'S NAME] were age 12)?</p>	<p>A. Vill 1. _____ 8. DK 3. Same as name at birth (MG01)</p> <p>B. Kec 1. _____ 8. DK 3. Same as name at birth (MG01)</p> <p>C. Kab 1. _____ 8. DK 3. Same as name at birth (MG01)</p> <p>D. Prov 1. _____ 8. DK 3. Same as name at birth (MG01)</p> <p><b>E. Country</b> 1. _____ 8. DK 3. Same as name at birth (MG01)</p>
<p><b>MG06.</b> To your best knowledge, have any of the above mentioned places changed their names (since [R'S NAME] was 12)?</p>	<p>DON'T KNOW ..... 8 → <b>MG08</b> No..... 3 → <b>MG08</b> Yes ..... 1</p>

**SECTION MG (MIGRATION)**

<p><b>MG07.</b> Is the name of [...] still the same or has it been changed?</p>	<p>A. Vill 1. _____ 3. Same name as when I was 12 (MG05) 8. DK</p> <p><b>B. Kec</b> 1. _____ 3. Same name as when I was 12 (MG05) 8. DK</p> <p>C. Kab 1. _____ 3. Same name as when I was 12 (MG05) 8. DK</p> <p>D. Prov 1. _____ 3. Same name as when I was 12 (MG05) 8. DK</p> <p>E. Country 1. _____ 3. Same name as when I was 12 (MG05) 8. DK</p>
<p><b>MG08.</b> When [R'S NAME] was 12, was the place a:</p>	<p>Village ..... 1 Small town ..... 3 Big city ..... 5 DON'T KNOW ..... 8</p>
<p><b>MG08a.</b> When [R'S NAME] was 12 ,were [R'S NAME] biological parents still married?</p>	<p>NA ..... 6 No ..... 3 Yes ..... 1</p>
<p><b>MG08b.</b> When [R'S NAME] was 12, did [R'S NAME] live with biological mother?</p>	<p>NA ..... 6 No ..... 3 Yes ..... 1</p>
<p><b>MG08c.</b> When [R'S NAME] was 12, did [R'S NAME] live with biological father?</p>	<p>NA ..... 6 No ..... 3 Yes ..... 1</p>

<p><b>MG05d.</b> Has [R'S NAME] always lived in the current place?</p>	<p>Yes..... 1 → S TK No ..... 3 DON'T KNOW ..... 8</p>
<p><b>MG05e.</b> When did [R'S NAME] when moved to the current place?</p>	<p>____ / _____ Month Year ..... 1 → MG05g DON'T KNOW ..... 8</p>
<p><b>MG05f.</b> How old was [R'S NAME] when moved to the current place?</p>	<p>____ years..... 1 DON'T KNOW ..... 8</p>
<p><b>MG05g.</b> Where did [R'S NAME] move from?</p>	<p>A. Vill 1. _____ 8. DK 3. Same as current residence</p> <p>B. Kec 1. _____ 8. DK 3. Same as current residence</p> <p>C. Kab 1. _____ 8. DK 3. Same as current residence</p> <p>D. Prov 1. _____ 8. DK 3. Same as current residence</p> <p>E. Country 1. _____ 8. DK 3. Same as current residence</p>

## SECTION TK (EMPLOYMENT)

Now we would like to ask about [R'S NAME] work experience

<b>TK01a.</b>	During the past week, did [R'S NAME] do any of these activities?		Yes	No	DK
	a. Work for pay		1	3	8
	b. Attend school		1	3	8
	c. Housekeeping		1	3	8
	d. Job searching		1	3	8
<b>TK01.</b>	What was [R'S NAME] primary activity during the past week?	Working/trying to work/helping to earn income ..... 01 → <b>TK18A</b>			
		Job searching ..... 02			
		Attending school ..... 03			
		Housekeeping ..... 04			
		Retired ..... 05			
		Sick/disable ..... 07			
		Other ..... 95			
<b>TK02.</b>	Did [R'S NAME] work/try to work/help to earn income for pay for at least 1 hour during the past week?	Yes	..... 1 → <b>TK18A</b>		
		No	..... 3		
<b>TK03.</b>	Does [R'S NAME] have a job/business, but were temporarily not working during the past week?	Yes	..... 1 → <b>TK18A</b>		
		No	..... 3		
<b>TK04.</b>	Did [R'S NAME] work at a family-owned (farm or non-farm) business during the past week?	Yes	..... 1 → <b>TK18A</b>		
		No	..... 3		
<b>TK05.</b>	Has [R'S NAME] ever worked before?	No	..... 3 → <b>SECTION KM</b>		
		Yes	..... 1		
		DON'T KNOW	..... 8		
<b>TK07.</b>	When did [R'S NAME] work for the last time?	Year	□ □ □ □	..... 1	
		DON'T KNOW	..... 8		

<b>TK08.</b>	Why hasn't [R'S NAME] worked again since that year?  (CIRCLE ALL THAT APPLY)	Retirement ..... A Prolonged sickness ..... B Handicap ..... C Marriage ..... D Too old ..... E Have a child ..... F Family responsibilities ..... N Forbidden ..... O Other family reason ..... P Fired ..... Q Cannot find work ..... R Do not want to work ..... S Company closed/moved/bankrupt ..... T Other ..... V
<b>TK15.</b>	Which category best describes the work [R'S NAME] did in his/her last job?	Unpaid family worker ..... 06 → <b>TK47x</b> 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
<b>TK16a.</b>	What was [R'S NAME] monthly income when [R'S NAME] was working at that job?	□ □ □ □ , □ □ □ □ , □ □ □ □ Rp. .... 1 → <b>TK16b</b> DON'T KNOW ..... 8
<b>T16a1.</b>	Is it [...]?	
<b>TK16b.</b>	Was that a [...]?	Wage ..... 1 Net profits (after taking out costs) ..... 3 DON'T KNOW ..... 8  → <b>TK47x</b>

**SECTION TK (EMPLOYMENT)**

CURRENT JOB		A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
<b>TK18A.</b>	Where does [R'S NAME] work on his/her [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	1. _____ 8. DON'T KNOW
<b>TK18Aa.</b>	What is the address of the company?	_____
<b>TK18Ab.</b>	What is telephone number of the company?	A. Phone _____ B. Cellphone _____ Belonging to _____ W. NA Y. DK
<b>TK19A.</b>	What does [R'S NAME] company produce?	1. _____ 8. DON'T KNOW
<b>TK19AA.</b>	<b>CODE FOR SECTORS</b>	____
<b>TK20A.</b>	What are [R'S NAME] primary duties at your workplace?	1. _____ 8. DON'T KNOW
<b>TK20aA.</b>	How many people work at [R'S NAME] firm?	1. _____ people 8. DON'T KNOW
<b>TK21A.</b>	What was the total number of hours [R'S NAME] worked during the past week (on his/her job)?	1. _____ hours/week 8. DON'T KNOW
<b>TK22A.</b>	Normally, what is the approximate total number of hours [R'S NAME] work per week?	1. _____ hours/week 8. DON'T KNOW
<b>TK23A.</b>	Approximately what is the total number of weeks [R'S NAME] work per year?	1. _____ weeks/year 8. DON'T KNOW
<b>TK23A2.</b>	How long have [R'S NAME] worked on this job?	1. _____ Year _____ Month 8. DON'T KNOW
<b>TK24A.</b>	Which category best describes the work that [R'S NAME] do?	Self employed..... 01→ TK28A1 Self-employed with unpaid family worker/temporary worker..... 02→ TK28A1 Self-employed with permanent worker . 03→ TK28A1 Government worker ..... 04→ TK24A5 Private worker..... 05→ TK24A5 Casual worker in agriculture ..... 07→ TK24A5 Casual worker not in agriculture ..... 08→ TK24A5 Unpaid family worker .....06 DON'T KNOW .....9

<b>TK24A1.</b>	What is the name of [R'S NAME] employer?	_____ AR00 ____ →TK27
<b>TK24A5.</b>	Do [R'S NAME] work with a contract?	No, work without contract..... 03 Yes, with contract but not fixed time ..... 01 Yes, with fixed time contract..... 02 DON'T KNOW ..... 08
<b>TK25A1.</b>	Approximately what was [R'S NAME] salary/wage during the last month (including the value of all benefits)?	_____, _____, _____ Rp. .... 1→TK25A2 DON'T KNOW .....8
<b>TK25A1a.</b>	Is it [...]?	
<b>TK25A2.</b>	Approximately what was [R'S NAME] salary/wage during the last year (including the value of all benefits)?	_____, _____, _____ Rp. .... 1→ TK25A2b DON'T KNOW .....8
<b>TK25A2a.</b>	Is it [...]?	
<b>TK25A2b.</b>	What is the amount of year-end-bonus or other bonuses you received during the last year?	_____, _____, _____ Rp. .... 1→ TK25A3 NOT APPLICABLE .....6→TK25A3 DON'T KNOW .....8
<b>TK25A2c.</b>	Is it [...]?	
<b>TK25A3.</b>	Did [R'S NAME] receive the following benefits from [R'S NAME] employer for this job?	Yes No DK a. Employer provided meals? 1 3 8 If yes, how many per day? 1. _____ times per day 2. Not every day b. Raw food, not in form of meals? 1 3 8 c. Housing benefits? 1 3 8 d. Transportation benefits? 1. Car? 1 3 8 2. Transportation allowance? 1 3 8 e. Medical benefits? 1. Employer paid some health expenses? 1 3 8 2. Employer provided health insurance policy? 1 3 8 3. Employer provided health clinic 1 3 8 f. Credit 1 3 8 g. Employer-provided pension 1 3 8 h. Severance eligibility 1 3 8
<b>TK25A3x.</b>	<b>INTERVIEWEAR CHECK: TK24A= 7 OR 8?</b>	<b>YES</b> .....1→ TK27 <b>NO</b> .....3
<b>TK25A4.</b>	What type of pension plan is [R'S NAME] enrolled in?	No pension plan ..... 6→ TK25A7 TASPEN ..... 1 ASABRI ..... 2 JAMSOSTEK ..... 3 Other private pension ..... 4

