

EDITOR: _____

CONFIDENTIAL

HHID : _____

INTERVIEWER: _____

INDONESIA FAMILY LIFE SURVEY EAST 2012

BOOK IV

SECTIONS: KW, BR, BF, CH, BX, CX, CP

Respondent is an married/once married woman aged 15-49

<p>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR:</p> <p style="text-align: right;">PID _____</p> <p>RESPONDENT NAME : _____</p>	<p>TO BE FILLED OUT BY INTERVIEWER FOR BOOK IV</p> <p>QUESTIONS FOR RESPONDENT:</p> <p>COV3. How old are you? [] [] years</p> <p>COV4. What is your marital status? Married.....2 Separated.....3 Divorced.....4 Widow.....5</p> <p>COV6. Date of birth..... [] [] / [] [] / [] [] [] [] DAY MONTH YEAR</p>
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- CODES FOR LANGUAGE**
- 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 _____

INTERVIEW	1	2	3
DATE:	[] [] / [] [] / [] [] DAY / MONTH / YEAR	[] [] / [] [] / [] [] DAY / MONTH / YEAR	[] [] / [] [] / [] [] DAY / MONTH / YEAR
TIME STARTED:	[] [] / [] [] HOUR MINUTE	[] [] / [] [] HOUR MINUTE	[] [] / [] [] HOUR MINUTE
TIME FINISHED:	[] [] / [] [] HOUR MINUTE	[] [] / [] [] HOUR MINUTE	[] [] / [] [] HOUR MINUTE

CK1. Interview was entirely/mostly conducted in what language?
 [] [] Other: _____

CK2. Other language used (if any):
 [] [] Other: _____

C1. RESULT OF INTERVIEW OF BOOK IV	C2. CODE REASON FOR ANSWER "2"/"3" 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: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a. Observed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b. Edited</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c. Verified</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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 KW (MARITAL HISTORY)

Now we would like to ask about your marital history.

KW03a. What is your marital status?	Cohabitation 2 Married formal (KUA or civil registration).... 3 Married, formal according to religious law 4 Married, formal according to adat law 5 Separated 6 Divorced 7 Widow/widower 8
KW02a. What is the name of your current/latest spouse?	_____
KW02g. INTERVIEWER VERIFY KW03a and AR00: 1. IF HUSBAND LIVES IN THE HOUSEHOLD, FILL IN AR00 (LINE # FROM ROSTER) 2. IF HUSBAND DIED/DOES NOT LIVE IN HOUSEHOLD, BUT REGISTERED IN ROSTER, FILL IN AR00. 3. HUSBAND IS NOT REGISTERED IN ROSTER	1. <input type="text"/> 2. <input type="text"/> 3. _____
KW02b. In the last 4 weeks, have you taken iron pills?	No 3 → KW02e Yes 1
KW02c. In the last 4 weeks, how many iron pills did you take?	<input type="text"/> 1 DON'T KNOW 8
KW02d. Where did you get these pills? CIRCLE ALL THAT APPLY	Posyandu A Health Center B Place of work C Midwife D Pharmacy F Private doctor G Hospital H Paramedic I Specialist J Other V
KW02e. Before you got married did you receive an injection of TT to keep your babies from getting tetanus or convulsions at birth?	Yes 1 No 3
KW02x. INTERVIEWER CHECK: KW03a=2 (COHABITATION)?	Ya 1 → KW02L Tidak 3
KW02i. What was the date of your current/most recent marriage?	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW → KW02n

KW02L. When did you start cohabitating with your spouse ?	1. <input type="text"/> / <input type="text"/> Month Year 8. DON'T KNOW
KW02m. What was the value of the assets you owned just prior to of your cohabitating with your spouse?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 DON'T KNOW 8
KW02n. What was the highest education level attended by your spouse of the [...] Cohabitation?	<input type="text"/>
KW02o. What was the highest grade completed by your spouse ?	00 01 02 03 04 05 06 07 96 98
KW02ox INTERVIEWER CHECK: KW03a=2 (COHABITATION)?	Ya 1 → KW03 Tidak 3
KW12a. What was the dowry for your current/most recent marriage? CIRCLE ALL THAT APPLY	NOTHING W → KW13a Sholat (praying) accessory A Money B Land C Building/House D Jewelry E Complete set of clothing G Food H Household Items I Religious book K Beauty items L Livestock M Other V
KW12b. What was the value of the dowry of your current/most recent marriage at the time of the marriage?	<input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 1 <input type="text"/> , <input type="text"/> , <input type="text"/> Other currency 2 DON'T KNOW 8

KODE KW02n:

01. None	12. Adult Education B
02. Elementary School	13. Open University
03. Junior High General	14. Islamic School (<i>Pesantren</i>)
04. Junior High Vocational	15. Adult Education C
05. Senior High General	17. School for disabled
06. Senior High Vocational	72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)
60. College (D1, D2, D3)	73. Islamic Junior High (<i>Madrasah Tsanawiyah</i>)
61. University (BA)	74. Islamic Senior High (Madrasah Aliyah)
62. University (MA)	90. Kindergarten
63. University (PhD)	98. DON'T KNOW
11. Adult Education A	95. Other

KODE KW02o:

00. Didn't complete 1 st grade at that level
01. 1
02. 2
03. 3
04. 4
05. 5
06. 6
07. Graduated
96. Unschooled
98. DON'T KNOW

SECTION KW (MARITAL HISTORY)

<p>KW13a. What did you receive as a gift, not a dowry, at the time of your current/most recent marriage, that was not consumed for the wedding party?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>NOTHINGW → KW14 Sholat (praying) accessoryA MoneyB Land..... C Building/House D Jewelry.....E Complete set of clothing..... G Food H Household ItemsI Religious bookK Beauty itemsL Livestock.....M Other.....V</p>
<p>KW13b. What was the value of the gift?</p>	<p>_____, _____, _____ Rp. 1 _____, _____, _____ Other currency 2 DON'T KNOW 8</p>
<p>KW14. What was the value of the assets you owned just prior to the wedding of your current/latest marriage?</p>	<p>_____, _____, _____ Rp. 1 DON'T KNOW 8</p>
<p>KW14a. Right after the wedding ceremony of your current/latest marriage, did you move?</p>	<p>NO, lived at the same place.....3 → KW14c YES, moved within the same village/town2 → KW14c YES, moved to another village/town.....1</p>
<p>KW14b. What is the [...] name at the place you moved at that time?</p>	<p>A. Vill: 1. _____ 3. Same as current residence 8. DON'T KNOW B. Kec: 1. _____ 3. Same as current residence 8. DON'T KNOW C. Kab: 1. _____ 3. Same as current residence 8. DON'T KNOW D. Prov: 1. _____ 3. Same as current residence 8. DON'T KNOW</p>
<p>KW14c. How long did you reside at your first residence after the wedding?</p>	<p>01. _____ 04. Weeks 05. Months 06. Years 96. Still live there 98. DON'T KOW</p>

