

CONFIDENTIAL

INTERVIEWER : _____ [][][][]
 EDITOR : _____ [][][][]

HHID: [][][][] [][][][] [][][][] [][][][]

INDONESIA FAMILY LIFE SURVEY EAST 2012
BOOK IIB

SECTIONS: KM, KK, CD, KP, CO, MA, AK, PS, RJ, FM, RN, PH, PM, BA, TF, CP

Respondent is an adult 15 years or older

<p>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR00</p> <p>NAME OF RESPONDENT: _____ [][][]</p> <p>COV1.RESPONDENT IS: Head of Household (AR02b=01)1 Head of Household (AR02b=02)2 Other Householder3</p> <p>COV9. CO TYPE : 1. LIST A 2. LIST B 3. LIST C 4. LIST D</p>				<p>TO BE FILLED OUT BY INTERVIEWER FOR BOOK III</p> <p>QUESTIONS FOR RESPONDENT:</p> <p>COV3.How old are you? [][][][] years</p> <p>COV4. What is your marital status: Never married1 Married2 Separated.....3 Divorce4 Widow/er5</p> <p>COV5. Sex: Male1 Female3</p> <p>COV6. Date of Birth: [][] / [][] / [][][][] Day Month Year</p>				<p>INDONESIAN LANGUAGE CODES</p> <p>00. Indonesian 01. Javanese 02. Sundanese 03. Balinese 04. Batak 05. Bugis 06. Chinese 07. Maduranese 08. Sasak 09. Minang 10. Banjar 11. Bima 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat 18. Other South Sumatra 19. Betawi 20. Lampung 96. NO OTHER 95. Other_____</p>											
INTERVIEW	1	2	3	<p>CK1. Interview was entirely/mostly conducted in what language? [][] Other, mention _____</p> <p>CK2. Other language used (if any): [][] Other, mention _____</p>															
DATE:	[][]/[][]/[][][][]	[][]/[][]/[][][][]	[][]/[][]/[][][][]																
	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR																
TIME STARTED:	[][]/[][]	[][]/[][]	[][]/[][]																
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE																
TIME FINISHED:	[][]/[][]	[][]/[][]	[][]/[][]																
	HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE																
C1. RESULT OF INTERVIEW OF BOOK IIB		C2. REASON CODE FOR ANSWER "3"/"2" ON C1		C3. REVIEW BY EDITOR		C4. SUPERVISOR MONITORING													
1. Completed → C3 2. Partially completed 3. Not completed		1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____		1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____		<table style="width:100%; border:none;"> <tr> <td></td> <td align="right">Yes</td> <td align="right">No</td> </tr> <tr> <td>a. Observed</td> <td align="right">1</td> <td align="right">3</td> </tr> <tr> <td>b. Edited</td> <td align="right">1</td> <td align="right">3</td> </tr> <tr> <td>c. Verified.....</td> <td align="right">1</td> <td align="right">3</td> </tr> </table>			Yes	No	a. Observed	1	3	b. Edited	1	3	c. Verified.....	1	3
	Yes	No																	
a. Observed	1	3																	
b. Edited	1	3																	
c. Verified.....	1	3																	

SECTION KM (SMOKING BEHAVIOUR)

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

KM01a.	Have you ever chewed tobacco, smoked a pipe, smoked self-rolled cigarettes, or smoked cigarettes/cigars?	No 3 → SECTION KK Yes 1
	Products normally used:	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.	INTERVIEWER'S 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 you still have the habit or have you totally quit?	still have 1 → KM05b quit 3
KM05aa.	At what age did you totally quit from [...]?	1. [] Years 8. DON'T KNOW
KM05b.	INTERVIEWER CHECK KM01b KM01c KM01d: DOES KM01b=1 or KM01c=1 or KM01d=1 (CHEWING TOBACCO/SMOKING A PIPE)?	NO 3 → KM07 YES 1
KM06.	In one week how many ounces (100 grams) did/do you consume now/before totally quitting of chewing tobacco and smoking pipe?	[] ounce (100 gr) 1 DON'T KNOW 8
KM06a.	INTERVIEWER CHECK KM04=1	NO 3 → KM07 YES 1
KM06b.	What's the price for 1 ounce you have to pay?	[], [] Rp. 1 DON'T KNOW 8
KM07.	INTERVIEWER CHECK KM01d AND KM01e: DOES KM01d=1 OR KM01e=1 (SMOKING SELF-ROLLED CIGARETTES / CIGARETTES/CIGARS)?	NO 3 → KM09 YES 1

KM08.	In one day about how many cigars/cigarettes did you consume now/before totally quitting?	[] per day 1 DON'T KNOW 8
KM08a.	INTERVIEWER CHECK KM04=1	NO 3 → KM09 YES 1
KM08f.	INTERVIEWER CHECK KM0e=1	NO 3 → KM09 YES 1
KM08b.	How many cigarettes/packs do you usually buy each time?	[] cigarettes 1 → KM08d [] packs 3
KM08c.	How many cigarettes for each pack?	[] cigarettes
KM08d.	How much did you spend each time?	[], [] Rp. 1 DON'T KNOW 8
KM08e.	What is the brand of cigarettes do you usually purchase?	GudangGaramMerah 01 GudangGaram Surya 02 GudangGaram International 03 Sampoerna A Mild 04 SampoernaHijau 05 Djarum Super 06 Djarum 76 Kretek 07 Bentoel Filter 08 BentoelKretekTanpa filter 09 Ardath 10 Marlboro 11 Marlboro Kretek Filter 12 Lucky Strike 13 Kansas 14 Dji Sam Soe 15 Other 95
KM09.	About how much money did/do you spend each week on these products?	[], [] Rp. 1 DON'T KNOW 8
KM10.	At what age did you start to smoke on a regular basis?	[] years 1 DON'T KNOW 8
KM11.	How soon after you wake up did/do you smoke your first cigarette, cigar, or pipe?	Within 5 minutes 1 Within 6-30 minutes 2 Within 31-60 minutes 3 More than 1 hour 4 DON'T KNOW 8

SECTION KK (HEALTH CONDITIONS)

Next we would like to know about your health.

KK01. In general, how is your health?	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Unhealthy..... 4
KK02a. During the last 4 weeks, how many days of your primary daily activities did you miss due to poor health?	<input type="checkbox"/> Days 1 DON'T KNOW 8
KK02b. In the last 4 weeks, how many days have you stayed in bed due to poor health?	<input type="checkbox"/> Days 1 DON'T KNOW 8
KK02c. Compared with your health 12 months ago, would you say that your health is [...]?	Much better now 1 Somewhat better now 2 About the same 3 Somewhat worse 4 Much worse 5
KK02i. How do you expect your health to be in next year?	Much better than now 1 Somewhat better than now 2 About the same 3 Somewhat worse 4 Much worse 5
KK02k. Compared to another person of your age and sex, would you say that your health is [...]?	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Unhealthy..... 4
KK02l. Knowing your current condition, do you expect you will be able to do the same activities as you do today in the next 5 years?	Very likely 1 Likely..... 2 Unlikely 3 Very unlikely 4

KK02p. Do you have trouble seeing?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
KK02q. Do you have hearing problem?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
KK02r. Do you have difficulty climbing stairs?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
KK02s. Using everyday language do you have trouble communicating, such as difficulty to understand or being understood?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
KK02t. Do you have difficulty raising two liters of water up to the level of the shoulder?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
KK02u. Do you have difficulty caring your self such as bathing and dressing?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all

KK02x.	INTERVIEWER CHECK: ANY 2,3, OR 4 CIRCLED KK02p – KK02u ?	1. Yes 3. No → KK03X
KK02xa.	Does any of those difficulties limit you from: 1. obtaining the desired education 2. obtaining the desired job 3. participating in the community 4. receiving health care 5. using public facility	1. Yes 3. No 6. NA 1. Yes 3. No 1. Yes 3. No 1. Yes 3. No 1. Yes 3. No

SECTION KK (HEALTH CONDITIONS)

<p>KK03x. INTERVIEWER CHECK COV3: AGE OF RESPONDENT and KK02x?</p>	<p>RESPONDENT'S AGE <40 YEARS and KK02x = 33→SECTION CD RESPONDENT'S AGE ≥ 40 YEARS1 RESPONDENT'S AGE <40 YEARS and KK02x=12</p>
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Now we would like to know your physical ability in daily activity.

