

INTERVIEWER : _____		CONFIDENTIAL	EA : 2 _____	
EDITOR : _____			HHID : _____	
SUPERVISOR : _____			ROUND : B _____	
SURVEY ON TOTAL SANITATION AND SANITATION MARKETING (TSSM)				
BOOK 1				
HOUSEHOLD BOOK – ENDLINE				
MODULE : B0, G1, G2, G3, G4, G5, G6, G7, G8, G9, G31, R, G32, CP				
B01. Result of visit?		B02. Major language in interview		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
Interviewed, completed..... 1		_____ Other, _____		
Interviewed, partly completed 2		B03. Other language in interview (if any):		
Refuse..... 7		_____ Other, _____		
Joined with other TSSM household..... 31 → _____		B03A. TOTAL NUMBER OF PERSONS LISTED IN THE HOUSEHOLD ROSTER FROM THE BASELINE SURVEY (2008):		1. _____ HOUSEHOLD MEMBERS
All ART died 32		B03B. TOTAL NUMBER OF PERSONS LISTED IN THE HOUSEHOLD ROSTER FROM THE ENDLINE SURVEY (2010):		6. NEW HOUSEHOLD 2010
HH moved out village 33 → _____		_____ HOUSEHOLD MEMBERS		
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 → CP				
Other 38				
Household not found -97				

NUMVIS. Number of visits : _____

INTERVIEW 1		INTERVIEW 2		INTERVIEW 3		INTERVIEW 4		INTERVIEW 5		INTERVIEW 5	
DATE ____/____/____ DATE MONTH YEAR		DATE ____/____/____ DATE MONTH YEAR		DATE ____/____/____ DATE MONTH YEAR		DATE ____/____/____ DATE MONTH YEAR		DATE ____/____/____ DATE MONTH YEAR		DATE ____/____/____ 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 → B06 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 2 b. Check 1 2			

MODULE B0 (HOUSEHOLD LOCATION)

B00	WHAT IS THE TYPE OF THE HOUSEHOLD?	1. NEW HOUSEHOLD 2. HOUSEHOLD PANEL MOVED OUT IN THE SAME VILLAGE 3. HOUSEHOLD PANEL NOT MOVING →B0.61
B0.91	GPS COORDINATES: 1. LATITUDE [] [] [] ° [] [] [] [] ' 2. LONGITUDE [] [] [] ° [] [] [] [] '	

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 : 1. _____ 5. _____
B0.71	R W : 1. [] []
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	07. Maduranese	15. Chinese
	03. Batak	08. Balinese	16. Minahasa
	04. Minangkabau	09. Sasak	17. Osing
	05. Sundanese	10. Sumba	18. Mandar
	06. Javanese	11. Banjar	91. Other _____
		13. Makasar	

Insert and Ask Module
B0 (PREPENTED LR)

Instructions Roster G1.1

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 (HH) :	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 (HH HEAD) :	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 (HH MEMBERS) :	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	G.1.1B IS THIS [NAME] STILL LIVING IN THE HH? Yes, still in HH 1 No,moved from HH 2↓ No, deceased 3↓ New HH members 5 Other (Specify:_____) -96↓ Do not know..... -99↓	B1.1C Is [...] CHILD OF PANEL RESPOND EN? 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 [.....]? TT.....-99→G1.4	B1.5X AGE OF CHILD [G1.5] YEAR, MONTH? DON'T KNOW.....-99	G1.4 What is [NAME]'s birth date? INTERVIEWER INSTRUCTION : 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 5 2 3 -96_____ -99↓	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____	_____ 1 2 3	1 _____ 3 >=5 Yo	_____ 1 2 3	_____ 1 2 3	_____ 1 2 3 4 5
2	1 5 2 3 -96_____ -99↓	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____	_____ 1 2 3	1 _____ 3 >=5 Yo	_____ 1 2 3	_____ 1 2 3	_____ 1 2 3 4 5
3	1 5 2 3 -96_____ -99↓	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____	_____ 1 2 3	1 _____ 3 >=5 Yo	_____ 1 2 3	_____ 1 2 3	_____ 1 2 3 4 5
4	1 5 2 3 -96_____ -99↓	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____	_____ 1 2 3	1 _____ 3 >=5 Yo	_____ 1 2 3	_____ 1 2 3	_____ 1 2 3 4 5
5	1 5 2 3 -96_____ -99↓	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____	_____ 1 2 3	1 _____ 3 >=5 Yo	_____ 1 2 3	_____ 1 2 3	_____ 1 2 3 4 5
6	1 5 2 3 -96_____ -99↓	1 2	1 2	1 2 3 4 5 6 7 8 9 10 11 12 13 14 -96_____	_____ 1 2 3	1 _____ 3 >=5 Yo	_____ 1 2 3	_____ 1 2 3	_____ 1 2 3 4 5

