

# Factors Associated with Chronic Energy Deficiency (CED) in Pregnant Women: An Analysis of the 2018 Indonesian Basic Health Survey (Riskesdas) Data for South Kalimantan Province



Fitria<sup>1,\*</sup> , Dian Rosadi<sup>2</sup> , Muhammad Irwan Setiawan<sup>3</sup> , Rudi Fakhriadi<sup>2</sup> , Fakhriyah<sup>2</sup> ,  
Tonny Sundjaya<sup>5,6</sup>  and Bayu Satria Wiratama<sup>7</sup> 

<sup>1</sup>Master's Degree Program in Epidemiology, Faculty of Public Health, Universitas Indonesia, Depok, Indonesia

<sup>2</sup>Department of Epidemiology, Public Health Study Program, Faculty of Medicine, Lambung Mangkurat University, Banjarbaru, Indonesia

<sup>3</sup>Department of Health Nutrition, Public Health Study Program, Faculty of Medicine, Lambung Mangkurat University, Banjarbaru, Indonesia

<sup>4</sup>Department of Maternal, Child, and Reproductive Health, Public Health Study Program, Faculty of Medicine, Lambung Mangkurat University, Banjarbaru, Indonesia

<sup>5</sup>Medical Nutrition Science Department, Danone Specialized Nutrition Indonesia

<sup>6</sup>Department of Epidemiology, Faculty of Public Health, Universitas Indonesia, Jakarta, Indonesia

<sup>7</sup>Faculty of Medicine, Department of Epidemiology, Biostatistics and Population Health, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta City, Indonesia

© 2025 The Author(s). Published by Bentham Open.

This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International Public License (CC-BY 4.0), a copy of which is available at: <https://creativecommons.org/licenses/by/4.0/legalcode>. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



CrossMark

\*Address correspondence to this author at the Master's Degree Program in Epidemiology, Faculty of Public Health, Universitas Indonesia, Depok, Indonesia; E-mail: [fitria43@ui.ac.id](mailto:fitria43@ui.ac.id)

Cite as: Fitria, Rosadi D, Setiawan M, Fakhriadi R, Fakhriyah, Sundjaya T, Wiratama B. Factors Associated with Chronic Energy Deficiency (CED) in Pregnant Women: An Analysis of the 2018 Indonesian Basic Health Survey (Riskesdas) Data for South Kalimantan Province. Open Public Health J, 2025; 18: e18749445393542. <http://dx.doi.org/10.2174/0118749445393542250611092215>

Published: July 01, 2025



Send Orders for Reprints to  
[reprints@benthamscience.net](mailto:reprints@benthamscience.net)

BUKU PEDOMAN PENGISIAN KUESIONER



KEMENTERIAN  
KESEHATAN  
REPUBLIK  
INDONESIA

RISKESDAS  
2018



RISKESDAS 2018

BUKU PEDOMAN  
PENGISIAN KUESIONER  
**RISKESDAS 2018**

KEMENTERIAN KESEHATAN RI  
BADAN PENELITIAN DAN PENGEMBANGAN KESEHATAN



# **GUIDELINES QUESTIONNAIRE FILLING**

**2018 National Health Research Report**

**HEALTH RESEARCH AND DEVELOPMENT AGENCY**

MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA

**JAKARTA  
2018**

## QUESTIONNAIRE COMPILATION TEAM AND QUESTIONNAIRE COMPLETION GUIDELINES

Dr. Joko Irianto, SKM, MKes	Tin Afifah, SKM, MKM
Dr. Sri Poedji Hastoety D.SKM, MKes	Annisa Rizkiyanti, SKM, MIPH
Dr. Dwi Hapsari Tjandrarini, SKM, MKes	dr. Aprildah Sapardin
Dr. Ingan Ukur Tarigan, SKM, MKes	Kencana Sari, SKM, MPH
Dr. drg. Tati Suryati, MKes	dr. Yuana Wiryawan, MKes
Andi Leny Susyanti, SSi, Apt, MKM	Suparmi, SKM, MKM
Dr. Raharni, Apt, MKes	Nurilah Amaliah, SIP
Yuyun Yuniar, SSi, Apt, MA	Nur Handayani Utami, SP, M.Gizi
Dr. Rini Sasanti Handayani, Apt, MKes	Bunga Christitha Rosha, SSos, M. Gizi
dr. Hadi Siswoyo, MKM	Yunita Diana Sari, SKM, M.Epid
Dr. dr. Sri Idaiani, Sp.KJ	Rika Rachmalina, SP, M.Gz
Indri Yunita Suryaputri, S.Psi, M.Si	Diah Santi Puspitasari, SKM, MKM
M.Epid	Yurista Permanasari, SKM, MKM
Zahra, SSi, MKM	Dwi Siska Kumalaputri, SKM, MKM
Dra. Athena Anwar, MSi	Drg, Lely Andayasari, MKes
Cahyorini, SST	Dr. Drg. Indirawati TN Sp. Perio
Dr. dr. Julianty Pradono, MS	drg Tince Jovina, MKM
Dr. Delima, MKes	Nunik Kusumawardhani, MScPh, PhD
Dr. Aria Kusuma, SKM, MKM	dr. Dewi Kristanti
Dr. Miko Hananto, SKM, MKes	Dr. Agus Triwinarto, SKM, MKes
Dr. Lusianawaty Tana, MS, Sp.Ok	Heny Lestary, SKM, MKM
Dra. Isfandari, MA	Bayu Aribowo, SE, M.Ak

## FOREWORD

Basic Health Research (Riskesdas) is a community-based health survey to monitor indicators related to the level of public health and indicators of public health services. This research is based on the need for basic information on various main health indicators such as health status, nutritional status, environmental health, health behavior, and various aspects of health services. This basic data is not only national in scale, but also describes various health indicators down to the Regency/City level.

Basic Health Research (Riskesdas) has been conducted in 2007, 2010, and 2013. The results have been utilized by the program organizers of the Ministry of Health for planning, program evaluation, and development of medium-term national health development policies. The indicators produced by Riskesdas 2007 and 2013 have been composited into the Community Health Development Index (IPKM) to assess disparities in health development at the district/city level. Meanwhile, the results of Riskesdas 2010 have been utilized to measure progress in achieving MDG's targets in the Health sector.

The 2018 Riskesdas data was designed to obtain district/city and national estimates. The sample included 300,000 households spread across all provinces in Indonesia. Data collection was carried out by around 10,000 data collectors with a minimum qualification of a Diploma 3 (D3) health graduate, under the coordination of more than 400 District/City Technical Persons (PJT District/City), and Provincial Technical Persons (PJT Province).

The large number of implementers in the 2018 Riskesdas activities requires guidelines to standardize understanding of how to collect data and fill out questionnaires and other forms. The guidelines are a reference for trainers, supervisors, enumerators, and other personnel involved in training and data collection.

Finally, it is hoped that this guidebook can be utilized well and can support the success of Riskesdas 2018.

Jakarta,        December 2017  
Head of the Health Research and Development Agency,

dr. Siswanto, MHP, DTM



## LIST OF CONTENTS

<b>Foreword</b>	3
List of contents	5
<b>Chapter 1 Introduction</b>	7
<b>Chapter 2 Sampling Determination Procedure</b>	9
2.1 Integration of Samples and Instruments	9
2.2 Riskesdas Household Sample	13
2.3 Riskesdas Household Member Samples	14
<b>Chapter 3 Data Collection Procedures</b>	17
3.1 Important things during a home visit	18
3.2 Ethics in Data Collection	18
3.3 Problems at the Research Location ...	19
3.4 Data Quality Control	19
3.5 Things that the data collection team needs to pay attention to <b>Procedures</b>	21
<b>Chapter 4 for Completing the Questionnaire</b>	23
4.1 General Instructions	23
4.2 Special Instructions	24
<b>Chapter 5 Explanation of Completing the Household Questionnaire (RKD18.RT)</b>	27
5.1 Block I: Introduction to Places	27
5.2 Block II: Data Collector Information	27
5.3 Block III: Household Information	28
5.4 Block IV: Household Member Information	30
5.5 Block V: Access to Health Facilities	38
5.6 Block VI: Mental Disorders in the Household	43
5.7 Block VII: Environmental Health	47
<b>Chapter 6 Explanation of Completing the Individual Questionnaire (RKD18.IND)</b>	57
6.1 Block VIII: Introduction to Places	57
6.2 Block IX: Individual Interview Information	57
6.3 Block X: Individual Information	57
A. Infectious Diseases	58
B. Non-communicable diseases	69
C. Mental Health	84
D. Disability/Inability	91
E. Injury	105
F. Traditional Health Services	109
G. Behavior	113
H. Knowledge and Attitudes towards HIV	131
I. Provision of Iron Tablets (TTD) to Adolescent Girls	133
J. Maternal Health	136
K. Toddler Health	175
<b>Chapter 7 Measurement</b>	215



## INTRODUCTION

Basic Health Research (Riskesdas) was conducted in 2007, 2010, and 2013. The results have been utilized by program organizers at the Ministry of Health for planning, program evaluation, and development of medium-term national health development policies. The indicators produced by Riskesdas 2007 and 2013 have been composited into the Community Health Development Index (IPKM) to assess disparities in health development at the district/city level. The results of Riskesdas 2007 and 2013 have been utilized well for formulating health policies at the Central, Provincial, and District levels. Meanwhile, the results of Riskesdas 2010 have been utilized to measure progress in achieving MDG's health targets.

Riskesdas 2018 collects similar indicators to the refined Riskesdas 2007 and 2013. The aim is to evaluate the development of several indicators of the health status of the Indonesian people, as well as the development of health development efforts that have been implemented up to 2018. The indicators in Riskesdas 2018 collected are related to: 1) Nutritional status; 2) Maternal health status; 3) Child health status; 4) Morbidity rates for infectious diseases; 5) Morbidity rates for non-communicable diseases including dental and oral health and mental health; 6) Blood specimen collection related to non-communicable diseases; 7) Injury problems; 8) Disability; 9) Knowledge and behavior about tobacco use; PHBS, eating habits, and physical activity; 10) Access and health services; 11) Environmental health and sanitation; 12) Pharmacy including the use of drugs/traditional medicines and traditional health services; 13) Population characteristics including education level and employment status.

Data collection was conducted by interview using structured questionnaire, anthropometric measurement, blood pressure, blood examination (malaria, hb, and blood glucose), blood specimen collection for routine hematology, blood chemistry, and immunology examination. The data collection was conducted in 2500 Census Blocks by the data collection team and health workers of the designated health center.

A common understanding of filling out the questionnaire and data collection mechanisms is essential to maintain the validity of the data collected.



## SAMPLE DETERMINATION PROCEDURES

In 2018, the Health Research and Development Agency implemented Riskesdas and the Central Statistics Agency implemented Susenas. Susenas is implemented twice a year, namely in March for district/city estimates and September for provincial estimates. In realizing the concept of one data "**One Data**", Riskesdas 2018 was integrated with the March 2018 Susenas Core census to provide an overview of health data in the Regency/City.

### 2.1 Integration of Samples and Instruments

Riskesdas 2018 and Susenas 2018 were conducted in an integrated manner in terms of samples and instruments, namely:

1. Sample integration is done by using the same sample list. The 2018 Riskesdas sample uses the March 2018 Susenas Core sample implemented by BPS. The basis for consideration to determine the adequacy and representativeness of the sample, the Health Research and Development Agency and BPS set the IPKM indicator as a district/city characteristic and the biomedical indicator as a national characteristic. This sample integration not only unites information on selected Households (Ruta) but also unites information on all Household Members (ART) who are the March 2018 Susenas sample using data from Blocks I-IV of the VSEN questionnaire. K18
2. Integration of instruments is carried out with the aim of obtaining more information about health status seen from various socio-demographic dimensions. The integration of Riskesdas and Susenas data can mutually enrich information. Data integration activities between Riskesdas and Susenas require filling in/transferring data from blocks I-IV that have been collected by Susenas. This is very important in order to be able to combine the two data.

