

INTERVIEW FORM PROGRAM KELUARGA HARAPAN 2010

Facilitator fills a copy of this form for each applicant.

A. GENERAL INFORMATION

A.01. Province	16. South Sumatera 18. Lampung 33. Central Java
A.02. District	□ □ □
A.03. Sub-district	□ □ □ □
A.04. Survey area	□ □ □ □
A.05. Code/name of interviewer	□ □ □ □ /
A.06. Date of this interview	□ □ □ / □ □ □ / 2 0 1 1

B. RESPONDENT INFORMATION

B.01. PKH criteria that is fulfilled by this household (circle all that apply):	A. Children between 0-6 years old B. Children below 18 years old who haven't finished the compulsory education C. Pregnant woman
B.02. Queuing number	□ □ □ □
B.03. Queuing date	□ □ □ / □ □ □ / 2 0 1 1
B.04. Arrival time?	□ □ : □ □ (hour : minute)
B.05. Name of head of household	
B.06. Name of spouse (of head of household)	
B.07. SLS ID	a. SLS 1 □ □ □ b. SLS 2 _____ c. SLS 3 _____
B.08. Survey Meter ID	□ □ □ □ □ □ □ □
B.09. PPLS ID	□ □ □ □ □ □ □ □
B.10. Who follows the interview process? (circle all that apply)	A. Head of household B. Spouse of head of household C. Other household member

FOR B.11-B.13, INTERVIEWER SHOULD CHECK:

B.11. ARE WE USING HUSBAND AND WIFE SUB-TREATMENT IN THIS VILLAGE?A	1. YES 3. NO → B.17
B.12. DID BOTH HEAD OF HOUSEHOLD AND SPOUSE ATTENDS THE INTERVIEW?	1. YES → B.17 3. NO, ONE OF THEM DID NOT ATTEND 6. HEAD OF HOUSEHOLD DOES NOT HAVE SPOUSE → B.17
B.13. WHO'S NOT PRESENT>	1. MALE SPOUSE

	3. FEMALE SPOUSE
B.14. Did the applicant bring the confirmation letter of spouse's absence (signed by the village head)?	1. Yes 3. No
B.15. Choose the reason for absence	1. Working place is too far away 2. Illness 3. One of the household members is ill 4. Death 5. Natural disaster 95. Other.....
B.16. Did we obtain the thumbprint of head/member of household?	1. Yes 6. HEAD/MEMBER OF HOUSEHOLD DID NO ATTEND
B.17. Did we obtain the thumbprint of the spouse of the head/member of household?	1. Yes 6. HEAD/MEMBER OF HOUSEHOLD DO NOT HAVE SPOUSE/DID NOT ATTEND
B.18. Name of the father of head of household	
B.19. Name of the mother of head of household	
B.20. Name of the mother of the main caretaker of the children	
B.21. Name of street/alley and number (please take the most complete information possible)

SW. APPROPRIATENESS MEASURE

SW01	Household's average income per month in the last 6 months?	0. <1 million 1. ≥1 million
SW02	Average transfer receive per month in the last year?	0. <1 million 1. ≥1 million
SW03	Value/selling price of owned TV/refrigerator?	0. <1 million 1. ≥1 million
SW04	Own savings or jewelries?	0. < 1 million 1. ≥ 1 million
SW05	Value of livestock, productive buildings, and farming equipments that are owned?	0. < 2 million 1. ≥ 2 million
SW06	Own a vehicle?	0. No 1. Yes, motorcycle 2. Yes, car/motorboat