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 HOUSEHOLD88 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 HOUSEHOLD88	Mother of [---]? INTERVIEWER CHECK: COPY THE ID CODE OF THIS PERSON'S MOTHER DECEASED...-77 NOT IN HOUSEHOLD88	INTERVIEWER CHECK G1.5 : CONFIRM TO RESPONDENT, IS [---] < 5 th OR OF CHILD PANEL (B1.1C=1)? 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	<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table><tr><td> </td><td> </td><td> </td></tr></table>				<table><tr><td> </td><td> </td><td> </td></tr></table>				1. CAREGIVER <table><tr><td> </td><td> </td></tr></table> 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	<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table><tr><td> </td><td> </td><td> </td></tr></table>				<table><tr><td> </td><td> </td><td> </td></tr></table>				1. CAREGIVER <table><tr><td> </td><td> </td></tr></table> 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	<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table><tr><td> </td><td> </td><td> </td></tr></table>				<table><tr><td> </td><td> </td><td> </td></tr></table>				1. CAREGIVER <table><tr><td> </td><td> </td></tr></table> 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	<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table><tr><td> </td><td> </td><td> </td></tr></table>				<table><tr><td> </td><td> </td><td> </td></tr></table>				1. CAREGIVER <table><tr><td> </td><td> </td></tr></table> 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	<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table><tr><td> </td><td> </td><td> </td></tr></table>				<table><tr><td> </td><td> </td><td> </td></tr></table>				1. CAREGIVER <table><tr><td> </td><td> </td></tr></table> 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	<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table><tr><td> </td><td> </td><td> </td></tr></table>				<table><tr><td> </td><td> </td><td> </td></tr></table>				1. CAREGIVER <table><tr><td> </td><td> </td></tr></table> 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?		Is [NAME] currently enrolled in school or was enrolled in school during the past 12 months? Yes 1 No 2→G2.11	How long does it take [NAME] to travel to school?	
			GRADE:	LEVEL :		TIME ONE WAY	
				DK....-99			
			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	_____	_____

CODE G2.4.	04. Vocational Junior high school	08. Academy D3	13. Open University	70. Madrasah	73. Madrasah Tsanawiyah	90. Kindergarten, play group
01.No/not yet attend school	05. General Senior high school	09. University, S1, S2, S3	14. Islamic School (Pesantren)	72. Madrasah Ibtidaiyah	74. Madrasah Aliyah	--96. Other, specify _____
02. Elementary school	06. Vocational Senior high school	11. Kejar Paket A	15. School for disabled			--99. DONT KNOW
03. General junior high school	07. Academy D1,D2	12. Kejar Paket B				

MODULE G2 (EDUCATION)

PID CODE	G2.9	G2.10						G2.11	G2.12						
	Is [NAME] currently on seasonal break / vacation ? Yes ... 1 No 2	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 absence4 No, didn't want to go.....5 No, other reason6 No, unknown reason7 No, due to school break/vacation.....31 DON'T KNOW -99						INTERVIEWER CHECK : AGE OF RESPONDENT G1.5 < 15 years old? Yes... 1 No 2➔ G3.2	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/co urses/Traini ng	c) Caring for children in hh	d) Housework	e) Work for pay	f) Work without pay	g) Watching TV
	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 (EMPLOYMENT)

P																				
PID	a		G3.2		G3.3		G3.4		G3.5		G3.6									
	Last week, was [NAME] ...? READ OUT EACH OPTION UNTIL RESPONDENT SAY "YES", AND WRITE ONLY THAT ANSWER.				Last week [NAME] did not look for work because				READ OUT EACH OPTION UNTIL RESPONDENT SAY THE FIRST "YES" AND WRITE THAT ANSWER.				In the last 12 months, did [NAME] do anything to earn income or help the family earn income?		In the last 12 months, has [NAME] helped in any way in a family business, whether paid or not?					
	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→G3.4 Retired/aged? 8→G3.4 Not working? 9 DON'T KNOW -99				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				Last week, did [NAME] ...? 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				Yes..... 1→B3.9 No 2 DK..... -99				Yes1 No2 ↓ DK -99 ↓			
	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 3→B3.9 4→G3.4 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 4→B3.9 5→G3.4 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 5→B3.9 6→G3.4 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 6→B3.9 7→G3.4 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 7→B3.9 8→G3.4 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 (EMPLOYMENT)

