

HEALTH SERVICE AND EDUCATION SURVEY		
IR, POS, MAA, IM, NA, US, CP	<b>BOOK 1D</b> <b>CHILDREN 0-36 MONTHS</b>	<b>CHILD ID 0-36 MONTHS</b> ____ ____ 4 ____ ____ ____ ____

Respondent is <u>own mother</u> or <u>nurse</u> of <u>all</u> children 0-36 months old in <u>living in this household</u> .		
Name of Respondent:	HOUSEHOLD MEMBER Serial no: ____	
Relation of respondent to [NAME OF CHILD]	<div style="display: flex; justify-content: space-between;"> <div>           1. Mother            2. Father            3. Elder brother/sister            4. Uncle/aunt         </div> <div>           5. Grand father/mother            6. Other relative            95. Other, _____            96. THE CHILD CONCERNED         </div> </div>	

**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 the history of the health and nutrition of your child. We assure you that the information you give us is kept confidential. Could we begin the interview now?

## IR. RESPONDENT IDENTITY

IR01	NAME OF CHILD / Household Member Serial No.	_____ / ____
IR02	Sex [NAME OF CHILD]	1. Boy 3. Girl
IR03	Birth date [NAME OF CHILD]	____/____/____ (Date/Month/Year)
IR04	Name of parents/adult responsible for [NAME OF CHILD]/ Household Member Serial no.	_____ / ____

## POS. VISITS TO INTEGRATED HEALTH POST

POS01	Was [NAME OF CHILD] ever brought to integrated Health Post in the <u>last 3 months</u> ?	1. Yes 3. No → <b>SECTION MAA</b>
POS02	Is integrated Health Post located nearby this household?	1. Yes → <b>POS05</b> 3. No 6. NOT APPLICABLE
POS03	Is integrated Health Post located in RW/hamlet/neighbourhood?	1. Yes → <b>POS05</b> 3. No 6. NOT APPLICABLE
POS04	Is integrated Health Post located in village/Ward?	1. Yes 3. No
POS05	How many times did [NAME OF CHILD] visit integrated Health Post in the <u>last 3 months</u> ?	____ times
POS06	When did <u>for the last time</u> did you bring [NAME OF CHILD] to integrated Health Post ?	____/____/____ (Date/Month/Year)
POS07	Did [NAME OF CHILD] receive the services [...] in <u>that last visit</u> ?	
	a. Weighing	1. Yes 3. No
	b. Food supplements (PMT)	1. Yes 3. No
	c. Vitamin A pills	1. Yes 3. No
	d. Iodised salt	1. Yes 3. No
	e. Immunisation	1. Yes 3. No
	f. Health check up	1. Yes 3. No
	g. Health extension	1. Yes 3. No
	v. Other, specify _____	1. Yes 3. No

POS08	Was there a midwife or Community Health Facility officer during that <u>last visit</u> ?	1. Yes	3. No → <b>POS10</b>
POS09	Who was the Community Health Facility officer who provided service during the <u>most recent visit</u> ?	A. DOCTOR B. Community Health Facility or Village midwife C. NURSE / MALE NURSE	D. OTHER HEALTH OFICER V. OTHER, Y. DO NOT KNOW
POS10	Did you pay for services during that <u>last visit</u> ?	1. Yes	3. No → <b>POS12</b>
POS11	How much was the cost of the servicest?	1. Rp <u>    </u> . <u>    </u>	8. DO NOT KNOW
POS12	Did the Integrated Health Post /health officers explain about the health conditions of [NAME OF CHILD] in <u>that last visit</u> ?	1. Yes	3. No → <b>POS14</b>
POS13	What was explained by the Integrated Health Post /health officers about the conditions of [NAME OF CHILD]?	A. HEALTHY B. NOT HEALTHY C. UNDER NUTRITION D. INCOMPLETE IMMUNISATION	E. WEIGHT DID NOT INCREASE/SAME F. WEIGHT DECREASED V. OTHER, <u>                    </u>
POS14	During that last visit, did Integrated Health Post /health officer explain/advise on what you had to do for [NAME OF CHILD]?	1. Yes	3. No → <b>POS16</b>
POS15	What was the advice of Integrated Health Post /health officer?	A. PROVIDE MORE FOOD IN GENERAL B. PROVIDE CERTAIN FOOD, SUCH AS BEEF, VEGETABLES, MILK, ETC. C. HAD TO VISIT Community Health Facility DOCTOR D. HAD TO VISIT VILLAGE MIDWIFE V. OTHER, <u>                    </u>	
POS16	In you opinion, how was the health condition of [NAME OF CHILD] during <u>that last visit</u> ?	1. Very healthy 2. Adequately healthy	3. No healthy / ill 8. DO NOT KNOW

