

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

CONFIDENTIAL

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

INDONESIA FAMILY LIFE SURVEY EAST 2012

BOOK V

SECTIONS: DLA, MAA, PSA, RJA, FMA, RNA, BAA, CP

Respondent is a child less than 15 years old

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR:   PID

NAME OF HOUSEHOLDER: \_\_\_\_\_

DIISI OLEH PEWAWANCARA YANG MENGISI BUKU V

COV7.           NAMA YANG MENJAWAB: \_\_\_\_\_ NO. ART

COV8.           HUBUNGAN DENGAN ANAK:

01. Ibu

02. Ayah

03. Kakak

04. Paman/Bibi

05. Kakek/Nenek

06. Anak Yang Bersangkutan

95. Lainnya \_\_\_\_\_

TO BE FILLED OUT BY INTERVIEWER FOR BOOK V

QUESTION FOR RESPONDENT:

COV3.           How old is [NAME OF CHILD]? \_\_\_\_\_ Years

COV5.           Sex:   Male ..... 1  
                      Female ..... 3

COV6.           Date of Birth .....   /   /   

DAY

MONTH

YEAR

- 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 \_\_\_\_\_

| WAWANCARA      | 1                                | 2                                | 3                                |
|----------------|----------------------------------|----------------------------------|----------------------------------|
| DATE:          | ____/____/____<br>DAY MONTH YEAR | ____/____/____<br>DAY MONTH YEAR | ____/____/____<br>DAY MONTH YEAR |
| TIME STARTED:  | ____/____<br>HOUR / MINUTE       | ____/____<br>HOUR / MINUTE       | ____/____<br>HOUR / MINUTE       |
| TIME FINISHED: | ____/____<br>HOUR / MINUTE       | ____/____<br>HOUR / MINUTE       | ____/____<br>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 V                              | C2. CODE REASON FOR ANSWER “3”/”2” ON C1   | C3. REVIEW BY EDITOR   | C4. SUPERVISOR MONITORING   |
|---|--|--|---|
| 1. Completed→C3<br>2. Partially completed<br>3. Not completed | 1. Respondent was not at home/not available<br>2. Respondent was seriously ill<br>3. Respondent refused (to be interviewed)<br>5. Other: _____ | 1. Entered, no corrections necessary<br>2. Entered AND corrected<br>4. Manual edit without CAFÉ<br>3. Entered, but not corrected, explain: _____ | <div><div>Yes</div><div>No</div></div> <div><div>a. Observed ..... 1</div><div>b. Edited ..... 1</div><div>c. Verified..... 1</div></div> <div><div>3</div><div>3</div><div>3</div></div> |

SECTION DLA (CHILD’S EDUCATION)

Now we would like to ask some questions about [CHILD’S NAME]’s education.

|         |   |   |
|---------|---|---|
| DLA01.  | Has [CHILD'S NAME] ever been to school?                                   | Yes..... 1➔DLA03b<br>No ..... 3   |
| DLA02.  | Why has [CHILD’S NAME] never been to school?<br><br>CIRCLE ALL THAT APPLY | NOT OLD ENOUGH ..... A<br>TO HELP PARENTS EARN MONEY..... B<br>COULD NOT AFFORD ..... C<br>NO SCHOOL/ TOO FAR ..... D<br>NOT ABLE TO STUDY ..... E<br>NOT ACCEPTED IN SCHOOL ..... F<br>BECAUSE SICK OR DISABLED ..... G<br>SCHOOL HAD NO TEACHER..... H<br>SCHOOL CLOSED..... I<br>DOESN'T WANT TO GO..... K<br>HELP AT HOME ..... L<br>OTHER..... V |
| DLA03b  | Do you have cell phone?   | No. .... 3➔DLA3d<br>Yes..... 1  |
| DLA03c  | What do you usually use the cell phone for?                               | A.Private conversation<br>B.Bussiness Conversation<br>C.Text Message<br>D.Email<br>E.Social Media (chatting,facebook,Twitter)<br>F.Mobile Banking<br>G.Transfer phone minutes<br>H. Entertainment/Multimedia (games, ringtones, TV, Radio, MP3)   |
| DLA03d  | Do you have internet access?  | No. .... 3➔DLA03x<br>Yes..... 1   |
| DLA03e  | Where do you get internet access?   | A.Computer at home<br>B.Computer at school<br>C.Computer at place of work<br>D.Computer at Internet Cafe<br>E.Handphone<br>V.Others   |
| DLA03x. | INTERVIEWER CHECK<br>DLA01 = 1  | NO..... 3➔DLA04a<br>YES ..... 1   |

|         |  |   |
|---------|--|---|
| DLA08.  | What is the highest education level attended?<br><br>[NOTE TO INTERVIEWER: IF CURRENTLY IN SCHOOL, RECORD LEVEL ATTENDING CURRENTLY] | 02. Elementary School<br>03. Junior High-General<br>04. Junior High-Vocational<br>05. High School-General<br>06.High School-Vocational<br>11. Adult Education A<br>12. Adult Education B<br>14. Islamic School ( <i>Pesantren</i> )<br>15. Adult Education C<br>17. School for the disabled.<br>72. Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> )<br>73. Islamic Junior/High School ( <i>Madrasah Tsanawiyah</i> )<br>74. Madrasah Senior High School<br>98. DON'T KNOW<br>95. Other |
| DLA09.  | What class has [CHILD’S NAME] completed?   | Did not finish 1 <sup>st</sup> class at that level..... 00<br>1 ..... 01<br>2 ..... 02<br>3 ..... 03<br>4 ..... 04<br>5 ..... 05<br>6 ..... 06<br>Graduated ..... 07<br>DON'T KNOW ..... 98   |
| DLA04.  | At what age did [CHILD’S NAME] first enter elementary school ?   | <u>  </u> <u>  </u> Years..... 1<br>DON'T KNOW ..... 8  |
| DLA04a. | Did [CHILD’S NAME] ever attend a kindergarten?   | No ..... 3➔DLA04c<br>Yes..... 1   |
| DLA04b. | At what age did [CHILD’S NAME] first enter kindergarten ?  | <u>  </u> <u>  </u> Years..... 1<br>DON'T KNOW ..... 8  |
| DLA04c. | Did [CHILD’S NAME] ever attend a playgroup?  | No ..... 3➔DLA04e<br>Yes..... 1   |
| DLA04d. | At what age did [CHILD’S NAME] first enter playgroup ?   | <u>  </u> <u>  </u> Years..... 1<br>DON'T KNOW ..... 8  |

SECTION DLA (CHILD’S EDUCATION)

|          |   |   |
|----------|---|---|
| DLA04e.  | Is [CHILD’S NAME] attending school at Kindergarten now?   | No ..... 3→DLA05x<br>Yes..... 1   |
| DLA04f.  | What was the total amount of money you spent on Kindergarten this academic year?  | Rp <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>→ DLA56x |
| DL0A5x.  | INTERVIEWER CHECK DLA08: 14   | Yes .....1 → DLA56x<br>No.....3   |
| DLA07.   | Are you currently attending school?   | No. .... 3→ DLA09c<br>Yes..... 1  |
| DLA07a . | How many effective shool hours did you attend your school last week or the last week the school was in session?<br>(NOT INCLUDING BREAKS) | <input type="text"/> <input type="text"/> <input type="text"/> hours  |
| DLA09c.  | INTERVIEWR CHECK DLA08: WRITE DOWN THE NUMBER OF COLUMNS NEED TO BE COMPLETED ACCORDING TO HIGHEST LEVEL OF SCHOOL ATTENDED               | <input type="text"/> columns<br>IF “0” THEN → DLA56x  |

