INTERVIEWER : _____ └─┴─┴─┘	**CONFIDENTIAL**	EA : └2┴─┴─┴─┘
EDITOR : _____ └─┴─┴─┘		HHID : └─┴─┘
SUPERVISOR : _____ └─┴─┴─┘		ROUND : └A┘

SURVEY ON TOTAL SANITATION AND SANITATION MARKETING (TSSM)

HOUSEHOLD BOOK

B01. Result of visit?

Interviewed, completed............................ 1

Interviewed, partly completed 2

Refuse... 7

Joined with other TSSM household........ 31 ➔ └─┴─┴─┴─┘ └─┴─┘

All ART died 32

HH moved out .... 33 ➔ _____

HH duplicate with .... 34 ➔ └─┴─┴─┴─┘ └─┴─┘

Unable to contact................................... 35

No information whether this HH live in this EA and unable to contact 36

Not chosen for interview 37

Other_____ 38

B02. Major language in interview

└─┴─┘ Other,_____

B03. Other language in interview (if any):

└─┴─┘ Other,_____

B02, B03
00. Indonesia
03. Batak
04. Minangkabau
05. Sundanese
06. Javanese
07. Maduranese
08. Balinese
09. Sasak
10. Sumba
11. Banjar
13. Makasar
15. Chinese
16. Minahasa
17. Osing
18. Mandar
91. Other_____
96. NONE

NUMVIS. Number of visits : └─┘

	INTERVIEW 1	INTERVIEW 2	INTERVIEW 3	INTERVIEW 4	INTERVIEW 5	INTERVIEW 5
DATE	└─┴─┘/└─┴─┘/└─┴─┘ DATE MONTH YEAR	└─┴─┘/└─┴─┘/└─┴─┘ DATE MONTH YEAR	└─┴─┘/└─┴─┘/└─┴─┘ DATE MONTH YEAR	└─┴─┘/└─┴─┘/└─┴─┘ DATE MONTH YEAR	└─┴─┘/└─┴─┘/└─┴─┘ DATE MONTH YEAR	└─┴─┘/└─┴─┘/└─┴─┘ DATE MONTH YEAR
TIME START :	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE
TIME END :	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE	└─┴─┘/└─┴─┘ HOUR MINUTE

B04. RESULT OF INTERVIEW BOOK 1	**B05.** REASON FOR ANSWER "3 OR 2" IN B04	**B06.** CORRECTION BY EDITOR	**B07.** OBSERVATION BY SUPERVISOR
1. Completed ➔BO6 2. Partly completed 3. Not completed	1. Respondent not at home/found 2. Respondent is sick 3. Respondent refuses 5. Other : _____	1. Data entered without mistake 2. Data entered and corrected 3. Data entered without being corrected, explain _____ 4. Manual edit without CAFÉ	Yes No a. Observed .... 1 3 b. Check 1 3

MODULE G0 (HOUSEHOLD LOCATION)

Information from Screening (PREPRINTED)

ART NO	NAME	Sex	Birth date	Age	Relation to KRT

G0.51	NOTE FOR INTERVIEWER: IS THIS HOUSEHOLD TRULLY TSSM 2008 TARGET HOUSEHOLD?	0. YES, BUT REPLACED DUE TO_____ _____ _____ → INTERVIEW FINISH 2. NO → INTERVIEW FINISH 1. YES, ELIGIBLE TO INTERVIEW

B0.61	Name of head of household : _____
B0.62	No of HH: └─┴─┘
B0.63	Province : _____ └─┴─┘
B0.64	District : _____ └─┴─┘
B0.65	Sub-district : _____ └─┴─┴─┘
B0.66	Village/Kel. : _____ └─┴─┴─┘
B0.67	Classification of village/kelurahan: 1. URBAN 2. RURAL
B0.70	Dusun/Dukuh/Banjar: 1._____ 6. NOT APPLICABLE
B0.71	R W : 1. └─┴─┘ 6. NOT APPLICABLE
B0.72	Address : _____ _____ _____
B0.73	Phone numbers : A. └─┴─┴─┴─┘ . └─┴─┴─┴─┴─┴─┘ W. NA Y. DK B. HP └─┴─┴─┴─┴─┴─┴─┴─┴─┴─┴─┘ , owner_____

B0.74	Special notes on household address/location (such as : mosque, school, or other building on the same street): _____ _____ _____ _____
B0.75	Name of nearest neighbor: _____
B0.76	Route to respondent's house : _____ _____ _____

B0.77	**Does this HH plan to move?**	1. Move↓ 6. No →B0.81	8. DK →B0.81
	A. Village/Kelurahan :	1. _____	3. Same 8. DK
	B. Sub-district :	1. _____	3. Same 8. DK
	C. District:.........................	1. _____	3. Same 8. DK
	D. Province:.......................	1. _____	3. Same 8. DK

B0.81	**Mother language ?**		
	00. Indonesian 03. Batak 04. Minangkabau 05. Sundanese 06. Javanese	07. Maduranese 08. Balinese 09. Sasak 10. Sumba 11. Banjar 13. Makasar	15. Chinese 16. Minahasa 17. Osing 18. Mandar 91. Other_____

B0.91	**GPS COORDINATES:**	
	1 . LATITUDE	└─┘ └─┴─┴─┘ . └─┴─┴─┴─┴─┘ °
	2. LONGITUDE	└─┘ └─┴─┴─┘ . └─┴─┴─┴─┴─┘ °

RESPONDENT

MODULE	Respondent	Number of respondents	Name and no and respondent household member	
MODULE G1 G2 G3: Roster, Education, health and occupation of household member	Represented by one or some household members most knowledgeable. These questions are not necessarily to be asked directly to the particular household member		A. _____[ ][ ]	B. _____[ ][ ]
MODULE G4, G5: Household income & Asset	Head of household or other household member age 18 years old most knowledgeable		A. _____[ ][ ]	B. _____[ ][ ]
G6, G7, G8, G9: Household characteristics, source of water and sanitation facility	Head of household or spouse or other household member age 18 years old most knowledgeable		A. _____[ ][ ]	B. _____[ ][ ]
MODULE 14, 17, 19 and 20: (Questions for child age 5 or less) about: Direct observation to the child, caregiver time use, child health calendar and child health calendar summary	-Direct observation to the child. -primary caregiver of child age 5 or less. The primary caregiver is the person the child spends the most time with. This is often the mother.)		A. _____[ ][ ]	B. _____[ ][ ]
MODULE 16 : Perception of primary caregiver for 5 years old-child on diseases	All primary caregiver of child age 5 or less. The primary caregiver is the person the child spends the most time with. This is often the mother.)		A. _____[ ][ ]	B. _____[ ][ ]
MODULE 21, 22, 24 and 25: (Questions for child age 2 years old or less about, breastfeeding, feeding, care situation, support for learning, age and stages of questionnaire and health measurement)	Primary caregiver of child age 2 or less. The primary caregiver is the person the child spends the most time with. This is often the mother.		A. _____[ ][ ]	B. _____[ ][ ]
MODULE 31: Mortality	Head of household and household member most knowledgeable		A. _____[ ][ ]	B. _____[ ][ ]
MODULE 33 : Health Measurement Health Measurements of child age 2 years old or less.	Health Measurement			
MODULE 10, 11, 12, 12B, 13: Observation	Observation of objects: Direct observation of dwelling characteristics, food storage, drinking water, hand wash, animal and feces			
MODULE 32: Check list for interviewer and supervisor				

MODULE G1 (HOUSEHOLD ROSTER)

Please list all household members. Household members include all persons who live here and share meals together, including family and non-family members LIST HEAD OF HOUSEHOLD FIRST, THEN SPOUSE OF HEAD, THEN OTHER HOUSEHOLD MEMBERS THE HEAD OF HOUSEHOLD IS THE PERSON RESPONSIBLE FOR KEEPING UP THE DAILY NEEDS OF THE HOUSEHOLD, OR A PERSON WHOM THE OTHER HOUSEHOLD MEMBERS CONSIDER THE HEAD.

HOUSEHOLD :	is a person or group of persons occupying a part or entire building and who usually live together and eat from the same kitchen. What is meant by eating from one kitchen is that the arrangement to fulfill daily necessities is jointly managed.
HEAD OF HOUSEHOLD :	is a person among the group of householders who is responsible for satisfying daily necessities of the household or a person who is regarded/assigned as the head of the household.
HOUSEHOLD MEMBER :	is anyone who usually lives in the household, whether she/he is at home during the survey or is temporarily absent. A household member who has been away for 6 or more months, and a householder who has been away for less than 6 months but plans to move out/be away for 6 or more months is not regarded as a household member. A guest who has stayed in the household for 6 or more months or a guest who has stayed in the household for less than 6 months but plans to stay for 6 or more months is regarded as a household member. (The name of a household member is to be written on one line only.)

MODULE G1 (HOUSEHOLD ROSTER)

PID CODE	G1.11 IS THIS PERSON PRESENT AT HOME DURING THIS INTERVIEW? Yes .... 1 No 2	G1.2 Sex: Male .... 1 Female 2	G1.3 Relationship to Head of Household: Head of Household.................................... 1 Wife / Husband / Partner .... 2 Child / Adopted Child................................. 3 Grandchild.. 4 Niece / Nephew .... 5 Father / Mother... 6 Sister / Brother .... 7 Son-in-Law / Daughter-in-Law .... 8 Brother-in-Law / Sister-in-Law .... 9 Grandfather / Grandmother .... 10 Father-in-Law / Mother-in-Law................ 11 Resident Housekeeper............................ 12 Resident Caregiver.................................. 13 Non-Resident Caregiver .... 14 Other (Specify:_____) .... -96	G1.5 How old is [NAME]? TT.....-99 →G1.4	B1.6X INTERVIEWER CHECK: G1.5	B1.5X AGE OF CHILD [G1.5] YEAR, MONTH? DON'T KNOW......-99	G1.4 What is [NAME]'s birth date? IF CANNOT REMEMBER, ASK TO SEE BIRTH CERTIFICATE OR DOCUMENT WITH BIRTH DATE. IF DOCUMENT NOT AVAILABLE FOR CHILDREN UNDER 5 YEARS OF AGE, PROBE FOR SEASON OR HOLIDAY TO ESTIMATE MONTH OF BIRTH IF STILL DON'T KNOW, MARK……………….……-99		
				Years		Months	Date	Month	Year
1	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____		< 5 year ......1 5 – 12 year .2→**G1.4** ≥ 12 year ....3→**G1.4**	_____			
2	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____		< 5 year ......1 5 – 12 year .2→**G1.4** ≥ 12 year ....3→**G1.4**	_____			
3	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____		< 5 year ......1 5 – 12 year .2→**G1.4** ≥ 12 year ....3→**G1.4**	_____			
4	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____		< 5 year ......1 5 – 12 year .2→**G1.4** ≥ 12 year ....3→**G1.4**	_____			
5	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____		< 5 year ......1 5 – 12 year .2→**G1.4** ≥ 12 year ....3→**G1.4**	_____			
6	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____		< 5 year ......1 5 – 12 year .2→**G1.4** ≥ 12 year ....3→**G1.4**	_____			

MODULE G1 (HOUSEHOLD ROSTER)