The sample is calculated and selected by the Central Statistics Agency (BPS). Riskesdas follows up on samples that have been enumerated by the Susenas team, plus several samples if there are newborns after the Susenas enumeration or the entry of new household members or household members who were not enumerated during the Susenas visit to the household.

The number of samples was calculated using the PPS method (*probability proportional to size*) - *linear systematic sampling*, with **Two Stage Sampling**:

Step 1: Doing **implicit stratification** all Census Blocks (BS) from the 2010 Population Census (SP) based on welfare strata. From **master frame** 720,000 BS from the 2010 SP results, 180,000 BS (25%) were selected by PPS to become **sampling frame** BS selection. Selecting a number of n BS using the PPS method in each urban/rural strata

per Regency/City **systematic** so that the Census Block Sample List (DSBS) is produced. The total number of BS selected is 30,000 BS.

Stage 2: Select 10 households in each BS based on the updated results. **systematic sampling** with **implicit stratification** the highest education completed by the KRT (Head of Household), to maintain the representation of the value of the diversity of household characteristics, so that a list of selected Household names is produced in each BS (DSRT).

**Census Block (BS)** is the work area of a survey enumerator conducted by BPS. A census block meets the following criteria:

- Each village/sub-district area is divided into several census blocks.
- Census blocks must have clear or easily recognizable boundaries, both natural and artificial boundaries. Local environmental unit boundaries (SLS such as: RT, RW, hamlet, neighborhood, etc.) are prioritized as census block boundaries if the SLS boundaries are clear (natural or artificial boundaries).
- One census block must be located in one area.

#### Example of Census Block Sample List (DSBS)

<div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: center;"> <b>REPUBLIK INDONESIA</b>            Badan Pusat Statistik            Kementerian Kesehatan RI  <b>Daftar Sampel Blok Sensus</b> </div>  </div>					
PROVINSI : [ 34 ] DI YOGYAKARTA KAB/KOTA : [ 01 ] KULON PROGO					
KECAMATAN	K/P	Nomor Blok Sensus (NBS)	Nomor Kode Sampel (NKS)	Jumlah Rata Biasa	Keterangan
DESA/KELURAHAN/NAGARI	(2)	(3)	(4)	(5)	(6)
[ 010 ] TEMON					
[ 011 ] TEMON WETAN	2	001B	0017800	87	
[ 020 ] WATES					
[ 005 ] TRIHARJO	1	013B	1500100	108	
[ 007 ] GIRI PENI	1	005B	0505001	122	
[ 008 ] WATES	1	006B	0502803	58	
		040B	0504101	77	
[ 030 ] PANJATAN					
[ 008 ] GUTAKAN	1	009B	0504508	100	
[ 010 ] CERME	2	012B	0000405	94	

Figure 2.1 Example of DSBS

## Example of Selected Household Sample List (DSRT)

**NATIONAL SOCIO ECONOMIC SURVEY**  
(National Survey)

**BLOK I. IDENTIFIKASI RESPONDEN**

1. Provinsi:  2. Kabupaten/Kota:  3. Kecamatan:  4. Desa/Kelurahan:  5. Kode Pos:  6. Tanggal Pengisian:  7. Nomor Sampel:  8. Nama Kepala Rumah Tangga:

**BLOK II. IDENTIFIKASI RUMAH TANGGA**

1. Nama Rumah Tangga:  2. Alamat:  3. Jenis Rumah:

**BLOK III. IDENTIFIKASI RESPONDEN**

1. Nama Responden:  2. Jenis Kelamin:  3. Usia:  4. Pendidikan:  5. Pekerjaan:  6. Status Pernikahan:  7. Jumlah Anak:  8. Jumlah Anggota Keluarga:

**BLOK IV. IDENTIFIKASI RESPONDEN**

1. Nama Responden:  2. Jenis Kelamin:  3. Usia:  4. Pendidikan:  5. Pekerjaan:  6. Status Pernikahan:  7. Jumlah Anak:  8. Jumlah Anggota Keluarga:

BLOK I. IDENTIFIKASI RUMAH TANGGA TERPILIH											
No. Urut	Kode Wilayah				Nama Kepala Rumah Tangga	Jenis Rumah	Jumlah Anggota Keluarga	Jumlah Penduduk	Jumlah Laki-laki	Jumlah Perempuan	Jumlah Anak
	Provinsi	Kabupaten/Kota	Kecamatan	Desa/Kelurahan							
1	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
2	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
3	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
4	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
5	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
6	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
7	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
8	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
9	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1
10	DAERAH I	KOTA DOKTER	KEMAS	KEMAS	BUDI SANTIAJI	RUMAH Sederhana	5	5	3	2	1

Figure 2.2 Example of DSRT

The most important thing in the process of merging data between Susenas and Riskesdas is information about Household Identity (IDRT) and Household Member Identity (IDART). Filling in Blocks I-IV containing IDRT and IDART from both instruments must not be wrong, so the data collection team must be careful in copying the contents of Blocks I-IV from Susenas into the Riskesdas instrument. Figure 2.3 is an example of Blocks I-IV from the Susenas instrument.

### Example VSEN.18K

The VSEN.18K questionnaire is a questionnaire used during the Susenas census.

Blocks I and IV in VSEN.18K are used as a reference for the identity of household samples and household members.

The image displays two pages of the VSEN.18K questionnaire. The top page, Block I, is titled 'REPUBLIC OF INDONESIA' and 'NATIONAL SOCIAL-ECONOMIC SURVEY'. It contains personal information of the respondent, including name, address, and contact details. The bottom page, Block IV, is titled 'HOUSEHOLD MEMBERS'. It contains a table listing all household members, including their names, birth dates, and other demographic information. The forms are filled out with handwritten data.

Figure 2.3 Example of Completed Blocks I and IV of the VSEN.18K Questionnaire

To facilitate the search and tracing of Households that have been visited by Susenas and re-visited by the Riskesdas Team, the Census Block map is used as a guideline for tracing the Households. The map used is the SP2010-WB (Census Block Area) map. *listing*SP2010 which

already equipped with Physical Building (BF) content. The SP2010-WB map is used as a guideline to identify census block areas that will be updated with census buildings and households. The map already contains a legend, **landmark**, and the position of physical/census buildings. One physical building consists of one or more census buildings. Thus, the census block map can be used by officers to trace/identify the location of selected census buildings.

#### **Example of Census Block Map (with physical/census buildings)**



**Figure 2.4 Example of Census Block Map**

## **2.2 Riskesdas Household Sample**

Riskesdas Household Sample refers to **HOUSEHOLD SAMPLE** which was visited by the Susenas team in March 2018 and listed in **DSRT 2018**.

### **Susenas Household Criteria (RuTa)**

is a regular household, namely a person or group of people who inhabit part or all of a physical building or census building, and usually live together and eat from one kitchen management. A regular household generally consists of a father, mother, and children, but it is possible that there are relatives or other people who live in one physical building and one kitchen management.

Other criteria that are considered as ordinary households are:

1. Someone who rents a room or part of a census building but shares the same meals with the landlord (boarding house rents a room/building and meals)
2. Families who live separately in two census buildings but eat from one kitchen management, as long as the two census buildings are still in the same segment group, are considered one household;
3. Boarding houses with meals (boarding houses) with less than 10 residents. The residents are considered to be in the same household as their landlord;

4. Several people who live together in one room in one census building and whose food expenses are the same are considered to be one ordinary household.
5. Dormitory administrators, orphanage administrators and the like who live alone or with their wives, children and other household members but eat together with dormitory members, orphanage residents and so on are considered to be one ordinary household.
6. In one house there are several family cards, but they cook in one place kitchen, then it is considered one household.

### **Provisions for Households (RuTa) Moving**

If the selected household moves from the census address or building during the visit of the Riskesdas interview team, the provisions are as follows:

1. If the household is **occupying a new house, the location is still in the same census block, and affordable then interviews are still conducted in those households**. Write down the conditions in the household questionnaire notes. **The contents of Block I (Place Introduction) still refer to the copy of the Susenas questionnaire.**
2. If the household is **occupying a new house and the location is outside the original Census Block but is reachable, then interviews are still conducted on that household**. Write down these conditions in the household questionnaire notes. **The contents of Block I (Place Introduction) still quote from the copy of the Susenas questionnaire.**
3. If the household is selected **moved and not reachable either within the same Census Block or outside the original Census Block**, while the house building is not occupied/occupied by new residents, then **interviews were not conducted on the new Household. In the implementation of Riskesdas, there is no reserve household mechanism to replace households that are not found.**
4. If the household is selected **moved and not reachable either within the same Census Block or outside the original Census Block**, then the Household does not need to be interviewed (considered lost/Drop Out) to declare Drop Out, the team leader must and is required to request approval from the Regency/City PJT.

### **2.3 Riskesdas Household Member Samples**

The Riskesdas Household Member (ART) Sample refers to **on SAMPLE HOUSEHOLD MEMBERS** which was visited by the Susenas team in March 2018 and listed in **VSEN.18K**. added with new ART with the requirements determined by Riskesdas.

#### **Susenas Household Member (ART) Criteria**

are all people who usually reside in a household, whether they are in the household at the time of the census or someone who is temporarily absent from the household (including the head of the household) because he is traveling for several days.

Also considered as Household Members:

1. Domestic helpers, drivers, gardeners who live and eat at home

The employer is considered to be the employer's household assistant, but those who only eat are not considered to be the employer's household assistant.

2. The boarder is considered to be the household member of the host family, if the boarding house includes meals and the number of boarders is less than 10 people.

**Conditions if Household Members (ART) are not found:**

1. If the household member from the selected household is not present during the first visit, a repeat visit will be conducted until an interview can be conducted. If a repeat visit has been conducted until the team has to move to another census block, then **The ART is considered "no response"** and must be reported and known by the district/city PJT.
2. ART who has been traveling for **6 months or more**, and ART who travel **less than 6 months** but with the intention of moving/will leave the household for a period of 6 months or more **not considered as ART**.
3. If the household member who has been enumerated by the Susenas officer turns out to have moved from the sample household or does not live in the household for any reason and does not eat from the same kitchen management of the sample household, then **not considered as ART** even though they still live in the same Census Block.
4. If a household member forms a new household or joins another household that is not a sample of Susenas households after the Susenas census is carried out, then the household member is considered not to be a sample household member of the selected household.

**Provisions for Household Members (ART) who are not on the list:**

1. If a person has lived in the sample household for 6 months or more or has lived in the household for less than 6 months but intends to reside permanently in the household and is not yet listed in the **VSEN.18K**, then it must be recorded in Block IV of the Riskesdas Questionnaire and **considered as a new ART. The ART serial number is placed below the ART serial number that has been copied from Block IV of the March 2018 Susenas Kor questionnaire.**
2. If during the visit of the Riskesdas team a baby is found to have been born after the Susenas team's visit, this must be recorded in Block IV of the Riskesdas Questionnaire and **considered as new ART.**
3. If the ART comes to the sample household after the Susenas team visit but intends to stay permanently in the household or intends to stay for 6 months or more, this must be recorded in Block IV of the Riskesdas Questionnaire and **considered as new ART.**



## DATA COLLECTION PROCEDURES

One important part of obtaining accurate and valid data from a series of survey activities is data collection. Data collection activities are part of a series of research activities that determine the success of obtaining accountable health data. Data can be collected in several ways, depending on the objectives of the research and supporting technical factors in implementing the research. The data collection methods used in Riskesdas 2018 are interviews, measurements, and laboratory examinations. Interviews are conducted face-to-face and provide direct questions to respondents using a structured questionnaire equipped with a questionnaire filling guidebook and a book containing demonstration pictures.

Interview is a process of interaction and communication whose results are determined by various factors, namely the data collector, respondents, question material (questionnaire/questionnaire list), and the situation during the interview. Data collectors must convey questions to respondents in a good and clear interview manner. If the respondent's answer is not clear, then an effort must be made to dig deeper (**probing**) so that respondents are willing to answer in more detail according to the answer needs. However, for certain questions, the interviewer may not do this. **probing** or discuss with respondents.

