

INTERVIEWER : _____
EDITOR : _____
FIELD SUPERVISOR : _____

CONFIDENTIAL

WILCAH : _____
HHID : _____
SURVEY ROUND : C

WORKER IRON SUPPLEMENTATION EVALUATION (WISE)

BOOK 5

(CHILD INDIVIDUAL BOOK): Respondent is a child 11-14 years old, or the parent or guardian of a child less than 11 years old

SECTIONS: DLA, TKA, TAA, MAA, PSA, RJA, RNA, MFA, BRA, BAA, CP

TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED AR: AR01: NAME OF HOUSEHOLDER: _____ ----- NAME OF PERSON WHO ANSWERS: _____ C9. _____ C10. RELATION TO CHILD: (Choose One) <div>1. MOTHER 2. FATHER 3. SIBLING 7. OTHER RELATION</div> <div>4. AUNT/UNCLE 5. GRANDPARENT 6. CHILD HIM/HERSELF</div>	TO BE FILLED OUT BY INTERVIEWER FOR BOOK 5 QUESTION FOR RESPONDENT: C1. How old is [NAME OF CHILD]? YEARS ____ C2. Birthdate ____/____/_____ DAY MONTH YEAR C4. Sex MALE 1 FEMALE..... 3	COV1. Interview was entirely/mostly conducted in what language ? 00. Indonesian 01. Javanese 05. Other : ____ COV2. Other language used (if any) : 00. Indonesian 01. Javanese 06. None 05. Other: ____ LANGUAGE CODE 02. Sundanese 04. Madura 03. Chinese 95. Other, _____
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NUMVIS : Number of visits ____

INTERVIEW	INTERVIEW 1	INTERVIEW 2	INTERVIEW 3	INTERVIEW 4	INTERVIEW 5	INTERVIEW 6
DATE:	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR
TIME STARTED:	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE
TIME FINISHED:	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE

C5. INTERVIEW OF BOOK 3	C6. REASON	C7. REVIEW BY EDITOR	C8. LOCAL SUPERVISOR MONITORING
1. Completed →C7 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 3. Entered, but not corrected, explain: _____ 4. Manual edit without CAFÉ	<div>Yes No</div> <div>a. Observed1 3</div> <div>b. Edited1 3</div>

SECTION DLA (CHILD’S EDUCATION)

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

DLA01.	Has [CHILD’S NAME] ever been to school? (including kindergarten)	Yes..... 1→DLA03 No..... 3
DLA02.	Why has [CHILD’S NAME] never been to school? CIRCLE ALL THAT APPLY	NOT OLD ENOUGH A TO HELP PARENTS EARN MONEY..... B COULD NOT AFFORD C NO SCHOOL/ TOO FAR..... D NOT ABLE TO STUDY E NOT ACCEPTED IN SCHOOL F BECAUSE SICK OR DISABLED G SCHOOL HAD NO TEACHER..... H SCHOOL CLOSED I DOESN'T WANT TO GO K HELP AT HOME L OTHER..... V
DLA02a.	Do you have plans for [...] to go to school in the future?	Yes..... 1 No..... 3 →SECTION TKA
DLA03.	In what month and year did [CHILD’S NAME] enter elementary school?	Month Year / 1→DLA05 Not yet (in kindergarten) 6→DLA05 DON'T KNOW 8
DLA04.	At what age did [CHILD’S NAME] enter elementary school ?	Years..... 1 DON'T KNOW 8
DLA05.	What is the level of highest education that [CHILD’S NAME] attended?	ELEMENTARY SCHOOL..... 02 GENERAL JUNIOR HIGH..... 03 VOCATIONAL JUNIOR HIGH..... 04 GENERAL SENIOR HIGH 05 VOCATIONAL SENIOR HIGH 06 ISLAMIC SCHOOL..... 14 MADRASAH SD..... 72 MADRASAH SMP 73 MADRASAH SMU 74 KINDERGARTEN..... 90 DON'T KNOW 98 OTHER 95