PID CODE	G1.6	G1.7	G1.8	G1.9	G1.10x	B.1.2.a.	B.1.2.b.	G1.12
	What is the present marital status of [NAME]? Married .... 1 Civil Union ... 2 Separated ... 3 →G1.8 Divorced ..... 4 →G1.8 Widowed ..... 5 →G1.8 Single .... 6 →G1.8	Husband/wife of [---] ? INTERVIEWER CHECK: COPY THE ID CODE OF THIS PERSON'S SPOUSE/ PARTNER. NOT IN HOUSEHOLD ……..-88 IF MULTIPLE PARTNERS, LIST EACH, SEPARATED BY COMMAS.	Father of [---]? INTERVIEWER CHECK: COPY THE ID CODE OF THIS PERSON'S FATHER DECEASED..-77 NOT IN HOUSEHOLD ….......-88	Mother of [---]? INTERVIEWER CHECK: COPY THE ID CODE OF THIS PERSON'S MOTHER DECEASED..-77 NOT IN HOUSEHOLD ….......-88	INTERVIEWER CHECK G1.5 : CONFIRM TO RESPONDENT, IS [---] < 5th? COPY THE ID CODE OF THE PRIMARY CAREGIVER THE PRIMARY CAREGIVER IS THE PERSON WITH WHOM THE CHILD SPENDS THE MOST TIME. THIS IS USUALLY THE MOTHER. IF PRIMARY CAREGIVER NOT IN ROSTER, RETURN TO G.1.1. AND ENTER ROSTER INFO FOR CAREGIVER.	Ethnic : Javanese ....1 Maduranese ......2 Balinese............3 Osing ....4 Chinese ....5 Mandar ....6 Other, Specify............96	Agama: Islam ....1 Protestant.........2 Catholic ....3 Hindu................4 Budha...............5 Other, Specify 96	CONFIRM THIS DWELLING IS THE PRIMARY RESIDENCE FOR EACH INDIVIDUAL IN THIS ROSTER. (CONFIRM THAT THIS PERSON LIVES HERE AT LEAST 6 MONTHS A YEAR.) RESIDENT ....1 NOT A RESIDENT..................2 [→DO NOT ASK QUESTIONS ABOUT THIS PERSON IN ANY OTHER MODULEE] NON-RESIDENT CAREGIVER ....3 CONFIRM THERE IS NO OTHER INDIVIDUAL LIVING IN THE HOUSEHOLD, INCLUDING YOUNG CHILDREN, ELDERLY, OR NON-FAMILY RESIDENTS.
1	1 2......... → 3 4 5 6 . →G1.8				1. CAREGIVER ⌴⌴ 2. →	1 2 3 4 5 6 96_____	1 2 3 4 5 96_____	2 ↓ 1 3
2	1 2......... → 3 4 5 6 . →G1.8				1. CAREGIVER ⌴⌴ 2. →	1 2 3 4 5 6 96_____	1 2 3 4 5 96_____	2 ↓ 1 3
3	1 2......... → 3 4 5 6 . →G1.8				1. CAREGIVER ⌴⌴ 2. →	1 2 3 4 5 6 96_____	1 2 3 4 5 96_____	2 ↓ 1 3
4	1 2......... → 3 4 5 6 . →G1.8				1. CAREGIVER ⌴⌴ 2. →	1 2 3 4 5 6 96_____	1 2 3 4 5 96_____	2 ↓ 1 3
5	1 2......... → 3 4 5 6 . →G1.8				1. CAREGIVER ⌴⌴ 2. →	1 2 3 4 5 6 96_____	1 2 3 4 5 96_____	2 ↓ 1 3
6	1 2......... → 3 4 5 6 . →G1.8				1. CAREGIVER ⌴⌴ 2. →	1 2 3 4 5 6 96_____	1 2 3 4 5 96_____	2 ↓ 1 3

MODULE G2 (EDUCATION)

PID CODE	G2.1	G2.3	G2.4		G2.5	G2.8	
	INTERVIEWER CHECK G1.5, IS […] ≥ 5 TH ? Yes ..... 1 No .... 2⬇	Has [NAME] ever attended school? Yes .... 1 No..........2➔G2.11 DK .... -99➔G2.11	What is the highest grade [NAME] **completed** in school? GRADE:	LEVEL : Graduated .... 31 DK....-99	Is [NAME] currently enrolled in school or was [NAME] enrolled in school during the past 12 months? Yes........ 1 No .... 2➔G2.11	How long does it take [NAME] to travel to school? **TIME ONE WAY**	
			GRADE	LEVEL		HOURS	MINUTES
1	Yes .... 1 No........... 2⬇	1 ....➔ 2 -99 ....➔G2.11			1.......➔ 2 .....➔G2.11		
2	Yes .... 1 No........... 2⬇	1 ....➔ 2 -99 ....➔G2.11			1.......➔ 2 .....➔G2.11		
3	Yes .... 1 No........... 2⬇	1 ....➔ 2 -99 ....➔G2.11			1.......➔ 2 .....➔G2.11		
4	Yes .... 1 No........... 2⬇	1 ....➔ 2 -99 ....➔G2.11			1.......➔ 2 .....➔G2.11		
5	Yes .... 1 No........... 2⬇	1 ....➔ 2 -99 ....➔G2.11			1.......➔ 2 .....➔G2.11		
6	Yes .... 1 No........... 2⬇	1 ....➔ 2 -99 ....➔G2.11			1.......➔ 2 .....➔G2.11		

KODE G2.4.

01. Playgroup	04. General/Vocational Junior High School, Madrasah Tsanawiyah	34. Open University	38. Islamic School/Pesantren
02. Kindergarten	31. General/Vocational Senior High School, Madrasah Aliyah	35. Kejar Paket A	39. Not/not yet attend school
03. Elementary School / Madrasah Ibtidaiyah	32. Academy D1, D2, D3	36. Kejar Paket B	-96. Other,_____
	33. University (S1,S2,S3)	37. School of Disabled	-99. Don't know

MODULE G2 (EDUCATION)

PID CODE	G2.9 Is [NAME] currently on seasonal break / vacation? Yes ... 1 No..... 2	G2.10 Last week, did [NAME] attend school on [DAY]? Yes .... 1 No, due to being sick ....2 No, due to caring for sick relative ....3 No, due to school closure or teacher absence..................................4 No, didn't want to go ....5 No, other reason...6 No, unknown reason....................................7 No, due to school break/vacation ....31 DON'T KNOW ....-99						G2.11 INTERVIEWER CHECK : AGE OF RESPONDENT (G1.5) < 15 years old? Yes....1 No .....2➜ G3.2	G2.12 Last week, how many hours did [NAME] spend in the following activities: DIDN'T PARTICIPATE ....-88 DON'T KNOW ....-99					
		A) MON	B) TUE	C) WED	D) THU	E) FRI	F) SAT		a) School	b) Studying	c) Caring for children in hh	d) Housework	e) Work for pay	f) Work without pay
1	1 2							Yes....1 No .....2➜ G3.2						⬇
2	1 2							Yes....1 No .....2➜ G3.2						⬇
3	1 2							Yes....1 No .....2➜ G3.2						⬇
4	1 2							Yes....1 No .....2➜ G3.2						⬇
5	1 2							Yes....1 No .....2➜ G3.2						⬇
6	1 2							Yes....1 No .....2➜ G3.2						⬇

MODULE G3 (LABOR)
Part A: Labor Force Participation

PID	G3.2	G3.3	G3.4	G3.5	G3.6

	Last week, was [NAME] ...?
	READ EACH OPTION UNTIL GETTING THE FIRST "YES," AND MARK THAT RESPONSE ONLY.
	
	Working? .... 1➔**B3.9**
	Not working, although [NAME]
	   had a job?........................ 2➔**B3.9**
	Looking for work? .... 3➔**G3.4**
	Studying? 4
	Caring for child 31
	Taking care of the home? 5
	Rent earner?........................ 6
	Permanently unable to work. 7
	Retired/aged? 8
	Not working?........................ 9
	DON'T KNOW ....-99
		Last week [NAME] did not look for work because
		
		Did not want to work?1
		Was sick? 2
		Believed she / he could not find a job?. 3
		Other reason .... -96
		
		DON'T KNOW .... -99
			Additionally, **last week**, did [NAME] ...?
			
			READ EACH RESPONSE UNTIL GETTING A "YES," AND MARK THAT RESPONSE.
			
			Sell products, clothes, food, cosmetics,
			   etc. in a home business? ....1 ➔**B3.9**
			Sell products, clothes, food, cosmetics,
			   etc. in someone else's business? ....2 ➔**B3.9**
			Make a product to sell (clothes,
			   artisanal, food, etc.)? ....3 ➔**B3.9**
			Wash, iron, or sew clothes for pay? ....4 ➔**B3.9**
			Help work in a business, agriculture, or
			   caring for livestock?...5 ➔**B3.9**
			Do some other type of work (or activity),
			   whether paid or not?..6
			Not work at all? 7
			DON'T KNOW...-99
				In the last 12 months, did [NAME] do anything to earn income or help the family earn income?
				
				Yes ..... 1➔**B3.9**
				No....... 2
				
				DK .... -99
					In the last 12 months, has [NAME] helped in any way in a family business, whether paid or not?
					
					Yes......1
					
					No ....2 ↓
					
					DK .... -99 ↓

1	1 2....................................➔**B3.9** 3.......................................➔**G3.4** 4 5 6 7 8 9 31 -99	1 2 3 -96 -99	1 2 3 4 5 ➔**B3.9** 6 7 -99	1 ...... ➔**B3.9** 2 -99	2 ↓ -99 ↓ 1
2	1 2....................................➔**B3.9** 3.......................................➔**G3.4** 4 5 6 7 8 9 31 -99	1 2 3 -96 -99	1 2 3 4 5 ➔**B3.9** 6 7 -99	1 ...... ➔**B3.9** 2 -99	2 ↓ -99 ↓ 1
3	1 2....................................➔**B3.9** 3.......................................➔**G3.4** 4 5 6 7 8 9 31 -99	1 2 3 -96 -99	1 2 3 4 5 ➔**B3.9** 6 7 -99	1 ...... ➔**B3.9** 2 -99	2 ↓ -99 ↓ 1
4	1 2....................................➔**B3.9** 3.......................................➔**G3.4** 4 5 6 7 8 9 31 -99	1 2 3 -96 -99	1 2 3 4 5 ➔**B3.9** 6 7 -99	1 ...... ➔**B3.9** 2 -99	2 ↓ -99 ↓ 1
5	1 2....................................➔**B3.9** 3.......................................➔**G3.4** 4 5 6 7 8 9 31 -99	1 2 3 -96 -99	1 2 3 4 5 ➔**B3.9** 6 7 -99	1 ...... ➔**B3.9** 2 -99	2 ↓ -99 ↓ 1
6	1 2....................................➔**B3.9** 3.......................................➔**G3.4** 4 5 6 7 8 9 31 -99	1 2 3 -96 -99	1 2 3 4 5 ➔**B3.9** 6 7 -99	1 ...... ➔**B3.9** 2 -99	2 ↓ -99 ↓ 1

MODULE G3 (LABOR)

Part B: Primary Work

	PRIMARY WORK (IF RESPONDENT HAS MORE THAN 1 WORK, PRIMARY WORK REFERS TO THE WORK WHICH RESPONDENT SPENDS MOST OF HIS/HER TIME ON)					

PID	**B3.9**
	
	Sector of work ?
	
