



REPUBLIC OF INDONESIA  
BPS STATISTICS-INDONESIA

2005 INTERCENSAL POPULATION SURVEY  
SAMPLE SURVEY



CONFIDENTIAL

SUPAS05-S

I. LOCATION IDENTIFICATION

|      |                                                 |                                |                                                                                     |
|------|-------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------|
| 101. | PROVINCE <sup>2</sup>                           |                                | <input type="text"/> <input type="text"/>                                           |
| 102. | REGENCY/MUNICIPALITY *)                         |                                | <input type="text"/> <input type="text"/>                                           |
| 103. | SUBDISTRICT                                     |                                | <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 104. | VILLAGE                                         |                                | <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 105. | VILLAGE CLASSIFICATION                          | 1 URBAN      2 RURAL           | <input type="text"/>                                                                |
| 106. | A. CENSUS BLOCK NUMBER                          |                                |                                                                                     |
|      | B. SUBCENSUS BLOCK NUMBER                       |                                |                                                                                     |
| 107. | SAMPLE CODE NUMBER                              |                                | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 108. | PHYSICAL BUILDING NUMBER/CENSUS BUILDING NUMBER | PBN:                      CBN: |                                                                                     |
| 109. | SELECTED HOUSEHOLD NUMBER                       |                                | <input type="text"/> <input type="text"/>                                           |

II. SUMMARY

|      |                                                     |                                           |
|------|-----------------------------------------------------|-------------------------------------------|
| 201. | NAME OF THE HEAD OF HOUSEHOLD:                      |                                           |
| 202. | NUMBER OF HOUSEHOLD MEMBER (HH MEMBER)              | <input type="text"/> <input type="text"/> |
| 203. | NUMBER OF HH MEMBER AGED 5 YEARS AND OVER           | <input type="text"/> <input type="text"/> |
| 204. | NUMBER OF HH MEMBER AGED 10 YEARS AND OVER          | <input type="text"/> <input type="text"/> |
| 205. | NUMBER OF HH MEMBER AGED 60 YEARS AND OVER          | <input type="text"/> <input type="text"/> |
| 206. | NUMBER OF EVER MARRIED WOMEN AGED 10 YEARS AND OVER | <input type="text"/> <input type="text"/> |
| 207. | NUMBER OF DEAD PEOPLE                               | <input type="text"/> <input type="text"/> |

III. ENUMERATOR PARTICULARS

|      |                                                                                                                                                                                         |                                                                                                          |      |                                                                                                                                                                                            |                                                                                                          |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 301. | ID NUMBER OF ENUMERATOR:                                                                                                                                                                | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 304. | ID NUMBER OF SUPERVISOR:                                                                                                                                                                   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 302. | TYPE OF ENUMERATOR:<br>1. BPS STAFF      2. SUBDIST. CENSUS COORDINATOR<br>3. TEMPORARY PERSONEL                                                                                        | <input type="text"/>                                                                                     | 305. | TYPE OF SUPERVISOR:<br>1. BPS STAFF      2. SUBDIST. CENSUS COORDINATOR<br>3. TEMPORARY PERSONEL                                                                                           | <input type="text"/>                                                                                     |
| 303. | ENUMERATOR STATEMENT:<br><br>THIS QUESTIONNAIRE SERIOUSLY I FILL PERSUANT TO INTERVIEW WITH RESPONDENT OF HOUSEHOLD MEMBER<br>DATE : _____<br><br>SIGNATURE : ( _____ )<br>NAME : _____ |                                                                                                          | 306. | SUPERVISOR STATEMENT:<br><br>THIS QUESTIONNAIRE IS REALLY IN MY OBSERVATION AND I HAVE CHECKED ACCORDING TO GUIDANCE BOOK<br><br>DATE : _____<br><br>SIGNATURE : ( _____ )<br>NAME : _____ |                                                                                                          |

\*) Cross out category not used

# IV.A. LIST OF HOUSEHOLD MEMBERS

| NO. | 401.<br>Who usually live and eat in this household wether adult children or babies?<br>NAME OF HOUSEHOLD MEMBERS | 402.<br>What is the relationship of (NAME) to the head of the household?<br>(CODE) | 403.<br>Is (NAME) male or female?<br><br>MALE 1<br>FEMALE 2 | 404.<br>How old is (NAME)?<br>(YEAR) | 405.<br>What is (NAME)'S marital status?<br>(CODE) | 406.<br>0-4 YEARS<br>Does (NAME) have birth certificate from Civil Registration?<br>YES 1<br>NO 2 | 407.<br>≥ 17 YEARS OR EVER MARRIED<br>Does (NAME) have Identity Card?<br>YES 1<br>NO 2 | 408.<br>CHECK<br>IS SHE EVER MARRIED WOMAN AGED 10 YEARS AND OVER<br>YES 1<br>NO 2 |
|-----|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|     | (1)                                                                                                              | (2)                                                                                | (3)                                                         | (4)                                  | (5)                                                | (6)                                                                                               | (7)                                                                                    | (8)                                                                                |
| 01. |                                                                                                                  | 1                                                                                  |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 02. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 03. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 04. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 05. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 06. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 07. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 08. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 09. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |
| 10. |                                                                                                                  |                                                                                    |                                                             |                                      |                                                    |                                                                                                   |                                                                                        |                                                                                    |

GIVE CHECK SIGN ☒ IN THE CORESPONDING BOX. To assure that nothing gone beyond:

- Are there any other persons such as children or infant who have not been listed?
- Are there any people who are not your family members such as housemaid, lodger, or friend who usually live here?
- Are there any guests or temporary visitors staying here for six months or more who have not been listed?
- Are there any other people who usually live here but have gone away for less than six months?
- Are there any people who have been listed as member of household who have gone away for less than six months but intend to move?

