

EDITOR: \_\_\_\_\_  
 INTERVIEWER: \_\_\_\_\_

**CONFIDENTIAL**

HHID : \_\_\_\_\_

**INDONESIA FAMILY LIFE SURVEY EAST 2012**

**BOOK PROXY**

**SECTION: DL, KW, MG, TK, KM, KK, CD, MA, RJ, RN, PM, BR, CH, CX, BA, CP**

**Respondent is an adult 15 years or older**

<p><b>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED AR:</b> <span style="float:right">PID</span></p> <p>RESPONDENT'S NAME: _____</p> <p><b>COV1. RESPONDENT IS:</b>           Head of Household (AR02b=01) .....1          Spouse of HH head (AR02b=02).....2          Other Householder .....3</p> <p><b>COV1b. Do you have a :</b></p> <p>    A. ID Card (KTP)           : 1. Yes, can show ID card          2. Yes, cannot show ID card          3. Do not have ID</p> <p>    B. Driver's License (SIM) : 1. Yes   3. No</p> <p>    C. Passport                : 1. Yes   3. No</p> <p><b>FILLED BY INTERVIEWER WHO FILLED BOOK PROXY:</b> <span style="float:right">PID</span></p> <p>NAME OF PROXY: _____</p> <p><b>COV10.RELATIONSHIP WITH RESPONDENT:</b></p> <p>    01. Spouse   02. Child   04. Parent   05. Sibling   06. Child in-law   95. Others</p>	<p><b>TO FILLED BY INTERVIEWER FOR BOOK PROXY: QUESTIONS FOR respondent:</b></p> <p><b>COV3.</b> How old is [RESPONDENT'S NAME]? _____ Years</p> <p><b>COV4.</b> Marital Status:           Not yet married.....1          Married .....2          Separated .....3          Divorced .....4          Widow .....5</p> <p><b>COV5.</b> Sex:                        Male.....1          Female .....3</p> <p><b>COV6.</b> Date of Birth:            ____ / ____ / _____          Day        Month        Year</p> <p><b>COV 11.REASON FOR PROXY:</b> ____ Other</p> <p>    01. Old   02. Deaf/Mute   03. ill   04. Away   05. Mentally incapable   95. Other</p>	<p><b>INDONESIAN LANGUAGE CODES</b></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><b>CK1.</b> Interview was entirely/mostly conducted in what language?</p> <p>____ Other _____</p> <p><b>CK2.</b> Other language used (if any):</p> <p>____ Other _____</p>
<b>DATE:</b>	____ / ____ / _____ DAY MONTH YEAR	____ / ____ / _____ DAY MONTH YEAR	____ / ____ / _____ DAY MONTH YEAR	
<b>TIME STARTED:</b>	____ / ____ HOUR / MINUTE	____ / ____ HOUR / MINUTE	____ / ____ HOUR / MINUTE	
<b>TIME FINISHED:</b>	____ / ____ HOUR / MINUTE	____ / ____ HOUR / MINUTE	____ / ____ HOUR / MINUTE	

C1. RESULT OF INTERVIEW BOOK PROXY	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 style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>a. Observed .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>b. Edited .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3</td> </tr> <tr> <td>c. Verified.....</td> <td style="text-align: right;">1</td> <td style="text-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 DL (EDUCATION)

Next questions related to [RESPONDENT'S NAME]'s education.

<b>DL01a.</b> What languages does [RESPONDENT'S NAME] speak in his/her daily life at home?  <b>(CIRCLE ALL THAT APPLY)</b>	W. Indonesian A. Javanese B. Sundanese C. Maduranese D. Balinese E. Sasak F. Minang G. Bataknese H. Bugis I. Chinese J. Banjar L. Bima M. Makassar N. Nias O. Palembang P. Sumbawa Q. Toraja R. Lahat S. Other South Sumatera T. Betawi U. Lampung V. Other _____
<b>DL02.</b> Can [RESPONDENT'S NAME] read an Indonesian-language newspaper?	Yes.....1 No.....3
<b>DL02a.</b> Can [RESPONDENT'S NAME] read an another language newspaper?	Yes.....1 No.....3
<b>DL03.</b> Can [RESPONDENT'S NAME] write a letter in Indonesian?	Yes.....1 No.....3
<b>DL03a.</b> Can [RESPONDENT'S NAME] write a letter in another language?	Yes.....1 No.....3
<b>DL03b</b> Does [RESPONDENT'S NAME] have cell phone?	Yes..... 1 No..... 3 →DL03d
<b>DL03c</b> What does [RESPONDENT'S NAME] usually use the cell phone for?	A. Private conversation B. Bussiness Conversation C. Text Message D. Email E. Social Media (chatting,facebook,Twitter) F. Mobile Banking G. Transfer phone minutes H. Entertainment/multimedia (games, ringtone, TV, Radio,MP3)
<b>DL03d</b> Does [RESPONDENT'S NAME] have internet access?	Yes..... 1 No..... 3→DL04
<b>DL03e</b> Where does [RESPONDENT'S NAME] get internet access?	A. Computer at home B. Computer at school C. Computer at place of work D. Computer at Internet Cafe E. Handphone V. Others
<b>DL04.</b> Has [RESPONDENT'S NAME] ever attended/is attending school?	No.....3→DL05b Yes..... 1

<b>DL06.</b> What is the highest education level attended by [RESPONDENT'S NAME]?  <b>[note to interviewer: if they are currently attending school, record the level they are currently attending]</b>	Elementary..... 02 Junior High General ..... 03 Junior High Vocational ..... 04 Senior High General..... 05 Senior High Vocational..... 06 College (D1, D2, D3)..... 60 University (Bachelor)..... 61 University (Master)..... 62 University (Doctorate) ..... 63 Adult Education A..... 11 Adult Education B..... 12 Adult Education C ..... 15 Open University ..... 13 Islamic School ( <i>Pesantren</i> ) ..... 14 School For Disabled..... 17 Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> ) ..... 72 Junior/High School ( <i>Madrasah Tsanawiyah</i> ) ..... 73 Islamic Senior High School ( <i>Madrasah Aaliyah</i> )..... 74 Kindergarten ..... 90 Don't Know..... 98 Other:..... 95
<b>DL07.</b> What is the highest grade completed by [RESPONDENT'S NAME] at that school?	00. Did not complete first grade at that level 01. 1 02. 2 03. 3 04. 4 05. 5 06. 6 07. Graduated 98. DON'T KNOW
<b>DL05a.</b> At what age did [RESPONDENT'S NAME] first attend the elementary school?	___ years
<b>DL05b.</b> Did [RESPONDENT'S NAME] attend a kindergarten?	No ..... 3 → DL05 Yes..... 1
<b>DL05c.</b> At what age did [RESPONDENT'S NAME] first attend the kindergarten?	___ years
<b>DL05.</b> INTERVIEWER CHECK COV3: RESPONDENT'S AGE?	RESPONDENT'S AGE ≥ 50 YRS.....1→SECTION KW RESPONDENT'S AGE < 50 YRS.....3
<b>DL05f.</b> INTERVIEWER CHECK: DL04 = 1 (EVER /CURRENTLY ATTEND SCHOOL)?	NO (DL04=3).....3→ SECTION KW YES (DL04=1) ..... 1
<b>DL06x.</b> INTERVIEWER CHECK: DL06 = 14 (PESANTREN)?	YES.....1→ SECTION KW NO.....3

**SECTION DL (EDUCATION)**

<p><b>DL07a.</b> Is [RESPONDENT'S NAME] currently attending school?</p>	<p>Tidak .....3 → <b>DL08b</b> Ya .....1</p>
<p><b>DL07aa.</b> How many effective hours did [RESPONDENT'S NAME] attend his/her school last week or the last week the school was in session? <b>(NOT INCLUDING BREAKS)</b></p>	<p><input type="text"/> jam .....1 TIDAK TAHU .....8</p>
<p><b>DL08b. INTERVIEWER CHECK DL06: HIGHEST LEVEL OF SCHOOLING ATTENDED/CURRENTLY ATTENDING</b></p>	<p>ELEMENTARY .....1 JUNIOR HIGH .....2 SENIOR HIGH .....3 D1, D2, D3, UNIVERSITY .....4</p>
<p><b>DL09b. INTERVIEWER CHECK DL08b AND WRITE DOWN THE NUMBER OF COLUMNS ACCORDING TO DL08b ANSWER</b></p>	<p><input type="text"/> columns</p>

**SECTION DL (EDUCATION)**

<b>DL16ad. INTERVIEWER CHECK COV3:</b>	<b>AGE RESPONDENT ≥30.....2→DL16xc</b> <b>AGE RESPONDENT&lt;30.....3→COMPLETE DL16a-DL16e FOR ALL LEVELS OF SCHOOLING EVER ATTENDED</b>
--	--

SCHOOL LEVEL (DL2TYPE)	1. ELEMENTARY	2. JUNIOR HIGH	3. SENIOR HIGH	4. D1, D2, D3//UNIVERSITY
<b>DL16a.</b> Has [RESPONDENT'S NAME] ever taken the EBANAS/UAN/UN exam at [...] level?	DON'T KNOW ..... 8 No ..... 3 →DL16a Column 2/ DL16xc Yes ..... 1	DON'T KNOW .....8 No .....3 →DL16a Column 3/ DL16xc Yes ..... 1	DON'T KNOW ..... 8 No ..... 3 →DL16xc Yes ..... 1	
<b>DL16b.</b> Can you show us the official record of [RESPONDENT'S NAME] EBANAS/ UAN/UN score (DANEM)? <b>INTERVIEWER NOTE: EBANAS/UAN/ UN SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM).</b>	Yes ..... 1 No ..... 3	Yes .....1 No .....3	Yes ..... 1 No ..... 3	
<b>DL16c.</b> What month and year did [RESPONDENT'S NAME] take the EBANAS/ UAN/UN [...]?	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> Month / Year 8. DON'T KNOW	
<b>DL16c1. INTERVIEWER CHECK : EBANAS OR UAN/UN</b>	EBANAS ..... 1 UAN/UN..... 2	EBANAS ..... 1 UAN/UN..... 2	EBANAS ..... 1 UAN/UN ..... 2	
<b>DL16c2.</b> Number of subjects tested in the national exam (EBANAS/UAN/UN) for the [...] school level:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>DL16d.</b> What was his/her EBANAS score for the following subjects: <b>(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>				
A. Moral and Civic Education from the nation's five principal/ <i>Pancasila</i> (PMP/PPKn)	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	
B. Indonesian	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	
C. English	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	
D. Math	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	
E. Science	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK	1. <input type="text"/> . <input type="text"/> 6. NOT APPLICABLE    8. DK		

**SECTION DL (EDUCATION)**

SCHOOL LEVEL (DL2NUM)	1. ELEMENTARY	2. JUNIOR HIGH	3. SENIOR HIGH	4. D1, D2, D3//UNIVERSITY
I. Social studies	1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK		
F. Biology			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
G. Chemistry			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
H. Physics			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
J. Economics			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
K. Sociology			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
L. Anthropology			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
M. Government			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
N. Accounting			1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
T. Total score for other subjects not listed above:	1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	1. [ ] [ ] . [ ] [ ] 6. NOT APPLICABLE 8. DK	
<b>DL16e. Total EBTANAS/UAN/UN</b>	1. [ ] [ ] . [ ] [ ] 8. DON'T KNOW →DL16a COLUMN 2	1. [ ] [ ] . [ ] [ ] 8. DON'T KNOW →DL16a COLUMN 3	1. [ ] [ ] . [ ] [ ] 6. DON'T KNOW 8. DK →DL16xc	

**SECTION DL (EDUCATION)**

<b>DL16xc. INTERVIEWER CHECK DL06</b>	<input type="checkbox"/> columns → <b>WRITE DOWN THE NUMBER OF COLUMNS ACCORDING TO LEVELS OF SCHOOLING EVER ATTENDED BY RESPONDENT</b>
---------------------------------------	---

