

## HEALTH SERVICE AND EDUCATION SURVEY

|                            |  |                                       |
|----------------------------|--|---------------------------------------|
| IR, RH, CH, KB, SP, PK, CP | <b>BOOK 1B</b><br><b>MARRIED WOMAN 16-49 YEARS OLD</b> | WOMAN ID 15-49 YEARS<br>_____ 2 _____ |
|----------------------------|--|---------------------------------------|

|  |                                     |
|--|-------------------------------------|
| Respondent is woman aged 16 – 49 years and is/was married. |                                     |
| Name of Respondent:  | Household Member Serial code: _____ |

**ENUMERATOR, EDITOR AND SUPERVISOR**

|                             | Enumerator | Editor | Supervisor |
|-----------------------------|------------|--------|------------|
| Names and Codes of Officers | _____      | _____  | _____      |

**RESULTS OF VISITS**

|                              | First Visit   | Second Visit  | Third Visit   |
|------------------------------|---|---|---|
| Date                         | ____/____/2007  | ____/____/2007  | ____/____/2007  |
| Time started/ Time completed | ____:____ / ____:____   | ____:____ / ____:____   | ____:____ / ____:____   |
| Results of Visits            | 1. Completed<br>2. Partly Completed, _____<br>3. Respondent declined/absent/not available | 1. Completed<br>2. Partly completed, _____<br>3. Respondent declined/absent/not available | 1. Completed<br>2. Partly completed, _____<br>3. Respondent declined/absent/not available |

**RESULTS OF INSPECTION**

| Inspection by Supervisor | Observation by Supervisor | Check up by Editor   |
|--------------------------|---------------------------|--|
| 1. Yes<br>3. No          | 1. Yes<br>3. No           | 1. Entry made, without error<br>3. Entry made, with correction |

**INTRODUCTION**  
 Next we would like to ask you about your health, history of your pregnancy, your experience with pregnancy and child birth, family planning, and your family nutrition. We assure you that the information you give us is kept confidential. Could we start the interview now?

**IR. RESPONDENT IDENTITY**

|  |                           |
|--|---------------------------|
|  | <input type="text"/> Year |
|--|---------------------------|

**RH. HISTORY OF PREGNANCY**

We would like to ask you about the history of your pregnancy.

|   |                             |   |
|---|-----------------------------|---|
| RH01 Have you ever been pregnant that ended with giving birth to live baby, still born, or with miscarriage?  | 1. Yes                      | 3. No → RH26  |
| RH02 Have you ever given birth?   | 1. Yes                      | 3. No → RH11  |
| RH03 Do you have boys and girls that you gave birth to and now are living with you?   | 1. Yes                      | 3. No → RH05  |
| RH04 How many boys and girls you gave birth to and live with you?   | a. Boy <input type="text"/> | b. Girl: <input type="text"/> c. Total <input type="text"/> |
| <p><b>COMPARED WITH THE LIST OF HOUSEHOLD MEMBERS TO FIND OUT THE NUMBER OF BOYS/GIRLS GIVEN BIRTH TO BY THE RESPONDENTS WHO LIVE IN THIS HOUSEHOLD. IF THE NUMBER RH04 IS NOT THE SAME AS THE NUMBER OF BOYS/GIRLS GIVEN BIRTH TO BY THE RESPONDENTS ON THE LIST OF HOUSEHOLD MEMBERS, DO SOME PROBING TO MAKE SURE THE NUMBER IS CORRECT. REPEAT THE QUESTION BY MENTIONING THE NAMES OF THE BOYS/GIRLS GIVEN BIRTH TO BY THE RESPONDENTS RECORDED ON THE LIST OF HOUSEHOLD MEMBERS (AR01). IF THE NUMBER OF BOYS/GIRLS MENTIONED BY THE RESPONDENTS IS LARGER THAN THE NUMBER ON THE LIST OF HOUSEHOLD MEMBERS, REVISE THE LIST.</b></p> |                             |   |
| RH05 Do you have boys/girls you gave birth to who are still alive but do not live with you?   | 1. Yes                      | 3. No → RH11  |
| RH06 How many boys and girls you gave birth to who are still alive but do not live with you?  | a. Boy <input type="text"/> | b. Girl: <input type="text"/> c. Total <input type="text"/> |