#### MAA. CHILD ACUTE MORBIDITY

MAA01	Has [NAME OF CHILD] ever suffered from diarrhea during this last month?	1. Yes	3. No → <b>MAA07</b>	8. DO NOT KNOW → <b>MAA07</b>
MAA02	How many times did [NAME OF CHILD] <u>suffered from diarrhea</u> during this last month?	1. <u>    </u> times	8. DO NOT KNOW	
MAA03	How many days did [NAME OF CHILD] suffer from diarrhea during the last illness?	1. <u>    </u> day	8. DO NOT KNOW	
MAA04	Did [NAME OF CHILD] visit health facility or was visited by health officers to obtain cure for the diarrhea during the last illness?	1. Yes	3. No → <b>MAA06</b>	
MAA05	Where did s/he go/who was visiting him/her?	A. Government hospital B. Private hospital	G. Private midwife H. Nurse/Male nurse	

	C. Puskesmas/auxiliary puskesmas D. Clinic, private clinic, mother-child health care/BKIA E. Village Maternity Clinic/traditional birth attendant F. Private doctor I. Integrated Health Post J. Traditional healer V. Other, Y. DO NOT KNOW
MAA06 During diarrhea, Did [NAME OF CHILD] get Oralit or other additional liquids (Oral Rehydration therapy)?	1. Yes 3. No 8. DO NOT KNOW
MAA07 Has [NAME OF CHILD] ever suffered from high fever during last month?	1. Yes 3. No 8. DO NOT KNOW
MAA08 Has [NAME OF CHILD] ever suffered from coughing during last month?	1. Yes 3. No → <b>SECTION IM</b> 8. DO NOT KNOW → <b>SECTION IM</b>
MAA09 When [NAME OF CHILD] suffered from coughing, did [NAME OF CHILD] breathe faster than usual with short breath and fast?	1. Yes 3. No 8. DO NOT KNOW
MAA10 Did [NAME OF CHILD] visit health facility or was visited by health officers to cure the coughing/high fever?	1. Yes 3. No → <b>SECTION IM</b>
MAA11 Where did s/he go/who was visiting him/her?	A. Government hospital B. Private hospital C. Puskesmas/auxiliary puskesmas D. Clinic, private clinic, mother-child health care/BKIA E. Village Maternity Clinic/traditional birth attendant F. Private doctor G. Private midwife H. Nurse/Male nurse I. Posyandu J. Traditional healer V. Other, Y. DO NOT KNOW

#### IM. IMMUNISATION

IM01 Does [NAME OF CHILD] have Health Monitoring Card/KMS?	1. Yes 3. No → <b>IM03</b> 8. DO NOT KNOW → <b>IM03</b>
IM02 How much did you spend to get Health Monitoring Card /KMS?	1. Rp <input type="text"/> , <input type="text"/> 8. NO TAHU
IM03 Does [NAME OF CHILD] have Maternal-Child Health Book/KIA Book?	1. Yes 3. No → <b>IM05</b> 8. DO NOT KNOW → <b>IM05</b>
IM04 How much did you spend to get Maternal-Child Health Book/ KIA Book?	1. Rp <input type="text"/> , <input type="text"/> 8. DO NOT KNOW
IM05 May I see the Health Monitoring Card or Maternal-Child Health Book for [NAME OF CHILD]?	1. Shown and there are records 2. Shown but it is empty 3. Not shown, because 6. DO NOT HAVE KMS AND KIA BOOK
IM06 How many times has [NAME OF CHILD] ever taken Vitamin A?	1. <input type="text"/> times (source: KMS or KIA Book) 2. <input type="text"/> times (source: respondent) 8. DO NOT KNOW