SCHOOL LEVEL (DL2NUM)	1. ELEMENTARY	2. JUNIOR HIGH	3. SENIOR HIGH	4. D1, D2, D3//UNIVERSITY
<b>DL10.</b> What is the school level [RESPONDENT'S NAME] attended or [RESPONDENT'S NAME] is still attending?	Elementary ..... 02 Adult Education A..... 11 School for Disabled ..... 17 Madrasah Elementary ..... 72 Other ..... 95 DK ..... 98	Junior high general.....03 Junior high vocational .....04 Adult Education B..... 12 School for Disabled ..... 17 Madrasah Junior High School .....73 Other .....95 DK ..... 98	Senior high general ..... 05 Senior high vocational ..... 06 Adult Education C..... 15 School for Disabled ..... 17 Madrasah Senior High School ..... 74 Other specify ..... 95 DK ..... 98	College (D1, D2, D3).....60 University (BA) .....61 University (MA) .....62 University (PhD).....63 Open University .....13 Other .....95 DK ..... 98
<b>DL10b.</b> Under whose administration is/was the school?	Public non-religious.....01 Public religious .....02 Private non-religious .....03 Private Islam .....04 Private Catholic .....05 Private Protestant and others.....06 Private Buddhist .....08 Other .....95	Public non-religious.....01 Public religious .....02 Private non-religious .....03 Private Islam .....04 Private Catholic .....05 Private Protestant and others.....06 Private Buddhist .....08 Other .....95	Public non-religious ..... 01 Public religious ..... 02 Private non-religious..... 03 Private Islam ..... 04 Private Catholic ..... 05 Private Protestant and others ..... 06 Private Buddhist ..... 08 Other ..... 95	Public non-religious.....01 Public religious .....02 Private non-religious .....03 Private Islam .....04 Private Catholic .....05 Private Protestant and others.....06 Private Buddhist .....08 Other .....95
<b>DL11aa</b> Have you been following adult education A, B or C ?	YES ..... 1 NO ..... 3	YES ..... 1 NO ..... 3	YES ..... 1 NO ..... 3	
<b>DL11a.</b> When did [RESPONDENT'S NAME] first attended schooling at this level ?	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> →DL11c 8. DON'T KNOW
<b>DL11b.</b> At what age did [RESPONDENT'S NAME] first attended schooling at [...] level?	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW	1. <input type="text"/> <input type="text"/> years old 8. DON'T KNOW
<b>DL11c.</b> What is the highest grade [RESPONDENT'S NAME] have ever/is currently enrolled in at [...] 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 1 ..... 01 2 ..... 02 3 ..... 03 4 ..... 04 5 ..... 05 6 ..... 06 DON'T KNOW ..... 98
<b>DL11d.</b> Did [RESPONDENT'S NAME] completed this level of schooling [...]?	Yes ..... 1→DL11f Still in school ..... 6→DL13 No ..... 3 DON'T KNOW ..... 8	Yes ..... 1→DL11f Still in school ..... 6→DL13 No ..... 3 DON'T KNOW ..... 8	Yes ..... 1→DL11f Still in school.....6→DL13 No ..... 3 DON'T KNOW ..... 8	Yes ..... 1→DL11f Still in school ..... 6→DL14a No ..... 3 DON'T KNOW ..... 8
<b>DL11e.</b> Why did [RESPONDENT'S NAME] leave this level of schooling?	B C D E G H I K L V ..... Y	B C D E F G H I K L M V ..... Y	B C D E F G H I K L M V ..... Y	B C D E F G H I K L M V ..... Y

**Codes DL11e**

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
			DON'T KNOW ..... Y

**SECTION DL (EDUCATION)**

SCHOOL LEVEL (DL2TNUM)	1. ELEMENTARY	2. JUNIOR HIGH	3. SENIOR HIGH	4. D1, D2, D3//UNIVERSITY																														
<b>DL11f.</b> When did [RESPONDENT'S NAME] leave/graduate from this [...] level of schooling?	1. Year <input type="text"/> <input type="text"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/> →DL14a 8. DON'T KNOW																														
<b>DL11g.</b> At what age did [RESPONDENT'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																														
<b>DL13.</b> Has [RESPONDENT'S NAME] ever failed a grade at [...] school ?	DON'T KNOW .....8 →DL14a No .....3 →DL14a Yes.....1	DON'T KNOW ..... 8 →DL14a No ..... 3 →DL14a Yes..... 1	DON'T KNOW ..... 8 →DL14a No ..... 3 →DL14a Yes..... 1																															
<b>DL14.</b> What grades has [RESPONDENT'S NAME] failed and how many times did you repeat that grade?  <b>CIRCLE ALL THAT APPLY</b>	<table border="0"> <tr> <td>Class</td> <td>Number of repeats</td> </tr> <tr> <td>A. 1</td> <td><input type="text"/> times</td> </tr> <tr> <td>B. 2</td> <td><input type="text"/> times</td> </tr> <tr> <td>C. 3</td> <td><input type="text"/> times</td> </tr> <tr> <td>D. 4</td> <td><input type="text"/> times</td> </tr> <tr> <td>E. 5</td> <td><input type="text"/> times</td> </tr> <tr> <td>F. 6</td> <td><input type="text"/> times</td> </tr> </table>	Class	Number of 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	<table border="0"> <tr> <td>Class</td> <td>Number of repeats</td> </tr> <tr> <td>A. 1</td> <td><input type="text"/> times</td> </tr> <tr> <td>B. 2</td> <td><input type="text"/> times</td> </tr> <tr> <td>C. 3</td> <td><input type="text"/> times</td> </tr> </table>	Class	Number of repeats	A. 1	<input type="text"/> times	B. 2	<input type="text"/> times	C. 3	<input type="text"/> times	<table border="0"> <tr> <td>Class</td> <td>Number of repeats</td> </tr> <tr> <td>A. 1</td> <td><input type="text"/> times</td> </tr> <tr> <td>B. 2</td> <td><input type="text"/> times</td> </tr> <tr> <td>C. 3</td> <td><input type="text"/> times</td> </tr> </table>	Class	Number of repeats	A. 1	<input type="text"/> times	B. 2	<input type="text"/> times	C. 3	<input type="text"/> times	
Class	Number of 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																																	
Class	Number of repeats																																	
A. 1	<input type="text"/> times																																	
B. 2	<input type="text"/> times																																	
C. 3	<input type="text"/> times																																	
Class	Number of repeats																																	
A. 1	<input type="text"/> times																																	
B. 2	<input type="text"/> times																																	
C. 3	<input type="text"/> times																																	
<b>DL14a.</b> When [RESPONDENT'S NAME] are at this [...] school level, did you ever leave school for 4 consecutive weeks or more, including not enrolling in a full year?	8. DON'T KNOW 3. No 1. Yes→DL14b	8. DON'T KNOW 3. No 1. Yes→DL14b	8. DON'T KNOW 3. No 1. Yes→DL14b	8. DON'T KNOW 3. No 1. Yes→DL14b																														
<b>DL14aa.</b> When [RESPONDENT'S NAME] are at this [...] school level, did you ever leave school for 2 consecutive weeks or more?	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																														

**SECTION DL (EDUCATION)**

<b>DL14b.</b> How many times [RESPONDENT'S NAME] stop schooling at [...] level?	Class	Number of disruptions	Class	Number of disruptions	Class	Number of disruptions	Class	Number of disruptions
	A. 1	<input type="checkbox"/> times	A. 1	<input type="checkbox"/> times	A. 1	<input type="checkbox"/> times	A. 1	<input type="checkbox"/> times
	B. 2	<input type="checkbox"/> times	B. 2	<input type="checkbox"/> times	B. 2	<input type="checkbox"/> times	B. 2	<input type="checkbox"/> times
	C. 3	<input type="checkbox"/> times	C. 3	<input type="checkbox"/> times	C. 3	<input type="checkbox"/> times	C. 3	<input type="checkbox"/> times
	D. 4	<input type="checkbox"/> times					D. 4	<input type="checkbox"/> times
	E. 5	<input type="checkbox"/> times					E. 5	<input type="checkbox"/> times
	F. 6	<input type="checkbox"/> times					F. 6	<input type="checkbox"/> times
<b>DL14c.</b> How many time and when [RESPONDENT'S NAME] temporary stop schooling?	1. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	1. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	1. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	1. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year				
	2. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	2. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	2. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	2. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year				
	3. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	3. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	3. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year	3. <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> Month/ Year Month/ Year				
<b>DL14d.</b> Why did [RESPONDENT'S NAME] stop schooling?	B C D E F G H I K L M Y V	B C D E F G H I K L M Y V	B C D E F G H I K L M Y V	B C D E F G H I K L M Y V				
<b>DL15.</b> While attending [...] school, did [RESPONDENT'S NAME] work?	Yes ..... 1	Yes ..... 1	Yes ..... 1	Yes ..... 1				
	No ..... 3	No ..... 3	No ..... 3	No ..... 3				
	DON'T KNOW ..... 8							
	<b>→DL10 NEXT COLUMN/DL30</b>	<b>→DL10 NEXT COLUMN/DL30</b>	<b>→DL10 NEXT COLUMN/DL30</b>	<b>→ DL30</b>				

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



**SECTION DL (EDUCATION)**

<p><b>DL43.</b> From what source was this assistance, and what was the total value? <b>(CIRCLE ALL THAT APPLY)</b></p> <p><b>T. Total</b> .....</p> <p>A. GNOTA .....</p> <p>C. Government (other than BOS) .....</p> <p>D. Community Group .....</p> <p>E. Religious Group .....</p> <p>F. Family .....</p> <p>I. School Committee.....</p> <p>J. BOS fund .....</p> <p>K. Foreign Government/Foundation/Private .....</p> <p>L. Domestic Non-Government Institution.....</p> <p>L1 Scholarship for poor student .....</p>	<p>T.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>A.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>C.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>D.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>E.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>F.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>I.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>J.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>K.     _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>L      _ _ ,  _ _ _ ,  _ _ _  Rp.</p> <p>L1.   _ _ ,  _ _ _ ,  _ _ _  Rp.</p>																																													
<p><b>DL31c. INTERVIEWER CHECK:</b></p>	<p><b>Respondent not in school (DL07a = 3) ..... 3 → SECTION KW</b></p> <p><b>Respondent still in school (DL07a = 1) ..... 1</b></p>																																													
<p><b>DL44a.</b> What were the (approximate) school-related expenses during the past month? Did [RESPONDENT'S NAME] spend money on:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:20%; text-align: center;">3. No</th> <th style="width:20%; text-align: center;">1. Yes</th> </tr> <tr> <th style="text-align: center;">TYPE OF EXPENSES (DL41TYPE)</th> <th style="text-align: center;">↓</th> <th style="text-align: center;">→</th> </tr> </thead> <tbody> <tr> <td><b>T Total (Fees, supplies, transportation, pocket money, other)</b></td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td><b>A. School Fees</b></td> <td></td> <td></td> </tr> <tr> <td>    1. Registration.....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td>    2. Tuition and other scheduled fees.....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td>    3. Exams.....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td><b>B. School supplies</b></td> <td></td> <td></td> </tr> <tr> <td>    1. Books and writing supplies .....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td>    2. Uniform and sports .....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td><b>C. Transportation and Pocket Money</b></td> <td></td> <td></td> </tr> <tr> <td>    1. Transportation .....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td>    2. Housing costs, food .....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td>    3. Special courses .....</td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> <tr> <td><b>V. Other.....</b></td> <td style="text-align: center;">3 ↓</td> <td style="text-align: center;">1 →</td> </tr> </tbody> </table>		3. No	1. Yes	TYPE OF EXPENSES (DL41TYPE)	↓	→	<b>T Total (Fees, supplies, transportation, pocket money, other)</b>	3 ↓	1 →	<b>A. School Fees</b>			1. Registration.....	3 ↓	1 →	2. Tuition and other scheduled fees.....	3 ↓	1 →	3. Exams.....	3 ↓	1 →	<b>B. School supplies</b>			1. Books and writing supplies .....	3 ↓	1 →	2. Uniform and sports .....	3 ↓	1 →	<b>C. Transportation and Pocket Money</b>			1. Transportation .....	3 ↓	1 →	2. Housing costs, food .....	3 ↓	1 →	3. Special courses .....	3 ↓	1 →	<b>V. Other.....</b>	3 ↓	1 →	<p><b>DL44b.</b> Please give your best estimate of the amount [RESPONDENT'S NAME] spent.</p> <p> _ _  ,  _ _ _  ,  _ _ _  Rp</p> <p> _ _  ,  _ _ _  ,  _ _ _  Rp</p> <p> _ _  ,  _ _ _  ,  _ _ _  Rp</p> <p><b>DL44bx.</b> How much is the tuition if [RESPONDENT'S NAME] have to pay in full?</p> <p> _ _  ,  _ _ _  ,  _ _ _  Rp</p> <p> _ _  ,  _ _ _  ,  _ _ _  Rp</p> <p> _ _  ,  _ _ _  ,  _ _ _  Rp</p> <p> _ _  ,  _ _ _  ,  _ _ _  Rp</p>
	3. No	1. Yes																																												
TYPE OF EXPENSES (DL41TYPE)	↓	→																																												
<b>T Total (Fees, supplies, transportation, pocket money, other)</b>	3 ↓	1 →																																												
<b>A. School Fees</b>																																														
1. Registration.....	3 ↓	1 →																																												
2. Tuition and other scheduled fees.....	3 ↓	1 →																																												
3. Exams.....	3 ↓	1 →																																												
<b>B. School supplies</b>																																														
1. Books and writing supplies .....	3 ↓	1 →																																												
2. Uniform and sports .....	3 ↓	1 →																																												
<b>C. Transportation and Pocket Money</b>																																														
1. Transportation .....	3 ↓	1 →																																												
2. Housing costs, food .....	3 ↓	1 →																																												
3. Special courses .....	3 ↓	1 →																																												
<b>V. Other.....</b>	3 ↓	1 →																																												