	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
KK03b. To sweep the house floor yard	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
KK03j. To walk for 1 kilometer	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
KK03f. To dress without help	1. Easily	3. With difficulty	5. Unable to do it
KK03h. To go to the bathroom /toilet without help	1. Easily	3. With difficulty	5. Unable to do it
KK03m. To bathe without help	1. Easily	3. With difficulty	5. Unable to do it
KK03k. To get out of bed	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

Now we would like to know your ability to do the following activities by yourself.

	If you had [...] by yourself, could you do it:		
KK03n. To shop for personal needs	1. Easily	3. With difficulty	5. Unable to do it
KK03o. To prepare meal for yourself	1. Easily	3. With difficulty	5. Unable to do it
KK03p. To take medicine	1. Easily	3. With difficulty	5. Unable to do it
KK03q. To visit a friend/acquaintances in the same village	1. Easily	3. With difficulty	5. Unable to do it
KK03r. To take a trip out of town	1. Easily	3. With difficulty	5. Unable to do it

<p>KK04a. INTERVIEWER CHECK: IF ALL OF ANSWER KK03a-KK03r = 11→KK04j IF ANY OF ANSWER KK03a-KK03r = 3 OR 53→KK04b</p>

SEKSI CD (CHRONIC CONDITIONS)

Now we would like to ask you about some health conditions that you may have been diagnosed by doctor/paramedic/nurse/midwife.

CD01. Did a doctor/paramedic/nurse/midwife ever diagnose you with [...]?				CD02. Whofirstdiagnoseyouwith [...]?			
A. Physical disabilities.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
B. Brain damage.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
C. Vision problem.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
D. Hearing problem.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
E. Speech impediment.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
F. Mental retardation.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
G. Heart problem.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
H. Depression.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
I. Autism.....	3. No↓	1. Yes→		1. Doctor	2. Paramedic	3. Nurse	4. Midwife
CD03x. INTERVIEWER CHECK CD01: ANY OPTION=1?				NO 3→CD04			
				YES 1			
CD03. Does this disability or health impairment limit the kind or amount of work you can do?				Yes, very much so 1			
				Yes, some degree..... 2			
				No, not much 3			
				No, not at all..... 4			

CD04. INTERVIEWER CHECK COV3: AGE OF RESPONDEN?	AGE <40 3→SECTION KP
	AGE ≥ 40 1

Now we would like to ask you about some chronic illnesses that you may have been diagnosed by doctor/paramedic/nurse/midwife.

CHRONIC CONDITIONS (CDTYPE)	CD05. Have a doctor/paramedic/nurse/midwife ever told you that you had [...]	CD06. In which organ or part of the body have you or have you had cancer?	CD07. When was the condition [...] first diagnosed?	CD08. Who diagnosed the [...] condition?	CD09. In order to deal with [...] are you currently taking prescribed medication on a weekly basis?	CD10. Does the condition limit the kind or amount of paid work you can do?
A. Hypertension	3. No↓ 1. Yes→		1. □□ / □□□□ Month / Year 2. Age: □□ years 8. DON'T KNOW	Doctor 1 Paramedic..... 2 Nurse 3 Midwife 4	Yes 1 No 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
B. Diabetes or high blood sugar	3. No↓ 1. Yes→		1. □□ / □□□□ Month / Year 2. Age: □□ years 8. DON'T KNOW	Doctor 1 Paramedic..... 2 Nurse 3 Midwife 4	Yes 1 No 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
C. Tuberculosis (TBC)	3. No↓ 1. Yes→		1. □□ / □□□□ Month / Year 2. Age: □□ years 8. DON'T KNOW	Doctor 1 Paramedic..... 2 Nurse 3 Midwife 4	Yes 1 No 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

SEKSI CD (CHRONIC CONDITIONS)

CHRONIC CONDITIONS (CDTYPE)	CD05.	CD06.	CD07.	CD08.	CD09.	CD10.
	Have a doctor/paramedic/nurse/midwife ever told you that you had [...]	In which organ or part of the body have you or have you had cancer?	When was the condition [...] first diagnosed?	Who diagnosed the [...] condition?	In order to deal with [...] are you currently taking prescribed medication on a weekly basis?	Does the condition limit the kind or amount of work you can do?
D. Asthma	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor 1 Paramedic.....2 Nurse3 Midwife.....4	Yes1 No3	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. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor 1 Paramedic.....2 Nurse3 Midwife.....4	Yes1 No3	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. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor 1 Paramedic.....2 Nurse3 Midwife.....4	Yes1 No3	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. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor 1 Paramedic.....2 Nurse3 Midwife.....4	Yes1 No3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
H. Stroke	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor 1 Paramedic.....2 Nurse3 Midwife.....4	Yes1 No3	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→	A B C D E F G H I J K L M N O P Q R S T U X V	1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor 1 Paramedic.....2 Nurse3 Midwife.....4	Yes1 No3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

KODE CD06:

A. Brain	I. Stomach	Q. Endometrium
B. Oral cavity	J. Liver	R. Colon/Rectum
C. Larynx	K. Pancreas	S. Bladder
D. Other pharynx	L. Kidney	T. Skin
E. Thyroid	M. Prostate	U. Non Hodgkin lymphoma
F. Lungs	N. Testicle	X. Leukemia
G. Breast	O. Ovary	V. Other
H. Oesophagus	P. Cervix	

SEKSI CD (CHRONIC CONDITIONS)

CHRONIC CONDITIONS (CDTYPE)	CD05.	CD06.	CD07.	CD08.	CD09.	CD10.
	Have a doctor/paramedic/nurse/midwife ever told you that you had [...]	In which organ or part of the body have you or have you had cancer?	When was the condition [...] first diagnosed?	Who diagnosed the [...] condition?	In order to deal with [...] are you currently taking prescribed medication on a weekly basis?	Does the condition limit the kind or amount of paid work you can do?
J. Arthritis/rheumatism	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor1 Paramedic.....2 Nurse3 Midwife.....4	Yes 1 No 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
K. Uric Acid/Gout	3. No ↓ 1. Yes→		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor1 Paramedic.....2 Nurse3 Midwife.....4	Yes 1 No 3	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. DON'T KNOW	Doctor1 Paramedic.....2 Nurse3 Midwife.....4	Yes 1 No 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
M. High Cholesterol	3. No ↓ SECTION KP		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor1 Paramedic.....2 Nurse3 Midwife.....4	Yes1 No3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

SECTION KP (MENTAL HEALTH)

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

KPTYPE	KP01.	KP02.			
	In the past week did you feel [...]?	How often ?			
A. I was bothered by things that usually don't bother me	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
B. I had trouble concentrating in what I was doing	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
C. I felt depressed	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
D. I felt everything I did was an effort	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
E. I felt hopeful about the future	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
F. I felt fearful	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
G. My sleep was restless	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
H. I was happy	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
I. I felt lonely	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
J. I could not get going	Yes.....1 No3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)

SECTION CO

SEKSI CO (COGNITIVE CAPACITY)

Now I am going to ask some simple questions.