Another method used in Riskesdas is measurement and examination. Types of measurements include height/length, upper arm circumference, abdominal circumference, blood pressure and weighing. The type of laboratory examination that will be carried out in the field laboratory is examination **Rapid Diagnostic Test**/RDT for malaria and **point of care test**(POCT) for hemoglobin and blood glucose levels. Microscopic reading of malaria thick blood smears and clinical chemistry examinations will be carried out at the Center for Biomedical Research and Basic Health Technology Laboratory of the Health Research and Development Agency.

The quality of the data collection results can be influenced by the situation or environment of the interview such as time, place, the presence of other people, and the attitude of the local community towards the survey material can also affect the results of the interview. Sensitive questions such as questions about sexual behavior often cause respondents to be reluctant to answer, so that the answers given are likely not the actual facts. Therefore, sensitive questions or measurement/examination processes should be asked specifically and privately.

The difference in background between the data collector and the respondent can affect the interview results. An officer from a high social level must be able to adjust to respondents who have a low social level,

so that it can avoid awkwardness in the implementation of data collection which results in respondents being reluctant to provide real information/facts. Skills and abilities to adapt to respondents and the environment are key to the success of the data collection process and obtaining quality data.

### 3.1 Important things during a home visit

Things to consider before, during, and after a home visit:

1. Study the census block map carefully to obtain the location of the sample households within the census block to be interviewed.
2. Choose the right time to visit.
3. If you do not meet the respondent, try to find out when the return visit is best done.
4. Avoid the influence of 'other people' during the interview with respondents. Politely tell the 'other people' not to influence the answers and give the respondents freedom in answering the questions.
5. Avoid the presence of other people when measuring abdominal circumference and upper arm circumference.

### 3.2 Ethics in data collection

Some ethics that the data collection team must implement:

1. Respect local social norms. Try to arrange the time so that when visiting the household, all household members are at home. Avoid data collection activities, if the household is busy, such as a party or other ceremony.
2. Before the interview, measurement, and examination are conducted, the data collection team must explain in accordance with the explanatory script regarding the purpose of the interview, measurement, and examination, so that respondents can understand the purpose of the survey. Respondents who are willing to be interviewed, measured, and examined are required to sign/"thumbprint" on the consent form (***informed consent***) as proof of consent. If the respondent is an infant, child, or person who must be accompanied, then the signature/thumbprint can be represented by the accompanying person.
3. When digging up information from respondents, officers must create a good atmosphere, pay attention and be neutral towards the respondents' responses. Officers must not give the impression of being pushy, not emotional, not directive, and can avoid conversations that deviate or are long-winded.
4. Ask for permission in advance for sensitive questions or measurement/examination processes.
5. Maintain the confidentiality of interview/measurement/examination results of respondents. Do not discuss them with team members or unauthorized persons.

6. After completing the interview, measurement, examination, and all answers are complete and consistent, convey '**Thank-you note**' for the respondent's willingness to answer all questions. Provide contact materials before leaving the respondent's home.

### 3.3 Problems at the research location

Conditions that are often encountered at research locations and can become problems for data collection teams, namely:

1. Existence of respondents:

If the ART who is the respondent is not at home (working, going to the market, etc.), then ask the other ART when the ART will return. The interviewer must leave a message so that the ART can be at home at the time of the scheduled return visit. If the ART does not return while the data collection team is at the research location, then the ART is considered **no response**.

2. Unwilling or refusing:

- a. Respondents who refuse to be recorded can be influenced by their first impression when meeting the officer. When the team arrives at the household, team members must introduce themselves and explain the purpose of their visit. Try to get the respondent to participate. If the respondent still refuses, note it in the notes column and ask for approval from the local official (RT/RW/village head).
- b. The household is unwilling to be visited. This may happen because the household is in an "unpleasant" situation, for example a family member has just died. Approach and ask the household member when they are willing to be visited. The data collection team can make a schedule for a repeat visit.
- c. During data collection, the respondent suddenly has a need so that the data collection process is not finished. Ask the respondent when it can be continued. Discuss this with the team to schedule a repeat visit.
- d. For disabled/sick household members who cannot be recorded, the interview can be delegated to another household member who knows the respondent's condition best. Write down the reason why the representative is delegated, and don't forget to note the name of the representative household member.

### 3.4 Data quality control

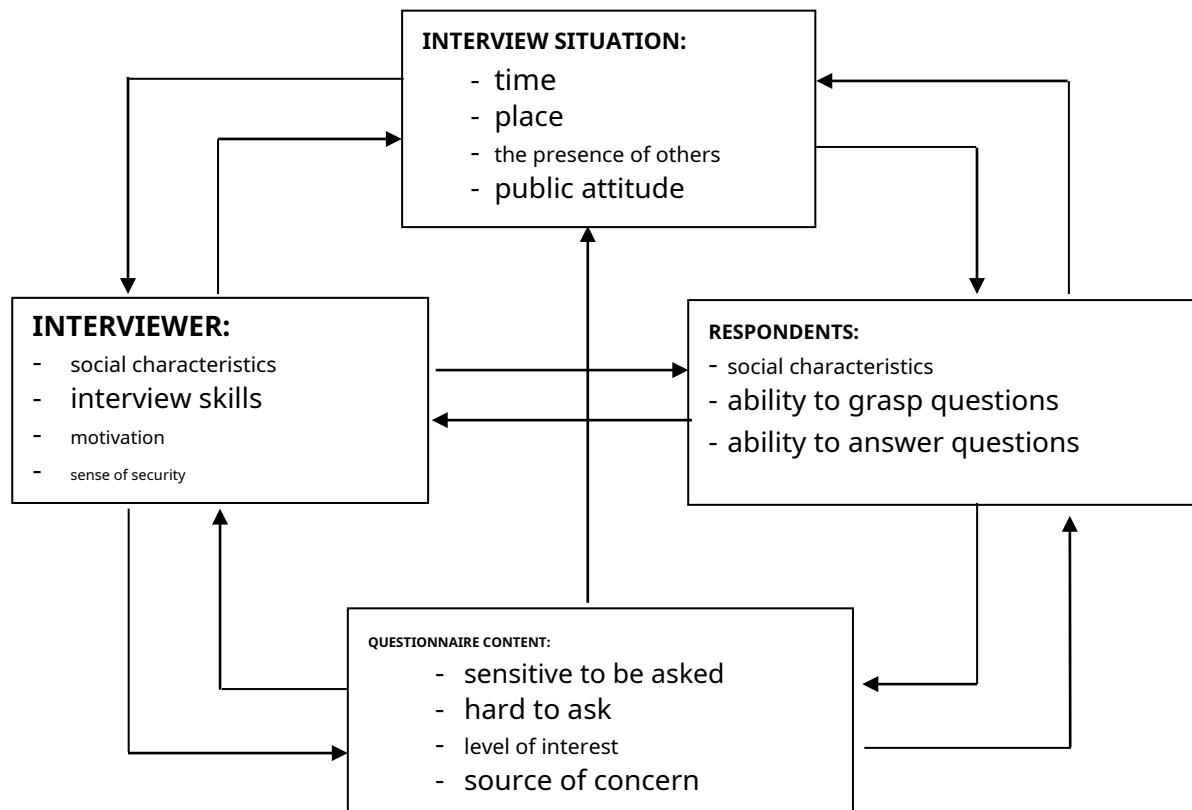
Data quality must be controlled from preparation to data processing. How to control data quality as follows:

1. The data collection team must work together well during the fieldwork. The Team Coordinator must be able to divide the tasks in the data collection process in a balanced manner, for himself and the other members of the data collection team.

2. The data collection team used a questionnaire **RKD18.RT** and **RKD18.IND** which has been prepared for household and individual data collection, by following the questionnaire filling guidelines. Ask all questions in the questionnaire properly and accurately.
3. Record all oral answers from respondents carefully, completely and clearly or include codes according to the instructions for filling out the questionnaire. If the respondent's answer is unclear, you can probe again by asking appropriate and neutral questions so that you get deeper information).
4. If you get the answer "**Don't know**", it is better not to be satisfied too quickly. Ask again in more detail, because maybe the respondent does not understand the question asked, the respondent is thinking, or the respondent does not want to convey the real information.
5. Try to use simpler language or local equivalents and avoid technical or medical terms that are less understood by respondents. If respondents do not master Indonesian, communication can be done using the local language and if necessary can be assisted by a translator. Make sure the translator does not influence the respondent's answers.
6. During the interview, try to have the respondent alone, so that you can get direct answers from the respondent, without any intervention from other parties.
7. After completing the data collection on one household member, make sure that all questions have been answered and with consistent answers. If it is incomplete, then visit again to complete the data that is still empty, including the results of measurements and examinations. If there are inconsistent answers, then repeat the questions (if necessary, do probing) to get the right answer.
8. Quality data can be produced if the interview, measurement and examination processes are carried out following the correct procedures.
9. If in certain cases there are problems in filling out the questionnaire, measurements and inspections that cannot be resolved by the team, the team will immediately contact the technical person in charge of the district/city.
10. If in certain cases there are problems related to field techniques (such as DSRT not being available) and cannot be resolved by the team, then immediately contact the BPS at the district/city level. If the district/city level cannot resolve the problem, it is expected that the technical person in charge together with the district/city PJO can contact the person in charge of the Provincial BPS by coordinating with the PJT and/or Provincial PJO.
11. The completed questionnaire is submitted to the data entry officer for further data entry. The data that has been entered can be immediately sent to the data management team of the Health Research and Development Agency via **e-mail** (e-mail) that has been determined.

### 3.5 Things that the data collection team needs to pay attention to

The interrelationship of various factors is depicted by Warwick (1975) in Figure 3.1:.



**Figure 3.1 Interrelationship Chart between Factors described by Warwick (1975)**

1. The appearance and attitude of the data collection team are very important to note, so that they can be well received by the sample households. During data collection, the data collection team must dress politely, simply and neatly, be humble, polite to the household members, friendly in attitude and speech, be neutral and understanding to the household members, and be able to be good listeners.
2. The data collection team has a role in determining the quality of data collection results. Therefore, team members are required to be able to create good relationships with the household members, so that interviews can run smoothly. Creating good relationships, it is necessary to pay attention to the following:
  - a. Make a good impression when approaching by making the ART feel calm. Choose pleasant introductory words so that the ART feels ready to be interviewed. Open the conversation politely, greet or say good morning/afternoon/evening/night and start introducing yourself. Be able to make a positive approach.

- b. Never say sentences like "Are you busy?". Saying sentences like this can invite rejection for an interview.
- c. If the ART seems hesitant to answer because they are afraid, emphasize that the information provided will be kept confidential.
- d. Answer every question asked by the ART honestly.
- e. Tell the time needed approximately 1 hour. If the ART is absent at that time/ has important needs, state that the interviewer is willing to come at another time.

## CHAPTER 4

### PROCEDURES FOR FILLING OUT THE QUESTIONNAIRE

The 2018 Basic Health Research (RKD) data collection instrument consists of two questionnaires.

#### Household Questionnaire (RKD18.RT)

- Block I : Place Introduction
- Block II : Data Collector Information :
- Block III Household Information
- Block IV : Household Member Information :
- Block V Access to Health Facilities
- Block VI : Mental Disorders in Households :
- Block VII Environmental Health

#### Individual Questionnaire (RKD18.IND)

- Block VIII : Place Introduction
- Block IX : Individual Information
  - A : Infectious diseases
  - B : Non-Communicable Diseases
  - C : Mental Health
  - D : Disability/Inability E
  - : Injury
  - F : Traditional Health Services
  - G : Behavior
  - H: Knowledge and Attitudes towards HIV I
  - : Provision of Iron Supplement Tablets (TTD) for Adolescent Girls :
  - J Maternal Health
  - K : Toddler Health
  - L : Measurement and Inspection

Some important things needed in collecting the information include the data collection team must master how to ask questions, the flow of questions in the questionnaire, and know the information they want to obtain through the questions. The data collection team must also know the correct way to record the answers given by respondents and how to overcome problems that may arise.

#### 4.1 General Instructions

General things to note when filling out a questionnaire or form:

1. Fill out the questionnaire using a 2B pencil so that the writing is clear and easy to erase if a mistake occurs.
2. The questionnaire is filled in with block letters so that it is easy for others to read.
3. The answer to each question is written clearly and completely.

