

SECTION DL (EDUCATION)

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

DL01a. What languages does [R'S NAME] speak in daily life at home? (CIRCLE ALL THAT APPLY)	IndonesianW JavaneseA Sundanese.....B Maduranese.....C BalineseD Sasak.....E MinangF Batak.....G Bugis.....H Chinese.....I BanjarJ Bima.....L MakassarM Nias.....N Palembang.....O Sumbawa.....P Toraja.....Q Lahat.....R Other South Sumatra.....S BetawiT Lampung.....U Other.....V
DL02. Can [R'S NAME] read an Indonesian-language newspaper?	Yes..... 1 No 3
DL02a. Can [R'S NAME] read a newspaper in another language?	Yes..... 1 No 3
DL03. Can [R'S NAME] write a letter in Indonesian?	Yes..... 1 No 3
DL03a. Can [R'S NAME] write a letter in another language?	Yes..... 1 No 3
DL03b. Does [R'S NAME] have cell phone?	Yes..... 1 No 3 →DL3d
DL03c. 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)
DL03d. Do you have internet access?	No 3 →DL04 Yes..... 1

DL03e 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
DL04. Has [R'S NAME] ever attended/is [R'S NAME] attending school?	No..... 3 →DL05b Yes. 1
DL06. What is the highest education level attended? [NOTE TO INTERVIEWER: IF THEY ARE CURRENTLY ATTENDING SCHOOL, RECORD THE LEVEL THEY ARE CURRENTLY ATTENDING]	ELEMENTARY02 JUNIOR HIGH GENERAL03 JUNIOR HIGH VOCATIONAL04 SENIOR HIGH GENERAL05 SENIOR HIGH VOCATIONAL06 COLLEGE (D1, D2, D3)60 UNIVERSITY (BACHELOR)61 UNIVERSITY (MASTER).....62 UNIVERSITY (DOCTORATE)63 ADULT EDUCATION A.11 ADULT EDUCATION B12 ADULT EDUCATION C15 OPEN UNIVERSITY13 ISLAMIC SCHOOL (PESANTREN)14 SCHOOL FOR DISABLED17 ISLAMIC ELEMENTARY SCHOOL (MADRASAH IBTIDAIYAH)72 JUNIOR/HIGH SCHOOL (MADRASAH TSANAWIYAH)73 ISLAMIC SENIOR HIGH SCHOOL (MADRASAH AALIYAH).....74 KINDERGARTEN.....90 DON'T KNOW98 OTHER:95
DL07. What is the highest grade completed at that school?	Did not complete first grade at that level 00 1 01 5..... 05 2 02 6..... 06 3 03 Graduated..... 07 4 04 DON'T KNOW 98
DL05a. At what age did [R'S NAME] first attend the elementary school?	<input type="text"/> <input type="text"/> Age
DL05b. Did [R'S NAME] attend a kindergarten?	No..... 3 → DL05 Yes. 1
DL05c. At what age did [R'S NAME] first attend the kindergarten?	<input type="text"/> <input type="text"/> Age
DL05. CAPI CHECK COV3:	RESPONDENT'S AGE ≥50 YEARS..... 1 → SECTION KW RESPONDENT'S AGE < 50 YEARS 3
DL05f. CAPI CHECK DL04: (EVER /CURRENTLY ATTEND SCHOOL)	DL04=3 3 → SECTION KW DL04=1 1
DL06x. CAPI CHECK DL06: 14 (PESANTREN)?	NO 3 → SECTION KW YES..... 1

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

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

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DL16xb. CAPI CHECK :	PANEL RESPONDENT (AR01g=1).....1→ISI DL16a-DL16e ACCORDING TO LEVELS OF SCHOOLING ATTENDED SINCE JUNE 2007 NEW RESPONDENT ≥30 YEARS OLD2→DL16xc NEW RESPONDENT <30 YEARS OLD3→ISI DL16a-DL16e FOR ALL LEVELS OF SCHOOLING EVER ATTENDED

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)? INTERVIEWER NOTE: EBTANAS/UAN/UN SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM).	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. / Month Year 8. DON'T KNOW	1. / Month Year 8. DON'T KNOW	1. / Month Year 8. DON'T KNOW	
DL16c1. CAPI CHECK DL16a: EBTANAS/UAN/UN	EBTANAS1 UAN/UN2	EBTANAS1 UAN/UN2	EBTANAS1 UAN/UN2	
DL16c2. Number of subjects tested in the national exam (EBTANAS/UAN/UN) for the [...] school level:				
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. . 6 . NA 8. DON'T KNOW	1. . 6 . NA 8. DON'T KNOW	1. . 6 . NA 8. DON'T KNOW	
C. English	1. . 6 . NA 8. DON'T KNOW	1. . 6 . NA 8. DON'T KNOW	1. . 6 . NA 8. DON'T KNOW	
D. Math	1. . 6 . NA 8. DON'T KNOW	1. . 6 . NA 8. DON'T KNOW	1. . 6 . NA 8. DON'T KNOW	
DL16e. Total EBTANAS/UAN/UN	1. , 8. DON'T KNOW →DL16a COL 2\DL16xc	1. , 8. DON'T KNOW →DL16a COL 3\DL16xc	1. , 6. NB 8.DON'T KNOW →DL16xc	

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

School Level (DL2TYPE)	1. Elementary	2. Junior High	3. Senior High	4. D1, D2, D3//University
DL11a. 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
DL11b. 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
DL11c. 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
DL11d. 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
DL11e. 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

Kode DL11e			
Working/helping to earn incomeB	Not able to studyE	School had no teachers H	Help at homeL
Could not affordC	Not admitted at schoolF	School closed/ruined I	MarriageM
No schools/schools too farD	Sick or disabled G	Doesn't want to goK	Others V

SECTION DL (EDUCATION)

School Level (DL2TYPE)	1. Elementary	2. Junior High	3. Senior High	4. D1, D2, D3//University
DL11f. 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
DL11g. At what age did [R'S NAME] leave/graduate from this [...] level of schooling?	1. <input type="text"/> years 8. DK	1. <input type="text"/> years 8. DK	1. <input type="text"/> years 8. DK	1. <input type="text"/> years 8. DK
DL13. 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	
DL14. What grades has [R'S NAME] failed and how many times did [R'S NAME] repeat that grade? CIRCLE ALL THAT APPLY	Grade # repeats A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times D. 4 <input type="text"/> times E. 5 <input type="text"/> times F. 6 <input type="text"/> times	Grade # repeats A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times	Grade # repeats A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times	
DL14a. 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	8. DON'T KNOW →DL15 3. No →DL15 1. Yes	8. DON'T KNOW →DL15 3. No →DL15 1. Yes	8. DON'T KNOW →DL15 3. No →DL15 1. Yes
DL14b. How many times did the school disruptions occur?	Grade # disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times D. 4 <input type="text"/> times E. 5 <input type="text"/> times F. 6 <input type="text"/> times	Grade # disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times	Grade # disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times	Year # disruptions A. 1 <input type="text"/> times B. 2 <input type="text"/> times C. 3 <input type="text"/> times D. 4 <input type="text"/> times E. 5 <input type="text"/> times F. 6 <input type="text"/> times
DL14c. When did the school disruptions occur? (IF MORE THAN 3 TIMES, WRITE THE THREE LONGEST)	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
DL14d. 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
DL15. 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	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