**SECTION TK (EMPLOYMENT)**

<b>TK25A5.</b>	What is [R'S NAME] out of pocket contribution to the pension fund each month?	_____, _____, _____ Rp..... 1 DON'T KNOW ..... 8
<b>TK25A6.</b>	How will the pension benefit be paid out?	Annuity benefit per month/year ..... 1 Lump sum payment at retirement ..... 2 Combination of lump sum and annuity ..... 3
<b>TK25A7.</b>	What is [R'S NAME] out of pocket contribution to the health insurance each month?	_____, _____, _____ Rp..... 1 DON'T KNOW ..... 8 No health insurance ..... 6 <b>→TK27</b>
<b>TK26A1.</b>	Approximately how much net profit did [R'S NAME] gain last month, after taking out all [R'S NAME] business expenses?	<b>Profits (+)</b> _____. _____. _____ Rp..... 1 <b>Loss (-)</b> _____. _____. _____ Rp..... 1 <b>→ TK26A3</b> DON'T KNOW ..... 8
<b>TK26A1a.</b>	Is it [...]?	
<b>TK26A3.</b>	Approximately how much net profit did [R'S NAME] gain last year, after taking out all your business expenses?	Profit (+) _____, _____, _____, _____ Rp...1 Loss (-) _____, _____, _____, _____ Rp...2 <b>→TK26A5</b> DON'T KNOW .....8↓
<b>TK26A3a.</b>	Is it [...]?	
<b>TK27.</b>	Does [R'S NAME] have any additional job?	DON'T KNOW ..... 8 <b>→TK47x</b> No ..... 3 <b>→TK47x</b> Yes ..... 1

<b>SECOND JOB</b>	<b>B. ADDITIONAL JOB IF MORE THAN ONE ASK ABOUT THE ONE THAT CONSUMES MOST TIME</b>
<b>TK18B.</b> Where do [R'S NAME]work on your [...] job? ( <b>ENTER NAME OF COMPANY/EMPLOYER</b> )	1. _____ 8. DON'T KNOW
<b>TK19B.</b> What does [R'S NAME]company produce?	1. _____ 8. DON'T KNOW
<b>TK19Bb. CODE FOR SECTORS</b>	____
<b>TK20B.</b> [R'S NAME]	1. _____ 8. DON'T KNOW
<b>TK20Ba.</b> How many people work at [R'S NAME]firm?	1. _____ Orang 8. DON'T KNOW
<b>TK21B.</b> What was the total number of hours [R'S NAME]worked during the past week (on your job)?	1. _____ Jam/Minggu 8. DON'T KNOW
<b>TK22B.</b> Normally, what is the approximate total number of hours [R'S NAME]work per week?	1. _____ Jam/Minggu 8. DON'T KNOW
<b>TK23B.</b> Approximately what is the total number of weeks [R'S NAME]work per year?	1. _____ Minggu/Tahun 8. DON'T KNOW
<b>TK23B2.</b> How long have [R'S NAME]worked on this job?	1. _____ Tahun _____ Bulan 8. DON'T KNOW
<b>TK24B.</b> Which category best describes the work that [R'S NAME] does?	Self employed .....01 <b>→ TK26B1</b> Self-employed with unpaid family worker/temporary worker .....02 <b>→ TK26B1</b> Self-employed with permanent worker .....03 <b>→ TK26B1</b> Government worker .....04 <b>→ TK25B2</b> Private worker .....05 <b>→ TK25B2</b> Casual worker in agriculture.....07 <b>→ TK25B2</b> Casual worker not in agriculture.....08 <b>→ TK25B2</b> Unpaid family worker..... 06 DON'T KNOW ..... 98
<b>TK24B1.</b> What is the name of your employer?	_____ AR00 _____ <b>→TK47x</b>
<b>TK25B1.</b> Approximately what was your salary/wage during the last month (including the value of all benefits)?	_____, _____, _____ Rp.....1 <b>→TK25B2</b> DON'T KNOW .....8

## SECTION TK (EMPLOYMENT)

<b>TK25B1a.</b>	Is it [...]?																																																																	
<b>TK25B2.</b>	Approximately what was [R'S NAME] salary/wage during the last year (including the value of all benefits)?	_____, _____, _____ Rp. ..... 1 → TK25B2b DON'T KNOW ..... 8																																																																
<b>TK25B2a.</b>	Is it [...]?																																																																	
<b>TK25B2b.</b>	What is the amount of year-end-bonus or other bonuses [R'S NAME] received during the last year?	_____, _____, _____ Rp.      1 → TK25B3 NOT APPLICABLE ..... 6 → TK25B3 DON'T KNOW ..... 8																																																																
<b>TK25B2c.</b>	Is it [...]?																																																																	
<b>TK25B3.</b>	Did [R'S NAME] receive the following benefits from your employer for this job?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. Employer provided meals? If yes, how many per day?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>    1. _____ times per day</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    2. Not every day</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Raw food, not in form of meals?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>c. Housing benefits?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>d. Transportation benefits?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    1. Car?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>    2. Transportation allowance?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>e. Medical benefits?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>    1. Employer paid some health expenses?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>    2. Employer provided health insurance policy?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>    3. Employer provided health clinic</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>f. Credit</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>g. Employer-provided pension</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>    h. Severance eligibility</td> <td>3</td> <td>8</td> <td>→ TK47x</td> </tr> </tbody> </table>		Yes	No	DK	a. Employer provided meals? If yes, how many per day?	1	3	8	1. _____ times per day				2. Not every day				b. Raw food, not in form of meals?	1	3	8	c. Housing benefits?	1	3	8	d. Transportation benefits?				1. Car?	1	3	8	2. Transportation allowance?	1	3	8	e. Medical benefits?				1. Employer paid some health expenses?	1	3	8	2. Employer provided health insurance policy?	1	3	8	3. Employer provided health clinic	1	3	8	f. Credit	1	3	8	g. Employer-provided pension	1	3	8	h. Severance eligibility	3	8	→ TK47x
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g. Employer-provided pension	1	3	8																																																															
h. Severance eligibility	3	8	→ TK47x																																																															

<b>TK26B1.</b>	Approximately how much net profit did [R'S NAME] again last month, after taking out all [R'S NAME] business expenses?	Profit (+) _____, _____, _____, _____ Rp... 1 Loss (-) _____, _____, _____, _____ Rp... 2 → TK26B3 DON'T KNOW ..... 8↓
<b>TK26B1a.</b>	Is it [...]?	
<b>TK26B3.</b>	Approximately how much net profit did [R'S NAME] gain last year, after taking out all [R'S NAME] business expenses?	Profit (+) _____, _____, _____, _____ Rp... 1 Loss (-) _____, _____, _____, _____ Rp... 2 → TK28 COLUMN 1 DON'T KNOW ..... 8↓
<b>TK26B3a.</b>	Is it [...]?	

Now we would like to ask about [R'S NAME] first job.

<b>TK47x.</b>	<b>CAPI CHECK:</b> RESPONDENT IS PANELRESPONDENT FOR BOOK III (AR01g=1)	1. Yes → SECTION KM 3. No
<b>TK47.</b>	When did [R'S NAME] start working full-time for the first time?	Work never primary activity ..... 6 → SECTION KM Year _____ ..... 1 → SECTION KM DON'T KNOW ..... 8  <b>THE MEANING OF WORKING FULL-TIME IS THAT WORKING IS THE PRIMARY ACTIVITY.</b>
<b>TK48.</b>	What was [R'S NAME] age when starting to work full-time for the first time?	_____ Years

## SECTION KM (SMOKING BEHAVIOR)

Next I would like to ask whether [R'S NAME] have had the habit of smoking cigarettes/smoking a pipe/chewing tobacco, now or in the past.

