

SUPERVISOR: _____	CONFIDENTIAL	EA: _____
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INDONESIAN FAMILY LIFE SURVEY 2014

COMMUNITY AND FACILITY PEOPLE CHARACTERISTICS

SERVICE AVAILABILITY ROSTER (SAR)

NAME OF VILLAGE/KELURAHAN : _____

EA _____ BOOK TYPE _____

_____ / D K F

PREPRINTED
SERVICE AVILIBELITY ROSTER – PREPRINTED
EA STRATA PUSKESMAS /PRIVATE PRACTICE/POSYANDU/POSYANDU LANSIA/PRAKTEK TRADISIONAL

	J01 & J02	J04a	J15	J05 & J06	J07	J08	J09	J10	J11	J11a	J12	J13	J14	J16	J17
N U M B E R	Name and Address and Specific Information on Location	CODE OF FACILI TY	INTERVIEWER NOTE ; WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa and kecamatan	Still operating services ? 0. DK Health Fac. 1. Yes 3. No 8. DK Open	What year did close?	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION a. LATITUDE b. LONGITUDE	INTERVIEW ER NOTE : a. INFORMATI ON OF THE LOCATION b. TYPE OF FACILITY	INTER VIEW ED STAT US	Did this facility have an interview in 1993, 1997, 1998, 2000? reformat
	Nama Alamat Desa : 1. 3. Sama dengan Wilcah Kec: 1. 3. Sama dengan Wilcah Kab: 1. 3. Sama dengan Wilcah Prop: 1. 3. Sama dengan Wilcah		1. Yes Code of facility _____ _____ _____ _____ → NEXT ROW 3. No		0. → J13 1. Yes → J09 8. DK → J13 3. No 2. Moved → J09	1. Year _____ _____ 3. ____ years 8. DK ↓ NEXT ROW	1. _____,_____ Kilometers 8. DK	1. ____ . ____ Rp → J11a 3. On foot 5. Personal vehicle 8. DK	_____ 1. Minutes 2. Hours 3. Days 8. DK → J12	_____ 1. Minutes 2. Hours 3. Days 8. DK	1. Year _____ _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No
	Nama Alamat Desa : 1. 3. Sama dengan Wilcah Kec: 1. 3. Sama dengan Wilcah Kab: 1 3. Sama dengan Wilcah Prop: 1. 3. Sama dengan Wilcah		1. Yes Code of facility _____ _____ _____ _____ → NEXT ROW 3. No		0. → J13 1. Yes → J09 8. DK → J13 3. No 2. Moved → J09	1. Year _____ _____ 3. ____ years 8. DK ↓ NEXT ROW	1. _____,_____ Kilometers 8. DK	1. ____ . ____ Rp → J11a 3. On foot 5. Personal vehicle 8. DK	_____ 1. Minutes 2. Hours 3. Days 8. DK → J12	_____ 1. Minutes 2. Hours 3. Days 8. DK	1. Year _____ _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No
	Nama Alamat Desa : 1. 3. Sama dengan Wilcah Kec: 1. 3. Sama dengan Wilcah Kab: 1 3. Sama dengan Wilcah Prop: 1. 3. Sama dengan Wilcah		1. Yes Code of facility _____ _____ _____ _____ → NEXT ROW 3. No		0. → J13 1. Yes → J09 8. DK → J13 3. No 2. Moved → J09	1. Year _____ _____ 3. ____ years 8. DK ↓ NEXT ROW	1. _____,_____ Kilometers 8. DK	1. ____ . ____ Rp → J11a 3. On foot 5. Personal vehicle 8. DK	_____ 1. Minutes 2. Hours 3. Days 8. DK → J12	_____ 1. Minutes 2. Hours 3. Days 8. DK	1. Year _____ _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No

Code of X14b Health:01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midewife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 13. Posyandu 14. Posyandu Lansia
95. Other_____