|   | [1]                         | [2]                          | [3]                          | [4]                                 |
|---|-----------------------------|------------------------------|------------------------------|-------------------------------------|
| RH07 Names of the boys/girls given birth to and still alive but do not live with you? | <input type="text"/>        | <input type="text"/>         | <input type="text"/>         | <input type="text"/>                |
| RH08 Date of birth  | <input type="text"/>        | <input type="text"/>         | <input type="text"/>         | <input type="text"/>                |
| RH09 Sex  | 1. Boy      3. Girl         | 1. Boy      3. Girl          | 1. Boy      3. Girl          | 1. Boy      3. Girl                 |
| RH10 INTERVIEWER CHECK: RH06c   | 1. >1 → COLUMN 2<br>3. NO ↓ | 1. > 2 → COLUMN 3<br>3. NO ↓ | 1. > 3 → COLUMN 4<br>3. NO ↓ | 1. > 4 → SUPPLEMENT RH07<br>3. NO ↓ |

|   |                             |   |
|---|-----------------------------|---|
| RH11 Have you ever given birth to live boy or girl but then s/he died?<br><b>PROBING: HAVE YOU EVER GIVEN BIRTH TO A BABY THAT CRIED OR SHOWED SIGNS OF LIFE BUT DID NOT LIVE LONGER?</b> | 1. Yes                      | 3. No → RH17  |
| RH12 How many boys and girls you gave birth to were alive and then later died?  | a. Boy <input type="text"/> | b. Girl: <input type="text"/> c. Total <input type="text"/> |

|  | [1] | [2] | [3] | [4] |
|--|-----|-----|-----|-----|
|--|-----|-----|-----|-----|



|  | [1]  | [2]  | [3]  | [4]  |
|--|--|--|--|--|
| RH23 When did the miscarriage occur?             | Month <input type="text"/> Year <input type="text"/> |
| RH23a What age was your pregnancy when it occur? | <input type="text"/> Week                            | <input type="text"/> Week                            | <input type="text"/> Week                            | <input type="text"/> Week                            |
| RH24 INTERVIEWER CHECK: RH22                     | 1. >1 → COLUMN 2<br>3. NO ↓                          | 1. >2 → COLUMN 3<br>3. NO ↓                          | 1. >3 → COLUMN 4<br>3. NO ↓                          | 1. >4 → SUPPLEMENT RH23<br>3. NO ↓                   |

|   |  |
|---|--|
| RH25 <b>INSTRUCTIONS FOR INTERVIEWER:</b><br><b>ADD UP: RH04c + RH06c + RH12c = <input type="text"/></b><br>To make sure if the information I got is correct, you have <input type="text"/> children, who were born alive, is that correct? | 1. Yes<br>3. No → CORRECTION RH01-RH15 |
| RH26 Are you presently pregnant?  | 1. Yes<br>3. No                        |

#### CH. NOTES ON PREGNANCY

|   |  |
|---|--|
| CH01 How many pregnancy have you had in the last 24 months, both live delivery and still born and miscarriage, including present pregnancy? | 1. One<br>2. Two<br>3. Three<br>6. None → SECTION KB |
|---|--|

|   | 1. Present/last pregnancy during the last 24 months                             | 2. Second/last pregnancy during the last 24 months                              | 3. Third/last pregnancy during the last 24 months                               |
|---|---|---|---|
| CH02 Types of pregnancy   | 1. Pregnant → CH06<br>2. Miscarriage → CH05<br>3. Still born → CH04<br>4. Alive | 1. Pregnant → CH06<br>2. Miscarriage → CH05<br>3. Still born → CH04<br>4. Alive | 1. Pregnant → CH06<br>2. Miscarriage → CH05<br>3. Still born → CH04<br>4. Alive |
| CH03 Name of child / Household Member Serial no.<br>(FILL IN SI 51 IF CHILD DOES LIVE AT HOUSEHOLD) | <input type="text"/> / <input type="text"/>                                     | <input type="text"/> / <input type="text"/>                                     | <input type="text"/> / <input type="text"/>                                     |
| CH04 What age was your pregnancy when you gave birth?   | <input type="text"/> week → CH07  | <input type="text"/> week → CH07  | <input type="text"/> week → CH07  |
| CH05 What age was your pregnancy when miscarriage occurred?   | <input type="text"/> week → CH07  | <input type="text"/> week → CH07  | <input type="text"/> week → CH07  |
| CH06 What age is your pregnancy now?  | <input type="text"/> week   | <input type="text"/> week   | <input type="text"/> week   |
| CH07 During pregnancy, did you ever have pregnancy  | 1. Yes<br>3. No → CH18  | 1. Yes<br>3. No → CH18  | 1. Yes<br>3. No → CH18  |

| check up? |   |   |  |   |
|-----------|---|---|--|---|
|           |   | 1. Present/last pregnancy during the last 24 months | 2. Second/last pregnancy during the last 24 months | 3. Third/last pregnancy during the last 24 months |
| CH08      | In the <u>first 3 months</u> of pregnancy, where and how many times did you have prenatal check up?<br><b>(AGE OF PREGNANCY 1-13 WEEKS)</b>   |   |  |   |
|           | A. Government Hospital  | A. <input type="text"/> times                       | A. <input type="text"/> times                      | A. <input type="text"/> times                     |
|           | B. Private Hospital   | B. <input type="text"/> times                       | B. <input type="text"/> times                      | B. <input type="text"/> times                     |
|           | C. Puskesmas/auxiliary puskesmas  | C. <input type="text"/> times                       | C. <input type="text"/> times                      | C. <input type="text"/> times                     |
|           | D. Village maternity clinic/traditional birth attendant   | D. <input type="text"/> times                       | D. <input type="text"/> times                      | D. <input type="text"/> times                     |
|           | E. Clinic/general practitioner/private doctor   | E. <input type="text"/> times                       | E. <input type="text"/> times                      | E. <input type="text"/> times                     |
|           | F. Clinic/general practitioner/private midwife  | F. <input type="text"/> times                       | F. <input type="text"/> times                      | F. <input type="text"/> times                     |
|           | G. Traditional birth attendant home/practice  | G. <input type="text"/> times                       | G. <input type="text"/> times                      | G. <input type="text"/> times                     |
|           | H. Integrated health post   | H. <input type="text"/> times                       | H. <input type="text"/> times                      | H. <input type="text"/> times                     |
|           | V. Other, _____   | V. _____ <input type="text"/><br>times              | V. _____ <input type="text"/><br>times             | V. _____ <input type="text"/><br>times            |
|           | W. NEVER HAD CHECK UP   | W. NEVER HAD CHECK UP                               | W. NEVER HAD CHECK UP                              | W. NEVER HAD CHECK UP                             |
| CH09      | <b>INTERVIEWER CHECK: IF CH04 OR CH05 OR CH06 &gt; 13 WEEKS?</b>  | 1. YES<br>3. NO → CH13                              | 1. YES<br>3. NO → CH13                             | 1. YES<br>3. NO → CH13                            |
| CH10      | In the <u>second 3 months</u> of pregnancy, where and how many times did you have prenatal check up?<br><b>(AGE OF PREGNANCY 14-26 WEEKS)</b> |   |  |   |
|           | A. Government Hospital  | A. <input type="text"/> times                       | A. <input type="text"/> times                      | A. <input type="text"/> times                     |
|           | B. Private Hospital   | B. <input type="text"/> times                       | B. <input type="text"/> times                      | B. <input type="text"/> times                     |
|           | C. Puskesmas/auxiliary puskesmas  | C. <input type="text"/> times                       | C. <input type="text"/> times                      | C. <input type="text"/> times                     |
|           | D. Village maternity clinic/traditional birth attendant   | D. <input type="text"/> times                       | D. <input type="text"/> times                      | D. <input type="text"/> times                     |
|           | E. Clinic/general practitioner/ private Doctor  | E. <input type="text"/> times                       | E. <input type="text"/> times                      | E. <input type="text"/> times                     |
|           | F. Clinic/general practitioner/ private Midwife   | F. <input type="text"/> times                       | F. <input type="text"/> times                      | F. <input type="text"/> times                     |
|           | G. Traditional birth attendant home/ practice   | G. <input type="text"/> times                       | G. <input type="text"/> times                      | G. <input type="text"/> times                     |
|           | H. Integrated health post   | H. <input type="text"/> times                       | H. <input type="text"/> times                      | H. <input type="text"/> times                     |
|           | V. Other, _____   | V. _____ <input type="text"/><br>times              | V. _____ <input type="text"/><br>times             | V. _____ <input type="text"/><br>times            |