<b>KM01a.</b> Has [R'S NAME] ever chewed tobacco, smoked a pipe, smoked self-rolled cigarettes, or smoked cigarettes/cigars?	No 3 → SECTION KK Yes..... 1
Products normally used:	<b>1. Yes</b> <b>3. No</b>
<b>KM01b.</b> Chewing tobacco	1                                      3
<b>KM01c.</b> Smoking a pipe	1                                      3
<b>KM01d.</b> Smoking self-rolled cigarettes	1                                      3
<b>KM01e.</b> Smoking cigarettes/cigars	1                                      3
<b>KM02a.</b> CAPI CHECK KM01e: DOES KM01e=1 (SMOKING CIGARETTES/CIGARS)?	No ..... 3 → KM04 ..... Yes ..... 1
<b>KM03.</b> Are the cigarettes classified as:  <b>ANSWER MAY BE MORE THAN ONE</b>	Filtered cigarette ..... A Unfiltered cigarette ..... B Filtered cloves cigarette ..... C Unfiltered cloves cigarette ..... D Cigar ..... E
<b>KM04.</b> Do [R'S NAME] still have the habit or have [R'S NAME] totally quit?	STILL HAVE ..... 1 → KM08 QUIT ..... 3
<b>KM05aa</b> At what age did [R'S NAME] totally quit from [...]?	1. ___ Years 8. DON'T KNOW
<b>KM05b.</b> CAPI CHECK KM01b KM01c KM01d: DOES KM01b=1 or KM01c=1 or KM01d=1 (CHEWING TOBACCO/SMOKING A PIPE)?	No ..... 3 → KM07 YES ..... 1
<b>KM06.</b> In one week how many ounces (100 grams) did/do [R'S NAME] consume now/before totally quitting of chewing tobacco and smoking pipe?	___ oz (100 gr) ..... 1 DON'T KNOW ..... 8
<b>KM06a.</b> CAPI CHECK KM04=1	No ..... 3 → KM07 YES ..... 1
<b>KM06b.</b> What's the price for 1 ounce [R's NAME] have to pay?	___, ___ Rp. .... 1 DON'T KNOW ..... 8
<b>KM07.</b> CAPI CHECK KM01d AND KM01e: DOES KM01d=1 OR KM01e=1 (SMOKING SELF-ROLLED CIGARETTES / CIGARETTES/CIGARS)?	No ..... 3 → KM09 YES ..... 1
<b>KM08.</b> CAPI CHECK KM01e: DOES KM01e=1 (SMOKING CIGARETTES/CIGARS)?	___ per day ..... 1 DON'T KNOW ..... 8

<b>KM08a.</b> CAPI CHECK KM04=1	NO ..... 3 → KM09 YES ..... 1
<b>KM08f.</b> CAPI CHECK KM01e=1	NO ..... 3 → KM09 YES ..... 1
<b>KM08b.</b> How many cigarettes/packs does [R'S NAME] usually buy each time?	___ cigarettes ..... 1 → KM08d ___ packs ..... 3
<b>KM08c.</b> How many cigarettes for each pack?	___ cigarettes
<b>KM08d.</b> How much did [R'S NAME] spend each time?	___, ___ Rp. .... 1 DON'T KNOW ..... 8
<b>KM08e.</b> What is the brand of cigarettes does [R'S NAME] 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 Bentoe Filter ..... 08 Bentoe Kretek tanpa filter ..... 09 Ardath ..... 10 Marlboro ..... 11 Marlboro Kretek Filter ..... 12 Lucky Strike ..... 13 Kansas ..... 14 Dji Sam Soe ..... 15 Lainnya, sebutkan ..... 95
<b>KM09.</b> About how much money did/do [R'S NAME] spend each week on these products?	___ . ___ Rp. .... 1 DON'T KNOW ..... 8
<b>KM10.</b> At what age did [R'S NAME] start to smoke on a regular basis?	___ years ..... 1 DON'T KNOW ..... 8
<b>KM11.</b> How soon after [R'S NAME] wake up did/do [R'S NAME] smoke your first cigarette, cigar, or pipe?	Within 5 minutes ..... 1 Within 6-30 minutes ..... 2 Within 31-60 minutes ..... 3 More than 1 hour ..... 4 DON'T KNOW ..... 8

## SECTION KK (HEALTH CONDITIONS)

Next we would like to know about [R'S NAME]health.

<b>KK01.</b> In general, how is [R'S NAME]health?	Very healthy ..... 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Unhealthy..... 4
<b>KK02a.</b> During the last 4 weeks, how many days of [R'S NAME]primary daily activities did [R'S NAME]miss due to poor health?	<input type="text"/> Days ..... 1 DON'T KNOW ..... 8

<b>KK02b.</b> Compared with [R'S NAME]health 12 months ago, would you say that [R'S NAME]health is [...]?	Much better now ..... 1 Somewhat better now ..... 2 About the same ..... 3 Somewhat worse ..... 4 Much worse ..... 5
<b>KK02c.</b> Compared with [R'S NAME]health 12 months ago, would you say that your health is [...]?	Much better now ..... 1 Somewhat better now ..... 2 About the same ..... 3 Somewhat worse ..... 4 Much worse ..... 5

Now we would like to know [R'S NAME] physical ability in daily activity.

### Physical Functioning Measures

	If you had [...], could you do it:		
<b>KK03a.</b> To carry a heavy load (like a pail of water) for 20 meters	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03d.</b> To draw a pail of water from a well	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03j.</b> To walk for 1 kilometer	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03c.</b> To walk for 5 kilometers	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03b.</b> To sweep the house floor yard	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03e.</b> To bow, squat, kneel	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03l.</b> To walk across the room	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03i.</b> To stand up from sitting on the floor without help	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03g.</b> To stand up from sitting position in a chair without help	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03ea.</b> To reach or extend your arms above shoulder level	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03eb.</b> To pick up a small coin from a table	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03xx.</b> CAPI CHECK: ALL KK03a-KK03eb = 1?	1. YES → KK03n	3. NO	

### Activities of Daily Living (ADL)

<b>KK03f.</b> To dress without help	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
<b>KK03m.</b> To bathe	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
<b>KK03k.</b> To get out of bed	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it
<b>KK03ka.</b> 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
<b>KK03kc.</b> To control urination or defecation	1. Easily	3. With difficulty	4. Can do with help	5. Unable to do it



**SECTION CD (CHRONIC DISEASE)**

Now we would like to ask you about some health conditions that [R'S NAME] may have been diagnosed with.

CD01. Did a <b>doctor/paramedic/nurse/midwife</b> ever diagnose [R'S NAME] with [...]?	<b>CD02.</b> Who first diagnose [R'S NAME] with [...]?	CD02a. When was the condition [...] first diagnosed?	CD03. Does the condition limit the kind or amount of paid work [R'S NAME] 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 DISEASE)**

Now we would like to ask you about some chronic illnesses that [R'S NAME] may have been diagnosed with.

CHRONIC CONDITIONS (CDTYPE)	CD05. Have a doctor/paramedic/nurse/ midwife ever told [R'S NAME] that [R'S NAME] had [...]	CD06. In which organ or part of the body have [R'S NAME] or have [R'S NAME] had cancer?	CD07. When was the condition [...] first diagnosed?	CD08. Who diagnosed the [...] condition?	CD09. In order to deal with [...] is [R'S NAME] currently taking prescribed medication on a weekly basis?	CD09a. Is [R'S NAME] now taking the following treatments to treat [...] and its complications?	CD09b. How many times in the last 12 months has [R'S NAME] had:	CD09c. Have [R'S NAME] care providers ever given [R'S NAME] health education/ advice on the following?	CD10. Does the condition limit the kind or amount of paid work [R'S NAME] can do?
<b>A.</b> Hipertensi on	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>	1. <input type="text"/>	<input type="text"/>	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
<b>B.</b> Diabetes	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>	2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>	<input type="text"/>	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
<b>C.</b> Tuberculosis (TBC)	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
<b>D.</b> Asthma	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
<b>E.</b> Other lung conditions	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
<b>F.</b> Heart attack, coronary heart disease, angina, or other heart problems	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>		<input type="text"/>	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
<b>G.</b> Liver	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

**SECTION CD (CHRONIC DISEASE)**

CHRONIC CONDITIONS (CDTYPE)	CD05.	CD06.	CD07.	CD08.	CD09.	CD09a.	CD09b.	CD09c.	CD10.
	Have a doctor/paramedic/nurse/ midwife ever told [R'S NAME] that [R'S NAME] had [...]	In which organ or part of the body have [R'S NAME] or have [R'S NAME] had cancer?	When was the condition [...] first diagnosed?	Who diagnosed the [...] condition?	In order to deal with [...] is [R'S NAME] currently taking prescribed medication on a weekly basis?	Is [R'S NAME] now taking the following treatments to treat [...] and its complications?	How many times in the last 12 months has [R'S NAME] had:	Have [R'S NAME] care providers ever given [R'S NAME] health education/ advice on the following?	Does the condition limit the kind or amount of paid work [R'S NAME] can do?
H. Stroke	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>		<input type="text"/>	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→	<input type="text"/>	1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			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. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
L. Depression	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			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. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>		<input type="text"/>	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. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No	<input type="text"/>			1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

**SECTION CD (CHRONIC DISEASE)**

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

<b>CD11.</b>	Does [R'S NAME] usually wear glasses or corrective lenses?	1. Yes      3. No
<b>CD12.</b>	Does [R'S NAME] ever wear hearing aid?	1. Yes      3. No
<b>CD13.</b>	Does [R'S NAME] use a walking cane/walker/other walking aids?	1. Walking stick 2. Walker 3. Manual wheelchair 4. Electric wheelchair 6. DO NOT USE WALKING AID