<p>KW14d. At the time you married your current/latest husband, did your husband change residence?</p>	<p>Yes1 No3</p>
<p>KW14d1. Because of <i>adat</i> and the high cost of wedding, many couples choose to live together before the wedding. Did you and your current/latest partner live together before the wedding?</p>	<p>No3 → KW14e Yes1</p>
<p>KW14d2. How long did you live together before the wedding?</p>	<p>01. _____ 04. Weeks 05. Monts 06. Years 98. DON'T KNOW</p>
<p>KW14e. Did you and your current/latest husband start to live together right after the wedding?</p>	<p>Yes1 → KW14g No3</p>
<p>KW14f. How long after the wedding took place did you start to live together with your husband?</p>	<p>96. Not yet living together → KW04 01. _____ 04. Weeks 05. Months 06. Years 98. DON'T KNOW</p>
<p>KW14g. At the time you lived together with your current/latest husband for the first time, who else lived in the house?</p> <p>CIRCLE ALL THAT APPLY.</p> <p>IN THIS CASE THE WEDDING LOCATION IS NOT REGARDED AS A JOINT RESIDENCE (REFER TO ANSWER KW14e = 1 (YES)) AND RESIDENCE REGISTERED IN KW14b.</p>	<p>Nobody Else W Own Parents B Parents-In-Law..... C Biological Brother D Biological Sister E Brother-In-Law F Sister-In-Law G Other Family Members H Not Family-Related I Biological/step/adopted Child.....J</p>
<p>KW04. Who chose your husband (from your first marriage) ?</p>	<p>Parents.....01 Self.....03 Family.....04 Other:95</p>
<p>KW03. How many times have you been married ?</p>	<p>____ Times</p>

SECTION KW (MARITAL HISTORY)

Now I would like to ask you about all of your first marriage.

KW09. Name of husband : (First marriage)	_____
KW10. What (month/year) did you get married?	1. <input type="text"/> / <input type="text"/> → KW11a Month Year 8. DON'T KNOW
KW11. How old were you when your [...] marriage started?	<input type="text"/> Years
KW11a. Because of adat and the high cost of wedding, many couples choose to live together before the wedding. Did you and your current/latest partner cohabitating before the wedding?	1 Yes 3 No
KW11b. What was I status of your marriage	2 3 4 5 → KW20 6 7 8
KW18. When (month/year) did the marriage end/separation begin?	1. <input type="text"/> / <input type="text"/> → KW20 Month Year 8. DON'T KNOW
KW19. How old were you when the [...] marriage ended/separation began?	<input type="text"/> Years
KW20. What was the highest education level attended by your husband/wife of the [...] marriage?	<input type="text"/>
KW21. What was the highest grade completed by your husband/wife of the [...] marriage?	00 01 02 03 04 05 06 07 96 98

KODE KW11b	KODE KW20	KODE KW21:
2. Cohabitation	01. None	00. Didn't complete 1 st grade at that level
3. Married formal (KUA or civil registration)	02. Elementary School	01. 1
4. Married, formal according to religious law	03. Junior High General	02. 2 06. 6
5. Married, formal according to adat law	04. Junior High Vocational	03. 3 07. Graduated
6. Separated	05. Senior High General	04. 4 96. Unschoolled
7. Divorced	06. Senior High Vocational	05. 5 98. DON'T KNOW
8. Widow/widower	60. College (D1, D2, D3)	
	61. University (BA)	
	62. University (MA)	
	63. University (PhD)	
	64. Adult Education A	
	12. Adult Education B	
	13. Open University	
	14. Islamic School (<i>Pesantren</i>)	
	15. Adult Education C	95. Other
	17. School for disabled	
	72. Islamic Elementary School (<i>Madrasah Ibtidaiyah</i>)	
	73. Islamic Junior High (<i>Madrasah Tsanawiyah</i>)	
	74. Islamic Senior High (Madrasah Aliyah)	
	90. Kindergarten	
	98. DON'T KNOW	

SECTION KW (MARITAL HISTORY)

KW23a. If you could choose exactly the number of children to have in your whole life, how many would that be?	<input type="text"/> Children01 Up to God.....95
KW23b. How old were you on your first menstruation?	Never menstruated96 →KW24a <input type="text"/> Years.....01
KW23c. INTERVIEWER'S CHECK COV3:	RESPONDENT'S AGE <35 1 →KW24a RESPONDENT'S AGE ≥ 35 3
KW23d. Do you now still have menstruation?	Yes1 →KW24a No, because another reason (medication, contraception method, etc.)2 →KW24a No (stop at all).....3
KW23e. How old were you when you stopped having menstruation?	<input type="text"/> Years → SECTION BR

KW24a. Are you and your wife physically able to conceive a child (again) without medical help?	Yes 1 No 3
KW24b. Have you and your wife ever sought medical attention to help you conceive?	Yes 1 No 3
KW25. Do you personally wish to have another child (besides the children you already have)?	No 3 →SECTION BR Yes 1
KW26. How many (more) children do you wish to have?	<input type="text"/> Children 01 Up to God..... 95
KW27. Among the children that you (still) wish to have, how many sons and daughters do you wish to have?	01. a. <input type="text"/> Sons b. <input type="text"/> Daughters 95. Up to God

SECTION BR (PREGNANCY SUMMARY)

Now I would like to ask you about all of your pregnancies.