## SECTION KW (MARITAL HISTORY)

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

<b>KW01a.</b> What is [RESPONDENT'S NAME]'s current marital status?	Never married.....1 → <b>SECTION MG</b> Cohabitation .....2 Married, formal (KUA or Civil Registration) .....3 Married, formal according to religious law (nikah sirri) .....4 Married, formal according to adat law .....5 Separated.....6 Divorced .....7 Widow/Widower.....8
<b>KW02a.</b> What is the name of [RESPONDENT'S NAME]'s current/latest spouse?	_____
<b>KW02f.</b> Does [RESPONDENT'S NAME]'s current/latest spouse live in this household ?	No..... 3 Yes ..... 1
<b>KW02g.</b> <b>INTERVIEWER VERIFY KW02A AND AR00:</b> 1. IF SPOUSE LIVES IN THE HOUSEHOLD FILL IN AR00 (LINE # FROM ROSTER). 2. IF SPOUSE DIED/DOES NOT LIVE IN HOUSEHOLD, BUT REGISTERED IN THE ROSTER, FILL IN AR00 3. IF SPOUSE IS NOT REGISTERED IN THE ROSTER	1. <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> 3.
<b>KW02x.</b> <b>INTERVIEWER CHECK KW01a = 2 (COHABITATION)?</b>	YES .....1 → <b>KW02L</b> NO ..... 3
<b>KW02j.</b> What was the date of [RESPONDENT'S NAME]'s current/most recent marriage?	<input type="text"/> / <input type="text"/> .....1 Month / Year DON'T KNOW ..... 8 → <b>KW02n</b>

<b>KW02L.</b> When did [RESPONDENT'S NAME] start cohabiting with his/her spouse ?	<input type="text"/> / <input type="text"/> ..... 1 Month / Year DON'T KNOW ..... 8
<b>KW02m.</b> What was the value of the assets [RESPONDENT'S NAME] owned just prior to of his/her cohabiting with his/her spouse?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. .... 1 DON'T KNOW .....8
<b>KW02n.</b> What was the highest education level attended by [RESPONDENT'S NAME] 's partner?	No/Not yet in school..... 01 Elementary ..... 02 Junior High General..... 03 Junior High Vocational..... 04 Senior High General ..... 05 Senior High Vocational ..... 06 College (D1, D2, D3) ..... 60 University (Bachelor) ..... 61 University (Master)..... 62 University (Doctorate)..... 63 Adult Education A. .... 11 Adult Education B ..... 12 Adult Education C..... 15 Open University ..... 13 Islamic School ( <i>Pesantren</i> )..... 14 School For Disabled ..... 17 Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> )..... 72 Junior/High School ( <i>Madrasah Tsanawiyah</i> )..... 73 Islamic Senior High School ( <i>Madrasah Aaliyah</i> )..... 74 Kindergarten ..... 90 Don't Know ..... 98 Other ..... 95
<b>KW02o.</b> What was the highest grade completed by [RESPONDENT'S NAME] 's partner ?	Did not complete first grade at that level ..... 00 1 ..... 01 2 ..... 02 3 ..... 03 4 ..... 04 5 ..... 05 6 ..... 06 Graduated ..... 07 DON'T KNOW ..... 98
<b>KW020x.</b> <b>INTERVIEWER CHECK KW01a = 2 (COHABITATION)?</b>	YES..... 1 → <b>SECTION MG</b> NO ..... 3

**SECTION KW (MARITAL HISTORY)**

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

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

## SECTION MG (MIGRATION)

Now we would like to ask you about [RESPONDENT'S NAME]'s birthplace and his/her moves from one place to another.

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

<p><b>MG04.</b> Was the place when [RESPONDENT'S NAME] was born a:</p>	<p>Village..... 1 Small town..... 3 Big city..... 5 DON'T KNOW ..... 8</p>
<p><b>MG04a.</b> When [RESPONDENT'S NAME] was 12 years old did he/she live in the same place as the place where he/she was born?</p>	<p>Yes ..... 1→MG08 DON'T KNOW ..... 8→MG08 No ..... 3</p>
<p><b>MG05.</b> What was the [...] name of the place where [RESPONDENT'S NAME] lived when he/she was 12 years old (the name when he/she was age 12)?</p>	<p>A. <b>Vill.:</b> 1. _____ 3. Same as name at birth 8. DK</p> <p>B. <b>Kec:</b> 1. _____ 3. Same as name at birth 8. DK</p> <p>C. <b>Kab:</b> 1. _____ 3. Same as name at birth 8. DK</p> <p>D. <b>Prov.:</b> 1. _____ 3. Same as name at birth 8. DK</p> <p>E. <b>Country:</b> 1. _____ 3. Same as name at birth 8. DK</p>
<p><b>MG06.</b> To your best knowledge, have any of the above mentioned places changed their names (since [RESPONDENT'S NAME] was 12)?</p>	<p>DON'T KNOW ..... 8→MG08 No ..... 3→MG08 Yes ..... 1</p>
<p><b>MG07.</b> Is the name of [...] still the same or has it been changed?</p>	<p>A. <b>Vill.:</b> 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON'T KNOW</p> <p>B. <b>Kec:</b> 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON'T KNOW</p> <p>C. <b>Kab:</b> 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON'T KNOW</p> <p>D. <b>Prov.:</b> 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON'T KNOW</p> <p>E. <b>Country:</b> 1. _____ 3. Same name as when he/she was 12 (MG05) 8. DON'T KNOW</p>
<p><b>MG08.</b> When [RESPONDENT'S NAME] was 12, was the place a [...]?</p>	<p>Village..... 1 Small town..... 3 Big city..... 5 DON'T KNOW ..... 8</p>

## SECTION MG (MIGRATION)

<b>MG08a.</b> When [RESPONDENT'S NAME] was 12, were his/her biological parents still married?	No.....3 Yes .....1 NOT APPLICABLE .....6
<b>MG08b.</b> When [RESPONDENT'S NAME] was 12, did he/she live with his/her mother?	No.....3 Yes .....1 NOT APPLICABLE .....6
<b>MG08c.</b> When [RESPONDENT'S NAME] was 12, did he/she live with his/her father?	No.....3 Yes .....1 NOT APPLICABLE .....6

<b>MG05d.</b> Is [RESPONDENT'S NAME] always live in current residence ?	Yes..... 1 → SECTION TK No ..... 3 DON'T KNOW ..... 8
<b>MG05e.</b> When did [RESPONDENT'S NAME] move to current residence?	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> </div> Month      Year ..... 1 → MG05g DON'T KNOW ..... 8
<b>MG05f.</b> At what age did [RESPONDENT'S NAME] move to current residence?	<div style="text-align: center;"> <input type="text"/> Years ..... 1           </div> DON'T KNOW ..... 8
<b>MG05g.</b> What was the name of [...] of the last residence before moved to current residence?	A. <b>Vill:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW  B. <b>Kec:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW  C. <b>Kab:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW  D. <b>Prov:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW  E. <b>Country:</b> 1. _____ 3. Same as current residence 8. DON'T KNOW



## SECTION TK (EMPLOYMENT)

CURRENT JOB	A. PRIMARY JOB THE JOB WHICH CONSUMES THE MOST TIME
<b>TK18A.</b> Where does [RESPONDENT'S NAME] work on your [...] job? <b>(ENTER NAME OF COMPANY/EMPLOYER)</b>	1. _____ 8. DON'T KNOW
<b>TK18Aa.</b> What is the address of the company?	_____
<b>TK18Ab.</b> What is telephone number of the company?	A. Phone _____ B. Cellphone _____ Belonging to _____ W. NA Y. DK
<b>TK18Ac.</b> What is the name of [RESPONDENT'S NAME]'s supervisor?	1. _____ 8. TIDAK TAHU
<b>TK18Ad.</b> What is telephone number of the [RESPONDENT'S NAME]'s supervisor?	A. Phone _____ B. Cellphone _____ Belonging to _____ W. NA Y. DK
<b>TK19A.</b> What does [RESPONDENT'S NAME]'s company produce?	1. _____ 8. DON'T KNOW
<b>TK19Aa. EDITOR: CODE FOR SECTORS</b>	____
<b>TK20A.</b> What are [RESPONDENT'S NAME]'s primary duties at your workplace?	1. _____ 8. DON'T KNOW
<b>TK20aA.</b> How many people work at [RESPONDENT'S NAME]'s company?	1. _____ persons 8. DON'T KNOW
<b>TK21A.</b> What was the total number of hours [RESPONDENT'S NAME] worked during the past week (on his/her job)?	1. _____ hours/week 8. DON'T KNOW
<b>TK22A.</b> Normally, what is the approximate total number of hours [RESPONDENT'S NAME] work per week??	1. _____ hours/week 8. DON'T KNOW

<b>TK23A.</b> Approximately what is the total number of weeks [RESPONDENT'S NAME] work per year?	1. _____ Weeks/Year 8. DON'T KNOW
<b>TK23A2.</b> For how many years has [RESPONDENT'S NAME] worked on this job?	1. _____ years _____ months 8. DON'T KNOW
<b>TK24A.</b> Which category best describes the work that [RESPONDENT'S NAME] do?	Self employed .....01→TK26A1 Self-employed with unpaid family worker/temporary worker .....02→TK26A1 Self-employed with permanent worker .....03→TK26A1 Government worker .....04→TK24A5 Private worker .....05→TK24A5 Casual worker in agriculture .....07→TK24A5 Casual worker not in agriculture .....08→TK24A5 DON'T KNOW.....98 Unpaid family worker .....06
<b>TK24A1.</b> What is the name of [RESPONDENT'S NAME]'s employer?	_____ AR00 _____ →TK27
<b>TK24A5.</b> Does [RESPONDENT'S NAME] work with a contract?	No, work without contract.....03 Yes, with contract but not fixed time ...01 Yes, with fixed time contract .....02 DON'T KNOW.....08
<b>TK25A1.</b> Approximately what was [RESPONDENT'S NAME]'s net income during the <b>last month</b> ?	____, _____, _____ Rp.... 1→TK25A2 DON'T KNOW ..... 8
<b>TK25A1a.</b> Is it [...]?	1. ≥ 1 million Rp 11. ≥ 10 million Rp 12. < 10 million Rp 18. DK 2. < 1 million Rp 21. ≥ 500 thousand Rp 22. < 500 thousand Rp 28. DK 98. DK
<b>TK25A2.</b> Approximately what was [RESPONDENT'S NAME]'s net income during the <b>the past 12 months</b> ?	____, _____, _____ Rp.... 1→TK25A2b DON'T KNOW ..... 8
<b>TK25A2a.</b> Is it [...]?	1. ≥ 12 million Rp 11. ≥ 80 million Rp 12. < 80 million Rp 18. DK 2. < 12 million Rp 21. ≥ 6 million Rp 22. < 6 million Rp 28. DK 98. DK