SUPPLEMENT SERVICE AVAILABILITY ROSTER FOR HEALTH FACILITY

IFLS CODE

							TYPE OF FACILITY		1. Puskesmas/Puskesmas Pembantu 2. Doctor/Clinic/Maternity Clinic/Midwife/Midwife Village/Nurse/Mantri 3. Tradicional Practise 4. Integrated Health Post (Posyandu) 5. Integrated Health Post for Elderly (Posyandu Lansia) 6. Hospital				
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECCION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION c. LATITUDE d. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	Nama Alamat Desa : 1. 3. Sama dengan Wilcah Kec: 1. 3. Sama dengan Wilcah Kab: 1 3. Sama dengan Wilcah Prop: 1. 3. Sama dengan Wilcah	4. PP 3. PKK 2. KD	1. _____ _____ _____ _____	1. Yes _____ _____ _____ ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. _____, _____ kilometers 8. DK	1. _____ . _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____ 1. Minutes 2. Hours 3. Days 8. TT → x12	_____ 1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. _____ years 8. TT	1. a. _____° _____, _____' b. _____° _____, _____' 3. Posyandu / Posyandu Lansia / Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	1. Yes 3. No
	Nama Alamat Desa : 1. 3. Sama dengan Wilcah Kec: 1. 3. Sama dengan Wilcah Kab: 1 3. Sama dengan Wilcah Prop: 1. 3. Sama dengan Wilcah	4. PP 3. PKK 2. KD	1. _____ _____ _____ _____	2. Yes _____ _____ _____ ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. _____, _____ kilometers 8. DK	1. _____ . _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____ 1. Minutes 2. Hours 3. Days 8. TT → x12	_____ 1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. _____ years 8. TT	1. a. _____° _____, _____' b. _____° _____, _____' 3. Posyandu / Posyandu Lansia / Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	1. Yes 3. No

Code of X14b Health: 01. Puskesmas/Pustu/BP 02. Clinic 03. Maternity Clinic 04. Doctor 05. Mantri 06. Nurse 07. Privat Midewife 08. Midwife Village 10. Hospital 11. Traditional Practice 12. Baby Shootsayer 13. Posyandu 14. Posyandu Lansia 95. Other_____

**PREPRINTED
SERVICE AVAILABILITY ROSTER – PREPRINTED**

	J01 & J02	J04a	J15	J05 & J06	J07	J08	J09	J10	J11	J11a	J12	J13	J14	J16	J17
N U M B E R	Name and Address and Specific Information on Location	CODE OF FACILI TY	INTERVIEWER NOTE ; WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa and kecamatan	Still operating services ? 0. DK Health Fac. 1. Yes 3. No 8. DK Open	What year did close?	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION a. LATITUDE b. LONGITUD E	INTERVIEW ER NOTE : a. INFORMATI ON OF THE LOCATION b. TYPE OF FACILITY	INTER VIEW ED STAT US	Did this facility have an interview in 1993, 1997, 1998, 2000? reformat
	Name: Address: Village : 1. _____ 3. Same as EA Kec: 1. _____ Kab: 1 _____ 3. Same as EA Prov: 1. _____ 3. Same as EA		1. Yes Code of facility _____ _____ _____ _____ → NEXT ROW 3. No		0. → J13 1. Yes → J09 8. DK → J13 3. No 2. Moved → J09	1. Year _____ _____ 3. ____ years 8. DK ↓ NEXT ROW	1. _____,_____ Kilometers 8. DK	1. ____ . ____ Rp → J11a 3. On foot 5. Personal vehicle 8. DK	_____ 1. Minutes 2. Hours 3. Days 8. DK → J12	_____ 1. Minutes 2. Hours 3. Days 8. DK	1. Year _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No
	Name: Address: Village : 1. _____ 3. Same as EA Kec: 1. _____ Kab: 1 _____ 3. Same as EA Prov: 1. _____ 3. Same as EA		1. Yes Code of facility _____ _____ _____ _____ → NEXT ROW 3. No		0. → J13 1. Yes → J09 8. DK → J13 3. No 2. Moved → J09	1. Year _____ _____ 3. ____ years 8. DK ↓ NEXT ROW	1. _____,_____ Kilometers 8. DK	1. ____ . ____ Rp → J11a 3. On foot 5. Personal vehicle 8. DK	_____ 1. Minutes 2. Hours 3. Days 8. DK → J12	_____ 1. Minutes 2. Hours 3. Days 8. DK	1. Year _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No
	Name: Address: Village : 1. _____ 3. Same as EA Kec: 1. _____ Kab: 1 _____ 3. Same as EA Prov: 1. _____ 3. Same as EA		1. Yes Code of facility _____ _____ _____ _____ → NEXT ROW 3. No		0. → J13 1. Yes → J09 8. DK → J13 3. No 2. Moved → J09	1. Year _____ _____ 3. ____ years 8. DK ↓ NEXT ROW	1. _____,_____ Kilometers 8. DK	1. ____ . ____ Rp → J11a 3. On foot 5. Personal vehicle 8. DK	_____ 1. Minutes 2. Hours 3. Days 8. DK → J12	_____ 1. Minutes 2. Hours 3. Days 8. DK	1. Year _____ 3. ____ years 8. DK	1. a. ____ , ____ ____ , ____ b. ____ , ____ ____ , ____ 6. Outside radius (> 45 minutes J11a)	a. _____ _____ _____ b. ____ _____	1. Yes 3. No	1. Yes 3. No