BR01. Now I would like to ask you about all children that you have so far. Have you ever given birth?	No..... 3 → BR08 Yes 1
BR02. Do you have biological sons or daughters who are now living with you?	No..... 3 → BR05 Yes 1
BR03. How many biological sons are now living with you?	<input type="text"/> Males
BR04. How many biological daughters are now living with you?	<input type="text"/> Females
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).	
BR05. Do you have biological sons or daughters, who are still alive, but do not live with you?	No..... 3 → BR08 Yes 1
BR06. How many biological sons are still alive, but do not live with you?	<input type="text"/> Males
BR07. How many biological daughters are still alive, but do not live with you?	<input type="text"/> Females
BR08. Have you ever given live birth to a son or daughter, even one who lived only for a short a while?	No..... 3 → BR11 Yes 1

BR09. How many sons were born alive but passed away later?	<input type="text"/> Males
BR10. How many daughters were born alive but passed away later?	<input type="text"/> Females
BR11. Have you ever had a pregnancy that resulted in a stillbirth?	No 3 → BR13 Yes 1
BR12. How many stillbirths have you had?	<input type="text"/>
BR13. (Besides that) have you had any miscarriages?	No 3 → BR15 Yes 1
BR14. How many miscarriages have you had?	<input type="text"/>
BR15. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, you have had <input type="text"/> livebirths, is it correct ?	<input type="text"/> No 3 → REVISE BR01-BR10 Yes 1
BR16. INTERVIEWER GUIDELINE: ADD THE NUMBERS (BR12 AND BR14) AND ENTER AMOUNT HERE: Again, to confirm your answers, you have had <input type="text"/> stillbirths and miscarriages, is it correct?	<input type="text"/> No 3 → REVISE BR12 and BR14 Yes 1

SECTION BF

We want to ask you about your knowledge on breastfeeding

BF09 Until what age do you think a newborn should be breastfed exclusively?	<input type="text"/> 03. DAYS <input type="text"/> 04. WEEKS <input type="text"/> 05. MONTHS
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SECTION CH (PREGNANCY HISTORY)

CH01b. INSTRUCTION: TRANSFER INFORMATION FROM SECTION BR: a. NUMBER OF LIVE BIRTHS (BR15) b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)	
a. NUMBER OF LIVE BIRTHS (BR15)	_ _ _
b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)	_ _ _
c. Are you currently pregnant?	_
	Yes 1 → (ENTER "1") No 3 → (ENTER "0")
CH02b. TOTAL OF PREGNANCIES (a+b+c)	_ _ _ IF > 0 → CH03 IF = 0 → CH42b

SECTION CH (PREGNANCY HISTORY)

LIST ALL PREGNANCIES. FILL OUT ACCORDING TO EACH PREGNANCY'S OUTCOME. COMPLETE ALL COLUMNS IN CH05-CH17 BEFORE MOVING TO CH11. STARED FROM FIRST PREGNANCY AND CONTINUING. IF THE NUMBER OF PREGNANCY MORE THAN 4, USE SUPLEMENT.

CH03. TOTAL OF COLUMNS TO BE FILLED OUT FROM CH02b :

CH05. Chronological order of pregnancy's outcome	[01]	[02]	[03]	[04]
CH06. Classification of pregnancy's outcome	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2	Is pregnant..... 1 → CH17 Still birth..... 3 → CH09 Miscarriage..... 4 → CH09 Live birth..... 2
CH06a. Did pregnancy end in multiple birth?	Yes..... 1 No..... 3	Yes..... 1 No..... 3	Yes..... 1 No..... 3	Yes..... 1 No..... 3
CH07. Name of child: _____ FILL 51 IF CHILD'S NAME ISN'T ON THE LIST FILL 52 IF CHILD HAS DIED.	_____ AR.00 <input type="text"/>			
CH08. Is [...] a male or female?	Male..... 1 Female..... 3	Male..... 1 Female..... 3	Male..... 1 Female..... 3	Male..... 1 Female..... 3
CH09. What date was [...] born/you had a miscarriage? (DAY/MON/YR)	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY/ MONTH/ YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY/ MONTH/ YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY/ MONTH/ YEAR 8. DON'T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> →CH17 DAY/ MONTH/ YEAR 8. DON'T KNOW
CH10a. How old were you when [...] was born/you had a miscarriage?	<input type="text"/> Years	<input type="text"/> Years	<input type="text"/> Years	<input type="text"/> Years
CH10b. USE AGE TO ESTIMATE CHILD'S YEAR OF BIRTH. (BIRTH YEAR OF MOTHER PLUS AGE AT CHILD'S BIRTH)	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>	Year <input type="text"/>
CH17. How far was/is the pregnancy when [...] was born/you had the miscarriage/now?	<input type="text"/> Month..... 05 Weeks..... 04 →CH06 COLUMN 2 / CH11	<input type="text"/> Month.....05 Weeks.....04 →CH06 COLUMN 3 / CH11	<input type="text"/> Month..... 05 Weeks..... 04 →CH06 COLUMN 4 / CH11	<input type="text"/> Month.....05 Weeks.....04 →CH06 SUPPLEMENT / CH11

CH11. CHECK THE NUMBER OF COLUMNS FILLED OUT AGAINST CH03.

INCONSISTENT..... 3 → CHECK AGAIN, UNTIL THE NUMBER OF COLUMNS = CH03
CONSISTENT..... 1

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH12. INTERVIEWER CHECK: CH09/CH10b 3. PREGNANCY ENDED AFTER 2006 1. PREGNANCY ENDED BEFORE 2007	3 → CH14a 1	3 → CH14a 1	3 → CH14a 1	3 → CH14a 1
CH13. INTERVIEWER'S NOTE: 3. CH06 = 1, 3, 4 1. CH06 = 2 (LIVE BIRTH)	3 → CH12 KOLOM 2 /CH42b 1 → CH25	3 → CH12 KOLOM 3 /CH42b 1 → CH25	3 → CH12 KOLOM 4 /CH42b 1 → CH25	3 → CH12 SUPPLEMENT /CH42b 1 → CH25
CH14a. During the pregnancy, what if any complications you experienced?	Swelling of the feet or leg.....A Difficulty of vision during day.....B Difficulty of vision during night.....C Vaginal bleedingD Fever.....E Convulsion and fainting.....F Labor before 9 monthsG NO COMPLICATIONSW	Swelling of the feet or legA Difficulty of vision during dayB Difficulty of vision during nightC Vaginal bleedingD FeverE Convulsion and faintingF Labor before 9 monthsG NO COMPLICATIONSW	Swelling of the feet or leg..... A Difficulty of vision during day B Difficulty of vision during night C Vaginal bleeding D Fever..... E Convulsion and fainting..... F Labor before 9 months..... G NO COMPLICATIONS W	Swelling of the feet or leg A Difficulty of vision during day B Difficulty of vision during night C Vaginal bleeding..... D Fever E Convulsion and fainting F Labor before 9 months G NO COMPLICATIONS W
CH14. During the pregnancy have/did you ever have a pregnancy check-up?	No 3 → CH18 Yes 1	No 3 → CH18 Yes 1	No 3 → CH18 Yes 1	No 3 → CH18 Yes 1
CH15. Where do/did you go for pregnancy check-ups? (CIRCLE ALL THAT APPLY)				
A. Public hospital	A	A	A	A
B. Private hospital	B	B	B	B
K. Maternity hospital.....	K	K	K	K
C. Community health center (Puskesmas)	C	C	C	C
D. Village Delivery Post (POLINDES)	D	D	D	D
E. Clinic/office of physician	E	E	E	E
F. Clinic/office of midwife	F	F	F	F
G. Office of traditional midwife.....	G	G	G	G
I. Posyandu.....	I	I	I	I
J. Specialist	J	J	J	J
V. Other.....	V	V	V	V