- Each question is asked according to what is listed in the questionnaire. The questions asked must be clear so that the ART being interviewed can hear and understand the questions.
- Answers are filled in the box or above the line/space provided, and adjust the size of the letters so that they do not exceed the limits of the box or line/space provided.
- Circle the existing code according to the respondent's answer choice, then quote the code and write it in the box provided.

#### 4.2 Special Instructions

The method of filling out the questionnaire can be grouped as follows:

- Circle the answer code, then write the answer code in the box provided.

Example:

A01	Dalam 1 bulan terakhir, apakah [NAMA] pernah didiagnosis ISPA oleh tenaga kesehatan (dokter/ perawat/ bidan)?	1. Ya → A03 2. Tidak	1
-----	---	-------------------------	---

- Fill in the selected answer code into the box provided.

B16	Dalam 1 tahun terakhir, apakah [NAMA] mempunyai masalah mulut: ISIKAN KODE JAWABAN 1. YA ATAU 2. TIDAK			
	a. Gusi bengkak dan/atau keluar bisul (abses)	2	c. Sariawan berulang minimal 4 kali	1
	b. Gusi mudah berdarah pada saat sikat gigi	1	d. Sariawan menetap dan tidak pernah sembuh minimal 1 bulan	2

Example:

- Leave the box empty if the question does not need to be asked according to the question flow (the question must be skipped), such as the following example:

If the answer to question A01 is code 1 "Yes", continue to question A03, while question A02 is not asked and is not filled in.

INFeksi Saluran Pernapasan Akut (ISPA) (ART SEMUA UMUR)				
A01	Dalam 1 bulan terakhir, apakah [NAMA] pernah didiagnosis ISPA oleh tenaga kesehatan (dokter/ perawat/ bidan)?		1. Ya → A03 2. Tidak	1
A02	Dalam 1 bulan terakhir [NAMA] mengalami gejala berikut			
	a. Demam	1. Ya 2. Tidak	c. Pilek/hidung berair	1. Ya 2. Tidak
	b. Batuk kurang dari 2 minggu	1. Ya 2. Tidak	d. Sakit tenggorokan	1. Ya 2. Tidak
PNEUMONIA/Radang Paru (ART SEMUA UMUR)				
A03	Dalam 1 tahun terakhir, apakah [NAMA] pernah didiagnosis menderita radang paru (pneumonia) dengan atau tanpa dilakukan foto dada (foto rontgen) oleh tenaga kesehatan (dokter/ perawat/ bidan)?		1. Ya kurang dari 1 bulan terakhir → A05 2. Ya 1 – 12 bulan yang lalu → A04 3. Tidak 4. Tidak tahu	2

4. Fill in one of the answer choices which is an 'open' answer, for example: "Other (mention .....)". Circle the other code and write the 'Other' answer code in the box provided, then write an explanation of the answer, an example of another answer is "tourist attractions".

Example:

E05	Tempat terjadinya cedera	1. Jalan Raya → E06 2. Rumah dan lingkungannya → F 3. Sekolah dan lingkungannya → F	4. Tempat bekerja → F 5. Lainnya, Sebutkan tempat wisata → F	5
-----	--------------------------	---	---	---

5. Write the answer in the space provided and then move it into the box.

Example:

G25	Berapa umur [NAMA] ketika berhenti/ tidak merokok sama sekali? ISIKAN DENGAN "98" JIKA [NAMA] MENJAWAB TIDAK INGAT	... 30 tahun	3 0
-----	---	--------------	-----

The answer box must be filled in completely. The contents of the answer box are adjusted to the number of boxes available.

If there are two boxes and the input is only 1 digit, then in the box add "0" in front of it.



## EXPLANATION OF FILLING OUT THE HOUSEHOLD QUESTIONNAIRE (RKD18.RT)

## 5.1 BLOCK I: INTRODUCTION TO THE PLACE

Details 1 – 10      Name of Province, Regency/City, Sub-district, Village/Sub-district, Village/Sub-district Classification, Census Block Number, Sample Code Number, Household Sample Sequence Number, Name of Head of Household\*, and Home Address

Quoted from *copy* the completed Susenas questionnaire, namely in VSENK18.K Block I Number 101-109

Details 11      Are Biomedical samples selected?

Filled in based on the Census Block sample code written on the RKD18.DSRT which was selected as **biomedical samples**

## 5.2 BLOCK II: DESCRIPTION OF THE DATA COLLECTOR

Block II aims to find out the date of data collection and the identity of the data collector. In addition, it also finds out the date of checking the data that has been collected and the identity of the Team Leader. In this block there are also questions to find out the condition of the household when data collection.

**Details 1. Name of data collector**

Write the full name of the data collector/interviewer/enumerator.

**Details 2. Date of data collection**

Write the date and month of the household questionnaire data collection in the box provided. This entry is needed to calculate the respondent's age.

**Detail 3. Data collector's signature**

Put the data collector's signature in the space provided.

**Details 4. Data collection results**

Write the answer code for the conditions during data collection in the box provided:

1. All Susenas sample household members can be interviewed  
All ART samples that have been enumerated by the Susenas team can be interviewed by the Riskesdas team.
2. Not all Susenas sample household members can be interviewed  
Some ART samples that have been enumerated by the Susenas team, cannot be interviewed by the Riskesdas team. ART who are not interviewed with the following provisions:
  - The ART was traveling or not present while the Riskesdas data collection team was in the Census Block.

- ART died
- ART moved
- The household member refused to be interviewed as evidenced by a written statement in the notes section of the individual questionnaire signed by the household member and acknowledged by the Head of Household and ratified by the local RT Chairperson.

3. No Susenas sample household members could be interviewed until the end of the census.

Of the household member samples that had been enumerated by the Susenas team, none could be interviewed by the Riskesdas team until the data collection period in the Census Block was completed.

4. Susenas sample households refused

Household samples that have been enumerated by the Susenas team, all of its ART refused to be interviewed by the Riskesdas team. Proven by a written statement in the household questionnaire notes section signed by one of the ART in the household and authorized by the local RT Head.

5. Susenas sample households moved

Household samples that have been enumerated by the Susenas team, when visited by the Riskesdas team, the households have moved. Proven by a written statement in the household questionnaire notes section signed by the local RT Head.

6. The Census Building or Census Block for the Susenas sample no longer exists

When the Census Building or Census Block was visited by the Riskesdas team, the census building/census block that had been enumerated by the Susenas team was no longer there. Proven by a written statement in the household questionnaire notes section signed by the local RW/RT Head or from the Village.

**Details 5 – 7. Team leader's details, date of check and signature.** Write the name of the Team Leader in the column provided. After checking all the completeness and consistency of the questionnaire, write the date and month of the check in the box provided, and sign it. **Team Leader.** Questionnaire checking is done to determine the completeness, consistency and validity of the interview results, measurements and examinations that have been filled in by data collectors. Checking is immediately carried out in the census block after data collection is completed and before moving to the census block, so that if there is data that is still lacking or inconsistent, it can be immediately corrected or completed.

### 5.3 BLOCK III: HOUSEHOLD DESCRIPTION

**Details 1, 2, and 3 in Block III are filled in after completing Block IV.**  
Information from ART, according to conditions during the Riskesdas visit

**Detail 1: Number of household members (filled in according to Block IV)** Calculate and write down the number of household members including the Head of Household (KRT) according to the results of filling in Block IV RKD18.RT. The number calculated is the ART according to the Susenas census who are still members of the sample household (excluding those who died or moved), plus ART who have not been recorded in Susenas, new ART (according to the ART criteria in CHAPTER 2), and ART born after the Susenas census.

**Detail 2: Number of toddlers/children under 5 years of age (filled in according to Block IV)** The number calculated in this detail is household members aged 0-59 months according to the Susenas census who are still members of the sample household (excluding those who died or moved). Plus household members aged 0-59 months who have not been recorded in Susenas, new household members (according to household member criteria in CHAPTER 2), and household members born after the Susenas census.

**Detail 3: Number of household members interviewed**

Count and write down the number of household members including the head of household according to the number in column 13 block IV. Information on Household Members with code 1 "Yes", 2 "Yes, accompanied", and 3: "Yes, represented"

The number of individual RKD18.IND questionnaire forms that were successfully interviewed and/or measured and examined must correspond to the number listed in these details.

<b>AMOUNT</b>	<b>QUESTIONNAIRE</b>	<b>INDIVIDUAL</b>	<b>(RKD18.IND)</b>	<b>WHICH</b>	<b>SUCCEED</b>
<b>INTERVIEWED</b>	<b>AND/</b>	<b>OR DONE</b>		<b>MEASUREMENT</b>	<b>AS WELL AS</b>
<b>THE CHECK MUST MATCH THE AMOUNT LISTED IN THIS DETAILS.</b>					

**Detail 4: Number of households in Census Building**

Ask and write down the number of households living in one census building with the households that are the Riskesdas samples.

**Detail 5: Number of people in Census Building**

Ask and write down the number of people living in the census building where the sample household resides.

Census Buildings are buildings recorded by BPS, usually marked with stickers from BPS. In one census building, it is generally occupied by one household.

Example for details 4 and 5:

If in one building there are three households, for example Mr. Joko has two children who are married. Mr. Joko's household consists of Mr. Joko and his wife. The first child is married and has 1 child. Mr. Joko's second child is also married and has two children. Expenditures for consumption/food are borne by each household (Mr. Joko and his two children).

So detail 4 is filled in: "3" and detail 5 is filled in: "9"

## 5.4 BLOCK IV: HOUSEHOLD MEMBERS' DESCRIPTION

**Household Members (ART)** are all people who usually reside in a household, whether they are in the household at the time of the census or temporarily absent (including the head of the household). The criteria for household members can be seen in Chapter 4.

### Notes:

If the ART refuses to be interviewed, make a better approach so that they are willing. If they still refuse, write the reason for the ART's refusal in the notes column. **signed by the relevant ART and acknowledged by the Head of Household and approved by the local RT Chairperson.**

Columns 1, 2, 3, and 4 quote from *copy* Susenas questionnaire VSENK18.K Block IV Columns 401, 402, 403, and 405

**PROVISIONS FOR NUMBERING ART SEQUENCE NO. IN COLUMN I BLOCK IV:**  
starting from the sequence listed in VSEN.18K (copying the exact sequence as in Susenas) not allowed to change the order , even if the household member enumerated in the Susenas dies or moves, the household member's serial number cannot be removed or replaced.

If there are new household members in the form of births or new arrivals, write them in the order after the old household members listed in Susenas. The order starts from birth, then new household members.

### Column 1: ART serial number

The order of the household members must be in accordance with the order of the household members listed on the copy of the Susenas VSENK18.K questionnaire in Block IV. If there is a household member who moves/ dies, the household member must still be written in accordance with the order listed on the copy of the Susenas VSENK18.K questionnaire Block IV.

The order of the household members must be exactly the same as Susenas because the household member sequence number (column 1) is the key in the process of merging Riskesdas data with Susenas.

**If there is an additional household member, namely a newborn baby or new resident (in accordance with applicable provisions), write it in the next number after the serial number containing the names from the copy.**

If the number of household members is more than 16 people, use an additional Block IV sheet by providing the information CONTINUED in the upper right corner and write the household identity number.

### Column 2: Names of household members

Quote from the Susenas VSENK18.K questionnaire Block IV Column 403 with the same order and then to make sure it can be asked again all the names of the household members. Try not to make abbreviations that will be confusing. For example, Tarida Lubis with Taura Lubis with the same abbreviation T. Lubis. Write the contents in Block and Capital letters so that they are easy to read.