<p>CO01. Please tell me today's date</p>	<p>1. Gregorian calenddar: <input type="text"/> / <input type="text"/> / <input type="text"/> Day / Month / Year</p> <p>2. Islamic calendar: <input type="text"/> / <input type="text"/> / <input type="text"/> Day / Month / Year</p> <p>3. Local calendar: <input type="text"/> / <input type="text"/> / <input type="text"/> Day / Month / Year</p> <p>8. DON'T KNOW</p>
<p>CO02. INTERVIEWER CHECK: DATE OF INTERVIEW</p> <p>1. Gregorian calenddar: <input type="text"/> / <input type="text"/> / <input type="text"/> Day / Month / Year</p> <p>2. Islamic calendar: <input type="text"/> / <input type="text"/> / <input type="text"/> Day / Month / Year</p> <p>3. Local calendar: <input type="text"/> / <input type="text"/> / <input type="text"/> Day / Month / Year</p>	<p>1. ALL THREE OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY</p> <p>2. TWO OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY</p> <p>3. ONE OF DAY/MONTH/YEAR WAS ANSWERED CORRECTLY</p> <p>5. NONE OF DAY/MONTH/YEAR WERE ANSWERED CORRECTLY</p> <p>6. CO01=8</p>
<p>CO03. Please tell me what the day of the week is today</p>	<p>1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday 8. DON'T KNOW</p>
<p>CO04. INTERVIEWER CHECK TODAY'S DAY: _____</p>	<p>1. DAY MENTIONED IN CO03 IS CORRECT 3. DAY MENTIONED IN CO03 IS INCORRECT 6. CO03=8</p>

Let's try some subtraction of numbers now.

<p>CO04a. What are 100 minus 7 equal to?</p>	<p>1. <input type="text"/> 7. REFUSE → CO04f 8. DON'T KNOW → CO04f</p>
<p>CO04b. And - 7 from that?</p>	<p>1. <input type="text"/> 7. REFUSE → CO05 8. DON'T KNOW → CO05</p>
<p>CO04c. And - 7 from that?</p>	<p>1. <input type="text"/> 7. REFUSE → CO05 8. DON'T KNOW → CO05</p>
<p>CO04d. And - 7 from that?</p>	<p>1. <input type="text"/> 7. REFUSE → CO05 8. DON'T KNOW → CO05</p>
<p>CO04e. And - 7 from that?</p>	<p>1. <input type="text"/> → CO05 7. REFUSE → CO05 8. DON'T KNOW → CO05</p>
<p>CO04f. What are 100 minus 30 equals to?</p>	<p>1. <input type="text"/> 7. REFUSE 8. DON'T KNOW</p>

SEKSI CO (COGNITIVE CAPACITY)

We are going to read a list consisting of 10 words and we would like you to memorize as many as you can. We deliberately made the list long to make it difficult for anyone to memorize all of the words, most people will only remember a few of them. Please listen carefully as we read the list, because we cannot repeat it. When we finish reading the list, we will ask you to recall and tell us as many words as you can remember, and they don't have to be in order. Is this explanation clear?

CO05. INTERVIEWER CHECK: PROBING DO IF NECESSARY, TO CONVINCING THAT THE RESPONDENT TO DO UNDERSTAND TASK.DO NOT START BEFORE RESPONDENT UNDERSTAND REFUSE.....7→SECTIONMA PARTICIPATE1

CO06. INTERVIEWER CHECK COV9 AND CIRCLE THE LIST OF WORDS TO USE: 1. A 2. B 3. C 4.D

READ THE LIST SLOWLY, WITH INTERVAL AROUND 2 SECONDS BETWEEN EACH WORD

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

Now please let us know the words you are able to recall.
INTERVIEWER CHECK: GIVE RESPONDENT ENOUGH TIME TO RECALL, APPROXIMATELY UP TO TWO MINUTES.

SEKSI CO (COGNITIVE CAPACITY)

CO07. INTERVIEWER CHECK: CIRCLE ALL THE WORDS MENTIONED BY THE RESPONDENT ON THE COLUMN AND LIST ALL OF THE WORDS MENTIONED WHICH ARE NOT ON THE LIST IN ROW 51-55

LIST A	LIST B	LIST C	LIST D
A01. HOTEL A02. RIVER A03. TREE A04. SKIN A05. GOLD A06. MARKET A07. PAPER A08. CHILD A09. KING A10. BOOK	B01. SKY B02. OCEAN B03. FLAG B04. RUPIAH B05. WIFE B06. MACHINE B07. HOUSE B08. EARTH B09. SCHOOL B10. BUTTER	C01. MOUNT C02. STONE C03. BLOOD C04. CORNER C05. SHOES C06. LETTER C07. GIRL C08. HOUSE C09. VALLEY C10. CAR	D01. WATER D02. MOSQUE D03. DOCTOR D04. CASTLE D05. FIRE D06. GARDEN D07. SEA D08. VILLAGE D09. BABY D10. TABLE
<p>WRONG WORDS:</p> <p>A51. _____</p> <p>A52. _____</p> <p>A53. _____</p> <p>A54. _____</p> <p>A55. _____</p> <p>A96. NONE RECALLED</p> <p>A97. REFUSE TO RECALL</p>	<p>WRONG WORDS:</p> <p>B51. _____</p> <p>B52. _____</p> <p>B53. _____</p> <p>B54. _____</p> <p>B55. _____</p> <p>B96. NONE RECALLED</p> <p>B97. REFUSE TO RECALL</p>	<p>WRONG WORDS:</p> <p>C51. _____</p> <p>C52. _____</p> <p>C53. _____</p> <p>C54. _____</p> <p>C55. _____</p> <p>C96. NONE RECALLED</p> <p>C97. REFUSE TO RECALL</p>	<p>WRONG WORDS:</p> <p>D51. _____</p> <p>D52. _____</p> <p>D53. _____</p> <p>D54. _____</p> <p>D55. _____</p> <p>D96. NONE RECALLED</p> <p>D97. REFUSE TO RECALL</p>

CO08. INTERVIEWER CHECK: WRITE DOWN THE TIME NOW /
 HOUR / MINUTE

SECTION MA (ACUTE MORBIDITY)

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

SYMPTOMS (MATYPE)	MA01.	
	Did you ever experience [...] in the last 4 weeks?	
	1. Yes	3. No
A. Headache	1	3
B. Runny nose	1	3
C. Cough.....	1	3→D
a. Dry cough.....	a. 1	3
b. Cough with phlegm.....	b. 1	3
c. Bloody cough.....	c. 1	3
D. Difficulty breathing.....	1	3→E
a. Wheezing	a. 1	3
b. Short, rapid breath.....	b. 1	3
E. Fever	1	3
F. Stomach ache	1	3
H. Nausea/vomiting.....	1	3
I. Diarrhea minimal of 3x per day.....	1	3→P
a. Mixed with blood.....	a. 1	3
b. Mixed with mucous.....	b. 1	3
c. Pale liquid.....	c. 1	3
P. Swollen legs	1	3
K. Skin infection (boil, abcess itching)	1	3
L. Eye Infection.....	1	3
M. Toothache	1	3
U. Cold sores/sprue	1	3

MA07. INTERVIEWER CHECK COV3: RESPONDENT'S AGE?	RESPONDENT IS < 40YEARS 3→MA15 RESPONDENT IS ≥40 YEARS 1
MA08a. Do you have to often get up during the night to urinate?	Yes 1 No 3
MA08b. If you have a cut or wound, does it take a long time to heal?	Yes 1 No 3
MA08c. Do you ever feel pain on the left side of your chest?	Yes 1 No 3
MA08d. Do you ever feel chest pains when climbing stairs/or up hill?	Yes 1 No 3
MA08e. Do you ever feel chest pains when you are active or walk fast?	Yes 1 No 3
MA08f. Do you often have a headache or pain on backneck when you wake up in the morning?	Yes 1 No 3

SECTION MA (ACUTE MORBIDITY)

Now, we would like to find out accident history you might experienced.