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

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DL30. Did [R'S NAME] attend school in the previous school year (starting 2013-2014) ?	No 3 → DL31c Yes 1
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DL31TYPE			
DL31a.	What were [R'S NAME] (approximate) school-related expenses during the 2013-2014 school year? Did [R'S NAME] spend money for:	3. No	1. Yes
	T Total (Fees, supplies, transportation, pocket money, other)	3 ↓	1 →
	A. School Fees		
	1. Registration	3 ↓	1 →
	2. Tuition and other scheduled fees	3 → DL31bx	1 →
	3. Exam fees	3 ↓	1 →
	B. School supplies		
	1. Books and writing supplies	3 ↓	1 →
	2. Uniforms and sports	3 ↓	1 →
	C. Transportation, allowance, and courses		
	1. Transportation	3 ↓	1 →
	2. Allowance, housing/boarding costs, food	3 ↓	1 →
	3. Special courses	3 ↓	1 →
	V. Other	3 ↓	1 →

DL40. Did [R'S NAME] receive any books from the school during the 2013/2014 school year? (CIRCLE ALL THAT APPLY)	Yes, for him/herself A Yes, to share B No C
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DL41. Did the school reduce [R'S NAME] Committee fees or other fees during the 2013/2014 school year?	Yes 1 No 3
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DL42. 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 3 → DL31c Yes 1
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DL43. From what source was this assistance, and what was the total value? (CIRCLE ALL THAT APPLY) T. Total	
A. GNOTA	T. Rp.
C. Government (other than BOS)	A. Rp.
D. Community Group	C. Rp.
E. Religious Group	D. Rp.
F. Family	E. Rp.
I. School Committee	F. Rp.
J. BOS/BKM Fund	I. Rp.
K. Foreign government/foundation/individual	J. Rp.
L. Domestic Non-Government Institution	K. Rp.
	L. Rp.

SECTION DL (EDUCATION)

DL31c.	CAPI CHECK DL07a:	RESPONDENT NOT IN SCHOOL (DL07a = 3) 3 → SECTION KW
		RESPONDENT STILL IN SCHOOL (DL07a = 1) 1

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

SECTION KW (MARRIAGE HISTORY)

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

KW01a.	What is [R’S NAME] current marital status?	Never married.....1→SECTION MG Cohabitation2 Married, formal (KUA or Civil Registration).....3 Married, formal according to religious law (nikah sirri).....4 Married, formal according to adat law5 Separated.....6 Divorced.....7 Widow/Widower.....8
KW02a.	What is the name of [R’S NAME] current/latest spouse?	_____
KW02g.	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.
KW02h.	CAPI CHECK : RESPONDENT IS PANEL RESPONDENT .	NO 3→KW12a YES 1
KW02x.	CAPI CHECK KW01a = 2	YES 1→KW02i NO..... 3
KW02j.	What was the date of [R’S NAME] current/most recent marriage?	/ 1 Month / Year DON’T KNOW8
KW02k.	CAPI CHECK : YEAR IN KW02j IS BEFORE 2007.	YES 1→SECTION MG NO 3→KW12a

KW02i.	When did [R’S NAME] start living together with his/her partner ?	1. / Month Year 8. DON’T KNOW
KW02m.	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
KW02n.	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
KW02o.	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/graduated07 96 UNSCHOLEED96 DON’T KNOW98 →SECTION MG

SECTION KW (MARRIAGE HISTORY)

KW12a. What was the dowry for [R'S NAME] current/ most recent marriage? (CIRCLE ALL THAT APPLY)	NothingW→KW13a Sholat (praying) accessoryA Money.....B LandC Building/HouseD JewelryE Complete set of clothing G FoodH Household Items I Religious book.....K Beauty items..... L Livestock M Other V
KW12b. What was the value of the dowry of [R'S NAME] current/most recent marriage at the time of the marriage?	<div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 1 <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Other currency..... 2 DON'T KNOW 8
KW13a. 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)	NothingW→KW14 Sholat (praying) accessoryA Money.....B LandC Building/HouseD JewelryE Complete set of clothing G FoodH Household Items I Religious book.....K Beauty items..... L Livestock M Other V
KW13b. What was the value of the gift?	<div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 1 <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Other currency..... 2 DON'T KNOW 8
KW14. What was the value of the assets [R'S NAME] owned just prior to the wedding of [R'S NAME] current/latest marriage?	<div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div> Rp. 1 DON'T KNOW 8
KW14a. Right after the wedding ceremony of [R'S NAME] current/latest marriage, did [R'S NAME] move?	NO, lived at the same place 3→KW14d YES, moved within the same village..... 2→KW14d YES, moved to another Village..... 1

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

SECTION MG (MIGRATION)

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

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

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

SECTION MG (MIGRATION)

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

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

SECTION TK (EMPLOYMENT)

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

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

TK08.	Why hasn't [R'S NAME] worked again since that year?	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
TK15.	Which category best describes the work [R'S NAME] did in his/her last job?	Unpaid family worker 06→TK47x
		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
TK16a.	What was [R'S NAME] monthly income when [R'S NAME] was working at that job?	[][][][], [][][][], [][][] Rp. 1→TK16b
		DON'T KNOW 8
T16a1.	Is it [...]?	
TK16b.	Was that a [...]?	Wage 1
		Net profits (after taking out costs) 3
		DON'T KNOW 8
		→ TK47x

SECTION TK (EMPLOYMENT)

CURRENT JOB		A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
TK18A.	Where does [R'S NAME] work on his/her [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	1. _____ 8. DON'T KNOW
TK18Aa.	What is the address of the company?	_____
TK18Ab.	What is telephone number of the company?	A. Phone _____ B. Cellphone _____ Belonging to _____ W. NA Y. DK
TK19A.	What does [R'S NAME] company produce?	1. _____ 8. DON'T KNOW
TK19AA.	CODE FOR SECTORS	____
TK20A.	What are [R'S NAME] primary duties at your workplace?	1. _____ 8. DON'T KNOW
TK20aA.	How many people work at [R'S NAME] firm?	1. _____ people 8. DON'T KNOW
TK21A.	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
TK22A.	Normally, what is the approximate total number of hours [R'S NAME] work per week?	1. _____ hours/week 8. DON'T KNOW
TK23A.	Approximately what is the total number of weeks [R'S NAME] work per year?	1. _____ weeks/year 8. DON'T KNOW
TK23A2.	How long have [R'S NAME] worked on this job?	1. _____ Year _____ Month 8. DON'T KNOW
TK24A.	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 worker06 DON'T KNOW9