SECTION DLA (CHILD’S EDUCATION)

| SCHOOL LEVEL (DLATYPE)   | 1. Elementary   | 2. Junior High   | 3. Senior High   |
|--|---|--|--|
| <b>DLA70.</b> What is the school level [CHILD’S NAME] attended or [CHILD’S NAME] is still attending? | Elementary ..... 02<br>Adult Education A ..... 11<br>School for Disabled..... 17<br>Madrasah Elementary ..... 72<br>Other ..... 95  | Junior high general .....03<br>Junior high vocational .....04<br>Adult Education B ..... 12<br>School for Disabled ..... 17<br>Madrasah Junior High School..... 73<br>Other.....95   | Senior high general ..... 05<br>Senior high vocational ..... 06<br>Adult Education C ..... 15<br>School for Disabled ..... 17<br>Madrasah Senior High School ..... 74<br>Other ..... 95  |
| <b>DLA71.</b> Under whose administration is the school?  | Public non-religious..... 01<br>Public religious..... 02<br>Private non-religious ..... 03<br>Private Islam ..... 04<br>Private Catholic..... 05<br>Private Protestant and others ..... 06<br>Private Buddhist..... 08<br>Other ..... 95  | Public non-religious .....01<br>Public religious .....02<br>Private non-religious .....03<br>Private Islam .....04<br>Private Catholic.....05<br>Private Protestant and others .....06<br>Private Buddhist.....08<br>Other.....95  | Public non-religious..... 01<br>Public religious ..... 02<br>Private non-religious ..... 03<br>Private Islam ..... 04<br>Private Catholic..... 05<br>Private Protestant and others..... 06<br>Private Buddhist ..... 08<br>Other ..... 95  |
| <b>DLA71aa.</b> Have you been following adult education A, B or C ?                                  | YES .....1<br>NO.....3  | YES..... 1<br>NO ..... 3   | YES .....1<br>NO .....3  |
| <b>DLA71a.</b> What year did [CHILD’S NAME] first attend this level of schooling?                    | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → <b>DLA71c</b><br>8. DON'T KNOW   | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → <b>DLA71c</b><br>8. DON'T KNOW  | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → <b>DLA71c</b><br>8. DON'T KNOW  |
| <b>DLA71b.</b> At what age did [CHILD’S NAME] first enter this level of schooling?                   | <input type="text"/> <input type="text"/> Years   | <input type="text"/> <input type="text"/> Years  | <input type="text"/> <input type="text"/> Years  |
| <b>DLA71c.</b> What is highest grade [CHILD’S NAME]completed at this level?                          | Graduated .....07→ <b>DLA71f</b><br>Did not finish 1 <sup>st</sup> class at that level.....00<br>1 .....01<br>2 .....02<br>3 .....03<br>4 .....04<br>5 .....05<br>6 .....06<br>DON'T KNOW .....98   | Graduated .....07→ <b>DLA71f</b><br>Did not finish 1 <sup>st</sup> class at that level .....00<br>1 .....01<br>2 .....02<br>3 .....03<br>4 .....04<br>5 .....05<br>6 .....06<br>DON'T KNOW .....98   | Graduated ..... 07→ <b>DLA71f</b><br>Did not finish 1 <sup>st</sup> class at that level ..... 00<br>1 ..... 01<br>2 ..... 02<br>3 ..... 03<br>4 ..... 04<br>5 ..... 05<br>6 ..... 06<br>DON'T KNOW ..... 98  |
| <b>DLA71d.</b> Did [CHILD’S NAME] graduate this level of schooling?                                  | Still enrolled ..... 6→ <b>DLA75</b><br>Yes ..... 1→ <b>DLA71f</b><br>No ..... 3  | Still enrolled ..... 6→ <b>DLA75</b><br>Yes ..... 1→ <b>DLA71f</b><br>No .....3  | Still enrolled..... 6→ <b>DLA75</b><br>Yes ..... 1→ <b>DLA71f</b><br>No ..... 3  |
| <b>DLA71e.</b> Why did [CHILD’S NAME]stop [....]school?  | Working/help parents earn money ..... B<br>Could not afford ..... C<br>No school/ too far ..... D<br>Not able to study ..... E<br>Not accepted in school..... F<br>Because sick or disabled ..... G<br>School had no teacher ..... H<br>School closed/ruined..... I<br>Doesn't want to go ..... K<br>Help at home..... L<br>Other ..... V | Working/help parents earn money..... B<br>Could not afford ..... C<br>No school/ too far ..... D<br>Not able to study..... E<br>Not accepted in school ..... F<br>Because sick or disabled ..... G<br>School had no teacher ..... H<br>School closed/ruined ..... I<br>Doesn't want to go ..... K<br>Help at home ..... L<br>Other ..... V | Working/help parents earn money ..... B<br>Could not afford..... C<br>No school/ too far ..... D<br>Not able to study ..... E<br>Not accepted in school..... F<br>Because sick or disabled ..... G<br>School had no teacher ..... H<br>School closed/ruined ..... I<br>Doesn't want to go ..... K<br>Help at home ..... L<br>Other ..... V |
| <b>DLA71f.</b> When did [CHILD’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"/> → <b>DLA75</b><br>8. DON'T KNOW  | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → <b>DLA75</b><br>8. DON'T KNOW   | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → <b>DLA75</b><br>8. DON'T KNOW   |

SECTION DLA (CHILD’S EDUCATION)

| SCHOOL LEVEL (DLATYPE) |  | 1. Elementary  |                      | 2. Junior High   |                      | 3. Senior High   |                      |
|------------------------|--|--|----------------------|--|----------------------|--|----------------------|
| DLA71g.                | At what age did [CHILD;S NAME] leave/graduate from this level of schooling?                                      | Years  |                      | Years  |                      | Years  |                      |
| DLA75.                 | While attending [...] school, did [CHILD’S NAME] work?   | Yes..... 1<br>No ..... 3   |                      | Yes.....1<br>No .....3   |                      | Yes..... 1<br>No..... 3  |                      |
| DLA73.                 | Has [CHILD’S NAME]ever failed a grade at [...] school ?  | No ..... 3→DLA74a<br>Yes..... 1  |                      | No .....3→DLA74a<br>Yes.....1  |                      | No..... 3→DLA74a<br>Yes ..... 1  |                      |
| DLA74.                 | What grades has [CHILD’S NAME] failed and how many times did you repeat that grade?<br><br>CIRCLE ALL THAT APPLY | Grade                    Number of repeats<br>A. 1                    Times<br>B. 2                    Times<br>C. 3                    Times<br>D. 4                    Times<br>E. 5                    Times<br>F. 6                    Times   |                      | Grade                    Number of repeats<br>A. 1                    Times<br>B. 2                    Times<br>C. 3                    Times  |                      | Grade                    Number of repeats<br>A. 1                    Times<br>B. 2                    Times<br>C. 3                    Times  |                      |
| DLA74a                 | Has [CHILD’S NAME] ever leave school for 4 consecutive weeks or more, including not enrolling in a full year?    | Yes..... 1→DLA76b<br>No ..... 3  |                      | Yes.....1→DLA76b<br>No .....3  |                      | Yes..... 1→DLA76b<br>No..... 3   |                      |
| DLA74aa.               | Has [CHILD’S NAME] ever leave school for 2 consecutive weeks or more, including not enrolling in a full year?    | No ..... 3→DLA76a<br>Yes..... 1  |                      | No .....3→DLA76a<br>Yes.....1  |                      | No..... 3→DLA76a<br>Yes ..... 1  |                      |
| DLA74b.                | How many time did [CHILD’S NAME] ever leave school and re-enter?   | Grade  | Number of disruption | Class  | Number of disruption | Grade  | Number of disruption |
|                        |  | A. 1   | Times                | D. 4   | Times                | A. 1   | Times                |
|                        |  | B. 2   | Times                | E. 5   | Times                | B. 2   | Times                |
|                        |  | C. 3   | Times                | F. 6   | Times                | C. 3   | Times                |
| DLA74c.                | How many and when [CHILD;S NAME] leaves school temporary?  | 1.   /   until   /<br>Month /Year          Month /Year<br>2.   /   until   /<br>Month /Year          Month /Year<br>3.   /   until   /<br>Month /Year          Month /Year   |                      | 1.   /   until   /<br>Month /Year          Month /Year<br>2.   /   until   /<br>Month /Year          Month /Year<br>3.   /   until   /<br>Month /Year          Month /Year   |                      | 1.   /   until   /<br>Month /Year          Month /Year<br>2.   /   until   /<br>Month /Year          Month /Year<br>3.   /   until   /<br>Month /Year          Month /Year   |                      |
| DLA74d.                | What the reason [CHILD’S NAME] stop/leave this level of schooling?   | To help parents earn money .....B<br>Could not afford .....C<br>No school/ too far .....D<br>Not able to study .....E<br>Not accepted in school.....F<br>Because sick or disabled .....G<br>School had no teacher .....H<br>School closed/ruined .....I<br>Doesn’t want to go .....K<br>Help at home.....L<br>Other .....V |                      | To help parents earn money ..... B<br>Could not afford .....C<br>No school/ too far ..... D<br>Not able to study .....E<br>Not accepted in school ..... F<br>Because sick or disabled ..... G<br>School had no teacher ..... H<br>School closed/ruined .....I<br>Doesn’t want to go ..... K<br>Help at home ..... L<br>Other ..... V |                      | To help parents earn money .....B<br>Could not afford .....C<br>No school/ too far .....D<br>Not able to study .....E<br>Not accepted in school .....F<br>Because sick or disabled .....G<br>School had no teacher .....H<br>School closed/ruined .....I<br>Doesn’t want to go .....K<br>Help at home .....L<br>Other .....V |                      |