**INSTRUCTIONS FOR INTERVIEW: COPY INFORMATION ON IMMUNISATION FROM Health Monitoring Card OR Maternal-Child Health Book OR ASK THE RESPONDENT ABOUT IMMUNISATION THAT WAS NOT RECORDED IN KMS/KIA BOOK.**

IM1TYPE		IM07	IM08	IM09	IM10	IM11
Types of Immunisation	<b>Instruction for Interview</b>	Did [NAME OF CHILD] receive immunisation [...] ?	INTERVIEWER CHECK: IF IMMUNISATION [...] WAS RECORDED IN Health Monitoring Card or Maternal-Child Health Book?	When did [NAME OF CHILD] receive immunisation [...]? (Date/Month/Year)	Do you have to pay for services [...]?	How much did you spend?
A. BCG	<b>BCG immunisation to prevent TBC, is injection given on the upper left arm and leaves a mark on the skin.</b>	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 8. DO NOT KNOW
B1. Polio 1	<b>Polio immunisation, white or pink liquid is dripped in the mouth.</b>	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
B2. Polio 2		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
B3. Polio 3		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. Tidak ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
B4. Polio 4		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
C1. DPT 1	<b>DPT immunisation is injection given usually together with Polio.</b>	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW

IM1TYPE		IM07	IM08	IM09	IM10	IM11
Types of Immunisation	<b>Instruction for Interview</b>	Did [NAME OF CHILD] receive immunisation [...] ?	INTERVIEWER CHECK: IF IMMUNISATION [...] WAS RECORDED IN Health Monitoring Card or Maternal-Child Health Book?	When did [NAME OF CHILD] receive immunisation [...] ? (Date/Month/Year)	Do you have to pay for services [...]?	How much did you spend?
C2. DPT 2		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
C3. DPT 3		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
D. Measles	<b>Injection against measles.</b>	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
E1. Hep B1	<b>Anti Hepatitis B injection</b>	1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
E2. Hep B2		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
E3. Hep B3		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW
V1. Other, _____		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.   /   / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp   . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW

IM1TYPE		IM07	IM08	IM09	IM10	IM11
Type of Immunisation	<b>Instructions for Interview</b>	Was [NAME OF CHILD] given immunisation [...] ?	INTERVIEWER CHECK: IF IMMUNISATION [...] IS RECORDED IN Health Monitoring Card or Maternal-Child Health Book?	When did [NAME OF CHILD] receive immunisation [...] ? (Date/Month/Year)	Do you have to pay for services [...] ?	How much did you spend?
V2. Other, _____		1. Yes 3. No ↓ 8. TT ↓	1. YES 3. NO 6. NOT APPLICABLE	1.    /    / 8. DO NOT KNOW	1. Yes 3. No ↓ 8. TT ↓	1. Rp    . 6. INCLUDED IN ABOVE COST 8. DO NOT KNOW

IM12	<b>INSTRUCTIONS FOR INTERVIEWER: IS IM01 = 1 (HAVE Health Monitoring Card) OR IM03 = 1 (Maternal-Child Health Book)?</b>	1. YES 3. NO → <b>SECTION NA</b>
------	--	-------------------------------------

**INTERVIEWER'S NOTES:** Copy information on weight from Health Monitoring Card or Maternal-Child Health Book for the last three visits. Start from the most recent visit.

**INSTRUCTIONS FOR INTERVIEWER:** IF IN HEALTH MONITORING CARD OR MATERNAL-CHILD HEALTH BOOK THERE IS NO RECORD ON WEIGHT, THEN ASK INTEGRATED HEALTH CADRE CADRE, PROBABLY WEIGHT RECORD IS IN OTHER BOOKS.