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	B3.9a	G3.9	G3.11A	G3.10A		
	Sector of work ? Agriculture, forestry, fishery, Hunting,Livestock.....1 Mining and exploration...2➔G3.9 Manufacturing industry...3➔G3.9 Electricity, gas and water..4➔G3.9 Construction.....5➔G3.9 Trade, retail, Restaurant and hotel..6➔G3.9 Transportatin, warehousing and communication.....7➔G3.9 Finance, insurance, building leasing, land and services...8➔G3.9 Public service.....9➔G3.9 Other.....96➔G3.9	WHAT CROPS OR LIVESTOCK DOES [...] FARM ? IF THERE ARE MORE THAN ONE PLANT/LIVESTOCK, SEPARATE WITH COMA	What was [NAME]'s status of employment ? Self-employed.....1 Employer, or boss of a business3 Employee2 Day Laborer.....5 Worker without remuneration...4	In this work, how many hours per week does [NAME] normally work? REFUSE TO ANSWER -98 DON'T KNOW -99	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		
				HOURS PER WEEK	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
2. Cassava
3. Other tubers
4. Soybean
5. Ground nut and other nutsn
6. Corn
7. Sugarcane
8. Chili
9. Clove
10. Tobacco
11. Vanilla
12. Cocoa
13. Coffe
14. Coconut
15. Onion
16. Bawang putih
17. Green vegetable
18. Other vegetable
19. Orange
20. Banana
21. Snake fruit
22. Grape
23. Durian
24. Mangosteen
25. Other fruits
26. Bamboo
27. Wood
28. Chicken egg
29. Fish/shrimp
30. goat
31. Cow (for milk, skint)
96. Other_____

MODULE G3 (EMPLOYMENT)
Part C: Additional Work

G1.1				ADDITIONAL WORK				B3.15	B3.16	B3.17	B3.18	
PID	NAME OF ART	AGE (Copy from G1.5 and G1.5X)		NUMBER OF ART	B3.12.	B3.12.A.	B3.13.					B3.14.
		Years	Months		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➔B3.15 DON'T KNOW. -99➔B3.15	What was [NAME]'s status of employment ? Self-employed.....A Employee.....B Employer, or boss of a businessC Worker without remunerationD Day Laborer.....E CIRCLE ALL APPLY	In this additional work, how many hours per week does [NAME] normally work?	How much total does [NAME] earn in this additional work? General DIDN'T RECEIVE SALARY OR WAGE0 REFUSE TO ANSWER...-98 DON'T KNOW -99				
					HOURS /WEEK	RUPIAH						
1				1	1 2 -99 ➔G3.15	A B C D E		per 4. Month 5. Year	2 -98 -99➔B3.18 1		1 2 31 32 -96 -98 -99	
2				2	1 2 -99 ➔G3.15	A B C D E		per 4. Month 5. Year	2 -98 -99➔B3.18 1		1 2 31 32 -96 -98 -99	
3				3	1 2 -99 ➔G3.15	A B C D E		per 4. Month 5. Year	2 -98 -99➔B3.18 1		1 2 31 32 -96 -98 -99	
4				4	1 2 -99 ➔G3.15	A B C D E		per 4. Month 5. Year	2 -98 -99➔B3.18 1		1 2 31 32 -96 -98 -99	
5				5	1 2 -99 ➔G3.15	A B C D E		per 4. Month 5. Year	2 -98 -99➔B3.18 1		1 2 31 32 -96 -98 -99	
6				6	1 2 -99 ➔G3.15	A B C D E		per 4. Month 5. Year	2 -98 -99➔B3.18 1		1 2 31 32 -96 -98 -99	

MODULE G4 (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 did 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 (<i>Kartu Sehat</i>) in the last 12 months?		Yes 1 No 2	
B4.7 Did your household receive fund from <i>Program Keluarga Harapan</i> in the last 12 months?		Yes 1 No 2	
B4.8 Did your household earn BLT fund in 2008?		Yes 1 No 2 → B4.10	
B4.9 The value of money has been accepted from BLT in 2008		Rp [] [] [] [] [] [] 1 Do not Know..... 2	
B4.10 How many times in a year does your household buy subsidized rice (<i>raskin</i>)?		[] [] [] times..... 1 0 time..... 2 → 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 [] [] [] [] [] [] [] []	
B4.13 Did you accept PNPM generasi program?		Yes 1 No 2	

Comment [I1]: Are there any new programs we should include here?