### Column 3: Relationship with head of household (KRT)

Quote from the Susenas VSENK18.K questionnaire Block IV Column 403. Write the quote into the box provided. The first household member must be KRT (**Code 1**) and the next ART fills in one answer code:

- Code 2** KRT's wife/husband.
- Code 3** Biological children
- Code 4** Adopted child or stepchild of KRT
- Code 5** Son-in-law
- Code 6** Grandchildren, namely children of biological children
- Code 7** Parents/in-laws, namely the father/mother of the head of the household or the father/mother of the head of the household's wife/husband.
- Code 8** Domestic helper/driver, namely a person who works as a helper/driver who stays overnight in the RT and receives wages/salary in the form of money or goods.
- Code 9** Other family members, namely household members who are related to the head of the household, or to the head of the household's wife/husband, for example younger siblings, older siblings, aunts, uncles, grandfathers or grandmothers.
- Code 10** Others, namely people who are not related to the head of the household or the wife/husband of the head of the household who have been in the household for more than 6 months, such as guests, friends, and people who live in boarding houses with meals (boarding houses), including children of domestic helpers who also live and eat in their employer's household.

The relationship code with the KRT is also used for household members with birth status or new household members and is written in column 3 for the row of the household member concerned.

### Column 4: Gender

Quote from a copy of the Susenas questionnaire VSENK18.K Block IV

Column 405 Write the quote in the box provided and fill in one answer code.

**Code 1 if "Male", code 2 if "Female"**

The gender code is also used for household members with birth status or new household members and is written in column 3 for the row of the household member concerned.

### Column 5 : Status

This column contains the verification status during the Riskesdas team visit, whether there were changes in the condition of the Susenas sample ART that occurred during the Riskesdas data collection. Fill in the answer code as follows:

1. Changes; if **There is a difference** data collection on the relationship with KRT and gender during the Riskesdas interview with the Susenas enumeration.
2. No Change; if **no difference** data collection on the relationship with KRT and gender during the Riskesdas interview with the results of the Susenas census.
3. Died; if the household member from the Susenas data collection has died when visited by Riskesdas. **The sequence number cannot be changed.**
4. Moved; if the household member from the Susenas data collection has moved when visited by Riskesdas. **The sequence number cannot be changed.**

5. Birth; if the household member is born after the Susenas visit. **Write using the sequence number after the sequence of all household members from the copy of the Susenas census results..**
6. New household member; if the household member is not included in the Susenas census because they moved to the household and intend to stay for at least 6 months after the Susenas visit or are old residents but were not recorded by Susenas officers. **Write using the sequence number after the sequence of all household members from the copy of the Susenas census results..**

**Columns (6) and (7) are columns that aim to obtain the results of ART verification quoted from the Susenas copy in columns (3) and (4).**

#### **Column 6: Relationship with head of household (KRT)**

Unlike column 3, column 6 aims to verify the ART sample Susenas. Ask the relationship of each ART to the head of household (KRT). Column 6 is filled when column 5 is coded 1 (there is a difference between the results of the Susenas recording and the results of the Riskesdas visit).

#### **Head of Household Status Explanation:**

- Heads of households who have more than one residence, are only recorded in one of their residences where they have been the longest. Especially for heads of households who have activities/businesses in other places and return home to their wives and children periodically (every week, every month, every 3 months) but **less than 6 months**, remains registered as the head of the household in the home of his wife and children.
- If the KRT returns to his wife's house within the time **6 months or more**, then the KRT is replaced by one of the ART who functions as KRT (wife/in-law/parent/adult child).
- If the KRT dies or moves or divorces/divorces due to death, ask which ART will replace the KRT. The order of the ART who replaces the KRT does not occupy the first serial number but remains at the serial number of the ART.

#### **Determining the replacement for the Head of Household**

Replacement of the Head of Household can occur in a household with one family card or in a house consisting of several family cards, but cooking in one kitchen. Ask who is considered to replace the Head of Household. If household members cannot decide, ask who has the highest income, then they can be considered the Head of Household.

**If there is a difference, write the respondent's answer in the box provided and fill in one answer code.**

<b>Code 1</b>	<b>Head of Household (KRT)</b> is a person from a group of Household Members who is responsible for the daily needs of the RT, or a person who is considered/appointed as the Head of the RT.
<b>Code 2</b>	KRT's wife/husband.
<b>Code 3</b>	Biological children
<b>Code 4</b>	Adopted child, or stepchild of KRT
<b>Code 5</b>	Son-in-law
<b>Code 6</b>	Grandchildren, namely children of biological children
<b>Code 7</b>	Parents/in-laws, namely the father/mother of the head of the household or the father/mother of the head of the household's wife/husband.
<b>Code 8</b>	Domestic helper/driver, namely a person who works as a helper/driver who stays overnight in the RT and receives wages/salary in the form of money or goods.
<b>Code 9</b>	Other family members, namely household members who are related to the head of the household, or to the head of the household's wife/husband, for example younger siblings, older siblings, aunts, uncles, grandfathers or grandmothers.
<b>Code 10</b>	Others, namely people who are not related to the head of the household or the wife/husband of the head of the household who have been in the household for more than 6 months, such as guests, friends, and people who live in boarding houses with meals (boarding houses), including children of domestic helpers who also live and eat in their employer's household.

#### **Explanation of Relationship with Head of Household:**

1. Family members who are employed as servants (paid wages/salaries) are considered as household servants (code 8).
2. Drivers and gardeners who eat and stay at the employer's house are considered to be the employer's household members. Drivers and gardeners are recorded as servants (code 8).
3. Children of domestic helpers who live in the RT, if they are considered and treated as RT helpers, their relationship status with the KRT is recorded as RT helper (code 8). If the child is not considered or is not treated as a household helper, then it is recorded as other (code 10).
4. Former in-laws who are not related to the head of the household are recorded as others (code 10). If there is a family relationship, it is recorded as the relationship status with the head of the household before marriage, namely family (code 9).

#### **Column 7: Gender**

**Don't** guess someone's gender based on their name. To be sure, ask whether the household member is male or female. For example, Eka, can be male or female.

**If there is a difference, write one answer code into the box provided according to the respondent's answer.**

**Code 1 if "Male", code 2 if "Female"**

**Column 8: Marital status**

Write in the box provided and fill in one answer code according to the respondent's answer.

**Code 1**      **Single** are those who have never had a female partner (for men) or a male partner (for women), whether bound or not by a legally valid marriage (customary, religious, state) or have never had a relationship like husband and wife.

**Code 2**      **Marry** is a person who lives as a husband or wife based on legal regulations/customs/religious teachings, whether they have a marriage certificate or not, but are legally married according to law/customs/religious teachings.  
Included in the married category are those who have a female partner (for men) or a male partner (for women) without being bound by a legal marriage (customary, religious, state), but have a relationship like husband and wife, whether they live together in the same house or not. **Divorce life** are separated as husband and wife due to divorce and have not remarried.

**Code 3**

**Including divorce** is:

- Those who claim to be divorced even though it is not yet legally official
- Those who once lived together, but at the time of the visit were separated (no longer living together)
- Women who claim to have never been married/married/lived together, but have been pregnant or have children, both living and deceased (pregnant out of wedlock).

**Excluding divorce** are those who only live separately but still have married status, for example a husband/wife is left by his/her wife to go to another place because of school, work, looking for work, or for other reasons.

**Code 4**      **Divorce by death** is someone whose husband or wife has died and has not remarried.

**Column 9: Date of Birth**

Ask and write in the box provided the date, month, and year of birth of the ART.

If the respondent forgets the date of birth of the household member, ask whether they have supporting documents, for example a birth certificate, family card, identity card, driving license, and so on.

Try to remember the month and/or year of birth.

- **The date of birth of the toddler's ART must be filled in.**, do not use the code "99"
- If the ART is not a toddler and does not know the date of birth, even though it has been done "**probing**", then the date and month box can be filled with the code "99" but the "Year" can be filled in by calculating based on the "AGE" listed in COLUMN (10) for the Year entry.

### Column 10: Age

Age is calculated in Days or Months or Years, according to the provisions of the filling method. For age in **month** and **year** rounded down or age at the time of the last birthday or anniversary. Age calculation is based on the Gregorian calendar.

#### Explanation:

1. If the age is < 1 month, record it in days.
2. If the age is < 5 years, record it in months.
3. If the age is 5 years, it is recorded in years.
4. If the respondent's age is 27 years 9 months, record 27 years.
5. If the respondent remembers more about the calculations **Islamic calendar**, use "**2018 Basic Health Riskesdas Age Conversion Guidelines**"
6. **Column 10 is required**, even if only approximately.

If the respondent does not know his exact age, try to obtain information about his age by means **probing** as follows:

1. Request birth certificates such as birth certificate, birth recognition letter, doctor's card, immunization card, health card (KMS), or other records made by the parents. Pay attention to the date of issue of the letters (for example, KTP or family card) if what is recorded there is the age/not the date of birth.
2. Connecting the respondent's birth time with the date, month, and year of important events or incidents that occurred in Indonesia or in areas that are known nationally or regionally. Examples: tsunamis, elections, volcanic eruptions, floods, fires, village head/sub-district head elections, etc.

Some important events that can be used to estimate age include:

- a. Japanese landing in Indonesia (1942)
  - b. Proclamation of Independence of the Republic of Indonesia (1945)
  - c. First General Election (1955)
  - d. G30S/PKI Rebellion (1965)
  - e. Tsunami in Aceh (2004)
3. Compare the age of the household member with his/her siblings. Start by estimating the age of the youngest child, then compare it with the second youngest child by asking approximately how old or what the older sibling was able to do: sit (6 months), crawl (8 months), stand (9 months), walk (12 months) when the younger sibling was born or started in the womb. Do this procedure to find out information about the older children.

4. Compare with the children of neighbors or relatives whose ages are known for certain. Estimate how many months the child in question is older or younger than those children.

It is not uncommon for respondents to say they do not know their age at all, when asked and answered "it's up to you". In cases like this, the enumerator is asked to ask again more patiently, repeating the methods recommended above.

Example of how to fill in age:

11 months, 20 days

1	1	month
---	---	-------

Age in years is provided in three boxes, if the age is less than 10 years then the number 0 is added to the first and second boxes.

9 years, 9 months

0	0	9	year
---	---	---	------

**Column 11: Highest educational status completed (Specifically ART > 5 years)** Ask each household member the highest level of formal education they have completed/obtained a diploma. **When still in school** at a certain level of education, then what is filled in is **level of education that has been completed**.

**Code 1 No/never attended school.**

**Code 2 Did not finish elementary school/Islamic elementary school.** Did not graduate from elementary school including Madrasah Ibtidaiyah (MI).

**Code 3 Graduated from Elementary School/Islamic Elementary School.** Graduated from elementary school, including graduating from Madrasah Ibtidaiyah/Package A and did not graduate from junior high school/MTS.

**Code 4 Graduated from junior high school/MTS.** Graduated from junior high school, including graduating from junior high school (MTS)/ Package B and did not graduate from high school/vocational high school.

**Code 5 Graduated from high school/vocational high school.** Graduated from high school, including graduating from Madrasah Aliyah (MA)/Package C

**Code 6 Completed D1/ D2/D3.**

**Code 7 Graduated from College.** Including completion of D4, Strata-1, Strata-2, Strata-3.

**Column 12: Employment Status (Specifically for domestic workers) ≥ 10 years)**

Ask each household member aged 10 years or more about the respondent's occupation.

**Occupation is the respondent's main job or the activity that takes up the most time.**

Fill in one answer code according to the respondent's answer in the box provided.

**Code 1 Doesn't work,** is not or has not had a job **School,** is an activity of

**Code 2** attending formal schools, either in elementary, secondary or higher education under the supervision of the Ministry of Education and Culture, or private educational institutions. Excluding ART who are already working but are carrying out school/study assignments/study leave.

- Code 3 Civil Servants/TNI/Polri/BUMN/BUMD.** Employees are workers who have superiors and receive regular salaries/honors. Employees who work in government as civil servants. Those included in the classification of non-PNS government employees are, for example, Telkom, PLN, PTKA employees, including private employees who work at BUMN, BUMD. TNI/Polri, work in government as army, navy, air force and police.
- Code 4 Private employees,** the employee who did \_\_\_\_\_ activity For earning money regularly is obtained from work other than as a civil servant.
- Code 5 Self-employed,** people who do business with their own capital or trade either as wholesalers or retailers. (including people who trade in agricultural/plantation/forestry products). **Farmer/farm laborer,** is a cultivator of agricultural, plantation, forestry land that is cultivated independently or assisted together with farm laborers. (including here are farm laborers).
- Code 6** \_\_\_\_\_
- Code 7 Fisherman,** people who catch and/or collect marine products (for example fish and others).
- Code 8 Laborer/driver/domestic assistant,** workers who receive wages for processing other people's work, do not receive a fixed and regular salary (construction workers, porters, laborers, *cleaning service*, honorary employees, and motorcycle taxis). Excluding farm laborers (farm laborers are included in Code 6).
- Code 9 Other,** if it is not included in codes 1 to 8.