## SECTION MA (ACUTE MORBIDITY)

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

(MATYPE)	MA01.		
	Did [R'S NAME] ever experience [...] in the last 4 weeks? 1. Yes    3. No    8. DON'T KNOW		
A. Headache .....	1	3	8
B. Runny nose .....	1	3→D	8→D
C. Cough.....	1	3	8
a. Dry cough .....	a. 1	3	8
b. Cough with phlegm.....	b. 1	3	8
c. Bloody cough.....	c. 1	3	8
D. Difficulty breathing.....	1	3→E	8→E
a. Wheezing .....	a. 1	3	8
b. Short, rapid breath .....	b. 1	3	8
E. Fever	1	3	8
F. Stomach ache .....	1	3	8
H. Nausea/vomitting.....	1	3	8
I. Diarrhea minimal 3x per day.....	1	3→P	8→P
a. Mixed with blood .....	a. 1	3	8
b. Mixed with mucus .....	b. 1	3	8
c. Pale liquid.....	c. 1	3	8
P. Swollen legs .....	1	3	8
K. Skin infection (boil, abcess, itching) .....	1	3	8
L. Eye infection.....	1	3	8
M. Toothache .....	1	3	8
U. Cold sores .....	1	3	8

**SECTION MA (ACUTE MORBIDITY)**

<p><b>MA15.</b> Has[R'S NAME] ever been in a traffic accident and received treatment?</p>	<p>DON'T KNOW .....8→<b>MA18</b>                  No.....3→<b>MA18</b>                  Yes .....1</p>
<p><b>MA16.</b> When was [R'S NAME] injured in a traffic accident? (<b>Most recent one if more than once</b>)</p>	<p>___ / _____                  Month / Year</p>
<p><b>MA17.</b> Does the injury caused by the accident limit [R'S NAME] daily activities?</p>	<p>1. Yes, very much so                  2. Yes, to some degree                  3. No, not much                  4. No, not at all</p>
<p><b>MA18.</b> Has [R'S NAME] fallen down in the last two years?</p>	<p>DON'T KNOW .....8→ <b>MA22</b>                  No.....3→ <b>MA22</b>                  Yes .....1</p>
<p><b>MA19.</b> How many times has [R'S NAME] fallen down in the last two years?</p>	<p>___ Times</p>
<p><b>MA20.</b> When did [R'S NAME] last fall and need treatment? (<b>Most recent one if more than once</b>)</p>	<p>___ / _____                  Month / Year</p>
<p><b>MA21.</b> Does the injury caused by the fall limit [R'S NAME] daily activities?</p>	<p>1. Yes, very much so                  2. Yes, to some degree                  3. No, not much                  4. No, not at all</p>
<p><b>MA22.</b> Have [R'S NAME] ever fractured [R'S NAME] hip?</p>	<p>No.....3                  Yes .....1</p>

**SECTION PNA (POSITIVE AND NEGATIVE AFFECTS)**

Now we would like to ask you about pain [R's NAME] may have felt .

PNA07..	Yesterday, did [R's NAME] feel any pain?	1. None    2. A little    3. Some    4. Quite a bit    5. A lot    8. DON'T KNOW	
PNA07xx.	CAPI CHECK: PNA07 = 1/8?	1. Yes → AK01 3. NO	
PNA08.	Yesterday were [R's NAME] bothered by a pain in [R's NAME] 's?	A. Head B. Neck C. Shoulder D. Arm E. Wrists/fingers F. Back/lower back	G. Hip H. Knee I. Ankle/foot/toes J. Hands K. Legs L. Buttocksat
PNA09.	Does the pain limit [R's NAME]'s daily activities?	1. Yes, very much so 2. Yes, to some degree	3. No, not much 4. No, not at all
PNA10.	Treatment / actions that [R's NAME] has done to treat the pain?	A. Pill (modern medicine) B. Injection C. External D. Physiotherapy E. Traditional (Acupuncture, herbal medicine, and other ways the traditional way) W. NO TREATMENT / ACTION	

**SECTION AK (HEALTH INSURANCE)**

Now we would like to know about health insurance or benefits that [R'S NAME] might have.

<b>AK01.</b> Is [R'S NAME] the policy holder/primary beneficiary of health benefits, health insurance, such as <b>ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS , JAMKESDA, JAMKESSOS, ASKES SOSIAL, JAMPERSAL or ASURANSI MANDIRI?</b>		DON'T KNOW ..... 8 → <b>AK06</b> No ..... 3 → <b>AK06</b> Yes ..... 1		
<b>TYPES OF INSURANCE/BENEFITS (AKTYPE)</b>	<b>AK02.</b> Do [R'S NAME] benefits include [...]? 3.No    8. DON'T KNOW    1.Yes →	<b>AK03.</b> When did this benefit begin? 1. Year    _____ 8. DON'T KNOW	<b>AK04.</b> Does this benefit cover outpatient visits to public and private health centers? <b>(CIRCLE ALL THAT APPLY)</b> A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	<b>AK05.</b> Who else in the household is covered under this benefit? <b>(CIRCLE ALL THAT APPLY)</b> 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>A.</b> 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
<b>B.</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
<b>C.</b> 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
<b>D.</b> 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
<b>E.</b> 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
<b>G.</b> Savings account-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 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>H.</b> 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
<b>I.</b> 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)**

<p><b>J.</b> JAMKESSOS</p>	<p>3.No → 8. DON'T KNOW ↓ 1. Yes</p>	<p>1. Year _____ 8. DON'T KNOW</p>	<p>A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic</p>	<p>A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other H. Parent/siblings</p>
<p><b>K.</b> ASKES SOSIAL</p>	<p>3.No ↓ 8. DON'T KNOW ↓ 1.Yes →</p>	<p>1. Year _____ 8. DON'T KNOW</p>	<p>A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic</p>	<p>A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other H. Parent/siblings</p>
<p><b>L.</b> JAMPERSAL</p>	<p>3.No → 8. DON'T KNOW ↓ 1. Yes</p>	<p>1. Year _____ 8. DON'T KNOW</p>	<p>A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic</p>	<p>A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other H. Parent/siblings</p>
<p><b>M.</b> JKN</p>	<p>3.No ↓ 8. DON'T KNOW ↓ 1.Yes →</p>	<p>1. Year _____ 8. DON'T KNOW</p>	<p>A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic</p>	<p>A. Spouse B. Oldest child C. 2nd oldest child D. 3rd oldest child E. Other child W. NO ONE V. Other H. Parent/siblings</p>

**SECTION AK (HEALTH INSURANCE)**

<b>AK06.</b> Since 2007, has [R'S NAME] lost any health insurance coverage, such as <b>ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS , JAMKESDA, JAMKESSOS, ASKES SOSIAL, JAMPERSAL atau ASURANSI MANDIRI?</b>	DON'T KNOW .....	8 → SECTION RJ
	No .....	3 → SECTION RJ
	Yes .....	1

<b>TYPES OF INSURANCE/BENEFITS (AKTYPE)</b>	<b>AK07.</b> What benefits did [R'S NAME] lose?			<b>AK08.</b> When did the benefits end?
	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>A.</b> Health Insurance (PT. ASKES)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>B.</b> Labor (Social) Insurance (ASTEK Jamsostek)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>C.</b> Employer –provided health insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>D.</b> Employer –provided health clinic	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>E.</b> Private insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>G.</b> Savings account-related insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>H.</b> JAMKESMAS	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW
<b>I.</b> JAMKESDA	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year  8. DON'T KNOW

**SECTION AK (HEALTH INSURANCE)**

<b>TYPES OF INSURANCE/BENEFITS (AKTYPE)</b>	<b>AK07.</b>	<b>AK08.</b>
<b>J.</b> JAMKESSOS	3. No ↓ 8. DON'T KNOW ↓ 1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW
<b>K.</b> ASKES SOSIAL	3. No ↓ 8. DON'T KNOW ↓ 1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW
<b>L.</b> JAMPERSAL	3. No ↓ 8. DON'T KNOW ↓ 1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW
<b>M.</b> JKN	3. No ↓ <b>SECTION RJ</b> 8. DON'T KNOW ↓ <b>SECTION RJ</b> 1. Yes →	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW

## SECTION RJ (OUTPATIENT CARE)

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

<b>RJ00.</b> In the last 4 weeks has [R'S NAME] visited a public hospital, puskesmas, private hospital, clinic, health worker or doctor's practice or been visited by a health worker or doctor?	DON'T KNOW ..... 8 →SECTION RN
	No ..... 3 →SECTION RN
	Yes ..... 1

<b>MEDICAL FACILITY (RJTYPE)</b>	<b>RJ01.</b>			<b>RJ02.</b>
	Within the last 4 weeks, has [R'S NAME] been to [...] / visited by [...] ?			How many times did [R'S NAME] visit / been visited by [...] during the last 4 weeks?
<b>A.</b> Public hospital (General or Specialty)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>B.</b> Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>E.</b> Private Hospital	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>F.</b> Polyclinic, Private Clinic, Medical Center	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>G.</b> Private Physician (General Practitioner, Specialist, Dentist, Family Doctor)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>H.</b> Nurse, Paramedic, Midwife practitioner	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>I.</b> Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>K.</b> Posyandu for the elderly	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
<b>V.</b> Others	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
	<b>SECTION RN</b>	<b>SECTION RN</b>		

## SECTION RN (INPATIENT HISTORY)

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

<b>RN00.</b> During the past 12 months has [R'S NAME] ever received patient care at a hospital, puskesmas, clinic, or other?	DON'T KNOW .....	8 → SECTION PM
	No .....	3 → SECTION PM
	Yes .....	1

<b>MEDICAL FACILITY (RNTYPE)</b>	<b>RN01.</b>			<b>RN02.</b>
	During the past 12 months, has [R'S NAME] ever received inpatient care at [...] ?			How many times has [R'S NAME] received inpatient care at [...] during the past 12 months?
<b>A.</b> Public Hospital (General or Specialty)	8. DON'T KNOW	3. No	1. Yes →	<input type="text"/> Times
	↓	↓		
<b>B.</b> Public Health Center (puskesmas)	8. DON'T KNOW	3. No	1. Yes →	<input type="text"/> Times
	↓	↓		
<b>C.</b> Private Hospital	8. DON'T KNOW	3. No	1. Yes →	<input type="text"/> Times
	↓	↓		
<b>D.</b> Private Clinic	8. DON'T KNOW	3. No	1. Yes →	<input type="text"/> Times
	↓	↓		
<b>V.</b> Other .....	8. DON'T KNOW	3. No	1. Yes →	<input type="text"/> Times
	↓	↓		
	SECTION PM	SECTION PM		

## SECTION PM (COMMUNITY PARTICIPATION)

Now we will ask you about the arisan [R'S NAME] participated in in the last 12 months.