|                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
|                       | times                 | times                 | times                 |
| W. NEVER HAD CHECK UP |

|      | 1. Present/last pregnancy during the last 24 months  | 2. Second/last pregnancy during the last 24 months  | 3. Third/last pregnancy during the last 24 months   |
|------|--|---|---|
| CH11 | <b>INTERVIEWER CHECK: IF CH04 OR CH05 OR CH06 &gt; 26 WEEKS?</b>   | 1. YES<br>3. NO → CH13  | 1. YES<br>3. NO → CH13  |
| CH12 | In the last <u>3 months</u> of your pregnancy, where and how many times did you have prenatal check up?<br><b>(AGE OF PREGNANCY 27 WEEKS UNTIL DELIVERY)</b> |   |   |
|      | A. Government Hospital   | A. <input type="text"/> times   | A. <input type="text"/> times   |
|      | B. Private Hospital  | B. <input type="text"/> times   | B. <input type="text"/> times   |
|      | C. Puskesmas/auxiliary Puskesmas   | C. <input type="text"/> times   | C. <input type="text"/> times   |
|      | D. Village maternity clinic/traditional birth attendant  | D. <input type="text"/> times   | D. <input type="text"/> times   |
|      | E. Clinic/general practitioner/ private doctor   | E. <input type="text"/> times   | E. <input type="text"/> times   |
|      | F. Clinic/general practitioner/ private midwife  | F. <input type="text"/> times   | F. <input type="text"/> times   |
|      | G. Traditional birth attendant home/ practice  | G. <input type="text"/> times   | G. <input type="text"/> times   |
|      | H. Integrated health post  | H. <input type="text"/> times   | H. <input type="text"/> times   |
|      | V. Other, _____  | V. _____ <input type="text"/><br>times  | V. _____ <input type="text"/><br>times  |
|      | W. NEVER HAD CHECK UP  | W. NEVER HAD CHECK UP   | W. NEVER HAD CHECK UP   |
| CH13 | On average, how much did you pay for prenatal check up?  | Rp <input type="text"/> . <input type="text"/>  | Rp <input type="text"/> . <input type="text"/>  |
| CH14 | Which health facility did you visit most often to get prenatal check up?   | a. Name of facility:<br>_____<br>b. Address:<br>_____<br>_____<br>c. Facility ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | a. Name of facility:<br>_____<br>b. Address:<br>_____<br>_____<br>c. Facility ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

|  | 1. Present/last pregnancy during the last 24 months                        | 2. Second/last pregnancy during the last 24 months                        | 3. Third/last pregnancy during the last 24 months                          |
|--|--|---|--|
| CH15 Did you get the health care below [...] at least once during your pregnancy?  |  |   |  |
| a. Body weighing   | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| b. Height measurement  | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| c. Blood pressure check  | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| d. blood test (Hb, blood type, etc.)   | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| e. Stomach height measurement  | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| f. Listening to fetus heart  | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| g. Internal check  | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| h. Hip measurement   | 1. Yes 3. No 8. Do Not Know  | 1. Yes 3. No 8. Do Not Know   | 1. Yes 3. No 8. Do Not Know  |
| CH16 Did the health officer provide you with information on indications of pregnancy complication?   | 1. Yes 3. No → CH18  | 1. Yes 3. No → CH18   | 1. Yes 3. No → CH18  |
| CH17 Did the health officer provide you with information on what has to be done if you think there was pregnancy complication?   | 1. Yes 8. Do Not Know<br>3. No   | 1. Yes 8. Do Not Know<br>3. No  | 1. Yes 8. Do Not Know<br>3. No   |
| CH18 During pregnancy, did you ever get Tetanus Toxoid (TT) injection/ immunisation for pregnant mothers to prevent baby from suffering from tetanus, or seizures after birth? | 1. Yes 3. No → CH20  | 1. Yes 3. No → CH20   | 1. Yes 3. No → CH20  |
| CH19 How many times did you get TT injections?   | 1. ☐ times 8. Do Not Know  | 1. ☐ times 8. Do Not Know   | 1. ☐ times 8. Do Not Know  |
| CH20 Did you receive iron pills (for blood regeneration) during your pregnancy?  | 1. Yes 3. No → CH23  | 1. Yes 3. No → CH23   | 1. Yes 3. No → CH23  |
| CH21 How many iron pills did you receive/obtained?   | 1. 1-30 pill 4. > 90 pill<br>2. 31-60 pill 8. Do Not Know<br>3. 61-90 pill | 1. 1-30 pill 4. > 90 pil<br>2. 31-60 pill 8. Do Not Know<br>3. 61-90 pill | 1. 1-30 pill 4. > 90 pill<br>2. 31-60 pill 8. Do Not Know<br>3. 61-90 pill |
| CH22 Did you consume all iron pills you received/obtained?   | 1. Yes, all of them<br>2. Yes, most of them<br>3. Yes, some<br>6. None     | 1. Yes, all of them<br>2. Yes, most of them<br>3. Yes, some<br>6. None    | 1. Yes, all of them<br>2. Yes, most of them<br>3. Yes, some<br>6. None     |
| <b>Post Delivery Health Care</b>   |  |   |  |

|   | 1. Present/last pregnancy during the last 24 months   | 2. Second/last pregnancy during the last 24 months  | 3. Third/last pregnancy during the last 24 months   |
|---|---|---|---|
| CH23 <b>INTERVIEWER CHECK CH02.</b>                 | 1. CH02 = 1 ATAU 2 → CH35<br>3. CH02 = 3 ATAU 4   | 1. CH02 = 1 ATAU 2 → CH35<br>3. CH02 = 3 ATAU 4   | 1. CH02 = 1 ATAU 2 → SECTION KB<br>3. CH02 = 3 ATAU 4   |
| CH24 Where did you give birth?                      | 1. Government Hospital<br>2. Private Hospital<br>3. Puskesmas/auxiliary puskesmas<br>4. Village maternity clinic/traditional birth attendant<br>5. Clinic/general practitioner/ private doctor<br>6. Clinic/general practitioner/ private midwife<br>7. Traditional birth attendant home/ practice<br>8. Own house/relative house<br>95. Other, _____ | 1. Government Hospital<br>2. Private Hospital<br>3. Puskesmas/auxiliary puskesmas<br>4. Village maternity clinic/traditional birth attendant<br>5. Clinic/general practitioner/ private doctor<br>6. Clinic/general practitioner/ private midwife<br>7. Traditional birth attendant home/ practice<br>8. Own house/relative house<br>95. Other, _____ | 1. Government Hospital<br>2. Private Hospital<br>3. Puskesmas/auxiliary puskesmas<br>4. Village maternity clinic/traditional birth attendant<br>5. Clinic/general practitioner/ private doctor<br>6. Clinic/general practitioner/ private midwife<br>7. Traditional birth attendant home/ practice<br>8. Own house/relative house<br>95. Other, _____ |
| CH25 Who assisted in the delivery?                  | A. Doctor<br>B. Midwife<br>C. Nurse/male nurse<br>D. Traditional birth attendant<br>E. Family member<br>V. Other, _____   | A. Doctor<br>B. Midwife<br>C. Nurse/male nurse<br>D. Traditional birth attendant<br>E. Family member<br>V. Other, _____   | A. Doctor<br>B. Midwife<br>C. Nurse/male nurse<br>D. Traditional birth attendant<br>E. Family member<br>V. Other, _____   |
| CH26 <b>INTERVIEWER CHECK CH02.</b>                 | 1. CH02 = 3 → CH31<br>3. CH02 = 4   | 1. CH02 = 3 → CH31<br>3. CH02 = 4   | 1. CH02 = 3 → CH31<br>3. CH02 = 4   |
| CH27 How was the delivery process?                  | 1. Normal<br>3. Complication  | 1. Normal<br>3. Complication  | 1. Normal<br>3. Complication  |
| CH28 How much did you pay for the delivery?         | Rp <input type="text"/> . <input type="text"/> . <input type="text"/>   | Rp <input type="text"/> . <input type="text"/> . <input type="text"/>   | Rp <input type="text"/> . <input type="text"/> . <input type="text"/>   |
| CH29 Was the baby weighed when it was born?         | 1. Yes<br>3. No → CH31<br>8. Do Not Know → CH31   | 1. Yes<br>3. No → CH31<br>8. Do Not Know → CH31   | 1. Yes<br>3. No → CH31<br>8. Do Not Know → CH31   |
| CH30 What was the weight of the baby upon delivery? | <input type="text"/> . <input type="text"/> gram  | <input type="text"/> . <input type="text"/> gram  | <input type="text"/> . <input type="text"/> gram  |