<p>MA15. Have you ever been in a traffic accident and received treatment?</p>	<p>No.....3→MA18 Yes1</p>
<p>MA16. When were you injured in a traffic accident? (Most recent one if more than once)</p>	<p> / Month / Year</p>
<p>MA17. Does the injury caused by the accident limit your daily activities?</p>	<p>1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all</p>
<p>MA18. Have you fallen down in the last two years?</p>	<p>No.....3→ MA22 Yes1</p>
<p>MA19. How many times have you fallen down in the last two years?</p>	<p> Times</p>
<p>MA20. When did you last fall and need treatment? (Most recent one if more than once)</p>	<p> / 1 Month / Year NOT APPLICABLE 6</p>
<p>MA21. Does the injury caused by the fall limit your daily activities?</p>	<p>1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all</p>
<p>MA22. Have you ever fractured your hip?</p>	<p>No.....3 Yes1</p>

SECTION CO (COGNITIVE CAPACITY)

CO09. INTERVIEWER CHECK: WRITE DOWN THE TIME NOW

___ / ___
 HOUR / MINUTE

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

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

LIST A	LIST B	LIST C	LIST D
A01. HOTEL A02. RIVER A03. TREE A04. SKIN A05. GOLD A06. MARKET A07. PAPER A08. CHILD A09. KING A10. BOOK	B01. SKY B02. OCEAN B03. FLAG B04. RUPIAH B05. WIFE B06. MACHINE B07. HOUSE B08. EARTH B09. SCHOOL B10. BUTTER	C01. MOUNT C02. STONE C03. BLOOD C04. CORNER C05. SHOES C06. LETTER C07. GIRL C08. HOUSE C09. VALLEY C10. CAR	D01. WATER D02. MOSQUE D03. DOCTOR D04. CASTLE D05. FIRE D06. GARDEN D07. SEA D08. VILLAGE D09. BABY D10. TABLE
WRONG WORDS: A51. _____ A52. _____ A53. _____ A54. _____ A55. _____ A96. NONE RECALLED A97. REFUSE TO RECALL	WRONG WORDS: B51. _____ B52. _____ B53. _____ B54. _____ B55. _____ B96. NONE RECALLED B97. REFUSE TO RECALL	WRONG WORDS: C51. _____ C52. _____ C53. _____ C54. _____ C55. _____ C96. NONE RECALLED C97. REFUSE TO RECALL	WRONG WORDS: D51. _____ D52. _____ D53. _____ D54. _____ D55. _____ D96. NONE RECALLED D97. REFUSE TO RECALL

SECTION AK (HEALTH INSURANCE)

Now we would like to know about health insurance or benefits that you might have.

AK01. Are you the policy holder/primary beneficiary of health benefits, health insurance, such as ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS ?	No 3 → AK06 Yes 1
---	---

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

SECTION AK (HEALTH INSURANCE)

AK06. Since 2007, have you lost any health insurance coverage, such as ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS?	No 3 → SECTION PS Yes 1
---	---

Benefit Type (AKTYPE)	AK07.	AK08.
	What benefits did you lose?	When did the benefits end?
A. Health Insurance (PT ASKES)	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	___ / ___ 1 Month Year DON'T KNOW 8
B. Labor (Social) Insurance (ASTEK Jamsostek)	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	___ / ___ 1 Month Year DON'T KNOW 8
C. Employer provided health insurance/benefits	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	___ / ___ 1 Month Year DON'T KNOW 8
D. Employer Provided Clinic	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	___ / ___ 1 Month Year DON'T KNOW 8
E. Private Insurance	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	___ / ___ 1 Month Year DON'T KNOW 8
G. Savings-related insurance	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	___ / ___ 1 Month Year DON'T KNOW 8
H. JAMKESMAS	1. Yes → 3. No ↓ SECTION PS	___ / ___ 1 Month Year DON'T KNOW 8 SECTION PS

SECTION PS (SELF TREATMENT)

Now we'd like to know whether you have treated yourself during the past 4 weeks, namely since [...] date, 4 weeks ago.

TYPE OF SELF TREATMENT (PSTYPE)	PS01.	PS02.
	During the past 4 weeks, have you ever [...]?	What is the approximate total cost to purchase or make that medicine during the last 4 weeks?
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	3. No ↓ 1. Yes →	1. [][], [][][], [][][] Rp. 8. DON'T KNOW
B. Consumed traditional herbs or traditional medicines as treatment	3. No ↓ 1. Yes →	1. [][], [][][], [][][] Rp. 8. DON'T KNOW
C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	3. No ↓ 1. Yes →	1. [][], [][][], [][][] Rp. 8. DON'T KNOW
E. Vitamin/Supplements	3. No ↓ 1. Yes →	1. [][], [][][], [][][] Rp. 8. DON'T KNOW
F. Massage, <i>coining</i>	3. No ↓ SECTION RJ	1. [][], [][][], [][][] Rp. 8. DON'T KNOW

SECTION RJ (OUTPATIENT CARE)

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

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

MEDICAL FACILITY (RJTYPE)	RJ01.		RJ02.	RJ02b.
	Within the last 4 weeks, have you been to [...] / visited by [...]?		How many times did you visit / been visited by [...] during the last 4 weeks?	How much did you pay out of pocket for outpatient care at [...] during the past 4 weeks?
A. Public hospital (General or Specialty)	3. No ↓	1. Yes →	Times	, , Rp.
B. PublicHealthCenter (puskesmas)/AuxiliaryCenter (puskesmaspembantu)	3. No ↓	1. Yes →	Times	, , Rp.
E. PrivateHospital	3. No ↓	1. Yes →	Times	, , Rp.
F. Polyclinic, Private Clinic, MedicalCenter	3. No ↓	1. Yes →	Times	, , Rp.
G. Private Physician (General Practitioner, Specialist, Dentist, Family Doctor)	3. No ↓	1. Yes →	Times	, , Rp.
H. Nurse, Paramedic, Midwife practitioner	3. No ↓	1. Yes →	Times	, , Rp.
I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	3. No ↓ RJ05a	1. Yes →	Times	, , Rp.

SECTION RJ (OUTPATIENT CARE)

RJ21. What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	[] [] , [] [] [] , [] [] [] Rp..... 1 Didn't pay 3 DON'T KNOW 8
RJ21a. Did you use insurance to pay for all or some of this visit?	No 3 →RJ22 Yes..... 1
RJ21b. What insurance did you use?	Askes 01 Jamsostek..... 02 Employer provided health benefits..... 03 Private health insurance 04 Savings related insurance..... 05 SKTM..... 06 JAMKESMAS..... 07 Other 95
RJ22. Was any payment in kind made?	No 3 →RJ24a Yes..... 1
RJ23. What was the approximate value of the goods?	[] [] , [] [] [] , [] [] [] Rp..... 1 DON'T KNOW 8

Now we would like to ask you about some health examinations you may have received.

RJ24a. When did you last have your blood pressure check?	[] [] / [] [] [] [] 1 Month / Year Never had 3 DON'T KNOW 8
RJ24b. When did you last have your cholesterol level check?	[] [] / [] [] [] [] 1 Month / Year Never had 3 DON'T KNOW 8
RJ24c. When did you last have your blood sugar check?	[] [] / [] [] [] [] 1 Month / Year Never had 3 DON'T KNOW 8
RJ24d. When did you last have an EKG test?	[] [] / [] [] [] [] 1 Month / Year Never had 3 DON'T KNOW 8
RJ25. INTERVIEWER NOTE COV5: RESPONDENT IS FEMALE?	MALE 1 →SECTION FM FEMALE 3
RJ26. Have you heard about papsmears?	No 3 →RJ29 Yes 1
RJ27. When did you last have papsmear?	Never 3 →RJ29 [] [] / [] [] [] [] 1 Month / Year DON'T KNOW 8
RJ28. Where did the last time you had papsmear ?	Public hospital..... 01 Public health center 02 Private hospital 03 Polyclinic, private clinic, medical center .. 04 Private physician..... 05 Nurse, paramedic, midwife 06 Traditional practitioner 07 DON'T KNOW 08 Other 95
RJ29. How many times did you perform self-examination of your breast in the last 12 months?	1. [] [] Times 3. None 8. DON'T KNOW
RJ29a. Have you heard about mammograms?	No 3 →SECTION FM Yes..... 1
RJ29b. How many times did you have a mammogram exam in the last 12 months?	1. [] [] Times 3. None 8. DON'T KNOW