- ☐ YES → WRITE IN THE TABLE NO ☐
- ☐ YES → WRITE IN THE TABLE NO ☐
- ☐ YES → WRITE IN THE TABLE NO ☐
- ☐ YES → WRITE IN THE TABLE NO ☐
- ☐ YES → DROP FROM THE TABLE NO ☐

CODE Column (3) Block IV.A. relationship to the head of household:

1 = Head of HH 3 = Child 5 = Grandchild 7 = Other Relative 9 = Other  
2 = Spouse 4 = Son/Daughter in Law 6 = Parent/Parent in Law 8 = Housemaid

CODE Column (6) Block IV.A. marital status:

1 = Single 3 = Divorced  
2 = Married 4 = Widowed

## IV.B. OCCURENCE OF DEATH SINCE JANUARY 2002

| NO. | 409.<br>DEAD PERSON NAME<br>Who is the name of dead person? | 410.<br>What year did (NAME) die? | 411.<br>Sex of (NAME)?<br><br>MALE 1<br>FEMALE 2 | 412.<br>How old was (NAME) when (NAME) died? |                                 | 413.<br>What cause (NAME) died?<br>(CODE) | 414.<br>WOMEN 10 YEARS OLD AND OVER<br>Did (NAME) die: |                               |                                                                      |
|-----|-------------------------------------------------------------|-----------------------------------|--------------------------------------------------|----------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------------------------------|-------------------------------|----------------------------------------------------------------------|
|     |                                                             |                                   |                                                  | Less than 2 years (AGE IN MONTH)             | More than 2 years (AGE IN YEAR) |                                           | During pregnancy?                                      | During delivery/ miscarriage? | Postnatal period or within 2 months after childbearing/ miscarriage? |
| (1) | (2)                                                         | (3)                               | (4)                                              | (5)                                          | (6)                             | (7)                                       | (8)                                                    | (9)                           | (10)                                                                 |
| 01. |                                                             |                                   |                                                  | MONTH                                        | YEAR                            |                                           | YES ..... 1<br>NO ..... 2                              | YES ..... 1<br>NO ..... 2     | YES ..... 1<br>NO ..... 2                                            |
| 02. |                                                             |                                   |                                                  |                                              |                                 |                                           | YES ..... 1<br>NO ..... 2                              | YES ..... 1<br>NO ..... 2     | YES ..... 1<br>NO ..... 2                                            |
| 03. |                                                             |                                   |                                                  |                                              |                                 |                                           | YES ..... 1<br>NO ..... 2                              | YES ..... 1<br>NO ..... 2     | YES ..... 1<br>NO ..... 2                                            |
| 04. |                                                             |                                   |                                                  |                                              |                                 |                                           | YES ..... 1<br>NO ..... 2                              | YES ..... 1<br>NO ..... 2     | YES ..... 1<br>NO ..... 2                                            |

CODE Column (7) Block IV.B. Cause of Death

1 = Traffic Accident 2 = Not traffic accident 3 = Not an accident

# V.A. VITAL OCCURENCE REPORT

|      |                                                                                                                                               |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 501. | Does this household have a Family Card from current residence?<br><br>YES ..... 1 → Q.503<br>NO ..... 2                                       |
| 502. | Does this household have a Family Card with other address?<br><br>YES ..... 1<br>NO ..... 2                                                   |
| 503. | Does this household have experience of birth occurence since one year ago?<br><br>YES ..... 1<br>NO ..... 2 → Q.506                           |
| 504. | Has the birth been reported to the village office?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3 → Q.506                            |
| 505. | Does the birth report get birth statement letter from the village office?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3             |
| 506. | Does this household have experience of death occurence since one year ago?<br><br>YES ..... 1<br>NO ..... 2 → Q.509                           |
| 507. | Has the death been reported to the village office?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3 → .509                             |
| 508. | Does the death report get death statement letter from the village office?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3             |
| 509. | Are there any members or ex-members of this household who move out to other village since a year ago?<br><br>YES ..... 1<br>NO ..... 2 → .512 |
| 510. | Has the moving out been reported to the village office?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3 → Q.512                       |

|      |                                                                                                                                                                                                                       |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 511. | Does the moving out report get moving out statement letter from the village office?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3                                                                           |
| 512. | Are there any members or ex-members of this household who move in to this village from other village since a year ago?<br><br>YES ..... 1<br>NO ..... 2 → Q.515                                                       |
| 513. | Has the moving in been reported to the village office?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3 → Q.515                                                                                                |
| 514. | Does the moving in report to be noted as this village resident or in order to get moving in statement letter or Family Card or Identity Card of this village?<br><br>YES ..... 1<br>YES, PARTLY ..... 2<br>NO ..... 3 |

## V.B. HOUSING CONDITION

|      |                                                                                                                                                                                                                         |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 515. | What is the ownership of this dwelling unit?<br><br>SELF-OWNED ..... 01<br>CONTRACT ..... 02<br>RENT ..... 03<br>FREE ..... 04<br>OFFICIAL ..... 05<br>PARENT/RELATIVES-OWNED ..... 06<br>OTHER ( ..... ) 96<br>SPECIFY |
| 516. | PRIMARY CONSTRUCTION MATERIAL OF ROOF<br><br>CONCRETE ..... 1<br>WOOD ..... 2<br>TILE ..... 3<br>ASBESTOS/ZINC ..... 4<br>SUGAR PALM FIBER/LEAVES ..... 5<br>OTHER ( ..... ) 6<br>SPECIFY                               |
| 517. | PRIMARY CONSTRUCTION MATERIAL OUTER WALL<br><br>BRICK ..... 1<br>WOOD ..... 2<br>BAMBOO ..... 3<br>OTHER ( ..... ) 6<br>SPECIFY                                                                                         |

518. PRIMARY CONSTRUCTION MATERIAL OF FLOOR

|                              |    |
|------------------------------|----|
| CERAMIC/MARBLE/GRANITE ..... | 01 |
| TILE .....                   | 02 |
| CEMENT/BRICK .....           | 03 |
| WOOD .....                   | 04 |
| BAMBOO .....                 | 05 |
| EARTH .....                  | 06 |
| OTHER ( .....) 96            |    |

TULISKAN

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519. FLOOR AREA <sup>2</sup> ..... M<sup>2</sup>

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520. What is the primary lighting in this dwelling unit?

|                     |   |
|---------------------|---|
| ELECTRICITY .....   | 1 |
| GAS .....           | 2 |
| PUMP LAMP .....     | 3 |
| KEROSENE LAMP ..... | 4 |
| OTHER ( ..... ) 6   |   |

SPECIFY

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521. What is the primary cooking fuel used in this household?