TK24A1.	What is the name of [R'S NAME] employer?	_____ AR00 _____ →TK27																																				
TK24A5.	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																																				
TK25A1.	Approximately what was [R'S NAME] salary/wage during the last month (including the value of all benefits)?	_____, _____, _____ Rp. 1→TK25A2 DON'T KNOW8																																				
TK25A1a.	Is it [...]?																																					
TK25A2.	Approximately what was [R'S NAME] salary/wage during the last year (including the value of all benefits)?	_____, _____, _____ Rp.1→ TK25A2b DON'T KNOW8																																				
TK25A2a.	Is it [...]?																																					
TK25A2b.	What is the amount of year-end-bonus or other bonuses you received during the last year?	_____, _____, _____ Rp. ... 1→ TK25A3 NOT APPLICABLE6→TK25A3 DON'T KNOW8																																				
TK25A2c.	Is it [...]?																																					
TK25A3.	Did [R'S NAME] receive the following benefits from [R'S NAME] 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? 1. _____ times per day 2. Not every day</td> <td>1</td> <td>3</td> <td>8</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? 1. Car? 2. Transportation allowance?</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>e. Medical benefits? 1. Employer paid some health expenses? 2. Employer provided health insurance policy? 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>1</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	a. Employer provided meals? If yes, how many per day? 1. _____ times per day 2. Not every day	1	3	8	b. Raw food, not in form of meals?	1	3	8	c. Housing benefits?	1	3	8	d. Transportation benefits? 1. Car? 2. Transportation allowance?	1	3	8	e. Medical benefits? 1. Employer paid some health expenses? 2. Employer provided health insurance policy? 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
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TK25A3x.	INTERVIEWEAR CHECK: TK24A= 7 OR 8?	YES.....1→ TK27 NO.....3																																				
TK25A4.	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)

TK25A5.	What is [R'S NAME] out of pocket contribution to the pension fund each month?	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> Rp.....1 DON'T KNOW8
TK25A6.	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 annuity3
TK25A7.	What is [R'S NAME] out of pocket contribution to the health insurance each month?	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> Rp.....1 DON'T KNOW8 No health insurance.....6 →TK27
TK26A1.	Approximately how much net profit did [R'S NAME] gain last month, after taking out all [R'S NAME] business expenses?	Profits (+) <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> Rp..... 1 Loss (-) <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> Rp..... 1 → TK26A3 DON'T KNOW 8
TK26A1a.	Is it [...]?	
TK26A3.	Approximately how much net profit did [R'S NAME] gain last year, after taking out all your business expenses?	Profit (+) <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> Rp....1 Loss (-) <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> Rp....2 →TK26A5 DON'T KNOW8↓
TK26A3a.	Is it [...]?	
TK27.	Does [R'S NAME] have any additional job?	DON'T KNOW 8→TK47x No 3→TK47x Yes 1

SECOND JOB	B. ADDITIONAL JOB IF MORE THAN ONE ASK ABOUT THE ONE THAT CONSUMES MOST TIME
TK18B. Where do [R'S NAME]work on your [...] job? (ENTER NAME OF COMPANY/EMPLOYER)	1. _____ 8. DON'T KNOW
TK19B. What does [R'S NAME]company produce?	1. _____ 8. DON'T KNOW
TK19Bb. CODE FOR SECTORS	<div><div></div><div></div></div>
TK20B. [R'S NAME]	1. _____ 8. DON'T KNOW
TK20Ba. How many people work at [R'S NAME]firm?	1. <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> Orang 8. DON'T KNOW
TK21B. What was the total number of hours [R'S NAME]worked during the past week (on your job)?	1. <div><div></div><div></div><div></div></div> Jam/Minggu 8. DON'T KNOW
TK22B. Normally, what is the approximate total number of hours [R'S NAME]work per week?	1. <div><div></div><div></div><div></div></div> Jam/Minggu 8. DON'T KNOW
TK23B. Approximately what is the total number of weeks [R'S NAME]work per year?	1. <div><div></div><div></div></div> Minggu/Tahun 8. DON'T KNOW
TK23B2. How long have [R'S NAME]worked on this job?	1. <div><div></div><div></div></div> Tahun <div><div></div><div></div></div> Bulan 8. DON'T KNOW
TK24B. Which category best describes the work that [R'S NAME] does?	Self employed01→ TK26B1 Self-employed with unpaid family worker/temporary worker02→ TK26B1 Self-employed with permanent worker .03→ TK26B1 Government worker04→ TK25B2 Private worker05→ TK25B2 Casual worker in agriculture.....07→ TK25B2 Casual worker not in agriculture.....08→ TK25B2 Unpaid family worker.....06 DON'T KNOW98
TK24B1. What is the name of your employer?	_____ AR00 <div><div></div><div></div></div> →TK47x
TK25B1. Approximately what was your salary/wage during the last month (including the value of all benefits)?	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div> Rp.....1→TK25B2 DON'T KNOW8

SECTION TK (EMPLOYMENT)

TK25B1a.	Is it [...]?																																																																					
TK25B2.	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																																																																				
TK25B2a.	Is it [...]?																																																																					
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TK26B1.	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↓
TK26B1a.	Is it [...]?	
TK26B3.	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↓
TK26B3a.	Is it [...]?	

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

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

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

KM08a.	CAPI CHECK KM04=1	NO 3 → KM09 YES 1
KM08f.	CAPI CHECK KM01e=1	NO 3 → KM09 YES 1
KM08b.	How many cigarettes/packs does [R'S NAME] usually buy each time?	cigarettes 1 → KM08d packs 3
KM08c.	How many cigarettes for each pack?	cigarettes
KM08d.	How much did [R'S NAME] spend each time?	, Rp. 1 DON'T KNOW 8
KM08e.	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 Bentol Filter 08 Bentol Kretek tanpa filter 09 Ardath 10 Marlboro 11 Marlboro Kretek Filter 12 Lucky Strike 13 Kansas 14 Dji Sam Soe 15 Lainnya, sebutkan 95
KM09.	About how much money did/do [R'S NAME] spend each week on these products?	. Rp. 1 DON'T KNOW 8
KM10.	At what age did [R'S NAME] start to smoke on a regular basis?	years 1 DON'T KNOW 8
KM11.	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.