SECTION DLA (CHILD’S EDUCATION)

| SCHOOL LEVEL  | 1. Elementary                               | 2. Junior High                              | 3. Senior High                              |
|---|---|---|---|
| <b>DLA76a.</b> Has [CHILD’S NAME] ever taken the EBTANAS/UAN exam at [...] level?   | No ..... 3 ➔ <b>DLA76xa</b><br>Yes ..... 1  | No ..... 3 ➔ <b>DLA76xa</b><br>Yes ..... 1  | No ..... 3 ➔ <b>DLA76xa</b><br>Yes ..... 1  |
| <b>DLA76b.</b> Can you show us the official record of [CHILD’S NAME]’s EBTANAS/UAN score (DANEM) or National Examination Certificate (SURAT KETERANGAN HASIL UJIAN NASIONAL /SKHUN)?<br><br><b>INTERVIEWER NOTE:<br/>EBTANAS/UAN SCORES SHOULD BE COPIED FROM THE OFFICIAL RECORD (DANEM OR SKHUN).</b> | Yes ..... 1<br>No ..... 3                   | Yes ..... 1<br>No ..... 3                   | Yes ..... 1<br>No ..... 3                   |
| <b>DLA76c.</b> What month and year did [CHILD’S NAME] take the EBTANAS/UAN [...]?   | 1.    /<br>Month      Year<br>8. DON’T KNOW | 1.    /<br>Month      Year<br>8. DON’T KNOW | 1.    /<br>Month      Year<br>8. DON’T KNOW |
| <b>DLA76c1. INTERVIEWER CHECK: EBTANAS OR UAN</b>   | EBTANAS ..... 1<br>UAN/UN/UAS ..... 2       | EBTANAS .....1<br>UAN/UN/UAS .....2         | EBTANAS .....1<br>UAN/UN/UAS .....2         |
| <b>DLA76c2.</b> Number of subjects in the EBTANAS/UAN/UN at [...] level?  |   |   |   |
| <b>DLA76d.</b> What was [CHILD’S NAME] ‘s Ebtanas/UAN score for the following subjects: (If the respondent shows you official record ( <i>DANEM</i> ) copy from danem, if you cannot see official record ( <i>DANEM</i> ) ask the respondent for their score).  |   |   |   |
| A. Moral and Civic Education from the nation’s five principal/ <i>Pancasila</i> (PMP/PPKn)  | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     |
| B. Indonesian   | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     |
| C. English  |   | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     |
| D. Math   | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     |
| E. Science  | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     |   |
| I. Social studies   | 1.    .         6 . NA<br>8. DON’T KNOW     | 1.    .         6 . NA<br>8. DON’T KNOW     |   |
| F. Biology  |   |   | 1.    .         6 . NA<br>8. DON’T KNOW     |
| G. Chemistry  |   |   | 1.    .         6 . NA<br>8. DON’T KNOW     |

SECTION DLA (CHILD’S EDUCATION)

| SCHOOL LEVEL  | 1. Elementary  | 2. Junior High   | 3. Senior High   |
|---|--|--|--|
| H. Physics  |  |  | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW |
| J. Economics  |  |  | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW |
| K. Sociology  |  |  | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW |
| L. Anthropology                                       |  |  | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW |
| M. Government   |  |  | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW |
| N. Accounting   |  |  | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW |
| V. Total score of other courses                       | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 6 . NA<br>8. DON'T KNOW |
| DLA76e. What is the total EBTANAS/UAN/UN (NEM) score? | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/><br>8. DON'T KNOW        | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/><br>8. DON'T KNOW        | 1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/><br>8. DON'T KNOW        |

## SECTION DLA (CHILD'S EDUCATION)

| SCHOOL LEVEL |   | 1. Elementary  | 2. Junior High   | 3. Senior High   |
|--------------|---|--|--|--|
| DLA76xa.     | INTERVIEWER CHECK DLA08 AND DLA07:<br>IS CHILD CURRENTLY ENROLLED IN [...]?   | NO ..... 3→DLA76g<br>YES ..... 1   | NO ..... 3→DLA76g<br>YES ..... 1   | NO ..... 3→DLA76g<br>YES ..... 1   |
| DLA76f.      | What is the name and address of the school?<br><br>1. Specify<br>3. Same as current residence<br>8. DON'T KNOW (DK)                       | <b>N. Name :</b> 8. DK<br>1. _____<br><br><b>Add. Address:</b> 8. DK<br>1. _____<br>_____<br><br><b>Loc. Loc. Note:</b> 8. DK<br>1. _____<br>_____<br><br><b>A. Vill:</b> 1. _____<br>3. Same 8. DK<br><br><b>B. Kec:</b> 1. _____<br>3. Same 8. DK<br><br><b>C. Kab:</b> 1. _____<br>3. Same 8. DK<br><br><b>D. Prov:</b> 1. _____<br>3. Same 8. DK<br><br><b>CODE CF</b> [ ] [ ] [ ] [ ] [ ] [ ] | <b>N. Name :</b> 8. DK<br>1. _____<br><br><b>Add. Address:</b> 8. DK<br>1. _____<br>_____<br><br><b>Loc. Loc. Note:</b> 8. DK<br>1. _____<br>_____<br><br><b>A. Vill:</b> 1. _____<br>3. Same 8. DK<br><br><b>B. Kec:</b> 1. _____<br>3. Same 8. DK<br><br><b>C. Kab:</b> 1. _____<br>3. Same 8. DK<br><br><b>D. Prov:</b> 1. _____<br>3. Same 8. DK<br><br><b>CODE CF</b> [ ] [ ] [ ] [ ] [ ] [ ] | <b>N. Name :</b> 8. DK<br>1. _____<br><br><b>Add. Address:</b> 8. DK<br>1. _____<br>_____<br><br><b>Loc. Loc. Note:</b> 8. DK<br>1. _____<br>_____<br><br><b>A. Vill:</b> 1. _____<br>3. Same 8. DK<br><br><b>B. Kec:</b> 1. _____<br>3. Same 8. DK<br><br><b>C. Kab:</b> 1. _____<br>3. Same 8. DK<br><br><b>D. Prov:</b> 1. _____<br>3. Same 8. DK<br><br><b>CODE CF</b> [ ] [ ] [ ] [ ] [ ] [ ] |
| DLA76g.      | How many hours on average did [CHILD'S NAME] attend school each day now/in his/her last year at school?                                   | [ ] [ ]<br>Hours/Day   | [ ] [ ]<br>Hours/Day   | [ ] [ ]<br>Hours/Day   |
| DLA76i.      | Approximately how many students are/were in [CHILD'S NAME]'s class now/in last year of school attended at this level?                     | [ ] [ ] Person(s) ..... 1<br>DON'T KNOW ..... 8  | [ ] [ ] Person(s) ..... 1<br>DON'T KNOW ..... 8  | [ ] [ ] Person(s) ..... 1<br>DON'T KNOW ..... 8  |
| DLA76j.      | Approximately how much time does it take to make a one-way trip to the school, now/in [CHILD'S NAME]'s last year of school at this level. | 1. [ ] [ ] [ ] [ ]<br>1. Hour<br>2. Minute<br>8. DON'T KNOW<br>→ DLA70 COLUMN 2/ DLA90   | 1. [ ] [ ] [ ] [ ]<br>1. Hour<br>2. Minute<br>8. DON'T KNOW<br>→ DLA70 COLUMN 3/ DLA90   | 1. [ ] [ ] [ ] [ ]<br>1. Hour<br>2. Minute<br>8. DON'T KNOW<br>→ DLA90   |

HHID 

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SECTION DLA (CHILD’S EDUCATION)

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

|  |  |  |  |        |
|--|--|--|--|--------|
| DLA90. Did [CHILD’S NAME] attend school in the previous school year (starting 2010-2011) ?   |  |  | No ..... 3→ DLA91c<br>Yes..... 1                                       |        |
| DLA91a. What were [CHILD’S NAME] ‘s (approximate) school-related expenses during the 2010-2011 school year? Did you spend money for:   |  |  | DLA91b. Please give your best estimate of the amount you spent.        |        |
| T Total  |  |  | _ _  ,  _ _ _  ,  _ _ _  Rp.   |        |
|  |  |  |  |        |
|  |  |  | 3. No  | 1. Yes |
| A. School Fees   |  |  |  |        |
| 1. Registration .....  |  |  | 3 ↓  | 1 →    |
| 2. Other scheduled fees (BP3, School Committee, etc) .....   |  |  | 3 ↓  | 1 →    |
|  |  |  | DLA91bx. How much should you spend for other schedule fees [...]?      |        |
|  |  |  | _ _  .  _ _ _  .  _ _ _  Rp.   |        |
| 3. Exams.....  |  |  | 3 ↓  | 1 →    |
| B. School supplies   |  |  |  |        |
| 1. Books and writing supplies .....  |  |  | 3 ↓  | 1 →    |
| 2. Uniform and sports .....  |  |  | 3 ↓  | 1 →    |
| C. Transportation and Pocket Money   |  |  |  |        |
| 1. Transportation .....  |  |  | 3 ↓  | 1 →    |
| 2. Housing costs, food   |  |  | 3 ↓  | 1 →    |
| 3. Special courses .....   |  |  | 3 ↓  | 1 →    |
| V. Other: .....  |  |  | 3 ↓  | 1 →    |
| DLA100. Did [CHILD’S NAME] receive any books from the school during the 2010/2011 school year?<br>(CIRCLE ALL THAT APPLY)  |  |  | Yes, for himself/herself ..... A<br>Yes, to share..... B<br>No ..... C |        |
| DLA101. Did the school reduce [CHILD’S NAME] School Committee fees or other fees during the 2010/2011 school year<br>(i.e. FEES LISTED IN ITEM A IN DLA91a)?                   |  |  | Yes..... 1<br>No ..... 3   |        |
| DLA102. Did [CHILD’S NAME] receive assistance for school costs from School Committee, GNOTA, government, community groups, religious groups, or family (outside HH), or other? |  |  | No ..... 3→ DLA91c<br>Yes..... 1                                       |        |

SECTION DLA (CHILD’S EDUCATION)

|  |  |                    |
|--|--|--------------------|
| <b>DLA103.</b>   | From what source was this assistance, and what was the total value? <b>(CIRCLE ALL THAT APPLY)</b> |                    |
| <b>T. Total</b>  |  | ____,____,____ Rp. |
| A. GNOTA .....   |  | ____,____,____ Rp. |
| C. Government (beside BOS/BKM) .....                       |  | ____,____,____ Rp. |
| D. Community Group.....                                    |  | ____,____,____ Rp. |
| E. Religious Group .....                                   |  | ____,____,____ Rp. |
| F. Family .....  |  | ____,____,____ Rp. |
| I. School Committee .....                                  |  | ____,____,____ Rp. |
| J. BOS/BKM fund.....                                       |  | ____,____,____ Rp. |
| K. Foreign Government/Foundation/Private .....             |  | ____,____,____ Rp. |
| L. Domestic Non-Government Institution/Organzitation ..... |  | ____,____,____ Rp. |
| L1. Assistance for poor students .....                     |  | ____,____,____ Rp. |

|                                   |  |
|-----------------------------------|--|
| <b>DLA91c. INTERVIEWER CHECK:</b> | <b>RESPONDENT NOT IN SCHOOL (DLA07 = 3).....3→DLA56X</b> |
|                                   | <b>RESPONDENT STILL IN SCHOOL (DLA07 = 1) ..... 1</b>    |

| DLA104TYPE      |  |                        | DLA104b. Please give your best estimate of the amount you spent.    |
|-----------------|--|------------------------|---|
| <b>DLA104a.</b> | What were [CHILD’S NAME] ‘s(approximate) school-related expenses during the past month? Did you spend money for: |                        |   |
| T               | Total .....  |                        | ____,____,____ Rp.  |
|                 |  | <b>3. No    1. Yes</b> |   |
| A.              | School Fees  |                        |   |
|                 | 1. Registration.....   | 3 ↓    1 →             | ____,____,____ Rp.  |
|                 | 2. Other scheduled fees (BP3, School Committee, etc).....  | 3 ↓    1 →             | ____,____,____ Rp.  |
|                 |  |                        | <b>DLA91bx. How much should you spend for other schedule fees]?</b> |
|                 |  |                        | ____.____.____ Rp.  |
|                 | 3. Exams .....   | 3 ↓    1 →             | ____,____,____ Rp.  |
| B.              | School supplies  |                        |   |
|                 | 1. Books and writing supplies.....   | 3 ↓    1 →             | ____,____,____ Rp.  |
|                 | 2. Uniform and sports.....   | 3 ↓    1 →             | ____,____,____ Rp.  |
| C.              | Transportation and Pocket Money  |                        |   |
|                 | 1. Transportation .....  | 3 ↓    1 →             | ____,____,____ Rp.  |
|                 | 2. Housing costs, food .....   | 3 ↓    1 →             | ____,____,____ Rp.  |
|                 | 3. Special courses.....  | 3 ↓    1 →             | ____,____,____ Rp.  |
| V.              | Other: .....   | 3 ↓    1 →             | ____,____,____ Rp.  |

SECTION DLA (CHILD’S EDUCATION)

|         |   |   |
|---------|---|---|
| DLA56x. | INTERVIEWER CHECK COV3: AGE OF CHILDREN | < 5 YEARS OLD..... 3 ➔SECTION MAA<br>≥ 5 YEARS OLD..... 1 |
|---------|---|---|

| DLA2TYPE   | 1.Wages  | 2. Family farm business   | 3. Family non-farm business   | 4. Household work   |
|--|--|---|---|---|
| DLA56a. Has [CHILD’S NAME] ever worked for [...]?  | No ..... 3 ➔NEXT COLUMN<br>Yes..... 1  | No.....3 ➔NEXT COLUMN<br>Yes ..... 1  | No ..... 3 ➔NEXT COLUMN<br>Yes..... 1   | No.....3 ➔SECTION MAA<br>Yes ..... 1  |
| DLA57a. Did [CHILD’S NAME] work for [...] last month?                                    | No ..... 3➔DLA61a<br>Yes..... 1  | No.....3➔DLA61a<br>Yes ..... 1  | No ..... 3➔DLA61a<br>Yes..... 1   | No.....3➔DLA61a<br>Yes ..... 1  |
| DLA58a. How many hours did [CHILD’S NAME] work for [...] in the last week he/she worked? | ____ hours ..... 1<br>DON’T KNOW ..... 8   | ____ hours ..... 1<br>DON’T KNOW ..... 8  | ____ hours.....1<br>DON’T KNOW .....8   | ____ hours ..... 1<br>DON’T KNOW ..... 8                                      |
| DLA59a. How many weeks did [CHILD’S NAME] work for [...] in last month?                  | __ . __ weeks .... 1<br>DON’T KNOW ..... 8   | __ . __ weeks ..... 1<br>DON’T KNOW ..... 8   | __ . __ weeks .....1<br>DON’T KNOW .....8   | __ . __ weeks ..... 1<br>DON’T KNOW ..... 8                                   |
| DLA60a. How much was [CHILD’S NAME]’s earnings last month?                               | ____,____,____ Rp. .... 1<br>DON’T KNOW ..... 8                                      |   |   |   |
| DLA61a. At what age did [CHILD’S NAME] start working for [...]?                          | __ age ..... 1<br>DON’T KNOW ..... 8   | __ age..... 1<br>DON’T KNOW ..... 8   | __ age .....1<br>DON’T KNOW .....8  | __ age ..... 1<br>DON’T KNOW ..... 8  |
| DLA62a. At what age did [CHILD’S NAME] last work for [...]?                              | __ age ..... 1<br>STILL WORKING ..... 6<br>DON’T KNOW ..... 8<br>➔DLA56a NEXT COLUMN | __ age..... 1<br>STILL WORKING ..... 6<br>DON’T KNOW ..... 8<br>➔DLA56a NEXT COLUMN | __ age .....1<br>STILL WORKING .....6<br>DON’T KNOW .....8<br>➔DLA56a NEXT COLUMN | __ age ..... 1<br>STILL WORKING ..... 6<br>DON’T KNOW ..... 8<br>➔SECTION MAA |

SECTION MAA (ACUTE MORBIDITY)

Now, we'd like to know about [CHILD'S NAME]'s health status and whatever symptoms [CHILD'S NAME] has had during the past 4 weeks, namely since [...] date, 4 weeks ago.

|        |   |  |
|--------|---|--|
| MAA0a. | In general, how is [...]’s health at this time?   | Very healthy ..... 1<br>Somewhat healthy ..... 2<br>Somewhat unhealthy ..... 3<br>Unhealthy ..... 4  |
| MAA0b. | During the last 4 weeks how many days of activities did [...] miss because of poor health?            | Days ..... 1<br>DON’T KNOW ..... 8   |
| MAA0c. | During the last 4 weeks how many days did [...] spend in bed because of poor health?                  | Days ..... 1<br>DON’T KNOW ..... 8   |
| MAA0d. | Compared with [...]’s health 12 months ago, would you say that [NAME OF CHILD]’s health now is [...]? | Much better now ..... 1<br>Somewhat better now ..... 2<br>About the same ..... 3<br>Somewhat worse ..... 4<br>Much worse ..... 5<br>Child less than 1 year old ..... 6 |

|    |   |              |
|----|---|--------------|
|    | MAA01.  |              |
|    | Did your child ever experience [...] in the last 4 weeks? |              |
|    | 1. Yes    3. No   |              |
| AA | Headache .....  | 1    3       |
| BA | Runny nose .....  | 1    3       |
| CA | Cough.....  | 1    3→DA    |
|    | a. Dry cough .....  | a.    1    3 |
|    | b. Cough with phlegm.....                                 | b.    1    3 |
|    | c. Bloody cough.....                                      | c.    1    3 |
| DA | Difficulty breathing.....                                 | 1    3→EA    |
|    | a. Wheezing .....   | a.    1    3 |
|    | b. Short, rapid breath.....                               | b.    1    3 |
| EA | Fever .....   | 1    3       |
| FA | Stomach ache .....  | 1    3       |
| HA | Nausea/vomiting.....                                      | 1    3       |
| IA | Diarrhea minimal of 3x per day.....                       | 1    3→JA    |
|    | a. Mixed with blood.....                                  | a.    1    3 |
|    | b. Mixed with mucous .....                                | b.    1    3 |
|    | c. Pale liquid .....                                      | c.    1    3 |
| JA | Skin infection (boil, abcess itching) .....               | 1    3       |
| KA | Eye Infection.....  | 1    3       |
| LA | Toothache.....  | 1    3       |
| MA | Cold sores .....  | 1    3       |

|  |                                       |
|--|---------------------------------------|
| MAA04. INTERVIEWER CHECK:<br>IF MAA01 = 1          | NO ..... 3 SECTION PSA<br>YES ..... 1 |
| MAA05a. While your child was sick, did/was he/she: |                                       |
| a. Still like to play .....                        | a.    1. Yes    3. No                 |
| b. Have difficulty sleeping .....                  | b.    1. Yes    3. No                 |
| c. More irritable than usual .....                 | c.    1. Yes    3. No                 |
| d. Just lie around .....                           | d.    1. Yes    3. No                 |

SECTION MAA (ACUTE MORBIDITY)

Now, we'd like to know whether [CHILD'S NAME] has taken medicine on his/her own during the past 4 weeks, namely since [...] date, 4 weeks ago.

| TYPE OF SELF TREATMENT<br>(PSATYPE)  | PSA01.  | PSA02.  |
|--|---|---|
|  | During the past 4 weeks, has [CHILD'S NAME] ever [...]? | What is the approximate total cost to purchase or make that medicine during the past 4 weeks?   |
| A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)           | 3. No ↓                      1. Yes ➔                   | 1. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.<br>8.    DON'T KNOW                      |
| B. Consumed traditional herbs or traditional medicines as treatment                      | 3. No ↓                      1. Yes ➔                   | 1. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.<br>8.    DON'T KNOW |
| C. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like) | 3. No ↓                      1. Yes ➔                   | 1. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.<br>8.    DON'T KNOW |
| E. Vitamins/Supplements  | 3. No ↓                      1. Yes ➔                   | 1. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.<br>8.    DON'T KNOW |
| F. Massage, <i>coining</i> , etc.  | 3. No ↓                      1. Yes ➔                   | 1. <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.<br>8.    DON'T KNOW |

## SECTION RJA (OUT-PATIENT CARE)

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

|               |   |  |
|---------------|---|--|
| <b>RJA0a.</b> | Did [...] visit a Posyandu in the last 4 weeks?   | No ..... 3 ➔ RJA01a<br>Yes ..... 1   |
| <b>RJA0b.</b> | What is the name and address of the Posyandu, including RT and RW?<br><br>1.Specify<br>2. Same as current dwelling<br>3. DON'T KNOW | Name 1. .... 8. DK<br><br>Address 1. .... 8. DK<br>.....<br><br>Loc. Note 1. .... 8. DK<br>.....<br><br><b>RT</b> 1. ....<br>3. Same as current residence<br>8. DON'T KNOW<br><br><b>RW</b> 1. ....<br>3. Same as current residence<br>8. DON'T KNOW<br><br><b>A. Village</b> 1. ....<br>3. Same as current residence<br>8. DON'T KNOW<br><br><b>CODE COMFAS</b> [ ][ ][ ][ ][ ][ ][ ][ ][ ] |
| <b>RJA0c.</b> | What services did [...] receive at the Posyandu?  | Yes No<br>a. Weighing..... 1 3<br>b. Supplementary Food..... 1 3<br>c. Vitamin A Pill..... 1 3<br>d. Oral Rehydration Solution..... 1 3<br>e. Immunization ..... 1 3<br>f. Exam by Puskesmas Staff ..... 1 3<br>g. Child Development Activity ..... 1 3<br>v. Other ..... 1 3  |
| <b>RJA0d.</b> | Were there any staff from the Puskesmas at the Posyandu?  | No ..... 3<br>Yes ..... 1  |
| <b>RJA0e.</b> | Did you pay for the services [...] received at the posyandu?  | No ..... 3 ➔ RJA01a<br>Yes ..... 1   |
| <b>RJA0f.</b> | How much did you pay?   | [ ][ ][ ], [ ][ ][ ][ ][ ] Rp. .... 1<br>DON'T KNOW ..... 8  |

**HHID:**   |\_|\_|\_| |\_|\_| |\_|\_| |\_|\_|                  **PID:**   |\_|

SECTION RJA (OUT-PATIENT CARE)

|   |  |
|---|--|
| <b>RJA01a.</b> In the last 4 weeks, did [...] visit a hospital, health center, clinic, or doctor's practice, or was [...] visited by a health worker? | No ..... 3 → <b>RJA25</b><br>Yes ..... 1 |
|---|--|

| MEDICAL FACILITY<br>(RJA1TYPE)   | RJA01.  | RJA02.   | RJA02a.   |
|--|---|--|---|
|  | Within the last 4 weeks, has [CHILD'S NAME] been to [...] / visited by [...]? | How many times did [CHILD'S NAME] [...] / been visited by [...] during the past 4 weeks? | How much did you pay out of pocket for [CHILD'S NAME]'s outpatient care at [...] during the past 4 weeks? |
| A. Public hospital (General or Specialty)  | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |
| B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)                            | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |
| E. Private Hospital  | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |
| F. Polyclinic, Private Clinic, Medical Center  | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |
| G. Private Physician (General Practitioner, Specialist, Dentist)                                     | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |
| H. Nurse, Paramedic, Midwife practitioner  | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |
| I. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.) | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |
| V. Other   | 3. No↓ 1. Yes →   | Times  | 1. , , Rp.<br>8. DON'T KNOW   |

## SECTION RJA (OUT-PATIENT CARE)

**Now, I'd like to ask you some questions about [CHILD'S NAME] LAST VISIT to health care providers.**

|         |  | LAST HEALTH CARE   |  |
|---------|--|--|--|
| RJA05a. | What is the type of medical facility or type of provider?  | <input type="checkbox"/> _____   |  |
| RJA06.  | What is the name and location of the medical provider?<br><br>1. Specify<br>3. Same as residence<br>8. DON'T KNOW (DK)   | Name 1. _____ 8. DK<br>_____<br>Address 1. _____<br>_____ 8. DK<br>_____<br>Loc. Note 1. _____<br>_____ 8. DK<br><b>A. Vill:</b> 1. _____<br>3. Same as residence 8. DK<br><b>B. Kec</b> 1. _____<br>3. Same as residence 8. DK<br><b>C. Kab:</b> 1. _____<br>3. Same as residence 8. DK<br><b>D. Prov:</b> 1. _____<br>3. Same as residence 8. DK<br><b>CODE CF</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| RJA08.  | What was the purpose of [CHILD'S NAME] visit to that facility?<br><b>ANSWER MAY BE MORE THAN ONE</b><br>B. Immunization.....<br>C. Consultation .....<br>D. Medical check-up .....<br>E. Medications .....<br>F. Injection.....<br>H. Treatment for Injury.....<br>I. Treatment for Illness .....<br>J. Massage .....<br>V. Other, ..... | <b>ANSWER MAY BE MORE THAN ONE</b><br>B<br>C<br>D<br>E<br>F<br>H<br>I<br>J<br>V.....   |  |