MODUL G6 (CHARACTERISTIC HOUSEHOLD)

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 current 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 _____ ha 2 .No ↓	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. _____
I. Simpanan uang (Cash or savings in a bank)	1. Yes 2 .No ↓	Rp. _____

MODUL G6 (CARACTERISTIC HOUSEHOLD)

G6.1 How many total rooms does your dwelling have? (IF DON'T KNOW WRITE -99)		TOTAL NUMBER ROOMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
--	--	--	--

G6.7 Are [.....] allowed in the house? <div> Yes 1 No 2 DON'T KNOW -99 </div>	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? <div>CIRCLE ONLY ONE.</div>	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? <div>CIRCLE ONLY ONE.</div>	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? <div> Weekly.....1 Montly.....3 Bi - Weekly.....2 Annually.....4 DON'T KNOW.....-99 </div>		Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		UNIT: 1 2 3 4

6B. RIVER		
How long you walk to the nearest river?		<input type="text"/> <input type="text"/> <input type="text"/> Minute
B.6B.1.	Household on river bank	0
	No river in the village.....	96 ➔ G7.0
	Always (100%)	1
	Often (70%)	2
	Sometimes (50%)	3
B.6B.2 Does your household use water from the river for drinking ?	Rarely (20%)	4
	Never (0%).....	5
	Always (100%)	1
	Often (70%)	2
	Sometimes (50%)	3
B.6B.3 Does your household use the river for bathing?	Rarely (20%)	4
	Never (0%).....	5
	Always (100%)	1
	Often (70%)	2
	Sometimes (50%)	3
B.6B.4 Does your household use the river for washing clothes and household utensils?	Rarely (20%)	4
	Never (0%).....	5
	Always (100%)	1
	Often (70%)	2
	Sometimes (50%)	3
B.6B.5 Does your household use the river for defecating?	Rarely (20%)	4
	Never (0%).....	5
	Always (100%)	1
	Often (70%)	2
	Sometimes (50%)	3
B.6B.6 Do children under 15 years old play in the river?	Rarely (20%)	4
	Yes, often.....	1
	Yes,sometimes	2
	No	3

NUM BER.	QUESTION	CATEGORY AND CODE
G7.0	Do you use the same water source year round, i.e. during the rainy and dry season?	YES, same source all year round..... 1 NO, change with the season.....2 DON'T KNOW.....-99
G7.1	What is the main source of DRINKING water for members of your household ?	PIPED WATER PIPED INTO DWELLING 1 → B7.7 PIPED INTO YARD / PLOT 2 → B7.7 PUBLIC TAP / STANDPIPE 3 TUBE WELL OR BOREHOLE 4 DUG WELL PROTECTED WELL 5 UNPROTECTED WELL 6 WATER FROM SPRING PROTECTED SPRING 7 UNPROTECTED SPRING 8 RAINWATER 9 TANKER TRUCK 10 CART WITH SMALL TANK 11 BOTTLED WATER 13 RIVER 31 DAM/LAKE/POND/CANAL/ IRRIGATION CHANNEL 32 OTHERS (Specify) -96
G7.3	Is this source covered?	CLOSED.....1 OPENED.....2 BOTH CLOSED AND OPENED.....3 DON'T KNOW..... -99
G7.2	Where is that water source located?	AT HOME..... 1 IN THE YARD/OWN FARM 2 IN OTHER PLACE 3
G7.4	How long does it take to go there, collect water, and come back?	MINUTE..... <input type="text"/> IN OWN DWELLING.....0 DON'T KNOW.....-99

NO.	QUESTION	CATEGORY AND CODE
G.7.4B.	How much time do you usually spend at the water source?	MINUTE..... <input type="text"/> IN OWN DWELLING.....0 DON'T KNOW.....-99
G.7.4C.	What do you usually do at the water source (other than collecting water)? CIRCLE ALL THAT APPLY	CHAT WITH NEIGHBORS/FRIENDS A WAIT IN LINE B NOTHING.....C OTHER (SPECIFY.....)..... V DON'T KNOW..... Y
G7.5	How often does your household collect water from this source?(FOR DRINKING WATER)	Trips <input type="text"/> times PER DAY WEEK..... MONTH DON'T KNOW..... Directly from the tap..... -97→ B7.7
G7.6	Who usually goes to this source to fetch water for your household?	ADULT WOMAN..... ADULT MAN..... FEMALE CHILD < 15 YEARS..... MALE CHILD < 15 YEARS OTHERS (Specify).....
B7.7	Are you satisfied with the <u>quality</u> of water that you obtain from this source?	Yes..... No
G7.7	Are you satisfied with the <u>quantity</u> of water that you obtain from this source?	Yes..... No
G.7.7B	How much did you initially pay for this water source? (connection, construction, or equipment)	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF DON'T KNOW, ENTER '-99' IF DID NOT PAY, ENTER '0'
G.7.8	Does your household pay (bill, tax, fee) for water from [SOURCE]?	YES.....1 NO2→G8.1 DON'T KNOW.....-99

Comment [LC2]: Note that we no longer have a separate column for wet and dry seasons.