IM13	IM14	IM15	IM16	IM17
No.	Date of visit	Was the weight of [NAME OF CHILD] measured?	Why was it not measured?	Weight [NAME OF CHILD]
1	1.    /    /	1. Yes → <b>IM17</b> 3. No	1. Ill ↓ 2. No available ↓ 3. Refused ↓ 95. Other, _____ ↓	1.    ,    kg 8. DO NOT KNOW
2	1.    /    / 6. NOT APPLICABLE ↓	1. Yes → <b>IM17</b> 3. No	1. Ill ↓ 2. No available ↓ 3. Refused ↓ 95. Other, _____ ↓	1.    ,    kg 8. DO NOT KNOW
3	1.    /    / 6. NOT APPLICABLE ↓	1. Yes → <b>IM17</b> 3. No	1. Ill ↓ 2. No available ↓ 3. Refused ↓ 95. Other, _____ ↓	1.    ,    kg 8. DO NOT KNOW

**NA. CHILD NUTRITION**

NA01	Has [NAME OF CHILD] ever been breastfed?	1. YES	3. NO → <b>NA04</b>
NA02	How long after [NAME OF CHILD] was born, was it breastfed?	1.     minute 2.     hour	3.     day 8. DO NOT KNOW
NA03	For how long [NAME OF CHILD] was given breastfeeding?	1.     Month	6. STILL BEING BREASTFED → <b>NA05</b> 8. DO NOT KNOW
NA04	Why did [NAME OF CHILD] stop breastfeeding/no longer given breastfeeding?	A. Mother was ill / weak B. Mother's breasts ibu sakit C. Mother worked D. Mother took family planning pills E. Mother wants/is pregnant again F. Mother's milk was scanty	G. Child was ill H. Child refused breastfeed I. Child could not suck J. Doctor's/health officer's advice V. Other, _____ Y. DO NOT KNOW
NA05	At what age was [NAME OF CHILD] for the first time given plain water (plain, sugar, honey, rice water, or tea)?	1. 6. NOT YET GIVEN 8. DO NOT KNOW	1. Day    2. Week    3. Month
NA06	At what age was [NAME OF CHILD] given regularly (every day) food and drinks other than breastfeeding?	1. 6. NOT YET GIVEN 8. DO NOT KNOW	1. Day    2. Week    3. Month



NA07	IS [NAME OF CHILD] > 24 MONTHS ?	1. YES	3. NO → SECTION US
------	----------------------------------	--------	--------------------

NATYPE	NA08	NA09
Types of nutrition	Did [NAME OF CHILD] consume [...] <u>last week</u> ?	How many days s/he consumed [...]?
a. Milk	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
b. Egg	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
c. Beef	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
d. Pork	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
e. Chicken and duck	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
f. Fish	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
g. Rice	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
h. Other grains	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
i. Tubers	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
j. Vegetables	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
k. Fruits	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
l. Instant noodle (Supermie, Indomie, etc..)	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
m. Snacks	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW
n. Sweets, chocolate, etc.	1. Yes                      3. No ↓	1. <input type="checkbox"/> day                      8. DO NOT KNOW

#### US. HEALTH MEASUREMENT

US01	HEIGHT (cm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> cm
US02	HOW WAS HEIGHT MEASURED?	1. CHILD WAS LYING DOWN                      2. CHILD WAS STANDING
US03	WEIGHT (kg)	A. MOTHER'S WEIGHT : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> kg B. MOTHER'S AND CHILD'S WEIGHTS: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> kg C. CHILD'S WEIGHT : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> kg
US04	ARM CIRCUMFERENCE (cm)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> cm
US05	IS THERE ANY BCG IMMUNISATION MARK AT UPPER HAND?	1. YES                      3. NO

**CP. INTERVIEWER'S NOTES**

CP01	WHAT LANGUAGE WAS USE 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 SIMILAR TO CP01) 3. NO
CP03	WHO ELSE (OTHER PERSON) OTHER THAN THE RESPONDENT WERE PRESENT DURING THE INTERVIEW?	A. NONE B. HUSBAND/WIFE C. CHILD ≥ 5 YEARS OLD D. CHILD < 5 YEARS OLD E. ADULT, Household Member F. ADULT, Non Household Member
CP04	HOW WOULD THE ENUMERATOR EVALUATE THE APPROPRIATENESS OF THE 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 IT DIFFICULT, EMBARRASSING, OR CONFUSING FOR THE RESPONDENT TO ANSWER? (WRITE DOWN IN SECTION AND QUESTION NUMBER)	_____ _____ _____

SECTION	QUESTION NO	INTERVIEWER'S REMARKS