SUPPLEMENT SERVICE AVAILABILITY ROSTER for EDUCATION facility
IFLS CODE

							TYPE OF FACILITY			1. primary school (SD/MI) 2. junior high school (SMP/MTs) 3. high school (SMA/MA/SMK) 4. TK/Play Group/SPS			
	X01 & X02	X03	X04a	X15	X05 & X06	X09	X10	X11	X11a	X12	X13	X14	X16
N U M B E R	Name and Address of Health Facility	SOURCE OF INFORMATION 4. NCR SECTION PP 3. PKK 2. HEAD OF VILLAGE/ KELURAHAN	CODE OF FACILITY	INTERVIEWER NOTE: WHAT IS THIS FACILITY DUPLICATED ? FILL THE CODE OF FACILITY DUPLICATED	Desa dan Kecamatan	Distance to facility from kepala Desa / Kelurahan office?	Cost of transport From Kepala Desa / Kelurahan office	On way time from Desa / Kelurahan office to this facility	On way time from Desa / Kelurahan to this facility, using motorized transport - motorcycle or motorboat?	When did this facility open ? If TT, Please ask what year this facility operated ?	LOCATION c. LATITUDE d. LONGITUDE	INTERVIEWER NOTE : a. INFORMATION OF THE LOCATION b. TYPE OF FACILITY	INTERVIEWED STATUS
	Name: Address: Village : 1. _____ 3. Same as EA Kec: 1. _____ Kab: 1 _____ 3. Same as EA Prov: 1. _____ 3. Same as EA	4. PP 3. PKK 2. KD	1. _____ _____ _____	3. Yes _____ _____ _____ ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. _____, _____ kilometers 8. DK	1. _____ . _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____ 1. Minutes 2. Hours 3. Days 8. TT → x12	_____ 1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. _____ years 8. TT	1. _____° _____, _____' b. _____° _____, _____' 3. Posyandu / Posyandu Lansia / Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	1. Yes 3. No
	Name: Address: Village : 1. _____ 3. Same as EA Kec: 1. _____ Kab: 1 _____ 3. Same as EA Prov: 1. _____ 3. Same as EA	4. PP 3. PKK 2. KD	1. _____ _____ _____	4. Yes _____ _____ _____ ↓ 3. No	a. Village 1. _____ 3. Same 8. DK b. Kecamatan 11. _____ 13. Same 98. DK	1. _____, _____ kilometers 8. DK	1. _____ . _____ Rupiah → x11a 3. On foot 5. Personal vehicle 8. DON'T KNOW	_____ 1. Minutes 2. Hours 3. Days 8. TT → x12	_____ 1. Minutes 2. Hours 3. Days 8. TT	1. Year _____ 3. _____ years 8. TT	1. _____° _____, _____' b. _____° _____, _____' 3. Posyandu / Posyandu Lansia / Traditional Practice 6. Outside radius ↓	a. _____ _____ _____ _____ b. _____	1. Yes 3. No

Code of X14b health: 01. Public Elm. Sch. 02. Private Elm. Sch. 03. Public Junior HS 04. Private Junior HS 05. Public Senior HS 06. Private Senior HS 07. Public Senior HS Voc. 08. Private Senior HS Voc. 09. TK10. KB/PlayGroup 11. SPS/PAUD 95. Other, _____

INTERVIEWER NOTE: