

HEALTH SERVICE AND EDUCATION SURVEY

IR, RH, CH, KB, SP, PK, CP

BOOK 1B MARRIED WOMAN 16-49 YEARS OLD

WOMAN ID 15-49 YEARS

____ 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 2. Partly Completed, _____ 3. Respondent declined/absent/not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/not available	1. Completed 2. Partly completed, _____ 3. Respondent declined/absent/not available

RESULTS OF INSPECTION

Inspection by Supervisor	Observation by Supervisor	Check up by Editor
1. Yes 3. No	1. Yes 3. No	1. Entry made, without error 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

	<div> <div></div> <div></div> <div></div> </div> 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 <div></div>	b. Girl: <div></div> c. Total <div></div>
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.			
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 <div></div>	b. Girl: <div></div> c. Total <div></div>

		[1]	[2]	[3]	[4]
RH07	Names of the boys/girls given birth to and still alive but do not live with you?				
RH08	Date of birth	<div></div> / <div></div> / <div></div>	<div></div> / <div></div> / <div></div>	<div></div> / <div></div> / <div></div>	<div></div> / <div></div> / <div></div>
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 3. NO ↓	1. > 2 → COLUMN 3 3. NO ↓	1. > 3 → COLUMN 4 3. NO ↓	1. > 4 → SUPPLEMENT RH07 3. NO ↓

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

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

	[1]	[2]	[3]	[4]
RH23 When did the miscarriage occur?	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	Month <input type="text"/> Year <input type="text"/>	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 3. NO ↓	1. >2 → COLUMN 3 3. NO ↓	1. >3 → COLUMN 4 3. NO ↓	1. >4 → SUPPLEMENT RH23 3. NO ↓

RH25	INSTRUCTIONS FOR INTERVIEWER: ADD UP: RH04c + RH06c + RH12c = <input type="text"/> 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 3. No → CORRECTION RH01-RH15
RH26	Are you presently pregnant?	1. Yes 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 2. Two 3. Three 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 2. Miscarriage → CH05 3. Still born → CH04 4. Alive	1. Pregnant → CH06 2. Miscarriage → CH05 3. Still born → CH04 4. Alive	1. Pregnant → CH06 2. Miscarriage → CH05 3. Still born → CH04 4. Alive
CH03 Name of child / Household Member Serial no. (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 3. No → CH18	1. Yes 3. No → CH18	1. Yes 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? (AGE OF PREGNANCY 1-13 WEEKS)			
	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"/> times	V. _____ <input type="text"/> times	V. _____ <input type="text"/> times
	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP
CH09	INTERVIEWER CHECK: IF CH04 OR CH05 OR CH06 > 13 WEEKS?	1. YES 3. NO → CH13	1. YES 3. NO → CH13	1. YES 3. NO → CH13
CH10	In the <u>second 3 months</u> of pregnancy, where and how many times did you have prenatal check up? (AGE OF PREGNANCY 14-26 WEEKS)			
	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"/> times	V. _____ <input type="text"/> times	V. _____ <input type="text"/> times

	times	times	times
W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	W. NEVER HAD CHECK UP	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 INTERVIEWER CHECK: IF CH04 OR CH05 OR CH06 > 26 WEEKS?	1. YES 3. NO → CH13	1. YES 3. NO → CH13	1. YES 3. NO → CH13
CH12 In the last 3 months of your pregnancy, where and how many times did you have prenatal check up? (AGE OF PREGNANCY 27 WEEKS UNTIL DELIVERY)			
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, <input type="text"/>	V. <input type="text"/> times	V. <input type="text"/> times	V. <input type="text"/> times
W. NEVER HAD CHECK UP	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"/>	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: <input type="text"/> b. Address: <input type="text"/> <input type="text"/> c. Facility ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a. Name of facility <input type="text"/> b. Address: <input type="text"/> <input type="text"/> c. Facility ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a. Name of facility <input type="text"/> b. Address: <input type="text"/> <input type="text"/> 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 3. No	1. Yes 8. Do Not Know 3. No	1. Yes 8. Do Not Know 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 2. 31-60 pill 8. Do Not Know 3. 61-90 pill	1. 1-30 pill 4. > 90 pil 2. 31-60 pill 8. Do Not Know 3. 61-90 pill	1. 1-30 pill 4. > 90 pill 2. 31-60 pill 8. Do Not Know 3. 61-90 pill
CH22 Did you consume all iron pills you received/obtained?	1. Yes, all of them 2. Yes, most of them 3. Yes, some 6. None	1. Yes, all of them 2. Yes, most of them 3. Yes, some 6. None	1. Yes, all of them 2. Yes, most of them 3. Yes, some 6. None
Post Delivery Health Care			

	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 INTERVIEWER CHECK CH02.	1. CH02 = 1 ATAU 2 → CH35 3. CH02 = 3 ATAU 4	1. CH02 = 1 ATAU 2 → CH35 3. CH02 = 3 ATAU 4	1. CH02 = 1 ATAU 2 → SECTION KB 3. CH02 = 3 ATAU 4
CH24 Where did you give birth?	1. Government Hospital 2. Private Hospital 3. Puskesmas/auxiliary puskesmas 4. Village maternity clinic/traditional birth attendant 5. Clinic/general practitioner/ private doctor 6. Clinic/general practitioner/ private midwife 7. Traditional birth attendant home/ practice 8. Own house/relative house 95. Other, _____	1. Government Hospital 2. Private Hospital 3. Puskesmas/auxiliary puskesmas 4. Village maternity clinic/traditional birth attendant 5. Clinic/general practitioner/ private doctor 6. Clinic/general practitioner/ private midwife 7. Traditional birth attendant home/ practice 8. Own house/relative house 95. Other, _____	1. Government Hospital 2. Private Hospital 3. Puskesmas/auxiliary puskesmas 4. Village maternity clinic/traditional birth attendant 5. Clinic/general practitioner/ private doctor 6. Clinic/general practitioner/ private midwife 7. Traditional birth attendant home/ practice 8. Own house/relative house 95. Other, _____
CH25 Who assisted in the delivery?	A. Doctor B. Midwife C. Nurse/male nurse D. Traditional birth attendant E. Family member V. Other, _____	A. Doctor B. Midwife C. Nurse/male nurse D. Traditional birth attendant E. Family member V. Other, _____	A. Doctor B. Midwife C. Nurse/male nurse D. Traditional birth attendant E. Family member V. Other, _____
CH26 INTERVIEWER CHECK CH02.	1. CH02 = 3 → CH31 3. CH02 = 4	1. CH02 = 3 → CH31 3. CH02 = 4	1. CH02 = 3 → CH31 3. CH02 = 4
CH27 How was the delivery process?	1. Normal 3. Complication	1. Normal 3. Complication	1. Normal 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 3. No → CH31 8. Do Not Know → CH31	1. Yes 3. No → CH31 8. Do Not Know → CH31	1. Yes 3. No → CH31 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"/> <input type="text"/> times	H. <input type="text"/> <input type="text"/> times	H. <input type="text"/> <input type="text"/> times
V. Other, <input type="text"/>	V. <input type="text"/> <input type="text"/> times	V. <input type="text"/> <input type="text"/> times	V. <input type="text"/> <input type="text"/> times
W. DID NOT GET SERVICES	W	W	W
	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
CH34 On average, how much did you pay for post delivery health care?	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Rp <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
CH35 CHECK CH01	1. ONE ↓ 2. TWO → CH02, Column 2 (p. 4) 3. THREE → CH02, Column 2 (p. 4) 4. TWIN → CH02, Column 2 (p.4)	2. TWO ↓ 3. THREE → CH02, Column 3 (p. 4) 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) 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 2. Monthly injection 3. 3-monthly injection 4. Diaphragm 5. Condom 6. IUD/AKDR/Spiral 7. Norplant/Implant/pin	8. Female sterilisation/Tubal ligation 9. Male sterilisation/Vasectomy 10. Periodical abstinence → SECTION SP 11. Coitus interruptus → SECTION SP 12. Traditional herbs → SECTION SP 13. Traditional massage → SECTION SP 95. Other, <input type="text"/> → SECTION SP
KB04	When was the last time you/your husband receive the devices that you are now using?	1. Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <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"/> . <input type="text"/> <input type="text"/>	8. Do Not Know
KB06	From where did you/your husband get the devices?	1. Government Hospital 2. Private Hospital 3. Puskesmas/auxiliary Puskesmas 4. Village maternity clinic/traditional birth attendant	8. Integrated health post 9. Medical shop/drug store 10. Self-service store/supermarket 95. Other, <input type="text"/>

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

SP. STATUS OF WOMAN

SP01	In this household, who makes decision on [...] in relation to your kids?	A. Respondent B. Respondent spouse C. Other household member	D. Person living outside the household 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 you 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 breasfed after delivery?	1. 30 minutes / immediately after birth 2. One day after birth 3. After one day since birth	4. One week after birth 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 2. More than normal 3. Less than normal	4. Stop feeding 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 2. More than normal 3. Less than normal	4. Stop giving liquids 8. Do Not Know

CP. INTERVIEWER'S NOTES

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

SECTION	QUESTION NO	INTERVIEWER'S REMARKS