Comment [LC3]: G.7.8 to G.7.10 dropped.

G.7.9	Do you obtain an unlimited amount of water for this payment?	YES.....1 NO2 DON'T KNOW.....-99
G.7.10	How much do you pay for water from [SOURCE]? IF DON'T KNOW ENTER -99, AND CIRCLE -99 FOR FREQUENCY	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER : DAY1 WEEK2 MONTH.....3 3 MONTHS4 6 MONTHS.....5 YEAR6 DON'T KNOW.....-99

MODUL G8 (DRINKING WATER)

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 Mineral water and using dispenser 31 ➔ G8.4
G8.3	How do you wash the primary storage container? DO NOT PROMPT. DO NOT READ OUT THE ANSWERS.	WATER ONLYA SOAP / DETERGENT / BLEACHB MUD C ASH D HOT WATERE OTHERS (SPECIFY.....)V DON'T KNOWY
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	G8.7A	G8.7B
What do you do to your water to prepare it for drinking? DO NOT READ OUT THE ANSWERS. CIRCLE ALL THAT APPLY. PLEASE CIRCLE ALL THE ANSWER FOR G8.5, BEFORE ASK G8.7A AND G8.7B	Yesterday (average per day) approximately how many liters of water did your household treat for drinking?	Approximately how much do you spend per month on this method for water treatment [...]?
BOIL..... A→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHLORINE B→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IODINE C→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SOLAR DISINFECTION (SODIS) ... D→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FILTER (MECHANICS, CERAMICS, SAND, ETC) E→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
STRAIN THROUGH A CLOTH F→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LET IT STAND AND SETTLE..... G→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Others (Specify.....) ... V→	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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
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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 ➔ B9.1a to Septic Tank.....2 ➔ B9.1c to Pit Latrine3 to Elsewhere.....4 ➔ B9.1a to Don't Know Where.....5 ➔ B9.1a Ventilated Improved Pit Latrine (VIP)6 Pit Latrine with Slab7 Composting Toilet.....8 Pit Latrine without Slab / Open Pit.....9 Bucket10 ➔ B9.1a Hanging Toilet / Hanging Latrine.....11 ➔ B9.1a No facility – bushes or open ground.....31 ➔ B9.1a No facility – river32 ➔ B9.1a No facility – beach33 ➔ B9.1a Others (Specify).....-96 ➔ B9.1a
G9.1B.	Is this a single pit or double pit latrine?	Single Pit1 Double Pit.....2 Don't Know-99
G.9.1C	How long ago was the pit in this latrine(septic tank) emptied?	Within past 1 month.....1 1-3 months ago.....2 4-6 months ago.....3 7-12 months ago.....4 >12 months ago.....5 Never, not yet need to empty latrine6 Never, lack of need not stated7 No pit in latrine-96 Don't Know-99
B9.1.a	Final Disposal of feces	Piped sewer system1 Septic Tank2 Pond/field rice.....4 River.....5 Lake/Sea6 Pit latrine7 Beach/ ground/ yard8 Others, (specify)-96 Don't Know-99

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
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 Other's toilet 3 ➔ G9.9
G9.3	Who proposed/ decided to install the latrine / toilet?	Individual household member Name PID [][] Multiple household members 101 Non-household members [household members who live outside, friends, 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 Materials0 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
G.9.7B.	In how many installments did you pay these costs?	Number of Installments..... Did not pay0 → G.9.7DX Don't know.....-99
G.9.7C.	Where did you obtain the money to pay for these costs?	From savings/ income1 Sale of asset 2 Borrowin.....3 Other (Specify, _____).....-96 Don't know -99
G.9.7DX.	Were non-financial resources obtained for the toilet facility	Yes.....1 None2→ G9.7E.1 Don't know.....-99→ G9.7E.1
G.9.7D.	approximately what was their value?	Rp _____ Don't know.....-99