|                    |    |
|--------------------|----|
| ELECTRICITY .....  | 01 |
| GAS .....          | 02 |
| KEROSENE .....     | 03 |
| COAL .....         | 04 |
| CHARCOAL .....     | 05 |
| WOOD .....         | 06 |
| OTHER ( ..... ) 96 |    |

SPECIFY

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522. What is the primary source of drinking water for this household members?

|                        |    |         |
|------------------------|----|---------|
| PIPED WATER .....      | 01 | → Q.524 |
| COVERED WELL .....     | 02 |         |
| UNCOVERED WELL .....   | 03 |         |
| COVERED SPRING .....   | 04 |         |
| UNCOVERED SPRING ..... | 05 |         |
| RIVER .....            | 06 |         |
| LAKE/DAM .....         | 07 | → Q.524 |
| RAIN WATER .....       | 08 |         |
| BOTTLED WATER .....    | 09 |         |
| OTHER ( ..... ) 96     |    |         |

SPECIFY

523. How far is the distance between the well and the nearest cespool?

..... M

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524. Where are the household members take a bath?

|                        |   |
|------------------------|---|
| PRIVATE BATHROOM ..... | 1 |
| SHARED BATHROOM .....  | 2 |
| PUBLIC BATHROOM .....  | 3 |
| OTHER ( ..... ) 6      |   |

SPECIFY

---

525. What kind of toilet facility does your household have?

|                           |    |
|---------------------------|----|
| PRIVATE TOILET            |    |
| WITH SEPTIC TANK .....    | 01 |
| PRIVATE TOILET            |    |
| WITH NO SEPTIC TANK ..... | 02 |
| SHARED TOILET .....       | 03 |
| PUBLIC TOILET .....       | 04 |
| RIVER .....               | 05 |
| PIT .....                 | 06 |
| YARD/BUSH/FOREST .....    | 07 |
| OTHER ( ..... ) 96        |    |

SPECIFY

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526. Do any your household members own:

|                            | YA | TIDAK |
|----------------------------|----|-------|
| CAR/TRUCK .....            | 1  | 2     |
| MOTORCYCLE/MOTORBOAT ..... | 3  | 4     |
| BICYCLE/ROWBOAT .....      | 5  | 6     |
| RADIO/TAPE/VCD .....       | 7  | 8     |
| TELEVISION .....           | 9  | 1     |
| TELEPHONE/HANDPHONE .....  | 2  | 3     |
| REFRIGERATOR .....         | 4  | 5     |

**FILLED BY SUPERVISOR**

GIVE CHECK SIGN ☒ IN THE CORESPONDING BOX. TO ASSURE BLOCK VI WAS ALREADY FILLED:

|                                                                                                                                     |                                    |                    |                               |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|-------------------------------|
| 1) ARE THERE AGE QUESTIONS (Q.404 AND Q.603) NOT FILLED YET?                                                                        | YES <input type="checkbox"/> →     | WRITE IN THE LIST  | NO <input type="checkbox"/>   |
| 2) IS AGE IN Q.404 ALREADY THE SAME AS Q.603 FOR EACH HOUSEHOLD MEMBER?                                                             | NOT YET <input type="checkbox"/> → | CORRECT THE ANSWER | DONE <input type="checkbox"/> |
| 3) ARE ANY Q.601 – Q.610 FOR EACH HOUSEHOLD MEMBER NOT FILLED YET?                                                                  | YES <input type="checkbox"/> →     | WRITE IN THE LIST  | NO <input type="checkbox"/>   |
| 4) ARE THERE ANY HOUSEHOLD MEMBER AGED 5 YEARS AND OVER ((Q.603) ≥ 5) AND Q.611 – Q.625 FOR EACH HOUSEHOLD MEMBER NOT FILLED YET?   | YES <input type="checkbox"/> →     | WRITE IN THE LIST  | NO <input type="checkbox"/>   |
| 5) ARE THERE ANY HOUSEHOLD MEMBER AGED 10 YEARS AND OVER ((Q.603) ≥ 10) AND Q.626 – Q.629 FOR EACH HOUSEHOLD MEMBER NOT YET FILLED? | YES <input type="checkbox"/> →     | WRITE IN THE LIST  | NO <input type="checkbox"/>   |
| 6) ARE THERE ANY HOUSEHOLD MEMBER AGED 60 YEARS AND OVER ((Q.603) ≥ 60) AND Q.630 – Q.639 FOR EACH HOUSEHOLD MEMBER NOT YET FILLED? | YES <input type="checkbox"/> →     | WRITE IN THE LIST  | NO <input type="checkbox"/>   |