DLA06.	What class is [CHILD’S NAME] completed? (NOTE: If currently in school record level of highest class COMPLETED)	Did not finish 1 st class at that level.....00 1.....01 2.....02 3.....03 4.....04 5.....05 6.....06 Graduated.....07 DON'T KNOW.....98
DLA07.	Is [CHILD’S NAME] now in school?	Yes 1→DLA18 No 3
DLA07a.	Is [CHILD’S NAME] on holiday?	Yes 1→DLA18 No 3
DLA07b.	Is [CHILD’S NAME] waiting for exams?	Yes 1→DLA18 No 3
DLA08a.	Did [CHILD’S NAME] stop school in the past 4 months?	Yes 1→NEXT SECTION No 3
DLA10.	Why did [CHILD’S NAME] stop school? CIRCLE ALL THAT APPLY	TO HELP PARENTS WITH WORK.....B COULD NOT AFFORD.....C NO SCHOOL/ TOO FARD NOT ABLE TO STUDY.....E NOT ACCEPTED IN SCHOOL.....F BECAUSE SICK OR DISABLEDG SCHOOL HAD NO TEACHERH SCHOOL CLOSED.....I DOESN'T WANT TO GO.....K HELP AT HOMEL OTHER.....V →NEXT SECTION

SECTION DLA (CHILD’S EDUCATION)

DLA18. Is [...] in school now?	No3➔NEXT SECTION Yes1
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	Current school year	
DLA19. The level of school now attended by [...] is level...	ELEMENTARY SCHOOL02 MADRASAH SD.....72 GENERAL JUNIOR HIGH03 MADRASAH SMP.....73 VOCATIONAL JUNIOR HIGH04 MADRASAH SMU.....74 GENERAL SENOR HIGH.....05 KINDERGARTEN90 VOCATIONAL SENIOR HIGH.....06 DON'T KNOW.....98 PESANTREN14 OTHER95	
DLA20. What is the class that [CHILD'S NAME] is currently attending	101 5.....05 202 6.....06 303 Graduated.....07 404 DON'T KNOW.....98	
DLA21. What is the school type?	Government non-religious01 Private Catholic.....05 Government religious02 Private Christian.....06 Private non-religious.....03 Private Buddhist.....08 Private Islamic04 Other, specify95	
DLA22. About how long does it take to travel one way to [CHILD'S NAME]'S school?	[] [] . [] [] Minute.....01 Hour.....02 DON'T KNOW.....98	
DLA23. On school days, about how many hours per day does [CHILD'S NAME] spend in school?	[] [] . [] [] HOURS PER DAY	
DLA24. How many days per week does [CHILD'S NAME] spend in school?	1 2 3 4 5 6 7	
DLA25. About how many hours per week does [CHILD'S NAME] spend studying outside of school hours?	[] [] . [] [] HOURS PER WEEK1 DON'T KNOW.....8	

SECTION DLA (CHILD’S EDUCATION)

					Current school year	
DLA26. What were your (approximate) school-related expenses during the [...] past 4 months? Did you spend money for:					DLA26b. Please give your best estimate of the amount you spent.	
					3. No	1. Yes
	A.	School Fees				
		1. Registration	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
		2. Other scheduled fees	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
		3. Exams	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
	B.	School supplies				
		1. Books and writing supplies	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
		2. Uniform and sports	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
	C.	Transportation and Pocket Money				
		1. Transportation	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
		2. Pocket money, housing costs, food	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
		3. Special courses	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	
	D.	Other, specify:	3 ↓	1 →	_ _ , _ _ _ , _ _ _ Rp.	