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH16a. During the first 3 months of your pregnancy, how many visits did you make for prenatal care?	1. <input type="text"/> Visits			
CH16b. During the second 3 months of your pregnancy, months 4 to 6, how many visits did you make for prenatal care?	1. <input type="text"/> Visits 6. Not yet in 2nd trimester	1. <input type="text"/> Visits 6. Not yet in 2nd trimester	1. <input type="text"/> Visits 6. Not yet in 2nd trimester	1. <input type="text"/> Visits 6. Not yet in 2nd trimester
CH16c. During the third 3 months of your pregnancy, months 7 to 9, how many visits did you make for prenatal care?	1. <input type="text"/> Visits 6. Not yet in 3rd trimester	1. <input type="text"/> Visits 6. Not yet in 3rd trimester	1. <input type="text"/> Visits 6. Not yet in 3rd trimester	1. <input type="text"/> Visits 6. Not yet in 3rd trimester
CH16d. At any time during your pregnancy, did you receive the following services?	1. Yes 3. No 8. DON'T KNOW			
a. Weight.....	a. 1. 3. 8.			
b. Height.....	b. 1. 3. 8.			
c. Blood pressure.....	c. 1. 3. 8.			
d. Blood test for hemoglobin.....	d. 1. 3. 8.			
e. Measure of height of fetus.....	e. 1. 3. 8.			
f. Listen to fetal heartbeat.....	f. 1. 3. 8.			
g. Internal Exam.....	g. 1. 3. 8.			
h. Measurement of hips.....	h. 1. 3. 8.			
CH16e. At any time in your pregnancy did you receive an injection of TT to keep the baby from getting tetanus or convulsions at birth?	Yes 1 No 3 DON'T KNOW 8	Yes 1 No 3 DON'T KNOW 8	Yes 1 No 3 DON'T KNOW 8	Yes 1 No 3 DON'T KNOW 8
CH16f. At any time during your pregnancy did you take iron pills?	No 3 → CH18 Yes 1 DON'T KNOW 8	No 3 → CH18 Yes 1 DON'T KNOW 8	No 3 → CH18 Yes 1 DON'T KNOW 8	No 3 → CH18 Yes 1 DON'T KNOW 8
CH16g. How many iron pills did you take during your pregnancy?	1. <input type="text"/> pills 8. DON'T KNOW			
CH18. INTERVIEWER NOTE : 1.CH06 = 1 (STILL PREGNANT) 3.CH06 = 2 OR 3 (BORN BORN ALIVE OR DEAD) 2.CH06 = 4 (MISCARRIAGE)	1. → CH12 COLUMN 2 / CH42b 3. → CH18a 2.	1. → CH12 COLUMN 3 / CH42b 3. → CH18a 2.	1. → CH12 COLUMN 4 / CH42b 3. → CH18a 2.	1. → CH12 SUPPLEMENT / CH42b 3. → CH18a 2.
CH18aa. What were the reasons of your miscarriage?	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 COLUMN 2 / CH42b	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 COLUMN 3 / CH42b	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 COLUMN 4 / CH42b	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other CH12 SUPPLEMENT / CH42b
CH18a. At the time that you gave birth to [...], were you in labor for more than one day and night?	Yes 1 No 3 DON'T KNOW 8	Yes 1 No 3 DON'T KNOW 8	Yes 1 No 3 DON'T KNOW 8	Yes 1 No 3 DON'T KNOW 8

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH18b. At the time that you gave birth to [...] were you experiencing above normal bleeding?	Yes 1 No 3			
CH18c. At the time that you gave birth to [...] were you experiencing high fever?	Yes 1 No 3			
CH19. Where did you give birth to [...]?				
09. Own house.....	09 → CH20	09 → CH20	09 → CH20	09 → CH20
10. Family Members House	10 → CH20	10 → CH20	10 → CH20	10 → CH20
01. Public hospital	01	01	01	01
02. Private hospital	02	02	02	02
03. Delivery Hospital	03	03	03	03
04. Community health center	04	04	04	04
05. Village Delivery Post	05	05	05	05
06. Clinic/office of physician	06	06	06	06
07. Clinic/office of midwife.....	07	07	07	07
08. Office/house of trad. midwife.....	08	08	08	08
95. Other.....	95	95	95	95

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH20g. How much did you spend on care during the delivery?	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW	1. <input type="text"/> , <input type="text"/> , <input type="text"/> Rp. 8. DON'T KNOW
CH20h. In the first 40 days after the baby was born, did you receive any follow-up care from the person who delivered the baby?	Yes1 No.....3	Yes1 No.....3	Yes1 No.....3	Yes1 No3
CH21. INTERVIEWER'S NOTE: 3. CH06 = 3 (STILL BIRTH)..... 1. CH06 = 2 (LIVE BIRTH).....	3 → CH12 COLUMN 2 /CH42b 1	3 → CH12 COLUMN 3 /CH42b 1	3 → CH12 COLUMN 4 /CH42b 1	3 → CH12 SUPPLEMENT/CH42b 1
CH22. In your opinion, compared with other infants, was [...] bigger, smaller or similar in size?	Much bigger 01 Bigger 02 Similar 03 Smaller 04 Much smaller 05 DON'T KNOW 98	Much bigger 01 Bigger 02 Similar 03 Smaller 04 Much smaller 05 DON'T KNOW 98	Much bigger 01 Bigger 02 Similar 03 Smaller 04 Much smaller 05 DON'T KNOW 98	Much bigger 01 Bigger 02 Similar 03 Smaller 04 Much smaller 05 DON'T KNOW 98
CH23. Was [...] weighed right after birth?	No 3 → CH24a Yes 1	No3 → CH24a Yes1	No3 → CH24a Yes1	No 3 → CH24a Yes 1
CH24. To be exact, how many kilograms was [...]’s birth weight?	<input type="text"/> . <input type="text"/> Kg			
CH24a. Did you ever breastfeed [...] even for a short period?	No3 → CH25 Yes1	No3 → CH25 Yes1	No3 → CH25 Yes1	No 3 → CH25 Yes 1
CH24c. How old was [...] when he/she was first fed water (plain, sugared, honey, ice water, tea)?	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH24d. What age was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breast milk?	01. <input type="text"/> <input type="text"/> <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> <input type="text"/> <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> <input type="text"/> <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> <input type="text"/> <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed
CH24e. For how many months did you breastfeed [...]?	96. Still Breastfeeding → CH25 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding	96. Still Breastfeeding → CH25 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding	96. Still Breastfeeding → CH25 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding	96. Still Breastfeeding → CH25 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding
CH24f. Why did you stop breastfeeding [...]? CIRCLE ALL THAT APPLY				
A. Mother sick/weak.....	A	A	A	A
B. Sore nipples.....	B	B	B	B
C. Work.....	C	C	C	C
D. Inconvenience.....	D	D	D	D
E. Take contraceptive pills.....	E	E	E	E
F. Want to get pregnant.....	F	F	F	F
G. Was pregnant again.....	G	G	G	G
H. Insufficient breast milk.....	H	H	H	H
I. Child's death.....	I	I	I	I
J. Child's sickness.....	J	J	J	J
K. Child in incubator.....	K	K	K	K
L. Child did not develop.....	L	L	L	L
M. Child did not want.....	M	M	M	M
N. Child lived separately.....	N	N	N	N
O. Dr/nurse's recommendations.....	O	O	O	O
P. Husband's objections.....	P	P	P	P
Q. Child's inability to suck.....	Q	Q	Q	Q
R. Child was big enough.....	R	R	R	R
V. Other.....	V	V	V	V
CH25. Is [...] still alive?	Yes 1 → CH27 No 3			