KK01. In general, how is [R’S NAME]health?	Very healthy 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Unhealthy 4
KK02a. 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

KK02b. 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
KK02c. 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:		
KK03a. To carry a heavy load (like a pail of water) for 20 meters	1. Easily	3. With difficulty	5. Unable to do it
KK03d. To draw a pail of water from a well	1. Easily	3. With difficulty	5. Unable to do it
KK03j. To walk for 1 kilometer	1. Easily	3. With difficulty	5. Unable to do it
KK03c. To walk for 5 kilometers	1. Easily	3. With difficulty	5. Unable to do it
KK03b. To sweep the house floor yard	1. Easily	3. With difficulty	5. Unable to do it
KK03e. To bow, squat, kneel	1. Easily	3. With difficulty	5. Unable to do it
KK03l. To walk across the room	1. Easily	3. With difficulty	5. Unable to do it
KK03i. To stand up from sitting on the floor without help	1. Easily	3. With difficulty	5. Unable to do it
KK03g. To stand up from sitting position in a chair without help	1. Easily	3. With difficulty	5. Unable to do it
KK03ea. To reach or extend your arms above shoulder level	1. Easily	3. With difficulty	5. Unable to do it
KK03eb. To pick up a small coin from a table	1. Easily	3. With difficulty	5. Unable to do it
KK03xx. CAPI CHECK: ALL KK03a-KK03eb = 1?	1. YES → KK03n	3. NO	

Activities of Daily Living (ADL)

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

Instrumental Activities of Daily Living (IADL)

KK04a. CAPI CHECK : IF ALL OF KK03f-KK03pc = 1 1→KK04j IF ANY OF KK03f-KK03pc = 3 , 4 OR 5 3→KK04b	
---	--

KK04b. If [R'S NAME] needs to do any of the daily activities listed in KK03f-KK03pc, does [R'S NAME] need someone to assist him/her?	No	3 → KK04j
	Yes	1

KK04i.	In the last 4 weeks, how much money did [R'S NAME] spend to have someone assisted [R'S NAME] in the daily activities mentioned above?	1. Rp <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 6. DID NOT HAVE TO PAY
KK04j.	If in the future [R'S NAME] need someone to assist [R'S NAME] in one of the daily activities above, who do you think will assist [R'S NAME] besides [R'S NAME] spouse?	8. DON'T KNOW Name: AR00 : <input type="text"/> <input type="text"/> ("51" IF NOT IN THE ROSTER)
KK04k.	What is his/.her relationship with [R'S NAME]? (CAPI CHECK: CANNOT BE 02)	<input type="text"/> <input type="text"/>

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

SECTION 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 doctor/paramedic/nurse/midwife ever diagnose [R'S NAME] with [...]?	CD02. 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/nur se/ 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 timesin the last 12 months has [R'S NAME] had:	CD09c. Have [R'S NAME] care providers ever given [R'S NAME] health education/advi ce on the following?	CD10. Does the condition limit the kind or amount of paid work [R'S NAME] can do?
A. Hipertensi on	3. No 1. Yes➔ ↓		1. / Month / Year 2. Age: years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No		1.		1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
B. Diabetes	3. No 1. Yes➔ ↓		1. / Month / Year 2. Age: years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No		2. 3. 4. 5.		1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
C. Tuberculosis (TBC)	3. No 1. Yes➔ ↓		1. / Month / Year 2. Age: years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No				1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
D. Asthma	3. No 1. Yes➔ ↓		1. / Month / Year 2. Age: years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No				1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
E. Other lung conditions	3. No 1. Yes➔ ↓		1. / Month / Year 2. Age: years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No				1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
F. Heart attack, coronary heart disease, angina, or other heart problems	3. No 1. Yes➔ ↓		1. / Month / Year 2. Age: years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No				1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
G. Liver	3. No 1. Yes➔ ↓		1. / Month / Year 2. Age: years 8. DK	1. Doctor 2. Paramedic 3. Nurse 4. Midwife	1. Yes 3. No				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. 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?
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)

Code for CD06 (Cancer)				Code for CD09a		Code for CD09b	
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)		Code for CD09c	
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	
				NOTE:			
				1. Codes A, B,V and W is for all CDTYPE, codes C-K are for specific CDTYPE mentioned in the parentheses.			
				2. CD09b is for CDTYPE A and B only, need to block the other CDTYPE.			
				3. CD09b is for CDTYPE A,B,F,H and M only need to block the other CDTYPE.			

CD11.	Does [R'S NAME] usually wear glasses or corrective lenses?	1. Yes 3. No
CD12.	Does [R'S NAME] ever wear hearing aid?	1. Yes 3. No
CD13.	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)

MA15. Has[R'S NAME] ever been in a traffic accident and received treatment?	DON'T KNOW8→MA18 No3→MA18 Yes1
MA16. When was [R'S NAME] injured in a traffic accident? (Most recent one if more than once)	/ Month / Year
MA17. Does the injury caused by the accident limit [R'S NAME] daily activities?	1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all
MA18. Has [R'S NAME] fallen down in the last two years?	DON'T KNOW8→ MA22 No3→ MA22 Yes1
MA19. How many times has [R'S NAME] fallen down in the last two years?	Times
MA20. When did [R'S NAME] last fall and need treatment? (Most recent one if more than once)	/ Month / Year
MA21. Does the injury caused by the fall limit [R'S NAME] daily activities?	1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all
MA22. Have [R'S NAME] ever fractured [R'S NAME] hip?	No3 Yes1

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.

AK01. Is [R’S NAME] the policy holder/primary beneficiary of health benefits, health insurance, such as ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS , JAMKESDA, JAMKESSOS, ASKES SOSIAL, JAMPERSAL or ASURANSI MANDIRI?			DON’T KNOW 8 ➔ AK06 No 3 ➔ AK06 Yes 1	
TYPES OF INSURANCE/BENEFITS (AKTYPE)	AK02.	AK03.	AK04.	AK05.
	Do [R’S NAME] benefits include [...]?	When did this benefit begin?	Does this benefit cover outpatient visits to public and private health centers? (CIRCLE ALL THAT APPLY)	Who else in the household is covered under this benefit? (CIRCLE ALL THAT APPLY)
A. Health Insurance (PT. ASKES)	3.No ↓ 8. DON’T KNOW ↓ 1.Yes ➔	1. Year _ _ _ _ 8. DON’T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
B. Labor (Social) Insurance (ASTEK Jamsostek)	3. No ↓ 8. DON’T KNOW ↓ 1.Yes ➔	1. Year _ _ _ _ 8. DON’T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
C. Employer provided health insurance/benefits	3.No ↓ 8. DON’T KNOW ↓ 1.Yes ➔	1. Year _ _ _ _ 8. DON’T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
D. Employer provided clinic	3. No ↓ 8. DON’T KNOW ↓ 1.Yes ➔	1. Year _ _ _ _ 8. DON’T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
E. Private insurance	3.No ↓ 8. DON’T KNOW ↓ 1.Yes ➔	1. Year _ _ _ _ 8. DON’T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
G. Savings 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 C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
H. JAMKESMAS	3.No ↓ 8. DON’T KNOW ↓ 1.Yes ➔	1. Year _ _ _ _ 8. DON’T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings
I. JAMKESDA	3. No ↓ 8. DON’T KNOW ↓ 1.Yes ➔	1. Year _ _ _ _ 8. DON’T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other B. Oldest child D. 3rd oldest child W. NO ONE H. Parent/siblings