PR. HOUSING AND HOUSEHOLD CONDITION

PR01	The ownership status of house (living space)?	1. Own 2. Contract/rent 3. Free of rent 4. Other
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PR02	Area of home (living space)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ²										
PR03	Type of floor of home (living space)?	<p>a. Type:</p> <table border="0"> <tr> <td>1. Ceramics</td> <td>4. Bamboo</td> </tr> <tr> <td>2. Cement</td> <td>5. Soil/land</td> </tr> <tr> <td>3. Wood</td> <td></td> </tr> </table> <p>b. If PR03a code = 1, 2 or 3, quality:</p> <table border="0"> <tr> <td>1. Good/high</td> </tr> <tr> <td>2. Poor/low</td> </tr> </table>	1. Ceramics	4. Bamboo	2. Cement	5. Soil/land	3. Wood		1. Good/high	2. Poor/low		
1. Ceramics	4. Bamboo											
2. Cement	5. Soil/land											
3. Wood												
1. Good/high												
2. Poor/low												
PR04	Type of wall of home (living space)?	<p>a. Type:</p> <table border="0"> <tr> <td>1. Wall</td> <td>3. Bamboo</td> </tr> <tr> <td>2. Wood</td> <td>4. Other</td> </tr> </table> <p>b. If PR04a code = 1 or 2, quality:</p> <table border="0"> <tr> <td>1. Good/high</td> </tr> <tr> <td>2. Poor/low</td> </tr> </table>	1. Wall	3. Bamboo	2. Wood	4. Other	1. Good/high	2. Poor/low				
1. Wall	3. Bamboo											
2. Wood	4. Other											
1. Good/high												
2. Poor/low												
PR05	Type of roof of home (living space)?	<p>a. Type:</p> <table border="0"> <tr> <td>1. Concrete</td> <td>5. Asbestos</td> </tr> <tr> <td>2. Tile</td> <td>6. Fibers/thatch</td> </tr> <tr> <td>3. Shingle</td> <td>7. Other</td> </tr> <tr> <td>4. Zinc</td> <td></td> </tr> </table> <p>b. If PR05a code = 2, 3, 4 or 5, quality:</p> <table border="0"> <tr> <td>1. Good/high</td> </tr> <tr> <td>2. Poor/low</td> </tr> </table>	1. Concrete	5. Asbestos	2. Tile	6. Fibers/thatch	3. Shingle	7. Other	4. Zinc		1. Good/high	2. Poor/low
1. Concrete	5. Asbestos											
2. Tile	6. Fibers/thatch											
3. Shingle	7. Other											
4. Zinc												
1. Good/high												
2. Poor/low												
PR06	Source of drinking water?	01. Branded bottled water 02. Refill drinking water 03. Metered tap 04. Retail tap 05. Borehole/pump 06. Protected well 07. Unprotected well 08. Protected spring 09. Unprotected spring 10. River water 11. Rainwater 12. Other										
PR07	Sanitation facility?	<table border="0"> <tr> <td>1. Private</td> <td>3. Public</td> </tr> <tr> <td>2. Shared</td> <td>4. Not available</td> </tr> </table>	1. Private	3. Public	2. Shared	4. Not available						
1. Private	3. Public											
2. Shared	4. Not available											
PR08	Type of lavatory?	1. Swan neck 2. Public lavatory on the river side 3. Public lavatory above the river 4. Not using this										
PR09	Landfills?	<table border="0"> <tr> <td>1. Tank/SPAL</td> <td>4. Land hole</td> </tr> <tr> <td>2. Pond/rice field</td> <td>5. Beach/terrain</td> </tr> <tr> <td>3. River/Lake/sea</td> <td>6. Other</td> </tr> </table>	1. Tank/SPAL	4. Land hole	2. Pond/rice field	5. Beach/terrain	3. River/Lake/sea	6. Other				
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2. Pond/rice field	5. Beach/terrain											
3. River/Lake/sea	6. Other											

PR10	Main source of lighting?	a. Source: 1. PLN electricity 2. Non PLN electricity 3. Pumped/aladin 4. Lamp/flashlight/torch 5. Other b. If PR10a code = 1, installed power: 1. 450 watt 4. 2.200 watt 2. 900 watt 5. > 2.200 watt 3. 1.300 watt 6. Without measurement											
PR11	Main fuel used for cooking?	1. Electricity 2. Gas/LPG 3. Kerosene	4. Charcoal/briquette 5. Firewood 6. Other										
PR12	How many times in a day do household members eat?	1. Once 2. Twice 3. Three times or more											
PR13	How many times in a week does this household buy meat/chicken/milk?	1. Never bought any 2. Once 3. Twice or more											
PR14	Has this household ever received entrepreneurship credit (like UKM/UMKM) in the past year?	1. Yes 2. No											
PR15	Does this household work on a farming/cultivated land?	1. Yes→ <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> m ² 2. No											
PR16	Does the household often borrow money to fulfill daily needs?	1. Yes 2. No→ PR18											
PR17	To whom does the household borrow money?	1. Relatives 2. Pawn shop 3. Money lender 4. Others											
PR18	Does this household have these assets?												
	a. Bicycle/Boat	1. Yes	2. No										
	b. Refrigerator	1. Yes	2. No										
	c. Gas > 3kg	1. Yes	2. No										
	d. Motorcycle	1. Yes	2. No										
	e. Car/Motorboat	1. Yes	2. No										