SECTION TKA (CHILD’S EMPLOYMENT)

Child labor (answered directly by a child, for children age 8-11 years, the information is obtained from the parents or the caretaker)

TKA00.	INTERVIEWER CHECK COVER (C1): IS AGE OF [CHILD'S NAME] <8 YEARS?	YES1→MAA NO3
TKA01.	What is [CHILD'S NAME] primary activity during the past week?	Working/try to work/helping to earn income.....1→TKA100 Attending school2 Housekeeping3 Play.....4 Other5
TKA02.	During last 4 weeks, did [CHILD'S NAME] work to earn income?	Yes1→TKA 100 No3
TKA03.	During the last 4 weeks, did [CHILD'S NAME] help to earn income?	Yes1→TKA 100 No3
TKA04.	Did [CHILD'S NAME] have a job/business, but was temporarily not working during the last 4 weeks?	Yes1→TKA 100 No3
TKA05.	Did [CHILD'S NAME] work at a family-owned (farm or non farm) business during the last 4 weeks?	Yes1→TKA 100 No3
TKA06.	Did [CHILD'S NAME] work during last 4 months?	Yes1→TKA 100 No3
TKA07.	Did [CHILD'S NAME] ever work?	No3→NEXT SECTION Yes1
TKA08.	When did [CHILD'S NAME] last work?	Month Year 1. / 8. DON'T KNOW
TKA08x.	INTERVIEWER CHECK: IS TK08 WITHIN THE LAST 4 MONTHS?	1. Yes 3. No →NEXT SECTION ↓

TKA100.	How many jobs did [CHILD'S NAME] have in the lat 4 months?	
NOTE:	THE NEXT QUESTIONS REFER TO JOBS OVER THE PAST 4 MONTHS: Thinking about all your jobs...	
TKA101.	How many weeks did [CHILD'S NAME] work during the last 4 month?	1. Weeks 8. DON'T KNOW
TKA102.	How many hours did [CHILD'S NAME] work during the last week?	1. Hours 8. DON'T KNOW
TKA103.	How many hours per week did [CHILD'S NAME] work usually in the last 4 months?	1. Hours 8. DK
TKA110.	Did [CHILD'S NAME] earn income during the last week?	3. Not earn income→TKA114 1. Yes →TKA112 2. No, help earn income
TKA111.	Who are the persons helped by [CHILD'S NAME] earned income?	Name and AR00 A. B. C. Non household member →TKA114
TKA112.	By what system was [CHILD'S NAME] paid last week?	01. Per Hour 02. Per Day 03. Per Week 04. Per 2 weeks 05. Per Month 06. Per output 1. Unit Per Day 95. Per
TKA113.	Approximately what were the total earnings in the last week?	1. . . Rp 8. DON'T KNOW →TKA201
TKA114.	Did [CHILD'S NAME] earn income during the last month?	3. No →TKA201 1. Yes
TKA115.	Approximately what were the total earnings in the last month?	1. Rp . .

SECTION TKA (CHILD'S EMPLOYMENT)

NOTE: Thinking about the job that took the most time over the past 4 months...					
TKA201. Where did [CHILD'S NAME] work?	1. _____ 8. DK				
TKA202. What was produced by [CHILD'S NAME] place of work ?	1. _____ 8. DK				
TKA203. What was primary duties [CHILD'S NAME]?	1. _____ 8. DK				
TKA204. INTERVIEWER NOTE : FILL IN FIELD OF WORK CODE	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> _____				
TKA205. What was work status [CHILD'S NAME]?	6. Unpaid family worker → NEXT SECTION 1. Self employed 4. Government worker 5. Private employee				
TKA206. In this work, by what system was [CHILD'S NAME] paid in this job ?	01. Per Hour 02. Per Day 03. Per Week 04. Per 2 weeks 05. Per Month 06. Per output 1. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Unit Per Day 95. Per _____				

CODE TK204

- | | |
|---|------------------------------|
| 01. Agriculture, livestock, forestry, fishing and hunting | 07. personal services |
| 02. Wholesaler, retailer, hotel, restaurant | 08. Finance and professional |
| 03. Transportaion, warehouse, communication | 09. Mining and quarrying |
| 04. Construction | 10. Electricity, gas, water |
| 05. Manufacturing | 95. Other, _____ |

SECTION TAA (TIME ALLOCATION)