# VI. CHARACTERISTICS OF INDIVIDUAL HOUSEHOLD MEMBERS

## VIA. HOUSEHOLD MEMBERS OF ALL AGE

|      |                                                                             |                                                 |                      |                      |
|------|-----------------------------------------------------------------------------|-------------------------------------------------|----------------------|----------------------|
| 601. | NAME: _____                                                                 | NO. HH MEMBER                                   | <input type="text"/> | <input type="text"/> |
| 602. | When were you born?                                                         |                                                 |                      |                      |
|      | MONTH : _____                                                               | <input type="text"/>                            | <input type="text"/> |                      |
|      | YEAR : _____                                                                | <input type="text"/>                            | <input type="text"/> | <input type="text"/> |
| 603. | WRITE AGE AT THE LAST BIRTHDAY. IF MONTH AND YEAR OF BIRTH IS UNKNOWN, ASK: |                                                 |                      |                      |
|      | How old are you now? _____ Year                                             |                                                 |                      | <input type="text"/> |
| 604. | What is your religion?                                                      |                                                 |                      |                      |
|      | MOSLEM ..... 01                                                             | BUDHIST ..... 05                                |                      |                      |
|      | CATHOLIC ..... 02                                                           | CONFUCIAN ..... 06                              |                      |                      |
|      | PROTESTANT ..... 03                                                         | OTHER (_____) 96                                |                      |                      |
|      | HINDU ..... 04                                                              | SPECIFY                                         |                      |                      |
| 605. | What is your citizenship status?                                            |                                                 |                      |                      |
|      | INDONESIAN ..... 1                                                          | → Q.606.a                                       |                      |                      |
|      | FOREIGNER ..... 2                                                           | → Q.606.b                                       |                      |                      |
| 606. | a. What is your ethnicity?                                                  |                                                 |                      |                      |
|      | _____                                                                       |                                                 |                      |                      |
|      | SPECIFY                                                                     |                                                 |                      |                      |
|      | ISLAND/ARCHIPELAGO OF ETHNICITY                                             |                                                 |                      |                      |
|      | SUMATERA ..... 1                                                            |                                                 |                      |                      |
|      | JAWA ..... 3                                                                |                                                 |                      |                      |
|      | NUSA TENGGARA ..... 5                                                       |                                                 |                      |                      |
|      | KALIMANTAN ..... 6                                                          | <input type="text"/>                            | <input type="text"/> | <input type="text"/> |
|      | SULAWESI ..... 7                                                            | <input type="text"/>                            | <input type="text"/> | <input type="text"/> |
|      | MALUKU ..... 8                                                              | ETHNICITY GROUP                                 | ETHNICITY CODE       |                      |
|      | PAPUA ..... 9                                                               | (FILLED BY SUPERVISOR)                          |                      |                      |
|      | FOREIGN ..... 0                                                             |                                                 |                      |                      |
|      | b. What is your citizenship?                                                |                                                 |                      |                      |
|      | _____                                                                       |                                                 |                      |                      |
|      | SPECIFY (FILLED BY SUPERVISOR)                                              |                                                 |                      |                      |
| 607. | Where were you born?                                                        |                                                 |                      |                      |
|      | PROPINSI : _____                                                            | <input type="text"/>                            | <input type="text"/> |                      |
|      | REGENCY/MUNICIPALITY*): _____                                               | <input type="text"/>                            | <input type="text"/> |                      |
|      | (FILLED BY SUPERVISOR)                                                      |                                                 |                      |                      |
| 608. | Did you ever live in other regencies/municipalities?                        |                                                 |                      |                      |
|      | YES ..... 1                                                                 |                                                 |                      |                      |
|      | NO ..... 2                                                                  | IF AGE IS LESS THAN 5 YEARS<br>→ NEXT HH MEMBER |                      |                      |
|      |                                                                             | IF AGE IS 5 YEARS AND OVER → Q.616              |                      |                      |
| 609. | Where was your last residence before you live in current residence?         |                                                 |                      |                      |
|      | PROVINCE : _____                                                            | <input type="text"/>                            | <input type="text"/> |                      |
|      | REGENCY/MUNICIPALITY*): _____                                               | <input type="text"/>                            | <input type="text"/> |                      |
|      | (FILLED BY SUPERVISOR)                                                      |                                                 |                      |                      |
| 610. | How long have you been lived in this current regency/municipality?          |                                                 |                      |                      |
|      | _____ Years                                                                 | <input type="text"/>                            | <input type="text"/> |                      |

## VI. B. HOUSEHOLD MEMBER OF 5 YEARS AND OVER

|      |                                                                      |                                              |
|------|----------------------------------------------------------------------|----------------------------------------------|
| 611. | Do you return to your hometown periodically?                         |                                              |
|      | YES ..... 1                                                          | NO ..... 2 → Q.613                           |
| 612. | How often do you return to your hometown?                            |                                              |
|      | AT LEAST ONCE A WEEK ..... 1                                         |                                              |
|      | ONCE A MONTH ..... 2                                                 |                                              |
|      | AT LEAST ONCE IN SIX MONTHS ..... 3                                  |                                              |
|      | SELDOM ..... 4                                                       |                                              |
| 613. | SEE Q.610                                                            |                                              |
|      | 4 YEARS OR LESS <input type="text"/>                                 | 5 YEARS OR OVER <input type="text"/> → Q.616 |
| 614. | Where did you live in 5 years ago (June 2000)?                       |                                              |
|      | PROVINCE : _____                                                     | <input type="text"/>                         |
|      | REGENCY/MUNICIPALITY*): _____                                        | <input type="text"/>                         |
|      | (FILLED BY SUPERVISOR)                                               |                                              |
| 615. | What was your main reason moving from your residence five years ago? |                                              |
|      | OCCUPATION ..... 01                                                  |                                              |
|      | LOOKING FOR WORK ..... 02                                            |                                              |
|      | EDUCATION ..... 03                                                   |                                              |
|      | MARITAL STATUS CHANGE ..... 04                                       |                                              |
|      | FOLLOWING SPOUSE/PARENT/CHILDREN ..... 05                            |                                              |
|      | FOLLOWING SIBLING/OTHER RELATIVES ..... 06                           |                                              |
|      | HOUSING ..... 07                                                     |                                              |
|      | SECURITY ..... 08                                                    |                                              |
|      | OTHER (_____) 96                                                     |                                              |
|      | SPECIFY                                                              |                                              |
| 616. | Do you ever or still attend school?                                  |                                              |
|      | NEVER/NOT YET ATTENDED SCHOOL ..... 1                                | → Q.620                                      |
|      | ATTENDING SCHOOL ..... 2                                             |                                              |
|      | NOT ATTENDING SCHOOL ANY MORE ..... 3                                |                                              |
| 617. | What is your completed highest level or still attend of education ?  |                                              |
|      | PRIMARY SCHOOL ..... 1                                               | DIPLOMA I/II ..... 5                         |
|      | JUNIOR HIGH SCHOOL ..... 2                                           | DIPLOMA III/BACHELOR ..... 6                 |
|      | SENIOR HIGH SCHOOL ..... 3                                           | DIPLOMA IV/UNDER GRADUATE ..... 7            |
|      | VOCATIONAL SENIOR HIGH SCHOOL ..... 4                                | POSTGRADUATE ..... 8                         |
| 618. | What is your highest grade of attended/attending education?          |                                              |
|      | COMPLETED = 7 <input type="text"/>                                   |                                              |
| 619. | What is your highest level of educational attainment?                |                                              |
|      | NONE ..... 1                                                         | DIPLOMA I/II ..... 6                         |
|      | PRIMARY SCHOOL ..... 2                                               | DIPLOMA III/BACHELOR ..... 7                 |
|      | JUNIOR HIGH SCHOOL ..... 3                                           | DIPLOMA IV/UNDER GRADUATE ..... 8            |
|      | SENIOR HIGH SCHOOL ..... 4                                           | POSTGRADUATE ..... 9                         |
|      | VOCATIONAL SENIOR HIGH SCHOOL ..... 5                                |                                              |
| 620. | Do you able to read and write?                                       |                                              |
|      | Latin Letter? YES .... 1 NO .... 2                                   |                                              |
|      | Arabic Letter? YES .... 3 NO .... 4                                  |                                              |
|      | Other Letter? (_____) YES .... 6 NO .... 5                           |                                              |
|      | SPECIFY                                                              |                                              |

\* ) Cross out category not used

621. Do you have activities such as working, attending school, taking courses, etc in other regency/municipality routinely go and come daily to this house?