|  | 1. Present/last pregnancy during the last 24 months | 2. . Second/last pregnancy during the last 24 months | 3. Third/last pregnancy during the last 24 months |
|--|---|--|---|
| CH31 Did you get further health services after delivery during the first 40 days?  | 1. Yes                      3. No → CH35            | 1. Yes                      3. No → CH35             | 1. Yes                      3.No → SECTION KB     |
| CH32 During the first 7 days after delivery, how many times did you/your baby receive post natal health services from [...]? |   |  |   |
| A. Government Hospital   | A. <input type="text"/> times                       | A. <input type="text"/> times                        | A. <input type="text"/> times                     |
| B. Private Hospital  | B. <input type="text"/> times                       | B. <input type="text"/> times                        | B. <input type="text"/> times                     |
| C. Puskesmas/auxiliary Puskesmas   | C. <input type="text"/> times                       | C. <input type="text"/> times                        | C. <input type="text"/> times                     |
| D. Village maternity clinic/traditional birth attendant  | D. <input type="text"/> times                       | D. <input type="text"/> times                        | D. <input type="text"/> times                     |
| E. Clinic/general practitioner/ private doctor   | E. <input type="text"/> times                       | E. <input type="text"/> times                        | E. <input type="text"/> times                     |
| F. Clinic/general practitioner/ private midwife  | F. <input type="text"/> times                       | F. <input type="text"/> times                        | F. <input type="text"/> times                     |
| G. Traditional birth attendant home/ practice  | G. <input type="text"/> times                       | G. <input type="text"/> times                        | G. <input type="text"/> times                     |
| H. Integrated health post TRANSLATE  | H. <input type="text"/> times                       | H. <input type="text"/> times                        | H. <input type="text"/> times                     |
| V. Other, _____  | V. _____ <input type="text"/> times                 | V. _____ <input type="text"/> times                  | V. _____ <input type="text"/> times               |
| W. DID NOT GET SERVICES  | W.  | W.   | W.  |
| CH33 During the first 8 - 40 days after delivery, how many times you/your baby received post natal health care from [...]?   |   |  |   |
| A. Government Hospital   | A. <input type="text"/> times                       | A. <input type="text"/> times                        | A. <input type="text"/> times                     |
| B. Private Hospital  | B. <input type="text"/> times                       | B. <input type="text"/> times                        | B. <input type="text"/> times                     |
| C. Puskesmas/auxiliary Puskesmas   | C. <input type="text"/> times                       | C. <input type="text"/> times                        | C. <input type="text"/> times                     |
| D. Village maternity clinic/traditional birth attendant  | D. <input type="text"/> times                       | D. <input type="text"/> times                        | D. <input type="text"/> times                     |
| E. Clinic/general practitioner/ private doctor   | E. <input type="text"/> times                       | E. <input type="text"/> times                        | E. <input type="text"/> times                     |
| F. Clinic/general practitioner/ private midwife  | F. <input type="text"/> times                       | F. <input type="text"/> times                        | F. <input type="text"/> times                     |
| G. Traditional birth attendant home/ practice  | G. <input type="text"/> times                       | G. <input type="text"/> times                        | G. <input type="text"/> times                     |