STYLIZED ACTIVITY LOG

ID CODE DATE : / /
DAY MONTH YEAR

ACTIVITIES	MORNING										AFTERNOON			EVENING		NIGHT						EARLY MORNING			ACTIVITIES
	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	0:00	1:00	2:00	3:00	
PERSONAL, FAMILY, AND SOCIAL																									PERSONAL, FAMILY, AND SOCIAL
1 Sleep																									1 Sleep
2 Eat, bathe, dress																									2 Eat, bathe, dress
3 Pray																									3 Pray
4 Other religious activity (study, group participation, etc)																									4 Other religious activity (study, group participation, etc)
5 Rest, watch TV, listen to radio, read book, watch movie, watch sport																									5 Rest, watch TV, listen to radio, read book, watch movie, watch sport
6 Cook, prepare food, shop for family																									6 Cook, prepare food, shop for family
7 Clean, dust, sweep, wash dishes, wash clothes, ironing, other HH chores																									7 Clean, dust, sweep, wash dishes, wash clothes, ironing, other HH chores
8 Fetch water, firewood																									8 Fetch water, firewood
9 Repairs around/on home, sewing																									9 Repairs around/on home, sewing
10 Bathe, feed, look after children, sick, elderly																									10 Bathe, feed, look after children, sick, elderly
11 Play with children, help with homework																									11 Play with children, help with homework
12 Visit friends/entertain friends																									12 Visit friends/entertain friends
Participate in community activities/meetings/voluntary work																									Participate in community activities/meetings/voluntary work
14 Study/attend class																									14 Study/attend class
15 Play sports																									15 Play sports
16 Play other than sports																									16 Play other than sports
WORK	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	0	1	2	3	4	WORK
Work on/around farm or homestead																									Work on/around farm or homestead
17 Prepare land, improve land/buildings																									17 Prepare land, improve land/buildings
Plant crops, care for crops/livestock, weed, apply fertilizer, prune plants																									Plant crops, care for crops/livestock, weed, apply fertilizer, prune plants
18 Harvest crops, prepare crops for market (mill, grind, pound)																									18 Harvest crops, prepare crops for market (mill, grind, pound)
19 Other work:																									19 Other work:
20 Construction/Building/Repairs																									20 Construction/Building/Repairs
21 Selling/retail/etc																									21 Selling/retail/etc
22 Work as domestic servant/gardener, becak operator																									22 Work as domestic servant/gardener, becak operator
23 Other manual labor work																									23 Other manual labor work
24 Office work																									24 Office work
25 Travel by foot/bicycle																									25 Travel by foot/bicycle
26 Travel by motorized means																									26 Travel by motorized means
27 Other																									27 Other
28 Level of Physical Exertion																									28 Level of Physical Exertion
	4:00	5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	0:00	1:00	2:00	3:00	
	MORNING										AFTERNOON			EVENING		NIGHT						EARLY MORNING			

ACTIVITY
U : PRIMARY
S : SECONDARY

PHYSICAL ACTIVITIES
B : HEAVY
S : MEDIUM
R : LIGHT
T : NO EXERTION

OTHER
A: _____
B: _____
C: _____
D: _____
E: _____

INTERVIEWER NOTE:

SECTION MAA (ACUTE MORBIDITY)

Now, we'd like to know about [...]’s health status and whatever symptoms [...] has had during the past 2 weeks, namely since [...] date, 2 weeks ago.