**Explanation:**

- Housewives are generally included in the unemployed. If a housewife has a side job (tailor, cake maker, etc.) and the job takes up the most time (more than 6 hours a day), then it is considered that the mother is working, enter it into the appropriate type of job. For example, as a tailor for 8 hours, then the mother is included in the criteria for self-employed. If the side job does not take up the most time, then it is still included as unemployed.
- If a household member is an employee who is currently studying, then they are considered to be working according to their main type of job.
- If a retired household member no longer has a job, he/she is considered unemployed. If the retiree has a job again and the job uses the most time (more than 6 hours a day), then the household member is considered to be working, enter it into the appropriate type of job.
- If there is a household member whose relationship status with the head of the household is a servant, then his/her status is working, including as a laborer.

**Column 13: Was the household member interviewed?**

Fill in the answer code in the box provided for all household members, after conducting interviews with household members.

**Code 1 if "Yes", code 2 if "Yes, accompanied", code 3 if "Yes, represented", code 4 if "No"**

The selection of this answer is based on the following description:

1. Yes: if the respondent answers all the questions himself/herself
2. Yes, accompanied: if the respondent is <15 years old and is not yet able to answer by themselves or is deaf/mute, then when answering they can be accompanied by another person.
3. Yes, represented: if the respondent is sick, elderly, or has a mental disorder, for questions that can be answered by another person, the person who knows the ART's condition best can represent him/her.
4. No: if the respondent refuses or cannot be met until the interview schedule in the census block ends.

## **5.5 BLOCK V: ACCESS TO HEALTH FACILITIES**

This block aims to find out **knowledge** Households regarding access to health facilities (faskes) based on the type of transportation, travel time, and transportation costs of selected households. All households were asked, both households that had been to a health facility and those that had never been to a health facility.

Health facilities (faskes) closest is a health service location known to the respondent and located closest to the household and still within the territory of the Republic of Indonesia, regardless of whether the health facility is used by the household or not.

Notes:

- Before going to the research location, the interviewer should confirm the health facilities in the BS through the Health Office of the Health Center/ Sub-district/ RW/ RT. The aim is to help the enumerator conduct probing.
- When the respondent answers no, the interviewer is encouraged to conduct probing, by mentioning the name of the health facility in question. When asking, the enumerator can directly mention the name of the health facility, for example Soekanto Hospital or Polri Hospital because the community around the BS is more familiar with Polri Hospital than Soekanto Hospital.

### **Details 1:**

**Does (HOUSEHOLD) know where the nearest hospital is?**

**Hospital** are all general or special hospitals owned by the government or TNI/POLRI and BUMN or privately owned including hospitals used for obstetric services (maternity hospitals).

**The nearest hospital is located:**

Circle the code according to the respondent's answer and fill it in the answer box provided.

- Code 1**    **There are in districts/cities**,households know that there is a health facility in question 'near' their home. Answer code 1 if there is a health facility in one district/city or sub-district/urban village/RW/RTin thethe district/city.
- Code 2**    **There is in the nearest district/city**,households know that there is a health facility in question 'near' their home. Answer code 2 if the nearest health facility is**outside**district/city where the respondent lives.
- Code 3**    **There isn't any**,This means that the household states that the intended health facility is not available in the district/city or in the nearest district/city.
- Code 8**    **Don't know**,This means that the household does not know about the availability of health facilities, either within or outside the district/city where the household lives.

**If the answer is code 3 or 8, then continue to question V.6.**

**Details 2 :**

**What means of transportation do you use one way from home to the hospital?**

Question**means of transportation used**intended for all households, whether or not they have been to the hospital.

**Explanation of private vehicles or public vehicles, see detailed explanation 4. Circle the code according to the respondent's answer and fill it in the answer box provided.**

- Code 1**    **Private motorized vehicles**,The means of transportation used by households to go to health facilities is by private motorized vehicles, which can be two, three or four-wheeled vehicles (cars, motorbikes).
- Code 2**    **Motorized public vehicles**,means of transportation used by households to go to health facilities by motorized public vehicles. Motorized public vehicles can be in the form of transportation within/ out of town, trains, bentor, bajaj, bemo, and motorcycle taxis/online motorcycle taxis).
- Code 4**    **Non-motorized private vehicles**,The means of transportation used by households to go to health facilities is private non-motorized vehicles (bicycles).

- Code 8**      **Non-motorized public vehicles**, means of transportation used by households to go to health facilities by non-motorized public vehicles (pedicabs, horse-drawn carriages, bicycle taxis).
- Code 16**      **Walk**, the means of transportation used by households to go to health facilities is on foot
- Code 32**      **Water Transportation**, The means of transportation used by households to go to health facilities is by water transportation (boat, ferry, speed boat, klotok, pongpong).
- Code 64**      **Air transportation**, The means of transportation used by households to go to health facilities is by plane.
- Code 128**      **others**, means of transportation used by households to access health services with others.

**Notes:**

- If you share someone else's vehicle, the cost is calculated the same as the cost of public transportation, analogous to the type of mode of transportation used. For example; car with taxi, or motorbike with motorbike taxi.
- If using a 'stretcher' service, then the answer choice is considered walking (code 16).

**Alternative answer models for means of transportation used:**

- **Single mode** or only use 1 type of transportation, then write the appropriate answer code.
- **Multi mode** (continued), then the answer codes are added up. For example: If the household often uses motorized public transportation and before or after the public transportation stop, they have to walk more from 5 minutes, then the input code is = 2+16 = 18, so the input code for the means of transportation is 18.
- **Multiple mode options**, If a household has the option to use a means of transportation, then there is only one answer, namely a means of transportation the most frequent/easiest used to reach health facilities. Often for households that have used health facilities, easy for households that have never used health facilities but know the existence of health facilities.

**Traveling time**

It is the quickest and easiest time to get to the nearest health facility according to the answer to the means of transportation frequently used by the household.

### Details 3 :

#### How long does it take to travel from home to the hospital (one way)?

- Travel time is the fastest and easiest time to get to the nearest health facility according to the answer regarding the means of transportation that is frequently/easily used by the household (according to detail 2).
- What is calculated is the length of travel time, not including travel time waiting for transportation.

Travel time code written as:

**O'clock** unit of time in the form **O'clock** in the household closest to the health facility.  
**Minute** time units in the form of **minute** in the household closest to the health facility.

Note: Travel time is written in one of the columns (hours/minutes). For example, if the travel time from the household to the hospital is 1.5 hours, then the travel time is filled in the column O'clock : 01 and column minute : 30. An example of writing is as follows:

Traveling time	
O'clock	Minute
01	30

Sample case:

The patient left from Sukamaju village to Kasih Ibu Hospital. From home on foot (10 minutes), then take a motorbike taxi to the sub-district (30 minutes). In the sub-district, wait for the bus for 12 hours, then head to Kasih Ibu Hospital in the district capital (3 hours). So the travel time from home to the hospital is 3 hours 40 minutes.

### Transportation costs

Transportation costs are costs incurred by households to travel back and forth to health facilities.

### Details 4:

How much money (Rp) is spent on round trip transportation? The cost is written in the form amount of rupiah .

Means of transportation/mode used, if:

- **Private vehicle**, The amount of costs incurred is calculated using vehicle fuel and parking costs when using health facilities.
- **Public transport**, if the payment is subject to a fee.  
**For example, the costs or expenses incurred for travel from the household to the health facility. round-trip is Rp. 300,000, then it is written as follows:**

0	3	0	0	0	0	0
---	---	---	---	---	---	---

### Notes:

If 'carried on a stretcher', then the cost written is the service for 'carrying on a stretcher'.

**Details 5:**

**Are the transportation costs affordable?** Answer

options:

1. **Affordable**, meaning that the cost of travel to the health facility is affordable/able to be paid by the household.
2. **Unreachable**, meaning that if the cost of travel to the health facility is unaffordable/unable to be paid by the household.

**Details 6**

**Does the (HOUSEHOLD) know the location of the nearest health center/health post/health center/village midwife and its network?**

Fill in the respondent's knowledge about the existence health centers and their networks including assistant health centers (pustu), mobile health centers (pusling) and village midwives (Regulation of the Minister of Health of the Republic of Indonesia No. 75 of 2014).

**If the answer is code 3 or 8, then continue to question V.11**

**Details 7 to 10**

Ask what means of transportation are used to reach the health facility, and the travel time for a one-way trip (in hours and minutes).

Fill in the amount of transportation costs (round trip) to reach the health center/health center/health clinic/village midwife.

Ask whether the respondent thinks the cost is affordable. Explanation of how to fill in the answers such as Details 2 to 5.

**Details 11**

**Does (HOUSEHOLD) know the location of the nearest clinic/doctor's practice/dental practice/independent midwife practice.**

**Clinic/doctor's practice/dental practice/independent midwife practice** is a place or building used for practice, including independent midwife practice.

**If the answer is code 3 or 8, then continue to question Block VI.**

**Details 12-15**

Ask what means of transportation are used to reach the health facility, and the travel time for a one-way trip (in hours and minutes).

Fill in the amount of transportation costs (round trip) to reach the private clinic/doctor's practice/dentist's practice/midwife's practice.

Ask whether the respondent thinks the cost is affordable. Explanation of how to fill in the answer as above.

## 5.6 BLOCK VI: MENTAL DISORDERS IN THE HOUSEHOLD

A series of questions regarding the presence of household members (ART) with mental disorders aims to obtain information and estimates of the prevalence of severe mental disorders (schizophrenia and psychosis). This question is included in the household questionnaire because it is not appropriate to include it in the individual questionnaire and ask ART who have schizophrenia and psychosis. It should be emphasized that what is meant is the possibility of ART experiencing mental disorders (having or currently experiencing them) and not asking about family history (hereditary factors).

**Mental disorders schizophrenia and psychosis** is a mental disorder characterized by an inability to assess reality which includes disturbances in the process of thinking, feelings, perception, and behavior. Characterized by symptoms of thought processes, thought flow (learning, logic, attention, chaotic speech, etc.), feelings (*mood*), perception (delusions, hallucinations, illusions, etc.), behavior (aggression, catatonic/frozen, withdrawn, etc.).

**The questions in block VI only refer to all household members listed in block IV..**

### Details 1

**Has any Household Member ever suffered from a mental disorder?** What is meant by whether a household member has "ever" suffered from a mental disorder is that a household member has experienced any mental disorder (psychosis and non-psychosis) during his/her life according to the respondent's perception, even though it has recovered or is still ongoing.

Fill in the answer code 1 "Yes"; or 2 "No"

If the answer is coded 2 "No", proceed to Block **VII. ENVIRONMENTAL HEALTH**

### Details 2

**Has any member of the household been diagnosed with a mental disorder?**

**Schizophrenia/ Psychosis by health workers?**

Ask if anyone in the household suffers from schizophrenia or psychosis. Schizophrenia and psychosis are characterized by disturbances in assessing reality. Common symptoms include hallucinations (hearing, seeing, feeling, sensing something that other people think is not there), delusions (false beliefs that are not in accordance with educational and cultural backgrounds), strange appearance, confused speech and others. The layman's term for schizophrenia or psychosis is "**Crazy**".

Fill in the answer code 1 "Yes". Answer code 1 "Yes" is selected if the ART (referring to No. 1) is stated to have been diagnosed/experienced schizophrenia or psychosis by a health worker (doctor, nurse, midwife). Answer code 2 "No" if the ART (referring to No. 1) experiences a mental disorder of schizophrenia or psychosis, but the person stating it is not a health worker (doctor, nurse, midwife). **Or** experiencing non-schizophrenia/psychosis mental disorders whether diagnosed by health workers or not diagnosed by health workers. If you answer 2 "No" - continue to Block VII. ENVIRONMENTAL HEALTH.

