

INTERVIEWER : _____ | | | |
EDITOR : _____ | | | |

Respondent is an adult 15 years or older

<div>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED ROSTER</div> <div>AR00</div> <div>NAME OF RESPONDENT: _____</div> <div>COV1.RESPONDENT IS: Head of Household (AR02b=01)1 Head of Household (AR02b=02)2 Other Householder3</div> <div>COV9. CO TYPE : 1. LIST A 2. LIST B 3. LIST C 4. LIST D</div>				<div>TO BE FILLED OUT BY INTERVIEWER FOR BOOK III</div> <div>QUESTIONS FOR RESPONDENT:</div> <div>COV3.How old are you? _____ years</div> <div>COV4. What is your marital status: Never married1 Married2 Separated.....3 Divorce4 Widow/er5</div> <div>COV5. Sex: Male1 Female3</div> <div>COV6. Date of Birth: _____ / _____ / _____ Day Month Year</div>				<div>INDONESIAN LANGUAGE CODES</div> <div>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_____</div>																											
<table><tr><td>INTERVIEW</td><td>1</td><td>2</td><td>3</td></tr><tr><td>DATE:</td><td>____/____/____</td><td>____/____/____</td><td>____/____/____</td></tr><tr><td></td><td>DAY/MONTH/YEAR</td><td>DAY/MONTH/YEAR</td><td>DAY/MONTH/YEAR</td></tr><tr><td>TIME STARTED:</td><td>____/____</td><td>____/____</td><td>____/____</td></tr><tr><td></td><td>HOUR/MINUTE</td><td>HOUR/MINUTE</td><td>HOUR/MINUTE</td></tr><tr><td>TIME FINISHED:</td><td>____/____</td><td>____/____</td><td>____/____</td></tr><tr><td></td><td>HOUR/MINUTE</td><td>HOUR/MINUTE</td><td>HOUR/MINUTE</td></tr></table>				INTERVIEW	1	2	3	DATE:	____/____/____	____/____/____	____/____/____		DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR	TIME STARTED:	____/____	____/____	____/____		HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE	TIME FINISHED:	____/____	____/____	____/____		HOUR/MINUTE	HOUR/MINUTE	HOUR/MINUTE	<div>CK1. Interview was entirely/mostly conducted in what language?</div> <div>____ Other, mention _____</div> <div>CK2. Other language used (if any):</div> <div>____ Other, mention _____</div>			
INTERVIEW	1	2	3																																
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<div>C1. RESULT OF INTERVIEW OF BOOK IIIB</div> <div>1. Completed→C3 2. Partially completed 3. Not completed</div>		<div>C2. REASON CODE FOR ANSWER “3”/“2” ON C1</div> <div>1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____</div>		<div>C3. REVIEW BY EDITOR</div> <div>1. Entered, no corrections necessary 2. Entered AND corrected 4. Manual edit without CAFÉ 3. Entered, but not corrected, explain: _____</div>		<div>C4. SUPERVISOR MONITORING</div> <div><div>YesNo</div><div>a. Observed13</div><div>b. Edited13</div><div>c. Verified.....13</div></div>																													

SECTION KM (SMOKING BEHAVIOUR)

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

KM01a.	Have you ever chewed tobacco, smoked a pipe, smoked self-rolled cigarettes, or smoked cigarettes/cigars?	No 3 → SECTION KK Yes 1
KM01b.	Products normally used: Chewing tobacco	1. Yes 3. No 1 3
KM01c.	Smoking a pipe	1 3
KM01d.	Smoking self-rolled cigarettes	1 3
KM01e.	Smoking cigarettes/cigars	1 3
KM02a.	INTERVIEWER'S CHECK KM01e: DOES KM01e=1 (SMOKING CIGARETTES/CIGARS)?	NO 3→KM04 YES 1
KM03.	Are the cigarettes classified as: ANSWER MAY BE MORE THAN ONE	Filtered cigarette A Unfiltered cigarette B Filtered cloves cigarette C Unfiltered cloves cigarette D Cigar E
KM04.	Do you still have the habit or have you totally quit?	still have 1 → KM05b quit 3
KM05aa.	At what age did you totally quit from [...]?	1. [...] Years 8. DON'T KNOW
KM05b.	INTERVIEWER CHECK KM01b KM01c KM01d: DOES KM01b=1 or KM01c=1 or KM01d=1 (CHEWING TOBACCO/SMOKING A PIPE)?	NO 3 → KM07 YES 1
KM06.	In one week how many ounces (100 grams) did/do you consume now/before totally quitting of chewing tobacco and smoking pipe?	[...] ounce (100 gr) 1 DON'T KNOW 8
KM06a.	INTERVIEWER CHECK KM04=1	NO 3 → KM07 YES 1
KM06b.	What's the price for 1 ounce you have to pay?	[...] , [...] Rp. 1 DON'T KNOW 8
KM07.	INTERVIEWER CHECK KM01d AND KM01e: DOES KM01d=1 OR KM01e=1 (SMOKING SELF-ROLLED CIGARETTES / CIGARETTES/CIGARS)?	NO 3 → KM09 YES 1

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

SECTION KK (HEALTH CONDITIONS)

Next we would like to know about your health.

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

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

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

SECTION KK (HEALTH CONDITIONS)

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

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

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

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

KK04a. INTERVIEWER CHECK:	IF ALL OF ANSWER KK03a-KK03r = 11→KK04j IF ANY OF ANSWER KK03a-KK03r = 3 OR 53→KK04b
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SECTION KK (HEALTH CONDITIONS)

Now we would like to know if about help you may have received in your daily activities.

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

CODE KK04d DAN KK04k:									
02. Spouse	04. Non-biological child	06. Parent	08. Sibling	10. Grandchild	12. Uncle/aunt	14. Cousin	16. Other family		
03. Biological child	05. Son/daughter-in-law	07. Parent-in-law	09. Brother/sister-in-law	11. Grandparent	13. Nephew/niece	15. Servant	17. Non-family		

KK05x INTERVIEWER CHECK COV3: AGE OF RESPONDENT?	AGE <40 3→SECTION CD AGE ≥ 40..... 1
KK05. INTERVIEWER CHECK COV3: AGE OF RESPONDENT?	1. <64 YEAR →COLUMN A 4. 75 - 79 YEAR → COLUMN D 7. 95-99 YEAR→ COLUMN G 2. 65 –69 YEAR →COLUMN B 5. 80 – 84 YEAR → COLUMN E 8. ≥100YEAR→COLUMNH 3. 70 – 74 YEAR →COLUMN C 6. 85 – 94 YEAR → COLUMN F

AGE (KK1TYPE)	A	B	C	D	E	F	G	H
	75 years	80years	85 years	90 years	95 years	100 years	105 years	110 years
KK06. Suppose there are 5 steps, where the lowest step represents the smallest chance and the highest step represents the highest chance, on what step do you think is your chance in reaching the age of [...]? 1 (almost impossible) 5 (almost certain)	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5

SEKSI CD (CHRONIC CONDITIONS)

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

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

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

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

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

SEKSI CD (CHRONIC CONDITIONS)

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

KODE CD06:		
A. Brain	I. Stomach	Q. Endometrium
B. Oral cavity	J. Liver	R. Colon/Rectum
C. Larynx	K. Pancreas	S. Bladder
D. Other pharynx	L. Kidney	T. Skin
E. Thyroid	M. Prostate	U. Non Hodgkin lymphoma
F. Lungs	N. Testicle	X. Leukemia
G. Breast	O. Ovary	V. Other
H. Oesophagus	P. Cervix	

SEKSI CD (CHRONIC CONDITIONS)

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

SECTION KP (MENTAL HEALTH)

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

KPTYPE	KP01.	KP02.			
	In the past week did you feel [...]?	How often ?			
A. I was bothered by things that usually don't bother me	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
B. I had trouble concentrating in what I was doing	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
C. I felt depressed	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
D. I felt everything I did was an effort	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
E. I felt hopeful about the future	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
F. I felt fearful	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
G. My sleep was restless	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
H. I was happy	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
I. I felt lonely	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
J. I could not get going	Yes..... 1 No 3↓	1. Rarely(<1 day)	2. Some days (1-2 days)	3. Occasionally (3-4 days)	4. Most of the time (5-7 days)
SECTION CO					

SEKSI CO (COGNITIVE CAPACITY)

Now I am going to ask some simple questions.

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

Let's try some subtraction of numbers now.

CO04a. What are 100 minus 7 equal to?	1.	7. REFUSE→CO04f	8. DON'T KNOW →CO04f
CO04b. And - 7 from that?	1.	7. REFUSE→CO05	8. DON'T KNOW→CO05
CO04c And - 7 from that?	1.	7. REFUSE→CO05	8. DON'T KNOW→CO05
CO04d And - 7 from that?	1.	7. REFUSE→CO05	8. DON'T KNOW→CO05
CO04e And - 7 from that?	1. →CO05	7. REFUSE→CO05	8. DON'T KNOW→CO05
CO04f. What are100 minus 30 equals to?	1.	7. REFUSE	8. DON'T KNOW

SEKSI CO (COGNITIVE CAPACITY)

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

CO05. INTERVIEWER CHECK: PROBING DO IF NECESSARY, TO CONVINCING THAT THE RESPONDENT TO DO UNDERSTAND TASK.DO NOT START BEFORE RESPONDENT UNDERSTAND	REFUSE.....7→SECTIONMA PARTICIPATE1
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CO06. INTERVIEWER CHECK COV9 AND CIRCLE THE LIST OF WORDS TO USE: 1. A 2. B 3. C 4.D
--

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

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

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

SEKSI CO (COGNITIVE CAPACITY)

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

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

CO08. INTERVIEWER CHECK: WRITE DOWN THE TIME NOW

____ / ____
HOUR / MINUTE

SECTION MA (ACUTE MORBIDITY)

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

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

MA07. INTERVIEWER CHECK COV3: RESPONDENT'S AGE?	RESPONDENT IS< 40YEARS3→MA15 RESPONDENT IS ≥40 YEARS 1
MA08a. Do you have to often get up during the night to urinate?	Yes 1 No 3
MA08b. If you have a cut or wound, does it take a long time to heal?	Yes 1 No 3
MA08c. Do you ever feel pain on the left side of your chest?	Yes 1 No 3
MA08d. Do you ever feel chest pains when climbing stairs/or up hill?	Yes 1 No 3
MA08e. Do you ever feel chest pains when you are active or walk fast?	Yes 1 No 3
MA08f. Do you often have a headache or pain on backneck when you wake up in the morning?	Yes 1 No 3

SECTION MA (ACUTE MORBIDITY)

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

MA15. Have you ever been in a traffic accident and received treatment?	No3→MA18 Yes1
MA16. When were you injured in a traffic accident? (Most recent one if more than once)	/ Month / Year
MA17. Does the injury caused by the accident limit your daily activities?	1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all
MA18. Have you fallen down in the last two years?	No3→MA22 Yes1
MA19. How many times have you fallen down in the last two years?	Times
MA20. When did you last fall and need treatment? (Most recent one if more than once)	/ 1 Month / Year NOT APPLICABLE6
MA21. Does the injury caused by the fall limit your daily activities?	1. Yes, very much so 2. Yes, to some degree 3. No, not much 4. No, not at all
MA22. Have you ever fractured your hip?	No3 Yes1

SECTION CO (COGNITIVE CAPACITY)

CO09. INTERVIEWER CHECK: WRITE DOWN THE TIME NOW

__ / __
HOUR / MINUTE

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

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

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

SECTION AK (HEALTH INSURANCE)

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

AK01. Are you the policy holder/primary beneficiary of health benefits, health insurance, such as ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS ?	No 3 → AK06 Yes 1
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Benefit Type (AKTYPE)	AK02.	AK03.	AK04.	AK05.	
	Do your benefits include [...]?	When did this benefit begin?	Does this benefit cover outpatient visits to public and private health centers? (CIRCLE ALL THAT APPLY)	Who else in the household is covered under this benefit? (CIRCLE ALL THAT APPLY)	
A. Health Insurance (PT ASKES)	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. PublicHospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parents/ Brother/Sister
B. Labor (Social) Insurance (ASTEK Jamsostek)	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. PublicHospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parents/ Brother/Sister
C. Employer provided health insurance/benefits	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. PublicHospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parents/ Brother/Sister
D. Employer Provided Clinic	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. PublicHospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parents/ Brother/Sister
E. Private Insurance	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. PublicHospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parents/ Brother/Sister
G. Savings-related insurance	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. PublicHospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parents/ Brother/Sister
H. JAMKESMAS	1. Yes → 3. No ↓ 8. DON'T KNOW ↓	1. Year _ _ _ _ 8. DON'T KNOW	A. Puskesmas or Pustu B. Private C. PublicHospital G. Employer Provided clinic	A. Spouse C. 2nd oldest child E. Other child V. Other	B. Oldest child D. 3rd oldest child W. NO ONE H. Parents/ Brother/Sister

SECTION AK (HEALTH INSURANCE)

AK06. Since 2007, have you lost anyhealth insurance coverage, such as ASKES, ASTEK/Jamsostek, employer provided medical reimbursement, employer provided clinic, private health insurance, savings-related insurance, JAMKESMAS?	No 3 ➔ SECTION PS Yes 1
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Benefit Type (AKTYPE)	AK07.	AK08.
	What benefits did you lose?	When did the benefits end?
A. Health Insurance (<i>PT ASKES</i>)	1. Yes ➔ 3. No 8. DON'T KNOW ↓ ↓	___ / ___ 1 Month Year DON'T KNOW 8
B. Labor (Social) Insurance (<i>ASTEK Jamsostek</i>)	1. Yes ➔ 3. No 8. DON'T KNOW ↓ ↓	___ / ___ 1 Month Year DON'T KNOW 8
C. Employer provided health insurance/benefits	1. Yes ➔ 3. No 8. DON'T KNOW ↓ ↓	___ / ___ 1 Month Year DON'T KNOW 8
D. Employer Provided Clinic	1. Yes ➔ 3. No 8. DON'T KNOW ↓ ↓	___ / ___ 1 Month Year DON'T KNOW 8
E. Private Insurance	1. Yes ➔ 3. No 8. DON'T KNOW ↓ ↓	___ / ___ 1 Month Year DON'T KNOW 8
G. Savings-related insurance	1. Yes ➔ 3. No 8. DON'T KNOW ↓ ↓	___ / ___ 1 Month Year DON'T KNOW 8
H. JAMKESMAS	1. Yes ➔ 3. No 8. DON'T KNOW ↓ ↓ SECTION PS SECTION PS	___ / ___ 1 Month Year DON'T KNOW 8

SECTION PS (SELF TREATMENT)

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

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

SECTION PS (SELF TREATMENT)

HHID [][][][][][][] PID [][]

RJ04a. INTERVIEWER CHECK COV3: AGE ≥ 50 YEARS?	NO 3 → RJ00a YES..... 1
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Now we would like to ask you some question about your visit to the Posyandu for the Elderly

RJ04b. In the past 4 weeks, did you visit a Posyandu for the elderly?	No 3 → RJ00a Yes..... 1
RJ04c. What is the name and location of the Posyandu for the elderly?	<div> Name 1. 8. DK </div> <div> Address 1. 8. DK </div> <div> Loc. Note 1. 8. DK </div> <div> Vill: 1. 3. Same as residence 8. DON'T KNOW </div> <div> Kec:1. 3. Same as residence 8. DON'T KNOW </div> <div> Kab:1. 3. Same as residence 8. DON'T KNOW </div> <div> Prov1. 3. Same as residence 8. DON'T KNOW </div> <div> CODE CF [][][][] [][][][][] </div>

RJ04d.	What was the purpose of your visit to the Posyandu for the Elderly?	CIRCLE ALL THAT APPLY
A.	Healthchecks	A
B.	Foodsupplement	B
C.	Meeting withotherelderly	C
D.	Activitieswithotherelderly	D
E.	Counseling	E
V.	Other.....	V

RJ04e.	How many kilometers is it from the medical facility to your residence? (ONE-WAY)	_____ . _____ km 1 DON'T KNOW 8
RJ04f.	What is the travel time (one-way) to that facility?	1. _____ 02. Minute 03. Hour 8. DON'T KNOW
RJ04g.	What was the total transportation cost to the facility (INCLUDING FUEL COST, ONE WAY TRIP)?	_____ . _____ Rp. 1 DON'T KNOW 8
RJ04h.	What was the total cost of treatment or consultation including medications that may have been administered, not including prescription cost?	_____, _____, _____ Rp. 1 DIDN'T PAY ANYTHING 3 DON'T KNOW 8
RJ04i.	Was a Puskesmas staff present in the Posyandu Lansia?	No 3 Yes 1

SECTION RJ (OUTPATIENT CARE)

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

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

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

HHID PID

RJ05a.	What is the type of medical facility or type of provider?	<input type="checkbox"/> _____
RJ06.	What is the name and location of the medical provider? 1. SPECIFY 3. Same as residence 8. DON'T KNOW	Name 1. _____ 8. DK _____ Address 1. _____ 8. DK _____ _____ Loc. Note 1. _____ 8. DK _____ _____ Vill: 1. _____ 3. Same as residence 8. DON'T KNOW Kec: 1. _____ 3. Same as residence 8. DON'T KNOW Kab: 1. _____ 3. Same as residence 8. DON'T KNOW Prov: 1. _____ 3. Same as residence 8. DON'T KNOW CODE CF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RJ08.	What was the purpose of visit? B. Immunization..... C. Consultation..... D. Medical check up E. Medication F. Injection H. Treatment of injury I. Treatment of illness..... J. Massage K. Familyplanning consultation L. Prenatal check M. Physiotherapy V. Other.....	CIRCLE ALL THAT APPLY B C D E F H I J K L M V
RJ09.	Was the visit to [...] the first visit or a follow-up visit for the symptom?	First..... 1 Follow up..... 3

IFLS-East 2012

SECTION RJ (OUTPATIENT CARE)

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

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

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

SECTION FM (FOOD FREQUENCY)

Now we would like to ask you about your eating frequency

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

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

FOOD TYPE (FM01)	FM02.	FM03.	FM04.		FM05.		
	In the last week, did you eat any [...]?	How many days in a week did you eat [...] in the last week?	How many days in did you eat [...] in the last month?		How many days did you eat [...] in the last 6 months?		
A. Sweet potatoes	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
B. Eggs	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
C. Fish	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
D. Meat (beef, chicken, pork, etc.)	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
E. Dairy	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
F. Green leafy vegetables	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
G. Banana	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
H. Papaya	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
I. Carrot	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→	2. █ days ↓	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day
J. Mango	3. No→FM04 1. Yes	2 3 4 5 6 7 ↓ 1→ SECTION RN	2. █ days ↓ SECTION RN	1. 1 day → 0. 0 day →	2. █ days	1. 1 day	0. 0 day

SECTION RN (INPATIENT CARE)

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

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

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

SECTION RN (INPATIENT CARE)

IDRT NO. ART

Now, we would like to ask you a few questions about the last visit for inpatient care (hospital admissions) that you had.

RN05a. What is the type of health or service facility?	<input type="text"/>
RN06. What is the name and location of facility? 1. Specify 3. Same as current residence 8. DON'T KNOW	Name 1. <input type="text"/> 8. DK Address 1. <input type="text"/> 8. DK Location 1. <input type="text"/> 8. DK Vill: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kec: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Kab: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW Prov: 1. <input type="text"/> 3. Same as current residence 8. DON'T KNOW CODE CF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
RN08. How many nights were you hospitalized there?	<input type="text"/> <input type="text"/> <input type="text"/> Nights
RN10. For what reason were you hospitalized?	Sickness01 Accident02 Giving birth03 Operation05 Other95
RN15. During hospitalization, what kind of treatment did you receive? CIRCLE ALL THAT APPLY	Physical exam/consultA InjectionB Laboratory testC SurgeryD X-rayE Birth controlF MedicationsG IV (Drip Infusion)I PhysiotherapyJ OtherV

RN15a. What do you think about the services that were provided by this facility ?	Satisfactory1 somewhat satisfactory2 not satisfactory3 far from satisfactory4
RN18. What was the total cost to fill a prescription that you received during this visit?	<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"/> <input type="text"/> Rp.1 Didn't receive3 Didn't fill5 DON'T KNOW8
RN19. Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply)?	<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"/> <input type="text"/> Rp.1 DON'T KNOW8
RN19a. Did you use insurance to pay for all or some of this visit?	No3 → SECTION PH Yes1
RN19b. What insurance did you use?	Askes01 Jamsostek02 Employer provided health benefits03 Private health insurance04 Savings related insurance05 SKTM06 JAMKESMAS07 Other95

SECTION PH(INPATIENT CARE)

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

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

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

SECTION PM (COMMUNITY PARTICIPATION)

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

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

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

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

- KODE PM01b:
01. Office

02. RT (sub-neighborhood)

03. RW (neighborhood)

04. Village

05. DharmaWanita/DharmaPertiwi (Wives of civil servant/military)

06. PKK

07. Market

08. Family

09. Religious group

12. Friend

13. Retirees

14. Farmers group

15. Youth group

16. Motorcycle arisan

95. Other

SECTION PM (COMMUNITY PARTICIPATION)

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

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

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

SECTION PM(COMMUNITY PARTICIPATION)

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

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

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

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

SECTION BA (NON-CORESIDENT PARENTS)

Now we want to ask about your biological parents.

BA PARENTS FILL-OUT COLUMN FROM TOP TO BOTTOM

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

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father	Mother
BA06e. Did your father/mother died of a [...]	Heart attack01 Stroke02 Cancer03 Other illness04 Old age05 Other cause of death06 DON'T KNOW98	Heart attack01 Stroke02 Cancer03 Other illness04 Old age05 Other cause of death06 DON'T KNOW98
BA06d. When did your father/mother die?	___ / ___ / ___1 Month / Year DON'T KNOW8	___ / ___ / ___1 Month / Year DON'T KNOW8
BA07. How old is your father/mother now/at time of death?	___ year1 DON'T KNOW8	___ year1 DON'T KNOW8
BA07a. Did your [...] ever attend school?	No3→BA11 DON'T KNOW8→BA11 Yes1	No3→BA11 DON'T KNOW8→BA11 Yes1
BA08. What is the highest level of education of your father/mother?	___	___
BA09. What is the highest class that your father/mother finished?	00 01 02 03 04 05 06 07 98	00 01 02 03 04 05 06 07 98
BA11. What is/was your father's/mother's primary activity now/before his/her death?	Job searching02 →BA14a Attending school03 →BA14a Housekeeping04 →BA14a Retired05 →BA14a Stay at home/unemployed06 →BA14a Sick/disabled07 →BA14a DON'T KNOW98 →BA14a Other95 →BA14a Working/trying to get work/helping to earn income01	Job searching02 →BA14a Attending school03 →BA14a Housekeeping04 →BA14a Retired05 →BA14a Stay at home/unemployed06 →BA14a Sick/disabled07 →BA14a DON'T KNOW98 →BA14a Other95 →BA14a Working/trying to get work/helping to earn income01
BA12. What was your father's/mother's status of worknow/before his/her death?	___	___
BA13a. What were [...] primary duties (now/one year before he died)?	_____ _____ →BA14a	_____ _____ →BA14a

CODE FOR BA08:

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

CODE FORBA09:

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

CODE FOR BA12:

01. Selfemployed	04. Government staff/worker
02. Selfemployed with unpaid household worker/temporary worker	05. Private staff/worker
03. Selfemployed with permanent employee	06. Unpaid family worker
	07. Casual worker in agriculture
	08. Casual worker in non-agriculture
	98. DON'T KNOW

SECTION BA (NON-CORESIDENT PARENTS)

	Father	Mother
BA14a. How is the health status of your father/mother now/before his/her death?	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8	Very healthy 1 Somewhat healthy 2 Somewhat unhealthy 3 Very unhealthy 4 DON'T KNOW 8
BA14b. Now/before death does/did your father/mother need help with basic personal needs like dressing, eating, or bathing?	Yes 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW 8 →BA04 MOTHER COLUMN	Yes 1 No 3 UNWILLING TO ANSWER 7 DON'T KNOW 8 →BA10

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

SECTION BA (NON-CORESIDENT PARENTS)

FILL-OUT COLUMN FROM TOP TO BOTTOM

	Father and Mother Live Together	Father Only	Mother Only
BA19. During the past 12 months (before his/her death) did you (or your spouse) ever provide help to [...] in the form of money, goods or service?	UNWILLING TO ANSWER 7→ BA21 No 3→ BA21 Yes 1	UNWILLING TO ANSWER 7→ BA21 No 3→ BA21 Yes 1	UNWILLING TO ANSWER 7→ BA21 No 3→ BA21 Yes 1
BA20. What type of help did you provide to [...] in the past 12 months (before his/her death) and how much? (ANSWER MAY BE MORE THAN ONE) A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery..... H. Helping family business V. Other.....	(ANSWER MAY BE MORE THAN ONE) A. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp.
BA21. During the past 12 months (before his/her death) did you (or your spouse) ever receive help from [...] in the form of money, goods or service?	UNWILLING TO ANSWER .. 7→ BA14c No 3→ BA14c Yes 1	UNWILLING TO ANSWER ... 7→ BA27 No 3→ BA27 Yes 1	UNWILLING TO ANSWER .. 7→ BA14c No 3→ BA14c Yes 1
BA22. What type of help did you receive from [...] in the past 12 months (before his/her death) and how much? A. Money, loan, tuition, health care costs (including treatment)..... D. Value of food stuff or other goods..... G. Doing household chores, or providing child care or assisting during physical recovery..... H. Helping family business V. Other.....	(ANSWER MAY BE MORE THAN ONE) A. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp. →BA14c FATHER COLUMN	(ANSWER MAY BE MORE THAN ONE) A. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp.	(ANSWER MAY BE MORE THAN ONE) A. ____ . ____ . ____ Rp. D. ____ . ____ . ____ Rp. G. ____ 03. Days 05. Months H. ____ 03. Days 05. Months V. ____ . ____ . ____ Rp. →BA14c FATHER COLUMN
BA27. INTERVIEWER CHECK:		RETURN TO BA10a TO CHECK WHETHER QUESTIONS REGARDING MOTHER SHOULD BE ANSWERED	

FILL-OUT COLUMN FROM TOP TO BOTTOM

IFLS-East 2012

SECTION BA (NON-CORESIDENT SIBLINGS)

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

SECTION BA (NON-CORESIDENT SIBLINGS)

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

SECTION BA (NON-CORESIDENT CHILDREN)

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

BA63a.	BA63b.	BA78.	BA79.	BA80.	BA81.	BA82a.	BA83a.	BA84.	BA84a.	BA84b.
	(NAMA)	When [...] twelve years old, if mother and father[...] were married?	When [...] was 12 years old, with whom she/he lived?	What is/was [...]’s primary activity now/before his/her death?	What is/was [...]’s work status now/before his/her death?	What is/was [...]’s type of work now/before his/her death?	INTERVIEWER CHECK BA65 AND BA65a: [...] STILL ALIVE?	How often do/did you meet with [...] during the past year now/before his/her death?	How often do/did you have contact with [...] by telephone during the past year now/before his/her death?	How often do/did you have contact with [...] by mail, sms, email/chatting during the past year now/before his/her death?
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_ _ _	_ _ _ _ _ _ _ _ _	5 8 →BA63b ROW 2 / SECTION TF 1 3 →	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_ _ _	_ _ _ _ _ _ _ _ _	5 8 →BA63b ROW 3 / SECTION TF 1 3 →	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_ _ _	_ _ _ _ _ _ _ _ _	5 8 →BA63b ROW 4 / SECTION TF 1 3 →	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_ _ _	_ _ _ _ _ _ _ _ _	5 8 →BA63bRO W 5/SECTION TF 1 3 →	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5
		1. Yes 3. No 6. NA	1 2 3 4	02 03 04 05 06 07 98 →BA83a 01 95	_ _ _	_ _ _ _ _ _ _ _ _	5 8 →BA63bSUP LEMENT/SEC TION TF 1 3 →	5→BA87a 1 2 3 4	5→BA87a 1 2 3 4	1 2 3 4 5

CODES FOR BA79:

1. WithFather and mother
2. WithFatheronly
3. WithMotheronly
4. Notwithfather and mother

CODES FOR BA80:

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

CODES FOR BA81:

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

CODES FOR BA83a:

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

CODES FOR BA84, BA84a, A84b:

1. Never
2. At least once a year
3. At least once a month
4. At least once a week
5. Everyday

SECTION BA (NON-CORESIDENT CHILDREN)

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

BA63a.	BA63b.	BA87a.	BA88.	BA89a.	BA90.
	(NAME)	In the past 12 months, did you provide assistance to [...] in the form of money, goods, or services?	What type of assistance did you provide to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)	In the past 12 months, did you receive assistance from [...] in the form of money, goods, or services?	What type of assistance did you receive to [...] and what is the value? (CIRCLE AND FILL ALL THAT APPLY)
		7 ➔BA89a 3 ➔BA89a 1	A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 ➔BA63b ROW 2 / SECTION TF 3 ➔BA63b ROW 2 / SECTION TF 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 ➔BA89a 3 ➔BA89a 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 ➔BA63b ROW 3 / SECTION TF 3 ➔BA63b ROW 3 / SECTION TF 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 ➔BA89a 3 ➔BA89a 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 ➔BA63b ROW 4 / SECTION TF 3 ➔BA63b ROW 4 / SECTION TF 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 ➔BA89a 3 ➔BA89a 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 ➔BA63b ROW 5 / SECTION TF 3 ➔BA63b ROW 5 / SECTION TF 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 ➔BA89a 3 ➔BA89a 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 ➔BA63b SUPPLEMENT / SECTION TF 3 ➔BA63b SUPPLEMENT / SECTION TF 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 BA87a AND BA89a:
1. Yes
3. No
7. UNWILLING TO ANSWER

CODE BA88 AND BA90:
A. Money (loans, tuition, health care cost)
D. Food stuff or other goods
G. Chores, child care
H. Help with family business
V. Other

SECTION BA (NON-CORESIDENT CHILDREN)

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

CODE AR00:
96. Not Registered at the Roster

CODE BA64:
1. Male
3. Female

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

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

CODE BA66a:
1. Yes
3. No

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

CODE BA68:
01. No school/Not yet in school
02. Elementary
03. Junior High - General
04. Junior High - Vocational
05. Senior High - General
06. Senior High – Vocational
60.College (D1, D2, D3)
61.University (Bachelor)
62.University (Master)
63.University (PhD)
11. Adult Education A
12. Adult Education B
13. Open University
14. Islamic School (Pesantren)
15. Adult Education C
17.School for disabled
72. Islamic Elementary School (Madrasah Ibtidaiyah)
73. Islamic Junior High School (Madrasah Tsanawiyah)
74. Islamic Senior High School (Madrasah Aliyah)
90. Kindergarten
98. DON'T KNOW
95. Other