YES ..... 1 NO ..... 2 → Q. 626

622. What is your primary activity there?

WORKING ..... 1 TAKING COURSE ..... 3  
ATTENDING SCHOOL ... 2 OTHER ( ) 6  
SPECIFY

623. How far does the distance from home to activity place?

\_\_\_\_\_ Km

624. How long does it take from your house to activity place?

\_\_\_\_\_ MINUTES

625. What kind of transportation do you commonly use to and from activity place?

|                        | Go  |    | Come Home |    |
|------------------------|-----|----|-----------|----|
|                        | YES | NO | YES       | NO |
| PUBLIC TRANSPORTATION  | 1   | 2  | 3         | 4  |
| SHARED TRANSPORTATION  | 5   | 6  | 7         | 8  |
| PRIVATE TRANSPORTATION | 9   | 1  | 2         | 3  |
| WITHOUT TRANSPORTATION | 4   | 5  | 6         | 7  |

**V.I.C. HOUSEHOLD MEMBER OF 16 YEARS AND OVER**

626. a. Do you WORK during a week ago, at least one hour in order to earn money or goods?

YES ..... 1 → Q.627  
NO ..... 2

b. Do you have work or business but temporarily YOU DO NOT WORK during a week ago?

YES ..... 1  
NO ..... 2 → IF AGE IS LESS THAN 60 YEARS → NEXT HH MEMBER  
→ IF AGE IS 60 YEARS AND OVER → Q.630

627. Main industry of your work (WRITE COMPLETELY)

\_\_\_\_\_     
(FILLED BY CBS)

628. Classification of occupation of main work (WRITE COMPLETELY)

\_\_\_\_\_     
(FILLED BY CBS)

629. Employment status of main work

OWN ACCOUNT WORKER ..... 1  
SELF EMPLOYED ASSISTED BY TEMPORARY EMPLOYEE/UNPAID EMPLOYEE ..... 2  
EMPLOYER ..... 3  
REGULAR EMPLOYEE ..... 4  
CASUAL EMPLOYEE IN AGRICULTURE ..... 5  
CASUAL EMPLOYEE NOT IN AGRICULTURE ..... 6  
UNPAID WORKER ..... 7

**V.I.D. HOUSEHOLD MEMBER OF 6 YEARS AND OVER**

630. In last six-month, do you earn money or goods from:

|                                  | YES | NO |
|----------------------------------|-----|----|
| Work/Business?                   | 1   | 2  |
| Retired money/Social security?   | 3   | 4  |
| Interest/Deposit?                | 5   | 6  |
| Share/Obligation/Securities?     | 7   | 8  |
| Spouse?                          | 9   | 1  |
| Children/Son or daughter in law? | 2   | 3  |
| Relative/Other Family?           | 4   | 5  |
| Other people?                    | 6   | 7  |

631. SEE Q.630, IF THERE IS "YES" WHICH ENCIRCLED, ASK: Which is the biggest source among others?

WRITE "YES" CODE

632. Is the earning source enough to fulfill everyday necessity?

YES ..... 1  
NO ..... 2

633. According to you, how is your health condition?

GOOD ... 1 ENOUGH ... 2 UNFAVOURABLE ... 3

634. Do you need and use appliance assist?

|              | NEED |    | USE |    |
|--------------|------|----|-----|----|
|              | YES  | NO | YES | NO |
| Eye-glasses? | 1    | 2  | 3   | 4  |
| Hearing-aid? | 5    | 6  | 7   | 8  |
| Walking-aid? | 9    | 1  | 2   | 3  |

635. IF THERE IS ANY "YES-NEED" IN Q.634 BUT "NO-USE", ASK: What is your reason of not using it?

|              | UNABLE TO BUY | NOT AVAILABLE | OTHER |
|--------------|---------------|---------------|-------|
| Eye-glasses? | 1             | 2             | 3     |
| Hearing-aid? | 4             | 5             | 6     |
| Walking-aid? | 7             | 8             | 9     |

636. In daily activities, do you need other people help in order to:

|                   | YES | NO |
|-------------------|-----|----|
| Dressing?         | 1   | 2  |
| Defecate/Urinate? | 3   | 4  |
| Bathing?          | 5   | 6  |
| Eating/Drinking?  | 7   | 8  |
| Preparing food?   | 9   | 1  |

637. SEE Q.636, IF THERE IS "YES" WHICH ENCIRCLED, ASK: Who does assist you in:

|                   | SPOUSE | CHILDREN | OTHER FAMILY | OTHER PEOPLE |
|-------------------|--------|----------|--------------|--------------|
| Dressing?         | 1      | 2        | 3            | 4            |
| Defecate/Urinate? | 1      | 2        | 3            | 4            |
| Bathing?          | 1      | 2        | 3            | 4            |
| Eating/Drinking?  | 1      | 2        | 3            | 4            |
| Preparing food?   | 1      | 2        | 3            | 4            |

638. In last six-month, do you:

|                              | YES | NO |
|------------------------------|-----|----|
| Watch television?            | 1   | 2  |
| Read/write?                  | 3   | 4  |
| Have vacation/travel?        | 5   | 6  |
| Do sport?                    | 7   | 8  |
| Do social activity?          | 9   | 1  |
| Do fishing?                  | 2   | 3  |
| Do decorative plant or fish? | 4   | 5  |