**FOR QUESTION NO 2 AND SOON, IF THERE IS > 1 ART PERSON SUFFERING FROM THE MENTAL DISORDER OF SCHIZOPHRENIA OR PSYCHOSIS, THEN THE ANSWER REFERS TO ONE OF THE ARTISTS.**

**Example:**

Household "X" has 2 household members who suffer from schizophrenia or psychosis. The first household member went to the hospital and took medication regularly according to the doctor's instructions, while the second household member never received treatment or had contact with health workers so the diagnosis of the disease is unknown. No household member has ever been shackled.

- The answer to detail 2 will be code 1 "Yes", prioritize those diagnosed by health workers
- Detailed answer 3 was written by 1 person.
- The answer to detail 4 was code 1 "Yes, all have received treatment".
- The answer to detail 5 is code 1 "Yes".
- The answer to detail 7 is code 2 "No".

**Details 3**

**How many household members experience this?**

Write down the number of household members who experience schizophrenia or psychosis as diagnosed by health workers (doctors, nurses, midwives) in the household and then move it into the answer box.

**Details 4**

**Has the Household Member ever sought treatment at a Mental Hospital, health facility, and/or health worker?**

Ask whether the ART who has a mental disorder has ever received treatment at a mental hospital, general hospital, community health center or health facility or health worker (doctor, nurse, midwife). Logically, those who are stated to have a mental disorder of schizophrenia or psychosis and diagnosed by a health worker (referring to No. 2 and 3) must answer "1" Yes.

Fill in the answer code 1 "Yes, all have received treatment", if all household members who have mental disorders have received treatment from health workers (doctors, nurses, midwives)

Fill in the answer code 2 "Yes, not all have ever received treatment", if not all household members who have mental disorders have ever received treatment from health workers (doctors, nurses, midwives).

**Note; all words are just anticipation if there is > 1 ART with schizophrenia/psychosis and diagnosed by health workers**

And fill in the answer code 3 "No one is treated" if no household member with mental disorders has ever been treated by a health worker (doctor, nurse, midwife). If you answer code 3 "No one is treated" -**continue to VI.7**

## Details 5

### Has the Household Member taken regular medication in the last month?

Ask whether the household member who has a mental disorder and is undergoing treatment at a mental hospital, general hospital, community health center or health facility or health worker (doctor, nurse, midwife) is taking medication regularly according to the doctor's/health worker's instructions.

Fill in the answer code 1 'Yes', or 2 "No"

If the answer is coded 1 "Yes", proceed to Detail VI.7.

Questions are directed at ART with schizophrenia/psychosis diagnosed by health workers.

#### DETAILS 6 SHOULD BE FILLED IN IF:

- HOUSEHOLD HAS 1 ART PERSON WITH SCHIZOPHRENIA/PSYCHOSIS AND IS NOT REGULARLY BEING TRAINED/TAKING MEDICATION
- HOUSEHOLD HAS >1 ARTIST WITH SCHIZOPHRENIA/PSYCHOSIS AND ALL ARTISTS ARE NOT REGULARLY TRAINED/TAKING MEDICATION

IF YOU HAVE > 1 SCHIZOPHRENIA/ PSYCHOSIS HUSBAND, SOME OF WHO UNDERGO TREATMENT/ TAKE MEDICATION REGULARLY, THEN P.6 IS NOT FILLED IN BECAUSE P5 "YES" - P.VI.7

## Details 6

### If not, what is the reason?

This detail asks for the reason why the ART who suffers from schizophrenia/psychosis does not take medication according to the instructions of the doctor/health worker. Points a to g. READ.

Fill in the answer code 1 "Yes", and 2 "No" for each item, the answer "Yes" can be more from one.

The reasons for the choices are as follows:.

- a. Often forget; if the ART admits to forgetting to take the medicine several times
- b. Unable to buy medicine regularly; If the ART does not have health insurance and must buy the medicine they need themselves, so that the ART is unable to buy medicine to be consumed regularly according to the doctor's instructions.
- c. Medicines are not available at health facilities (hospitals/health centers/pharmacies); If the medicine that the ART should receive is not available at health facilities including hospitals, health centers, clinics and pharmacies
- d. Not routinely seeking treatment at health care facilities; If the ART does not undergo a health check or treatment according to the doctor's instructions, either because they do not have time to see a doctor due to being busy, or are unable to see a doctor due to medical costs or transportation costs to health facilities, so that the ART does not receive proper treatment.
- e. Cannot tolerate the side effects of the drug; if the ART admits that he cannot tolerate the side effects of the drug, so he does not take the drug regularly.
- f. Feeling that the dose given is not appropriate for the symptoms experienced, feeling that the symptoms do not go away, side effects occur, the patient feels uncomfortable.

- g. Feeling healthy; if the ART claims to feel healthy, so that treatment is not continued or the ART becomes non-compliant in taking medication.  
Not feeling sick: people with schizophrenia/psychosis often feel that they are not sick because they have *insight*/ bad view (the sufferer denies the disease and symptoms he is experiencing).
- h. Others, please mention.....; If you have reasons other than those mentioned in a-g. Write down the answer, for example: bored, household member is having a tantrum, household member has difficulty taking medication or other answers.

## Details 7

**Has anyone ever been shackled/isolated/restrained or otherwise subjected to actions similar to being shackled?**

Details 7 and 8 are addressed to all household members who have ever suffered from mental disorders. schizophrenia or psychosis (according to the answer to Detail 3), namely having a diagnosis of schizophrenia/psychosis and being diagnosed by a health worker.

Detail 7 is asked for the condition **during life** ART.

**Shackling is:** an act that uses binding or isolating methods. Binding is all manual methods that use mechanical materials or tools that are installed or attached to the body and make it unable to move easily by limiting the freedom to move the hands, feet or head.

Isolation is the act of locking someone alone without consent or by force, in a room or area that physically restricts them from leaving or exiting the room/area. There is no time limit specified.

**Shackling** among others:

1. Put in a cage, confinement.
2. Isolate people in a certain room or certain area (room, forest, garden, field, hut and so on).

**Not including shackles** if temporary restraint/isolation is carried out during the emergency phase at a health facility.

Fill in the answer code 1 "Yes" or 2 "No".

If the answer is coded 2 "No", proceed to Block **VII. ENVIRONMENTAL HEALTH**.

## Details 8

**Has anyone been shackled in the past 3 months?**

Detail 8 is addressed to ART who have been shackled (according to the answer to Detail 7). Asking whether the ART has experienced mental disorders in the last three months. ever been tied up.

Fill in the answer code 1 "Yes", or 2 "No".

## 5.7 BLOCK VII: ENVIRONMENTAL HEALTH

This block aims to find out information about the environmental health of households that are the samples of Riskesdas 2018, including indicators of clean/drinking water, sanitation, liquid waste and housing. The Environmental Health block questions in Riskesdas 2018 are implemented in an integrated manner with Susenas 2018. Most of the information regarding this block is obtained based on information provided by the head of the household (KRT) or other household members (ART) who know the condition of the household in question best. For some questions, data collectors need to make observations, for example when filling out questions about the condition of the room, questions are asked only for confirmation.

### Details 1

**Where is the main wastewater disposal point from the bathroom/laundry and kitchen?**

**Ask and observe** where most of the wastewater/dirty water from the bathroom/laundry and kitchen is disposed of. Questions were asked to all sampled households, including households that use shared waste disposal facilities (IPAL or wastewater treatment plants).

The answer choices for types of wastewater storage for details 1a and 1b are as follows:

1. Closed reservoir: a facility for collecting wastewater, the construction of which is a pool/well with or without concrete/cement plastering walls and a filter, and **closed**.
2. Open reservoir: a facility for collecting wastewater, the construction of which is a pool/well with or without concrete/cement plaster walls and filters, and **open**.
3. Without storage (on the ground): there is no facility to store household wastewater. Wastewater pools on the ground.
4. Directly into the gutter/river: household wastewater is disposed of directly into the gutter/drain around the house using pipes/conduits or wastewater is disposed of into the river/stream using pipes/conduits.

**Various examples of wastewater storage areas can be seen in the demonstration images.**

*Circle one answer code according to the respondent's answer, and move it into the box provided.*

### Details 2

**For households with toddlers, how do you dispose of toddler feces?**

The purpose of this question is to find out the habits/behavior of household members in disposing of toddler feces, both for toddlers who use disposable diapers.

use or wash-and-use diapers or not use diapers. Toddler feces contain more germs/pathogens than adult feces. Improper handling of toddler feces (not disposed of in a septic tank) is the same as practicing open defecation (BABS). Toddlers are children aged 0-59 months. Ask about the best way to dispose of toddler feces **often done**. If the household has more than 1 toddler, this question is directed at the youngest household member.

The answer choices are as follows:

1. Using a toilet: toddlers defecate directly in the toilet.
2. Disposed of in the toilet: feces from diapers/pants are disposed of in the toilet.
3. Planted: feces from diapers/pants are planted in the soil or the diaper is planted in the soil
4. Thrown in any place/trash can: feces from diapers/pants are thrown in the trash or the diapers are thrown in the trash.
5. Cleaned in any place: toddlers are cleaned in a certain place (for example in the bathroom, but not in the toilet) with the remaining feces being disposed of in any place (drain, canal or river) or being disposed of in a wastewater reservoir from the bathroom/washing place.
6. Others, please specify..... (write according to the respondent's answer)
7. No toddlers: if there are no toddlers in the household.

***Circle one answer code according to the respondent's answer, and move it into the box provided.***

### **Details 3**

#### **What type of place is used to collect/storage wet (organic) waste in the house?**

This question is intended to determine the ownership and condition of the household waste collection/storage place that is easily rotten/decomposed so that it can attract insects and disease-carrying rats and can pollute the air in the house. The wet waste bins are in various forms such as cans, cardboard, plastic buckets (with or without plastic bags), or just plastic trash.

**3.a: Covered trash can** The answer choices are as follows:

1. Yes: there is a covered wet waste storage area available inside the house.
2. No: there is no covered wet waste storage area in the house.

**3.b: Open trash can** The answer choices are as follows:

1. Yes: there is an open wet waste storage area available inside the house.
2. No: there is no open wet waste storage area in the house.

***Circle one answer choice according to the respondent's answer and move it into the box provided.***

#### Details 4

##### How to manage household waste?

Waste management is the collection, transportation, processing, recycling, or disposal of waste materials. The purpose of this question is to find out about waste management in households.

The answer choices are as follows:

1. Transported by officers: if the household waste is routinely transported by local cleaning officers to be disposed of at the final waste disposal site.
2. Thrown away at a TPS (waste collection point): if the household waste is thrown away by the household members themselves at a temporary waste collection point, for example at a market, on a plot of land or at the side of the road, which will be routinely transported by a garbage truck/car.
3. Buried in the ground (covered): if household waste is thrown into a trash hole and covered with soil around the house.
4. Composting: if the waste produced is not thrown away, but is immediately collected and processed to be made into compost for fertilizer or biogas.
5. Burned around the house: if the garbage is burned alone or together with other households.
6. Thrown into rivers/ditches/sea; including throwing into gutters
7. Thrown away carelessly

If there is more than one way to manage household waste, for example waste management by burning it and also having it collected by officers, then the answer choice is waste management that...**the most frequently**done by households.

Circle one answer choice according to the respondent's answer and move it into the box provided.

#### Details 5

##### What do [HOUSEHOLDS] usually do to prevent the spread of diseases caused by mosquito bites?

This question is intended to determine household efforts in controlling disease vectors (dengue and malaria mosquitoes), for example the Mosquito Nest Eradication (PSN) program by means of 3 M Plus (draining, closing, burying and other prevention methods). Vector control can be done by managing the environment physically or mechanically, using biotic and chemical agents, both for vectors and their breeding grounds and/or changing community behavior.

The answer choices are as follows:

1. Using mosquito repellent (spray/burn/electric), namely using mosquito repellent by spraying it into the air in a room (bedroom, family room, etc.) or by burning it or connecting it to electricity.