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

CODE BA70:														
000.	In this household		018.	Lampung		060.	Kalimantan		081.	Maluku		121.	Yaman	
001.	In the same village		019.	Bangka Belitung		061.	West Kalimantan		082.	North Maluku		122.	Saudi Arabia	
002.	In the same subdistrict		020.	RiauIslands		062.	Central Kalimantan		090.	Irian		123.	Kuwait	
003.	In the same district		030.	Java		063.	South Kalimantan		091.	West Irian Jaya		124.	United Arab Emirates	
004.	In the same province		031.	DKI Jakarta		064.	East Kalimantan		094.	Papua		131.	Argentina	
010.	Sumatera		032.	West Java		070.	Sulawesi		101.	Malaysia		132.	USA	
011.	Nanggroe Aceh Darussalam		033.	Central Java		071.	North Sulawesi		102.	Singapore		141.	Australia	
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.	TimorLeste				

SECTION TF (OTHER TRANSFERS)

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

TF01a. INTERVIEWER CHECK: RESPONDENT STATUS = MARRIED (COV4=2)?	NO.....3→TF02a COLUMN A1 YES.....1
TF01. Do you live with your spouse?	Yes1→TF02a COLUMN A1 No3→TF03a COLUMN A

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

SECTION TF (OTHER TRANSFERS)

TFTYPE	A	A1	B
	Respondent's spouse not in the household	Non-biological parents not in the household	Family members other than your parents, siblings, children, Friends or neighbors
TF03. In the past 12 months, did you or your spouse provide assistance to [...] in the form of money, goods, or services?	Tidak.....3→TF05 COLUMN A Ya1	Tidak3→TF05 COLUMN A1 Ya.....1	Tidak.....3→TF05 COLUMN B Ya1
TF04. In the past 12 months, what type of assistance did you or your spouse provide to [...] and what is the value?	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)
A. Money or loans	A. ____ . ____ . ____ Rp.	A. ____ . ____ . ____ Rp.	A. ____ . ____ . ____ Rp.
B. Tuition.....	B. ____ . ____ . ____ Rp.	B. ____ . ____ . ____ Rp.	B. ____ . ____ . ____ Rp.
C. Healthcare costs	C. ____ . ____ . ____ Rp.	C. ____ . ____ . ____ Rp.	C. ____ . ____ . ____ Rp.
D. Foodstuffs or other goods	D. ____ . ____ . ____ Rp.	D. ____ . ____ . ____ Rp.	D. ____ . ____ . ____ Rp.
G. Chores, childcare, care for sick family	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months
H. Help family business	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months
V. Other	V. ____ . ____ . ____ Rp.	V. ____ . ____ . ____ Rp.	V. ____ . ____ . ____ Rp.
TF05. In the past 12 months, did you or your spouse receive assistance from [...] in the form of money, goods, or services?	No3 →TF02a COLUMN A1 Yes1	No3→TF03 COLUMN B Yes1	No3→SECTION CP Yes1
TF06. In the past 12 months, what type of assistance did you or your spouse receive from [...] and what is the value?	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)	(CIRCLE ALL THAT APPLY)
A. Money or loans	A. ____ . ____ . ____ Rp.	A. ____ . ____ . ____ Rp.	A. ____ . ____ . ____ Rp.
B. Tuition.....	B. ____ . ____ . ____ Rp.	B. ____ . ____ . ____ Rp.	B. ____ . ____ . ____ Rp.
C. Healthcare costs	C. ____ . ____ . ____ Rp.	C. ____ . ____ . ____ Rp.	C. ____ . ____ . ____ Rp.
D. Foodstuffs or other goods	D. ____ . ____ . ____ Rp.	D. ____ . ____ . ____ Rp.	D. ____ . ____ . ____ Rp.
G. Chores, childcare, care for sick family	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months	G. ____ 03. Days 05. Months
H. Help family business	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months	H. ____ 03. Days 05. Months
V. Other	V. ____ . ____ . ____ Rp.	V. ____ . ____ . ____ Rp.	V. ____ . ____ . ____ Rp.
	→TF02a COLUMN A1	→TF03 COLUMN B	→SECTION CP

SECTION CP (INTERVIEWER NOTES)

EVALUATION FORM FOR BOOK IIIB

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

NOTES:

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