SECTION FM (FOOD FREQUENCY)

Now we would like to ask you about your eating frequency

FM01. Do you normally eat [...]?	01. 3 times per day	04. 5-6 times per week	95. Other
	02. 2 times per day	05. 3-4 times per week	
	03. 1 times per day	06. 2 times per week	

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

FOOD TYPE (FMTYPE)	FM02.	FM03.	FM04.	FM05.
	In the last week, did you eat any [...]?	How many days in a week did you eat [...] in the last week?	How many days in did you eat [...] in the last month?	How many days did you eat [...] in the last 6 months?
A. Sweet potatoes	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
B. Eggs	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
C. Fish	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
D. Meat (beef, chicken, pork, etc.)	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
E. Dairy	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
F. Green leafy vegetables	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
G. Banana	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
H. Papaya	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
I. Carrot	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. ___ days ↓ 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day
J. Mango	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→ SECTION RN	2. ___ days ↓ SECTION RN 1. 1 day → 0. 0 day →	2. ___ days 1. 1 day 0. 0 day

SECTION RN (INPATIENT CARE)

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

RN00. During the past 12 months have you ever received patient care at a hospital, puskesmas, clinic, or other?	No.....3 ➔ SEKSI PM Yes.....1
--	---

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

SECTION PH(INPATIENT CARE)

Now we will ask you about your knowledge of HIV / AIDS

PH01x	Have you ever heard of HIV / AIDs?	3. No 1. Yes
PH01x1	Do you know about HIV / AIDs?	3. No 1. Yes
PH01	What do you know about AIDS? AIDS is a [...]	A. VENEREAL DISEASE B. DISEASE THAT CAN NOT BE CURED C. DISEASE TRANSMITTED THROUGH CONTACT WITH BLOOD/ NEEDLES / SEXUAL D. THE CURSE OF DISEASE E. HEREDITARY DISEASES V. OTHER Y. DON'T KNOW →SECTIONPM
PH02	From where do you know about HIV/AIDS ?	A. Radio B. Television C. Cinema D. Internet E. Newspaper / magazine / tabloid F. Leaflet / poster G. Banners / billboards / banners H. Friend I. Family / Parenting J. Teacher K. Police L. Officers non-kesehatan/LSM/Tokoh religion M. Health care workers
PH03	Is it posible for a healty looking person to have HIV /AIDS ?	1. Yes 3. No
PH04	HIV infection can be transmitted through [...]	A. SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS B. BY MOSQUITOES OR OTHER INSECTS C. USING A CLOTHES / UTENSILS TOGETHER D. THROUGH BLOOD TRANSFUSION E. HIV TRANSMISSION FROM MOTHER TO BABY V. OTHER Y. DON'T KNOW _SECTIONPM

PH05	HIV infection can be prevented by [...]	A. ABSTAINING B. SEXUAL INTERCOURSE ONLY WITH ONE PARTNER C. USING A CONDOM DURING INTERCOURSE D. NOT USE THE SAME SYRINGE INTERCHANGEABLY E. EAT NUTRITIOUS FOODS F. TAKING ANTIBOTIC / TRADITIONAL HERBS BEFORE SEXUAL INTERCOURSE V. OTHER Y. DON'T KNOW
PH06	Doyou know where to get HIV test?	1. Yes 3. No
PH07	Have you ever been tested for HIV/AIDS?	1. Yes 3. No
PH08	Do you know anyone who has HIV/AIDS?	1. Yes 3. No
PH09	Do you know about antiRetroviral therapy ?	1. Yes 3. No →SECTIONPM
PH10	Do you know where to get anti Retroviral therapy ?	1. Yes 3. No

SECTION PM (COMMUNITY PARTICIPATION)

Now we will ask you about the arisan you participated in in the last 12 months.

PM01. Have you participated in arisan in the last 12 months?	No 3 → PM15 Yes 1
PM01a. How many arisan have you participated in the last 12 months?	___ Types
PM01c. How many arisan meetings did you attend in the last 12 months?	___ Meetings
PM01d. In total, for all the arisan in which you participated in the last 12 months, how much money did you contribute?	1. ___, ___, ___ Rp. 8. DON'T KNOW
PM01e. In total, from all the arisan in which you participated in the last 12 months, how much money did you receive?	1. ___, ___, ___ Rp. 8. DON'T KNOW

Now, we would like to know four main types of the arisan you participated in the last 12 months.

PM1TYPE	PM03.	PM04.	PM05.	PM05a.	PM05b.	PM05c.	PM05d.
ARISAN TYPE	What is the interval between meetings of the [...] arisan ?	How much money do you pay into the [...] arisan each time it meets?	How long is the period between until the last person receive the pot of money?	How many people normally participate in this arisan?	How many number of pots are drawn in each meeting?	When was the last time you receive the pot of money from this arisan?	The last time you receive the pot of money from the [...] arisan, what is the amount?
1. _____	Every : ___ 03. Days 04. Weeks 05. Months 06. Years	1. ___, ___, ___ Rp. 8. DON'T KNOW	___ 04. Weeks 05. Month 06. Years	___ People	___	1. ___ / ___ Month / Year 6. Have not received ↓	1. ___, ___, ___ Rp. 8. DON'T KNOW
2. _____	Every : ___ 03. Days 04. Weeks 05. Months 06. Years	1. ___, ___, ___ Rp. 8. DON'T KNOW	___ 04. Weeks 05. Month 06. Years	___ People	___	1. ___ / ___ Month / Year 6. Have not received ↓	1. ___, ___, ___ Rp. 8. DON'T KNOW
3. _____	Every : ___ 03. Days 04. Weeks 05. Months 06. Years	1. ___, ___, ___ Rp. 8. DON'T KNOW	___ 04. Weeks 05. Month 06. Years	___ People	___	1. ___ / ___ Month / Year 6. Have not received ↓	1. ___, ___, ___ Rp. 8. DON'T KNOW
4. _____	Every : ___ 03. Days 04. Weeks 05. Months 06. Years	1. ___, ___, ___ Rp. 8. DON'T KNOW	___ 04. Weeks 05. Month 06. Years	___ People	___	1. ___ / ___ Month / Year 6. Have not received ↓	1. ___, ___, ___ Rp. 8. DON'T KNOW

KODE PM01b:

01. Office	06. PKK	13. Retirees
02. RT (sub-neighborhood)	07. Market	14. Farmers group
03. RW (neighborhood)	08. Family	15. Youth group
04. Village	09. Religious group	16. Motorcycle arisan
05. DharmaWanita/DharmaPertawi (Wives of civil servant/military)	12. Friend	95. Other

SECTION PM (COMMUNITY PARTICIPATION)

Now, I would like to ask you about some community or government activities and programs that may have taken place in this village during the past 12 months.

COMMUNITY PROGRAMS/ACTIVITIES (PM3TYPE)	PM15.			PM16.	
	Do you know whether, in the last 12 months, the [...] activity has occurred in this village?			During the last 12 months did you participate in or use [...]?	
A. Community Meeting (each level: 10 HH level, RT, RW, Village, Kecamatan, and including Village Advisory Board activities (LMD, LKMD))	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
B. Cooperatives (include all types and levels of cooperatives: 10 HH level, RT, RW, Village, Kecamatan.)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
C. Voluntary Labor (for example cleaning up the village)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
D. Program to Improve the Village/Neighborhood (KIP, MHT, con-block, street improvement, public facility)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
N. YouthGroupsActivity (KarangTaruna)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
O. ReligiousActivities (Prayergroups, etc.)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
P. Villagelibrary	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
Q. VillageSavings and Loans	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
R. HealthFund (Dana Sehat)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
R1. PNPm mandiri Rural / Urban	3. No	8. DON'T KNOW ↓	1.Yes → ↓	3. No	1.Yes

PM20. INTERVIEWER CHECK BOOK COVER: SEX OF RESPONDENT ?	MALE ----- 1 → PM15 LINE E, F1, H, J FEMALE ----- 3 → PM15 LINE I, J
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COMMUNITY PROGRAMS/ACTIVITIES (PM3TYPE)	PM15.			PM16.	
	Do you know whether, in the last 12 months, the [...] activity has occurred in this village?			During the last 12 months did you participate in or use [...]?	
E. Neighbourhood Security Organization (Siskamling)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
F1. Water for Drinking System/Supply (for example a public pump and for bathing/washing (MCK))	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
H. System for garbage disposal	3. No ↓ J	8. DON'T KNOW ↓ J	1.Yes →	3. No ↓ J	1.Yes ↓ J
I. Women's Association Activities (PKK)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes
J. Community Weighing Post (Posyandu)	3. No ↓	8. DON'T KNOW ↓	1.Yes →	3. No	1.Yes

SECTION PM(COMMUNITY PARTICIPATION)

Now we would like to know about your participation in elections.