639. During a month ago, which is your main activity?

WRITE "YES" CODE

# VII. EVER MARRIED WOMEN AGED 10 YEARS AND OVER

## VII.A. MARRIAGE

|      |                                                                                                                                                                                                                                        |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 701. | NAME: _____ NO. OF MEMBERS <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                           |
| 702. | In what month and year was your first marriage?<br>MONTH : _____ <input type="checkbox"/> <input type="checkbox"/><br>YEAR : _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 703. | How old were you at your first marriage?<br>_____ YEAR <input type="checkbox"/> <input type="checkbox"/>                                                                                                                               |
| 704. | How many marriage have you done?<br>_____ TIMES <input type="checkbox"/>                                                                                                                                                               |
| 705. | How long have you been in matrimony?<br>_____ TAHUN <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                  |
| 706. | SEE Q.405 (RESPONDENT MARITAL STATUS)<br>MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> → Q.708                                                                                   |
| 707. | Does your husband live in this household?<br>YES ..... 1 → NO. OF HUSBAND <input type="checkbox"/> <input type="checkbox"/><br>NO ..... 2 → Q.709                                                                                      |
| 708. | How long do you live without a husband?<br>_____ YEARS <input type="checkbox"/> <input type="checkbox"/>                                                                                                                               |

## VII.B. FAMILY PLANNING

|      |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 709. | Have you ever used family planning method?<br>YES ..... 1 NO ..... 2 → Q.717                                                                                                                                                                                                                                                                                                                                      |
| 710. | What was your last family planning method?<br>FEMALE STERILIZATION ..... 01 IMPLANT 5 YEARS ..... 08<br>MALE STERILIZATION ..... 02 CONDOM ..... 09<br>PILL ..... 03 INTRAVAG/DIAPHRAGM ..... 10<br>IUD ..... 04 LAC AMEN METHOD ..... 11<br>INJECTION 1 MONTH ..... 05 PERIODIC ABSTINENCE ..... 12<br>INJECTION 3 MONTHS ..... 06 WITHDRAWAL ..... 13<br>IMPLANT 3 YEARS ..... 07 OTHER ( ) ..... 96<br>SPECIFY |
| 711. | SEE Q.405 (RESPONDENT MARITAL STATUS)<br>MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> → Q.718                                                                                                                                                                                                                                                              |
| 712. | Are you currently using any family planning method?<br>YES ..... 1 NO ..... 2 → Q.717                                                                                                                                                                                                                                                                                                                             |
| 713. | What method are you using?<br>FEMALE STERILIZATION ..... 01 IMPLANT 5 YEARS ..... 08<br>MALE STERILIZATION ..... 02 CONDOM ..... 09<br>PILL ..... 03 INTRAVAG/DIAPHRAGM ..... 10<br>IUD ..... 04 LAC AMEN METHOD ..... 11<br>INJECTION 1 MONTH ..... 05 PERIODIC ABSTINENCE ..... 12<br>INJECTION 3 MONTHS ..... 06 WITHDRAWAL ..... 13<br>IMPLANT 3 YEARS ..... 07 OTHER ( ) ..... 96<br>SPECIFY Q.718           |

714. Where did you obtain the method the last time?

PUBLIC SERVICE  
HOSPITAL ..... 11  
HEALTH CENTER ..... 12  
CLINIC ..... 13  
FP FIELDWORKER ..... 14  
FP MOBILE UNIT ..... 15  
OTHER ( ) ..... 16

SPECIFY

PRIVATE MEDICAL CENTER  
HOSPITAL ..... 21  
CLINIC ..... 22  
DOCTOR ..... 23  
VILLAGE MIDWIFE ..... 24  
PHARMACY/DRUG STORE ..... 25  
OTHER ( ) ..... 26

SPECIFY

OTHER  
POLINDES ..... 31  
HEALTH POST ..... 32  
FP POST ..... 33  
FRIEND/RELATIVE ..... 34  
SHOP ..... 35  
OTHER ( ) ..... 36

SPECIFY

DON'T KNOW ..... 98

715. When did you use family planning method the last time?

MONTH : \_\_\_\_\_ ☐ ☐  
YEAR : \_\_\_\_\_ ☐ ☐ ☐ ☐

716. Do you have to pay when you get family planning service at the last time?

YES ..... 1  
NO ..... 2 → Q.718

717. What is your primary reason for not using family planning method?

FERTILITY RELATED REASON  
NOT HAVING INFREQUENT SEX ..... 11  
MENOPAUSE/HISTERECTOMY ..... 12  
SUBFECUND/INFECUND ..... 13  
WANT CHILDREN AS MANY AS POSSIBLE ..... 14

OPPOSITION TO USE  
RESPONDENT OPPOSED ..... 21  
HUSBAND OPPOSED ..... 22  
OTHER OPPOSED ..... 23  
RELIGIOUS PROHIBITION ..... 24

LACK OF KNOWLEDGE  
KNOW NO METHOD ..... 31  
KNOW NO SOURCE ..... 32

METHOD RELATED REASON  
HEALTH CONCERN ..... 41  
FEAR OF SIDE EFFECTS ..... 42  
TOO FAR ..... 43  
COST TOO MUCH ..... 44  
INCONVENIENT ..... 45  
GAIN/LOSS WEIGHT ..... 46  
OTHER ( ) ..... 96

SPECIFY

DON'T KNOW ..... 98

| VII. D. FERTILITY                                                                                                                                                                        |                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 718. Have you ever given birth?<br>YES ..... 1<br>NO ..... 2 → Q.736                                                                                                                     | 721. How many sons and daughters to whom you have given birth who alive but do not live with you?<br><br>SONS <input type="text"/> <input type="text"/><br>DAUGHTERS <input type="text"/> <input type="text"/> |
| 719. How old were you at your first delivery?<br>_____ YEAR <input type="text"/> <input type="text"/>                                                                                    | 722. How many sons and daughters to whom you have given birth who alive but later died?<br><br>SONS <input type="text"/> <input type="text"/><br>DAUGHTERS <input type="text"/> <input type="text"/>           |
| 720. How many sons and daughters to whom you have given birth live with you?<br><br>SONS <input type="text"/> <input type="text"/><br>DAUGHTER <input type="text"/> <input type="text"/> | 723. TOTAL NUMBER OF SONS AND DAUGHTERS <input type="text"/> <input type="text"/>                                                                                                                              |