SECTION AK (HEALTH INSURANCE)

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

SECTION AK (HEALTH INSURANCE)

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

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

SECTION AK (HEALTH INSURANCE)

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

RJ00. 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
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MEDICAL FACILITY (RJTYPE)	RJ01.	RJ02.
	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?
A. Public hospital (General or Specialty)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
E. Private Hospital	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
F. Polyclinic, Private Clinic, Medical Center	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
G. Private Physician (General Practitioner, Specialist, Dentist, Family Doctor)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
H. Nurse, Paramedic, Midwife practitioner	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
K. Posyandu for the elderly	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔	Times
V. Others	8. DON'T KNOW ↓ 3. No ↓ 1. Yes ➔ SECTION RN SECTION RN	Times

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.

RN00. During the past 12 months has [R'S NAME] ever received patient care at a hospital, puskesmas, clinic, or other?	DON'T KNOW8➔SECTION PM
	No3➔SECTION PM
	Yes1

MEDICAL FACILITY (RNTYPE)		RN01.			RN02.	
		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?	
A.	Public Hospital (General or Specialty)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<input type="text"/> <input type="text"/> <input type="text"/> Times	
B.	Public Health Center (puskesmas)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<input type="text"/> <input type="text"/> <input type="text"/> Times	
C.	Private Hospital	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<input type="text"/> <input type="text"/> <input type="text"/> Times	
D.	Private Clinic	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<input type="text"/> <input type="text"/> <input type="text"/> Times	
V.	Other	8. DON'T KNOW ↓	3. No ↓	1. Yes →	<input type="text"/> <input type="text"/> <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.

PM01. Has [R'S NAME] participated in arisan in the last 12 months?	DON'T KNOW 8 ➔ SECTION BR No..... 3 ➔ SECTION BR Yes 1
PM01a. 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
BA04. Does [R’S NAME] father/mother still live in this household?	No 3→BA05 Yes 1	No 3→BA05 Yes 1
BA04a. INTERVIEWER CHECK: AR00	1. <input type="checkbox"/> AR00 → BA04 MOTHER’S COLUMN 3. NOT IN HOUSEHOLD	1. <input type="checkbox"/> AR00 → BA10 3. NOT IN HOUSEHOLD
BA05. Is [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
BA06a. 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
BA06aa. 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
BA06b. 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
BA06bb. 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
BA06bc. 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
BA06c. CAPI CHECK BA05: FATHER/MOTHER ALIVE?	Yes..... 1→BA07 DON’T KNOW 8→BA07 No 3→BA06e	Yes 1→BA07 DON’T KNOW 8→BA07 No 3→BA06e

SECTION BA (NON-CORESIDENT PARENTS)

	Father	Mother
BA06e. Did [R'S NAME] father/mother died of a [...]	Heart attack01 Stroke.....02 Cancer03 Other illness04 Old age05 Other cause of death.....06 DON'T KNOW.....98	Heart attack01 Stroke02 Cancer03 Other illness.....04 Old age05 Other cause of death06 DON'T KNOW98
BA06d. When did [R'S NAME] father/mother die?	___ / ___1 Month / Year DON'T KNOW8	___ / ___1 Month / Year DON'T KNOW8
BA07. How old is [R'S NAME] father/mother now/at time of death?	___ year1 DON'T KNOW8	___ year1 DON'T KNOW8
BA07a. Did [R'S NAME] [...] ever attend school?	No3→BA11 DON'T KNOW8→BA11 Yes1	No3→BA11 DON'T KNOW8→BA11 Yes1
BA08. What is the highest level of education of [R'S NAME] father/mother?	___	___
BA09. 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
BA11. 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 Working/trying to get work/helping to earn income 01	Job searching 02 → BA14a Attending school 03 → BA14a Housekeeping 04 → BA14a Retired 05 → BA14a Stay at home/unemployed 06 → BA14a Sick/disabled..... 07 → BA14a DON'T KNOW 98 → BA14a Other 95 → BA14a Working/trying to get work/helping to earn income 01
BA12. What was [R'S NAME] father's/mother's status of worl before his/her death?	___	___
BA13a. What were [...] primary duties (now/one year before he died)?	_____ _____ →BA14a	_____ _____ →BA14a

CODE FOR BA08:			
02. ELEMENTARY SCHOOL	62. University S2 (Master)	17. School for the disabled	
03. Junior High General (SLP/SLTP)	63. University S3 (Doctorate)	72. Madrasah Ibtidaiyah	
04. Junior High Vocational (SLP/SLTP)	11. ADULT EDUCATION C	73. Madrasah Tsanawiyah	
05. Senior High General (SMA/SLA/SLTA)	12. Adult Education B	74. Madrasah Aliyah	
06. Senior High Vocational (SMA/SLA/SLTA)	13. Open University	98. DON'T KNOW	
60. COLLEGE D1, D2, D3	14. Pesantren	95. Other	
61. University S1 (Bachelor)	15. Adult Education C		

CODE FORBA09:	
00. DID NOT/HAVE NOT COMPLETED 1ST GRADE	
01. 1	
02. 2	06. 6
03. 3	07. Graduated
04. 4	98. DON'T KNOW
05. 5	

CODE FOR BA12:	
01. Self employed	04. Government worker
02. Self-employed with unpaid family worker/temporary worker	05. Private worker
03. Self-employed with permanent worker.	06. Unpaid family worker
	07. Casual worker in agriculture
	08. Casual worker in non-agriculture
	98. DON'T KNOW

SECTION BA (NON-CORESIDENT PARENTS)

	Father	Mother
BA14a. 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
BA14b. 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 →BA04 MOTHER COLUMN	Yes..... 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW 8 →BA10

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 []
BA10a. CAPI CHECK BA10:	TOTAL IN BA10.d FOR MOTHER	
0	0	1
TOTAL BA10.d FOR FATHER 1	00 → BA28	01 →BA19-22 MOTHER ONLY
2	10 → BA19-22 FATHER ONLY	02 → BA28
	20 → BA28	11 → BA18
		12 →BA19-22 FATHER ONLY
		21 → BA19-22 MOTHER ONLY
		22→ BA28
BA18. 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)