No.	Name of the head of household	Owner or the one who pays housing rent	The one who pays the fuel for cooking	The one who pays the electricity bills	Bough minimum 1 pair of clothing in the year	Number of owned vehicle (motorcycle, car, motorboat)	
						For work/ business	Not for work/business
PR19	PR20	PR21	PR22	PR23	PR24	PR25	PR26
01		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>
02		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>
03		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>
04		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>
05		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>
06		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>
07		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>
08		1. Y 3. N	1. Y 3. N	1. Y 3. N	1. Y 3. N	<input type="checkbox"/>	<input type="checkbox"/>

AR. ANGGOTA RUMAH TANGGA

AR01	AR02	AR03	AR04	AR05	AR06	AR07	AR08	AR08a	AR09	AR10	AR11	AR12	AR13	AR14	AR15	AR16
No.	Name of household member	Relation ship with head of househo ld? (CODE)	Family number (CODE in PR19)	Relatio nship with head of family (CODE)	Gender 1. L 2. P	Age (year)	Place of birth	Date-Month-Year of Birth	Marriag e status	Ownership of ID (CODE)	Type of disability (CODE)	HH member above 5 years old			HH member between 0 – 6 years old who is not yet enrolled in elementary school?	HH member aged 5-6 years old who is already in the elementary school or all HH member between 7 – 17 years old
												School participati on (CODE)	Highest level achieved/c urrently enrolled in (CODE)	School diploma/highe st diploma achieved? (CODE)		
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 3. No	1. Yes 3. No

AR03 1. Head of household 2. Wife/husband 3. Child 4. Son/daughter in law 5. Grandson/ grandddaughter 6. Parents/ mother/ father in law 7. Other household members 8. Others	AR05 1. Head of household 2. Wife/husband 3. Child 4. Grandson/granddaughter 5. Others	AR09 1. Not married 2. Married 3. Divorced (ex-spouse still alive) 4. Divorced (ex-spouse passed away)	AR10 0. Don't own any 1. Letter of birth 2. Birth certificate 3. KTP 4. Driver's license	AR11 0. Not disabled 1. Blindness 2. Deafness 3. Muteness 4. Deafness and muteness 5. Hand or foot disability 6. Paralysis 7. Mental disability	AR12 0. Not/never been in school 1. In elementary school 2. In MI (elementary school equivalent) 3. In junior high school 4. In MTs (junior high school equivalent) 5. In high school 6. In MA (high school equivalent) 7. University 8. Packet A/B/C 9. Not in school anymore	AR13 0. Not/never been in school 1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 8. Finish	AR14 1. Don't own any diploma 2. Elementary school/equivalent 3. Junior high school/equivalent 4. High school/equivalent
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AR17	AR18	AR19	AR20	AR21	AR22
If aged between 0-6 years old	Married women aged between 10-49 years old		For HH member above 5 years old		
Number of mother/caretaker (in AR01)	Pregnant? 1. Yes 2. No →AR20	If yes, (AR16=1), how old is the pregnancy? (months)	Working/Helping other to work 1. Yes 2. No → NEXT HH MEMBER	Working field of the main job (fill in CODE)	Working status/position in the main job (fill in CODE)
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AR21 1. Farming: rice, vegetables, fruits 2. Plantation/forestry 3. Livestock 4. Fisheries 5. Mining 6. Industry/handicraft 7. Construction 8. Transportation 9. Commerce and service 0. Others	AR22 1. Entrepreneur 2. Business with unpaid labor 3. Employee/menial labor 4. Free labor 5. Unpaid labor for family business 6. Others
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KP. FASILITAS KESEHATAN DAN PENDIDIKAN

HEALTH FACILITY FOR PREGNANT WOMEN AND HOUSEHOLD MEMBERS AGED 0 – 6 YEARS OLD WHO ARE NOT ENROLLED YET

(If AR15 = 1 or AR18 = 1)

KP01	KP02	KP03	KP04
Health facility that is used or desired by the household			
No	Kind of facility: 1. Hospital 6. Polindes 2. Puskesmas 7. Midwife 3. Pustu 8. Physician 4. Pusling 9. Posyandu 5. Clinic 0. Other	Name of facility	Address
1	<div></div>		Province : District/City*): Sub-district : Village*): SLS1: SLS2: SLS3:
2	<div></div>		Province : District/City*): Sub-district : Village*): SLS1: SLS2: SLS3:
3	<div></div>		Province : District/City*): Sub-district : Village*): SLS1: SLS2: SLS3:

II. EDUCATIONAL FACILITY FOR HOUSEHOLD MEMBERS

(if AR22 is circled)

KP05	KP06	KP07	KP08
HH member No.	Educational facility that is used or desired by the household		
	Kind of facility: 1. Elementary and equivalent 2. Junior High School and equivalent 3. Senior High School and equivalent	Name of facility (according to the report book/the school nameplate)	Address
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