| VIII. BIRTH HISTORY OF CHILDREN<br>(For Ever Delivered Women) |                                         |                                    |                                                                                                                                             |                                                                                                                               |                                  |                                                                  |                                                 |                                                                                                                                                                                                                                                                                |                                                                                      |
|---------------------------------------------------------------|-----------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 724.<br>What name was given to your (first/next) baby?        | 725.<br>Were any of these births twins? | 726.<br>Is (NAME) a boy or a girl? | 727.<br>In what month and year was (NAME) born?<br><br>PROBE:<br>When was his/her last birthday?                                            | 728.<br>Who assisted with the delivery of (NAME)?                                                                             | 729.<br>Is (NAME) still alive?   | 730.<br>IF ALIVE<br>How old was (NAME) at his/her last birthday? | 731.<br>IF ALIVE<br>Is (NAME) living with you?? | 732.<br>IF DEAD<br>How old was (NAME) when he/she died?<br>IF "1 YEAR", PROBE:<br>How many months old was (NAME)?<br><br>RECORD IN DAYS IF LESS THAN 1 MONTH; IN MONTHS IF LESS THAN TWO YEARS, OR IN YEARS IF TWO YEARS AND OVER.<br>IF LESS THAN 1 DAY, RECORD "00" IN DAYS. | 733.<br>Were there any otherlive birth between (NAME OF PREVIOUS BIRTH) and (NAME) ? |
| 1.<br><br>_____<br>(NAME)                                     | SING ... 1<br><br>MULT... 2             | BOY ... 1<br><br>GIRL ... 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTENDANT ... 4<br>OTHER ... 8<br><input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>Q.732 → | AGE IN YEARS <input type="text"/> <input type="text"/>           | YES ... 1<br>NO ... 2<br>Q.733 →                | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS ... 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>                                                                                                        |                                                                                      |
| 2.<br><br>_____<br>(NAME)                                     | SING ... 1<br><br>MULT... 2             | BOY ... 1<br><br>GIRL ... 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTENDANT ... 4<br>OTHER ... 8<br><input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>Q.732 → | AGE IN YEARS <input type="text"/> <input type="text"/>           | YES ... 1<br>NO ... 2<br>Q.733 →                | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS ... 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>                                                                                                        | YES ... 1<br>NO ... 2                                                                |
| 3.<br><br>_____<br>(NAME)                                     | SING ... 1<br><br>MULT... 2             | BOY ... 1<br><br>GIRL ... 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTENDANT ... 4<br>OTHER ... 8<br><input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>Q.732 → | AGE IN YEARS <input type="text"/> <input type="text"/>           | YES ... 1<br>NO ... 2<br>Q.733 →                | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS ... 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>                                                                                                        | YES ... 1<br>NO ... 2                                                                |
| 4.<br><br>_____<br>(NAME)                                     | SING ... 1<br><br>MULT... 2             | BOY ... 1<br><br>GIRL ... 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTENDANT ... 4<br>OTHER ... 8<br><input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>Q.732 → | AGE IN YEARS <input type="text"/> <input type="text"/>           | YES ... 1<br>NO ... 2<br>Q.733 →                | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS ... 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>                                                                                                        | YES ... 1<br>NO ... 2                                                                |
| 5.<br><br>_____<br>(NAME)                                     | SING ... 1<br><br>MULT... 2             | BOY ... 1<br><br>GIRL ... 2        | MONTH <input type="text"/> <input type="text"/><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTENDANT ... 4<br>OTHER ... 8<br><input type="text"/> <input type="text"/> | YES ... 1<br>NO ... 2<br>Q.732 → | AGE IN YEARS <input type="text"/> <input type="text"/>           | YES ... 1<br>NO ... 2<br>Q.733 →                | DAYS ... 1 <input type="text"/> <input type="text"/><br>MONTHS ... 2 <input type="text"/> <input type="text"/><br>YEARS ... 3 <input type="text"/> <input type="text"/>                                                                                                        | YES ... 1<br>NO ... 2                                                                |