|  |  |  |   |
|--|--|--|---|
| H. Integrated health post  | H. <input type="text"/> times  | H. <input type="text"/> times  | H. <input type="text"/> times   |
| V. Other, _____  | V. _____<br>times  | V. _____<br>times  | V. _____<br>times   |
| W. DID NOT GET SERVICES  | W  | W  | W   |
|  | <b>1. Present/last pregnancy during the last 24 months</b>   | <b>2. Second/last pregnancy during the last 24 months</b>                      | <b>3. Third/last pregnancy during the last 24 months</b>              |
| CH34 On average, how much did you pay for post delivery health care? | Rp <input type="text"/> . <input type="text"/> . <input type="text"/>  | Rp <input type="text"/> . <input type="text"/> . <input type="text"/>          | Rp <input type="text"/> . <input type="text"/> . <input type="text"/> |
| CH35 CHECK CH01  | 1. ONE ↓<br>2. TWO → CH02, Column 2 (p. 4)<br>3. THREE → CH02, Column 2 (p. 4)<br>4. TWIN → CH02, Column 2 (p.4) | 2. TWO ↓<br>3. THREE → CH02, Column 3 (p. 4)<br>4. TWIN → CH02, Column 3 (p.4) |   |

#### KB. FAMILY PLANNING

|   |   |
|---|---|
| KB01 INTERVIEWER CHECK: MARITAL STATUS (BOOK 1A, QUESTION AR07)   | 1. RESPONDENT IS MARRIED (AR07 = 2)<br>3. RESPONDENT IS SINGLE → SECTION SP   |
| KB02 Are you of your husband using family planning devices to postpone or prevent pregnancy?  | 1. Yes 3. No → SECTION SP   |
| KB03 What types of family planning you/your husband are using?  | 1. Pill 8. Female sterilisation/Tubal ligation<br>2. Monthly injection 9. Male sterilisation/Vasectomy<br>3. 3-monthly injection 10. Periodical abstinence → SECTION SP<br>4. Diaphragm 11. Coitus interruptus → SECTION SP<br>5. Condom 12. Traditional herbs → SECTION SP<br>6. IUD/AKDR/Spiral 13. Traditional massage → SECTION SP<br>7. Norplant/Implant/pin 95. Other, _____ → SECTION SP |
| KB04 When was the last time you/your husband receive the devices that you are now using?  | 1. Month <input type="text"/> Year <input type="text"/> 8. Do Not Know  |
| KB05 How much was the cost paid by the respondent for family planning devices (incl. materials, services and other related expenses)? | 1. Rp <input type="text"/> . <input type="text"/> . <input type="text"/> 8. Do Not Know   |
| KB06 From where did you/your husband get the devices?   | 1. Government Hospital 8. Integrated health post<br>2. Private Hospital 9. Medical shop/drug store<br>3. Puskesmas/auxiliary Puskesmas 10. Self-service store/supermarket<br>4. Village maternity clinic/traditional birth attendant 95. Other,<br>_____  |

|  |  |                          |
|--|--|--------------------------|
|  | 5. Clinic/general practitioner/ Private Doctor       | 98. Do Not Know/Remember |
|  | 6. Clinic/general practitioner/ Private Midwife      |                          |
|  | 7. Clinic/general practitioner /Nurse/<br>Paramedics |                          |