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH26. How old was [...] when he/she died?	<p style="text-align: center;">_ _ _</p> Days 03 weeks..... 04 Months..... 05 Years 06	<p style="text-align: center;">_ _ _</p> Days 03 weeks..... 04 Months..... 05 Years 06	<p style="text-align: center;">_ _ _</p> Days 03 weeks..... 04 Months..... 05 Years..... 06	<p style="text-align: center;">_ _ _</p> Days 03 weeks..... 04 Months..... 05 Years..... 06
CH27. INTERVIEWER CHECK: IS [...] LISTED IN THE HH ROSTER?				
1. CHILD LIVES IN HH, WRITE LIST NO. FROM AR00	1 _ _ _	1 _ _ _	1 _ _ _	1 _ _ _
2. CHILD DIED/NOT LIVES IN HH BUT IS LISTED IN HH ROSTER, WRITE LIST NO. FROM AR00	2 _ _ _	2 _ _ _	2 _ _ _	2 _ _ _
3. CHILD IS NOT LISTED IN HH ROSTER	3	3	3	3
CH27b. INTERVIEWER CHECK CH25 AND CH27:				
1. ALIVE, IN HH (CH27=1)	1 → CH12 COLUMN 2 / CH42b	1 → CH12 COLUMN 3 / CH42b	1 → CH12 COLUMN 4 / CH42b	1 → CH12 SUPPLEMENT / CH42b
3. ALIVE NOT IN HH (CH27=2 OR 3 AND CH25=1)	3	3	3	3
5. DEAD (CH25=3)	5	5	5	5
CH28a. Is/was [...] now/at the time [...] died 15 years old or older?	No 3→CH12 COLUMN 2 / CH42b Yes 1	No 3→CH12 COLUMN 3 / CH42b Yes 1	No 3→CH12 COLUMN 4 / CH42b Yes 1	No 3→CH12 SUPPLEMENT / CH42b Yes 1
CH28b. INTERVIEWER CHECK CH25 STILL ALIVE?	Yes 1 → CH30a No 3	Yes 1 → CH30a No 3	Yes 1 → CH30a No 3	Yes 1 → CH30a No 3
CH29a. Did [...] die within the last 12 months?	No 3→CH12 COLUMN 2 / CH42b Yes 1	No 3→CH12 COLUMN 3 / CH42b Yes 1	No 3→CH12 COLUMN 4 / CH42b Yes 1	No 3→CH12 SUPPLEMENT / CH42b Yes 1
CH29b. Was [...] living outside the HH at the time of death?	No 3→CH12 COLUMN 2 / CH42b Yes 1	No 3→CH12 COLUMN 3 / CH42b Yes 1	No 3→CH12 COLUMN 4 / CH42b Yes 1	No 3→CH12 SUPPLEMENT / CH42b Yes 1
CH30a. Marital status (now/at death):				
01. Single	01	01	01	01
02. Married	02	02	02	02
03. Separated.....	03	03	03	03
04. Divorced	04	04	04	04
05. Widow/widower.....	05	05	05	05
98. DON'T KNOW	98	98	98	98

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH31a. Highest education level attained by [...]:				
01. No school/Not yet in School	01	01	01	01
02. Elementary	02	02	02	02
03. Jr. Hi General	03	03	03	03
04. Jr. Hi Vocational	04	04	04	04
05. Sr. Hi General	05	05	05	05
06. Sr. Hi Vocational	06	06	06	06
60. College, D1, D2, D3	60	60	60	60
61. University (Bachelors)	61	61	61	61
62. University (Masters)	62	62	62	62
63. University (PhD)	63	63	63	63
11. Adult Education A.....	11	11	11	11
12. Adult Education B.....	12	12	12	12
13. Open University.....	13	13	13	13
14. Islamic School (Pesantren)	14	14	14	14
15. Adult Education C.....	15	15	15	15
17. School for the Disabled	17	17	17	17
72. Islamic Elementary School (Madrasah Ibtidaiyah).....	72	72	72	72
73. Islamic Junior High School (Madrasah Tsanawiyah).....	73	73	73	73
74. Islamic Senior High School (Madrasah Aliyah)	74	74	74	74
90. Kindergarten.....	90	90	90	90
98. DON'T KNOW	98	98	98	98
95. Other:	95	95	95	95
CH32a. Highest grade completed by [...]:				
00. Did not complete 1st class.....	00	00	00	00
01. 1	01	01	01	01
02. 2	02	02	02	02
03. 3	03	03	03	03
04. 4	04	04	04	04
05. 5	05	05	05	05
06. 6	06	06	06	06
07. Graduated	07	07	07	07
96. NO SCHOOL	96	96	96	96
98. DON'T KNOW	98	98	98	98
CH32b. When [...] were twelve years old were you and your spouse married?	1. Yes 3. No 6. NA			
CH32c. Were [...] living with you when [...] were twelve ?	1. Yes 3. No 6. NA			