**VILD. BIRTH HISTORY OF CHILDREN**  
(For Ever Delivered Women)

| 724.                                           | 725.                                                                                                                                                       | 726.                        | 727.                                                                                     | 728.                                                                                        | 729.                             | 730.                                                     | 731.                                    | 732.                                                                                                                                                                                                                                                                       | 733.                                                                         |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| What name was given to your (first/next) baby? | Were any of these births twins?                                                                                                                            | Is (NAME) a boy or a girl?  | In what month and year was (NAME) born?<br><br>PROBE:<br>When was his/her last birthday? | Who assisted with the delivery of (NAME)?                                                   | Is (NAME) still alive?           | IF ALIVE<br>How old was (NAME) at his/her last birthday? | IF ALIVE<br>Is (NAME) living with you?? | IF DEAD<br>How old was (NAME) when he/she died?<br><br>IF "1 YEAR", PROBE:<br>How many months old was (NAME)?<br><br>RECORD IN DAYS IF LESS THAN 1 MONTH; IN MONTHS IF LESS THAN TWO YEARS; OR IN YEARS IF TWO YEARS AND OVER.<br>IF LESS THAN 1 DAY, RECORD "00" IN DAYS. | Were there any otherlive birth between (NAME OF PREVIOUS BIRTH) and (NAME) ? |
| 6.<br><br>(NAME)                               | SING ... 1<br><br>MULT ... 2                                                                                                                               | BOY ... 1<br><br>GIRL ... 2 | MONTH<br>[ ][ ]<br>YEAR<br>[ ][ ][ ][ ]                                                  | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTEN-DANT ... 4<br>OTHER ... 8<br>[ ][ ] | YES ... 1<br>NO ... 2<br>Q.732 ← | AGE IN YEARS<br>[ ][ ]                                   | YES ... 1<br>NO ... 2<br>Q.733 ←        | DAYS ... 1 [ ][ ]<br>MONTHS ... 2 [ ][ ]<br>YEARS ... 3 [ ][ ]                                                                                                                                                                                                             |                                                                              |
| 7.<br><br>(NAME)                               | SING ... 1<br><br>MULT ... 2                                                                                                                               | BOY ... 1<br><br>GIRL ... 2 | MONTH<br>[ ][ ]<br>YEAR<br>[ ][ ][ ][ ]                                                  | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTEN-DANT ... 4<br>OTHER ... 8<br>[ ][ ] | YES ... 1<br>NO ... 2<br>Q.732 ← | AGE IN YEARS<br>[ ][ ]                                   | YES ... 1<br>NO ... 2<br>Q.733 ←        | DAYS ... 1 [ ][ ]<br>MONTHS ... 2 [ ][ ]<br>YEARS ... 3 [ ][ ]                                                                                                                                                                                                             | YES ... 1<br>NO ... 2                                                        |
| 8.<br><br>(NAME)                               | SING ... 1<br><br>MULT ... 2                                                                                                                               | BOY ... 1<br><br>GIRL ... 2 | MONTH<br>[ ][ ]<br>YEAR<br>[ ][ ][ ][ ]                                                  | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTEN-DANT ... 4<br>OTHER ... 8<br>[ ][ ] | YES ... 1<br>NO ... 2<br>Q.732 ← | AGE IN YEARS<br>[ ][ ]                                   | YES ... 1<br>NO ... 2<br>Q.733 ←        | DAYS ... 1 [ ][ ]<br>MONTHS ... 2 [ ][ ]<br>YEARS ... 3 [ ][ ]                                                                                                                                                                                                             | YES ... 1<br>NO ... 2                                                        |
| 9.<br><br>(NAME)                               | SING ... 1<br><br>MULT ... 2                                                                                                                               | BOY ... 1<br><br>GIRL ... 2 | MONTH<br>[ ][ ]<br>YEAR<br>[ ][ ][ ][ ]                                                  | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTEN-DANT ... 4<br>OTHER ... 8<br>[ ][ ] | YES ... 1<br>NO ... 2<br>Q.732 ← | AGE IN YEARS<br>[ ][ ]                                   | YES ... 1<br>NO ... 2<br>Q.733 ←        | DAYS ... 1 [ ][ ]<br>MONTHS ... 2 [ ][ ]<br>YEARS ... 3 [ ][ ]                                                                                                                                                                                                             | YES ... 1<br>NO ... 2                                                        |
| 10.<br><br>(NAME)                              | SING ... 1<br><br>MULT ... 2                                                                                                                               | BOY ... 1<br><br>GIRL ... 2 | MONTH<br>[ ][ ]<br>YEAR<br>[ ][ ][ ][ ]                                                  | DOCTOR ... 1<br>MIDWIFE ... 2<br>RADITIONAL BIRTH ATTEN-DANT ... 4<br>OTHER ... 8<br>[ ][ ] | YES ... 1<br>NO ... 2<br>Q.732 ← | AGE IN YEARS<br>[ ][ ]                                   | YES ... 1<br>NO ... 2<br>Q.733 ←        | DAYS ... 1 [ ][ ]<br>MONTHS ... 2 [ ][ ]<br>YEARS ... 3 [ ][ ]                                                                                                                                                                                                             | YES ... 1<br>NO ... 2                                                        |
| 734.                                           | TAPER DOWN YEAR INTERVIEW WITH YEAR BIRTH OF LAST CHILD. IF 4 YEARS OR MORE, ASK:<br>Have you had any live births since the birth of (NAME OF LAST BIRTH)? |                             |                                                                                          |                                                                                             |                                  |                                                          |                                         | YES ... 1<br>NO ... 2                                                                                                                                                                                                                                                      |                                                                              |
| 735.                                           | Was your husband with you when you delivered your last child?                                                                                              |                             |                                                                                          |                                                                                             |                                  |                                                          |                                         | YES ... 1<br>NO ... 2                                                                                                                                                                                                                                                      |                                                                              |

**FILLED BY SUPERVISOR**

GIVE CHECK SIGN IN CORRESPONDING BOX

1) Is Q.603 relevant to Q.703, Q.705, Q.708 and Q.719 ?

Not Yet ☐ → CORRECT THE RECORD ☐ Done

2) If Q.718 = 1, are Q.719 - Q.723 relevant?

Not Yet ☐ → CORRECT THE RECORD ☐ Done

3) If Q.718 = 1, is the last line of Q.724 relevant to Q.733 ?

Not Yet ☐ → CORRECT THE RECORD ☐ Done

4) If Q.729 = 1 is the child name already listed in Q.401 ?

Not Yet ☐ → CORRECT THE RECORD ☐ Done

5) Do the number of filled lines in Q.737 equal to  
TOTAL OF DAUGHTERS in Q.736 ?

Not Yet ☐ → CORRECT THE RECORD ☐ Done

6) Are Q.739 - Q.743 relevant?

Not Yet ☐ → CORRECT THE RECORD ☐ Done

# VII.E. LIST OF FEMALE SIBLINGS

|      |                                                 |                                                                                                                                                                        |                                                                                                                                                                          |                                                                                                                                                                         |
|------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 736. | How many children who were born by your mother? | MALE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | FEMALE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | TOTAL <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
|------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 737.<br>What are your sister names?<br><br>WRITE FROM THE OLDEST | 738.<br>Is she still alive?                                         | 739.<br>When did she died?                                                                                                                                                                                                                                                                                                                  | 740.<br>How old was she when she died?                                                                                                                                                                        | 741.<br>Was she pregnant when she died or did she die during childbearing? | 742.<br>Did she died within 42 days after the end of pregnancy? | 743.<br>Dis she die due to complication of pregnancy, delivery or postnatal period? |
|------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|
| No. 1<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 2  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 2 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 2<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 3  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 3 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 3<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 4  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 4 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 4<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 5  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 5 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 5<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 6  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 6 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 6<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 7  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 7 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 7<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 8  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 8 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 8<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 9  | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 9 ..... 2                      | YES ..... 1<br>NO ..... 2                                                           |
| No. 9<br>.....                                                   | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 10 | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 10 ..... 2                     | YES ..... 1<br>NO ..... 2                                                           |
| No. 10<br>.....                                                  | YES ..... 1<br>No. 2 ..... 2<br>DON'T KNOW ..... 8<br>No. 2 ..... 2 | YEAR<br><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>IF SHE DIED BEFORE 10 YEARS OLD → No. 11 | YES ..... 1<br>Q.743 ..... 2<br>NO ..... 2                                 | YES ..... 1<br>NO ..... 2<br>No. 11 ..... 2                     | YES ..... 1<br>NO ..... 2                                                           |

NOTES