**SP. STATUS OF WOMAN**

|      |  |  |   |
|------|--|--|---|
| SP01 | In this household, who makes decision on [...] in relation to your kids?     | A. Respondent<br>B. Respondent spouse<br>C. Other household member | D. Person living outside the household<br>W. NOT APPLICABLE |
|      | a. Education (which school to enter, stop going to school, etc.)             | A  | B C D W   |
|      | b. Health (such as which health service facility to bring the kids to, etc.) | A  | B C D W   |
|      | c. Disciplinary enforcement  | A  | B C D W   |
|      | d. To have another baby  | A  | B C D W   |
| SP02 | Do you have to ask the permission of other household member to buy [...]?    |  |   |
|      | a. Vegetables and fruits   | 1. Yes   | 3. No 6. HAVE NEVER BOUGHT                                  |
|      | b. Clothing for your own   | 1. Yes   | 3. No 6. HAVE NEVER BOUGHT                                  |
|      | c. Medicines for your own  | 1. Yes   | 3. No 6. HAVE NEVER BOUGHT                                  |
|      | d. Personal needs (soap, shampoo, dental paste, sanitary napkins, etc.)      | 1. Yes   | 3. No 6. HAVE NEVER BOUGHT                                  |

**PK. HEALTH KNOWLEDGE**

**Next we would ask you about your opinion on breast feeding, supplementary nutrition for babies, and liquid and food intakes for babies that are suffering from diarrhea.**

|      |  |   |   |
|------|--|---|---|
| PK01 | In your opinion, how many times should a pregnant mother have prenatal check ups?      | 1. <input type="checkbox"/> times   | 8. Do Not Know                            |
| PK02 | When <u>should</u> a baby be breastfed after delivery?                                 | 1. 30 minutes / immediately after birth<br>2. One day after birth<br>3. After one day since birth | 4. One week after birth<br>8. Do Not Know |
| PK03 | When <u>should</u> water or other liquids be fed to a baby after birth?                | 1. <input type="checkbox"/> days after birth  | 8. Do Not Know                            |
| PK04 | When a baby is suffering from diarrhea, how much food intake <u>should</u> it receive? | 1. Normal, as usual<br>2. More than normal<br>3. Less than normal                                 | 4. Stop feeding<br>8. Do Not Know         |
| PK05 | When a baby is suffering from diarrhea, how much liquids <u>should</u> it be given?    | 1. Normal, as usual<br>2. More than normal<br>3. Less than normal                                 | 4. Stop giving liquids<br>8. Do Not Know  |

**CP. INTERVIEWER'S NOTES**

|      |  |   |  |   |
|------|--|---|--|---|
| CP01 | WHAT LANGUAGE WAS USED DURING THE ENTIRE/MOST OF THE INTERVIEW?  | 1. INDONESIAN<br>2. BETAWI<br>3. SUNDANESE<br>4. JAVANESE                           | 5. MADURESE<br>6. SASAK<br>7. MANDARIN<br>8. MANADONESE                            | 9. GORONTALO<br>10. BUGIS<br>11. MAKASARESE<br>95. OTHER, _____ |
| CP02 | WERE THERE ANY OTHER LANGUAGES USED?   | 1. YES, <input type="checkbox"/> , _____ (SELECTION CODE THE SAME AS CP01)<br>3. NO |  |   |
| CP03 | WHO ELSE (OTHER PERSONS) OTHER THAN THE RESPONDENT WAS PRESENT DURING THE INTERVIEW?   | A. NO<br>B. HUSBAND/WIFE<br>C. CHILD ≥ 5 YEARS                                      | D. CHILD < 5 YEARS<br>E. ADULT, HOUSEHOLD MEMBER<br>F. ADULT, NOT HOUSEHOLD MEMBER |   |
| CP04 | HOW WOULD THE ENUMERATOR EVALUATE THE ACCURACY OF RESPONDENT'S ANSWERS?  | 1. VERY GOOD<br>2. GOOD<br>3. ADEQUATE  | 4. POOR<br>5. VERY POOR  |   |
| CP05 | HOW WOULD THE ENUMERATOR EVALUATE THE SERIOUSNESS OF THE RESPONDENT?   | 1. VERY GOOD<br>2. GOOD<br>3. ADEQUATE  | 4. POOR<br>5. VERY POOR  |   |
| CP06 | WHICH QUESTIONS MADE THE RESPONDENT FEEL UNEASY, EMBARRASSED OR CONFUSED IN ANSWERING ? (WRITE DOWN SECTION AND QUESTION NUMBER) | _____<br>_____<br>_____   |  |   |

| SECTION | QUESTION NO | INTERVIEWER'S REMARKS |
|---------|-------------|-----------------------|
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