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH32d. What was your primary activity when [...] was 12 years old ?				
02. Job searching	02	02	02	02
03. Attending school	03	03	03	03
04. Housekeeping	04	04	04	04
05. Retired	05	05	05	05
06. Stay at home/unemployed	06	06	06	06
07. Sick/disabled	07	07	07	07
98. DON'T KNOW	98	98	98	98
01. Working/trying to get work/ helping to earn income	01	01	01	01
95. Other:	95	95	95	95
CH33a. Where does/did [...] live now/before his/her death?	00 → CH12 COLUMN 2 / CH42b [][][][]	00 → CH12 COLUMN 3 / CH42b [][][][]	00 → CH12 COLUMN 4 / CH42b [][][][]	00 → CH12 SUPPLEMENT / CH42b [][][][]
CH34a. What is/was [...]’s primary activity now/before his/her death?				
02. Job searching	02 →CH37a	02 →CH37a	02 →CH37a	02 →CH37a
03. Attending school	03 →CH37a	03 →CH37a	03 →CH37a	03 →CH37a
04. Housekeeping	04 →CH37a	04 →CH37a	04 →CH37a	04 →CH37a
05. Retired	05 →CH37a	05 →CH37a	05 →CH37a	05 →CH37a
06. Stay at home/unemployed	06 →CH37a	06 →CH37a	06 →CH37a	06 →CH37a
07. Sick/disabled	07 →CH37a	07 →CH37a	07 →CH37a	07 →CH37a
98. DON'T KNOW	98 →CH37a	98 →CH37a	98 →CH37a	98 →CH37a
01. Working/trying to get work/ helping to earn income	01	01	01	01
95. Other:	95 →CH37a	95 →CH37a	95 →CH37a	95 →CH37a
CH35a. What is/was [...]’s work status now/before his/her death?				
01. Self-employed	01	01	01	01
02. Self-employed assisted other family members/temporary employees	02	02	02	02
03. Self-employed with permanent employees	03	03	03	03
04. Government worker/employee	04	04	04	04
05. Private worker/employee	05	05	05	05
06. Unpaid family worker	06	06	06	06
07. Casual worker in agriculture	07	07	07	07
08. Casual worker not in agriculture	08	08	08	08
98. DON'T KNOW	98	98	98	98

CODE CH33a:

00. In the same household	18. Lampung	60. Kalimantan	81. Maluku	121. Yaman
01. In the same village	19. Bangka Belitung	61. West Kalimantan	02. North Maluku	122. Saudi Arabia
02. In the same subdistrict	20. Riau Islands	62. Central Kalimantan	90. Irian	123. Kuwait
03. In the same district	30. Java	63. South Kalimantan	91. West Irian Jaya	124. United Arab Emirates
04. In the same province	31. DKI Jakarta	64. East Kalimantan	94. Papua	131. Argentina
10. Sumatera	32. West Java	70. Sulawesi	101. Malaysia	132. USA
11. Nanggroe Aceh Darussalam	33. Central Java	71. North Sulawesi	102. Singapore	141. Australia
12. North Sumatra	34. D.I. Yogyakarta	72. Central Sulawesi	103. Brunei Darussalam	151. Holland
13. West Sumatra	35. East Java	73. South Sulawesi	104. Hongkong	152. England
14. Riau	36. Banten	74. Southeast Sulawesi	105. Japan	998. DON'T KNOW
15. Jambi	51. Bali	75. Gorontalo	106. South Korea	995. Other
16. South Sumatra	52. West Nusa Tenggara	76. West Sulawesi	107. Taiwan	
17. Bengkulu	53. East Nusa Tenggara		108. Timor Leste	

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
CH36b. What is/was [...]’s primary duty now/before his/her death?	_____	_____	_____	_____
CH37a. How often do/did you meet with [...] during the past year now/before his/her death?				
5. Everyday	5 → CH38a	5 → CH38a	5 → CH38a	5 → CH38a
4. At least once a week	4	4	4	4
3. At least once a month	3	3	3	3
2. At least once a year	2	2	2	2
1. Never	1	1	1	1
CH37b. How often do/did you have a telephone contact with [...] during the past year now/before his/her death?				
5. Everyday	5 → CH38a	5 → CH38a	5 → CH38a	5 → CH38a
4. At least once a week	4	4	4	4
3. At least once a month	3	3	3	3
2. At least once a year	2	2	2	2
1. Never	1	1	1	1
CH37c. How often do/did you have a contact with [...] through email and text messages during the past year now/before his/her death?				
1. Never	1	1	1	1
2. At least once a year	2	2	2	2
3. At least once a month	3	3	3	3
4. At least once a week	4	4	4	4
5. Everyday	5	5	5	5
CH38a. In the past 12 months, did you or your husband ever provide help to [...] in the form of money, goods, or services?	UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1	UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1	UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1	UNWILLING TO ANSWER..... 7→ CH40a No..... 3→ CH40a Yes..... 1

SECTION CH (PREGNANCY HISTORY)

	[01]	[02]	[03]	[04]
<p>CH39a. What type of help did you provide to [...] in the past 12 months and what is the value?</p> <p>A. Money, loan, tuition, health care costs</p> <p>D. Food stuffs or other goods</p> <p>G. Chores, child care, help when ill 03. Days 05. Months</p> <p>H Helping family business 03. Days 05. Months</p> <p>V. Other</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p>
<p>CH40a. In the past 12 months, did you or your husband ever receive help from [...] in the form of money, goods, or services?</p>	<p>UNWILLING TO ANSWER..... 7 → CH12 COLUMN 2 / CH42b</p> <p>No..... 3 → CH12 COLUMN 2 / CH42b</p> <p>Yes 1</p>	<p>UNWILLING TO ANSWER..... 7 → CH12 COLUMN 3 / CH42b</p> <p>No..... 3 → CH12 COLUMN 3 / CH42b</p> <p>Yes 1</p>	<p>UNWILLING TO ANSWER..... 7 → CH12 COLUMN 4 / CH42b</p> <p>No..... 3 → CH12 COLUMN 4 / CH42b</p> <p>Yes 1</p>	<p>UNWILLING TO ANSWER . 7 → CH12 SUPPLEMENT / CH42b</p> <p>No 3 → CH12 SUPPLEMENT/ CH42b</p> <p>Yes 1</p>
<p>CH41a. What type of help did you provide to [...] in the past 12 months and what is the value?</p> <p>A. Money, loan, tuition, health care costs</p> <p>D. Food stuffs or other goods</p> <p>G. Chores, child care, help when ill 03. Days 05. Months</p> <p>H. Helping family business 03. Days 05. Months</p> <p>V. Other</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p> <p>→ CH12 COLUMN 2/CH42b</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p> <p>→ CH12 COLUMN 3/CH42b</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p> <p>→ CH12 COLUMN 4/CH42b</p>	<p>(CIRCLE ALL THAT APPLY)</p> <p>A. _____, _____, _____ Rupiah</p> <p>D. _____, _____, _____</p> <p>G. ___ 03. DAYS 05. MONTHS</p> <p>H. ___ 03. DAYS 05. MONTHS</p> <p>V. _____, _____, _____ Rp</p> <p>→ CH12 SUPPLEMENT/CH42b</p>