MAA00a.	In general, how is [...]’s health at this time?	Excellent health..... 1 Good health 2 Healthy..... 3 Somewhat unhealthy..... 4 Unhealthy..... 5
MAA0b.	During the last 2 weeks how many days of activities did [...] miss because of poor health?	1. Days 8. DK
MAA0c.	During the last 2 weeks how many days did [...] spend in bed because of poor health?	1. Days 8. DK
MAA01.	Did your child ever experience [...] in the last 2 weeks?	1. Yes 3. No
A	Headache	1 3
B	Fatigue/Tiredness.....	1 3
C	Dizziness	1 3
D	Weak all over.....	1 3
E	pain in chest	1 3
F	Short of Breath	1 3
G	Difficult Breathing	1 3
H	Cough.....	1 3
I	Runny Nose.....	1 3
J	Fever	1 3
K	Stomach Ache	1 3
L	Nausea/vomiting.....	1 3
M	Diarrhea (minimal 3x per day)	1 3
N	Constipation	1 3
P	Worms	1 3
V	Other, mention	1 3

Codes for answer V Other

- 01 Eye infection
- 02 Toothache
- 03 Wound, injury
- 04 Ear infection
- 05 Rash
- 06 Skin infection
- 95 Other _____

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

SECTION PSA (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 (PSATYPE)	PSA01.	
	During the past 4 weeks, has [CHILD'S NAME] ever [...]?	
A. Consumed over-the-counter modern medicines (like bodrexin, inzana, paramex)	3. No ↓	1. Yes
B. Vitamin or mineral tablets	3. No ↓	1. Yes
C. Consumed traditional herbs or traditional medicines as treatment	3. No ↓	1. Yes
D. Used topical medicines (like eyedrops, cream, medical plaster, ointment and the like)	3. No ↓	1. Yes
V. Other, specify _____	3. No ↓	1. Yes

SECTION RJA (CHILD OUTPATIENT UTILIZATION)

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

RJA0a.	Did [...] visit a Posyandu in the last 4 months?	No3 --> RJA01a Yes.....1
RJA0b.	What services did [...] receive at the Posyandu?	
		Yes No
a.	Weighing	1 3
b.	Supplementary Food	1 3
c.	Vitamin A Pill	1 3
d.	Oral Rehydration Solution	1 3
e.	Immunization	1 3
f.	Exam by Puskesmas Staff	1 3
g.	Child Development Activity	1 3
v.	Other _____	1 3
RJA0c.	Were staff from the Puskesmas at the Posyandu?	No3 Yes.....1
RJA0d.	Did you pay for the services [...] received at the posyandu?	No3 --> RJA01a Yes.....1
RJA0e.	How much did you pay?	1. , Rp. 8. DK

RJA01a.	In the last 4 months, did [...] visit a hospital, health center, clinic, or doctor's practice, or was [...] visited by a health worker?	No.....3--->NEXT SECTION Yes 1
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MEDICAL FACILITY (RJA1TYPE)	RJA01	RJA02
	Within the last 4 months, has [CHILD’S NAME] been to [...] / visited by [...]?	How many times did [CHILD’S NAME] visit/see [...] during the past 4 months?
A. Public hospital (General or Specialty)	1. Yes----- > 3. No↓	Times
B. Public Health Center (puskesmas)/Auxiliary Center (puskesmas pembantu)	1. Yes----- > 3. No↓	Times
E. Private Hospital	1. Yes----- > 3. No↓	Times
F. Polyclinic, Private Clinic, Medical Center	1. Yes----- > 3. No↓	Times
G. Private Physician (General Practitioner, Specialist, Dentist)	1. Yes----- > 3. No↓	Times
H. Village Midwife	1. Yes----- > 3. No↓	Times
I. Nurse, Paramedic, Private Midwife	1. Yes----- > 3. No↓	Times
J. Traditional practitioner (shaman, wiseman, kyai, Chinese herbalist, masseur, acupuncturist, etc.)	1. Yes----- > 3. No↓	Times
V. Other _____	1. Yes----- > 3. No↓	Times

RJA03.	Approximately, how much did you spend on out patient visits in the past 4 months?	1. , , Rp. 8. DON'T KNOW
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SECTION RJA (CHILD OUTPATIENT UTILIZATION)

Please tell us about your most recent visit.