<b>PM01.</b> Has [R'S NAME] participated in arisan in the last 12 months?	DON'T KNOW .....	8 → SECTION BR
	No .....	3 → SECTION BR
	Yes .....	1
<b>PM01a.</b> How many arisan has [R'S NAME] participated in the last 12 months?	<input type="text"/> Types	

**SECTION BA (NON-CORESIDENT PARENTS)**

Now we want to ask about [R'S NAME] biological parents.

**BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM**

	Father	Mother
<b>BA04.</b> Does [R'S NAME] father/mother still live in this household?	No ..... 3→BA05 Yes ..... 1	No ..... 3→BA05 Yes ..... 1
<b>BA04a. INTERVIEWER CHECK: AR00</b>	1. <input type="checkbox"/> AR00 → BA04 MOTHER'S COLUMN 3. NOT IN HOUSEHOLD	1. <input type="checkbox"/> AR00 → BA10 3. NOT IN HOUSEHOLD
<b>BA05.</b> Is [R'S NAME] father/mother still alive?	Yes ..... 1→ BA06b No ..... 3 DON'T KNOW ..... 8	Yes ..... 1→ BA06b No ..... 3 DON'T KNOW ..... 8
<b>BA06a.</b> 12 months ago was [R'S NAME] father/mother still alive?	Yes ..... 1 No ..... 3 → BA06c DON'T KNOW ..... 8	Yes ..... 1 No ..... 3 → BA06c DON'T KNOW ..... 8
<b>BA06aa.</b> Was [R'S NAME] 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
<b>BA06b.</b> How often has [R'S NAME] seen [R'S NAME] 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
<b>BA06bb.</b> How often was [R'S NAME] in telephone contact with [R'S NAME] 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
<b>BA06bc.</b> How often was [R'S NAME] in contact through email or text messages with [R'S NAME] 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
<b>BA06c. CAPI CHECK BA05: FATHER/MOTHER ALIVE?</b>	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)**

	Father	Mother
<b>BA06e.</b> Did [R'S NAME] father/mother died of a [...]	Heart attack .....01 Stroke.....02 Cancer .....03 Other illness.....04 Old age .....05 Other cause of death.....06 DON'T KNOW.....98	Heart attack .....01 Stroke .....02 Cancer .....03 Other illness.....04 Old age .....05 Other cause of death .....06 DON'T KNOW .....98
<b>BA06d.</b> When did [R'S NAME] father/mother die?	____ / ____ .....1 Month / Year DON'T KNOW .....8	____ / ____ .....1 Month / Year DON'T KNOW .....8
<b>BA07.</b> How old is [R'S NAME] father/mother now/at time of death?	____ year .....1 DON'T KNOW .....8	____ year .....1 DON'T KNOW .....8
<b>BA07a.</b> Did [R'S NAME] [...] ever attend school?	No .....3→BA11 DON'T KNOW .....8→BA11 Yes .....1	No .....3→BA11 DON'T KNOW .....8→BA11 Yes .....1
<b>BA08.</b> What is the highest level of education of [R'S NAME] father/mother?	____	____
<b>BA09.</b> What is the highest class that [R'S NAME] father/mother finished?	00 01 02 03 04 05 06 07 98	00 01 02 03 04 05 06 07 98
<b>BA11.</b> What is/was [R'S NAME] 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 <b>Working/trying to get work/helping to earn income ..... 01</b>	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 <b>Working/trying to get work/helping to earn income ..... 01</b>
<b>BA12.</b> What was [R'S NAME] father's/mother's status of worl before his/her death?	____	____
<b>BA13a.</b> What were [...] primary duties (now/one year before he died)?	_____ _____ _____ →BA14a	_____ _____ _____ →BA14a

**CODE FOR BA08:**

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

**CODE FORBA09:**

00. DID NOT/HAVE NOT COMPLETED 1ST GRADE	
01. GRADE	
02. 1	
03. 2	06. 6
04. 3	07. Graduated
05. 4	98. DON'T KNOW
5	

**CODE FOR BA12:**

01. Self employed	04. Government worker
02. Self-employed with unpaid family worker/temporary worker	05. Private worker
03. Self-employed with permanent worker.	06. Unpaid family worker
	07. Casual worker in agriculture
	08. Casual worker in non-agriculture
	98. DON'T KNOW

**SECTION BA (NON-CORESIDENT PARENTS)**

	Father	Mother
<b>BA14a.</b> How is the health status of [R'S NAME] 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
<b>BA14b.</b> Now/before death does/did [R'S NAME] 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 <b>→BA04 MOTHER COLUMN</b>	Yes..... 1 No ..... 3 UNWILLING TO ANSWER ..... 7 DON'T KNOW ..... 8 <b>→BA10</b>

BA10. CAPI CHECK 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 [   ]
<b>BA10a. CAPI CHECK BA10:</b>	<b>TOTAL IN BA10.d FOR MOTHER</b>	
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
<b>BA18.</b> Do [R'S NAME] parents still live together?/Did [R'S NAME] parents still live together at the time of death?	Yes ..... 1 → ASK BA19-BA22 ABOUT FATHER AND MOTHER TOGETHER AND RECORD ANSWERS IN "FATHER AND MOTHER LIVE TOGETHER" COLUMN (1ST COLUMN) No ..... 3 → ASK BA19-BA22 ABOUT FATHER FIRST (2ND COLUMN), THEN REPEAT QUESTIONS BA19-BA22 ABOUT MOTHER (3RD COLUMN)	

**SECTION BA (NON-CORESIDENT PARENTS)**

	<b>Father and Mother Live Together</b>	<b>Father Only</b>	<b>Mother Only</b>
<b>BA19.</b> During the past 12 months (before his/her death) did [R'S NAME] (or [R'S NAME] spouse) ever provide help to [...] in the form of money, goods or service?	DON'T KNOW ..... 8→ <b>BA21</b> UNWILLING TO ANSWER .... 7→ <b>BA21</b> No ..... 3→ <b>BA21</b> Yes ..... 1	DON'T KNOW ..... 8→ <b>BA21</b> UNWILLING TO ANSWER .... 7→ <b>BA21</b> No ..... 3→ <b>BA21</b> Yes ..... 1	DON'T KNOW ..... 8→ <b>BA21</b> UNWILLING TO ANSWER .... 7→ <b>BA21</b> No ..... 3→ <b>BA21</b> Yes ..... 1
<b>BA20.</b> What type of help did [R'S NAME] provide to [...] in the past 12 months (before his/her death) and how much? <b>(ANSWER MAY BE MORE THAN ONE)</b>  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.....	<b>(ANSWER MAY BE MORE THAN ONE)</b>  A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  G. [ ] [ ]      03. Days      05. Months  H. [ ] [ ]      03. Days      05. Months  V. .... [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	<b>(ANSWER MAY BE MORE THAN ONE)</b>  A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  G. [ ] [ ]      03. Days      05. Months  H. [ ] [ ]      03. Days      05. Months  V. .... [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	<b>(ANSWER MAY BE MORE THAN ONE)</b>  A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  G. [ ] [ ]      03. Days      05. Months  H. [ ] [ ]      03. Days      05. Months  V. .... [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
<b>BA21.</b> During the past 12 months (before his/her death) did [R'S NAME] (or [R'S NAME] spouse) ever receive help from [...] in the form of money, goods or service?	DON'T KNOW ..... 8→ <b>BA14c</b> UNWILLING TO ANSWER .. 7→ <b>BA14c</b> No ..... 3→ <b>BA14c</b> Yes ..... 1	DON'T KNOW ..... 8→ <b>BA14c</b> UNWILLING TO ANSWER .... 7→ <b>BA27</b> No ..... 3→ <b>BA27</b> Yes ..... 1	DON'T KNOW ..... 8→ <b>BA14c</b> UNWILLING TO ANSWER ... 7→ <b>BA14c</b> No ..... 3→ <b>BA14c</b> Yes ..... 1
<b>BA22.</b> What type of help did [R'S NAME] receive from [...] in the past 12 months (before his/her death) and how much?  A. Money, loan, tuition, health care costs (including treatment).....  D. Value of food stuff or other goods.....  G. Doing household chores, or providing child care or assisting during physical recovery.....  H. Helping family business.....  V. Other.....	<b>(ANSWER MAY BE MORE THAN ONE)</b>  A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  G. [ ] [ ]      03. Days      05. Months  H. [ ] [ ]      03. Days      05. Months  V. .... [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  <b>→BA14c FATHER COLUMN</b>	<b>(ANSWER MAY BE MORE THAN ONE)</b>  A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  G. [ ] [ ]      03. Days      05. Months  H. [ ] [ ]      03. Days      05. Months  V. .... [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	<b>(ANSWER MAY BE MORE THAN ONE)</b>  A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  G. [ ] [ ]      03. Days      05. Months  H. [ ] [ ]      03. Days      05. Months  V. .... [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.  <b>→BA14c FATHER COLUMN</b>
<b>BA27. INTERVIEWER CHECK:</b>		<b>RETURN TO BA10a TO CHECK WHETHER QUESTIONS REGARDING MOTHER SHOULD BE ANSWERED</b>	