<p>CH42b. Do you have adopted/step children 15 years old or older that live outside the household, or that have died within the last 12 months and lived outside the household at the time of death?</p>	<p>No 3 → SECTION CX</p> <p>Yes 2</p>
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SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

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

BX63a.	BX63b. (NAME)	BX78.	BX79.	BX80.	BX81.	BX82a.	BX83a.	BX84.	BX84a.	BX84b.
		When [...] twelve years old, was father dan mother [...] married?	When [...] twelve years old, with whom did [...] live?	What is/was []'s primary activity now/before his/her death?	What is/was [...]s work status now/before his/her death?	What is/was []'s type of work now/before his/her death?	INTERVIEWER CHECK BX65 AND BX65a: [...] STILL ALIVE?	How often do/did you meet with [] during the past year now/before his/her death?	How often do/did you have contact with [] by telephone during the past year now/before his/her death?	How often do/did you have contact with [] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BX83a 01 95	____ ____	_____ _____	5 8 →BX63b ROW2 /CX 1 → 3 →	5→BX87a 1 2 3 4	5→BX87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BX83a 01 95	____ ____	_____ _____	5 8 →BX63b ROW3 /CX 1 → 3 →	5→BX87a 1 2 3 4	5→BX87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BX83a 01 95	____ ____	_____ _____	5 8 →BX63b ROW4 /CX 1 → 3 →	5→BX87a 1 2 3 4	5→BX87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BX83a 01 95	____ ____	_____ _____	5 8 →BX63b ROW5 /CX 1 → 3 →	5→BX87a 1 2 3 4	5→BX87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BX83a 01 95	____ ____	_____ _____	5 8 →BX63b SUPLEMEN /CX 1 → 3 →	5→BX87a 1 2 3 4	5→BX87a 1 2 3 4	1 2 3 4 5

CODES FOR BX79:
 1. With Father and mother
 2. With Father only
 3. With Mother only
 4. Not with father and mother

CODES FOR BX80:
 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 BX81:
 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 BX83a:
 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 BX84, BX84a, BX84b:
 1. Never
 2. At least once a year
 3. At least once a month
 4. At least once a week
 5. Everyday

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

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

BX63a.	BX63b. (NAME)	BX87a. In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	BX88. What type of assistance did you provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	BX89a. In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	BX90. What type of assistance did you receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		7 → BX89a 3 → BX89a 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.	7 → BX63b ROW 2 / SECTION CX 3 → BX63b ROW 2 / SECTION CX 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.
		7 → BX89a 3 → BX89a 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.	7 → BX63b ROW 3 / SECTION CX 3 → BX63b ROW 3 / SECTION CX 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.
		7 → BX89a 3 → BX89a 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.	7 → BX63b ROW 4 / SECTION CX 3 → BX63b ROW 4 / SECTION CX 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.
		7 → BX89a 3 → BX89a 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.	7 → BX63b ROW 5 / SECTION CX 3 → BX63b ROW 5 / SECTION CX 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.
		7 → BX89a 3 → BX89a 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.	7 → BX63b SUPPLEMENT / SECTION CX 3 → BX63b SUPPLEMENT / SECTION CX 1	A. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. D. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp. G. <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> . <input type="checkbox"/> . <input type="checkbox"/> Rp.

CODE BX87a AND BX89a:
1. Yes
3. No
7. UNWILLING TO ANSWER

CODE BX88 AND BX90:
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 BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

Now I would like to know about all of your adopted children that live outside the household, including adopted children that have died in the last 12 months and lived outside the HH at the time of death.

BXAR00.	BX63a.	BX63b.	BX63c.	BX64.	BX64b.	BX65.	BX65a.	BX66.	BX66a.	BX67.	BX68.	BX69.	BX70.
NO. OF HHM		NAME	Is [...] your step or adopted child?	Sex	Birth Date Month/Year	Is [...] still 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		2 3	___	1. ___ / _____ Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	1. Yes→ 3. No↓	___	___	___	_____
___	02		2 3	___	1. ___ / _____ Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	1. Yes→ 3. No↓	___	___	___	_____
___	03		2 3	___	1. ___ / _____ Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	1. Yes→ 3. No↓	___	___	___	_____
___	04		2 3	___	1. ___ / _____ Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	1. Yes→ 3. No↓	___	___	___	_____
___	05		2 3	___	1. ___ / _____ Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. ___ / _____ Month / Year 8. DON'T KNOW	1. ___ years 8. DK	1. Yes→ 3. No↓	___	___	___	_____

CODE BXAR00:
96. Not Registered at the Roster

CODE BX63c:
1. Biological child
2. Step child
3. Adopted child
6. Duplicate
7. Not a child
8. DON'T KNOW

CODE BX65:
1. Yes
3. No
8. DON'T KNOW

CODE BX67:
1. Unmarried
2. Married
3. Separated/
Estranged
4. Divorced
5. Widow/ widower
8. DON'T KNOW

CODE BX68:
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 BX69:
00. Did not complete 1st 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 BX70:
00. In the same household
01. In the same village
02. In the same subdistrict
03. In the same district
04. In the same province
10. Sumatera
11. Nanggroe Aceh Darussalam
12. North Sumatra
13. West Sumatra
14. Riau
15. Jambi
16. South Sumatra
17. Bengkulu

18. Lampung
19. Bangka Belitung
20. Riau Islands
30. Java
31. DKI Jakarta
32. West Java
33. Central Java
34. D.I. Yogyakarta
35. East Java
36. Banten
51. Bali
52. West Nusa Tenggara
53. East Nusa Tenggara

60. Kalimantan
61. West Kalimantan
62. Central Kalimantan
63. South Kalimantan
64. East Kalimantan
70. Sulawesi
71. North Sulawesi
72. Central Sulawesi
73. South Sulawesi
74. Southeast Sulawesi
75. Gorontalo
76. West Sulawesi

81. Maluku
90. Irian
91. West Irian Jaya
94. 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 CX (CONTRACEPTIVE USE)