PM24. Did you vote in the most recent [.....]	1. Yes	3. No	6. NA	8. DK
a. President.....	1	3	6	8
b. DPD Members	1	3	6	8
c. DPR Pusat (Legislature-Central)	1	3	6	8
d. Anggota DPRD (Legislature-Provincial)	1	3	6	8
e. Anggota DPRD Kabupaten/Kota (Legislature-Regional)	1	3	6	8
f. Governor.....	1	3	6	8
g. Bupati/Walikota (Head of District).....	1	3	6	8
h. Village head	1	3	6	8
PM25. Will you vote in the next [...] election?]	1. Yes	3. No	6. NA	8. DK
a. President.....	1	3	6	8
b. DPD Members	1	3	6	8
c. DPR Pusat (Legislature-Central)	1	3	6	8
d. Anggota DPRD (Legislature-Provincial)	1	3	6	8
e. Anggota DPRD Kabupaten/Kota (Legislature-Regional)	1	3	6	8
f. Governor.....	1	3	6	8
g. Bupati/Walikota (Head of District).....	1	3	6	8
h. Village head	1	3	6	8

<p>PM26. What factors do you consider in electing a Bupati/Mayor?</p> <p>a. Appearance..... 1. Yes 3. No</p> <p>b. Popularity</p> <p>c. Quality of the program..... 1. Yes 3. No</p> <p>d. Political affiliation..... 1. Yes 3. No</p> <p>e. Faith/religion..... 1. Yes 3. No</p> <p>f. Ethnicity..... 1. Yes 3. No</p> <p>g. Experience in governance..... 1. Yes 3. No</p> <p>h. Gender</p> <p>i. Gifts ("transport money")..... 1. Yes 3. No</p>	<p>PM27. Mention the three most important factors you consider in electing a Bupati/Mayor .</p> <p>a. First <input type="checkbox"/></p> <p>b. Second <input type="checkbox"/></p> <p>c. Third <input type="checkbox"/></p>
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SECTION BA (NON-CORESIDENT PARENTS)

Now we want to ask about your biological parents.

BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA04. Does your father/mother still live in this household?	No 3→BA05 Yes 1	No 3→BA05 Yes 1
BA04a. INTERVIEWER CHECK: AR00	1. <input type="checkbox"/> AR00 → BA04 MOTHER'S COLUMN 3. NOT IN HOUSEHOLD	1. <input type="checkbox"/> AR00 → BA10 3. NOT IN HOUSEHOLD
BA05. Is your father/mother still alive?	Yes 1→ BA06b No 3 DON'T KNOW 8	Yes 1→ BA06b No 3 DON'T KNOW 8
BA06a. 12 months ago was your father/mother still alive?	Yes 1 No 3→ BA06c DON'T KNOW 8	Yes 1 No 3→ BA06c DON'T KNOW 8
BA06aa. Was your father/mother living in this household when he/she died?	Yes 1→ BA06c No..... 3 DON'T KNOW 8	Yes 1→ BA06c No..... 3 DON'T KNOW 8
BA06b. How often have you seen your father/mother before she/he died?	Everyday5→ BA06c At least once per week4 At least once per month3 At least once per year.....2 Never1	Everyday.....5→ BA06c At least once per week4 At least once per month3 At least once per year.....2 Never1
BA06bb. How often were you in telephone contact with your father/mother before she/he died?	Everyday 5→ BA06c At least once per week 4 At least once per month 3 At least once per year..... 2 Never 1	Everyday..... 5→ BA06c At least once per week 4 At least once per month 3 At least once per year..... 2 Never 1
BA06bc. How often were you in contact through email or text messages with your father/mother before she/he died?	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. INTERVIEWER CHECK BA05: FATHER/MOTHER ALIVE?	Yes 1→BA07 DON'T KNOW 8→BA07 No 3→BA06e	Yes 1→BA07 DON'T KNOW 8→BA07 No 3→BA06e

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA06e. Did your father/mother died of a [...]	Heart attack01 Stroke02 Cancer03 Other illness04 Old age05 Other cause of death06 DON'T KNOW98	Heart attack01 Stroke02 Cancer03 Other illness04 Old age05 Other cause of death06 DON'T KNOW98
BA06d. When did your father/mother die?	____ / ____ 1 Month / Year DON'T KNOW8	____ / ____ 1 Month / Year DON'T KNOW8
BA07. How old is your father/mother now/at time of death?	____ year 1 DON'T KNOW8	____ year 1 DON'T KNOW8
BA07a. Did your [...] ever attend school?	No 3 →BA11 DON'T KNOW8 →BA11 Yes 1	No 3 →BA11 DON'T KNOW8 →BA11 Yes 1
BA08. What is the highest level of education of your father/mother?	____	____
BA09. What is the highest class that your father/mother finished?	00 01 02 03 04 05 06 07 98	00 01 02 03 04 05 06 07 98
BA11. What is/was your father's/mother's primary activity now/before his/her death?	Job searching 02 →BA14a Attending school 03 →BA14a Housekeeping 04 →BA14a Retired 05 →BA14a Stay at home/unemployed 06 →BA14a Sick/disabled 07 →BA14a DON'T KNOW 98 →BA14a Other 95 →BA14a Working/trying to get work/helping to earn income 01	Job searching 02 →BA14a Attending school 03 →BA14a Housekeeping 04 →BA14a Retired 05 →BA14a Stay at home/unemployed 06 →BA14a Sick/disabled 07 →BA14a DON'T KNOW 98 →BA14a Other 95 →BA14a Working/trying to get work/helping to earn income 01
BA12. What was your father's/mother's status of worknow/before his/her death?	____	____
BA13a. What were [...] primary duties (now/one year before he died)?	_____ _____ _____ →BA14a	_____ _____ _____ →BA14a

CODE FOR BA08:

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

CODE FORBA09:

00. Did not/have not completed 1st grade
01. 1
02. 2
03. 3
04. 4
05. 5
06. 6
07. Graduated
96. Not/not yet in school
98. DON'T KNOW

CODE FOR BA12:

01. Selfemployed	04. Government staff/worker
02. Selfemployed with unpaid household worker/temporary worker	05. Private staff/worker
03. Selfemployed with permanent employee	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 your father/mother now/before his/her death?	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8
BA14b. Now/before death does/did your father/mother need help with basic personal needs like dressing, eating, or bathing?	Yes 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW 8 →BA04 MOTHER COLUMN	Yes 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW 8 →BA10