**SECTION BA (NON-CORESIDENT PARENTS)**

	FATHER	MOTHER
<b>BA14c.</b> Where does [...] live now/before his death?	In this household..... 00 In the same village..... 01 In the same subdistrict..... 02 In the same district..... 03 In the same province ..... 04 DON'T KNOW..... 08 In another province, ..... 05 In another country..... 06	In this household.....00 In the same village ..... 01 In the same subdistrict ..... 02 In the same district..... 03 In the same province..... 04 DON'T KNOW ..... 08 In another province ..... 05 In another country ..... 06
<b>BA15.</b> With whom does/did [...] live now/before his/her death? <b>(CIRCLE ALL THAT APPLY)</b> <b>ANSWER OF "BY HIM/HERSELF" CANNOT BE COMBINED WITH OTHER ANSWERS</b>	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
<b>BA15a. CAPI CHECK BA15. IF C OR D IS CIRCLED ASK:</b> What is the name of the son/daughter that [...] lives with now/before his/her death? <b>IF C OR D IS NOT CIRCLED, WRITE W</b>	<hr/> <b>→ BA14c MOTHER COLUMN</b>	<hr/> <b>→ BA28</b>

**SECTION BA (NON-CORESIDENT-SIBLINGS)**

<p><b>BA28.</b> Does [R'S NAME] have biological or non-biological siblings who do not live in this household (including those who have died during the past 12 months, but were non-householders at the time of their deaths)?</p>	<p>DON'T KNOW ..... 8→BA58x                  No ..... 3→BA58x                  Yes ..... 1</p>
<p><b>BA29.</b> a. How many siblings do not live in the house are still alive?                  b. How many siblings died during the past 12 months and were non-householders at the time of their deaths?</p>	<p>..... <input type="text"/> <input type="text"/>                  ..... <input type="text"/> <input type="text"/></p>
<p><b>BA29x. INTERVIEWER CHECK:</b></p>	<p><b>IF BA29.a and BA29.b = 0</b> ..... 3→BA58x  <b>IF BA29.a and BA29.b &gt; 0</b> ..... 1</p>
<p><b>BA54.</b> During the past 12 months, did [R'S NAME] (or [R'S NAME] spouse) ever <b>provide</b> help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service?</p>	<p>DON'T KNOW ..... 8→BA56                  UNWILLING TO ANSWER ..... 7→BA56                  No ..... 3→BA56                  Yes ..... 1</p>
<p><b>BA55.</b> What type of help did [R'S NAME] (or [R'S NAME] spouse) provide to the siblings during the past 12 months and how much?  <b>(ANSWER MAY BE MORE THAN ONE)</b></p> <p>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.....</p>	<p><b>(ANSWER MAY BE MORE THAN ONE)</b></p> <p>A. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Rp.                  D. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Rp.                  G. <input type="text"/> 03. Days 05. Months                  H. <input type="text"/> 03. Days 05. Months                  V. ....  <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Rp.</p>
<p><b>BA56.</b> During the past 12 months/12 months before death, did [R'S NAME] (or [R'S NAME] spouse) ever receive help from siblings who do not live in the HH (including those who died in the last 12 months) in the form of money, goods or service?</p>	<p>DON'T KNOW ..... 8→BA58x                  UNWILLING TO ANSWER ..... 7→BA58x                  No ..... 3→BA58x                  Yes ..... 1</p>
<p><b>BA57.</b> What type of help did [R'S NAME] (or [R'S NAME] spouse) receive from the siblings during the past 12 months and how much?  <b>(ANSWER MAY BE MORE THAN ONE)</b></p> <p>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.....</p>	<p><b>(ANSWER MAY BE MORE THAN ONE)</b></p> <p>A. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Rp.                  D. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Rp.                  G. <input type="text"/> 03. Days 05. Months                  H. <input type="text"/> 03. Days 05. Months                  V. ....  <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Rp.</p>

**SECTION BA (NON-CO-RESIDENT-CHILDREN)**

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

<b>PANEL RESPONDENT</b> <b>BA58a. CAPI CHECK PREPRINTED CHILD ROSTERS</b>  PREPRINTED CHILD ROSTER EXISTS, BOOK IV INDICATED (AR01h = 1) ..... 5→SECTION TF PREPRINTED CHILD ROSTER EXISTS, BOOK III INDICATED ..... 3→BA00b (PREPRINTED CHILD ROSTER) PREPRINTED CHILD ROSTER DOES NOT EXIST ..... 1→BA58b
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<b>BA58b. CAPI CHECK COV3 AND COV5:</b>	FEMALE AND DOES NOT ANSWER BOOK IV ..... 3 →BA61 FEMALE AND ANSWER BOOK IV ..... 2 →SECTION TF MALE ..... 1
<b>BA59.</b> Does [R'S NAME] wife live in the household?	Not Yet Married ..... 5→BA62a No ..... 3→BA61 Yes ..... 1
<b>BA60a.</b> Do you married only once ?	Yes, MARRIED ONLY ONCE ..... 1 →BA62a No , MARRIED MORE THAN ONCE ..... 3 →BA62
<b>BA61.</b> 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
<b>BA62.</b> 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→BA00b (BA FORM FOR NEW CHILD)
<b>BA62a.</b> 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-CO-RESIDENT-CHILDREN)**

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

BA63a.	BA63b.	BA78.	BA79.	BA80.	BA81.	BA82a.	BA83a.	BA84.	BA84a.	BA84b.
	(NAMA)	When [...] twelve years old, [R'S NAME] and [R'S NAME] 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?	<b>CAPI CHECK BA65 AND BA65a: [...] STILL ALIVE?</b>	How often does/did [R’S NAME] meet with [...] during the past year now/before his/her death?	How often does/did [R’S NAME] have contact with [...] by telephone during the past year now/before his/her death?	How often does/did [R’S NAME] have contact with [...] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA 8.DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95 .....	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	8→BA87a 5→BA87a 1 2 3 4	8→BA87a 5→BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8.DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95 .....	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	8→BA87a 5→BA87a 1 2 3 4	8→BA87a 5→BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8.DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95 .....	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	8→BA87a 5→BA87a 1 2 3 4	8→BA87a 5→BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8.DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95 .....	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	8→BA87a 5→BA87a 1 2 3 4	8→BA87a 5→BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8.DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95 .....	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	8→BA87a 5→BA87a 1 2 3 4	8→BA87a 5→BA87a 1 2 3 4	1 2 3 4 5 8

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

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

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

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

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

**SECTION BA (NON-CO-RESIDENT-CHILDREN)**

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

BA63a.	BA63b.	BA63b. <b>(NAME)</b>	BA87a. In the past 12 months, did [R'S NAME] provide assistance to [...] in the form of money, goods, or services?	BA88. What type of assistance did [R'S NAME] provide to [...] and what is the value? <b>(CIRCLE AND FILL ALL THAT APPLY)</b>	BA89a. In the past 12 months, did [R'S NAME] receive assistance from [...] in the form of money, goods, or services?	BA90. What type of assistance did [R'S NAME] receive to [...] and what is the value? <b>(CIRCLE AND FILL ALL THAT APPLY)</b>
			8 →BA89a 7 →BA89a 3 →BA89a 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.	8 →BA63b ROW 2 / BA90x 7 →BA63b ROW 2 / BA90x 3 →BA63b ROW 2 / BA90x 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.
			8 →BA89a 7 →BA89a 3 →BA89a 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.	8 →BA63b ROW 2 / BA90x 7 →BA63b ROW 2 / BA90x 3 →BA63b ROW 2 / BA90x 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.
			8 →BA89a 7 →BA89a 3 →BA89a 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.	8 →BA63b ROW 2 / BA90x 7 →BA63b ROW 2 / BA90x 3 →BA63b ROW 2 / BA90x 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.
			8 →BA89a 7 →BA89a 3 →BA89a 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.	8 →BA63b ROW 2 / BA90x 7 →BA63b ROW 2 / BA90x 3 →BA63b ROW 2 / BA90x 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.
			8 →BA89a 7 →BA89a 3 →BA89a 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.	8 →BA63b ROW 2 / BA90x 7 →BA63b ROW 2 / BA90x 3 →BA63b ROW 2 / BA90x 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.
			8 →BA89a 7 →BA89a 3 →BA89a 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.	8 →BA63b ROW 2 / BA90x 7 →BA63b ROW 2 / BA90x 3 →BA63b ROW 2 / BA90x 1	A. _____ Rp. D. _____ Rp. G. ___ 03. Days 05. Months H. ___ 03. Days 05. Months V. _____ _____ Rp.