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

SECTION BA (NON-CORESIDENT PARENTS)

	FATHER	MOTHER
BA14c. 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 village01 In the same subdistrict02 In the same district.....03 In the same province.....04 DON'T KNOW08 In another province05 In another country06
BA15. With whom does/did [...] live now/before his/her death? (CIRCLE ALL THAT APPLY) ANSWER OF “BY HIM/HERSELF” CANNOT BE COMBINED WITH OTHER ANSWERS	By him/herself..... A Wife/husband..... B Daughter..... C Son..... D Daughter-in-law/son-in-law E Sister..... F Brother..... G Brother/sister-in-law..... I Grandchild..... J Grandparent..... K Aunt/uncle..... L Niece/nephew..... M Cousin..... N Non-relative..... O Parents..... R Parents in law..... S Step/foster/adopted kid..... T Other..... V	By him/herself A Wife/husband B Daughter C Son..... D Daughter-in-law/son-in-law E Sister..... F Brother..... G Brother/sister-in-law I Grandchild..... J Grandparent..... K Aunt/uncle..... L Niece/nephew M Cousin..... N Non-relative..... O Parents..... R Parents in law..... S Step/foster/adopted kid T Other..... V
BA15a. CAPI CHECK BA15. IF C OR D IS CIRCLED ASK: What is the name of the son/daughter that [...] lives with now/before his/her death? IF C OR D IS NOT CIRCLED, WRITE W	<div>→ BA14c MOTHER COLUMN</div>	<div>→ BA28</div>

SECTION BA (NON-CORESIDENT-SIBLINGS)

BA28. 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)?	DON'T KNOW 8→BA58x No 3→BA58x Yes 1
BA29. a. How many siblings do not live in the house are still alive? b. How many siblings died during the past 12 months and were non-householders at the time of their deaths?
BA29x. INTERVIEWER CHECK:	IF BA29.a and BA29.b = 0 3→BA58x IF BA29.a and BA29.b > 0 1
BA54. During the past 12 months, did [R'S NAME] (or [R'S NAME] spouse) ever provide help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service?	DON'T KNOW 8→BA56 UNWILLING TO ANSWER 7→BA56 No 3→BA56 Yes 1
BA55. 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? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery H. Helping family business..... V. Other.....	(ANSWER MAY BE MORE THAN ONE) A. Rp. D. Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. Rp.
BA56. During the past 12 months/12 months before death, did [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?	DON'T KNOW 8→BA58x UNWILLING TO ANSWER 7→BA58x No 3→BA58x Yes 1
BA57. 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? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery H. Helping family business..... V. Other.....	(ANSWER MAY BE MORE THAN ONE) A. Rp. D. Rp. G. 03. Days 05. Months H. 03. Days 05. Months V. Rp.

SECTION BA (NON-CORESIDENT-CHILDREN)

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

PANEL RESPONDENT	
BA58a. CAPI CHECK PREPRINTED CHILD ROSTERS	
PREPRINTED CHILD ROSTER EXISTS, BOOK IV INDICATED (AR01h = 1)5→SECTION TF	
PREPRINTED CHILD ROSTER EXISTS, BOOK III INDICATED3→BA00b (PREPRINTED CHILD ROSTER)	
PREPRINTED CHILD ROSTER DOES NOT EXIST1→BA58b	

BA58b. CAPI CHECK COV3 AND COV5:	FEMALE AND DOES NOT ANSWER BOOK IV3 →BA61 FEMALE AND ANSWER BOOK IV2 →SECTION TF MALE1
BA59. Does [R'S NAME] wife live in the household?	Not Yet Married5→BA62a No3→BA61 Yes1
BA60a. Do you married only once ?	Yes, MARRIED ONLY ONCE1 →BA62a No , MARRIED MORE THAN ONCE.....3 →BA62
BA61. Do you have children 7 years old or older who live outside the household, or who have died during the past 12 months but were non-householders at the time of their death?	Not Yet Married5→BA62a Yes1→BA00b (BA FORM FOR NEW CHILD) No3
BA62. Do you have children 7 years old or older who live outside the household, from other marriages than this current one, who are still alive or have died during the past 12 months?	No3 Yes1→BA00b (BA FORM FOR NEW CHILD)
BA62a. Do you have adopted/step children 7 years old or older who live outside the household, who are still alive or have died during the past 12 months?	No3→SECTION TF Yes1→BA00b (BA FORM FOR NEW CHILD)

CHILD ROSTER

BA00b. CAPI CHECK (choose one)	
<div>THERE IS A PREPRINTED CHILD ROSTER BOOK.....1</div> <div>↓</div> <div>INSERT PREPRINTED CHILD ROSTER BOOK III</div>	<div>THERE IS NO PREPRINTED CHILD ROSTER BOOK III /</div> <div>NEW RESPONDENT3</div> <div>↓</div> <div>USE FORM BA FOR NEW CHILD</div>

SECTION BA (NON-CORESIDENT-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?	CAPI CHECK BA65 AND BA65a: [...] STILL ALIVE?	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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-CORESIDENT-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.	BA87a.	BA88.	BA89a.	BA90.
	(NAME)	In the past 12 months, did [R'S NAME] provide assistance to [...] in the form of money, goods, or services?	What type of assistance did [R'S NAME] provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	In the past 12 months, did [R'S NAME] receive assistance from [...] in the form of money, goods, or services?	What type of assistance did [R'S NAME] receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		8 ➔BA89a 7 ➔BA89a 3 ➔BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	8 ➔BA63b ROW 2 / BA90x 7 ➔BA63b ROW 2 / BA90x 3 ➔BA63b ROW 2 / BA90x 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		8 ➔BA89a 7 ➔BA89a 3 ➔BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	8 ➔BA63b ROW 2 / BA90x 7 ➔BA63b ROW 2 / BA90x 3 ➔BA63b ROW 2 / BA90x 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		8 ➔BA89a 7 ➔BA89a 3 ➔BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	8 ➔BA63b ROW 2 / BA90x 7 ➔BA63b ROW 2 / BA90x 3 ➔BA63b ROW 2 / BA90x 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		8 ➔BA89a 7 ➔BA89a 3 ➔BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	8 ➔BA63b ROW 2 / BA90x 7 ➔BA63b ROW 2 / BA90x 3 ➔BA63b ROW 2 / BA90x 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		8 ➔BA89a 7 ➔BA89a 3 ➔BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	8 ➔BA63b ROW 2 / BA90x 7 ➔BA63b ROW 2 / BA90x 3 ➔BA63b ROW 2 / BA90x 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.