	G9.7E.1	G9.7E.2
	In the last 12 months, which of the following expenses did your household have to pay in relation to the toilet facility?	Approximately how much were these costs?
a.Repairs of toilet	2. No ↓ -99. Don't Know ↓ 1. Yes →	Rp _____
b.Repairs of toilet room	2. No ↓ -99. Don't Know ↓ 1. Yes →	Rp _____
c.Fixing drainage problems	2. No ↓ -99. Don't Know ↓ 1. Yes →	Rp _____

d.Emptying septic tank/pit	2. No ↓ -99. Don't Know ↓ 1. Yes →	Rp _____
e.Other (Specify,_____)	2. No ↓ -99. Don't Know ↓ 1. Yes →	Rp _____
G.9.7a	Whose services did your household use to build the latrine / toilet in household? CIRCLE ALL THAT APPLY	Mason in your village.....A Mason outside the village.....B Community labour.....C Other.....V Building by themselves.....E
B.9.7.b	What source of information did you use about options available for types of facilities, supplies and costs? (Multiple responses allowed)	Masons.....A Local vendors.....B Neighbors/Family.....C Sanitarian.....D Village midwife.....E Other, Specify:V
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)..... A MORE HEALTHY FOR THE FAMILY B EASIER TO KEEP CLEAN C PRIVACY / DIGNITY D SAFETY / SECURITY..... E AVOID SDAYSNG WITH OTHERS F COMFORT G PRESTIGE / PRIDE H RESPONSE TO SANITATION PROMOTION PROGRAM..... I OTHERS (Specify) V
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
B.9.12a	In your opinion, what is the minimum total cost for building a latrine for your household in this neighbourhood? MAKE SURE TO EMPHASISE THIS IS THE CHEAPEST LATRINE THEY CAN PURCHASE	RP [] [] [] [] [] [] [] []
B.9.12b	Is this more or less than this time 2 years ago?	A LOT MORE 1 MORE 2 THE SAME 3 LESS..... 4 A LOT LESS 5 DON'T KNOW -99
B.9.12c	I know who to contact to access sanitation goods and services. [EXAMPLES: concrete, bricks, buckets, toilet pots, latrine design instructions, mason for latrine building]	YES 1 MAYBE 2 NO 3 DON'T KNOW -99
B.9.12d	Sanitation goods and services that I want are available	YES 1 MAYBE 2 NO 3 DON'T KNOW -99
B.9.12e	AFFORDABLE sanitation goods and services that I want are available to me.	YES 1 MAYBE 2 NO 3 DON'T KNOW -99
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.....A Improve current private latrine / toiletB ➔ G9.16 Help build a community latrine C ➔ G9.17 Request government or outside assistance for improving sanitation D ➔ G9.17 Nothing, satisfied with current situationE ➔ G9.17 Others (Specify)V ➔ G9.17 DON'T KNOW.....Y ➔ G9.17


G.9.13B.	Do you know hw much it would cost to install or improve a private latrine?	Yes1 No2 ➔ G9.13E Don't know.....-99➔ G9.13E
G.9.13C	If yes, how much?	Rp [] [] [] [] [] [] [] []
G.9.13D	Would you be willing to pay this amount?	Yes1 No2 Don't know.....-99
G.9.13E.	What is the maximum you would be willing to pay to install or improve a private latrine?	Rp [] [] [] [] [] [] [] []
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 COSTA NO ONE TO BUILD ITB MATERIALS NOT AVAILABLEC WATER TABLE / SOIL CONDITIONSD TOO COMPLEX TO BUILDE SAVINGS / CREDIT ISSUES.....F COMPETING PRIORITIES G TENANCY ISSUES (E.G., NO TITLE, RENTING, OTHER'S HOUSE)H LIMITED SPACE I PERMIT PROBLEMS J SATISFIED WITH CURRENT FACILITY.....K WATER NOT AVAILABLE L OTHERS (SPECIFY)-V

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) A MORE HEALTHY FOR THE FAMILY..... B EASIER TO KEEP CLEAN..... C PRIVACY / DIGNITY..... D SAFETY / SECURITY E AVOID SDAYSNG WITH OTHERS..... F COMFORT G PRESTIGE / PRIDE H RESPONSE TO SANITATION PROMOTION PROGRAM I SEWAGE DISPOSAL IS FULL..... P OTHER (SPECIFY)..... V
B9.17	INTERVIEWER CHECK: IS RESPONDENT FEMALE?	NO 2 → CHANGE WITH FEMALE RESPONDENT → G9.17-20 YES1 NO OTHER WOMAN..... 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 No2 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 No2 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 No2 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.	Never1 Rarely2 Sometimes3 Often.....4 DON'T KNOW-99