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

	BIRTH CONTROL DEVICE/METHOD (CX1TYPE)	CX01.		CX02.		CX02A.	CX02B.
		Have you ever heard about [...] to prevent pregnancy?		Have you/has your husband ever used?		When did you first use this method?	How old were you when you first used this method?
A.	Contraceptive Pill A woman can take contraceptive pills every day	3. No ↓	1. Yes	3. No ↓	1. Yes	1. Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
B.	IUD/AKDR/Spiral A woman can have an intrauterine device inserted into her uterus by a doctor or midwife	3. No ↓	1. Yes	3. No ↓	1. Yes	1. Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
C.	Contraceptive Injections A woman can be injected by a doctor or midwife to prevent pregnancy for a few months	3. No ↓	1. Yes	3. No ↓	1. Yes	1. Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
F.	Contraceptive Tubes/IMPLANT/NORPLANT A woman can have small tubes implanted in her arm to prevent pregnancy	3. No ↓	1. Yes	3. No ↓	1. Yes	1. Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
F1.	Intravag Kind of Tissue to kill spermatozoa inserted into vagina	3. No ↓	1. Yes	3. No ↓	1. Yes	1. Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
F2.	Female Condom / Femidom A kind of condom designated for woman	3. No ↓	1. Yes	3. No ↓	1. Yes	1. Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
G.	Tubal Ligation/Female Sterilization A woman can undergo surgery to prevent pregnancy	3. No ↓	1. Yes	3. No ↓	1. Yes		
I.	Abortion A woman can do something or have someone do something to end a pregnancy	3. No ↓	1. Yes	3. No ↓	1. Yes	1. Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ↓ 8. DK	<input type="text"/> <input type="text"/> <input type="text"/> Years
E.	Condom A man can wear a condom during intercourse	3. No ↓	1. Yes	3. No ↓	1. Yes		
H.	Vasectomy/Male Sterilization A man can undergo surgery to prevent having another child	3. No ↓ CX20	1. Yes	3. No ↓ →CX20	1. Yes		

SECTION CX (CONTRACEPTIVE USE)

CX20. Do you/does your husband now use a device/method to postpone or prevent a pregnancy?	No 3 → CX26 Yes 1
CX21. Which birth control device/method do you/does your husband use now?	Rhythm/calendar 11 → CP Coitus interruptus 12 → CP Traditional Herbs 13 → CP Traditional massage 14 → CP Other 95 → CP 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
CX21aa. When did you first receive this method?	1. / Month / Year 8. DON'T KNOW
CX21a. When did you (last) receive this method?	1. / Month / Year 8. DON'T KNOW
CX21b. What facility did you visit?	Public hospital01 Private hospital02 Puskesmas, Pembantu.....03 Private clinic04 Posyandu.....05 Birth control post/association.....06 Fieldworker (PLKB)07 TKBK/TMK.....08 Pharmacist/drugstore09 Private physician10 Nurse/paramedic11 Midwife12 Traditional midwife.....13 Friend/family.....14 Village midwife/Village Polyclinic16 DON'T KNOW98 Other95

CX21ba. What is the name and where is it located?	<p style="text-align: right;">(CODE CX21b)</p> <p>1. Specify</p> <p>3. Same as residence</p> <p>8. DON'T KNOW</p> <p>Name: 1. _____ 8. DK</p> <p>Address: 1. _____ 8. DK</p> <p>_____</p> <p>_____</p> <p>Loc. Note: 1. _____ 8. DK</p> <p>_____</p> <p>_____</p> <p>Vill: 1. _____</p> <p>3. Same as residence</p> <p>8. DON'T KNOW</p> <p>Kec: 1. _____</p> <p>3. Same as residence</p> <p>8. DON'T KNOW</p> <p>Kab: 1. _____</p> <p>3. Same as residence</p> <p>8. DON'T KNOW</p> <p>Prov: 1. _____</p> <p>3. Same as residence</p> <p>8. DON'T KNOW</p> <p style="text-align: right;">CODE COMFAS </p>
CX21c. How much did it cost (including drugs, materials, services and other related costs)?	1. , , Rp. 8. DON'T KNOW
CX21d. INTERVIEWER CHECK: IS CX21=06 OR 10?	YES, CX21=6 (CONDOM) 1 → CX27 YES, CX21=10 (MALE STERILIZATION) 2 → SECTION CP NO 3
CX21e. Was your blood pressure measured before the contraception was prescribed?	Yes 1 No 3

HHID: **PID:**

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

<p>CX22. In your visits to the provider who provides the method you are currently using, has the provider ever:</p> <p>a. Explained the possibility of side effects due to the use of the birth control device/method being used?</p> <p>b. Explained what has to be done or where to seek help if side effects occur?</p> <p>c. Asked about your health history before prescribing contraception?</p>	<p>Ever 1 Never 3 DON'T KNOW 8</p> <p>Ever 1 Never 3 DON'T KNOW 8</p> <p>Ever 1 Never 3 DON'T KNOW 8</p>
<p>CX22d. Since you started using the current method for birth control, have you ever had health problems or side effects?"</p>	<p>NO SIDE EFFECT W → CX22h Gaining weight A Losing weight B Excessive bleeding on menstruation C Irregular menstruation D Flare-up of red facial rash E Convulsions/cramps F High blood pressure G Headache H Nausea I Fatigue J Skin problems K Stomachache L Not menstruating M Other V</p>
<p>CX22e. Did you visit any medical facility for these side effects?</p>	<p>No 3 → CX22h Yes 1</p>
<p>CX22f. When did you visit the medical facility? (Most recent visit)</p>	<p>month of <input type="text"/>/year <input type="text"/></p>

<p>CX22g. What is the name and where is it located?</p> <p>1. Specify 3. Same as residence 8. DON'T KNOW</p>	<p style="text-align: right;"><input type="checkbox"/> (CODE CX21b)</p> <p>Name: 1. _____ 8. DK _____</p> <p>Address: 1. _____ 8. DK _____ _____</p> <p>Loc. Note: 1. _____ 8. DK _____ _____</p> <p>Vill: 1. _____ 3. Same as residence 8. DON'T KNOW</p> <p>Kec: 1. _____ 3. Same as residence 8. DON'T KNOW</p> <p>Kab: 1. _____ 3. Same as residence 8. DON'T KNOW</p> <p>Prov: 1. _____ 3. Same as residence 8. DON'T KNOW</p> <p style="text-align: center;">CODE COMFAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>CX22h. Before you/your husband use the current method, did you use any other birth control method?</p>	<p>No 3 → CX27 Yes 1</p>

SECTION CP (INTERVIEW SESSION NOTES)

EVALUATION FORM FOR BOOK IV

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