BA10. PEWAWANCARA PERIKSA BA04, BA05, BA06a, BA06aa:	FATHER	MOTHER
a. BA04 AND BA05: IS FATHER/MOTHER STILL ALIVE?	1. YES 3. NO	1. YES 3. NO
b. BA04, BA06a, AND BA06aa: DOES FATHER/MOTHER LIVE IN THE HH NOW (BA04=1) OR BEFORE HE/SHE DIED IN THE LAST 12 MONTHS(BA06a=1 AND BA06aa=1)?	1. YES 3. NO	1. YES 3. NO
c. BA06a: DID FATHER/MOTHER DIE LESS THAN 12 MONTH AGO?	1. YES 3. NO	1. YES 3. NO
d. TOTAL (ADD CODE '1' CIRCLED)	TOTAL []	TOTAL []
BA10a. INTERVIEWER CHECK BA10:	TOTAL IN BA10.d FOR MOTHER	
	0	1 2
TOTAL BA10.d FOR FATHER	00 → BA28 10 → BA19-22 FATHER ONLY 20 → BA28	01 → BA19-22 MOTHER ONLY 11 → BA18 21 → BA19-22 MOTHER ONLY 02 → BA28 12 → BA19-22 FATHER ONLY 22 → BA28
BA18. Do your parents still live together?/Did your parents still live together at the time of death?	Yes 1 → ASK BA19-BA22 ABOUT FATHER AND MOTHER TOGETHER AND RECORD ANSWERS IN "FATHER AND MOTHER LIVE TOGETHER" COLUMN (1ST COLUMN) No 3 → ASK BA19-BA22 ABOUT FATHER FIRST (2ND COLUMN), THEN REPEAT QUESTIONS BA19-BA22 ABOUT MOTHER (3RD COLUMN)	

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father and Mother Live Together	Father Only	Mother Only
BA19. During the past 12 months (before his/her death) did you (or your spouse) ever provide help to [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7 → BA21 No 3 → BA21 Yes 1	UNWILLING TO ANSWER 7 → BA21 No 3 → BA21 Yes 1	UNWILLING TO ANSWER 7 → BA21 No 3 → BA21 Yes 1
BA20. What type of help did you provide to [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE)	(ANSWER MAY BE MORE THAN ONE)	(ANSWER MAY BE MORE THAN ONE)	(ANSWER MAY BE MORE THAN ONE)
A. Money, loan, tuition, health care costs (including treatment).....	A. _____ . _____ . _____ Rp.	A. _____ . _____ . _____ Rp.	A. _____ . _____ . _____ Rp.
D. Value of food stuff or other goods.....	D. _____ . _____ . _____ Rp.	D. _____ . _____ . _____ Rp.	D. _____ . _____ . _____ Rp.
G. Doing household chores, or providing child care or assisting during physical recovery.....	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months
H. Helping family business	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months
V. Other.....	V. _____ . _____ . _____ Rp.	V. _____ . _____ . _____ Rp.	V. _____ . _____ . _____ Rp.
BA21. During the past 12 months (before his/her death) did you (or your spouse) ever receive help from [...] in the form of money, goods or service?	UNWILLING TO ANSWER .. 7 → BA14c No 3 → BA14c Yes 1	UNWILLING TO ANSWER ... 7 → BA27 No 3 → BA27 Yes 1	UNWILLING TO ANSWER .. 7 → BA14c No 3 → BA14c Yes 1
BA22. What type of help did you receive from [...] in the past 12 months (before his/her death) and how much?	(ANSWER MAY BE MORE THAN ONE)	(ANSWER MAY BE MORE THAN ONE)	(ANSWER MAY BE MORE THAN ONE)
A. Money, loan, tuition, health care costs (including treatment).....	A. _____ . _____ . _____ Rp.	A. _____ . _____ . _____ Rp.	A. _____ . _____ . _____ Rp.
D. Value of food stuff or other goods.....	D. _____ . _____ . _____ Rp.	D. _____ . _____ . _____ Rp.	D. _____ . _____ . _____ Rp.
G. Doing household chores, or providing child care or assisting during physical recovery.....	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months
H. Helping family business	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months
V. Other.....	V. _____ . _____ . _____ Rp. →BA14c FATHER COLUMN	V. _____ . _____ . _____ Rp.	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)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA14c. Where does [...] live now/before his death?	In this household00 In the same village01 In the same subdistrict02 In the same district03 In the same province04 DON'T KNOW08 In another province.....05 In another country06	In this household00 In the same village.....01 In the same subdistrict.....02 In the same district03 In the same province04 DON'T KNOW08 In another province05 In another country.....06
BA15. With whom does/did [...] live now/before his/her death? (CIRCLE ALL THAT APPLY) ANSWER OF "A 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. INTERVIEWER 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	_____ → BA14cMOTHER COLUMN	_____ → BA28

SECTION BA (NON-CO-RESIDENT SIBLINGS)

<p>BA28. Do you have biological or non-biological siblings who do not live in this household (including those who have died during the past 12 months, but were non-householders at the time of their deaths)?</p>	<p>No 3→BA58b Yes 1</p>
<p>BA29. a. How many siblings do not live in the house are still alive? b. How many siblings died during the past 12 months and were non-householders at the time of their deaths?</p>	<p>..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>BA29x. INTERVIEWER CHECK:</p>	<p>IF BA29.a and BA29.b = 0 3→BA58b IF BA29.a and BA29.b > 0 1</p>
<p>BA54. During the past 12 months, did you (or your spouse) ever provide help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service?</p>	<p>UNWILLING TO ANSWER 7→BA56 No 3→BA56 Yes 1</p>
<p>BA55. What type of help did you (or your spouse) provide to the siblings during the past 12 months and how much? (ANSWER MAY BE MORE THAN ONE)</p> <p>A. Money, loan, tuition, health care costs (including treatment).....</p> <p>D. Value of food stuff or other goods.....</p> <p>G. Doing household chores, or providing child care or assisting during physical recovery</p> <p>H. Helping family business</p> <p>V. Other.....</p>	<p>(ANSWER MAY BE MORE THAN ONE)</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.</p> <p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.</p> <p>G. <input type="text"/> <input type="text"/> 03. Days 05. Months</p> <p>H. <input type="text"/> <input type="text"/> 03. Days 05. Months</p> <p>V. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.</p>
<p>BA56. During the past 12 months/12 months before death, did you (or your spouse) ever receive help from siblings who do not live in the HH (including those who died in the last 12 months) in the form of money, goods or service?</p>	<p>UNWILLING TO ANSWER 7→BA58b No 3→BA58b Yes 1</p>
<p>BA57. What type of help did you (or your spouse) receive from the siblings during the past 12 months and how much? (ANSWER MAY BE MORE THAN ONE)</p> <p>A. Money, loan, tuition, health care costs (including treatment).....</p> <p>D. Value of food stuff or other goods.....</p> <p>G. Doing household chores, or providing child care or assisting during physical recovery</p> <p>H. Helping family business</p> <p>V. Other.....</p>	<p>(ANSWER MAY BE MORE THAN ONE)</p> <p>A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.</p> <p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.</p> <p>G. <input type="text"/> <input type="text"/> 03. Days 05. Months</p> <p>H. <input type="text"/> <input type="text"/> 03. Days 05. Months</p> <p>V. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.</p>

SECTION BA (NON-CORESIDENT SIBLINGS)

<p>BA58b. INTERVIEWER CHECK COV3 AND COV5:</p>	<p>FEMALE AND DOES NOT ANSWER BOOK IV 3 →BA61 FEMALE AND ANSWER BOOK IV 2 →SECTION TF MALE 1</p>
<p>BA59. Does your wife live in the household?</p>	<p>Not Yet Married 5→BA62a No 3→BA61 Yes 1</p>
<p>BA60. INTERVIEWER'S NOTE (REFER TO KW03):</p>	<p>MARRIED ONLY ONCE..... 1→BA62a MARRIED MORE THAN ONCE..... 3→BA62</p>
<p>BA61. Do you have children 15 years 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?</p>	<p>Not Yet Married 5→BA62a Yes 1→BA63b (BA FORM FOR NEW CHILD) No 3</p>
<p>BA62. Do you have children 15 years 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?</p>	<p>No 3 Yes 1→BA63b (BA FORM FOR NEW CHILD)</p>
<p>BA62a. Do you have adopted/step children 15 years or older who live outside the household, who are still alive or have died during the past 12 months?</p>	<p>No 3→SECTION TF Yes 1→BA63b (BA FORM FOR NEW CHILD)</p>

SECTION BA (NON-CO-RESIDENT CHILDREN)