	MOST RECENT
RJA04. What is the type of medical facility or type of provider?	<div><div></div></div>
RJA05. What services did you receive during the visit? CIRCLE ALL THAT APPLY	<div>CIRCLE ALL THAT APPLY</div> <div><div>B</div><div>C</div><div>D</div><div>E</div><div>F</div><div>H</div><div>I</div><div>J</div><div>M</div><div>V</div></div>
RJA06. What was the total cost to fill a prescription that you received during this visit?	<div><div>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> Rp</div><div>3. Didn't receive</div><div>5. Didn't fill</div><div>6. Did not pay anything</div><div>8. DON'T KNOW</div></div>
RJA07. What was the total cost of treatment, including medications that may have been administered, not including prescription cost?	<div><div>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> Rp</div><div>6. Did not pay anything</div><div>8. DON'T KNOW</div></div>

SECTION RNA (INPATIENT UTILIZATION)

The following questions pertain to hospitalization (inpatient care) that you have had during the past 4 months, namely since the month of [...] 4 months ago when we visited you.

RNA00. During the past 4 months have you ever received inpatient care at a hospital, puskesmas, clinic, or other?	No 3 ➔ NEXT SECTION Yes 1
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HOSPITALIZATION FACILITY (RNATYPE)	RNA01.	RNA02.
	During the past 4 months, have you ever received inpatient care at [...] ?	How many times have you received inpatient care at [...] during the past 4 months?
A. Public Hospital (General or Specialty)	3. No ↓ 1. Yes ➔	Times
B. Public Health Center (puskesmas)	3. No ↓ 1. Yes ➔	Times
C. Private Hospital	3. No ↓ 1. Yes ➔	Times
D. Private Clinic	3. No ↓ 1. Yes ➔	Times
V. Other _____	3. No ↓ 1. Yes ➔	Times

RNA03. Approximately how much did you spend for inpatient visits, in the past 4 months?	1. _____, _____, _____ Rp. 8. DON'T KNOW
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SECTION RNA (INPATIENT UTILIZATION)

Now, we would like to ask you a few questions about your most recent visit for inpatient care (hospital admissions) that you have made in the past 4 months, namely in the 4 months prior to month [...]?

	Most Recent
RNA04. What is the type of health or service facility?	<input type="text"/>
RNA05. How many nights were you hospitalized there?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nights
RNA06. For what reason were you hospitalized?	Sickness.....01 Accident02 Being born.....03 Operation04 Other, specify95
RNA07. What was the total cost to fill a prescription that you received during this visit?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Rp. 3. Didn't receive 5. Didn't fill 6. Did not pay anything 8. DON'T KNOW
RNA08. Upon discharge from the hospital, what was the total cost of hospitalization? (Including medications administered but not including self-bought medications and blood supply)?	1. <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. 6. Did not pay anything 8. DON'T KNOW

SECTION MFA (FOOD FREQUENCY)

Now, we would like to ask about your food intake.

<div>FMA01.</div> <div>How many times do you normally eat meals ?</div> <div>3 meals per day01</div> <div>2 meals per day02</div> <div>1 meal per day03</div> <div>5-6 meals per week04</div> <div>3-4 meals per week05</div> <div>2 meals per week06</div> <div>Other95</div>	TYPE OF FOOD	FMA02. In last week did you] eat [...]?		FMA03. How often did you eat [...] in last week?		FMA04. How often did you eat [...] in last month?		FMA05. How often did you eat [...] in last 4 months?
	z) Breastmilk if <5 6. NA	3. No →FMA04 1. Yes → 6.↓	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	a1) Formula if <5 6. NA	3. No →FMA04 1. Yes → 6.↓	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	a) Rice	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	b) Meat (beef, chicken, goat, etc.)	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	c) Fish/shellfish/shrimp	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	d) Tofu, tempe	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	e) Eggs/milk	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	f) Green leafy vegetables	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	g) Carrots, yellow squash	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	h) Sweet potatoes	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	i) Tomatoes, cucumber, other vegetables	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	j) Noodles	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	k) Beans (Mung green beans, soybean)	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	m) Peanuts	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	n) Bananas	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	o) Oranges	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	p) Papaya	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	q) Mangoes	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	r) Coconut	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	s) Jack fruit and other fruit	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	t) Sweets, cakes	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
	u) Tea	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times			
w) Prepared meals out of home	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times				
x) Fried food	3. No →FMA04 1. Yes →	2 3 4 5 6 7 ↓ 1→	2. ↓ 0. 0 times → 1. 1 times →	times				