**HHID:**   

**PID:**   

|                |  |  |
|----------------|--|--|
| <b>RJA09.</b>  | Was the visit to [...] the first visit or a follow-up visit for the symptom?   | First.....1<br>Follow-up .....3  |
| <b>RJA10.</b>  | <b>INTERVIEWER'S NOTE:</b><br><b>CHECK RJA05a</b><br><b>1. IF A, B, E, F → RJA11 .....</b><br><b>3. NO .....</b>   | <b>1. → RJA11</b><br><b>3. NO</b>  |
| <b>RJA10a.</b> | Did the provider visit the child at home?  | Yes .....1 → RJA17<br>No .....3  |
| <b>RJA11.</b>  | How many kilometers is it between the medical facility and [CHILD'S NAME] residence?   | 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Km<br>8. DON'T KNOW   |
| <b>RJA12.</b>  | What is the travel time to that facility?  | 1. <input type="text"/> <input type="text"/> 01. Minute<br>02. Hour<br>8. DON'T KNOW   |
| <b>RJA14.</b>  | What was the total transportation cost to the facility ( <b>INCLUDING FUEL COST, ONE WAY TRIP</b> )?   | 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.<br>8. DON'T KNOW  |
| <b>RJA15.</b>  | Upon arrival, how long did [CHILD'S NAME] have to wait to be examined?   | <input type="text"/> <input type="text"/> 01. Minute 02. Hour<br>8. DON'T KNOW   |
| <b>RJA17.</b>  | What kind of treatment did [CHILD'S NAME] receive?<br><b>ANSWER MAY BE MORE THAN ONE</b><br>A. Medical check-up/consultation..<br>B. Injection .....<br>C. Laboratorium test.....<br>D. Surgery .....<br>E. X-ray .....<br>G. Medications.....<br>I. Massage .....<br>J. Traditional treatment.....<br>V. Other..... | <b>ANSWER MAY BE MORE THAN ONE</b><br>A<br>B<br>C<br>D<br>E<br>G<br>I<br>J<br>V  |
| <b>RJA17a.</b> | What do you think about the services that were provided by this facility ?   | 1. Satisfactory<br>2. Somewhat satisfactory<br>3. Not satisfactory<br>4. Far from satisfactory   |
| <b>RJA20.</b>  | What was the total cost to fill a prescription that you received during this visit?  | 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp.<br>3. Didn't receive<br>5. Didn't fill<br>8. DON'T KNOW |



SECTION RJA (OUT-PATIENT CARE)

|         |   |   |
|---------|---|---|
| RJA21.  | What was the total cost of treatment, including medications that may have been administered, not including prescription cost? | 1.   ,   ,    Rp<br>3. Did not pay anything<br>8. DON'T KNOW  |
| RJA21a. | Did you use insurance to pay for all or some of this visit?   | No .....3 ➔ RJA22<br>Yes ..... 1  |
| RJA21b. | What insurance did you use?   | 01. Askes<br>02. Jamsostek<br>03. Employer provided insurance<br>04. Health insurance paid by the respondent<br>05. Insurance related bank saving<br>06. Letter stating non-affordability ( <i>Surat Miskin</i> )<br>07. JAMKESMAS<br>95. Other |
| RJA22.  | Was any payment in kind made?   | No .....3 ➔ RJA25<br>Yes ..... 1  |
| RJA23.  | What was the approximate value of the goods?  | 1.   ,   ,    Rp.<br>8. DON'T KNOW  |
| RJA25.  | INTERVIEWER CHECK BOOK COVER (COV3): IS [CHILD'S NAME] 0-5 YEARS OLD?   | NO ..... 3 ➔ SECTION FMA01<br>YES ..... 1   |
| RJA25a. | Has [CHILD'S NAME] been given Vitamin A in the last 6 months?   | Yes ..... 1<br>No ..... 3   |

SECTION RJA (OUT-PATIENT CARE)

| RJA26.                      | Does [CHILD'S NAME] have a KMS card or KIA book?<br>IF YES, may i see it, please?  | Does not have card ..... 3 → RJA30<br>Yes, but can't see ..... 2 → RJA30<br>Yes, can see ..... 1  |                      |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
|-----------------------------|--|---|----------------------|-----|-------|------|--------------|-------------------------|----------------------|----------------------|-----------------------------|-------------------------|----------------------|----------------------|------------------|-------------------------|----------------------|----------------------|------------------|-------------------------|----------------------|----------------------|------------------|-------------------------|----------------------|----------------------|------------------|-------------------------|----------------------|----------------------|----------------|-------------------------|----------------------|----------------------|----------------|-------------------------|----------------------|----------------------|----------------|-------------------------|----------------------|----------------------|------------------|-------------------------|----------------------|----------------------|------------------------|-------------------------|----------------------|----------------------|------------------------|-------------------------|----------------------|----------------------|------------------------|-------------------------|----------------------|----------------------|
| RJA27.                      | FROM THE KMS CARD, RECORD THE NUMBER OF TIMES VITAMIN A WAS GIVEN  | 1. <input type="text"/> ... times vitamin A was given as recorded on the KMS/KIA card<br>3. Tidak tercatat di Kartu KMS/KIA   |                      |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| RJA28a.                     | 1. RECORD THE DATE OF EACH IMMUNIZATION ON THE KMS CARD.<br>2. WRITE '44' IN 'DAY' COLUMN, IF THE CHILD HAS ALREADY HAD THE IMMUNIZATION, BUT THE DATE ISN'T RECORDED.   | <table><thead><tr><th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr></thead><tbody><tr><td>b. BCG .....</td><td>b. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>c. Polio 0 (at birth) .....</td><td>c. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>d. Polio 1 .....</td><td>d. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>e. Polio 2 .....</td><td>e. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>f. Polio 3 .....</td><td>f. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>n. Polio 4 .....</td><td>n. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>g. DPT 1 .....</td><td>g. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>h. DPT 2 .....</td><td>h. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>i. DPT 3 .....</td><td>i. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>j. Measles .....</td><td>j. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>k. Hepatitis B 1 .....</td><td>k. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>l. Hepatitis B 2 .....</td><td>l. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>m. Hepatitis B 3 .....</td><td>m. <input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table> |                      | DAY | MONTH | YEAR | b. BCG ..... | b. <input type="text"/> | <input type="text"/> | <input type="text"/> | c. Polio 0 (at birth) ..... | c. <input type="text"/> | <input type="text"/> | <input type="text"/> | d. Polio 1 ..... | d. <input type="text"/> | <input type="text"/> | <input type="text"/> | e. Polio 2 ..... | e. <input type="text"/> | <input type="text"/> | <input type="text"/> | f. Polio 3 ..... | f. <input type="text"/> | <input type="text"/> | <input type="text"/> | n. Polio 4 ..... | n. <input type="text"/> | <input type="text"/> | <input type="text"/> | g. DPT 1 ..... | g. <input type="text"/> | <input type="text"/> | <input type="text"/> | h. DPT 2 ..... | h. <input type="text"/> | <input type="text"/> | <input type="text"/> | i. DPT 3 ..... | i. <input type="text"/> | <input type="text"/> | <input type="text"/> | j. Measles ..... | j. <input type="text"/> | <input type="text"/> | <input type="text"/> | k. Hepatitis B 1 ..... | k. <input type="text"/> | <input type="text"/> | <input type="text"/> | l. Hepatitis B 2 ..... | l. <input type="text"/> | <input type="text"/> | <input type="text"/> | m. Hepatitis B 3 ..... | m. <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                             | DAY  | MONTH   | YEAR                 |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| b. BCG .....                | b. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| c. Polio 0 (at birth) ..... | c. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| d. Polio 1 .....            | d. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| e. Polio 2 .....            | e. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| f. Polio 3 .....            | f. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| n. Polio 4 .....            | n. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| g. DPT 1 .....              | g. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| h. DPT 2 .....              | h. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| i. DPT 3 .....              | i. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| j. Measles .....            | j. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| k. Hepatitis B 1 .....      | k. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| l. Hepatitis B 2 .....      | l. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| m. Hepatitis B 3 .....      | m. <input type="text"/>  | <input type="text"/>  | <input type="text"/> |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| RJA29.                      | Has [CHILD'S NAME] already received BCG, DPT 1-3, POLIO 0-4, and/or Measles and Hepatitis B, but this information isn't recorded on the KMS/KIA card?  | Yes ..... 1<br>No ..... 3<br>DON'T KNOW ..... 8   |                      |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |
| RJA29a.                     | INTERVIEWER CHECK:<br>PROBE ABOUT VACCINATIONS THAT HAVE BEEN RECEIVED AND<br>WRITE "66" IN THE APPROPRIATE ROWS IN RJA28a ACCORDING TO THE LINES MENTIONED<br>WRITE "00"IN RJA28a IN THE ROWS FOR WHICH IMMUNIZATION WERE NOT DONE<br>WRITE "88"IN RJA28a IN THE ROWS FOR WHICH RESPONDENT DIDN'T KNOW WHETHER IMMUNIZATIONS HAVE BEEN DONE<br>→RJA31 |   |                      |     |       |      |              |                         |                      |                      |                             |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                  |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                |                         |                      |                      |                  |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |                        |                         |                      |                      |