<b>BA90x</b>	Is there any child aged 7 or above, biological or non-biological, co-residing or non-ceresiding that has not been listed?	1. Yes →BA63b 3. No
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<p><b>CODE BA87a AND BA89a:</b></p> <p>1. Yes 3. No 7. UNWILLING TO ANSWER</p>
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<p><b>CODE BA88 AND BA90:</b></p> <p>A. Money (loans, tuition, health care cost) D. Food stuff or other goods G. Chores, child care H. Help with family business V. Other</p>
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# SECTION BA (NON-CO-RESIDENT-CHILDREN)

## BA CHILD ROSTER FOR PANEL AND NON-PANEL RESPONDENTS

We would like to ask about all of [R'S NAME] children, biological or non-biological, resident and non-co-resident, aged 7 and above

AR00.	BA63a.	BA63b.	BA63c.	BA64.	BA64a.	BA64b.	BA64c.	BA65.	BA65a.	BA66.	BA66a.	BA67.	BA68.	BA69.	BA70.
PIDLIN K		NAME	Is [...] [R'S NAME] 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	Age ≥ 15?	Marital Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
____	01		1 2 3 7 ↓ 8 ↓ 6 ____ ↓	5. ____		5. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 ↓	____	____ .....	____ .....	00 → BA63b ROW 2 ____ .....
____	02		1 2 3 7 ↓ 8 ↓ 6 ____ ↓	5. ____		5. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 ↓	____	____ .....	____ .....	00 → BA63b ROW 2 ____ .....
____	03		1 2 3 7 ↓ 8 ↓ 6 ____ ↓	5. ____		5. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 ↓	____	____ .....	____ .....	00 → BA63b ROW 2 ____ .....
____	04		1 2 3 7 ↓ 8 ↓ 6 ____ ↓	5. ____		5. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 ↓	____	____ .....	____ .....	00 → BA63b ROW 2 ____ .....
____	05		1 2 3 7 ↓ 8 ↓ 6 ____ ↓	5. ____		5. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 ↓	____	____ .....	____ .....	00 → BA63b SUPPLEMENT ____ .....

**CODE AR00:**  
96. Not Registered at the Roster

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

**CODE BA65:**  
1. Yes  
3. No  
8. DK  
  
**CODE BA64c:**  
1. Yes  
3. No

**CODE BA66a:**  
1. Yes  
3. No  
8. DK

**CODE BA67:**  
1. Unmarried  
2. Married  
3. Separated/ Estranged  
4. Divorced  
5. Widow/ widower  
8. DON'T KNOW

**CODE BA68:**  
01. No school/Not yet in school  
02. Elementary  
03. Junior High - General  
04. Junior High - Vocational  
05. Senior High - General  
06. Senior High - Vocational  
60. College (D1, D2, D3)

61. University (Bachelor)  
62. University (Master)  
63. University (PhD)  
11. Adult Education A  
12. Adult Education B  
13. Open University  
14. Islamic School (Pesantren)

15. Adult Education C  
17. School for disabled  
72. Islamic Elementary School (Madrasah Ibtidaiyah)  
73. Islamic Junior High School (Madrasah Tsanawiyah)  
74. Islamic Senior High School (Madrasah Aliyah)  
90. Kindergarten  
98. DON'T KNOW  
95. Other

**CODE BA69:**  
00. Did not complete 1<sup>st</sup> grade at this level  
01. 1  
02. 2  
03. 3  
04. 4  
05. 5  
06. 6  
07. Graduated  
96. No school  
98. DON'T KNOW

**CODE BA70:**

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

**SECTION TF (OTHER TRANSFERS)**

Now we would like to know whether [R'S NAME] has 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.)

<b>TF01a.</b> INTERVIEWER CHECK: RESPONDENT STATUS = MARRIED (COV4=2)?	NO ..... 3 → TF02a COLUMN A1 YES ..... 1
<b>TF01.</b> Does [R'S NAME] live with [R'S NAME] spouse?	YES ..... 1 → TF02A COLUMN A1 No ..... 3 → TF03a COLUMN A

**CAPI CHECK: IF TF01=3, THEN GO TO TF03-TF06 COLUMN A, B, C**

TFTYPE	A	A1
	Respondent's spouse not in the household	Non-biological parents not in the household
<b>TF02a.</b> Does R'S NAME] 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
<b>TF03a.</b> How often has [R'S NAME] 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 8. DK	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 8. DK
<b>TF03b.</b> How often was [R'S NAME] 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 8. DK	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 8. DK
<b>TF03c.</b> How often was [R'S NAME] 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 8. DK → 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 BR (BIRTH HISTORY)**

<b>BR00xa. CAPI CHECK COV5: SEX OF RESPONDENT?</b>	<b>MALE..... 1 → SECTION CP</b> <b>FEMALE..... 5</b>
--	---

Now I would like to ask you about all of [R'S NAME] pregnancies.

<b>BR01.</b> Now I would like to ask you about all children that [R'S NAME] has so far. Have [R'S NAME] ever given birth?	No ..... 3 → BR08 Yes..... 1
<b>BR02.</b> Does [R'S NAME] have biological sons or daughters who are now living with [R'S NAME]?	No ..... 3 → BR05 Yes..... 1
<b>BR03.</b> How many biological sons are now living with [R'S NAME]?	<input type="text"/> Males
<b>BR04.</b> How many biological daughters are now living with [R'S NAME]?	<input type="text"/> Females
<b>CAPI CHECK: USE LIST OF HOUSEHOLDERS TO VERIFY NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN WHO LIVE IN THIS HOUSEHOLD. IF THE TOTAL OF BR03 + BR04 AND THE NUMBER OF RESPONDENT'S BIOLOGICAL CHILDREN IN LIST OF HOUSEHOLDERS DO NOT MATCH, DO SOME PROBING TO CONFIRM THE NUMBER. REPEAT THE QUESTION BY MENTIONING EACH BIOLOGICAL CHILD'S NAME FROM LIST OF HOUSEHOLDERS (AR01).</b>	
<b>BR06.</b> How many biological sons are still alive, but do not live with [R'S NAME]?	<input type="text"/> Males
<b>BR07.</b> How many biological daughters are still alive, but do not live with [R'S NAME]?	<input type="text"/> Females
<b>BR08.</b> Has [R'S NAME] ever given live birth to a son or daughter, even one who lived only for a short a while?	No ..... 3 → BR11 Yes..... 1
<b>BR09.</b> How many sons were born alive but passed away later?	<input type="text"/> Males
<b>BR10.</b> How many daughters were born alive but passed away later?	<input type="text"/> Females

<b>BR11.</b> Has [R'S NAME] ever had a pregnancy that resulted in a stillbirth?	No ..... 3 → BR13 Yes..... 1
<b>BR12.</b> How many stillbirths have [R'S NAME] had?	<input type="text"/>
<b>BR13.</b> (Besides that) Has [R'S NAME] had any miscarriages?	No ..... 3 → BR15 Yes..... 1
<b>BR14.</b> How many miscarriages has [R'S NAME] had?	<input type="text"/>
<b>BR15. CAPI CHECK:</b>  ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, [R'S NAME] has had <input type="text"/> livebirths, is it correct ?	<input type="text"/>  No ..... 3 → REVISE BR01-BR10 Yes..... 1
<b>BR16. CAPI CHECK:</b>  ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE: Again, to confirm your answers, [R'S NAME] has had <input type="text"/> stillbirths and miscarriages, is it correct?	<input type="text"/>  No ..... 3 → REVISE BR12 and BR14 Yes..... 1

## SECTION CH (PREGNANCY HISTORY)

<b>CH00x.</b> In the last 5 years has [[R'S NAME] been pregnant?	DON'T KNOW ..... 8 →SECTION CX No..... 3 →SECTION CX Yes ..... 1
<b>CH03. CAPI CHECK : TOTAL OF COLUMNS TO BE FILLED OUT</b>	

<b>CH05.</b> Chronological order of pregnancy's outcome	<b>1.LAST</b>	<b>2. SECOND TO LAST</b>
<b>CH06.</b> Classification of pregnancy's outcome	Is pregnant ..... 1 → CH14 Stillbirth ..... 3 → CH09 Miscarriage ..... 4 → CH09 Live birth ..... 2	Is pregnant ..... 1 → CH14 Stillbirth ..... 3 → CH09 Miscarriage ..... 4 → CH09 Live birth ..... 2
<b>CH06a.</b> Did pregnancy end in multiple birth?	Yes ..... 1 No..... 3	Yes ..... 1 No..... 3
<b>CH07. Name of child</b> Fill in '51' IF CHILD IS NOT LISTED Fill in '52' IF CHILD HAS DIED	_____	_____
<b>CH08.</b> Is [...] a male or female?	Male..... 1 Female ..... 3	Male..... 1 Female ..... 3
<b>CH09.</b> What date was [...] born/you had a miscarriage? (DAY/MON/YR)	1. ____/____/____ →CH11 DAY / MONTH / YEAR 8. DON'T KNOW	1. ____/____/____ →CH11 DAY / MONTH / YEAR 8. DON'T KNOW
<b>CH10a.</b> How old was [R'S NAME] when [...] was born/[R'S NAME] had a miscarriage?	____ Years	____ Years
<b>CH10b.</b> CAPI CHECK: USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH. (BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH/MISCARRIAGE)	Year _____	Year _____