SECTION BRA (PREGNANCY HISTORY)

BRA00x. INTERVIEWER CHECK: RESPONDENT IS FEMALE 12-14 YEARS OLD.	3. NO ➔NEXT SECTION 1. YES
BRA16. How old were you when you had your first menstruation?	3. Never mensturate ➔NEXT SECTION 1. _ _ Years
BRA17a. Do you already have menstruation?	3. No, _____ ➔NEXT SECTION 1. Yes 2. No, pregnant
BRA19. What was the date that your last menstrual period began?	1. _ _ / _ _ / _ _ _ _ ➔BRA21 Day / Month / Year 8. DON'T KNOW
BRA20. About how many weeks ago did your last period begin?	1. _ _ weeks 8. DON'T KNOW
INTERVIEWER NOTE: IF NOW MENSTRUATING, BR21 AND BR22 REFER TO LAST PERIOD	
BRA21. During your last menstruation, for how many days did you experience heavy or moderate bleeding?	_ _ Days
BRA22. During your last menstruation, for how many days did you experience light bleeding or spotting?	_ _ Days

SECTION BAA (PARENTAL INFORMATION)

(BAATYPE)	Father (1)	Mother (2)
BAA00. Does [child's name] father/mother stay in this household?	No 3→ BAA03 Yes 1	No..... 3→ BAA03 Yes.....1
BAA02. INTERVIEWER CHECK: 1. [...] CHILD STAYS IN HOUSEHOLD AND REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00. 2. [...] CHILD DIED/DOES NOT STAY IN HOUSEHOLD, BUT REGISTERED ON HOUSEHOLD ROSTER, FILL IN NUMBER [...] FROM AR00.	1. <input type="checkbox"/> <input type="checkbox"/> AR00 and stays in household → BAA00 col MOTHER 2. <input type="checkbox"/> <input type="checkbox"/> AR00 and died/does not stay in household↓	1. <input type="checkbox"/> <input type="checkbox"/> AR00 and stays in household → NEXT SECTION 2. <input type="checkbox"/> <input type="checkbox"/> AR00 and died/does not stay in household↓
BAA03. Is [child's name] father/mother still alive?	No 3→ BAA00 MOTHER DON'T KNOW 8→ BAA00 MOTHER Yes 1	No..... 3→ NEXT SECTION DON'T KNOW 8→ NEXT SECTION Yes 1
BAA04. How often has [child's name] seen his/her father/mother in the last 4 months?	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5	Did not see 1 At least once per year 2 At least once per month 3 At least once per week 4 Everyday 5
BAA05. Where does [child's name] father/mother live?	Same village 1 Same subdistrict 2 Same district 3 Same province 4 In another province, specify 5 In another country, specify 6 → BAA00 MOTHER	Same village 1 Same subdistrict 2 Same district 3 Same province 4 In another province, specify 5 In another country, specify 6

SECTION CP (INTERVIEW SESSION NOTES)

FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

CP1. WHO ELSE (OTHER PERSONS) BESIDES RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE. 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	CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF RESPONDENT'S ANSWERS? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD	CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD
CP4. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING? 	CP5. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING? 	CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NOTES :

NUMED: NUMBER OF EDITS

	EDIT 1	EDIT 2	EDIT 3
DATE :	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>DATE MONTH YEARS</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>DATE MONTH YEARS</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>DATE MONTH YEARS</div>
TIME STARTED :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>HOUR MINUTE</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>HOUR MINUTE</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>HOUR MINUTE</div>
TIME ENDED :	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>HOUR MINUTE</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>HOUR MINUTE</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>HOUR MINUTE</div>