

CONFIDENTIAL

Enumerator : _____

Editor : _____

Operator data: _____

Household ID :

Wave : 03

Village Resources and Infrastructure Survey

SOCIAL NETWORK QUESTIONNAIRE

Visit Data	First Visit	Second Visit	Third Visit
COV1. Date	<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"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
COV2. Start Time	<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"/>
COV3. Finish Time	<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"/>
COV4. Visit outcome	<input type="text"/>	<input type="text"/>	<input type="text"/>

Code COV4:

1. Finished

3. Partly finished, because: _____

COV5. Supervision

a. Observed

1. Yes

3. No

b. Verified

1. Yes

3. No

COV6. Data Operator Verification:

1. Entered without error

2. Entered with notes

JP. Social Networking – Employments

JPX. NAME OF MAIN RESPONDENT	_____ HH Member No. : <u> </u>
JP0. ENUMERATOR CHECKS THE KOR BOOK PAGE 4 VAR. D11: DOES THE MAIN RESPONDENT WORK (D11 = 1)?	1. Yes 3. No ➔ M SECTION

JP1. Who do you ask or consult about the problems related to your job?	JP2. Is [...] live in this village?	JP3. What is [...] relation with you?	JP4. From those names, name three people you frequently ask? (list 1-3)
1 Yuli	1. Yes <u> </u> <u> </u> <u> </u> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
2 Protasius Neno Manuel	1. Yes <u> </u> <u> </u> <u> </u> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
3 Jumri	1. Yes <u> </u> <u> </u> <u> </u> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
4 Umar Dhani	1. Yes <u> </u> <u> </u> <u> </u> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
5 Ahmad	1. Yes <u> </u> <u> </u> <u> </u> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE

JP3 optional answers		
01. Spouse 02. Biological/step/foster children 03. Biological/step brother/sister 04. Brother/sister in law	05. Son/daughter in law 06. Grandchildren 07. Parents/parents in law 08. Other family	09. Friends/Neighbors 10. Work/business relation 95. Others, _____

M. LOANS

M1a Is there any household members who borrow/owe money or goods either to individuals or financial institutions for the past 3 months?	1. Yes 3. No ➔ JU SECTION										
M2 Where did this household member borrow the money/goods from?	<table border="0"> <tr> <td>A. Government Banks</td> <td>F. Savings and loans group/arisan</td> </tr> <tr> <td>B. Private Banks</td> <td>G. Group of entrepreneur /farm/ fishermen/other</td> </tr> <tr> <td>C. Pawnshop</td> <td>H. Moneylenders</td> </tr> <tr> <td>D. Village Level Coop.</td> <td>I. Friends/families outside the household</td> </tr> <tr> <td>E. Other Cooperation</td> <td>V. Others, _____</td> </tr> </table>	A. Government Banks	F. Savings and loans group/arisan	B. Private Banks	G. Group of entrepreneur /farm/ fishermen/other	C. Pawnshop	H. Moneylenders	D. Village Level Coop.	I. Friends/families outside the household	E. Other Cooperation	V. Others, _____
A. Government Banks	F. Savings and loans group/arisan										
B. Private Banks	G. Group of entrepreneur /farm/ fishermen/other										
C. Pawnshop	H. Moneylenders										
D. Village Level Coop.	I. Friends/families outside the household										
E. Other Cooperation	V. Others, _____										
M3 For what needs?	<table border="0"> <tr> <td>A. Agricultural investment/business capital</td> <td>E. Education</td> </tr> <tr> <td>B. Investment/non agricultural business capital</td> <td>F. Health</td> </tr> <tr> <td>C. Household consumption</td> <td>V. Others, _____</td> </tr> <tr> <td>D. Increase the assets</td> <td></td> </tr> </table>	A. Agricultural investment/business capital	E. Education	B. Investment/non agricultural business capital	F. Health	C. Household consumption	V. Others, _____	D. Increase the assets			
A. Agricultural investment/business capital	E. Education										
B. Investment/non agricultural business capital	F. Health										
C. Household consumption	V. Others, _____										
D. Increase the assets											
M4 What is the total value of the loan for the past 3 months?	Rp <u> </u> . <u> </u> <u> </u> . <u> </u> <u> </u> <u> </u>										

JU. Social Networking – Finance

JU1. Specify who you can depend on when this household is in financial difficulties.	JU2. Is [...] live in this village?	JU3. What is [...] relation with you?	JU4. From those names, name three most dependable people? (list 1-3)
1. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
2. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
3. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
4. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
5. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE

JU5. Specify who can depend on you if they are in financial difficulties.	JU6. Is [...] live in this village?	JU7. What is [...] relation with you?
1. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
2. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
3. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
4. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
5. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____

JU 3 and JU 7 optional answers		
01. Spouse 02. Biological/step/foster children 03. Biological/step brother/sister 04. Brother/sister in law	05. Son/daughter in law 06. Grandchildren 07. Parents/parents in law 08. Other family	09. Friends/Neighbor 10. Work/business relation 95. Others, _____

JU8a. ENUMERATOR CHECK : IS THE MAIN RESPONDENT THE HEAD OF HOUSEHOLD OR SPOUSE?	1. YES 3. NO ➔ JT SECTION
JU8b. CAN THE MAIN RESPONDENT SPOUSE BE INTERVIEWED?	1. YES 3. NO