BA90x	Is there any child aged 7 or above, biological or non-biological, co-residing or non-co-residing that has not been listed?	1. Yes → BA63b 3. No
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CODE BA87a AND BA89a:

1. Yes
3. No
7. UNWILLING TO ANSWER

CODE BA88 AND BA90:

- A. Money (loans, tuition, health care cost)
- D. Food stuff or other goods
- G. Chores, child care
- H. Help with family business
- V. Other

SECTION BA (NON-CORESIDENT-CHILDREN)

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-coresident, 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?	Marita l Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
<div><div></div><div></div></div>	01		1 2 3 7 ↓ 8 ↓ 6 <div><div></div><div></div></div> ↓	5. <div><div></div><div></div></div>		5. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> years 8. DK	3 1 ↓	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	00 → BA63b ROW 2 <div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	02		1 2 3 7 ↓ 8 ↓ 6 <div><div></div><div></div></div> ↓	5. <div><div></div><div></div></div>		5. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> years 8. DK	3 1 ↓	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	00 → BA63b ROW 2 <div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	03		1 2 3 7 ↓ 8 ↓ 6 <div><div></div><div></div></div> ↓	5. <div><div></div><div></div></div>		5. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> years 8. DK	3 1 ↓	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	00 → BA63b ROW 2 <div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	04		1 2 3 7 ↓ 8 ↓ 6 <div><div></div><div></div></div> ↓	5. <div><div></div><div></div></div>		5. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> years 8. DK	3 1 ↓	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	00 → BA63b ROW 2 <div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	05		1 2 3 7 ↓ 8 ↓ 6 <div><div></div><div></div></div> ↓	5. <div><div></div><div></div></div>		5. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1 ↓ 3	1 → BA66 8 → BA66 3	1. <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Month / Year 8. DON'T KNOW	1. <div><div></div><div></div><div></div></div> years 8. DK	3 1 ↓	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	00 → BA63b SUPPLEMENT <div><div></div><div></div><div></div><div></div></div>

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 BA66a: 1. Yes 3. No 8. DK	CODE BA67: 1. Unmarried 2. Married 3. Separated/ Estranged 4. Divorced 5. Widow/ widower 8. DON'T KNOW	CODE BA68: 01. No school/Not yet in school 02. Elementary 03. Junior High - General 04. Junior High - Vocational 05. Senior High - General 06. Senior High – Vocational 60. College (D1, D2, D3) 61. University (Bachelor) 62. University (Master) 63. University (PhD) 11. Adult Education A 12. Adult Education B 13. Open University 14. Islamic School (Pesantren) 15. Adult Education C 17. School for disabled 72. Islamic Elementary School (Madrasah Ibtidaiyah) 73. Islamic Junior High School (Madrasah Tsanawiyah) 74. Islamic Senior High School (Madrasah Aliyah) 90. Kindergarten 98. DON'T KNOW 95. Other	CODE BA69: 00. Did not completer 1 st 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
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CODE BA70: 000. In this household 001. In the same village 002. In the same subdistrict 003. In the same district 004. In the same province 010. Sumatera 011. Nanggroe Aceh Darussalam 012. North Sumatra 013. West Sumatra 014. Riau 015. Jambi 016. South Sumatra 017. Bengkulu	018. Lampung 019. Bangka Belitung 020. Riau Islands 030. Java 031. DKI Jakarta 032. West Java 033. Central Java 034. D.I. Yogyakarta 035. East Java 036. Banten 051. Bali 052. West Nusa Tenggara 053. East Nusa Tenggara	060. Kalimantan 061. West Kalimantan 062. Central Kalimantan 063. South Kalimantan 064. East Kalimantan 070. Sulawesi 071. North Sulawesi 072. Central Sulawesi 073. South Sulawesi 074. Southeast Sulawesi 075. Gorontalo 076. West Sulawesi	081. Maluku 082. North Maluku 090. Irian 091. West Irian Jaya 094. Papua 101. Malaysia 102. Singapore 103. Brunei Darussalam 104. Hongkong 105. Japan 106. South Korea 107. Taiwan 108. Timor Leste	121. Yaman 122. Saudi Arabia 123. Kuwait 124. United Arab Emirates 131. Argentina 132. USA 141. Australia 151. Holland 152. England 998. DON'T KNOW 995. Other
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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.)

TF01a. INTERVIEWER CHECK: RESPONDENT STATUS = MARRIED (COV4=2)?	NO 3→TF02a COLUMN A1 YES..... 1
TF01. 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
TF02a. Does R’S NAME] have non-biological parents who live outside the household who are still alive or died within the last 12 months?		No3 →TF03 COLUMN B Yes1
TF03a. 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
TF03b. 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
TF03c. 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 TF (OTHER TRANSFERS)

TFTYPE	A	A1
	Respondent's spouse not in the household	Non-biological parents not in the household
TF03. In the past 12 months, did [R'S NAME] or [R'S NAME] spouse provide assistance to [...] in the form of money, goods, or services?	DK..... 8 →TF05 COLUMN A No 3 →TF05 COLUMN A Yes 1	DK8 →TF05 COLUMN A1 No3 →TF05 COLUMN A1 Yes1
TF04. In the past 12 months, what type of assistance did [R'S NAME] or [R'S NAME] spouse provide to [...] and what is the value? A. Money or loans B. Tuition..... C. Health care costs D. Food stuffs or other goods G. Chores, child care, care for sick family H. Help family business V. Other	(CIRCLE ALL THAT APLLY) A. . . Rp. B. . . Rp. C. . . Rp. D. . . Rp. G. 03. Days 05. Months H. 03. Days 05.Months V..... . . Rp.	(CIRCLE ALL THAT APLLY) A. . . Rp. B. . . Rp. C. . . Rp. D. . . Rp. G. 03. Days 05. Months H. 03. Days 05.Months V. Rp.
TF05. In the past 12 months, did [R'S NAME] or [R'S NAME] spouse receive assistance from [...] in the form of money, goods, or services?	DK..... 8 →TF02a COLUMN A1 No 3 →TF02a COLUMN A1 Yes 1	DK8 →TF03 COLUMN B No3 →TF03 COLUMN B Yes1
TF06. In the past 12 months, what type of assistance did [R'S NAME] or [R'S NAME] spouse receive from [...] and what is the value? A. Money or loans B. Tuition..... C. Health care costs D. Food stuffs or other goods G. Chores, child care, care for sick family H. Help family business V. Other	(CIRCLE ALL THAT APLLY) A. . . Rp. B. . . Rp. C. . . Rp. D. . . Rp. G. 03. Days 05. Months H. 03. Days 05.Months V..... . . Rp. →TF02a COLUMN A1	(CIRCLE ALL THAT APLLY) A. . . Rp. B. . . Rp. C. . . Rp. D. . . Rp. G. 03. Days 05. Months H. 03. Days 05.Months V. Rp. →SECTION CP

SECTION BR (BIRTH HISTORY)

BR00xa. CAPI CHECK COV5: SEX OF RESPONDENT?	MALE.....1→SECTION CP FEMALE.....5
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Now I would like to ask you about all of [R'S NAME] pregnancies.