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
G.9.21B.	How far away is the facility or place where you usually defecate?	METERS _____ Don't know-99
G.9.21C	How long does it take to get to the facility or place where you usually defecate?(in one way)	MINUTES _____ 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 A PIT / HOLE IN GROUND B OPEN SEWER / DRAIN..... C TOILET / LATRINE D GARBAGE..... E RIVER F BASIN / SINK..... G GIVE IT TO ANIMALS H OTHER (SPECIFY)..... V
B9.22C	Do you participate arisan for toilet?	Yes..... 1 No 2 → G9.23 NO ARISAN FOR TOILET -97 → G9.23
B9.22D	How much is the contribution for toilet arisan ?	RP [] [] [] [] Per: 1. week 2. two weeks 3. monts
B9.22E	How much did you received in last 12 months from this Arisan?	RP [] [] [] [] [] []

Comment [I4]: Deleted B.9.22a and B.9.22B because ethese will be covered in module 18.

Now, I am going to ask you questions about latrine use behavior in your household and community. ASK THE MOST KNOWLEDABLE MEMBER OF THE HOUSEHOLD ABOUT THE MEN, WOMEN, and CHILDREN UNDER FIVE IN THEIR HOUSEHOLD.

		HOUSEHOLD MEMBERS														
		A. Men	B. Women	C. Children Under 5												
G9.23	Do [HOUSEHOLD MEMBERS] practice open defecation?	Daily.....1 Occasionally/Seasonally.....2 Never.....3--> G.9.28 Don't Know.....-99→ G.9.28	Daily.....1 Occasionally/Seasonally.....2 Never.....3--> G.9.28 Don't Know.....-99→ G.9.28	Daily.....1 Occasionally/Seasonally.....2 Never.....3--> G.9.28 Don't Know.....-99→ G.9.28												
G9.24	Do [HOUSEHOLD MEMBERS] go to more or less the same area every time?	Yes.....1 No2. Don't Know.....-99	Yes.....1 No2. Don't Know.....-99	Yes.....1 No2. Don't Know.....-99												
G9.25	How long does it take to walk (one way) from your house to the most commonly visited place?	Minutes..... <table><tr><td></td><td></td><td></td><td></td></tr></table> Don't Know.....-99					Minutes..... <table><tr><td></td><td></td><td></td><td></td></tr></table> Don't Know.....-99					Minutes..... <table><tr><td></td><td></td><td></td><td></td></tr></table> Don't Know.....-99				
G9.26	Is it within the village or outside the village?	Within the Village1 Outside the Village2 Don't Know.....-99	Within the Village1 Outside the Village2 Don't Know.....-99	Within the Village1 Outside the Village2 Don't Know.....-99												
G9.27	What are the main reasons that [HOUSEHOLD MEMBERS] in your household practice open defecation? DO NOT READ RESPONSES CIRCLE ALL THAT APPLY	NO CHOICE (NOTHING ELSE IS AVAILABLE)...A PRIVACYB SAFETYC CONVENIENCED HABIT/ROUTINEE PREFERENCE TO USE THE BUSH RATHER THAN A TOILETF TOILET NOT AVAILABLE AT WORKG CHOOSE TO NOT SHARE TOILETS WITH IN-LAWS / EXTENDED FAMILY (OR CANNOT).....H OTHERV DON'T KNOW / NOT SURE-99	NO CHOICE (NOTHING ELSE IS AVAILABLE)...A PRIVACYB SAFETYC CONVENIENCED HABIT/ROUTINEE PREFERENCE TO USE THE BUSH RATHER THAN A TOILETF TOILET NOT AVAILABLE AT WORKG CHOOSE TO NOT SHARE TOILETS WITH IN-LAWS / EXTENDED FAMILY (OR CANNOT).....H OTHERV DON'T KNOW / NOT SURE-99	NO CHOICE (NOTHING ELSE IS AVAILABLE)...A PRIVACYB SAFETYC CONVENIENCED HABIT/ROUTINEE PREFERENCE TO USE THE BUSH RATHER THAN A TOILETF TOILET NOT AVAILABLE AT WORKG CHOOSE TO NOT SHARE TOILETS WITH IN-LAWS / EXTENDED FAMILY (OR CANNOT).....H OTHERV DON'T KNOW / NOT SURE-99												
G9.28	Do you know of other households in the community whose [HOUSEHOLD MEMBERS] practice OD, even if they might have a toilet or latrine at their house?	Yes, often1 Yes, sometimes2 No, never3 Don't Know.....-99	Yes, often1 Yes, sometimes2 No, never3 Don't Know.....-99	Yes, often1 Yes, sometimes2 No, never3 Don't Know.....-99												
G9.29	Do you see that children's stools are disposed in the yard/surrounding/community in your neighborhood/ river?			Yes, often 1 Yes, sometimes2 No, never3 Don't Know.....-99												