|        |  |  |
|--------|--|--|
| RJA30. | Please telll us whether [CHILD'S NAME] has already received the immunizations listed below:<br><br>A. <b>BCG</b> vaccination against turberculosis, that is, an injection in the upper arm that left a scar.<br><br>B. <b>Polio Vaccine</b> , that is, pink or white drops in the mouth?<br><br>IF 'YES':<br>How many times?<br><br>C. <b>DPT Vaccination</b> , that is, an injection, usually given at the same time as polio drops<br><br>IF 'YES':<br>How many times?<br><br>D. An injection against <b>Measles</b> .<br><br>E. <b>Anti Hepatitis B</b> Injection<br><br>IF 'YES':<br>How many times?<br><br>F. Vitamin A<br><br>IF 'YES':<br>How many times? | Yes ..... 1<br>No..... 3<br>DON'T KNOW ..... 8<br><br>Yes ..... 1<br>No..... 3<br>DON'T KNOW ..... 8<br><br><input type="text"/> Times<br><br>Yes ..... 1<br>No..... 3<br>DON'T KNOW ..... 8<br><br><input type="text"/> Times<br><br>Yes ..... 1<br>No..... 3<br>DON'T KNOW ..... 8<br><br>Yes ..... 1<br>No..... 3<br>DON'T KNOW ..... 8<br><br><input type="text"/> Times<br><br>Yes ..... 1<br>No..... 3<br>DON'T KNOW ..... 8<br><br><input type="text"/> Times |
| RJA31. | In the last 4 weeks has [CHILD'S NAME] participated in the activities of the Child Development Program?  | Yes ..... 1<br>No ..... 3  |
| RJA32. | How many times was child weighed in the last 6 months?   | <input type="text"/> Times..... 1<br>DON'T KNOW ..... 8  |

SECTION FMA (FOOD FREQUENCY)

|   |  |
|---|--|
| <b>FMA01</b> How many times [CHILD'S NAME] eat?   | Still breast fed .....96➔SEKSI RNA<br>3 or more times a day .....01<br>2 times a day .....02<br>1 time a day .....03<br>5-6 times a week.....04<br>3-4 times a week.....05<br>2 or less times a week .....06<br>DON'T KNOW .....98 |
| <b>FMA01a.</b> How often does [CHILD'S NAME] brush their teeth?<br><br><b>(CIRCLE ALL THAT APPLY)</b> | Every morning.....A<br>Every night.....B<br>Every afternoon.....C<br>After meals.....D<br>Never .....E<br>Sometimes.....F<br>DON'T KNOW .....Y   |

Now we would like to ask you about the type of food [CHILD'S NAME] usually eat.

| TYPE OF FOOD FMTYPE<br>(FMTYPE)           | FMA02.  | FMA03.   | FMA04.  | FMA05.   |
|---|---|--|---|--|
|   | In the last week, did [CHILD'S NAME] eat any [...]? | How many days did [CHILD'S NAME] eat [...] in the last week? | How many days did [CHILD'S NAME] eat [...] in the last month? | How many days did [CHILD'S NAME] eat [...] in the last 6 months? |
| <b>A</b> Sweet potatoes                   | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>B</b> Eggs                             | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>C</b> Fish                             | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>D</b> Meat (beef, chicken, pork, etc.) | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>E</b> Dairy                            | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>F</b> Green leafy vegetables           | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>G</b> Banana                           | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>H</b> Papaya                           | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>I</b> Carrot                           | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |
| <b>J</b> Mango                            | 3. No ➔ <b>FMA04</b><br>1. Ya ➔                     | 2 3 4 5 6 7 ↓ 1➔   | 2. <input type="text"/> days ↓    0.0 day    1.1 days➔        | 2. <input type="text"/> days    0.0 day    1.1 days              |

SECTION RNA (CHILD INPATIENT UTILIZATION)

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

|  |  |
|--|--|
| <b>RNA00.</b> In the last 12 months, namely since the month of [...], did [CHILD'S NAME] receive inpatient care? | No ..... 3 ➔ <b>SECTION BAA</b><br>Yes ..... 1 |
|--|--|

| HOSPITALIZATION FACILITY<br>(RNA1TYPE)    | RNA01.   | RNA02.  | RNA02a.   |
|---|--|---|---|
|   | During the past 12 months, has [CHILD'S NAME] ever received inpatient care at [...]? | How many times has [CHILD'S NAME] received inpatient care at [...] during the past 12 months? | How much did you pay out of pocket for inpatient care at [...] during the past 12 months? |
| A. Public Hospital (General or Specialty) | 3. No↓ 1. Yes ➔  | Times   | 1. Rp , , Rp.<br>8. DON'T KNOW  |
| B. Public Health Center (puskesmas)       | 3. No↓ 1. Yes ➔  | Times   | 1. Rp , , Rp.<br>8. DON'T KNOW  |
| C. Private Hospital                       | 3. No↓ 1. Yes ➔  | Times   | 1. Rp , , Rp.<br>8. DON'T KNOW  |
| D. Private Clinic                         | 3. No↓ 1. Yes ➔  | Times   | 1. Rp , , Rp.<br>8. DON'T KNOW  |
| F. Midwife Clinic                         | 3. No↓ 1. Yes ➔  | Times   | 1. Rp , , Rp.<br>8. DON'T KNOW  |
| V. Other                                  | 3. No↓ 1. Yes ➔<br>RNA05a  | Times   | 1. Rp , , Rp.<br>8. DON'T KNOW  |

SECTION RNA (CHILD INPATIENT UTILIZATION)

Now, we'd like to ask you some questions about [CHILD'S NAME] last visit to inpatient health care providers.

|         |   |   |
|---------|---|---|
| RNA05a. | What was the type of the last hospitalization facility  | <div></div>   |
| RNA06.  | What is the name and location of facility?<br>1. Specify<br>3. Same as current residence<br>8. DON'T KNOW | <div>Name 1. <div></div>8. DK</div> <div>Address 1. <div></div>8. DK</div> <div>Loc. Note 1. <div></div>8. DK</div> <div>A. Vill: 1. <div></div><div>3. Same8. DK</div></div> <div>B. Kec 1. <div></div><div>3. Same8. DK</div></div> <div>C. Kab: 1. <div></div><div>3. Same8. DK</div></div> <div>D. Prov: 1. <div></div><div>3. Same8. DK</div></div> <div>CODE CF <div></div></div> |
| RNA08.  | How many nights was [CHILD'S NAME] hospitalized there?  | <div></div> Nights  |
| RNA10.  | For what reason was [CHILD'S NAME] hospitalized?  | Sickness .....01<br>Accident .....02<br>Operation, what type? .....05<br>Other .....95  |

HHID:

PID:

|         |  |  |
|---------|--|--|
| RNA15.  | During hospitalization, what kind of treatment did [CHILD'S NAME] receive?   | <b>(CIRCLE ALL THAT APPLY)</b><br>A. Physical exam/consult<br>B. Injection<br>C. Laboratory test<br>D. Surgery<br>E. X-ray<br>G. Medications<br>I. IV (Drip Infusion)<br>J. Fisioterapi<br>V. Other                                    |
| RNA15a. | What do you think about the services that were provided by this facility ?   | 1. Satisfactory<br>2. Somewhat satisfactory<br>3. Not satisfactory<br>4. Far from satisfactory   |
| RNA18.  | What was the total cost to fill a prescription that you received during this visit?  | 1. <div></div> , <div></div> , <div></div> Rp.<br>3. Didn't receive<br>5. Didn't fill<br>8. DON'T KNOW   |
| RNA19.  | Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply.) | 1. <div></div> , <div></div> , <div></div> Rp.<br>3. Did not pay anything<br>8. DON'T KNOW   |
| RNA19a. | Did you use insurance to pay for all or some of this visit?  | No .....3 → SECTION BAA<br>Yes.....1   |
| RNA19b. | What insurance did you use?  | 01. Askes<br>02. Jamsostek<br>03. Employer provided insurance<br>04. Health insurance paid by the respondent<br>05. Insurance related bank saving<br>06. Letter stating non-affordability (Surat Miskin)<br>07. JAMKESMAS<br>95. Other |

SECTION BAA (PARENTAL INFORMATION)

| (BAATYPE)  | Father (1)   | Mother (2)   |
|--|--|--|
| <b>BAA00.</b> INTERVIEWER CHECK : [CHILD'S NAME] MOTHER/FATHER IS RESPONDENT FOR BOOK V?   | YES..... 1→BAA00 FOR MOTHER<br>NO..... 3   | YES ..... 1→ SECTION CP<br>NO ..... 3  |
| <b>BAA02.</b> INTERVIEWER CHECK:<br>1. [...] CHILD STAYS IN HOUSEHOLD AND REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00.<br>2. [...] CHILD DIED/DOES NOT STAY IN HOUSEHOLD, BUT REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00.<br>3. [...] CHILD IS NOT REGISTERED ON HOUSEHOLD ROSTER | 1. <input type="text"/> AR00 AND STAYS IN HOUSEHOLD →BAA00 COLUMN MOTHER<br>2. <input type="text"/> AR00 AND DIED/DOES NOT STAY IN HOUSEHOLD<br>3. NOT IN HOUSEHOLD ROSTER | 1. <input type="text"/> AR00 AND STAYS IN HOUSEHOLD → SECTION CP<br>2. <input type="text"/> AR00 AND DIED/DOES NOT STAY IN HOUSEHOLD<br>3. NOT IN HOUSEHOLD ROSTER |
| <b>BAA03.</b> Is [child's name] father/mother still alive?   | No ..... 3→BAA06<br>DON'T KNOW ..... 8→BAA06<br>Yes ..... 1  | No ..... 3→BAA06<br>DON'T KNOW ..... 8→BAA06<br>Yes ..... 1  |
| <b>BAA04.</b> How often has [child's name] seen his/her father/mother in the last 12 months?   | Everyday ..... 5→BAA05<br>Never ..... 1<br>At least once per year ..... 2<br>At least once per month ..... 3<br>At least once per week..... 4                              | Everyday ..... 5→BAA05<br>Never ..... 1<br>At least once per year ..... 2<br>At least once per month ..... 3<br>At least once per week ..... 4                     |
| <b>BAA04a.</b> How often has [child's name] been in telephone contact with his/her father/mother in the last 12 months?  | Everyday ..... 5→BAA05<br>Never ..... 1<br>At least once per year ..... 2<br>At least once per month ..... 3<br>At least once per week..... 4                              | Everyday ..... 5→BAA05<br>Never ..... 1<br>At least once per year ..... 2<br>At least once per month ..... 3<br>At least once per week ..... 4                     |
| <b>BAA04b.</b> How often has [child's name] been in contact with his/her father/mother through email, sms, chatting, or letter in the last 12 months?  | Never ..... 1<br>At least once per year ..... 2<br>At least once per month ..... 3<br>At least once per week..... 4<br>Everyday ..... 5                                    | Never ..... 1<br>At least once per year ..... 2<br>At least once per month ..... 3<br>At least once per week ..... 4<br>Everyday ..... 5                           |
| <b>BAA05.</b> Where does [child's name] father/mother live?  | <input type="text"/> Other   | <input type="text"/> other   |
| <b>BAA06.</b> What is the highest level of education of father/mother?   | <input type="text"/> Other   | <input type="text"/> Other   |
| <b>BAA07.</b> What is the highest class that father/mother finished?   | 00 01 02 03 04 05 06 07 96 98<br>→BAA00 FOR MOTHER   | 00 01 02 03 04 05 06 07 96 98<br>→SECTION CP   |

| CODE BAA05: |                          |      |                    |      |                    |      |                   |      |                      | CODE BAA06: |                             |     |                            |     |  |   |  |  |  | CODE BAA07: |  |  |  |
|-------------|--------------------------|------|--------------------|------|--------------------|------|-------------------|------|----------------------|-------------|-----------------------------|-----|----------------------------|-----|--|---|--|--|--|-------------|--|--|--|
| 000.        | In this household        | 018. | Lampung            | 060. | Kalimantan         | 081. | Maluku            | 121. | Yaman                | 01.         | No school/Not yet in school | 61. | University (Bachelor)      | 15. | Adult Education C                                | 00. Did not completer 1 <sup>st</sup> grade at this level<br>01. 1<br>02. 2      06. 6<br>03. 3      07. Graduated<br>04. 4      96. No school<br>05. 5      98. DK |  |  |  |             |  |  |  |
| 001.        | In the same village      | 019. | Bangka Belitung    | 061. | West Kalimantan    | 082. | North Maluku      | 122. | Saudi Arabia         | 02.         | Elementary                  | 62. | University (Master)        | 17. | School for disabled                              |   |  |  |  |             |  |  |  |
| 002.        | In the same subdistrict  | 020. | Riau Islands       | 062. | Central Kalimantan | 090. | Irian             | 123. | Kuwait               | 03.         | Junior High - General       | 63. | University (PhD)           | 72. | Islamic Elementary School (Madrasah Ibtidaiyah)  |   |  |  |  |             |  |  |  |
| 003.        | In the same district     | 030. | Java               | 063. | South Kalimantan   | 091. | West papua        | 124. | United Arab Emirates | 04.         | Junior High - Vocational    | 11. | Adult Education A          | 73. | Islamic Junior High School (Madrasah Tsanawiyah) |   |  |  |  |             |  |  |  |
| 004.        | In the same province     | 031. | DKI Jakarta        | 064. | East Kalimantan    | 094. | Papua             | 131. | Argentina            | 05.         | Senior High - General       | 12. | Adult Education B          | 74. | Islamic Senior High School (Madrasah Aliyah)     |   |  |  |  |             |  |  |  |
| 010.        | Sumatera                 | 032. | West Java          | 070. | Sulawesi           | 101. | Malaysia          | 132. | USA                  | 06.         | Senior High – Vocational    | 13. | Open University            | 90. | Kindergarten                                     |   |  |  |  |             |  |  |  |
| 011.        | Nanggroe Aceh Darussalam | 033. | Central Java       | 071. | North Sulawesi     | 102. | Singapore         | 141. | Australia            | 60.         | College (D1, D2, D3)        | 14. | Islamic School (Pesantren) | 98. | DON'T KNOW                                       |   |  |  |  |             |  |  |  |
| 012.        | North Sumatra            | 034. | D.I. Yogyakarta    | 072. | Central Sulawesi   | 103. | Brunei Darussalam | 151. | Holland              |             |                             |     |                            |     |  |   |  |  |  |             |  |  |  |
| 013.        | West Sumatra             | 035. | East Java          | 073. | South Sulawesi     | 104. | Hongkong          | 152. | England              |             |                             |     |                            |     |  |   |  |  |  |             |  |  |  |
| 014.        | Riau                     | 036. | Banten             | 074. | Southeast Sulawesi | 105. | Japan             | 998. | DON'T KNOW           |             |                             |     |                            |     |  |   |  |  |  |             |  |  |  |
| 015.        | Jambi                    | 051. | Bali               | 075. | Gorontalo          | 106. | South Korea       | 995. | Other                |             |                             |     |                            |     |  |   |  |  |  |             |  |  |  |
| 016.        | South Sumatra            | 052. | West Nusa Tenggara | 076. | West Sulawesi      | 107. | Taiwan            |      |                      |             |                             |     |                            |     |  |   |  |  |  |             |  |  |  |
| 017.        | Bengkulu                 | 053. | East Nusa Tenggara |      |                    | 108. | Timor Leste       |      |                      |             |                             |     |                            |     |  |   |  |  |  |             |  |  |  |

SECTION CP (INTERVIEW SESSION NOTES)

EVALUATION FORM FOR BOOK V

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

NOTES:

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