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

BA63a.	BA63b.	BA78.	BA79.	BA80.	BA81.	BA82a.	BA83a.	BA84.	BA84a.	BA84b.
	(NAMA)	When [...] twelve years old, if mother and father[...] were 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?	INTERVIEWER CHECK BA65 AND BA65a: [...] STILL ALIVE?	How often do/did you meet with [...] during the past year now/before his/her death?	How often do/did you have contact with [...] by telephone during the past year now/before his/her death?	How often do/did you have contact with [...] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_ _ _	_____	5 8 →BA63b ROW 2 / SECTION TF 1 3 →	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	_ _ _	_____	5 8 →BA63b ROW 3 / SECTION TF 1 3 →	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	_ _ _	_____	5 8 →BA63b ROW 4 / SECTION TF 1 3 →	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	_ _ _	_____	5 8 →BA63bRO W 5/SECTION TF 1 3 →	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	_ _ _	_____	5 8 →BA63bSUP PLEMENT/SEC TION TF 1 3 →	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5

CODES FOR BA79:
 1. WithFather and mother
 2. WithFatheronly
 3. WithMotheronly
 4. Notwithfather and mother

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

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

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

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

SECTION BA (NON-CO-RESIDENT CHILDREN)

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

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

AR00.	BA63a.	BA63b.	BA63c.	BA64.	BA64b.	BA65.	BA65a.	BA66.	BA66a.	BA67.	BA68.	BA69.	BA70.
NO. OF HHM		NAME	Is [...] your biological child?	Sex	Birth Date Month/Year	Is [...] alive?	Death Date Month/Year	Current Age/Age when died Yrs	Age ≥ 15?	Marital Status	Highest education level attended by [...]?	Highest grade completed by [...]?	Where does [...] live now/before died?
___	01		1 2 3	___	5. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3 1 ↓	___	___	___	_____
___	02		1 2 3	___	5. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3 1 ↓	___	___	___	_____
___	03		1 2 3	___	5. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3 1 ↓	___	___	___	_____
___	04		1 2 3	___	5. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3 1 ↓	___	___	___	_____
___	05		1 2 3	___	5. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3 1 ↓	___	___	___	_____

CODE AR00:
96. Not Registered at the Roster

CODE BA63c:
1. Biological
2. Step child
3. Adopted

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

CODE BA66a:
1. Yes
3. No

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

CODE BA68:
01. No school/Not yet in school
02. Elementary
03. Junior High - General
04. Junior High - Vocational
05. Senior High - General
06. Senior High – Vocational
60.College (D1, D2, D3)
61.University (Bachelor)
62.University (Master)
63.University (PhD)
11. Adult Education A
12. Adult Education B
13. Open University
14. Islamic School (Pesantren)

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

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

CODE BA70:
000. In this household
001. In the same village
002. In the same subdistrict
003. In the same district
004. In the same province
010. Sumatera
011. Nangroe 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
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. TimorLeste

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 TF (OTHER TRANSFERS)

Now we would like to know whether you have provided/received help, in the form of money, goods or services to/from persons outside the household (other than biological parents, siblings children) or to/from other parties (for example like a foundation/organization, friends, and relatives) during the past 12 months (except gifts, souvenirs, etc.)

TF01a. INTERVIEWER CHECK: RESPONDENT STATUS = MARRIED (COV4=2)?	NO..... 3 → TF02a COLUMN A1 YES..... 1
TF01. Do you live with your spouse?	Yes..... 1 → TF02a COLUMN A1 No 3 → TF03a COLUMN A

TFTYPE	A	A1	B
	Respondent's spouse not in the household	Non-biological parents not in the household	Family members other than your parents, siblings or children, Friends & neighbors
TF02a. Do you have non-biological parents who live outside the household who are still alive or died within the last 12 months?		No..... 3 → TF03 COLUMN B Yes 1	
TF03a. How often have you seen [...] at present?	5. Every day → TF03 COLUMN A 4. At least once a week 3. At least once a month 2. At least once a year 1. Never	5. Every day → TF03 COLUMN A1 4. At least once a week 3. At least once a month 2. At least once a year 1. Never	
TF03b. How often were you in telephone contact with [...] at present?	5. Every day → TF03 COLUMN A 4. At least once a week 3. At least once a month 2. At least once a year 1. Never	5. Every day → TF03 COLUMN A1 4. At least once a week 3. At least once a month 2. At least once a year 1. Never	
TF03c. How often were you in contact through email, text messages, or chatting with [...] at present?	5. Every day 4. At least once a week 3. At least once a month 2. At least once a year 1. Never → TF03 COLUMN A	5. Every day 4. At least once a week 3. At least once a month 2. At least once a year 1. Never → TF03 COLUMN A1	

SECTION TF (OTHER TRANSFERS)

TFTYPE	A	A1	B
	Respondent's spouse not in the household	Non-biological parents not in the household	Family members other than your parents, siblings, children, Friends or neighbors
TF03. In the past 12 months, did you or your spouse provide assistance to [...] in the form of money, goods, or services?	Tidak.....3 → TF05 COLUMN A Ya1	Tidak3 → TF05 COLUMN A1 Ya.....1	Tidak.....3 → TF05 COLUMN B Ya1
TF04. In the past 12 months, what type of assistance did you or your spouse provide to [...] and what is the value?	(CIRCLE ALL THAT APLLY)	(CIRCLE ALL THAT APLLY)	(CIRCLE ALL THAT APLLY)
A. Money or loans	A. _____ Rp.	A. _____ Rp.	A. _____ Rp.
B. Tuition.....	B. _____ Rp.	B. _____ Rp.	B. _____ Rp.
C. Healthcarecosts.....	C. _____ Rp.	C. _____ Rp.	C. _____ Rp.
D. Foodstuffsorothergoods.....	D. _____ Rp.	D. _____ Rp.	D. _____ Rp.
G. Chores, childcare, careforsickfamily.....	G. ___ 03. Days 05. Months	G. ___ 03. Days 05. Months	G. ___ 03. Days 05. Months
H. Helpfamilybusiness.....	H. ___ 03. Days 05. Months	H. ___ 03. Days 05. Months	H. ___ 03. Days 05. Months
V. Other	V. _____ Rp.	V. _____ Rp.	V. _____ Rp.
TF05. In the past 12 months, did you or your spouse receive assistance from [...] in the form of money, goods, or services?	No.....3 → TF02a COLUMN A1 Yes1	No3 → TF03 COLUMN B Yes.....1	No.....3 → SECTION CP Yes1
TF06. In the past 12 months, what type of assistance did you or your spouse receive from [...] and what is the value?	(CIRCLE ALL THAT APLLY)	(CIRCLE ALL THAT APLLY)	(CIRCLE ALL THAT APLLY)
A. Money or loans	A. _____ Rp.	A. _____ Rp.	A. _____ Rp.
B. Tuition.....	B. _____ Rp.	B. _____ Rp.	B. _____ Rp.
C. Healthcarecosts.....	C. _____ Rp.	C. _____ Rp.	C. _____ Rp.
D. Foodstuffsorothergoods.....	D. _____ Rp.	D. _____ Rp.	D. _____ Rp.
G. Chores, childcare, careforsickfamily.....	G. ___ 03. Days 05. Months	G. ___ 03. Days 05. Months	G. ___ 03. Days 05. Months
H. Helpfamilybusiness.....	H. ___ 03. Days 05. Months	H. ___ 03. Days 05. Months	H. ___ 03. Days 05. Months
V. Other	V. _____ Rp.	V. _____ Rp.	V. _____ Rp.
	→ TF02a COLUMN A1	→ TF03 COLUMN B	→ SECTION CP

SECTION CP (INTERVIEWER NOTES)

EVALUATION FORM FOR BOOK IIIB

<p>CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE.</p> <p>A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, A HOUSEHOLDER F. AN ADULT, NOT A HOUSEHOLDER</p>	<p>CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
<p>CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p>

NOTES:
