

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

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

CONFIDENTIAL

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

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

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER AR:	TO BE FILLED OUT BY INTERVIEWER FOR BOOK IV QUESTIONS FOR RESPONDENT:
PID	
RESPONDENT NAME : _____	COV3. How old are you? _____ years
	COV4. What is your marital status? Married.....2 Separated.....3 Divorced.....4 Widow.....5
	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\_\_\_\_\_

INTERVIEW	1	2	3	<b>CK1.</b> Interview was entirely/mostly conducted in what language?  Other: _____  <b>CK2.</b> Other language used (if any):  Other: _____
DATE:	/ / DAY / MONTH / YEAR	/ / DAY / MONTH / YEAR	/ / DAY / MONTH / YEAR	
TIME STARTED:	/ / HOUR MINUTE	/ / HOUR MINUTE	/ / HOUR MINUTE	
TIME FINISHED:	/ / HOUR MINUTE	/ / HOUR MINUTE	/ / HOUR MINUTE	

C1. RESULT OF INTERVIEW OF BOOK 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: _____	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.

<b>KW03a.</b> 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
<b>KW02a.</b> What is the name of your current/latest spouse?	_____
<b>KW02g.</b> 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. 2. 3.
<b>KW02b.</b> In the last 4 weeks, have you taken iron pills?	No .....3→KW02e Yes .....1
<b>KW02c.</b> In the last 4 weeks, how many iron pills did you take?	..... 1 DON'T KNOW ..... 8
<b>KW02d.</b> 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
<b>KW02e.</b> 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
<b>KW02x.</b> INTERVIEWER CHECK: KW03a=2 (COHABITATION)?	Ya..... 1→KW02L Tidak ..... 3
<b>KW02i.</b> What was the date of your current/most recent marriage?	1.    / Month                  Year  8. DON'T KNOW →KW02n

<b>KW02L.</b> When did you start cohabitating with your spouse ?	1.    / Month                  Year 8. DON'T KNOW
<b>KW02m.</b> What was the value of the assets you owned just prior to of your cohabitating with your spouse?	,    ,    Rp. .... 1 DON'T KNOW ..... 8
<b>KW02n.</b> What was the highest education level attended by your spouse of the [...] Cohabitation?	
<b>KW02o.</b> What was the highest grade completed by your spouse ?	00    01    02    03    04    05 06    07    96    98
<b>KW02ox</b> INTERVIEWER CHECK: KW03a=2 (COHABITATION)?	Ya ..... 1→KW03 Tidak..... 3
<b>KW12a.</b> 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
<b>KW12b.</b> What was the value of the dowry of your current/most recent marriage at the time of the marriage?	,    ,    Rp. .... 1  ,    , Other currency ..... 2 DON'T KNOW ..... 8

CODE KW02n:				CODE KW02o:	
01.	None	12.	Adult Education B	00.	Didn't complete 1 <sup>st</sup> grade at that level
02.	Elementary School	13.	Open University	01.	1
03.	Junior High General	14.	Islamic School ( <i>Pesantren</i> )	02.	2
04.	Junior High Vocational	15.	Adult Education C	03.	3
05.	Senior High General	17.	School for disabled	04.	4
06.	Senior High Vocational	72.	Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> )	05.	5
60.	College (D1, D2, D3)	73.	Islamic Junior High ( <i>Madrasah Tsanawiyah</i> )	06.	6
61.	University (BA)	74.	Islamic Senior High (Madrasah Aliyah)	07.	Graduated
62.	University (MA)	90.	Kindergarten	96.	Unschoolled
63.	University (PhD)	98.	DON'T KNOW	98.	DON'T KNOW
11.	Adult Education A	95.	Other		

SECTION KW (MARITAL HISTORY)

<div>KW13a.</div> <div>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?</div> <div>CIRCLE ALL THAT APPLY</div>	<div>NOTHING .....W → KW14</div> <div>Sholat (praying) accessory .....A</div> <div>Money .....B</div> <div>Land.....C</div> <div>Building/House .....D</div> <div>Jewelry.....E</div> <div>Complete set of clothing.....G</div> <div>Food .....H</div> <div>Household Items .....I</div> <div>Religious book .....K</div> <div>Beauty items .....L</div> <div>Livestock.....M</div> <div>Other.....V</div>
<div>KW13b.</div> <div>What was the value of the gift?</div>	<div><div>    </div> <div>    </div> <div>    </div> <div>    </div> , <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> Rp. .... 1</div> <div><div>    </div> <div>    </div> <div>    </div> <div>    </div> , <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> Other currency ..... 2</div> <div>DON'T KNOW ..... 8</div>
<div>KW14.</div> <div>What was the value of the assets you owned just prior to the wedding of your current/latest marriage?</div>	<div><div>    </div> <div>    </div> <div>    </div> <div>    </div> , <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> <div>    </div> Rp. .... 1</div> <div>DON'T KNOW ..... 8</div>
<div>KW14a.</div> <div>Right after the wedding ceremony of your current/latest marriage, did you move?</div>	<div>NO, lived at the same place.....3 → KW14c</div> <div>YES, moved within the same village/town .....2 → KW14c</div> <div>YES, moved to another village/town.....1</div>
<div>KW14b.</div> <div>What is the [...] name at the place you moved at that time?</div>	<div>A. Vill: 1. ....</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div> <div>B. Kec: 1. ....</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div> <div>C. Kab: 1. ....</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div> <div>D. Prov: 1. ....</div> <div>3. Same as current residence</div> <div>8. DON'T KNOW</div>
<div>KW14c.</div> <div>How long did you reside at your first residence after the wedding?</div>	<div>01. <div>    </div> <div>    </div> <div>    </div> <div>    </div> 04. Weeks</div> <div>05. Months</div> <div>06. Years</div> <div>96. Still live there</div> <div>98. DON'T KOW</div>

<div>KW14d.</div> <div>At the time you married your current/latest husband, did your husband change residence?</div>	<div>Yes .....1</div> <div>No .....3</div>
<div>KW14d1.</div> <div>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?</div>	<div>No .....3 → KW14e</div> <div>Yes .....1</div>
<div>KW14d2.</div> <div>How long did you live together before the wedding?</div>	<div>01. <div>    </div> <div>    </div> <div>    </div> <div>    </div> 04. Weeks</div> <div>05. Monts</div> <div>06. Years</div> <div>98. DON'T KNOW</div>
<div>KW14e.</div> <div>Did you and your current/latest husband start to live together right after the wedding?</div>	<div>Yes .....1 → KW14g</div> <div>No .....3</div>
<div>KW14f.</div> <div>How long after the wedding took place did you start to live together with your husband?</div>	<div>96. Not yet living together → KW04</div> <div>01. <div>    </div> <div>    </div> <div>    </div> <div>    </div> 04. Weeks</div> <div>05. Months</div> <div>06. Years</div> <div>98. DON'T KNOW</div>
<div>KW14g.</div> <div>At the time you lived together with your current/latest husband for the first time, who else lived in the house?</div> <div>CIRCLE ALL THAT APPLY.</div> <div>IN THIS CASE THE WEDDING LOCATION IS NOT REGARDED AS A JOINT RESIDENCE (REFER TO ANSWER KW14e = 1 (YES)) AND RESIDENCE REGISTERED IN KW14b.</div>	<div>Nobody Else ..... W</div> <div>Own Parents ..... B</div> <div>Parents-In-Law..... C</div> <div>Biological Brother ..... D</div> <div>Biological Sister ..... E</div> <div>Brother-In-Law ..... F</div> <div>Sister-In-Law ..... G</div> <div>Other Family Members ..... H</div> <div>Not Family-Related ..... I</div> <div>Biological/step/adopted Child..... J</div>
<div>KW04.</div> <div>Who chose your husband (from your first marriage) ?</div>	<div>Parents.....01</div> <div>Self.....03</div> <div>Family.....04</div> <div>Other: .....95</div>
<div>KW03.</div> <div>How many times have you been married ?</div>	<div><div>    </div> <div>    </div> <div>    </div> Times</div>

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

<b>KW09.</b>	Name of husband : (First marriage)	
<b>KW10.</b>	What (month/year) did you get married?	1. <input type="text"/> / <input type="text"/> Month Year → <b>KW11a</b>  8. DON'T KNOW
<b>KW11.</b>	How old were you when your [...] marriage started?	<input type="text"/> Years
<b>KW11a.</b>	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
<b>KW11b.</b>	What was I status of your marriage	2 3 4 5 → <b>KW20</b>  6 7 8
<b>KW18.</b>	When (month/year) did the marriage end/separation begin?	1. <input type="text"/> / <input type="text"/> Month Year → <b>KW20</b>  8. DON'T KNOW
<b>KW19.</b>	How old were you when the [...] marriage ended/separation began?	<input type="text"/> Years
<b>KW20.</b>	What was the highest education level attended by your husband/wife of the [...] marriage?	<input type="text"/>
<b>KW21.</b>	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	61.	University (BA)	15.	Adult Education C	95.	Other
3.	Married formal (KUA or civil registration)	02.	Elementary School	62.	University (MA)	17.	School for disabled		
4.	Married, formal according to religious law	03.	Junior High General	63.	University (PhD)	72.	Islamic Elementary School ( <i>Madrasah Ibtidaiyah</i> )		
5.	Married, formal according to adat law	04.	Junior High Vocational	11.	Adult Education A	73.	Islamic Junior High ( <i>Madrasah Tsanawiyah</i> )		
6.	Separated	05.	Senior High General	12.	Adult Education B	74.	Islamic Senior High (Madrasah Aliyah)		
7.	Divorced	06.	Senior High Vocational	13.	Open University	90.	Kindergarten		
8.	Widow/widower	60.	College (D1, D2, D3)	14.	Islamic School ( <i>Pesantren</i> )	98.	DON'T KNOW		
								00.	Didn't complete 1 <sup>st</sup> grade at that level
								01.	1
								02.	2      06.      6
								03.	3      07.      Graduated
								04.	4      96.      Unschool ed
								05.	5      98.      DON'T KNOW

SECTION KW (MARITAL HISTORY)

<b>KW23a.</b> If you could choose exactly the number of children to have in your whole life, how many would that be?	<div><div></div><div></div> Children .....01</div> <div>Up to God.....95</div>
<b>KW23b.</b> How old were you on your first menstruation?	<div>Never menstruated .....96 →KW24a</div> <div><div></div><div></div> Years.....01</div>
<b>KW23c.</b> INTERVIEWER'S CHECK COV3:	<b>RESPONDENT'S AGE &lt;35 ..... 1 →KW24a</b> <b>RESPONDENT'S AGE ≥ 35 ..... 3</b>
<b>KW23d.</b> Do you now still have menstruation?	<div>Yes .....1 →KW24a</div> <div>No, because another reason (medication, contraception method, etc.) .....2 →KW24a</div> <div>No (stop at all).....3</div>
<b>KW23e.</b> How old were you when you stopped having menstruation?	<div><div></div><div></div> Years → SECTION BR</div>

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

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?	<div><div></div><div></div></div> <div>Males</div>
BR04.	How many biological daughters are now living with you?	<div><div></div><div></div></div> <div>Females</div>
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?	<div><div></div><div></div></div> <div>Males</div>
BR07.	How many biological daughters are still alive, but do not live with you?	<div><div></div><div></div></div> <div>Females</div>
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?	<div><div></div><div></div></div> <div>Males</div>
BR10.	How many daughters were born alive but passed away later?	<div><div></div><div></div></div> <div>Females</div>
BR11.	Have you ever had a pregnancy that resulted in a stillbirth?	No ..... 3 → BR13 Yes ..... 1
BR12.	How many stillbirths have you had?	<div><div></div><div></div></div>
BR13.	(Besides that) have you had any miscarriages?	No ..... 3 → BR15 Yes ..... 1
BR14.	How many miscarriages have you had?	<div><div></div><div></div></div>
BR15.	INTERVIEWER GUIDELINE:  ADD THE NUMBERS (BR03, BR04, BR06, BR07, BR09, AND BR10) AND ENTER AMOUNT HERE: To confirm your answers, you have had <div><div></div><div></div></div> livebirths, is it correct ?	<div><div></div><div></div></div> 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 <div><div></div><div></div></div> stillbirths and miscarriages, is it correct?	<div><div></div><div></div></div> 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?	<div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS</div>
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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)	<div></div>
b. NUMBER OF STILL BIRTHS AND MISCARRIAGES (BR16)	<div></div>
c. Are you currently pregnant?	<div></div> <div>Yes ..... 1 → (ENTER “1”)</div> <div>No ..... 3 → (ENTER “0”)</div>
CH02b. TOTAL OF PREGNANCIES (a+b+c)	<div></div> <div>IF &gt; 0 → CH03</div> <div>IF = 0 → CH42b</div>

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	_____ AR.00	_____ AR.00	_____ AR.00
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.   /   /   →CH17 DAY / MONTH / YEAR 8. DON’T KNOW	1.   /   /   →CH17 DAY / MONTH / YEAR 8. DON’T KNOW	1.   /   /   →CH17 DAY / MONTH / YEAR 8. DON’T KNOW	1.   /   /   →CH17 DAY / MONTH / YEAR 8. DON’T KNOW
CH10a. How old were you when [...] was born/you had a miscarriage?	_____ Years	_____ Years	_____ Years	_____ Years
CH10b. USE AGE TO ESTIMATE CHILD’S YEAR OF BIRTH. (BIRTH YEAR OF MOTHER PLUS AGE AT CHILD’S BIRTH)	Year	Year	Year	Year
CH17. How far was/is the pregnancy when [...] was born/you had the miscariage/now?	_____ Month ..... 05 Weeks ..... 04 →CH06 COLUMN 2 / CH11	_____ Month.....05 Weeks.....04 →CH06 COLUMN 3 / CH11	_____ Month ..... 05 Weeks ..... 04 →CH06 COLUMN 4 / CH11	_____ 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



	[ 01 ]	[ 02 ]	[ 03 ]	[ 04 ]
<b>CH12. INTERVIEWER CHECK: CH09/CH10b</b> <b>3. PREGNANCY ENDED AFTER 2006</b> <b>1. PREGNANCY ENDED BEFORE 2007</b>	<b>3 → CH14a</b> 1	<b>3 → CH14a</b> 1	<b>3 → CH14a</b> 1	<b>3 → CH14a</b> 1
<b>CH13. INTERVIEWER'S NOTE:</b> <b>3. CH06 = 1, 3, 4</b> <b>1. CH06 = 2 (LIVE BIRTH)</b>	<b>3 → CH12 KOLOM 2 /CH42b</b> <b>1 → CH25</b>	<b>3 → CH12 KOLOM 3 /CH42b</b> <b>1 → CH25</b>	<b>3 → CH12 KOLOM 4 /CH42b</b> <b>1 → CH25</b>	<b>3 → CH12 SUPPLEMENT /CH42b</b> <b>1 → CH25</b>
<b>CH14a.</b> 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 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	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
<b>CH14.</b> During the pregnancy have/did you ever have a pregnancy check-up?	No ..... <b>3 → CH18</b> Yes _____ 1	No ..... <b>3 → CH18</b> Yes _____ 1	No ..... <b>3 → CH18</b> Yes _____ 1	No ..... <b>3 → CH18</b> Yes _____ 1
<b>CH15.</b> Where do/did you go for pregnancy check-ups? <b>(CIRCLE ALL THAT APPLY)</b> A. Public hospital ..... B. Private hospital ..... K. Maternity hospital..... C. Community health center (Puskesmas) ..... D. Village Delivery Post (POLINDES) ..... E. Clinic/office of physician ..... F. Clinic/office of midwife ..... G. Office of traditional midwife..... I. Posyandu..... J. Specialist ..... V. Other.....	A B K C D E F G I J V	A B K C D E F G I J V	A B K C D E F G I J V	A B K C D E F G I J V

SECTION CH (PREGNANCY HISTORY)

	[ 01 ]	[ 02 ]	[ 03 ]	[ 04 ]
<div>CH15a. What is the name and location of the provider you visited?</div> <div>(IF MORE THAN 1, ASK ABOUT PROVIDER VISITED MOST FREQUENTLY.)</div> <div>1. Specify</div> <div>3. Same as residence</div> <div>8. DON'T KNOW</div>	<div><div>    (CODE CH15)</div><div>Name8. DON'T KNOW</div><div>1._____</div><div>Address8. DON'T KNOW</div><div>1._____</div><div>Loc. Note_____</div><div>A. Vill: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>B. Kec: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>C. Kab: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>D. Prov: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>CODE COMFAS. _____</div></div>	<div><div>    (CODE CH15)</div><div>Name8. DON'T KNOW</div><div>1._____</div><div>Address8. DON'T KNOW</div><div>1._____</div><div>Loc. Note_____</div><div>A. Vill: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>B. Kec: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>C. Kab: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>D. Prov: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>CODE COMFAS. _____</div></div>	<div><div>    (CODE CH15)</div><div>Name8. DON'T KNOW</div><div>1._____</div><div>Address8. DON'T KNOW</div><div>1._____</div><div>Loc. Note_____</div><div>A. Vill: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>B. Kec: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>C. Kab: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>D. Prov: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>CODE COMFAS. _____</div></div>	<div><div>    (CODE CH15)</div><div>Name8. DON'T KNOW</div><div>1._____</div><div>Address8. DON'T KNOW</div><div>1._____</div><div>Loc. Note_____</div><div>A. Vill: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>B. Kec: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>C. Kab: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>D. Prov: 1. _____</div><div>3. Same8. DON'T KNOW</div><div>CODE COMFAS. _____</div></div>

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

## SECTION CH (PREGNANCY HISTORY)

	[ 01 ]	[ 02 ]	[ 03 ]	[ 04 ]
<b>CH16a.</b> During the first 3 months of your pregnancy, how many visits did you make for prenatal care?	1. <input type="text"/> Visits	1. <input type="text"/> Visits	1. <input type="text"/> Visits	1. <input type="text"/> Visits
<b>CH16b.</b> 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
<b>CH16c.</b> 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
<b>CH16d.</b> At any time during your pregnancy, did you receive the following services?	<b>1. Yes 3. No 8. DON'T KNOW</b>	<b>1. Yes 3. No 8. DON'T KNOW</b>	<b>1. Yes 3. No 8. DON'T KNOW</b>	<b>1. Yes 3. No 8. DON'T KNOW</b>
a. Weight.....	a. 1. 3. 8.	a. 1. 3. 8.	a. 1. 3. 8.	a. 1. 3. 8.
b. Height.....	b. 1. 3. 8.	b. 1. 3. 8.	b. 1. 3. 8.	b. 1. 3. 8.
c. Blood pressure.....	c. 1. 3. 8.	c. 1. 3. 8.	c. 1. 3. 8.	c. 1. 3. 8.
d. Blood test for hemoglobin .....	d. 1. 3. 8.	d. 1. 3. 8.	d. 1. 3. 8.	d. 1. 3. 8.
e. Measure of height of fetus.....	e. 1. 3. 8.	e. 1. 3. 8.	e. 1. 3. 8.	e. 1. 3. 8.
f. Listen to fetal heartbeat.....	f. 1. 3. 8.	f. 1. 3. 8.	f. 1. 3. 8.	f. 1. 3. 8.
g. Internal Exam.....	g. 1. 3. 8.	g. 1. 3. 8.	g. 1. 3. 8.	g. 1. 3. 8.
h. Measurement of hips .....	h. 1. 3. 8.	h. 1. 3. 8.	h. 1. 3. 8.	h. 1. 3. 8.
<b>CH16e.</b> 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
<b>CH16f.</b> 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
<b>CH16g.</b> How many iron pills did you take during your pregnancy?	1. <input type="text"/> pills 8. DON'T KNOW	1. <input type="text"/> pills 8. DON'T KNOW	1. <input type="text"/> pills 8. DON'T KNOW	1. <input type="text"/> pills 8. DON'T KNOW
<b>CH18. INTERVIEWER NOTE :</b> 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.
<b>CH18aa.</b> 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 <b>CH12 COLUMN 2 / CH42b</b>	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other <b>CH12 COLUMN 3 / CH42b</b>	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other <b>CH12 COLUMN 4 / CH42b</b>	01. Accident, fell, wrong drug 02. Aborted as doctor's recommended 03. Unwanted pregnancy 04. Sick 06. Too tired/too much work 95. Other <b>CH12 SUPPLEMENT / CH42b</b>
<b>CH18a.</b> 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 ]
<b>CH18b.</b> At the time that you gave birth to [...] were you experiencing above normal bleeding?	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3
<b>CH18c.</b> At the time that you gave birth to [...] were you experiencing high fever?	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3	Yes ..... 1 No ..... 3
<b>CH19.</b> 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 ]
<b>CH19a.</b> What is the name and location of the place you delivered [...]?  1. Specify 3. Same as residence 8. DON'T KNOW	<div> <div> <div></div> <div></div> <div></div> </div> <div>(KODE CH19)</div> </div> <div>           Name 8. DON'T KNOW            1. _____            Address 8. DON'T KNOW            1. _____            Loc. Note _____  <b>A. Vill:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>B. Kec:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>C. Kab:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>D. Prov:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>CODE COMFAS.</b>    _____         </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>(KODE CH19)</div> </div> <div>           Name 8. DON'T KNOW            1. _____            Address 8. DON'T KNOW            1. _____            Loc. Note _____  <b>A. Vill:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>B. Kec:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>C. Kab:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>D. Prov:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>CODE COMFAS.</b>    _____         </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>(KODE CH19)</div> </div> <div>           Name 8. DON'T KNOW            1. _____            Address 8. DON'T KNOW            1. _____            Loc. Note _____  <b>A. Vill:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>B. Kec:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>C. Kab:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>D. Prov:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>CODE COMFAS.</b>    _____         </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>(KODE CH19)</div> </div> <div>           Name 8. DON'T KNOW            1. _____            Address 8. DON'T KNOW            1. _____            Loc. Note _____  <b>A. Vill:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>B. Kec:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>C. Kab:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>D. Prov:</b> 1. _____                      3. Same 8. DON'T KNOW  <b>CODE COMFAS.</b>    _____         </div>
<b>CH20.</b> Who provided care during [...]’s birth?  <b>(CIRCLE ALL THAT APPLY)</b>	NOBODY ..... W→ <b>CH20c</b> Physician ..... A Private midwife ..... B Village midwife ..... C Nurse ..... D Traditional birth attendant ..... E Family ..... H Other ..... V	NOBODY ..... W→ <b>CH20c</b> Physician ..... A Private midwife ..... B Village midwife ..... C Nurse ..... D Traditional birth attendant ... E Family ..... H Other ..... V	NOBODY ..... W→ <b>CH20c</b> Physician ..... A Private midwife ..... B Village midwife ..... C Nurse ..... D Traditional birth attendant ..... E Family ..... H Other ..... V	NOBODY ..... W→ <b>CH20c</b> Physician ..... A Private midwife ..... B Village midwife ..... C Nurse ..... D Traditional birth attendant ..... E Family ..... H Other ..... V
<b>CH20a.</b> What is the name of the person who provided care? <b>(IF MORE THAN ONE ANSWER CIRCLED, ASK THE NAME OF THE MAIN ATTENDANT)</b>	<div> <div></div> <div>letter code, CH20</div> </div> <div>_____</div>	<div> <div></div> <div>letter code, CH20</div> </div> <div>_____</div>	<div> <div></div> <div>letter code, CH20</div> </div> <div>_____</div>	<div> <div></div> <div>letter code, CH20</div> </div> <div>_____</div>
<b>CH20c.</b> What factors led you to choose this delivery site/attendant?  <b>(CIRCLE ALL THAT APPLY)</b>	Cheap ..... A Nearby ..... B Feel Safe ..... C More Comfortable ..... D Modern Service ..... E Habit ..... G Family reason ..... H Few choices ..... I Medical reasons (abnormality) ..... K Psychological closeness ..... L Recommended by doctor/midwife ..... M Other ..... V	Cheap ..... A Nearby ..... B Feel Safe ..... C More Comfortable ..... D Modern Service ..... E Habit ..... G Family reason ..... H Few choices ..... I Medical reasons (abnormality) ..... K Psychological closeness ..... L Recommended by doctor/midwife ..... M Other ..... V	Cheap ..... A Nearby ..... B Feel Safe ..... C More Comfortable ..... D Modern Service ..... E Habit ..... G Family reason ..... H Few choices ..... I Medical reasons (abnormality) ..... K Psychological closeness ..... L Recommended by doctor/midwife ..... M Other ..... V	Cheap ..... A Nearby ..... B Feel Safe ..... C More Comfortable ..... D Modern Service ..... E Habit ..... G Family reason ..... H Few choices ..... I Medical reasons (abnormality) ..... K Psychological closeness ..... L Recommended by doctor/midwife ..... M Other ..... V

**HHID:**                                **PID:**

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?	Yes .....1 No .....3	Yes .....1 No .....3	Yes .....1 No .....3	Yes .....1 No .....3
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	No .....3 → CH24a Yes .....1	No .....3 → CH24a Yes .....1	No ..... 3 → CH24a Yes ..... 1
CH24. To be exact, how many kilograms was [...]’s birth weight?	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg	<input type="text"/> . <input type="text"/> Kg
CH24a. Did you ever breastfeed [...] even for a short period?	No .....3 → CH25 Yes .....1	No .....3 → CH25 Yes .....1	No .....3 → CH25 Yes .....1	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 ]
<b>CH24d.</b> 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"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <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"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed	01. <input type="text"/> <input type="text"/> 03. Days 04. Weels 05. Months 88. Died Before Ever Fed 96. Not Yet Fed
<b>CH24e.</b> For how many months did you breastfeed [...]?	96. Still Breastfeeding → <b>CH25</b> 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding	96. Still Breastfeeding → <b>CH25</b> 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding	96. Still Breastfeeding → <b>CH25</b> 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding	96. Still Breastfeeding → <b>CH25</b> 05. <input type="text"/> <input type="text"/> Months 88. Died While Breastfeeding
<b>CH24f.</b> Why did you stop breastfeeding [...]? <b>CIRCLE ALL THAT APPLY</b> A. Mother sick/weak..... B. Sore nipples ..... C. Work..... D. Inconvenience ..... E. Take contraceptive pills ..... F. Want to get pregnant ..... G. Was pregnant again ..... H. Insufficient breast milk ..... I. Child's death..... J. Child's sickness..... K. Child in incubator..... L. Child did not develop ..... M. Child did not want ..... N. Child lived separately ..... O. Dr/nurse's recommendations ..... P. Husband's objections ..... Q. Child's inability to suck ..... R. Child was big enough ..... V. Other.....	<div>A</div> <div>B</div> <div>C</div> <div>D</div> <div>E</div> <div>F</div> <div>G</div> <div>H</div> <div>I</div> <div>J</div> <div>K</div> <div>L</div> <div>M</div> <div>N</div> <div>O</div> <div>P</div> <div>Q</div> <div>R</div> <div>V</div>	<div>A</div> <div>B</div> <div>C</div> <div>D</div> <div>E</div> <div>F</div> <div>G</div> <div>H</div> <div>I</div> <div>J</div> <div>K</div> <div>L</div> <div>M</div> <div>N</div> <div>O</div> <div>P</div> <div>Q</div> <div>R</div> <div>V</div>	<div>A</div> <div>B</div> <div>C</div> <div>D</div> <div>E</div> <div>F</div> <div>G</div> <div>H</div> <div>I</div> <div>J</div> <div>K</div> <div>L</div> <div>M</div> <div>N</div> <div>O</div> <div>P</div> <div>Q</div> <div>R</div> <div>V</div>	<div>A</div> <div>B</div> <div>C</div> <div>D</div> <div>E</div> <div>F</div> <div>G</div> <div>H</div> <div>I</div> <div>J</div> <div>K</div> <div>L</div> <div>M</div> <div>N</div> <div>O</div> <div>P</div> <div>Q</div> <div>R</div> <div>V</div>
<b>CH25.</b> Is [...] still alive?	Yes ..... 1 → <b>CH27</b> No ..... 3	Yes ..... 1 → <b>CH27</b> No ..... 3	Yes ..... 1 → <b>CH27</b> No ..... 3	Yes ..... 1 → <b>CH27</b> No ..... 3

SECTION CH (PREGNANCY HISTORY)

	[ 01 ]	[ 02 ]	[ 03 ]	[ 04 ]
CH26. How old was [...] when he/she died?	<div><div></div><div></div><div></div></div> <div>Days ..... 03 weeks..... 04 Months ..... 05 Years ..... 06</div>	<div><div></div><div></div><div></div></div> <div>Days ..... 03 weeks ..... 04 Months ..... 05 Years ..... 06</div>	<div><div></div><div></div><div></div></div> <div>Days ..... 03 weeks ..... 04 Months ..... 05 Years ..... 06</div>	<div><div></div><div></div><div></div></div> <div>Days ..... 03 weeks ..... 04 Months ..... 05 Years ..... 06</div>
CH27. INTERVIEWER CHECK: IS [...] LISTED IN THE HH ROSTER?  1. CHILD LIVES IN HH, WRITE LIST NO. FROM AR00 2. CHILD DIED/NOT LIVES IN HH BUT IS LISTED IN HH ROSTER, WRITE LIST NO. FROM AR00 3. CHILD IS NOT LISTED IN HH ROSTER	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>	<div>1 <div><div></div><div></div><div></div></div></div> <div>2 <div><div></div><div></div><div></div></div></div> <div>3</div>
CH27b. INTERVIEWER CHECK CH25 AND CH27:  1. ALIVE, IN HH (CH27=1) ..... 3. ALIVE NOT IN HH (CH27=2 OR 3 AND CH25=1) ..... 5. DEAD (CH25=3).....	<div>1 ➔ CH12 COLUMN 2 / CH42b</div> <div>3</div> <div>5</div>	<div>1 ➔ CH12 COLUMN 3 / CH42b</div> <div>3</div> <div>5</div>	<div>1 ➔ CH12 COLUMN 4 / CH42b</div> <div>3</div> <div>5</div>	<div>1 ➔ CH12 SUPPLEMENT / CH42b</div> <div>3</div> <div>5</div>
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 ..... 02. Married ..... 03. Separated ..... 04. Divorced ..... 05. Widow/widower..... 98. DON'T KNOW .....	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>98</div>	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>98</div>	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>98</div>	<div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>98</div>



SECTION CH (PREGNANCY HISTORY)

	[ 01 ]	[ 02 ]	[ 03 ]	[ 04 ]
<b>CH31a.</b> 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
<b>CH32a.</b> 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
<b>CH32b.</b> When [...] were twelve years old were you and your spouse married?	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA
<b>CH32c.</b> Were [...] living with you when [...] were twelve ?	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA	1. Yes 3. No 6. NA

SECTION CH (PREGNANCY HISTORY)

	[ 01 ]	[ 02 ]	[ 03 ]	[ 04 ]
<b>CH32d.</b> 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
<b>CH33a.</b> Where does/did [...] live now/before his/her death?	<b>00 → CH12 COLUMN 2 / CH42b</b> [ ][ ][ ]	<b>00 → CH12 COLUMN 3 / CH42b</b> [ ][ ][ ]	<b>00 → CH12 COLUMN 4 / CH42b</b> [ ][ ][ ]	<b>00 → CH12 SUPPLEMENT / CH42b</b> [ ][ ][ ]
<b>CH34a.</b> 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
<b>CH35a.</b> 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

<b>CODE CH33a:</b>				
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 ]
<b>CH39a.</b> What type of help did you provide to [...] in the past 12 months and what is the value?  A. Money, loan, tuition, health care costs  D. Food stuffs or other goods  G. Chores, child care, help when ill 03. Days 05. Months  H Helping family business 03. Days 05. Months  V. Other	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp
<b>CH40a.</b> In the past 12 months, did you or your husband ever receive help from [...] in the form of money, goods, or services?	UNWILLING TO ANSWER.....7→CH12 COLUMN 2 / CH42b  No.....3→CH12 COLUMN 2 / CH42b  Yes ..... 1	UNWILLING TO ANSWER.....7→CH12 COLUMN 3 / CH42b  No.....3→CH12 COLUMN 3 / CH42b  Yes ..... 1	UNWILLING TO ANSWER.....7→CH12 COLUMN 4 / CH42b  No.....3→CH12 COLUMN 4 / CH42b  Yes ..... 1	UNWILLING TO ANSWER . 7→CH12 SUPPLEMENT / CH42b  No ..... 3→CH12 SUPPLEMENT/ CH42b  Yes ..... 1
<b>CH41a.</b> What type of help did you provide to [...] in the past 12 months and what is the value?  A. Money, loan, tuition, health care costs  D. Food stuffs or other goods  G. Chores, child care, help when ill 03. Days 05. Months H. Helping family business 03. Days 05. Months  V. Other	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp  → CH12 COLUMN 2/CH42b	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp  → CH12 COLUMN 3/CH42b	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp  → CH12 COLUMN 4/CH42b	(CIRCLE ALL THAT APPLY)  A. _____ Rupiah  D. _____  G. _____ 03. DAYS 05. MONTHS  H. _____ 03. DAYS 05. MONTHS  V. _____ Rp  →CH12 SUPLEMENT/CH42b
<b>CH42b.</b> 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?			No ..... 3 →SECTION CX Yes ..... 2	

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.	BX78.	BX79.	BX80.	BX81.	BX82a.	BX83a.	BX84.	BX84a.	BX84b.
		(NAME)	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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	<div></div>	<div></div>	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 <b>provide</b> 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 <b>receive</b> 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"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 2 / SECTION CX 3 ➔BX63b ROW 2 / SECTION CX 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
			7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 3 / SECTION CX 3 ➔BX63b ROW 3 / SECTION CX 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
			7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 4 / SECTION CX 3 ➔BX63b ROW 4 / SECTION CX 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
			7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. .... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b ROW 5 / SECTION CX 3 ➔BX63b ROW 5 / SECTION CX 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. .... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.
			7 ➔BX89a 3 ➔BX89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.	7 ➔BX63b SUPPLEMENT / SECTION CX 3 ➔BX63b SUPPLEMENT / SECTION CX 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp. G. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months H. <input type="checkbox"/> <input type="checkbox"/> 03. Days 05. Months V. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rp.

**CODE 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?
<div>  </div>	01		23	<div> </div>	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1. <div>  </div> years 8. DK	1. Yes→ 3. No↓	<div> </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	02		23	<div> </div>	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1. <div>  </div> years 8. DK	1. Yes→ 3. No↓	<div> </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	03		23	<div> </div>	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1. <div>  </div> years 8. DK	1. Yes→ 3. No↓	<div> </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	04		23	<div> </div>	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1. <div>  </div> years 8. DK	1. Yes→ 3. No↓	<div> </div>	<div>  </div>	<div>  </div>	<div>  </div>
<div>  </div>	05		23	<div> </div>	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1→BX66 8→BX66 3	1. <div>  </div> / <div>  </div> Month / Year 8. DON'T KNOW	1. <div>  </div> years 8. DK	1. Yes→ 3. No↓	<div> </div>	<div>  </div>	<div>  </div>	<div>  </div>

**CODE BXAR00:**  
96. Not Registered at the Roster

**CODE BX64:**  
1. Male  
3. Female

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

CODE BX70:			
00. In the same household	18. Lampung	60. Kalimantan	81. Maluku
01. In the same village	19. Bangka Belitung	61. West Kalimantan	82. North Maluku
02. In the same subdistrict	20. Riau Islands	62. Central Kalimantan	90. Irian
03. In the same district	30. Java	63. South Kalimantan	91. West Irian Jaya
04. In the same province	31. DKI Jakarta	64. East Kalimantan	94. Papua
10. Sumatera	32. West Java	70. Sulawesi	101. Malaysia
11. Nanggroe Aceh Darussalam	33. Central Java	71. North Sulawesi	102. Singapore
12. North Sumatra	34. D.I. Yogyakarta	72. Central Sulawesi	103. Brunei Darussalam
13. West Sumatra	35. East Java	73. South Sulawesi	104. Hongkong
14. Riau	36. Banten	74. Southeast Sulawesi	105. Japan
15. Jambi	51. Bali	75. Gorontalo	106. South Korea
16. South Sumatra	52. West Nusa Tenggara	76. West Sulawesi	107. Taiwan
17. Bengkulu	53. East Nusa Tenggara		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.	<b>Contraceptive Pill</b> A woman can take contraceptive pills every day	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Years    ↓    8. DK	____ Years
B.	<b>IUD/AKDR/Spiral</b> 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    ↓    8. DK	____ Years
C.	<b>Contraceptive Injections</b> 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    ↓    8. DK	____ Years
F.	<b>Contraceptive Tubes/IMPLANT/NORPLANT</b> A woman can have small tubes implanted in her arm to prevent pregnancy	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Years    ↓    8. DK	____ Years
F1.	<b>Intravag</b> Kind of Tissue to kill spermatozoa inserted into vagina	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Years    ↓    8. DK	____ Years
F2.	<b>Female Condom / Femidom</b> A kind of condom designated for woman	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Years    ↓    8. DK	____ Years
G.	<b>Tubal Ligation/Female Sterilization</b> A woman can undergo surgery to prevent pregnancy	3. No ↓ 1. Yes	3. No ↓ 1. Yes		
I.	<b>Abortion</b> A woman can do something or have someone do something to end a pregnancy	3. No ↓ 1. Yes	3. No ↓ 1. Yes	1. Years    ↓    8. DK	____ Years
E.	<b>Condom</b> A man can wear a condom during intercourse	3. No ↓ 1. Yes	3. No ↓ 1. Yes		
H.	<b>Vasectomy/Male Sterilization</b> A man can undergo surgery to prevent having another child	3. No ↓ CX20	3. No ↓ →CX20		



SECTION CX (CONTRACEPTIVE USE)

<b>CX20.</b> Do you/does your husband now use a device/method to postpone or prevent a pregnancy?	No ..... 3 ➔ <b>CX26</b> Yes ..... 1
<b>CX21.</b> Which birth control device/method do you/does your husband use now?	Rhythm/calendar ..... 11 ➔ <b>CP</b> Coitus interruptus ..... 12 ➔ <b>CP</b> Traditional Herbs ..... 13 ➔ <b>CP</b> Traditional massage ..... 14 ➔ <b>CP</b> Other ..... 95 ➔ <b>CP</b> 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
<b>CX21aa.</b> When did you first receive this method?	1.    / Month / Year 8. DON'T KNOW
<b>CX21a.</b> When did you (last) receive this method?	1.    / Month / Year 8. DON'T KNOW
<b>CX21b.</b> What facility did you visit?	Public hospital .....01 Private hospital .....02 Puskesmas, Pembantu.....03 Private clinic .....04 Posyandu.....05 Birth control post/association.....06 Fieldworker (PLKB) .....07 TKBK/TMK.....08 Pharmacist/drugstore .....09 Private physician .....10 Nurse/paramedic .....11 Midwife .....12 Traditional midwife.....13 Friend/family.....14 Village midwife/Village Polyclinic .....16 DON'T KNOW .....98 Other .....95

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

HHID:   PID:

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

<b>CX22.</b> In your visits to the provider who provides the method you are currently using, has the provider ever:  a. Explained the possibility of side effects due to the use of the birth control device/method being used?  b. Explained what has to be done or where to seek help if side effects occur?  c. Asked about your health history before prescribing contraception?	  Ever ..... 1 Never ..... 3 DON'T KNOW ..... 8  Ever ..... 1 Never ..... 3 DON'T KNOW ..... 8  Ever ..... 1 Never ..... 3 DON'T KNOW ..... 8
<b>CX22d.</b> Since you started using the current method for birth control, have you ever had health problems or side effects?"	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
<b>CX22e.</b> Did you visit any medical faciltiy for these side effects?	No ..... 3 →CX22h Yes ..... 1
<b>CX22f.</b> When did you visit the medical facility? ( <b>Most recent visit</b> )	month of ____/ year _____

<b>CX22g.</b> What is the name and where is it located?  1. Specify 3. Same as residence 8. DON'T KNOW	<div>____ (CODE CX21b)</div> <div><b>Name:</b> 1. _____ 8. DK _____</div> <div><b>Address:</b> 1. _____ 8. DK _____ _____ _____</div> <div><b>Loc. Note:</b> 1. _____ 8. DK _____ _____ _____</div> <div><b>Vill:</b> 1. _____ 3. Same as residence 8. DON'T KNOW</div> <div><b>Kec:</b> 1. _____ 3. Same as residence 8. DON'T KNOW</div> <div><b>Kab:</b> 1. _____ 3. Same as residence 8. DON'T KNOW</div> <div><b>Prov:</b> 1. _____ 3. Same as residence 8. DON'T KNOW</div> <div>CODE COMFAS ____</div>
<b>CX22h.</b> Before you/your husband use the current method, did you use any other birth control method?	No ..... 3 →CX27 Yes ..... 1

SECTION BX (NON-CO RESIDENT ADOPTED CHILD ROSTER)

<b>CX22i.</b> What was the method you/your husband using before?	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 Rhythm/calendar .....11 Coitus interruptus .....12 Traditional Herbs .....13 Traditional massage .....14 Female Condom (Femidom) .....15 DON'T KNOW .....98 Other.....95
<b>CX22j.</b> What was the reason you stopped using the method?	(Got) pregnant while using.....A Wants to get pregnant .....B Husband's objection .....C Side effects .....D Health problems .....E Difficulty in getting pregnant .....F Wants more effective methods .....G Uncomfortable .....H Husband was absent .....I Too expensive .....J Menopause .....K Divorced/widow .....L Detached (device) .....M Too hard to use/tired of using.....N Method not available.....O Other.....V  ➔CX27

HHID: PID:

<b>CX26.</b> Why don't you/ your husband currently use any of the birth control devices/methods to prevent pregnancy?  (CIRCLE ALL THAT APPLY)	MENOPAUSE/HYSTERECTOMY .....P➔SECTION CP IS PREGNANT .....A WANT TO HAVE A CHILD .....B LACK OF KNOWLEDGE .....C HUSBAND DISAPPROVES.....D HIGH COST .....E HEALTH REASONS .....F SIDE EFFECTS .....G ADVICE OF DR/NURSE/MIDWIFE .....H DIFFICULTY IN OBTAINING METHOD .....I RELIGION .....J RESPONDENT DISAPPROVES .....K FAMILY DISAPPROVES .....L DO NOT CARE/ INDIFFERENT.....M INFREQUENT INTERCOURSE .....N DIFFICULTY IN GETTING PREGNANT .....O DIVORCEE/WIDOW .....P1 INCONVENIENT.....Q HUSBAND'S ABSENCE .....R JUST GAVE BIRTH (PRE-MENSTRUAL).....S JUST GAVE BIRTH (NO SEX).....T BREASTFEEDING .....U KIDS GROWN .....W DON'T WANT TO USE .....X OTHER .....V
<b>CX27.</b> Do you/your husband plan to use a birth control device/method to postpone/prevent pregnancy in the future?	No ..... 3 ➔SECTION CP DON'T KNOW ..... 8 ➔SECTION CP Yes..... 1
<b>CX28.</b> If some day you/your husband plans to use birth control, what method would you prefer?	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 Rhythm/calendar .....11 Coitus interruptus.....12 Traditional Herbs.....13 Traditional massage.....14 Female Condom (Femidom) .....15 DON'T KNOW .....98 Other.....95

SECTION CP (INTERVIEW SESSION NOTES)

EVALUATION FORM FOR BOOK IV

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