**SECTION TK (EMPLOYMENT)**

<b>TK25A2b.</b> What is the amount of year-end-bonus or other bonuses [RESPONDENT'S NAME] received during the last year?	_____, _____, _____ Rp ..... 1 → <b>TK25A3</b> DON'T KNOW ..... 8																																				
<b>TK25A2c.</b> Is it [...]?	1. ≥ 1 million Rp    11. ≥ 10 million Rp 12. < 10 million Rp 18. DK 2. < 1 million Rp    21. ≥ 500 thousand Rp 22. < 500 thousand Rp 28. DK 98. DK																																				
<b>TK25A3.</b> Did [RESPONDENT'S NAME] receive the following benefits from your employer for this job?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. Employer provided meals? If yes, how many per day? 1. _____ times each 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 each 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
	Yes	No	DK																																		
a. Employer provided meals? If yes, how many per day? 1. _____ times each 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																																		
<b>TK25A3x.</b> INTERVIEWER CHECK: TK24A= 7 OR 8?	<b>YES</b> ..... 1 → <b>TK27</b> <b>NO</b> ..... 3																																				
<b>TK25A4.</b> What type of pension plan are [RESPONDENT'S NAME] enrolled in?	No pension plan ..... 6 → <b>TK25A7</b> TASPEN ..... 1 ASABRI ..... 2 JAMSOSTEK ..... 3 Other private pension ..... 4 DON'T KNOW ..... 8																																				
<b>TK25A5.</b> What is [RESPONDENT'S NAME]'s out of pocket contribution to the pension fund each month?	_____, _____, _____ Rp ..... 1 DON'T KNOW ..... 8																																				
<b>TK25A6.</b> How will the pension benefit be paid out?	Annuity benefit per month/year ..... 1 Lump sum payment at retirement ..... 2 Combination of lump sum and annuity ... 3 DON'T KNOW ..... 8																																				

<b>TK25A7.</b> What is [RESPONDENT'S NAME]'s out of pocket contribution to the health insurance each month?	_____, _____, _____ Rp ..... 1 DON'T KNOW ..... 8 No health insurance ..... 6 → <b>TK27</b>
<b>TK26A1.</b> Approximately how much net profit did [RESPONDENT'S NAME] gain last month, after taking out all his/her business expenses?	<b>Profit (+)</b> _____, _____, _____ Rp ..... 1 <b>Loss (-)</b> _____, _____, _____ Rp ..... 2 → <b>TK26A3</b> DON'T KNOW ..... 8
<b>TK26A1a.</b> Is it [...]?	1. ≥ 5 million Rp    11. ≥ 20 million Rp 12. 10 - < 20 million Rp 13. < 10 million Rp 18. DK 2. < 5 million Rp    21. ≥ 1 million Rp 22. < 1 million Rp 28. DK 98. DK
<b>TK26A3.</b> Approximately how much net profit did [RESPONDENT'S NAME] gain last year, after taking out all his/her business expenses?	<b>Profit (+)</b> _____, _____, _____ Rp ..... 1 <b>Loss (-)</b> _____, _____, _____ Rp ..... 2 → <b>TK27</b> DON'T KNOW ..... 8
<b>TK26A3a.</b> Is it [...]?	1. ≥ 60 million Rp    11. ≥ 120 million Rp 12. 80 - < 120 million Rp 13. < 80 million Rp 18. DK 2. < 60 million Rp    21. ≥ 12 million Rp 22. < 12 million Rp 28. DK 98. DK
<b>TK27.</b> Does [RESPONDENT'S NAME] have any additional job?	DON'T KNOW ..... 8 → <b>TK47</b> No ..... 3 → <b>TK47</b> Yes ..... 1

**SECTION TK (EMPLOYMENT)**

ADDITIONAL JOB	B. ADDITIONAL JOB – IF MORE THAN ONE JOB, ASK ABOUT THE ONE THAT CONSUMES MOST TIME
<b>TK18B.</b> Where does [RESPONDENT'S NAME] work on your [...] job? <b>(ENTER NAME OF COMPANY/EMPLOYER)</b>	1. _____ 8. DON'T KNOW
<b>TK19B.</b> What does [RESPONDENT'S NAME]'s company produce?	1. _____ 8. DON'T KNOW
<b>TK19Bb. EDITOR: CODE FOR SECTORS</b>	____
<b>TK20B.</b> What are [RESPONDENT'S NAME]'s primary duties at your workplace?	1. _____ 8. DON'T KNOW
<b>TK20Ba.</b> How many people work at [RESPONDENT'S NAME]'s company?	1. ____ . ____ persons 8. DON'T KNOW
<b>TK21B.</b> What was the total number of hours [RESPONDENT'S NAME] worked during the past week (on his/her job)?	1. ____ hours/week 8. DON'T KNOW
<b>TK22B.</b> Normally, what is the approximate total number of hours [RESPONDENT'S NAME] work per week?	1. ____ hours/week 8. DON'T KNOW
<b>TK23B.</b> Approximately what is the total number of weeks [RESPONDENT'S NAME] work per year?	1. ____ Weeks/Year 8. DON'T KNOW
<b>TK23B2.</b> For how many years has [RESPONDENT'S NAME] worked on this job?	1. ____ years ____ months 8. DON'T KNOW
<b>TK24B.</b> Which category best describes the work that [RESPONDENT'S NAME] do?	Self employed ..... 01→TK26B1 Self-employed with unpaid family worker/temporary worker ..... 02→TK26B1 Self-employed with permanent worker.. 03→TK26B1 Government worker ..... 04→TK25B1 Private worker ..... 05→TK25B1 Casual worker in agriculture ..... 07→TK25B1 Casual worker not in agriculture ..... 08→TK25B1 DON'T KNOW ..... 98 Unpaid family worker ..... 06
<b>TK24B1.</b> What is the name of [RESPONDENT'S NAME]'s employer?	AR00 ____ →TK47

<b>TK25B1.</b> Approximately what was [RESPONDENT'S NAME]'s net income during the <b>last month</b> (including the value of all benefits)?	____,____,____ Rp..... 1→TK25B2 DON'T KNOW ..... 8
<b>TK25B1a.</b> Is it [...]?	1. ≥ 1 million Rp 11. ≥ 10 million Rp 12. < 10 million Rp 18. DK 2. < 1 million Rp 21. ≥ 500 thousand Rp 22. < 500 thousand Rp 28. DK 98. DK
<b>TK25B2.</b> Approximately what was [RESPONDENT'S NAME]'s net income during the <b>last 12 months</b> (including the value of all benefits)?	____,____,____ Rp..... 1→TK25B2b DON'T KNOW ..... 8
<b>TK25B2a.</b> Is it [...]?	1. ≥ 12 million Rp 11. ≥ 80 million Rp 12. < 80 million Rp 18. DK 2. < 12 million Rp 21. ≥ 6 million Rp 22. < 6 million Rp 28. DK 98. DK
<b>TK25B2b.</b> What is the amount of year-end-bonus or other bonuses [RESPONDENT'S NAME] received during the <b>last 12 months</b> ?	____,____,____ Rp..... 1→TK25B3 DON'T KNOW ..... 8
<b>TK25B2c.</b> Is it [...]?	1. ≥ 1 million Rp 11. ≥ 10 million Rp 12. < 10 million Rp 18. DK 2. < 1 million Rp 21. ≥ 500 thousand Rp 22. < 500 thousand Rp 28. DK 98. DK
<b>TK25B3.</b> Did [RESPONDENT'S NAME] receive the following benefits from your employer for this job?	Yes No DK
a. Employer provided meals? If yes, how many per day? 1. ____ times each day	1 3 8
2. not every day	
b. Raw food, not in form of meals?	1 3 8
c. Housing benefits?	1 3 8
d. Transportation benefits?	
1. Car?	1 3 8
2. Transportation allowance?	1 3 8
e. Medical benefits?	
1. Employer paid some health expenses?	1 3 8
2. Employer provided health insurance policy?	1 3 8
3. Employer provided health clinic	1 3 8
f. Credit	1 3 8
g. Employer-provided pension	1 3 8
h. Severance eligibility	1 3 8
	→TK47

**SECTION TK (EMPLOYMENT)**

<p><b>TK26B1.</b> Approximately how much <b>net profit</b> did [RESPONDENT'S NAME] gain <b>last month</b>?</p>	<p><b>Profit (+)</b>                  _____, _____, _____ Rp..... 1</p> <p><b>Loss (-)</b>                  _____, _____, _____ Rp..... 2</p> <p style="text-align: center;"><b>→TK26B3</b></p> <p>DON'T KNOW ..... 8</p>
<p><b>TK26B1a.</b> Is it [...]?</p>	<p>1. ≥ 5 million Rp    11. ≥ 20 million Rp                  12. 10 - &lt; 20 million Rp                  13. &lt; 10 million                  18. DK</p> <p>2. &lt; 5 million Rp    21. ≥ 1 million Rp                  22. &lt; 1 million Rp                  28. DK</p> <p>98. DK</p>
<p><b>TK26B3.</b> Approximately how much <b>net profit</b> did [RESPONDENT'S NAME] gain <b>in the last 12 months</b>?</p>	<p><b>Profits (+)</b>                  _____ . _____ . _____ . _____ Rp..... 1</p> <p><b>Loss (-)</b>                  _____ . _____ . _____ . _____ Rp..... 2</p> <p style="text-align: center;"><b>→ TK47</b></p> <p>DON'T KNOW ..... 8</p>
<p><b>TK26B3a.</b> Is it .....</p>	<p>1. ≥ 60 million Rp    11. ≥ 120 million Rp                  12. 80- &lt;120 million Rp                  13. &lt; 80 million Rp                  18. DK</p> <p>2. &lt; 60 million Rp    21. ≥ 12 million Rp                  22. &lt; 12 million Rp                  28. DK</p> <p><b>98. DK</b></p>

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

<p><b>TK47.</b> When did [RESPONDENT'S NAME] start working full-time for the first time?   <b>THE MEANING OF WORKING FULL-TIME IS THAT WORKING IS THE PRIMARY ACTIVITY.</b></p>	<p>Work never primary activity.....6 →SECTION KM                  month/Year ____ / _____ .....1 →SECTION KM                  DON'T KNOW.....8</p>
<p><b>TK48.</b> What was [RESPONDENT'S NAME]'s age when starting to work full-time for the first time?</p>	<p>1. ____ years                  8. DON'T KNOW</p>

<b>CODE TK19AA dan 19Bb</b>	
Agriculture, Forestry, Fishery and Hunting.....01	Whoseller, Retailer, Restaurant and Hotel ..... 06
Mining and Quarrying..... 02	Transportation,Storage and Communication ..... 07
Manufacturing/Processing Industry ..... 03	Finance, Insurance, Rental Business, Building, Land and Services company ..... 08
Electricity, Gas, Water..... 04	Community service ..... 09
Building..... 05	Other activities beyond categories ..... 10

## SECTION KM (SMOKING HABIT)

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

<b>KM01a.</b>	Has [RESPONDENT'S NAME] ever chewed tobacco, smoked a pipe, smoked self-rolled cigarettes, or smoked cigarettes/cigars?	No ..... 3 → SECTION KK Yes ..... 1
	<b>Products normally used:</b>	<b>1. Yes</b> <b>3. No</b>
<b>KM01b.</b>	Chewing tobacco	1                      3
<b>KM01c.</b>	Smoking a pipe	1                      3
<b>KM01d.</b>	Smoking self-rolled cigarettes	1                      3
<b>KM01e.</b>	Chewing tobacco	1                      3
<b>KM02a.</b>	<b>INTERVIEWER CHECK KM01d AND KM01e: DOES KM01d=1 OR KM01e=1 (SMOKING SELF-ROLLED CIGARETTES / CIGARETTES/CIGARS)?</b>	<b>NO</b> ..... 3 → KM04 <b>YES</b> ..... 1
<b>KM03.</b>	Are the cigarettes classified as: <b>ANSWER MAY BE MORE THAN ONE</b>	Filtered cigarette..... A Unfiltered cigarette ..... B Filtered cloves cigarette..... C Unfiltered cloves cigarette ..... D Cigar ..... E
<b>KM04.</b>	Does [RESPONDENT'S NAME] still have the habit or has he/she totally quit?	STILL HAVE ..... 1 → KM08 QUIT ..... 3
<b>KM05aa.</b>	At what age did [RESPONDENT'S NAME] totally quit from [...]?	1. ___ Years 8. DON'T KNOW
<b>KM08.</b>	In one day about how many cigars/cigarettes did [RESPONDENT'S NAME] consume now/before totally quitting?	___ per day ..... 1 DON'T KNOW ..... 8

<b>KM08e.</b>	What is the brand of cigarettes does [RESPONDENT'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 Bentoel Filter.....08 Bentoel Kretek without filter.....09 Ardath .....10 Marlboro.....11 Marlboro Kretek Filter .....12 Lucky Strike .....13 Kansas.....14 Dji Sam Soe.....15 Other .....95
<b>KM09.</b>	About how much money did/do [RESPONDENT'S NAME] spend each week on these products?	____ . ____ Rp. .... 1 DON'T KNOW ..... 8
<b>KM10.</b>	At what age did [RESPONDENT'S NAME] start to smoke on a regular basis?	___ years ..... 1 DON'T KNOW ..... 8
<b>KM11.</b>	How soon after [RESPONDENT'S NAME] wake up did/does HE/SHE smoke his/her 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 CONDITION)**

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

<b>KK01.</b>	In general, how is [RESPONDENT'S NAME]'s health?	Very healthy ..... 1 Somewhat healthy ..... 2 Somewhat unhealthy ..... 3 Unhealthy ..... 4
<b>KK02a.</b>	During the last 4 weeks, how many days of [RESPONDENT'S NAME]'s primary daily activities did he/she miss due to poor health?	<input type="text"/> Days ..... 1 DON'T KNOW ..... 8
<b>KK02b.</b>	In the last 4 weeks, how many days has [RESPONDENT'S NAME] stayed in bed due to poor health?	<input type="text"/> Days ..... 1 DON'T KNOW ..... 8
<b>KK02c.</b>	Compared with [RESPONDENT'S NAME]'s health 12 months ago, would you say that his/her health is [...]?	Much better now ..... 1 Somewhat better now ..... 2 About the same ..... 3 Somewhat worse ..... 4 Much worse ..... 5
<b>KK02p.</b>	Does [RESPONDENT'S NAME] have trouble seeing?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
<b>KK02q.</b>	Does [RESPONDENT'S NAME] has a hearing problem?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
<b>KK02r.</b>	Does [RESPONDENT'S NAME] have difficulty climbing stairs or trap?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
<b>KK02s.</b>	Does [RESPONDENT'S NAME] have problems communicating with everyday language, such as difficulty to understand or to be understood?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
<b>KK02t.</b>	Does [RESPONDENT'S NAME] have difficulty raising two liters of water up to shoulder height?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all
<b>KK02u.</b>	Does [RESPONDENT'S NAME] have difficulty with self care such as to bath and to dress by him/herself?	1. No trouble 2. Somewhat difficult 3. Very difficult 4. Unable do it at all

<b>KK02x.</b>	<b>INTERVIEWER CHECK: ANY 2,3, OR 4 CIRCLED KK02p – KK02u ?</b>	1. Yes      3. No → KK03x
<b>KK02xa.</b>	Does anyof those difficulties limit[RESPONDENT'S NAME] 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

**SECTION KK (HEALTH CONDITION)**

<p><b>KK03x. INTERVIEWER CHECK COV3: AGE OF RESPONDENT and KK02x?</b></p>	<p>RESPONDENT'S AGE &lt;40 YEARS and KK02x = 3 .....3→SECTION VG                  RESPONDENT'S AGE ≥ 40 YEARS .....1                  RESPONDENT'S AGE &lt;40 YEARS and KK02x=1 .....2</p>
---	--

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

	If [RESPONDENT'S NAME] had [...], could you do it:		
<b>KK03a.</b> To carry a heavy load (like a pail of water) for 20 meters	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03d.</b> To draw a pail of water from a well	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03j.</b> To walk for 1 kilometer	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03c.</b> To walk for 5 kilometers	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03b.</b> To sweep the house floor yard	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03e.</b> To bow, squat, kneel	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03f.</b> To dress without help	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03h.</b> To go to the bathroom (BM) without help	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03m.</b> To bathe	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03k.</b> To get out of bed	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03l.</b> To walk across the room	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03i.</b> To stand up from sitting on the floor without help	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03g.</b> To stand up from sitting position in a chair without help	1. Easily	3. With difficulty	5. Unable to do it

**SECTION KK (HEALTH CONDITION)**

Now we would like to know [RESPONDENT'S NAME]'s ability to do the following activities by him/herself without help.

	If [RESPONDENT'S NAME] had [...] by him/herself, could he/she do it:		
<b>KK03n.</b> To shop for personal needs	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03o.</b> To prepare meal for yourself	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03p.</b> To take medicine	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03q.</b> To visit a friend/acquaintances in the same village	1. Easily	3. With difficulty	5. Unable to do it
<b>KK03r.</b> To take a trip out of town	1. Easily	3. With difficulty	5. Unable to do it

<b>KK04a. INTERVIEWER CHECK:</b>	<b>IF ALL OF KK03a-KK03r = 1 ..... 1 → KK04j</b>
	<b>IF ANY OF KK03a-KK03r = 3 OR 5 ..... 3 → KK04b</b>

Now we would like to know if about help [RESPONDENT'S NAME] may have received in his/her daily activities.

<b>KK04b.</b> If [RESPONDENT'S NAME] need to do any of the daily activities listed in KK03a-KK03r, does he/she need someone to assist him/her?	No..... 3→ <b>KK04j</b> Yes ..... 1
<b>KK04c.</b> Who most often assisted [RESPONDENT'S NAME]?	Name: _____ PID: <input type="text"/> (51 IF NOT IN HH ROSTER)
<b>KK04d.</b> What is his/her relationship with [RESPONDENT'S NAME]?	02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17
<b>KK04e.</b> During the last 4 weeks, about how many days did [...] help [RESPONDENT'S NAME]?	1. <input type="text"/> days 8. DON'T KNOW
<b>KK04f.</b> On the days [...] helps [RESPONDENT'S NAME]?, about how many hours per day is that?	1. <input type="text"/> hours / days 8. DON'T KNOW
<b>KK04g.</b> Is [...] paid to help [RESPONDENT'S NAME]?	Yes ..... 1 No..... 3
<b>KK04h.</b> Is there any other person help [RESPONDENT'S NAME]?	Yes ..... 1 No..... 3
<b>KK04i.</b> In the last 4 weeks, how much money did [RESPONDENT'S NAME] spend to have someone assisted [RESPONDENT'S NAME] in the daily activities mentioned above?	1. Rp <input type="text"/> , <input type="text"/> , <input type="text"/> 6. DID NOT HAVE TO PAY 8. DON'T KNOW
<b>KK04j</b> If in the future [RESPONDENT'S NAME] need someone to assist you in one of the daily activities above, who do you think will assist [RESPONDENT'S NAME] besides your spouse?	Name: _____ <b>ART</b> <input type="text"/> (51 IF NOT ON ROSTER)
<b>KK04k.</b> What is his/.her relationship with [RESPONDENT'S NAME]?	03 04 05 06 07 08 09 10 11 12 13 14 15 16 17

**CODE KK04d and KK04k:**

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

## SECTION CD (CHRONIC CONDITIONS)

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

CD01. Did a doctor/paramedic/nurse/midwife ever diagnose [RESPONDENT'S NAME] with [...]?			CD02. Who first diagnose [RESPONDENT'S NAME] with [...]?			
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
<b>CD03x. INTERVIEWER CHECK CD01: ANY OPTION=1?</b>			NO .....3 → CD04 Yes ..... 1			
<b>CD03.</b> Does this disability or health impairment limit the kind or amount of paid work [RESPONDENT'S NAME] can do?			Yes, very much so ..... 1 Yes, some degree..... 2 No, not much ..... 3 No, not at all..... 4			

<b>CD04. INTERVIEWER CHECK COV3: AGE OF RESPONDENT ≥ 40</b>	AGE < 40 .....3 → SECTION MA AGE ≥ 40 ..... 1
---	--

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

CHRONIC CONDITIONS (CDTYPE)	CD05.	CD06.	CD07.	CD08.	CD09.	CD10.
	Have a doctor/paramedic/nurse/ midwife ever told [RESPONDENT'S NAME] that he/she had [...]	In which organ or part of the body have had cancer?	When was the condition [...] first diagnosed?	Who diagnosed the [...] condition?	In order to deal with [...] is [RESPONDENT'S NAME] currently taking prescribed medication on a weekly basis?	Does the condition limit the kind or amount of paid work [RESPONDENT'S NAME] can do?
<b>A.</b> 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>B.</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
<b>C.</b> 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

**SECTION CD (CHRONIC CONDITIONS)**

CHRONIC CONDITIONS (CDTYPE)	CD05.	CD06.	CD07.	CD08.	CD09.	CD10.
	Have a doctor/paramedic/nurse/ midwife ever told [RESPONDENT'S NAME] that he/she had [...]	In which organ or part of the body have had cancer?	When was the condition [...] first diagnosed?	Who diagnosed the [...] condition?	In order to deal with [...] is [RESPONDENT'S NAME] currently taking prescribed medication on a weekly basis?	Does the condition limit the kind or amount of paid work [RESPONDENT'S NAME] 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 Nurse..... 3 Midwife..... 4	Yes ..... 1 No..... 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
E. Other lung conditions	3. No ↓ 1. Yes →		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor..... 1 Paramedic..... 2 Nurse..... 3 Midwife..... 4	Yes ..... 1 No..... 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
F. Heart attack, coronary heart disease, angina, or other heart problems	3. No ↓ 1. Yes →		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> years 8. DON'T KNOW	Doctor..... 1 Paramedic..... 2 Nurse..... 3 Midwife..... 4	Yes ..... 1 No..... 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
G. Liver	3. No ↓ 1. Yes →		1. <input type="text"/> / <input type="text"/> Month / Year 2. Age: <input type="text"/> 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
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 Nurse..... 3 Midwife..... 4	Yes ..... 1 No..... 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
I. Cancer or malignant tumor	3. No ↓ 1. Yes →	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 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

**CODE OF 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   |                         |

**SECTION CD (CHRONIC CONDITIONS)**

CHRONIC CONDITIONS (CDTYPE)	CD05.	CD06.	CD07.	CD08.	CD09.	CD10.
	Have a doctor/paramedic/ nurse/ midwife ever told [RESPONDENT'S NAME] that he/she had [...]	In which organ or part of the body have had cancer?	When was the condition [...] first diagnosed?	Who diagnosed the [...] condition?	In order to deal with [...] is [RESPONDENT'S NAME] currently taking prescribed medication on a weekly basis?	Does the condition limit the kind or amount of paid work [RESPONDENT'S NAME] can do?
J. Arthritis/ rheumatism	3. No ↓ 1. Yes →		1. □□ / □□□□ Month / Year 2. Age: □□ years 8. DON'T KNOW	Doctor.....1 Paramedic .....2 Nurse.....3 Midwife .....4	Yes ..... 1 No ..... 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
K. Uric Acid/Gout	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
L. Depression	3. No ↓ 1. Yes →		1. □□ / □□□□ Month / Year 2. Age: □□ years 8. DON'T KNOW	Doctor.....1 Paramedic .....2 Nurse.....3 Midwife .....4	Yes ..... 1 No ..... 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all
M. High cholesterol	3. No ↓ <b>SECTION MA</b> 1. Yes →		1. □□ / □□□□ Month / Year 2. Age: □□ years 8. DON'T KNOW	Doctor.....1 Paramedic .....2 Nurse.....3 Midwife .....4	Yes ..... 1 No ..... 3	1. Yes, very much so 2. Yes, some degree 3. No, not much 4. No, not at all

## SECTION MA (ACUTE MORBIDITY)

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

SYMPTOMS (MATYPE)	MA01.		
	Did [RESPONDENT'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	8
C. Cough.....	1	3→D	8→D
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/vomiting.....	1	3	8
I. Diarrhea minimal of 3x per day.....	1	3→P	8→P
a. Mixed with blood.....	a. 1	3	8
b. Mixed with mucous.....	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)

Now we would like to ask about [RESPONDENT'S NAME]'s accident history.