**SECTION CH (PREGNANCY HISTORY)**

	1.LAST	2. SECOND TO LAST
<b>CH14.</b> During the pregnancy has/did [R'S NAME] ever have a pregnancy check-up?	DK..... 8 → CH18 No ..... 3 → CH18 Yes..... 1	DK ..... 8 → CH18 No ..... 3 → CH18 Yes ..... 1
<b>CH15. Where does/did [R'S NAME] go for pregnancy check-ups?</b> <b>(CIRCLE ALL THAT APPLY)</b> A. Public hospital ..... B. Private hospital..... C. Community health center (Puskesmas) .... D. Village Delivery Post (POLINDES)..... E. Clinic/office of physician ..... F. Clinic/office of midwife ..... G. Office of traditional midwife..... I. Posyandu ..... J. Specialist..... V. Other .....	A B C D E F G I J V	A B C D E F G I J V
<b>CH18. CAPI CHECK :</b> 1. CH06 = 1 (STILL PREGNANT) ..... 3. CH06 = 2 OR 3 ..... 2. CH06 = 4 .....	1. → CH14 COLUMN 2 / SECTION CX 3. → CH14 COLUMN 2 / SECTION CX 2.	1. → SECTION CX 3. → SECTION CX 2.
<b>CH18a.</b> At the time that [R'S NAME] gave birth to [...], was [R'S NAME] in labor for more than one day and night?	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 → CH20	Yes ..... 1 No ..... 3 DON'T KNOW ..... 8 → CH20
<b>CH19.</b> Where did [R'S NAME] give birth to [...]? 09. Own house ..... 10. Family Members House..... 01. Public hospital ..... 02. Private hospital..... 03. Delivery Hospital ..... 04. Community health center ..... 05. Village Delivery Post..... 06. Clinic/office of physician ..... 07. Clinic/office of midwife ..... 08. Office/house of trad. midwife .... 95. Other .....	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 95	09 → CH20 10 → CH20 01 02 03 04 05 06 07 08 95

**SECTION CH (PREGNANCY HISTORY)**

	1.LAST	2. SECOND TO LAST
<b>CH20.</b> Who provided care during [...]’s birth? (CIRCLE ALL THAT APPLY)	NOBODY ..... W Physician ..... A Private midwife..... B Village midwife..... C Nurse ..... D Traditional birth attendant E Family ..... H Other..... V	NOBODY ..... W Physician ..... A Private midwife..... B Village midwife..... C Nurse ..... D Traditional birth attendant E Family ..... H Other..... V
<b>CH25.</b> Is [...] still alive?	Yes ..... 1 → CH14 COLUMN 2/ SECTION CX No ..... 3	Yes ..... 1 → SECTION CX No..... 3
<b>CH26.</b> How old was [...] when he/she died?	<div style="text-align: right;">_ _ _</div> Days ..... 03 weeks ..... 04 Months ..... 05 Years..... 06	<div style="text-align: right;">_ _ _</div> Days ..... 03 weeks ..... 04 Months..... 05 Years..... 06

**SECTION CX (CONTRACEPTIVE USE)**

<p><b>CX00.</b> CAPI CHECK COV3: AGE OF THE RESPONDENT ≥ 50?</p>	<p>AGE OF THE RESPONDENT ≥ 50..... 1 →SECTION BA                  AGE OF THE RESPONDENT &lt; 50..... 3</p>
--	--

Now we would like to ask about methods to postpone or prevent pregnancy.

<p><b>CX20.</b> Des [R'S NAME] /does [R'S NAME] husband now use a device/method to postpone or prevent a pregnancy?</p>	<p>DON'T KNOW ..... 8 →SECTION BA                  No ..... 3 →SECTION BA                  Yes ..... 1</p>
<p><b>CX21.</b> Which birth control device/method does [R'S NAME] /does [R'S NAME] husband use now?</p>	<p>Rhythm/calendar ..... 11                  Coitus interruptus ..... 12                  Traditional Herbs ..... 13                  Traditional massage ..... 14                  Other ..... 95                  Pill ..... 01                  1 Mo. Injection ..... 02                  2 Mo. Injection ..... 03                  3 Mo. Injection ..... 04                  Intravag ..... 05                  Condom..... 06                  IUD/AKDR/Spiral ..... 07                  Norplant/Implant ..... 08                  Female Sterilization/Tubectomy .... 09                  Male Sterilization ..... 10                  Female condom/Femidom..... 15                  → SECTION BA</p>

### CHILD ROSTER

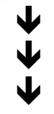
**BA00a. CAPI CHECK**(Choose One)

RESPONDENT HAS A CHILD ROSTER FOR BOOK IV ..... 1



INSERT PREPRINTED CHILD ROSTER FOR BOOK IV

RESPONDENT HAS NO PREPRINTED CHILD ROSTER FOR BOOK IV / NEW RESPONDENT ..... 3



**BF00**

**SECTION BA (NON-CORESIDENT CHILD ROSTER)**

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

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

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

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

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

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

**CODESFOR BA84, BA84a, BA84b:**  
 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 CHILD ROSTER)**

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

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

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

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

**SECTION BA (NON-CO-RESIDENT CHILD ROSTER)**

**NON-CO RESIDENT (BA) CHILDROSTER FOR NEW RESPONDENT/PANEL RESPONDENT WITHOUT PREPRINTED CHILD ROSTER.**

**Now we would like to ask about all of your biological children with aged 15 years old or more that live outside the household, including biological children that have died in the last 12 months and lived outside the HH at the time of death.**

AR00.	BA63a.	BA63b.	BA63c.	BA64.	BA64a.	BA64b.	BA64c.	BA65.	BA65a.	BA66.	BA66a	BA67.	BA68.	BA69.	BA70.
NO. OF HHM		NAME	Is [...] [R'S NAME] 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	Age ≥ 15?	Marital Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
____	01		1 2 3 7 ↓ 8 ↓ 6 _____ ↓	____		1. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3 →	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 → ↓	____	____	____	00 → BA63b ROW 2 ____
____	02		1 2 3 7 ↓ 8 ↓ 6 _____ ↓	____		1. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3 →	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 → ↓	____	____	____	00 → BA63b ROW 2 ____
____	03		1 2 3 7 ↓ 8 ↓ 6 _____ ↓	____		1. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3 →	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 → ↓	____	____	____	00 → BA63b ROW 2 ____
____	04		1 2 3 7 ↓ 8 ↓ 6 _____ ↓	____		1. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3 →	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 → ↓	____	____	____	00 → BA63b ROW 2 ____
____	05		1 2 3 7 ↓ 8 ↓ 6 _____ ↓	____		1. ____ / ____ Month / Year 8. DON'T KNOW	1 ↓ 3 →	1 → BA66 8 → BA66 3	1. ____ / ____ Month / Year 8. DON'T KNOW	1. ____ years 8. DK	3 1 → ↓	____	____	____	00 → BA63b ROW 2 ____

**CODE AR00:**  
96. Not Registered at the Roster

**CODE BA63c:**  
1. Yes  
2. Stepchild  
3. Adopted  
6. Duplicate  
7. Not a child  
8. DON'T KNOW

**CODE BA65:**  
1. Yes  
3. No  
8. DK  
**CODE BA64C:**  
1. Yes  
3. No

**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 (Madrasah Tsanawiyah)  
74. Islamic Senior High School (Madrasah Aliyah)  
90. Kindergarten  
98. DON'T KNOW  
95. Other

**CODE BA69:**  
00. Did not complete 1<sup>st</sup> grade at this level  
01. 1  
02. 2  
03. 3  
04. 4  
05. 5  
06. 6  
07. Graduated  
96. No school  
98. DON'T KNOW

**CODE BA70:**  
000. In this household  
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  
065. North 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 Papua  
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

**SECTION CP (INTERVIEWER'S NOTES)**

**EVALUATION FORM FOR BOOK PROXY**

<b>LANGMAIN.</b> Interview was entirely/mostly conducted in what language?	<input type="checkbox"/> <b>Other:</b> _____				
<b>LANGOTHR.</b> Other language used (if any):	<input type="checkbox"/> <b>Other:</b> _____				
<b>CODE FOR LANGUAGE</b>					
00. Indonesia	04. Batak	08. Sasak	12. Makassar	16. Toraja	20. Lampung
01. Jawa	05. Bugis	09. Minang	13. Nias	17. Iahat	95. Other,
02. Sunda	06. Cina	10. Banjar	14. Palembang	18. Sumatera Selatan Lainnya	96. NONE
03. Bali	07. Madura	11. Bima	15. Sumbawa	19. Betawi	

<b>C1. RESULT OF BOOK PROXY INTERVIEW</b>	<b>C2. REASON FOR "3" / "2" IN C1</b>	<b>C4. MONITORING BY SUPERVISORS</b>	
1. Completed → <b>C4</b>	1. Respondent not home/not found	Yes	No
2. Partially completed	2. Respondent ill	a. Observed ..... 1	3
3. Not completed	3. Respondent refused	b. Checked ..... 1	3
	5. Others _____	c. Verified ..... 1	3