MODULE G31 MORTALITY

G.31.0	Enter the ID code of the most knowledgeable member of the household.			ID CODE: _____
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
	IF "NO", INVESTIGATE: Any baby who cried or showed signs of life, but only survived for a few hours or days?			No 2 ➔ Module R
				DON'T KNOW -99 ➔ Module R
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?
Male 1	day.....1		Aging..... 1	Wife / Husband..... 2
Female 2	month.....2		Accident or Physical Trauma.....2	Child / Adopted Child..... 3
	year.....3		Diarrhea..... 3	Grandchild..... 4
			Pneumonia / ARI (Acute Respiratory Infection)..... 4	Niece / Nephew..... 5
			Birth-related..... 5	Father / Mother..... 6
			Malaria..... 6	Sister / Brother..... 7
			TB (Tuberculosis)..... 7	Son-in-Law / Daughter-in-Law..... 8
			Other acute diseases..... 8	Brother-in-Law / Sister-in-Law..... 9
			Other chronic diseases..... 9	Grandfather / Grandmother..... 10
			Dengue fever 31	Father-in-Law / Mother-in-Law..... 11
			Other (Specify:.....).....-96	Resident Housekeeper..... 12
			Don't know.....-99	Resident Caregiver..... 13
	AGE	day / month / year		Non-Resident Caregiver..... 14
				Other (Specify:.....)....-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
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

MODUL R (DETERMINANT)

R2	Having latrine / water closet facility will avoid my family as the subject of gossip	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Sangat tidak set uju	3. Neutral
R4	Latrine/ water closet facility will make a village resident much better because they will not pollute the environment	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral
R7	Majority of those I know usually defecate in latrine/ water closet	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral
R11	If our grandfathers/ parents/ ancestors defecated in the open, then it is OK for us today	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral

R25	Having my own latrine/ water closet facility will prevent me/ my family from disease such as diarrhea	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral
R27	Defecating in the river is common, and everybody is doing so	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral
R31	It is acceptable for young children to defecate in the open	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral
R35	It is acceptable to defecate in the open if you can not access a toilet	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral
R40	Those who defecate in open air will not be accepted in the community they live in	1. Agree	11 Strongly Agree	12 Somehow Agree	2. Disagree	21 Somehow disagree	22 Strongly disagree	3. Neutral

MODULE G32(CHECK LIST OF INTERVIEWER)

Interviewer response only

G32.1	HAS EVERY PAGE BEEN MARKED? PLEASE CHECK.	YES1 NO3
G32.5	HAVE YOU GIVEN THE HOUSEHOLD THEIR COMPENSATION GIFT	YES1 NO3
G32.6	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>[SIGNATURE]</div>

Supervisor response only.

G32.7	HAS EVERY PAGE BEEN MARKED? PLEASE CHECK.	YES1 NO3
G32.12	PLEASE SIGN YOUR NAME AFFIRMING THAT YOU HAVE DILIGENTLY PERFORMED THESE CHECKS.	<div></div> <div>[SIGNATURE]</div>

INTERVIEWER NOTES:

CP1. WHO ARE PRESENT (OTHERS) EXCEPT RESPONDENT AND INTERVIEWER DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE A. NONE B. CHILDREN AGED 5 YEARS OLD OR LESS C. CHILDREN AGED MORE THAN 5 D. ADULT PEOPLE, HOUSEHOLD MEMBER E. ADULT, NON HOUSEHOLD MEMBER	CP2. WHAT IS YOUR ASSESMENT TOWARD RESPONDENT'S ANSWER ACCURACY? 1. VERRY GOOD 2. GOOD 3. FAIR 4. NOT GOOD 5. VERY BAD	CP3. WHAT IS YOUR ASSESMENT TOWARD RESPONDENT'S ATTENTION SINCERITY? 1. VERRY GOOD 2. GOOD 3. FAIR 4. NOT GOOD 5. VERY BAD
CP4. WHICH QUESTION IS DIFFICULT, EMBARRASSING OR CONFUSING FOR RESPONDENT? _____ _____ _____	CP5. WHICH QUESTION IS DIFFICULT, EMBARRASSING OR CONFUSING FOR RESPONDENT? _____ _____ _____	CP6. WHICH QUESTION IS INTERRESTING FOR RESPONDENT? _____ _____ _____
NOTES : a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____		