	Agriculture, forestry, fishery, Hunting,Livestock.............................. 1
	Mining and exploration 2
	Manufacturing industry...................... 3
	Electricity, gas and water 4
	Construction....................................... 5
	Trade, retail,
	    Restaurant and hotel 6
	Transportatin, warehousing and communication................................... 7
	Finance, insurance, building leasing, land and services............................. 8
	Public service.................................... 9
	Other_____96
		B3.9a
		
		WHAT CROPS OR LIVESTOCK DOES […] FARM ?
		
		IF THERE ARE MORE THAN ONE PLANT/LIVESTOCK , SEPARATE WITH COMA
			G3.9
			
			What was [NAME]'s **status of employment** ?
			
			Self-employed 1
			
			Employer, or boss of a business 3
			
			Employee 2
			
			Day Laborer 5
			
			Worker without remuneration 4
				G3.11A
				
				In this work, how many hours per week does [NAME] normally work?
				
				REFUSE TO ANSWER.......... -98
				
				DON'T KNOW........................ -99
				
				HOURS PER WEEK
					G3.10A How much does [NAME] normally earn in […]'s primary work (in-cash and kind)?
					
					Does not receive
					    salary or wage 0
					
					REFUSE TO ANSWER......... -98
					
					DON'T KNOW .... -99
					
					Rp
						PER

1	1➜ 2 3 4 5 6 7 8 9➜**G3.9** -96_____➜**G3.9**		1 2 3 4 5		Rp	4. Month 5.Year
2	1➜ 2 3 4 5 6 7 8 9➜**G3.9** -96_____➜**G3.9**		1 2 3 4 5		Rp	4. Month 5.Year
3	1➜ 2 3 4 5 6 7 8 9➜**G3.9** -96_____➜**G3.9**		1 2 3 4 5		Rp	4. Month 5.Year
4	1➜ 2 3 4 5 6 7 8 9➜**G3.9** -96_____➜**G3.9**		1 2 3 4 5		Rp	4. Month 5.Year
5	1➜ 2 3 4 5 6 7 8 9➜**G3.9** -96_____➜**G3.9**		1 2 3 4 5		Rp	4. Month 5.Year
6	1➜ 2 3 4 5 6 7 8 9➜**G3.9** -96_____➜**G3.9**		1 2 3 4 5		Rp	4. Month 5.Year

CODE B3.9a :

1. Rice	6. Corn	11. Vanilla	16. Bawang putih	21. Snake fruit	26. Bamboo	31. Cow (for milk, skint)
2. Cassava	7. Sugarcane	12. Cocoa	17. Green vegetable	22. Grape	27. Wood	96. Other_____
3. Other tubers	8. Chili	13. Coffe	18. Other vegetable	23. Durian	28. Chicken egg	
4. Soybean	9. Clove	14. Coconut	19. Orange	24. Mangosteen	29. Fish/shrimp	
5. Ground nut and other nutsn	10. Tobacco	15. Onion	20. Banana	25. Other fruits	30. goat	

MODULE G3 (LABOR)

MODULE G3. LABOR
Part C: Additional Work

PID	NAME OF ART	AGE (Copy from G1.5 and G1.5X)		NUMBER OF ART	B3.12. In addition to the primary job, did [NAME] do any other activity to earn income or help the family income in the last 12 months? Yes .... 1 No ....2 ➔G3.15 DON'T KNOW....-99	B3.12.A. What was [NAME]'s status of employment? Self-employed...... 1 Employer, or boss of a business .... 3 Employee............. 2 Day Laborer......... 5 Worker without remuneration .... 4 CIRCLE ALL APPLY	B3.13. In this **additional** work, how many hours per week does [NAME] normally work?	B3.14. How much does [NAME] earn in this **additional** work? DIDN'T RECEIVE SALARY OR WAGE.........................0 REFUSE TO ANSWER . -98 DON'T KNOW .... -99		B3.15 Did [NAME] work fewer hours than normal **last week**? Yes ....1 No ....2 ➔B3.18 REFUSE TO ANSWER....... -98 ➔B3.18 DON'T KNOW .... -99 ➔B3.18	B3.16 How many hours did [NAME] work fewer than usual **last week**?	B3.17 Why did [NAME] work fewer hours than usual last week? Holiday / Vacation . 1 Sick........................ 2 Caring for sick HH member age < 5yr . 31 Caring for sick HH memberage ≥5th ... 32 OTHERS ....-96 REFUSE TO ANSWER ....-98 DON'T KNOW .....-99	B.3.18 **Out of the last 12 months**, how many months did [NAME] work to earn income or help the family earn income? REFUSE TO ANSWER …-98 DON'T KNOW…-99
		Years	Months				HOURS / WEEK	RUPIAH	PER		HOURS		
1				1	2 ➔G3.15 1 -99	1 2 3 4 5			4. Month 5. Year	2 -98 -99 ➔B3.18 1		1 2 B4 B5 -96 -98 -99	
2				2	2 ➔G3.15 1 -99	1 2 3 4 5			4. Month 5. Year	2 -98 -99 ➔B3.18 1		1 2 B4 B5 -96 -98 -99	
3				3	2 ➔G3.15 1 -99	1 2 3 4 5			4. Month 5. Year	2 -98 -99 ➔B3.18 1		1 2 B4 B5 -96 -98 -99	
4				4	2 ➔G3.15 1 -99	1 2 3 4 5			4. Month 5. Year	2 -98 -99 ➔B3.18 1		1 2 B4 B5 -96 -98 -99	
5				5	2 ➔G3.15 1 -99	1 2 3 4 5			4. Month 5. Year	2 -98 -99 ➔B3.18 1		1 2 B4 B5 -96 -98 -99	
6				6	2 ➔G3.15 1 -99	1 2 3 4 5			4. Month 5. Year	2 -98 -99 ➔G3.18 1		1 2 B4 B5 -96 -98 -99	

MODULE G4 (HOUSEHOLD INCOME)

	G4.2.	B4.3	B.4.4
	SOURCE OR ACTIVITY	In the past 12 bulan did your household earn revenue from […]? 1. Yes 2. No ↓	How much revenue does your household earn from [SOURCE or ACTIVITY]? DON'T KNOW .... -99. AMOUNT (CURRENCY)
G.1	Interest or investment income	2 ↓ 1	Rp.
G.2	Remittances (fund or good) from people working outside village	2 ↓ 1	Rp.
G.3	Renting building, land, vehicle, equipment or machinery, animal (horse, livestock, chicken, etc) to others	2 ↓ 1	Rp.
G.6	Scholarship	2 ↓ 1	Rp.
G.7	Government transfer	2 ↓ 1	Rp.
G.8	Donation, transfer from community groups, local, religious organizations, etc.	2 ↓ 1	Rp.
G.9	Pension	2 ↓ 1	Rp.
G.20	Other_____	2 ↓ 1	Rp.

B4.5	Did your household receive Askeskin in the last 12 months?	Yes .... 1 No 2
B4.6	Did your household have Health Card (*Kartu Sehat)* in the last 12 months?	Yes .... 1 No 2
B4.7	Did your household receive fund from *Program Keluarga Harapan* in the last 12 months?	Yes .... 1 No 2
B4.8	Did your household earn BLT fund in 2005?	Yes .... 1 No 2
B4.9	Did your household earn BLT fund in the last 12 months?	Yes .... 1 No 2
B4.10	How many times in a year do your household buy subsidized rice *(raskin)?*	1. |__|__|__| times 2. 0 time ➜**B5.2**
B4.11	How many kilograms did your household buy subsidized rice the last time?	_____ Kilograms
B4.12	How many rupiahs did you pay to buy subsidized rice the last time?	Rp

MODULE G5 (ASSET)

B.5.1	B.5.2	B.5.3
Type of Assets	Do you or does any member of your household own […]?	What is the total curent value of [...]? REFUSED TO ANSWER .... -98. DON'T KNOW....................... -99. AMOUNT (CURRENCY)
A. House (occupied house and other house building)	1. Yes 2 .No ↓	Rp.
B. Land/field	1. Yes _____m^2 2 .No ↓ _____ha	Rp.
C. Livestock (cow, buffalo, goat, poultry,fish, shrimp,etc.)	1. Yes 2 .No ↓	Rp.
D. Transportation (car, motorcycle, bicycle, motor boat)	1. Yes 2 .No ↓	Rp.
E. Farm and non farm equipments (example : farm machinery, generator,tractor, sawing machine,fork, plow, cart, boat, etc)	1. Yes 2 .No ↓	Rp.
F. Household equipments and furniture (TV, radio, tape recorder,refrigerator, sewing machine, washing machine, cupboard, bed, sofa, etc)	1. Yes 2 .No ↓	Rp.
G. Jewelery(gold/silver)	1. Yes 2 .No ↓	Rp.
H. Others, _____	1. Yes 2 .No ↓	Rp.

MODULE G6 (DWELLING CHARACTERISTICS)

G6.1	How many total rooms does your dwelling have? DON'T KNOW.....................-99	TOTAL NUMBER ROOMS _____

G6.7	Are [ANIMAL] allowed in the house? Yes .... 1 No................................ 2 DON'T KNOW............ -99	G1. Dog(s)	1	2	-99
		G2. Cat(s)	1	2	-99
		G3. Chicken(s)	1	2	-99
		G4. Goat(s)	1	2	-99
		B5. Goose(s)	1	2	-99
		B6. Duck(s)	1	2	-99
		B7. Muscovy Duck	1	2	-99
		B.9. Other animals (Specify_____)	1	2	-99

G6.11	What fuel do you use most often to light your dwelling? CIRCLE ONLY ONE.	No Lighting.. 0 Electricity .... 1 Gas .... 2 Kerosene .... 3 Coal .... 4 Wood .... 5 Peat / Manure .... 6 Candles... 7 Battery .... 8 Others (Specify_____) .... -96

G6.12	What fuel do you use most often for cooking? CIRCLE ONLY ONE.	No Fuel for Cooking .... 0 Electricity .... 1 Gas .... 2 Kerosene .... 3 Coal .... 4 Wood .... 5 Peat / Manure .... 6 Candles... 7 Battery .... 8 Others (Specify_____) .... -96

G6.14	The dwelling that you live in is:	Owned by a household member, and is in process of paying off .... 1 Owned by a household member, and fully paid for .... 2 Rented .... 3 ➔ **B.6B.1** Loaned by family or friends .... 4 ➔ **B.6B.1** Others (Specify_____) .... -96 DON'T KNOW.. -99 ➔ **B.6B.1**

G6.18	Please estimate the amount of money you could receive as rent, if you let this dwelling to another person? Weekly…….....1 Montly.......................3 Bi - Weekly.....2 Annually…...............4 DON'T KNOW.......-99	Rp. _____ UNIT: 1 2 3 4

6B. RIVER

B.6B.1.	How long you walk to the nearest river?	_____ Minute Household on river bank........................ 0 No river in the village.......................... 96 ➔ **G7.1**
B.6B.2	Does your household use water from the river for drinking ?	Always... 1 Often .... 2 Sometimes .... 3 Rarely .... 4 Never 5
B.6B.3	Does your household use the river for bathing?	Always... 1 Often .... 2 Sometimes .... 3 Rarely .... 4 Never 5
B.6B.4	Does your household use the river for washing clothes and household utensils?	Always... 1 Often .... 2 Sometimes .... 3 Rarely .... 4 Never 5
B.6B.5	Does your household use the river for defecating?	Always... 1 Often .... 2 Sometimes .... 3 Rarely .... 4 Never 5