<p><b>MA15.</b> Has [RESPONDENT'S NAME] ever been in an accident and received treatment?</p>	<p>DON'T KNOW ..... 8→MA18          No ..... 3→MA18          Yes ..... 1</p>
<p><b>MA16.</b> When was [RESPONDENT'S NAME] injured in an accident? (<b>Most recent one if more than once</b>)</p>	<p>□□ / □□□□          Month / Year</p>
<p><b>MA17.</b> Does the injury caused by the accident limit [RESPONDENT'S NAME]'s daily activities?</p>	<p>1. Yes, very much so          2. Yes, to some degree          3. No, not much          4. No, not at all          8. DON'T KNOW</p>
<p><b>MA18.</b> Has [RESPONDENT'S NAME] fallen down in the last two years?</p>	<p>DON'T KNOW ..... 8→MA22          No ..... 3→MA22          Yes ..... 1</p>
<p><b>MA19.</b> How many times has [RESPONDENT'S NAME] fallen down in the last two years?</p>	<p>□□ times</p>
<p><b>MA20.</b> When did [RESPONDENT'S NAME] last fall and need treatment</p>	<p>□□ / □□□□ ..... 1          Month / Year          NOT APPLICABLE ..... 6          DON'T KNOW..... 8</p>
<p><b>MA21.</b> Does the injury caused by the fall limit [RESPONDENT'S NAME]'s daily activities?</p>	<p>1. Yes, very much so          2. Yes, to some degree          3. No, not much          4. No, not at all          8. DON'T KNOW</p>
<p><b>MA22.</b> Has [RESPONDENT'S NAME] ever fractured his/her hip?</p>	<p>Yes ..... 1          No ..... 3          DON'T KNOW..... 8</p>

## SECTION AK (HEALTH INSURANCE)

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

<b>AK01.</b> Is [RESPONDENT'S NAME] the policy holder/primary beneficiary of health benefits, health insurance, such as <b>ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS?</b>	DON'T KNOW.....8 →AK06 No .....3 →AK06 Yes .....1
---	---

BENEFIT TYPE (AKTYPE)	AK02.			AK03.	AK04.	AK05.	
	Do [RESPONDENT'S NAME]'s 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)	
<b>A.</b> Health Insurance (PT ASKES)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year     _ _ _ _  8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic	A. Spouse C. 2 <sup>nd</sup> oldest child E. Other child V. Other	B. Oldest child D. 3 <sup>rd</sup> oldest child W. NO ONE H. Parents/Siblings
<b>B.</b> Labor (Social) Insurance (ASTEK Jamsostek)	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year     _ _ _ _  8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic	A. Spouse C. 2 <sup>nd</sup> oldest child E. Other child V. Other	B. Oldest child D. 3 <sup>rd</sup> oldest child W. NO ONE H. Parents/Siblings
<b>C.</b> Employer provided health insurance/benefits	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year     _ _ _ _  8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic	A. Spouse C. 2 <sup>nd</sup> oldest child E. Other child V. Other	B. Oldest child D. 3 <sup>rd</sup> oldest child W. NO ONE H. Parents/Siblings
<b>D.</b> Employer Provided Clinic	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year     _ _ _ _  8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic	A. Spouse C. 2 <sup>nd</sup> oldest child E. Other child V. Other	B. Oldest child D. 3 <sup>rd</sup> oldest child W. NO ONE H. Parents/Siblings
<b>E.</b> Private Insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year     _ _ _ _  8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic	A. Spouse C. 2 <sup>nd</sup> oldest child E. Other child V. Other	B. Oldest child D. 3 <sup>rd</sup> oldest child W. NO ONE H. Parents/Siblings
<b>G.</b> Savings-related insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes →	1. Year     _ _ _ _  8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic	A. Spouse C. 2 <sup>nd</sup> oldest child E. Other child V. Other	B. Oldest child D. 3 <sup>rd</sup> oldest child W. NO ONE H. Parents/Siblings
<b>H.</b> JAMKESMAS	3. No ↓ AK06	8. DON'T KNOW ↓ AK06	1. Yes →	1. Year     _ _ _ _  8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. Public Hospital G. Employer Provided Clinic	A. Spouse C. 2 <sup>nd</sup> oldest child E. Other child V. Other	B. Oldest child D. 3 <sup>rd</sup> oldest child W. NO ONE H. Parents/Siblings

**SECTION AK (HEALTH INSURANCE)**

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

<b>BENEFIT TYPE (AKTYPE)</b>	<b>AK07.</b>			<b>AK08.</b>	
	What benefits did [RESPONDENT'S NAME] lose?			When did the benefits end?	
<b>A.</b> Health Insurance ( <i>PT ASKES</i> )	3. No ↓	8. DON'T KNOW ↓	1. Yes→	___ / ___ ..... 1 Month    Year DON'T KNOW ..... 8	
<b>B.</b> Labor (Social) Insurance ( <i>ASTEK Jamsostek</i> )	3. No ↓	8. DON'T KNOW ↓	1. Yes→	___ / ___ ..... 1 Month    Year DON'T KNOW ..... 8	
<b>C.</b> Employer provided health insurance/benefits	3. No ↓	8. DON'T KNOW ↓	1. Yes→	___ / ___ ..... 1 Month    Year DON'T KNOW ..... 8	
<b>D.</b> Employer Provided Clinic	3. No ↓	8. DON'T KNOW ↓	1. Yes→	___ / ___ ..... 1 Month    Year DON'T KNOW ..... 8	
<b>E.</b> Private Insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes→	___ / ___ ..... 1 Month    Year DON'T KNOW ..... 8	
<b>G.</b> Savings-related insurance	3. No ↓	8. DON'T KNOW ↓	1. Yes→	___ / ___ ..... 1 Month    Year DON'T KNOW ..... 8	
<b>H.</b> JAMKESMAS	3. No ↓ <b>SECTION RJ</b>	8. DON'T KNOW ↓ <b>SECTION RJ</b>	1. Yes→	___ / ___ ..... 1 Month    Year DON'T KNOW ..... 8	

## SECTION RJ (OUTPATIENT CARE)

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

<b>RJ00.</b> In the last 4 weeks has [RESPONDENT'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

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

**SECTION RN (INPATIENT CARE)**

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

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

<b>Tempat Dirawat Inap (RNTYPE)</b>	<b>RN01.</b> During the past 12 months, has [RESPONDENT'S NAME] ever received inpatient care at [...] ?			<b>RN02.</b> How many times has [RESPONDENT'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 →
B. Public Health Center (puskesmas)	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
C. Private Hospital	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
D. Private Clinic	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times
V. Other	8. DON'T KNOW ↓	3. No ↓	1. Yes →	___ Times

**SECTION PM (COMMUNITY PARTICIPATION)**

Now we would ask about *arisan* that [RESPONDENT'S NAME] participate during last 12 months.

<p><b>PM01.</b> Has [RESPONDENT'S NAME] participated in arisan in the last 12 months?</p>	<p>DON'T KNOW ..... 8 → SECTION BR                  No ..... 3 → SECTION BR                  Yes..... 1</p>
<p><b>PM01a.</b> How many arisan has [RESPONDENT'S NAME] participated in the last 12 months?</p>	<p>□□ Types</p>
<p><b>PM01c.</b> How many arisan meetings did [RESPONDENT'S NAME] attend in the last 12 months?</p>	<p>□□ Meetings</p>
<p><b>PM01d.</b> In total, for all the arisan in which [RESPONDENT'S NAME] participated in the last 12 months, how much money did he/she contribute?</p>	<p>1. □□,□□□,□□□ Rp.                  8. DON'T KNOW</p>
<p><b>PM01e.</b> In total, from all the arisan in which [RESPONDENT'S NAME] participated in the last 12 months, how much money did he/she receive?</p>	<p>1. □□,□□□,□□□ Rp.                  8. DON'T KNOW</p>

**SECTION BR (PREGNANCY SUMMARY)**

<b>BR00xa. INTERVIEWER CHECK COV5: SEX?</b>	<b>MALE.....1 → SECTION BA</b> <b>FEMALE.....3</b>
---	---

Now we would like to ask you about all of [RESPONDENT'S NAME]'s pregnancies.

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

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

**SECTION CH (PREGNANCY HISTORY)**

<b>CH00x.</b> In the last 5 years, has [RESPONDENT'S NAME] ever been pregnant?	No ..... 3 → <b>SECTION CX</b> Yes..... 1
<b>CH03. TOTAL COLUMN TO BE FILLED OUT:</b>	_ _ _

<b>CH05.</b> Chronological order of pregnancy's outcome	<b>1. LAST PREGNANCY</b>	<b>2. SECOND LAST PREGNANCY</b>
<b>CH06.</b> Classification of pregnancy's outcome	Is pregnant ..... 1 → <b>CH11</b> Still birth..... 3 → <b>CH09</b> Miscarriage ..... 4 → <b>CH09</b> Live birth..... 2	Is pregnant ..... 1 → <b>CH11</b> Still birth..... 3 → <b>CH09</b> Miscarriage ..... 4 → <b>CH09</b> Live birth..... 2
<b>CH06a.</b> Did pregnancy end in multiple birth?	Yes ..... 1 No..... 3	Yes ..... 1 No..... 3
<b>CH07.</b> Name of child: _____ <b>FILL 51 IF CHILD'S NAME IS NOT ON THE LIST</b> <b>FILL 52 IF THE CHILD HAS DIED</b>	_____ <b>AR00</b> _ _ _	_____ <b>AR00</b> _ _ _
<b>CH08.</b> Is [...] a male or female?	Male..... 1 Female ..... 3	Male..... 1 Female ..... 3
<b>CH09.</b> What date was [...] born/[RESPONDENT'S NAME] had a miscarriage? <b>(DAY/MON/YR)</b>	1. _ _ _ / _ _ _ / _ _ _ _ _ → <b>CH11</b> DAY / MONTH / YEAR 8. DON'T KNOW	1. _ _ _ / _ _ _ / _ _ _ _ _ → <b>CH11</b> DAY / MONTH / YEAR 8. DON'T KNOW
<b>CH10a.</b> How old were you when [...] was born/[RESPONDENT'S NAME] had a miscarriage?	_ _ _ <b>Years</b>	_ _ _ <b>Years</b>
<b>CH10b.</b> <b>USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH.</b> <b>(BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH/MISCARRIAGE)</b>	Year _ _ _ _ _	Year _ _ _ _ _

<b>CH11. CHECK THE NUMBER OF COLUMNS FILLED OUT AGAINST CH03.</b>	<b>INCONSISTENT..... 3 → CHECK AGAIN, UNTIL THE NUMBER OF COLUMNS = CH03</b> <b>CONSISTENT ..... 1</b>
---	---