JU9. Specify who you (MAIN RESPONDENT'S SPOUSE) can depend on if this household is in financial difficulties?	JU10. Is [...] live in this village?	JU11. What is [...] relation with you? (MAIN RESPONDENT'S SPOUSE)	JU12. From those names, name three most dependable people? (list 1-3)
1. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
2. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
3. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
4. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
5. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE

JU13. Specify who can depend on you (MAIN RESPONDENT'S SPOUSE) if they are in financial difficulties.	JU14. Is [...] live in this village?	JU15. What is [...] relation with you? (MAIN RESPONDENT'S SPOUSE)?
1. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
2. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
3. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
4. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
5. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____

JU 11 and JU 15 optional answers		
01. Spouse 02. Biological/step/foster children 03. Biological/step brother/sister 04. Brother/sister in law	05. Son/daughter in law 06. Grandchildren 07. Parents/parents in law 08. Other family	09. Friends/Neighbor 10. Work/business relation 95. Others, _____

JT. Social Networking – Friends

JT0. ENUMERATOR CHECK: IS THE MAIN RESPONDENT THE HEAD OF THE HOUSEHOLD?	1. YES	3. NO
--	--------	-------

The following questions are about the people where you (Head of the Household) can discuss about important issues.

JT1. Generally who did you (HH) asked or consulted about important issues in life?	JT2. Is [...] live in this village?	JT3. What is [...] relation with the head of the household?
1. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
2. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
3. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
4. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
5. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____

The following questions are about the people where you (SPOUSE) can discuss about important issues.

JT4. Generally who did you (SPOUSE) asked or consulted about important issues in life?	JT5. Is [...] live in this village?	JT6. What is [...] relation with the spouse?
1. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
2. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
3. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
4. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____
5. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____

JT3 dan JT6 optional answers

01. Spouse 02. Biological/step/foster children 03. Biological/step brother/sister 04. Brother/sister in law	05. Son/daughter in law 06. Grandchildren 07. Parents/parents in law 08. Other family	09. Friends/Neighbor 10. Work/business relation 95. Others, _____
--	--	---

JK. Social Networking – Health

JK0. In this household, who usually decide what to do if there is a sick household member?	A. Head of the Household B. Spouse V. Other household member, state the name <input type="text"/>
--	---

JK1. Who did you asked or consulted if there is a family health problem? (sick household member, etc.)	JK2. Is [...] live in this village?	JK3. What is [...] relation with you?	JK4. From those names, name three people you frequently ask? (list 1-3)
1. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
2. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
3. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
4. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE
5. _____	1. Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (CENSUS ID) 3. No	1 2 3 4 5 6 7 8 9 10 95 Others, _____	1 2 3 6. NOT APPLICABLE

JT3 optional answers		
01. Spouse 02. Biological/step/foster children 03. Biological/step brother/sister 04. Brother/sister in law	05. Son/daughter in law 06. Grandchildren 07. Parents/parents in law 08. Other family	09. Friends/Neighbor 10. Work/business relation 95. Others, _____

H. HOUSEHOLD ACCESS TO HEALTH FACILITIES

Now, we want to ask about this household member's visit to a health facility for treatment for the past 3 months

H01. TYPE	H01. For the past 3 months, is there any HH Member who visit [...] for medical treatment?	H02. How many times the HH Member visit [...] for the past 3 months?	H03. Where is the location of the [...]?	H04. What kind of services received?	H05. What is the total cost to obtain these services? (Cost including drugs)	H06. How far is the [...] from home (km)?	H07. What is the mean of transportation used to go to the [...] ?	H08. Time for one-way trip	H09. One-way fare
a. Government hospital (General or Specialist)	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
b. Private hospital	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
c. Community Health Center (Puskesmas) / Community Health Sub center (Pustu)	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
d. Polyclinic / Private Clinic / Medical Center / BKIA	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
e. Private Practice Doctors (General, Specialist, Dentist)	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
f. Village Maternity Post (Polindes)/Village Midwife	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
g. Private Practice Midwife	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
h. Nurse/Orderly Private Practice (Mantri)	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
i. Integrated Service Post (Posyandu)	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>
j. Traditional practices/healer/midwife/alternative	1. Yes 3. No ↓	<input type="text"/>	1 2 3 4	A B C D E F G H I J V _____	Rp <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> hour <input type="text"/> min	Rp <input type="text"/> . <input type="text"/>

CODE H03	CODE H04			H07			
1. In the same village	A. Health check/consultation	D. Drugs/Vitamin	H. Traditional medication	1. Train	4. 2 wheeled vehicle	7. Bicycle	10. Boat without motor
2. In the same district	B. Obstetric check	E. BC (BC pills, BC injection, etc.)	I. Dentist	2. 4 wheeled vehicle (car)	(motorcycle)	8. Large motor boat	11. On foot
3. In the same regency	C. Injection (other than BC injection)	F. Immunizations	J. Blood pressure	3. 3 wheeled vehicle (bajaj, helicak, etc.)	5. Dokar/cidomo	9. Small motor boat	95. Others_____
4. Outside the regency		G. Scaling	V. Others, ____		6. Trishaw		

CP. ENUMERATOR'S NOTES

Write additional information about the issues in question, a difficult question to answer by the respondent, etc.

PS CROSS EXAMINATION

No.	Question no.	Page	Editor's Notes	Enumerator's confirmations