BR01. 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
BR02. Does [R'S NAME] have biological sons or daughters who are now living with [R'S NAME]?	No 3 → BR05 Yes..... 1
BR03. How many biological sons are now living with [R'S NAME]?	<div> </div> <div> </div> <div>Males</div>
BR04. How many biological daughters are now living with [R'S NAME]?	<div> </div> <div> </div> <div>Females</div>
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).	
BR06. How many biological sons are still alive, but do not live with [R'S NAME]?	<div> </div> <div> </div> <div>Males</div>
BR07. How many biological daughters are still alive, but do not live with [R'S NAME]?	<div> </div> <div> </div> <div>Females</div>
BR08. 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
BR09. How many sons were born alive but passed away later?	<div> </div> <div> </div> <div>Males</div>
BR10. How many daughters were born alive but passed away later?	<div> </div> <div> </div> <div>Females</div>

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

SECTION CH (PREGNANCY HISTORY)

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

CH05. Chronological order of pregnancy's outcome	1.LAST	2. SECOND TO LAST
CH06. 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
CH06a. Did pregnancy end in multiple birth?	Yes 1 No..... 3	Yes 1 No..... 3
CH07. Name of child Fill in '51' IF CHILD IS NOT LISTED Fill in ' 52' IF CHILD HAS DIED	_____	_____
CH08. Is [...] a male or female?	Male..... 1 Female 3	Male..... 1 Female 3
CH09. 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
CH10a. How old was [R'S NAME] when [...] was born/[R'S NAME] had a miscarriage?	____ Years	____ Years
CH10b. 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
CH14. 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
CH15. Where does/did [R'S NAME] go for pregnancy check-ups? (CIRCLE ALL THAT APPLY) 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
CH18. CAPI CHECK : 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.
CH18a. 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
CH19. 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
CH20. 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
CH25. Is [...] still alive?	Yes 1 → CH14 COLUMN 2/ SECTION CX No 3	Yes 1 → SECTION CX No..... 3
CH26. How old was [...] when he/she died?	<div> </div> <div>Days 03</div> <div>weeks 04</div> <div>Months 05</div> <div>Years..... 06</div>	<div> </div> <div>Days 03</div> <div>weeks 04</div> <div>Months..... 05</div> <div>Years..... 06</div>

SECTION CX (CONTRACEPTIVE USE)

CX00. CAPI CHECK COV3: AGE OF THE RESPONDENT ≥ 50?	AGE OF THE RESPONDENT ≥ 50.....1 →SECTION BA AGE OF THE RESPONDENT < 50.....3
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Now we would like to ask about methods to postpone or prevent pregnancy.

CX20. Des [R'S NAME] /does [R'S NAME] husband now use a device/method to postpone or prevent a pregnancy?	DON'T KNOW 8→SECTION BA No 3→SECTION BA Yes 1
CX21. Which birth control device/method does [R'S NAME] /does [R'S NAME] husband use now?	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

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.	BA78.	BA79.	BA80.	BA81.	BA82a.	BA83a.	BA84.	BA84a.	BA84b.
	(NAME)	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?	CAPI CHECK BA65 AND BA65a: [...] STILL ALIVE?	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	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.	BA87a.	BA88.	BA89a.	BA90.
	(NAMA)	In the past 12 months, did [R'S NAME] provide assistance to [...] in the form of money, goods, or services?	What type of assistance did [R'S NAME] provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	In the past 12 months, did [R'S NAME] receive assistance from [...] in the form of money, goods, or services?	What type of assistance did [R'S NAME] receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7→BA63b ROW 2 / BA90x/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"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7→BA63b ROW 3 / BA90x/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"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7→BA63b ROW 4 / BA90x/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"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7→BA63b ROW 5 / BA90x/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"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
		7 →BA89a 3 →BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7→BA63b 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"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.

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

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

SECTION BA (NON-CORESIDENT 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?
<div><div></div><div></div><div></div></div>	01		<div><div>123</div><div>7↓8↓</div><div>6<div></div>↓</div></div>	<div><div></div><div></div><div></div></div>		<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1↓3→</div><div>↓</div></div>	<div><div>1→BA66</div><div>8→BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>31→</div><div>↓</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>00→BA63b ROW</div><div>2</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	02		<div><div>123</div><div>7↓8↓</div><div>6<div></div>↓</div></div>	<div><div></div><div></div><div></div></div>		<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1↓3→</div><div>↓</div></div>	<div><div>1→BA66</div><div>8→BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>31→</div><div>↓</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>00→BA63b ROW</div><div>2</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	03		<div><div>123</div><div>7↓8↓</div><div>6<div></div>↓</div></div>	<div><div></div><div></div><div></div></div>		<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1↓3→</div><div>↓</div></div>	<div><div>1→BA66</div><div>8→BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>31→</div><div>↓</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>00→BA63b ROW</div><div>2</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	04		<div><div>123</div><div>7↓8↓</div><div>6<div></div>↓</div></div>	<div><div></div><div></div><div></div></div>		<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1↓3→</div><div>↓</div></div>	<div><div>1→BA66</div><div>8→BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>31→</div><div>↓</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>00→BA63b ROW</div><div>2</div><div><div></div><div></div><div></div></div></div>
<div><div></div><div></div><div></div></div>	05		<div><div>123</div><div>7↓8↓</div><div>6<div></div>↓</div></div>	<div><div></div><div></div><div></div></div>		<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1↓3→</div><div>↓</div></div>	<div><div>1→BA66</div><div>8→BA66</div><div>3</div></div>	<div><div>1. <div></div> / <div></div></div><div>Month / Year</div><div>8. DON'T KNOW</div></div>	<div><div>1. <div></div> years</div><div>8. DK</div></div>	<div><div>31→</div><div>↓</div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div>00→BA63b ROW</div><div>2</div><div><div></div><div></div><div></div></div></div>

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)	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 completer 1 st 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. RiauIslands 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

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

C1. RESULT OF BOOK PROXY INTERVIEW	C2. REASON FOR “3” / “2” IN C1	C4. MONITORING BY SUPERVISORS	
1. Completed → C4	1. Respondent not home/not found	Yes	No
2. Partially completed	2. Respondent ill	a. Observed1	3
3. Not completed	3. Responden trefused	b. Checkec1	3
	5. Others _____	c. Verified1	3