MODULE G7 (WATER SOURCE)

NUMBER.	QUESTION	CATEGORY AND CODE		
	ASK QUESTIONS FOR BOTH THE RAINY AND DRY SEASONS	RAINY SEASON		DRY SEASON
G7.1	What is your household primary drinking water-source ?			SAME AS RAINY SEASON .... -88 ➔ G8.1
		PIPED WATER		PIPED WATER
		PIPED INTO DWELLING .... 1 ➔ B7.7		PIPED INTO DWELLING...................................... 1 ➔ B7.7
		PIPED INTO YARD / PLOT.................................... 2 ➔ B7.7		PIPED INTO YARD / PLOT .... 2 ➔ B7.7
		PUBLIC TAP / STANDPIPE 3		PUBLIC TAP / STANDPIPE 3
		TUBE WELL OR BOREHOLE 4		TUBE WELL OR BOREHOLE.................................... 4
		DUG WELL		DUG WELL
		PROTECTED WELL 5		PROTECTED WELL... 5
		UNPROTECTED WELL 6		UNPROTECTED WELL 6
		WATER FROM SPRING		WATER FROM SPRING
		PROTECTED SPRING... 7		PROTECTED SPRING... 7
		UNPROTECTED SPRING 8		UNPROTECTED SPRING................................... 8
		RAINWATER 9		RAINWATER 9
		TANKER TRUCK.. 10		TANKER TRUCK.. 10
		CART WITH SMALL TANK.. 11		CART WITH SMALL TANK.. 11
		BOTTLED WATER 13		BOTTLED WATER 13
		RIVER 31		RIVER 31
		DAM/LAKE/POND/CANAL/		DAM/LAKE/POND/CANAL/
		IRRIGATION CHANNEL.. 32		IRRIGATION CHANNEL.. 32
		OTHERS (Specify) .... -96		OTHERS (Specify) .... -96
G7.3	Is this source covered?	I COVERED... 1		IN OWN DWELLING... 1
		OPEN 2		IN OWN YARD / PLOT 2
		BOTH COVERED AND OPEN.................................... 3		ELSEWHERE 3
		DON'T KNOW 99		
G7.2	Where is that water source located?	OWN DWELLING 1		COVERED... 1
		IN OWN YARD / PLOT 2		OPEN 2
		ELSEWHERE 3		BOTH COVERED AND OPEN.................................... 3
				DON'T KNOW.. -99
G7.4	How long does it take to go there, collect water, and come back?	MINUTE...……………___		MINUTE...…………….___
		DON'T KNOW ....…………. -99		DON'T KNOW.....................................…………. -99

MODULE G7 (WATER SOURCE)

NO.	QUESTION	CATEGORY AND CODE	
	ASK QUESTIONS FOR BOTH THE RAINY AND DRY SEASONS	RAINY SEASON	DRY SEASON
G7.5	How often does your household collect water from this source?	Trips ...._____ kali *PER*:DAY ....1 WEEK ....2 MONTH...3 DON'T KNOW .... -99	Trips .... _____ kali *PER*:DAY .... 1 WEEK .... 2 MONTH... 3 DON'T KNOW .... -99
G7.6	Who usually goes to this source to fetch water for your household?	ADULT WOMAN...1 ADULT MAN...2 FEMALE CHILD < 15 YEARS..3 MALE CHILD < 15 YEARS ....4 OTHERS (Specify)_____ .... -96	ADULT WOMAN .... 1 ADULT MAN .... 2 FEMALE CHILD < 15 YEARS .... 3 MALE CHILD < 15 YEARS.. 4 OTHERS (Specify)_____ .... -96
B7.7	Are you satisfied with the <u>quality</u> of water that you obtain from this source?	Yes ....1 No..2	Yes .... 1 No.. 2
G7.7	Are you satisfied with the <u>quantity</u> of water that you obtain from this source?	Yes ....1 No..2	Yes .... 1 No.. 2
G7.8	Does your household pay (bill, tax, fee) for water from [SOURCE]?	YES ....1 NO..2 **➔ NEXT COLUMN** DON'T KNOW......................................-99 **➔ NEXT COLUMN**	YES .... 1 NO .... 2 **➔ G8.1** DON'T KNOW...-99 **➔ G8.1**
G7.9	Do you obtain a fixed/limited quantity of water for this payment?	YES, FIXED/LIMITED ....1 **➔ NEXT COLUMN** NO, UNLIMITED ....2 DON'T KNOW..-99	YES, FIXED/LIMITED .... 1 **➔ G8.1** NO, UNLIMITED .... 2 DON'T KNOW.. -99
G7.10	How much do you pay for water from [SOURCE]?	AMOUNT (currency). ...._____ *PER* : DAY...1 WEEK...2 MONTH ....3 3 MONTHS ....4 6 MONTHS ....5 YEAR..6 DON'T KNOW...-99	AMOUNT (currency). .... _____ *PER* : DAY .... 1 WEEK... 2 MONTH... 3 3 MONTHS .... 4 6 MONTHS .... 5 YEAR.. 6 DON'T KNOW.. -99

MODULE G8 (WATER SOURCE)

G8.1	Do you store drinking water in your home?	Yes .... 1 No .... 2 ➔ **G8.4**
G8.2	How often do you wash the primary storage container?	Do not wash / Never....................................... 1 ➔ **G8.4** Rarely .... 2 Once per week... 3 More than once per week................................. 4
G8.3	How do you wash the primary storage container? DO NOT PROMPT. DO NOT READ OUT THE ANSWERS.	WATER ONLY .... 1 SOAP / DETERGENT / BLEACH .... 2 MUD .... 3 ASH .... 4 HOT WATER .... 5 OTHERS (SPECIFY_____) ...... -96 DON'T KNOW...-99
G8.4	Do you do anything to your water before you drink it? To clean it, or to prepare it for drinking?	Yes .... 1 Sometimes.. 2 No.. 3 ➔ **G9.1**
G8.5	What do you do to your water to prepare it for drinking? DO NOT READ OUT THE ANSWERS. CIRCLE ALL THAT APPLY.	BOIL .... 1 CHLORINE .... 2 IODINE .... 3 SOLAR DISINFECTION (SODIS).................... 4 FILTER (CERAMIC / SAND / ETC.) .... 5 STRAIN THROUGH A CLOTH......................... 6 LET IT STAND AND SETTLE .... 7 Others (Specify_____)...........-96
G8.6	In the last 7 days, how often did you or somebody in your household do something to prepare the water that members of your household drank at home?	No, Not in the last 7 days .... 0 Every day.. 1 Every other day... 2 Once or twice.. 3 Don't know...-99

MODULE G9 (SANITATION FACILITY)

G9.1	Where do members of your household usually go to defecate?
	
	SHOW PICTURES.
		Flush / Pour Flush:
		     to Piped Sewer System 1
		     to Septic Tank 2
		     to Pit Latrine... 3
		     to Elsewhere 4
		     to Don't Know Where 5
		Ventilated Improved Pit Latrine (VIP)................. 6
		Pit Latrine with Slab.. 7
		Composting Toilet 8
		Pit Latrine without Slab / Open Pit 9
		Bucket 10
		Hanging Toilet / Hanging Latrine 11
		No facility – bushes or open ground 31
		No facility - river.. 32
		No facility – beach 33
		Others (Specify)_____ ....-96

B9.1.a	Final Disposal of feces	Piped sewer system .... 1 Septic Tank .... 2 Pond/field rice .... 4 River .... 5 Lake/Sea... 6 Pit latrine .... 7 Beach/ ground/ yard................................. 8 Others, (specify) _____ .... 9 Don't Know... 10
B9.1.b	Distance between final disposal of feces and household's source of drinking water ?	< 10 m..1 >= 10 m...2
B9.1.c	INTERVIEWER CHECK G9.1: G9.1.= 31, 32, 33?	YES... 1 ➔ **G9.9** NO 2
B9.1.f	Closet made from?	Porcelain.. 1 Cement .... 2 Bambo .... 3 Brick/stone .... 4 Others, specify_____ .... -96 No closet... -97

MODULE G9 (SANITATION FACILITY)

B9.1.g	Area surrounding latrine:	Tile .... 1 Cement .... 2 Wood... 3 Bambo... 4 Land... 5 Others, specify_____ .... -96
B9.1.i	Who usually clean the toilet?	1. PID No. Name _____ No _____ -96. Other(specify_____) -97. Never been cleaned
B9.1.j	How do you rate the cleanliness of the ?	Very clean .... 1 Clean... 2 Dirty .... 3 Very dirty 4
B9.1.k	Is this a public facility?	Yes... 1 No 2
G9.3	Who proposed/ decided to install the latrine / toilet?	Individual household member .... Name_____ PID _____ Multiple household members .... 101 Non-household members (community members, volunteers)............... 102 Was already here when we moved in .... 103 ➔ **G9.9** Others (Specify)_____) ....-96 ➔ **G9.9** DON'T KNOW ....-99 ➔ **G9.9**
G9.4	When was the latrine / toilet installed?	_____ week ago .... 1 _____ month ago .... 2 _____ year ago 3
G9.5	How much did the **materials** cost to install the latrine / toilet?	Cost of **Materials** (Rp) _____ Free / Donated Materials .... 0 DON'T KNOW ....-99
G9.6	How much did the **labor** cost to install the latrine / toilet?	Cost of **Labor** (Rp) _____ Free / Donated Labor.. 0 Used Own Labor...-88 DON'T KNOW ....-99
G9.7	How much were the **other** costs to install the latrine / toilet?	**Other** costs (Rp) _____ No other costs..0 DON'T KNOW...-99
G9.8	Why did your household decide to install the latrine / toilet? DO NOT READ ANSWERS OUT LOUD. CIRCLE UP TO FIRST THREE RESPONSES GIVEN.	CONVENIENCE (OR LOCATION) .... 1 MORE HEALTHY FOR THE FAMILY.............................. 2 EASIER TO KEEP CLEAN... 3 PRIVACY / DIGNITY... 4 SAFETY / SECURITY .... 5 AVOID SHARING WITH OTHERS.................................. 6 COMFORT.. 7 PRESTIGE / PRIDE... 8 RESPONSE TO SANITATION PROMOTION PROGRAM .... 9 OTHERS (Specify) _____ ....-96
G9.9	Where is this facility or area located?	Inside household..1 In household yard or land...2 Less than 10 minute walk from house ....3 More than 10 minute walk from house............................4 No designated area..5 OTHERS (Specify) _____ ....-96
G9.10	Do you share this facility or area with other households?	Yes ....1 No...2 ➔ **G9.12**
G9.11	How many households use this toilet facility or area? Tidak tahu.....-99	Number of Households _____
G9.12	Overall, how satisfied are you with your main defecation facility? READ OUT THE ANSWERS. CIRCLE ONLY ONE.	Very Satisfied..1 Somewhat Satisfied ....2 Less than Satisfied...3 Completely Dissatisfied..4 DON'T KNOW...-99

MODULE G9 (SANITATION FACILITY)