**SECTION CH (PREGNANCY HISTORY)**

	<b>1. LAST PREGNANCY</b>	<b>2. SECOND LAST PREGNANCY</b>
<b>CH14.</b> During the pregnancy have/did [RESPONDENT'S NAME] ever have a pregnancy check-up?	DON'T KNOW ..... 8 → <b>CH18</b> Never ..... 3 → <b>CH18</b> Ever ..... 1	DON'T KNOW ..... 8 → <b>CH18</b> Never ..... 3 → <b>CH18</b> Ever ..... 1
<b>CH15.</b> Where do/did [RESPONDENT'S NAME] go for pregnancy check-ups? <b>(CIRCLE ALL THAT APPLY)</b>	Public hospital ..... A Private hospital ..... B Maternity hospital ..... K Community health center (Puskesmas) ..... C Village Delivery Post (POLINDES) ..... D Clinic/office of physician ..... E Clinic/office of midwife ..... F Office of traditional midwife ..... G Posyandu ..... I Other ..... V	Public hospital ..... A Private hospital ..... B Maternity hospital ..... K Community health center (Puskesmas) ..... C Village Delivery Post (POLINDES) ..... D Clinic/office of physician ..... E Clinic/office of midwife ..... F Office of traditional midwife ..... G Posyandu ..... I Other ..... V
<b>CH18. INTERVIEWER CHECK CH06:</b> 1. CH06 = 1 (PREGNANT) ..... 2. CH06 = 4 (MISCARRIAGE) ..... 3. CH06 = 2 (LIVE BIRTH) ATAU 3 (STILLBIRTH) .....	1 → <b>CH14 COLUMN 2/ SECTION CX</b> 2 → <b>CH14 COLUMN 2/ SECTION CX</b> 3	1 → <b>SECTION CX</b> 2 → <b>SECTION CX</b> 3
<b>CH18a.</b> At the time that [RESPONDENT'S NAME] gave birth to [...], was [RESPONDENT'S NAME] in labor for more than one day and night?	DON'T KNOW ..... 8 Yes ..... 1 No ..... 3	DON'T KNOW ..... 8 Yes ..... 1 No ..... 3
<b>CH19.</b> Where did you give birth to [...]?	09. Own house ..... 09 10. Family Members House ..... 10 01. Public hospital ..... 01 02. Private hospital ..... 02 03. Delivery Hospital ..... 03 04. Community health center ..... 04 05. Village Delivery Pos ..... 05 06. Clinic/office of physician ..... 06 07. Clinic/office of midwife ..... 07 08. Office/house of trad. Midwife ..... 08 95. Other ..... 95	09. Own house ..... 09 10. Family Members House ..... 10 01. Public hospital ..... 01 02. Private hospital ..... 02 03. Delivery Hospital ..... 03 04. Community health center ..... 04 05. Village Delivery Pos ..... 05 06. Clinic/office of physician ..... 06 07. Clinic/office of midwife ..... 07 08. Office/house of trad. Midwife ..... 08 95. Other ..... 95



**SECTION CX (CONTRACEPTIVE USE)**

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

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

<p><b>CX20.</b> Does [RESPONDENT'S NAME] or her husband now use a device/method to postpone or prevent a pregnancy?</p>	<p>DON'T KNOW ..... 8 → SECTION BA                  No ..... 3 → SECTION BA                  Yes ..... 1</p>
<p><b>CX21.</b> Which birth control device/method does [RESPONDENT'S NAME] or her husband use now?</p>	<p>Rhythm/calendar .....11                  Coitus interruptus .....12                  Traditional Herbs .....13                  Traditional massage .....14                  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                  DON'T KNOW .....98                  Other.....95</p> <p style="text-align: right;">→ SECTION BA</p>

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

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

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

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

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

	[RESPONDENT'S NAME]'s Father	[RESPONDENT'S NAME]'s Mother
<b>BA06e.</b> Did [RESPONDENT'S NAME]'s died of a [...]	Heart attack.....01 Stroke.....02 Cancer .....03 Other illness .....04 Old age .....05 Other cause of death .....06 DON'T KNOW .....98	Heart attack.....01 Stroke.....02 Cancer .....03 Other illness .....04 Old age .....05 Other cause of death .....06 DON'T KNOW .....98
<b>BA06d</b> When did [RESPONDENT'S NAME]'s die?	____ / ____ ..... 1 Month / Year DON'T KNOW .....8	____ / ____ ..... 1 Month / Year DON'T KNOW .....8
<b>BA07.</b> How old is [RESPONDENT'S NAME]'s now/at time of death?	____ year ..... 1 DON'T KNOW .....8	____ year ..... 1 DON'T KNOW .....8
<b>BA07a.</b> Has [RESPONDENT'S NAME]'s been attending school?	Tidak ..... 3 → BA11 TIDAK TAHU..... 8 → BA11 Ya ..... 1	Tidak ..... 3 → BA11 TIDAK TAHU..... 8 → BA11 Ya ..... 1
<b>BA08.</b> What is the highest level of education of [RESPONDENT'S NAME]'s?	____	____
<b>BA09.</b> What is the highest class that [RESPONDENT'S NAME]'s finis	00 01 02 03 04 05 06 07 98	00 01 02 03 04 05 06 07 98
<b>BA11.</b> What is/was [RESPONDENT'S NAME]'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
<b>BA12.</b> Apakah status pekerjaan [...] dari [NAMA RESPONDEN] sekarang/sebelum meninggal?	____	____
<b>BA13a.</b> What was [...] primary duties (now/one year before he died)?	_____ _____ _____ → BA14a	_____ _____ _____ → BA14a

<p><b>KODE BA08:</b></p> <p>02. Elementary 03. Junior High School - General 04. Junior High School - Vocational 05. Senior High School - General 06. Senior High School - Vocational</p> <p>60. College (D1, D2, D3) 61. University (Bachelor) 62. University (Master) 63. University (Ph.D.) 11. Adult Education A</p> <p>12. Adult Education B 13. Open University 14. Islamic School (Pesantren) 15. Adult Education C 17. School for Disabled</p> <p>72. Islamic Elementary (<i>Madrasah Ibtidaiyah</i>) 73. Islamic Junior High (<i>Madrasah Tsanawiyah</i>) 74. Islamic Senior High (<i>Madrasah Aliyah</i>) 98. DON'T KNOW 95. Other</p>	<p><b>KODE BA09:</b></p> <p>00. Did not complete 1<sup>st</sup> grade at this level 01. 1 02. 2 03. 3 04. 4</p> <p>05. 5 06. 6 07. Graduated 98. DON'T KNOW</p>	<p><b>KODE BA12:</b></p> <p>01. Selfemployed 02. Berusaha sendiri dengan bantuan pekerja keluarga tidak dibayar/ karyawan tidak tetap 03. Berusaha sendiri dengan bantuan karyawan 04. Buruh/karyawan pemerintah 05. Buruh/karyawan Swasta 06. Pekerja keluarga tidak dibayar 07. Pekerja bebas di pertanian 08. Pekerja bebas di non-pertanian 98. TIDAK TAHU</p>
---	---	--

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

	[RESPONDENT'S NAME]'s Father	[RESPONDENT'S NAME]'s Mother
<b>BA14a.</b> How is the health status of [RESPONDENT'S NAME]'s father/mother now/before his/her death?	Very healthy ..... 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Very unhealthy ..... 4 DON'T KNOW ..... 8	Very healthy ..... 1 Somewhat healthy..... 2 Somewhat unhealthy..... 3 Very unhealthy ..... 4 DON'T KNOW ..... 8
<b>BA14b.</b> Now/before death does/did [RESPONDENT'S NAME]'s 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

<b>BA10. INTERVIEWER CHECK</b> BA04, BA05, BA06a, BA06aa:	[RESPONDENT'S NAME]'s Father	[RESPONDENT'S NAME]'s Mother
a. BA04 AND BA05: IS [RESPONDENT'S NAME]'s FATHER/MOTHER STILL ALIVE?	1. YES                      3. NO	1. YES                      3. NO
b. BA04, BA06a, AND BA06aa: DOES [RESPONDENT'S NAME]'s 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 [RESPONDENT'S NAME]'s FATHER/MOTHER DIE LESS THAN 12 MONTH AGO?	1. YES                      3. NO	1. YES                      3. NO
d. TOTAL (ADD CODE '1' CIRCLED)	TOTAL [   ]	TOTAL [   ]
<b>BA10a. INTERVIEWER CHECK BA10:</b>	<b>TOTAL IN BA10d FOR MOTHER</b>	
	0	1                      2
<b>TOTAL BA10.d FOR FATHER</b>	00 → BA28 10 → BA19-22 FATHER ONLY 20 → BA28	01 →BA19-22 MOTHER ONLY 11 → BA18 21 → BA19-22 MOTHER ONLY 02 → BA28 12 →BA19-22 FATHER ONLY 22→ BA28
<b>BA18.</b> Do [RESPONDENT'S NAME]'s parents still live together now/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**

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

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

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

	<b>[RESPONDENT'S NAME]'s FATHER</b>	<b>[RESPONDENT'S NAME]'s MOTHER</b>
<b>BA14c.</b> Where does [...] live now/before his death?	In this household..... 00 In the same village..... 01 In the same subdistrict..... 02 In the same district..... 03 In the same province..... 04 DON'T KNOW..... 98 In another province, specify ..... 05 In another country..... 06	In this household.....00 In the same village.....01 In the same subdistrict.....02 In the same district.....03 In the same province.....04 DON'T KNOW.....98 In another province, specify .....05 In another country.....06
<b>BA15.</b> With whom does/did [...] live now/before his/her death? <b>(CIRCLE ALL THAT APPLY)</b> <b>ANSWER OF "BY HIM/HERSELF" CANNOT BE COMBINED WITH OTHER ANSWERS</b>	By him/herself ..... A Wife/husband..... B Daughter..... C Son ..... D Daughter-in-law/son-in-law ..... E Sister..... F Brother ..... G Brother/sister-in-law ..... I Grandchild ..... J Grandparent..... K Aunt/uncle..... L Niece/nephew ..... M Cousin..... N Bukan keluarga ..... 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 Bukan keluarga ..... O Parents..... R Parents in law ..... S Step/foster/adopted kid ..... T Other..... V
<b>BA15a.</b> <b>INTERVIEWER CHECK BA15. IF C OR D IS CIRCLED ASK:</b> What is the name of the son/daughter that [...] lives with now/before his/her death? <b>IF C OR D IS NOT CIRCLED, WRITE W</b>	<hr/> <p style="text-align: center;">→ BA14C MOTHER COLUMN</p>	<hr/> <p style="text-align: center;">→ BA28</p>

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

<p><b>BA28.</b> Does [RESPONDENT'S NAME] have biological or non-biological siblings who do not live in this household (including those who have died during the past 12 months, but were non-householders at the time of their deaths)?</p>	<p>DON'T KNOW ..... 8 → <b>BA58b</b>                  No ..... 3 → <b>BA58b</b>                  Yes ..... 1</p>
<p><b>BA29.</b> a. How many siblings do not live in the house are still alive?                  b. How many siblings died during the past 12 months and were non-householders at the time of their deaths?</p>	<p>a. ....  _ _                   b. ....  _ _ </p>
<p><b>BA29x. INTERVIEWER CHECK:</b></p>	<p><b>IF BA29.a and BA29.b = 0</b> ..... 3 → <b>BA58b</b>  <b>IF BA29.a and BA29.b &gt; 0</b> ..... 1</p>
<p><b>BA54.</b> During the past 12 months, did [RESPONDENT'S NAME] (or his/her spouse) ever <b>provide</b> help to siblings who do not live in the HH (including those who died within the last 12 months) in the form of money, goods or service?</p>	<p>DON'T KNOW ..... 8 → <b>BA56</b>                  UNWILLING TO ANSWER..... 7 → <b>BA56</b>                  No ..... 3 → <b>BA56</b>                  Yes ..... 1</p>
<p><b>BA55.</b> What type of help did [RESPONDENT'S NAME] (or his/her spouse) provide to the siblings during the past 12 months and how much?  <b>(ANSWER MAY BE MORE THAN ONE)</b>                  A. Money, loan, tuition, health care costs (including treatment).....                  D. Value of food stuff or other goods.....                  G. Doing household chores, or providing child care or assisting during physical recovery .....                  H. Helping family business .....                  V. Other.....</p>	<p><b>(ANSWER MAY BE MORE THAN ONE)</b>                  A.  _ _ _ ,  _ _ _ ,  _ _ _  Rp.                  D.  _ _ _ ,  _ _ _ ,  _ _ _  Rp..                  G.  _ _  03. Days 05. Months                  H.  _ _  03. Days 05. Months                  V.  _ _ _ ,  _ _ _ ,  _ _ _  Rp..</p>
<p><b>BA56.</b> During the past 12 months/12 months before death, did [RESPONDENT'S NAME] (or his/her spouse) ever <b>receive</b> help from siblings who do not live in the HH (including those who died in the last 12 months but non household member when she/he died) in the form of money, goods or service?</p>	<p>DON'T KNOW ..... 7 → <b>BA58b</b>                  UNWILLING TO ANSWER..... 7 → <b>BA58b</b>                  No..... 3 → <b>BA58b</b>                  Yes ..... 1</p>
<p><b>BA57.</b> What type of help [RESPONDENT'S NAME] (or his/her spouse) receive from the siblings during the past 12 months and how much?  <b>(ANSWER MAY BE MORE THAN ONE)</b>                  A. Money, loan, tuition, health care costs (including treatment).....                  D. Value of food stuff or other goods.....                  G. Doing household chores, or providing child care or assisting during physical recovery .....                  H. Helping family business .....                  V. Other.....</p>	<p><b>(ANSWER MAY BE MORE THAN ONE)</b>                  A.  _ _ _ ,  _ _ _ ,  _ _ _  Rp.                  D.  _ _ _ ,  _ _ _ ,  _ _ _  Rp..                  G.  _ _  03. Days 05. Months                  H.  _ _  03. Days 05. Months                  V.  _ _ _ ,  _ _ _ ,  _ _ _  Rp..</p>