G9.13	What would you like to change about your current sanitation situation? **READ OUT THE OPTIONS.** **CIRCLE ALL THAT APPLY.** **FOLLOW THE SKIP FOR THE TOP MOST CIRCLED RESPONSE.**	Build a private latrine...1 Improve current private latrine / toilet ....2 ➜ **G9.16** Help build a community latrine ....3 ➜ **G9.17** Request government or outside assistance for improving sanitation ....4 ➜ **G9.17** Nothing, satisfied with current situation ....5 ➜ **G9.17** Others (Specify) _____.........................-96 ➜ **G9.17** DON'T KNOW...-99 ➜ **G9.17**
G9.14	How likely is it that you will install a private latrine or toilet in the next 12 months?	High ....1 Medium...2 Low ....3 NONE 4
G9.15	What are the three main constraints facing your household in installing a private latrine / toilet? DO NOT READ ANSWERS OUT LOUD. **CIRCLE UP TO FIRST THREE RESPONSES GIVEN**	HIGH COST..**1** NO ONE TO BUILD IT ....**2** MATERIALS NOT AVAILABLE ....**3** WATER TABLE / SOIL CONDITIONS........................**4** TOO COMPLEX TO BUILD ....**5** SAVINGS / CREDIT ISSUES....................................**6** COMPETING PRIORITIES ....**7** TENANCY ISSUES (E.G., NO TITLE, RENTING, OTHER'S HOUSE) ....**8** LIMITED SPACE..**9** PERMIT PROBLEMS..**10** SATISFIED WITH CURRENT FACILITY.................**11** WATER NOT AVAILABLE ....**31** OTHERS (SPECIFY) _____ ....**-96**
G9.16	Why do you want to build or improve a private latrine / toilet? DO NOT READ ANSWERS OUT LOUD. **CIRCLE UP TO FIRST THREE RESPONSES GIVEN.**	CONVENIENCE (OR LOCATION) ....**1** MORE HEALTHY FOR THE FAMILY.........................**2** EASIER TO KEEP CLEAN..**3** PRIVACY / DIGNITY..**4** SAFETY / SECURITY ....**5** AVOID SHARING WITH OTHERS.............................**6** COMFORT..**7** PRESTIGE / PRIDE ....**8** RESPONSE TO SANITATION PROMOTION PROGRAM ....**9** SEWAGE DISPOSAL IS FULL.................................**31** OTHER (SPECIFY)_____.........**-96**

B9.17	INTERVIEWER CHECK: IS RESPONDENT FEMALE?	NO........................ 2 ➜ **CHANGE WITH FEMALE** **RESPONDENT ➜ G9.17-20** YES........................3
G9.17	Is it safe for female members of your house to go to this place for defecation in the day? **ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.**	Yes ....1 No...2 DON'T KNOW..-99
G9.18	Is it safe for female members of your house to go to this place for defecation in the night? **ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.**	Yes ....1 No...2 DON'T KNOW..-99
G9.19	Do you feel that women and young girls in your house have their privacy during defecation? **ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.**	Yes ....1 No...2 DON'T KNOW..-99
G9.20	Have women or young girls in your dusun been harassed, or even attacked, when going to a place for defection / bathing or during defecation / bathing? **ASK FEMALE HOUSEHOLD MEMBER IF POSSIBLE.**	Never...1 Rarely ....2 Sometimes...3 Often..4 DON'T KNOW..-99

MODULE G9 (SANITATION FACILITY)

G9.21	Are there flies at or near your sanitation facility or the place where you defecate?	Always and Many ....1 Always and Some..2 Sometimes and Many..3 Sometimes and Few...4 Rarely / Hardly Any ....5 DON'T KNOW .... -99
G9.22	Where does the waste from your baby / youngest child usually go after they defecate? **DO NOT READ OUT OPTIONS.** **CIRCLE ALL THAT APPLY.**	BUSHES / GROUND...**1** PIT / HOLE IN GROUND...**2** OPEN SEWER / DRAIN..**3** TOILET / LATRINE...**4** GARBAGE ....**5** RIVER...**6** BASIN / SINK...**7** GIVE IT TO ANIMALS ....**8** OTHER (SPECIFY)_____ .... **-96**
B.9.22a.	Did you ever hear sanitation program campaign through mass publication?	Yes ....1 No ....2 ➜ **G.14.1**
B.9.22b.	Did you ever hear TSSM (Total Sanitation and Sanitation Marketing) program campaign through mass publication?	Yes ....1 No 2

MODULE G14 (OBSERVATIONS OF CHILDREN)

ONLY FOR CHILDREN **UNDER FIVE YEARS. DIRECT OBSERVATION**

CHILD ID	G14.2	G14.3	G14.4	G14.5	G14.6	G14.7	G14.8	G14.9
	👁 IS [NAME] RELATIVELY CLEAN, WITH NO OFFENSIVE ODOR?	👁 DOES [NAME] HAVE DIRTY HANDS?	👁 DOES [NAME] HAVE SOIL OR MUD IN FINGER ?	👁 IS [NAME]'S FACE DIRTY?	👁 DOES [NAME] HAVE CLOTHES TO WEAR ?	👁 ARE [NAME]'S CLOTHES DIRTY?	👁 DOES [NAME] HAVE A POT-BELLY?	👁 DOES [NAME] HAVE SHOES ON (IF OUTSIDE OR ON DIRT FLOOR) OR AVAILABLE TO WEAR? (ASK IF NOT OBSERVABLE.)
	Yes......................1 No ....2 COULD NOT OBSERVE........ -99	Yes......................1 No ....2 COULD NOT OBSERVE.........-99	Yes ....1 No......................2 COULD NOT OBSERVE .... -99	Yes......................1 No ....2 COULD NOT OBSERVE.........-99	Yes ....1 No.......................2 COULD NOT OBSERVE .... -99	Yes ....1 No ....2 COULD NOT OBSERVE.........-99	Yes......................1 No......................2 COULD NOT OBSERVE .... -99	Yes ....1 No ....2 COULD NOT OBSERVE.........-99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

MODULE G17 (CAREGIVER TIME USE)

Respondent: primary caregiver of children under 5

CHILD ID	G17.2			G17.3						
	COPY THE ID CODE AND NAME OF THE PRIMARY CAREGIVER FOR THIS CHILD FROM BLOCK G1 (G1.1 AND G1.10)			In the last week, how much time did (CAREGIVER) spend **primarily** caring for (CHILD)? **(Answer in terms of hours per week)** (NOTE THIS DOES **NOT** INCLUDE TIME WHEN LOOKING AFTER THE CHILD WAS THE **SECONDARY** ACTIVITY. IT DOES INCLUDE TIME WHEN LOOKING AFTER THE CHILD WAS THE **PRIMARY** ACTIVITY, EVEN IF ENGAGING IN A SECONDARY ACTIVITY NOT DIRECTLY RELATED TO CARING FOR THE CHILD.)						**(NOTE: SAME DAY OF WEEK AS TODAY.)** ↓
	CAREGIVER ID	**CAREGIVER NAME**								
				a) Yesterday	**b) Day Before Yesterday**	**c) 3 Days Ago**	**d) 4 Days Ago**	**e) 5 Days Ago**	**f) 6 Days Ago**	**g) 7 Days Ago**

MODULE G19 (CHILD HEALTH CALENDAR)

Insert and Ask MODULE 19 (Children Health Calendar for children < 5 yr) for each children
After it finished, attach MODULE 19 here

Number of Children Health Calender, children < 5 yr (MODULE 19) : |__|__|

MODULE G20 (CHILD HEALTH CALENDAR SUMMARY)

NO ART ANAK	G20.2	G20.3	G20.4	G20.5	G20.6	G20.7	G20.8
	ANY "YES" TO COUGH, CONGESTION, WHEEZING, OR DIFFICULTY BREATHING (G.19.2. – G.19.4) FOR THIS CHILD? YES......1 NO........2 ➔G20.6	👁 MEASURE THE NUMBER OF CHEST RISES FOR CHILD OVER 30 SECONDS. COULD NOT OBSERVE.......-99 REFUSED.......-98 CHILD NOT PRESENT...... -95 ➔G20.6 **BREATHS / 30 SECONDS**	👁 DO YOU OBSERVE LOWER CHEST WALL INDRAWING? YES...................1 NO.....................2 REFUSED TO BE OBSERVED....-98 COULD NOT OBSERVED.......-99	G.20.5. 👁 DO YOU HEAR THE CHILD WHEEZING OR WHISTLING UPON **INHALATION**? YES...................1 NO.....................2 REFUSED TO BE OBSERVED....98 COULD NOT OBSERVE......-99	ANY "YES" TO DIARRHEA OR RESPIRATORY SYMPTOMS (G.19.1. – G.19.11.) FOR THIS CHILD? **Yes............1** **No ....2 ➔ G20.10**	In the past 14 days did you seek medical advice for [NAME]? If so, what type? No........................ 1 ➔ **G20.10** Day visit to doctor. 2 Overnight stay at hospital or clinic... 3 Pharmacist........... 4 Traditional Healer. 5 Herbalist............... 6 Community Health Center / Sub .... 31 Midwife/village midwife .... 32 Integrated Service Post (Posyandu)......... 33 Other (specify)_____ -96 NOT APPLICABLE-97 DON'T KNOW... -99	Was the care provider public or private? Public............. 1 Private............ 2 Both................. 3 DON'T KNOW...-99
	1 2➔**G20.6**	_____ -98 -99 -95➔**G20.6**	1 2 -98 -99	1 2 -98 -99	1 2➔**G20.10**	1 ➔ **G20.10** 2 3 4 5 6 31 32 33 -96 -97_____ -99	1 2 3 -98 -99
	1 2➔**G20.6**	_____ -98 -99 -95➔**G20.6**	1 2 -98 -99	1 2 -98 -99	1 2➔**G20.10**	1 ➔ **G20.10** 2 3 4 5 6 31 32 33 -96 -97_____ -99	1 2 3 -98 -99
	1 2➔**G20.6**	_____ -98 -99 -95➔**G20.6**	1 2 -98 -99	1 2 -98 -99	1 2➔**G20.10**	1 ➔ **G20.10** 2 3 4 5 6 31 32 33 -96 -97_____ -99	1 2 3 -98 -99
	1 2➔**G20.6**	_____ -98 -99 -95➔**G20.6**	1 2 -98 -99	1 2 -98 -99	1 2➔**G20.10**	1 ➔ **G20.10** 2 3 4 5 6 31 32 33 -96 -97_____ -99	1 2 3 -98 -99
	1 2➔**G20.6**	_____ -98 -99 -95➔**G20.6**	1 2 -98 -99	1 2 -98 -99	1 2➔**G20.10**	1 ➔ **G20.10** 2 3 4 5 6 31 32 33 -96 -97_____ -99	1 2 3 -98 -99
	1 2➔**G20.6**	_____ -98 -99 -95➔**G20.6**	1 2 -98 -99	1 2 -98 -99	1 2➔**G20.10**	1 ➔ **G20.10** 2 3 4 5 6 31 32 33 -96 -97_____ -99	1 2 3 -98 -99

MODULE G20 (CHILD HEALTH CALENDAR SUMMARY)

NO ART ANAK	G20.10	G20.11	G20.12	G20.13
	ANY "YES" TO COUGH, CONGESTION, ETC. (G19.2. –G19.4.)? **TO ALL CHILDREN < 5 YEARS OF AGE?** **Yes..... 1** **No ...... 2 ➔ G20.13**	Did you do anything to treat [NAME]'s respiratory problems? No treatment ....1 ➔ **G.20.13** Pill or syrup ....2 Injection ....3 Intravenous fluid (IV ....4 Traditional remedies...........................5 Other (Specify)_____ ....-96 DON'T KNOW ....-99	How much did you spend on treatments and advice for [NAME]? Did not pay......... 0 DON'T KNOW..-99	**ANY "YES" TO STOMACH PROBLEMS OR DIARRHEA IN (G.19.5. – G.19.11.)? TO ALL CHILDREN < 5 YEARS OF AGE?** **Yes......1** **No ....2 ➔ G20.16**
	1 2➔ **G20.13**	1 ➔ **G.20.13** 2 3 4 5 -96_____ -99	Rp.	1 2 ➔ **G20.16**
	1 2➔ **G20.13**	1 ➔ **G.20.13** 2 3 4 5 -96_____ -99	Rp.	1 2 ➔ **G20.16**
	1 2➔ **G20.13**	1 ➔ **G.20.13** 2 3 4 5 -96_____ -99	Rp.	1 2 ➔ **G20.16**
	1 2➔ **G20.13**	1 ➔ **G.20.13** 2 3 4 5 -96_____ -99	Rp.	1 2 ➔ **G20.16**
	1 2➔ **G20.13**	1 ➔ **G.20.13** 2 3 4 5 -96_____ -99	Rp.	1 2 ➔ **G20.16**
	1 2➔ **G20.13**	1 ➔ **G.20.13** 2 3 4 5 -96_____ -99	Rp.	1 2 ➔ **G20.16**

MODULE G20 (CHILD HEALTH CALENDAR SUMMARY)

G14.1 SEE MODULE G1 (G1.1, G1.5 AND G1.5X) COPY NAME AND PID OF CHILDREN UNDER 5 YEAR OLD **ASK FROM G14.2 – G20.16 EACH ROWS**		G20.14 Did you do anything to treat [NAME]'s stomach or diarrhea symptoms No treatment...1 **➔ G.20.16** Pill or syrup...2 Injection..3 Intravenous fluid (IV) ....4 Traditional remedies ....5 Oral Rehydration Solution....................................6 Homemade sugar/salt water ....7 Other(Specify_____ ....-96 DON'T KNOW ....-99	G20.15 How much did you spend on treatments and advice for [NAME]? Did not pay......... 0 DON'T KNOW..-99	G20.16 In the **past 14 days**, how much time were household members unable to work or go to school because they were caring for [NAME]? ENTER INFORMATION FOR THE TWO HOUSEHOLD MEMBERS WHO SPENT THE MOST TIME CARING FOR THIS CHILD. . PUT "0" HOURS IF THEY SPENT TIME CARING FOR THE CHILD WITHOUT MISSING ANY WORK OR SCHOOL					
CHILD ID	**NAME (G1.1)**		RP	**PID**	**Hours**	**Days**	**PID**	**Hours**	**Days**	
		1**➔ G.20.16** 2 3 4 5 6 7 -96_____ -97 -99								
		1**➔ G.20.16** 2 3 4 5 6 7 -96_____ -97 -99								
		1**➔ G.20.16** 2 3 4 5 6 7 -96_____ -97 -99								
		1**➔ G.20.16** 2 3 4 5 6 7 -96_____ -97 -99								
		1**➔ G.20.16** 2 3 4 5 6 7 -96_____ -97 -99								
		1**➔ G.20.16** 2 3 4 5 6 7 -96_____ -97 -99								

MODULE G16 (PERCEPTION OF ILLNESS)
Respondent : primary caregiver of children under 5 years of age

COPY THE ID CODES AND NAMES OF ALL THE PRIMARY CAREGIVERS, ASK EACH CAREGIVER SEPARATELY (COPY FROM G17.2 IF ONE PERSON BECOME PRIMARY CAREGIVER FOR MORE THAN ONE CHILD, ENTER RESPONSE FROM PRIMARY CAREGIVER IN ONE COLUMN)		CAREGIVER NAME _____ PID _____	CAREGIVER NAME _____ PID _____	CAREGIVER NAME _____ PID _____
G16.0	Is this person present?	Yes.. No	1 2 ➜ **next caregiver / next MODULE**	1 2 ➜ **next caregiver / next MODULE**	1 2 ➜ **next caregiver / next MODULE**
G16.1	In your opinion, what are the symptoms of diarrhea? SPONTANEOUS RESPONSE. DO NOT READ OUT THE ANSWERS. AFTER RESPONDENT NAME SOME ANSWERS, ASK AGAIN FOR OTHER ANSWERS CIRCLE ALL THAT APPLY..	LOOSE OR WATERY STOOL .... BLOOD OR MUCUS IN STOOL... FREQUENT STOOLS .... ABDOMINAL PAIN... SOFT PART OF HEAD SUNKEN.. FEVER .... VOMITING .... NAUSEA .... WEAKNESS (LOSS OF WEIGHT, NOT EATING OR DRINKING WELL) DEHYDRATION (MARKED THIRST, DRIED LIPS, NO TEARS)............ LOSS OF SENSE (DIZZINESS, MENTAL STUPOR) .... HEADACHE .... CHILD IS TIRED / MOODY / CRIES A LOT .... OTHER (SPECIFY)... DON'T KNOW	................1................ ....2................ ....3................ ....4................ ....5................ ....6................ ....7................ ....8................ ....9................ ....10................ ....11................ ....12................ ....13................ ....-96................ ....-99................	................1................ ....2................ ....3................ ....4................ ....5................ ....6................ ....7................ ....8................ ....9................ ....10................ ....11................ ....12................ ....13................ ....-96................ ....-99................	................1................ ....2................ ....3................ ....4................ ....5................ ....6................ ....7................ ....8................ ....9................ ....10................ ....11................ ....12................ ....13................ ....-96................ ....-99................
G16.2	Does [CAUSE] cause diarrhea? 🗣 READ EACH ANSWER ALOUD.	 Eating stale foods... Eating food from street vendors... Eating food touched by flies.. Unclean / smelly food... Drinking dirty water... Using dirty latrines .... If other people defecating in river .... If other people defecating in river or other open space (yard/rice field/beach/etc)........... Not washing hands with water .... Not washing hands with soap and water... Bad weather / weather change .... Exposure to sun .... Teething / new teeth... Some types of vaccines.. Dirty household .... Unclean neighborhood / village	... Yes ....No... DK........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........ ..... 1 .... 2 .... -99........	....Yes ... No ...DK ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99 ....1.......2....-99	... Yes ....No... DK........ ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99...... ..... 1 .... 2 .... -99......
G16.3	Do you think that diarrhea can be prevented	Yes... No	..............1 ....2	...............1................. ....2.................	..............1 .... 2 ....

MODULE G21 (BREASTFEEDING)

For children < 2 Tahun Respondent: primary caregiver of children under 2 years of age

B21.1x. Are there any children under 2 years in this household?　　　　2. No ➜ G10.1(page 36)　　　1. Yes ➜ G21.1

G21.1	G21.4	G21.5		G21.6	G21.7	G21.9	G21.10	G21.11	G21.12	G21.13
CHILD ID	Was [CHILD] ever breastfed?	How long after birth was the first time [CHILD] put to the breast? IF LESS THAN ONE HOUR, RECORD "00" HOURS IF MORE THAN 24 HOURS, RECORD NUMBER OF DAYS.		Is [CHILD] still being breastfed?	For how many months was [CHILD] breastfed?	In the first three days after delivery, did [CHILD]'s mother give [CHILD] the liquid that came from her breasts? (THIS IS COLOSTRUM BEFORE MILK COMES IN.)	In the first three days after delivery, was [CHILD] given anything to drink other than liquid from the breast?	In the first three days after delivery, what was [CHILD] given to drink other than breastmilk? **DO NOT READ THE LIST.** RECORD ALL MENTIONED BY CIRCLING NUMBER FOR EACH ONE MENTIONED. FORMULA MILK .... 1 MILK (OTHER THAN BREASTFEED) .... 2 PLAIN WATER.................................... 3 SUGAR OR GLUCOSE WATER .... 4 GRIPE WATER .... 5 SUGAR-SALT WATER INFUSION.... 6 FRUIT JUICE .... 7 TEA/INFUSION .... 8 HONEY .... 9 OTHER (SPECIFY)........................-96 NONE ....-97	At what month (age) did you start giving [CHILD] solid or semi-solid food? (like banana, porridge, bread, etc) **IF THE RESPONSE IS LESS THAN ONE MONTH OF AGE, RECORD "00" MONTHS.** **IF NEVER, ENTER "-97".**	Did [CHILD] drink anything from a bottle with a nipple yesterday or last night? Yes ......1 No ....2 DON'T KNOW.... -99
	Yes ....1 No............2 ➜ **G21.9** DON't KNOW .. -99 ➜ **G21.9**	Hour .... 1 Day 2		Yes........ 1 ➜ **G21.9** No .... 2 DON't KNOW -99		Yes............. 1 No.............. 2 DON'T KNOW........ -99	Yes .... 1 No............... 2 ➜ **G21.12** DON't KNOW........... -99 ➜ **G21.12**			
		TOTAL	UNIT		MONTH				MONTH	
|__|__|	2 -99➜ **G21.9** 1	|__|__|	1 2	1 ➜ **G21.9** 2 -99	|__|__|	1 2 -99	2 -99➜ **G21.12** 1	1 2 3 4 5 6 7 8 9 -96 Lainnya_____	|__|__|	1 2 -99
|__|__|	2 -99➜ **G21.9** 1	|__|__|	1 2	1 ➜ **G21.9** 2 -99	|__|__|	1 2 -99	2 -99➜ **G21.12** 1	1 2 3 4 5 6 7 8 9 -96 Lainnya_____	|__|__|	1 2 -99
|__|__|	2 -99➜ **G21.9** 1	|__|__|	1 2	1 ➜ **G21.9** 2 -99	|__|__|	1 2 -99	2 -99➜ **G21.12** 1	1 2 3 4 5 6 7 8 9 -96 Lainnya_____	|__|__|	1 2 -99
|__|__|	2 -99➜ **G21.9** 1	|__|__|	1 2	1 ➜ **G21.9** 2 -99	|__|__|	1 2 -99	2 -99➜ **G21.12** 1	1 2 3 4 5 6 7 8 9 -96 Lainnya_____	|__|__|	1 2 -99

MODULE G22 (INFANT/YOUNG CHILD FEEDING)
Now we would ask about infant/young child under 2 years feeding

G22.1	G22.2	G22.3	G22.3B	G22.4	G22.5	G22.6
CHILD ID	Did [..] consume any of these followings yesterday ? **READ OUT EACH ITEM.** **RECORD ALL "YES" BY CIRCLING THEIR CODES** Breast milk .... 1 Plain water .... 2 Commercially produced infant formula..3 Any fortified, commercially available infant and young child food (e.g. Cerelac)?...4 Any (other) porridge or gruel (home-made, not packaged)?.........5 Milk such as tinned, powdered, or fresh animal milk?...................................6 Fruit juice?.. 7 Tea or coffee? (liquids with caffeine).... 8 Any other liquids? (SPECIFY) _____ -96 (SPECIFY) _____ -94 (SPECIFY) _____ -93	Did [CHILD] eat any solid or semi-solid food yesterday, during the day or during the night yesterday? Yes.................... 1 No .... 2 ➔ **G22.34** DON't KNOW...-99 ➔**G22.34**	How many times did [CHILD] eat solid or semi-solid food yesterday? WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED. LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID	Did [CHILD] eat any foods made from grains yesterday ? (GRAINS INCLUDE MILLET, SORGHUM, MAIZE, RICE, WHEAT, OR OTHER LOCAL GRAINS. THEN FOLLOW WITH BREAD, RICE, NOODLES, ETC.) Yes ....1 No ....2 DON'T KNOW ....-99	Did [CHILD] eat any food made from carrots, red sweet potatoes, ripe mangoes, papayas, cantaloupe or green leafy vegetables yesterday? (INCLUDE ONLY VITAMIN A-RICH TUBERS, STARCHES, OR VITAMIN A-RICH RED, ORANGE, OR YELLOW VEGETABLES, OR GREEN LEAFY VEGETABLES THESE INCLUDE CASSAVA LEAVES, BEAN LEAVES, SPINACH, TARO LEAVES, OR OTHER DARK GREEN LEAFY VEGETABLES.) Yes ....1 No ....2 DON'T KNOW ....-99	Did [CHILD] eat any food made from roots or tubers (white potatoes, onions, beets, turnips, etc.) yesterday ? Yes..............1 No ....2 DON'T KNOW .... -99
|__|__|	1 2 3 4 5 6 7 8 CIRCLE ALL THAT APPLY -96 -94 -93	2 -99➔**G22.34** 1	CIRCLE RESPONSE 1 2 3 4 5 6 7 8 9 10 11 12	1 2 -99	1 2 -99	1 2 -99
|__|__|	1 2 3 4 5 6 7 8 -96 -94 -93	2 -99➔**G22.34** 1	1 2 3 4 5 6 7 8 9 10 11 12	1 2 -99	1 2 -99	1 2 -99
|__|__|	1 2 3 4 5 6 7 8 -96 -94 -93	2 -99➔**G22.34** 1	1 2 3 4 5 6 7 8 9 10 11 12	1 2 -99	1 2 -99	1 2 -99
|__|__|	1 2 3 4 5 6 7 8 -96 -94 -93	2 -99➔**G22.34** 1	1 2 3 4 5 6 7 8 9 10 11 12	1 2 -99	1 2 -99	1 2 -99

MODULE G22 (INFANT/YOUNG CHILD FEEDING)

G22.1	G22.10	G22.11	G22.15	G22.17	G22.21
CHILD ID	Did [CHILD] eat: any other fruits or vegetables yesterday	Did [CHILD] eat: any meat, fish, eggs, poultry, cheese or yogurt yesterday?	Did [CHILD] eat: any foods made from beans, peas, lentils, or nuts? (Including soy products, like soy milk, or tofu) yesterday?	Did [CHILD] eat: any oil, fats, or butter, or foods made with any of these yesterday?	Does [CHILD] typically feed self with utensils or with hands?
	Yes ....1 No..2 DON't KNOW ....-99	Yes.............................1 No ....2 DON't KNOW ....-99	Yes .... 1 No.. 2 DON't KNOW.............................-99	Yes.........................1 No ....2 DON't KNOW ...... -99	Yes.................................. 1 No .... 2 DON't KNOW .... -99
|___|___|	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
|___|___|	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
|___|___|	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99
|___|___|	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99

MODULE G22 (INFANT/YOUNG CHILD FEEDING) MODULE G24 (SUPPORT FOR LEARNING/STIMULATING ENVIRONMENT)

I am interested in learning about the things that [CHILD] plays with when he/she is at home and the type of activities [CHILD] does.   Please tell me if [CHILD] plays with any of these things):

G22.1	G22.34	G22.35	G22.36	G22.37	G24.4	G24.5	G24.6	G24.7
CHILD ID	In the last seven days, did [CHILD] take iron pills, sprinkles with iron, or iron syrup? Yes ..... 1 No .... 2 DK ... -99	Has [CHILD] taken any drug for intestinal worms in the past 6 months? Yes ....1 No ....2 DK ......-99	Has [CHILD] ever received a vitamin A dose(tablet, syrup or injection)? Yes ...... 1 NO ......2 ➔ **G24.4** DK....-99 ➔ **G24.4**	Did [CHILD] receive a vitamin A dose within the last 6 months? Yes ..... 1 No .... 2 DK ... -99	Household objects such as bowls, baskets, spoons, plates, cups or pots? Yes............. 1 No .... 2 DK............ -99	Toys that came from a store that were bought or received as gifts? Yes............. 1 No .... 2 DK .... -99	About how many children's books or picture books do you have for [CHILD'S NAME]? |___|___| IF NONE, ENTER..00	Does [CHILD] attend any type of early child education program OR does a community worker come to your home to play with your child? Yes ....1 No..........................2 DON'T KNOW ....-99 NO SERVICE .....-97
|___|___|	1 2 -99	1 2 -99	2 -99 ➔ **G24.4** 1	1 2 -99	1 2 -99	1 2 -99	|___|___|	1 2 -99
|___|___|	1 2 -99	1 2 -99	2 -99 ➔ **G24.4** 1	1 2 -99	1 2 -99	1 2 -99	|___|___|	1 2 -99
|___|___|	1 2 -99	1 2 -99	2 -99 ➔ **G24.4** 1	1 2 -99	1 2 -99	1 2 -99	|___|___|	1 2 -99
|___|___|	1 2 -99	1 2 -99	2 -99 ➔ **G24.4** 1	1 2 -99	1 2 -99	1 2 -99	|___|___|	1 2 -99

MODULE G25 (AGES AND STAGES OF QUESTIONNAIRES)

G21.1
SALIN DARI MODULE 1 NAMA DAN NO ART SEMUA ANAK UMUR KURANG DARI 2 TAHUN **(LIHAT G1.1 DAN G1.5)** **TANYAKAN MULAI G21.2 SAMPAI DENGAN MODULE 25 PER BARIS ANAK**

No ART	NAMA ANAK

Insert and Ask MODULE 25 (Ages and Stages of Questionnaires)
For each of the children
After it finished, attach MODULE 25 here

Number of MODULE 25 for children under < 2 year : └──┴──┘

MODULE G31 MORTALITY

G31.1	Has there been a death of any adult, child or infant living in this household **in the last 1 year** (in the last 365 days)?	Yes.. 1
		No .... 2 ➔ **G10.1**
	IF **"NO"**, INVESTIGATE: Any baby who cried or showed signs of life, but only survived for a few hours or days?	DON'T KNOW .... -99 ➔ **G10.1**

COMPLETE ONE ROW FOR EACH DEATH IN THE HOUSEHOLD IN THE PAST 1 YEAR.

G31.2	G31.3		G31.4	G31.5
What was the gender of the deceased?	How old was the deceased?		What was the cause of the death?	What was the relationship of the deceased to the current head of household?
			Aging.. 1 Accident or Physical Trauma.................................. 2 Diarrhea.. 3 Pneumonia / ARI (Acute Respiratory Infection)...... 4 Birth-related.. 5 Malaria.. 6 TB (Tuberculosis).. 7 Other acute diseases... 8 Other chronic diseases... 9 Dengue fever.. 31 Other (Specify:_____).........-96 Don't know...-99	Wife / Husband.. 2 Child / Adopted Child.. 3 Grandchild.. 4 Niece / Nephew... 5 Father / Mother... 6 Sister / Brother.. 7 Son-in-Law / Daughter-in-Law................................ 8 Brother-in-Law / Sister-in-Law................................ 9 Grandfather / Grandmother.................................... 10 Father-in-Law / Mother-in-Law............................. 11 Resident Housekeeper.. 12 Resident Caregiver.. 13 Non-Resident Caregiver.. 14 Other (Specify:_____)...-96
Male .... 1 Female 2	day........1 month.....2 year.......3			
	AGE	day / month / year		
1 2		1 2 3	1 2 3 4 5 6 7 8 9 31 -96_____ -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____
1 2		1 2 3	1 2 3 4 5 6 7 8 9 31 -96_____ -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____
1 2		1 2 3	1 2 3 4 5 6 7 8 9 31 -96_____ -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____
1 2		1 2 3	1 2 3 4 5 6 7 8 9 31 -96_____ -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____
1 2		1 2 3	1 2 3 4 5 6 7 8 9 31 -96_____ -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____
1 2		1 2 3	1 2 3 4 5 6 7 8 9 31 -96_____ -99	2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____

MODULE G33 (ANTHROPOMETRY AND ANEMIA)
FOR CHILDREN UNDER 2 YEARS.

G33.1	G33.2	G33.3	G33.4	G33.5	G33.6	G33.7
ID CODE	What was [NAME]'s weight at birth? IF KNOWN, RECORD WEIGHT, AND SKIP TO ➔ **G33.4** DON'T KNOW...................-99	Was [NAME] born with low weight? Yes..................1 No, close to normal weight..............2	Is your child measured for weight and/or height at least 6 times per year at a clinic, at home, or somewhere else? Yes, at clinic.......1 Yes, at home......2 Yes, elsewhere...3 Yes, community Health center/sub.........31 Yes, midwife / village midwife ....32 Yes, integrated Service Post ....33 No.......................4	WEIGH EACH CHILD. IF CHILD CANNOT OR WILL NOT STAND ON SCALE, WEIGH IN MOTHER'S ARMS. (TO NEAREST 0.1 KG)	WAS THE CHILD WEIGHED ALONE, OR IN MOTHER'S ARMS? ALONE........... 1 ➔ **G.33.9** IN MOTHER'S ARMS 2	IF WEIGTHED IN MOTHER'S ARMS, RECORD THE WEIGHT OF THE MOTHER (TO NEAREST 0.1 KG))
	Kg			Kg		Kg
|__|__|		1 2	1 2 3 4 31 32 33	__ __ . __	1➔ G.33.9 2	__ __.__
|__|__|		1 2	1 2 3 4 31 32 33	__ __ . __	1➔ G.33.9 2	__ __.__
|__|__|		1 2	1 2 3 4 31 32 33	__ __ . __	1➔ G.33.9 2	__ __.__
|__|__|		1 2	1 2 3 4 31 32 33	__ __ . __	1➔ G.33.9 2	__ __.__

MODULE G33 (ANTHROPOMETRY AND ANEMIA)

CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN

As part of this survey, we are asking members of householdto to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We request that all children 6 – 24 months participate in the anemia testing as part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept confidential.   Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide. Will you allow [NAME(S) OF CHILD(REN)] to participate in the anemia test?

G33.1		G33.9	G33.10	G33.11	G33.12	G33.13	G33.15	G33.14
FROM MODULE 1, COPY NAME(S) AND NUMBER(S) OF HOUSEHOLD MEMBER OF ALL CHILDREN UNDER 2 YEARS OLD **(SEE G1.1 AND G1.5)**		MEASURE THE **HEIGHT OR LENGTH** OF EACH CHILDREN	MEASURE THE **ARM** CIRCUMFERENCE OF EACH CHILDREN	MEASURE THE **HEAD** CIRCUMFERENCE OF EACH CHILDREN .	RESULT OF ANTHROPOMETRY MEASUREMENT STANDING...........1 LYING DOWN......2 REFUSED.........-98 NOT PRESENT .... -95	FOR CHILDREN 6 – 24 MONTHS OF AGE: READ CONSENT STATEMENT ABOVE FOR THE CHILD. CIRCLE CODE AND **SIGN** YOUR NAME. AGREE .... 1 REFUSE .... 2 CHILDREN < 6 MTH .... -97	RESULT OF HEMOGLOBIN MEASUREMENT MEASURED.....1 REFUSED....-98⬇ NOT PRESENT. ……………..-95⬇	RECORD HEMOGLOBIN LEVEL HERE. (TO NEAREST 0.1)
			TO THE NEAREST 0,1 CM					
No	NAME OF CHILD	Cm	Cm	Cm				g / dl
		__ __.__	__ __.__	__ __.__	1 2 -98 -95	1 _____ 2 _____ ⬇ -97 ⬇	1 -98⬇ -95⬇	__ __.__
		__ __.__	__ __.__	__ __.__	1 2 -98 -95	1 _____ 2 _____ ⬇ -97 ⬇	1 -98⬇ -95⬇	__ __.__
		__ __.__	__ __.__	__ __.__	1 2 -98 -95	1 _____ 2 _____ ⬇ -97 ⬇	1 -98⬇ -95⬇	__ __.__
		__ __.__	__ __.__	__ __.__	1 2 -98 -95	1 _____ 2 _____ ⬇ -97 ⬇	1 -98⬇ -95⬇	__ __.__

MODULE G10 OBSERVATION OF DWELLING CHARACTERISTICS
MODULE 10, 11, 12, 12B, 12C and 13 are interviewer's direct observations

G10.1	We are interested in what kind of housing people have in the community. Could you show me around your home? CIRCLE ONE	Yes................1 ↓ No ....2 ➜ **Thank You** ➜ **G13.1**

G10.2	WHAT TYPE OF DWELLING IS IT? 👁 ONLY FOR OBSERVATION	DETACHED,SINGLE STOREY HOUSE.......1 DETACHED, MULTI-STOREYS HOUSE .....2 CONNECTED, SINGLE STOREY HOUSE ...3 CONNECTED, MULTI STOREYS HOUSE ...4
G10.3	WHAT IS THE MATERIAL FOR THE WALLS OF THE MAIN LIVING AREA? 👁 ONLY FOR OBSERVATION	BRICK ....1 CONCRETE...2 UNBAKE BRICK ....3 WOOD, LOGS ....4 ZINC SHEET ....5 MUD ....6 BAMBOO...7 CANVAS, FELT ....8 ADOBE..9 OTHER (SPECIFY_____)......... -96
G10.4	WHAT IS THE MATERIAL FOR THE ROOF OF THE MAIN LIVING AREA? 👁 ONLY FOR OBSERVATION	BRICK ....1 ADOBE..2 UNBAKE BRICK, DRIED BRICK..................3 WOOD, LOG...4 ZINC SHEET ....5 MUD ....6 BAMBOO...7 CANVAS, FELT ....8 CONCRETE...31 ROOF TILE..32 SHINGLE...33 ZINC..34 ASBESTOS ....35 FOLIAGE/PALM LEAVES...........................36 OTHER (SPECIFY_____)......... -96

G10.5	WHAT IS THE MATERIAL FOR THE FLOOR OF THE MAIN LIVING AREA? 👁 ONLY FOR OBSERVATION	PARQUET ....1 PAINTED WOOD ....2 CERAMIC ....3 LINOLEUM..4 CONCRETE...5 DIRT ....6 TILE ....31 OTHER, SPECIFY_____)......... -96
G10.6	IS THE DWELLING RELATIVELY CLEAN? 👁 ONLY FOR OBSERVATION	YES...1 NO ....2 OBSERVATION NOT POSSIBLE..............-99
G10.7	WHAT IS THE OVERALL SIZE OF THE DWELLING? 👁 INTERVIEWER ESTIMATE	LENGTH _____ METER WIDTH _____ METER

MODULE G11 (OBSERVATION OF FOOD STORAGE)

G11.1	IS THERE GARBAGE IN THE KITCHEN OR HOUSE? 👁 ONLY FOR OBSERVATION	YES.. 1 NO.. 2 CANNOT TELL...-99
G11.2	IS THE FOOD COVERED? 👁 ONLY FOR OBSERVATION	YES, COMPLETELY COVERED .... 1 YES, PARTIALLY COVERED..................... 2 NO.. 3 CANNOT TELL...-99

MODULE G12 (OBSERVATION OF DRINKING WATER)

G12.1	Could you please show me where you store ready to drink-drinking water? 👁 RECORD THE NUMBER OF EACH TYPE OF CONTAINER. IF NONE OF SOME TYPE, RECORD "00."	A. COVERED, WIDE MOUTH (hands fit) ⌴⌴⌴ B. COVERED, NARROW MOUTH (hands don't fit .... ⌴⌴⌴ C. UNCOVERED, WIDE MOUTH (hands fit) .... ⌴⌴⌴ D. UNCOVERED, NARROW MOUTH (hands don't fit) .... ⌴⌴⌴
G12.2	Can you please identify your primary storage container for ready to drink- drinking water? 👁 RECORD ONLY ONE.	NOT AVAILABLE .... 0 ➜ **G12.4** COVERED, WIDE MOUTH (hands fit)............. 1 COVERED, NARROW MOUTH (hands don't fit)... 2 UNCOVERED, WIDE MOUTH (hands fit)........ 3 UNCOVERED, NARROW MOUTH (hands don't fit) 4
G12.3	👁 FOR PRIMARY STORAGE CONTAINER ONLY: ON OR CLOSE TO THE CONTAINERS DO YOU OBSERVE:	YES NO DIP CUP WITH HANDLE .... 1.............2 DIP CUP WITHOUT HANDLE................ 1.............2 TAP.. 1.............2 FLIES.. 1.............2
G12.4	Do you have water that you have prepared for drinking in your home now? Can you show me? 👁 CAN THEY PRODUCE TREATED WATER?	YES.. 1 NO 2
G12.5	Do you have the materials or system that you use to clean the water? Can you show me? 👁 CAN THEY PRODUCE THE MATERIALS? (E.G., CHLORINE, OR STOVE AND POT FOR BOILING, OR OTHERS)	YES.. 1 NO 2

MODULE G12B (OBSERVATION OF HANDWASHING FACILITY)

G12B.1	Do you or others in your family ever wash hands after going to the toilet?	Yes..1 No ....2 ➜ **B12B.6A** DON'T KNOW .... -99 ➜ **B12B.6A**
G12B.2	Please show me where you or others in your family usually wash your hands after going to the toilet. 👁 RECORD OBSERVATION OF LOCATION OF HANDWASH STATION. ONLY ONE RESPONSE.	INSIDE TOILET FACILITY ....1 INSIDE KITCHEN / COOKING PLACE.....2 ELSEWHERE IN YARD (WITHIN 1 METER FROM TOILET ....3 ELSEWHERE IN YARD (>1 DAN ≤ 3 METER FROM TOI LET) ..4 > 3 METER FROM TOILET ....5 NO SPECIFIC PLACE..............................6 ➜ **B12B.6A** REFUSED – NO PERMISSION TO SEE-98 ➜ **B12B.6A**
G12B.3	👁 RECORD OBSERVATION OF HANDWASHING DEVICE. ONLY ONE RESPONSE.	TAP / FAUCET..1 TIPPY TAP ....2 BASIN / BUCKET ....3 CONTAINER FROM WHICH WATER IS POURED ....4 OTHER (SPECIFY _____) .... -96 OBSERVATION NOT POSSIBLE......... -99
G12B.4	👁 RECORD OBSERVATION OF WHETHER WATER IS AVAILABLE AT THE HANDWASHING STATION. ONLY ONE RESPONSE.	YES – WATER IS AVAILABLE.................1 NO – WATER IS NOT AVAILABLE ....2 OBSERVATION NOT POSSIBLE......... -99
G12B.5	👁 RECORD OBSERVATION OF WHETHER SOAP IS AVAILABLE AT THE HANDWASHING STATION. CIRCLE ALL THAT APPLY.	MULTIPURPOSE BAR SOAP ....1 BEAUTY / TOILET BAR SOAP ....2 POWDER (LAUNDRY) SOAP / DETERGENT 3 NO SOAP OBSERVED ....4 LIQUID SOAP ....31 BUTTER SOAP.....................................32 OBSERVATION NOT POSSIBLE......... -99

MODULE 12C. OBSERVATION OF LATRINE / TOILET

B12B.6a	👁 OBSERVATION OF TOILET/LATRINE IS THIS THE SAME TOILET/LATRINE AS RESPONDENT HAS MENTIONED IN QUESTION G9.1	YES, OPTION G9.1=1-11 ....1 ➜ **B12B.7** YES, OPTION G9.1=B13,B14,B15,-96 ....2 ➜ **G13.1** NO...3 OBSERVATION NOT POSSIBLE .... 99 ➜ **G13.1**

B12B.6B	👁 TYPE OF TOILET	Flush / Pour Flush:
		    To Piped Sewer System 1
		    To Septic Tank 2
		    to Pit Latrine 3
		    to Elsewhere 4
		    to Don't Know Where.............................. 5
		Ventilated Improved Pit Latrine (VIP) 6
		Pit Latrine with Slab... 7
		Composting Toilet... 8
		Pit Latrine without Slab / Open Pit 9
		Bucket 10
		Hanging Toilet / Hanging Latrine...................... 11
		No facility... 12
		Other (Specify)_____ 13

B12B.7	👁 CLEANLINESS OF LATRINE PIT	VERY CLEAN... 1 CLEAN .... 2 DIRTY .... 3 VERY DIRTY... 4 OBSERVATION NOT POSSIBLE .... -99
B12B.8	👁 CLEANLINESS OF FLOOR SURROUNDING THE TOILET/LATRINE	VERY CLEAN... 1 CLEAN .... 2 DIRTY .... 3 VERY DIRTY... 4 OBSERVATION NOT POSSIBLE .... -99
B12B.9	👁 IS TOILET/LATRINE FLOODED BY WATER ?	YES...1 NO...2 OBSERVATION NOT POSSIBLE..............-99

MODULE G13. OBSERVATION OF ANIMALS AND FECES

G13.1	CAN YOU SEE DOMESTIC ANIMALS IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE? APPROXIMATE THE NUMBER THAT YOU CAN SEE. ENTER 00 IF THERE ARE NONE. 👁 ONLY FOR OBSERVATION	G.1. DOG / CAT .... ⊔⊔ G.2. CHICKEN / DUCK / GOOSE..................... ⊔⊔ G.4. COW/ HORSE / DONKEY / MULE / BUFFALO.................................... ⊔⊔ B.5 GOAT... ⊔⊔ G.6 OTHER_____ .... ⊔⊔
G13.2	ARE HUMAN OR ANIMAL FECES VISIBLE IN THE HOUSE OR IN THE LIVING AREA AROUND THE HOUSE? 👁 ONLY FOR OBSERVATION	NONE .... 1 – 5 FECES... 5 – 10 FECES... MORE THAN 10 FECES .... CANNOT TELL..
G13.3	CAN YOU SMELL HUMAN OR ANIMAL FECES WHILE IN OR NEAR THE HOUSE? 👁 ONLY FOR OBSERVATION	YES.. 1 NO... 2

MODULE G32 (CHECK LIST PEWAWANCARA)
Interviewer response only

G32.1	HAS EVERY PAGE BEEN MARKED? **PLEASE CHECK.**	YES ....1 NO...3
G32.5	HAVE YOU GIVEN THE HOUSEHOLD THEIR COMPENSATION GIFT	YES ....1 NO...3
G32.6	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	_____ [SIGNATURE]

Supervisor response only.

G32.7	HAS EVERY PAGE BEEN MARKED? **PLEASE CHECK.**	YES ....1 NO...3
G32.12	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	_____ [SIGNATURE]