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

<p><b>BA58b. INTERVIEWER CHECK COV3 AND COV5:</b></p>	<p>FEMALE AND DOESN'T ANSWER BOOK IV..... 3 → BA61          FEMALE AND ANSWER BOOK IV ..... 2 → BA61          MALE ..... 1</p>
<p><b>BA59.</b> Does [RESPONDENT'S NAME]'s wife live in the household?</p>	<p>Not Yet Married ..... 5 → BA62a          No..... 3 → BA61          Yes ..... 1</p>
<p><b>BA60. INTERVIEWER'S NOTE (REFER TO KW03):</b></p>	<p><b>MARRIED ONLY ONCE</b> ..... 1 → BA62a  <b>MARRIED MORE THAN ONCE</b>..... 3 → BA62</p>
<p><b>BA61.</b> Does [RESPONDENT'S NAME] have children over 15 years old 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)          No..... 3          DON'T KNOW ..... 8</p>
<p><b>BA62.</b> Does [RESPONDENT'S NAME] have children over 15 years old 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>Yes ..... 1 → BA63b (BA FORM)          No..... 3          DON'T KNOW ..... 8</p>
<p><b>BA62a.</b> Does [RESPONDENT'S NAME] have adopted/step children over 15 years old who live outside the household, who are still alive or have died during the past 12 months?</p>	<p>DON'T KNOW ..... 8 → SECTION TF          No..... 3 → SECTION TF          Yes ..... 1 → BA63b (BA FORM)</p>

**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.
	(NAME)	When [...] twelve years old, was mother/father [RESPONDENT'S NAME] married?	When [...] was 12 years old, with whom she/he lived??	What is/was [...]’s primary activity now/before his/her death?	What is/was [...]’s work status now/before his/her death?	What is/was [...]’s type of work now/before his/her death?	<b>INTERVIEWER CHECK BA65 AND BA65a: [...] STILL ALIVE?</b>	How often does/did [RESPONDENT’S NAME] meet with [...] during the past year now/before his/her death?	How often does/did [RESPONDENT’S NAME] have contact with [...] by telephone during the past year now/before his/her death?	How often does/did [RESPONDENT’S NAME] have contact with [...] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA 8. DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	5 →BA87a 8 →BA87a 1 2 3 4	5 →BA87a 8 →BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8. DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	5 →BA87a 8 →BA87a 1 2 3 4	5 →BA87a 8 →BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8. DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	5 →BA87a 8 →BA87a 1 2 3 4	5 →BA87a 8 →BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8. DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95 .....	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	5 →BA87a 8 →BA87a 1 2 3 4	5 →BA87a 8 →BA87a 1 2 3 4	1 2 3 4 5 8
		1. Yes 3. No 6. NA 8. DK	1 2 3 4 8	02 03 04 05 06 07 98 →BA83a 01 95	_____ _____ _____	_____ _____ _____	1 → 3 → 5 ↓ 8 ↓	5 →BA87a 8 →BA87a 1 2 3 4	5 →BA87a 8 →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  
 8. DON'T KNOW

**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, BA84b:**  
 1. Never  
 2. At least once a year  
 3. At least once a month  
 4. At least once a week  
 5. Everyday  
 8. DON'T KNOW

## SECTION BA (NON-CORESIDENT CHILDREN)

(Note: Interviewers asked questions BX64-BX90 sequentially for one child before moving down a row to the next child listed in BX63b).

BA63a.	BA63b.  (NAME)	BA87a.  In the past 12 months, did [RESPONDENT'S NAME] provide assistance to [...] in the form of money, goods, or services?	BA88.  What type of assistance did [RESPONDENT'S NAME] provide to [...] and what is the value? <b>(CIRCLE AND FILL ALL THAT APPLY)</b>	BA89a.  In the past 12 months, did [RESPONDENT'S NAME] receive assistance from [...] in the form of money, goods, or services?	BA90.  What type of assistance did [RESPONDENT'S NAME] receive to [...] and what is the value? <b>(CIRCLE AND FILL ALL THAT APPLY)</b>
		8 →BA89a 7 →BA89a 3 →BA89a 1	A. <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"/> 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"/> Rp.	8 →BA63b NEXT ROW / SECTION TF 7 →BA63b NEXT ROW / SECTION TF 3 →BA63b NEXT ROW / SECTION TF 1	A. <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"/> 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"/> Rp.
		8 →BA89a 7 →BA89a 3 →BA89a 1	A. <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"/> 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"/> Rp.	8 →BA63b NEXT ROW / SECTION TF 7 →BA63b NEXT ROW / SECTION TF 3 →BA63b NEXT ROW / SECTION TF 1	A. <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"/> 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"/> Rp.
		8 →BA89a 7 →BA89a 3 →BA89a 1	A. <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"/> 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"/> Rp.	8 →BA63b NEXT ROW / SECTION TF 7 →BA63b NEXT ROW / SECTION TF 3 →BA63b NEXT ROW / SECTION TF 1	A. <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"/> 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"/> Rp.
		8 →BA89a 7 →BA89a 3 →BA89a 1	A. <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"/> 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"/> Rp.	8 →BA63b NEXT ROW / SECTION TF 7 →BA63b NEXT ROW / SECTION TF 3 →BA63b NEXT ROW / SECTION TF 1	A. <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"/> 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"/> Rp.
		8 →BA89a 7 →BA89a 3 →BA89a 1	A. <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"/> 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"/> Rp.	8 →BA63b SUPPLEMENT / SECTION TF 7 →BA63b SUPPLEMENT / SECTION TF 3 →BA63b SUPPLEMENT / SECTION TF 1	A. <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"/> 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"/> Rp.

**CODE BA87a AND BA89a:**  
 1. Yes  
 3. No  
 7. UNWILLING TO ANSWER  
 8. DON'T KNOW

**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)

### FORM BA CHILDREN

Now we would like to ask all of [RESPONDENT'S NAME]'s biological/non-biological children with aged 15+, who lived outside this household, include children died within the last 12 months and lived outside the household when died.

AR00.	BA63a.	BA63b.	BA63c.	BA64.	BA64b.	BA65.	BA65a.	BA66.	BA66a.	BA67.	BA68.	BA69.	BA70.
NO. OF HHM		NAME	Is [...] [RESPONDENT'S NAME]'s 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	___	1. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3↓ 1	___	___	___	_____ →BA63b ROW 2 / SECTION TF
___	02		1 2 3	___	1. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3↓ 1	___	___	___	_____ →BA63b ROW 3 / SECTION TF
___	03		1 2 3	___	1. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3↓ 1	___	___	___	_____ →BA63b ROW 4 / SECTION TF
___	04		1 2 3	___	1. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3↓ 1	___	___	___	_____ →BA63b ROW 5 / SECTION TF
___	05		1 2 3	___	1. ___/____ Month / Year 8. DON'T KNOW	1→BA66 8→BA66 3	1. ___/____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	3↓ 1	___	___	___	_____ →BA63b BA SUPLEMENT/SECTION TF

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

**CODE BA63c:**  
1. Biological Child  
2. Step Child  
3. Adopted Child

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

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

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

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

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

**CODE BA70:**  
000. In this household  
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

**SECTION CP (INTERVIEWER NOTES)**

Now we would like to know whether [RESPONDENT'S NAME] have provided/received help, in the form of money, goods or services to/from persons outside the household (other than parents, siblings children) during the past 12 months (except gifts, souvenirs, etc.)

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

**INTERVIEWER NOTE: IF TF01=3, ASK TF03-TF06 COLUMN A, B AND C.**

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
<b>TF02a.</b> Does [RESPONDENT'S NAME] have non-biological parents who live outside the household who are still alive or died within the last 12 months?		DON'T KNOW ..... 8 → TF 03 COLUMN B No ..... 3 → TF 03 COLUMN B Yes ..... 1	
<b>TF03a.</b> How often does/did [RESPONDENT'S NAME] meet with [...] within 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. DON'T KNOW	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. DON'T KNOW	
<b>TF03b.</b> How often does/did [RESPONDENT'S NAME] have contact with [...] by telephone within 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. DON'T KNOW	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. DON'T KNOW	
<b>TF03c.</b> How often does/did [RESPONDENT'S NAME] have contact with [...] by mail, sms, email/chatting within 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. DON'T KNOW  → 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 8. DON'T KNOW  → TF03 COLUMN A1	

**SECTION CP (INTERVIEWER NOTES)**

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
<b>TF03.</b> In the past 12 months, did [RESPONDENT'S NAME] <b>provide</b> assistance to [...] in the form of money, goods, or services?	DON'T KNOW ..... 8 → TF05 COLUMN A No ..... 3 → TF05 COLUMN A Yes ..... 1	DON'T KNOW ..... 8 → TF05 COLUMN A1 No ..... 3 → TF05 COLUMN A1 Yes ..... 1	DON'T KNOW ..... 8 → TF05 COLUMN B No ..... 3 → TF05 COLUMN B Yes ..... 1
<b>TF04.</b> In the past 12 months, what type of assistance did [RESPONDENT'S NAME] provide to [...] and what is the value?	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)
A. Money or loans .....	A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
B. Tuition.....	B. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	B. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	B. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
C. Health care costs.....	C. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	C. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	C. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
D. Food stuffs or other goods.....	D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
G. Chores, child care, care for sick family .....	G. [ ] [ ] 03. Days 05. Months	G. [ ] [ ] 03. Days 05. Months	G. [ ] [ ] 03. Days 05. Months
H. Help 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.
<b>TF05.</b> In the past 12 months, did [RESPONDENT'S NAME] <b>receive</b> assistance from [...] in the form of money, goods, or services?	DON'T KNOW ..... 8 → TF02a COLUMN A1 No ..... 3 → TF02a COLUMN A1 Yes ..... 1	DON'T KNOW ..... 8 → TF 03 COLUMN B No ..... 3 → TF 03 COLUMN B Yes ..... 1	DON'T KNOW ..... 8 No ..... 3 → SECTION CP Yes ..... 1
<b>TF06.</b> In the past 12 months, what type of assistance did [RESPONDENT'S NAME] receive from [...] and what is the value?	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)
A. Money or loans .....	A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	A. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
B. Tuition.....	B. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	B. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	B. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
C. Health care costs.....	C. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	C. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	C. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
D. Food stuffs or other goods.....	D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.	D. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp.
G. Chores, child care, care for sick family .....	G. [ ] [ ] 03. Days 05. Months	G. [ ] [ ] 03. Days 05. Months	G. [ ] [ ] 03. Days 05. Months
H. Help family business.....	H. [ ] [ ] 03. Days 05. Months	H. [ ] [ ] 03. Days 05. Months	H. [ ] [ ] 03. Days 05. Months
V. Other .....	V. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp. → TF02a COLUMN A1	V. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp. → TF 03 COLUMN B	V. [ ] [ ] [ ] . [ ] [ ] [ ] . [ ] [ ] [ ] Rp. → SECTION CP

**SECTION CP (INTERVIEWER NOTES)**

**EVALUATION FORM OF BOOK PROXY**

<p><b>CP1.</b> WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? <b>ANSWER MAY BE MORE THAN ONE.</b></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><b>CP2.</b> 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><b>CP3.</b> 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><b>CP4.</b> WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>CP5.</b> WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>CP6.</b> WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p>

**CATATAN:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_