2. Sprinkle larvicide powder in water reservoirs: namely by sprinkling larvicide powder in water reservoirs that are difficult to clean. An example is sprinkling Abate powder which is in the form of solid crystals and has the property of being easily soluble in water.
3. Mosquito netting is installed on the house ventilation: that is, mosquito netting is added to the house ventilation, which is useful for preventing mosquitoes from entering the house.
4. Draining the bathtub/large bucket/drum: that is, cleaning places that are often used as water reservoirs such as bathtubs, water buckets, drums, drinking water reservoirs, refrigerator water reservoirs, etc.
5. Close water reservoirs in the household: that is, tightly close water reservoirs such as drums, jugs, water towers, etc.
6. Destroy used goods (cans, tires, etc.): Destroy used goods that have the potential to become breeding grounds for mosquitoes, such as cans, tires, bottles, etc.

Fill in the answer code with 1=YES OR 2=NO into the box provided according to the respondent's answer.

#### **Details 6**

**How many times does [Household] drain the bathtub/large bucket/drum?** The purpose of this question is to find out how often households clean bathtubs or large buckets or drums to avoid mosquito larvae. This question applies to households that use bathtubs or large buckets to store water in sufficient capacity, or also households that use drums to store water.

The answer choices are as follows:

1. > 1 time a week: if the household drains the bathtub/bucket/drum more than once a week
2. Once a week: if the household drains the bathtub/bucket/drum once a week
3. 1 - 3 times a month: if the household drains the bathtub/large bucket/drum 1-3 times a month. Households that drain very rarely (for example once every two months) or NEVER AT ALL, fall into this category.

Note: Choose the most risky situation, for example, a household drains the bathtub once a week and drains the drum 1-3 times a month, then choose answer no. 3.

4. Not Applicable: if the household does not use a bathtub/bucket/drum

Circle one answer code according to the respondent's answer, and move it into the box provided.

#### **Details 7**

##### **Make observations on the condition of the room in the house**

The purpose of this question is to find out the condition of the house, whether it has special rooms for the maid to sleep, cooking/kitchen and family room.

is a room in a house that is limited by at least 3 permanent walls/partitions. The types of rooms observed are bedrooms, family rooms and kitchens. The condition of the rooms observed includes the availability of windows, ventilation and natural lighting in these rooms.

**Notes:**

**For the condition of windows, in addition to observing whether they are present or not, also ask respondents about their habit of opening windows.**

If the RT has more than one room (has 3 bedrooms) then the one that is observed is the main bedroom (the bedroom usually used by the head of the family).

**Window availability column**

Windows function very importantly as a path for sunlight to enter the room. The existence of windows in the house is very important, because sunlight that enters every corner of the room will help kill germs or bacteria. In addition, sunlight will replace the light of lamps during the day that do not need to be turned on. Questions about the existence of windows are directly related to the habit of opening windows.

The answer choices are as follows:

1. **Yes, open every day:** if there is a window in the room and the window is opened every day
2. **Yes, rarely opened:** if there is a window in the room but it is not opened every day, including if it is never opened at all.
3. **There isn't any:** if there are no windows in the room
7. **Not applicable:** if you don't have a bedroom, cooking/kitchen, and/or family room

Choose one answer according to the observation results and write it in the box provided.

**If there is no bedroom (answer = 7), then the observation continues to the cooking/kitchen room (next row)**

**If there is no cooking area/kitchen (answer = 7), then the observation continues to the family room (next row)**

**Air ventilation column**

Air ventilation is part of House which functions as a channel air from inside/outside the room. Ventilation functions to circulate air from outside to inside the room and vice versa, so that air exchange occurs. Along with the release of air from inside the room, ventilation also becomes an outlet for pollutants from inside the room.

There are two types of ventilation, namely natural and mechanical. Natural ventilation usually utilizes wind blowing through windows, doors, and vents.

above the door or window; while mechanical ventilation uses air conditioning (AC) or fans mounted on the wall (**exhaust fan**) to remove and enter air to and from the room. The calculation of the ventilation area is done by dividing the total area of the ventilation holes in the room divided by the floor area of the room times one hundred percent.

The answer choices are as follows:

1. **Yes, the area is 10% of the floor area:** if the room has ventilation with an area greater than or equal to 100%
2. **Yes, the area is <10% of the floor area:** if there is ventilation in the room with an area of less than 100%
3. **There isn't any:** if there is no ventilation in the room

If the room is equipped with air conditioning or **exhaust fan** and operated/used every day, then the ventilation in the room is included in the category 'there is, area  $\geq$  10% of floor area' (answer choice 1). If all types of room ventilation are often closed, then it is categorized as no ventilation (answer choice: 3)

***Choose one answer according to the observation results and write it in the box provided.***

### **Lighting column**

The room lighting referred to in this questionnaire is natural lighting that comes from sunlight that enters through doors, windows, or ventilation. Natural light that enters the room can function in addition to saving electricity and can also kill germs. Lighting is categorized as sufficient if officers during daytime data collection can read clearly without the help of artificial lighting, and is categorized as insufficient if officers during daytime data collection cannot read clearly.

The answer choices are as follows

- 1: **'adequate' lighting:** if the room lighting is sufficient
- 2: **'insufficient' lighting:** if the room lighting is not sufficient

***Choose one answer according to the observation results and write it in the box provided.***

### **Water usage**

The data on the amount of water usage collected in Riskesdas 2018 is the average volume of household water usage per day which is usually used for all basic needs; such as drinking, cooking, bathing and washing (clothes and cooking/eating utensils) in a day and night. Before calculating it, first asked about the main type of water used by the household for drinking and for household needs (bathing, cooking, personal hygiene, and washing).

**Details 8**

**What is the main type of water source used by the household for purposes? drink?**

**Details 9**

**What is the main type of water source used by the household for purposes? cooking, personal hygiene, and washing (clothes & cooking/eating utensils)?**

Questions 8 and 9 are intended to determine the type of main water source that is most frequently and most widely used for drinking and all basic household needs, such as cooking, personal hygiene, and washing (clothes & cooking/eating utensils).

The answer choices for details 8 and 9 are as follows:

1. Branded bottled water: if the household uses water in factory-made packaging, whether bottles, glasses or gallons
2. Refill water: if the household uses water from a refill water company (drinking water depot), it is usually unbranded and in gallon sizes.
3. Tap water/PDAM: if the household uses water from a drinking water company that is distributed directly to the house through several taps, usually using a meter.
4. Retail/purchased water: Water is obtained from companies, institutions or retailers, either by being distributed directly to homes or delivered using drums/jerrycans/ water tankers.
5. Borehole/pump: if the household uses water from a borehole that uses a pump (as a tool to raise the water, either an electric pump or a hand pump). This borehole can be a deep pump well (>30 meters underground) or a shallow pump well (<30 meters).
6. Protected dug wells: if the household uses water from dug wells (made by digging them manually in a round or square shape). To collect water, you can use a bucket/ pail by pulling it, using a hoist or bamboo 'scale' or using a pump. A protected dug well is said to be equipped with a 'lip' of the well at least 60 cm from the ground surface, the floor around the well is cemented and equipped with a drain so that dirt or waste does not absorb or re-enter the well.
7. Unprotected dug wells: if the household uses water from unprotected dug wells (dug wells that are not equipped with a 'well lip', the surface around the well is made of soil or rocks or cracked plaster, or there is standing water around the well).
8. Protected springs: if the household uses water from protected springs (springs equipped with closed cement tanks so that the water is protected from pollution).
9. Unprotected springs: if households use water from unprotected springs (springs that are left as they are, not equipped with closed cement tanks so that the water is likely to be contaminated).

10. Rainwater collection: a collection container such as a drum or other container that comes from rainwater that falls on the roof of the house when it rains and is collected using a tub/drum/other container, either used individually or together.
11. Surface water (rivers/streams/lakes/irrigation): if the household uses water from surface water (water obtained from rivers, lakes, irrigation, streams or ditches)
12. Others, ..... (mention): if the household uses water from sources other than options 1 to 10. Mention the source.

Circle one answer code according to the respondent's answer, and move it into the box provided.

### Details 10

**How much water is used for drinking, cooking, bathing and washing (clothes & cooking/eating utensils) for all household members in a day and night?**

The intended use of water is limited to drinking, cooking, bathing and washing (clothes and cooking/eating utensils), **not included** watering plants and washing vehicles.

To fill in the amount of water usage in the household, if the respondent does not know the answer; then the data collector must do the calculation. The calculation of water usage varies, depending on the type of water source used. Here are some examples of how to calculate it:

#### 1. Metered/paid water sources from PDAM or private companies

Ask how many cubic meters of water usage in a month according to what is stated in the bill (payment receipt). Use the last month's payment receipt before the interview. The answers entered in the questionnaire are according to the formula below:

**Water usage with PDAM (L/day) =**

$$\frac{\text{Jumlah air yang digunakan dalam sebulan (m}^3\text{)} \times 1000 \left(\frac{\text{L}}{\text{m}^3}\right)}{\text{Jumlah hari dalam sebulan (30 hari)}}$$

#### 2. All types of major water sources.

Ask how many liters of water households use in a day and night. Use the attached matrix to make it easier for respondents to answer questions about water use based on the type of activity they do.

## STUDY AND USE THE HOUSEHOLD QUESTIONNAIRE HELP SHEET PAGE 8.

No	Aktivitas	Alat	Nilai Estimasi (NE)	Perhitungan RT (liter)	Jumlah (liter)
1	Minum	Gelas	1 gelas uk. 250 ml	$\Sigma (NE \times \text{jumlah gelas dlm 24 jam})$	
2	Masak	Panci	1 panci uk. 1,5 liter	$\Sigma (NE \times \text{jumlah panci dlm 24 jam})$	
3	Mandi	Shower	20 ltr (5 menit) *	$\Sigma (NE \times \text{brp kali mandi dlm 24 jam})$	
		Ember		$\Sigma (\text{Volume ember} \times \text{brp ember yg diperlukan u/ mandi dlm 24 jam})$	
4	Mencuci pakaian	Mesin cuci	50 ltr (1x putar) *	$\Sigma (NE \times \text{brp kali mencuci dlm 24 jam} \times \text{brp putaran})$	
		Ember/baskom		$\Sigma (\text{Volume ember/baskom} \times \text{brp ember/baskom yang diperlukan mencuci dlm 24 jam})$	
5	Mencuci alat masak/makan	Keran	10 ltr (5 menit)	$\Sigma (NE \times \text{brp kali mencuci dlm 24 jam})$	
		Ember		$\Sigma (\text{Volume ember} \times \text{brp ember yg diperlukan mencuci dlm 24 jam})$	

If you cannot say it in liters, use an aid (see the picture in the Demonstration Figure) and convert it to liters according to the container used.

### 3. Water reservoir

For households that use water storage facilities.

- If the water reservoir in the household is a water tank, ask how much the volume of the water tank is and how many times a day and night the water tank is filled. Because when the tank is filled, there is usually still about 20% of the tank volume left, so the calculation of water usage using a water tank is:

$$\text{Water usage (L/day)} = \text{Volume (tank) (L)} \times \text{Charging frequency per day} \times 80\%$$

- If the water reservoir in the household is a large tub, bucket or drum, then ask how much volume the tub/large bucket/drum has and how many times a day and night the reservoir is filled.

$$\text{Water usage (L/day)} = \text{Volume (tub/bucket/drum) (L)} \times \text{Charging frequency per day}$$

- If there is more than one reservoir, then add up the volume of water according to the number of reservoirs used.

### Things to note:

1. All types of water facilities (details 8 & 9) can have their daily water usage volume calculated, provided that the water usage is measured (does not flow continuously). What is meant by this point is:
  - If the house ladder use means water surface (river/river/dam), which flows into the house using a pipe/hose or is taken from the source and **accommodated** at home, then details 10 can be asked.
  - If the house ladder use means water surface (river/stream/dam), which flows into the house using a pipe/hose and is allowed to flow continuously, even if it is collected in a tank/reservoir, then detail 10 cannot be asked. **FILL IN THE CODE 9999, AND WRITE IT IN THE INTERVIEWER NOTES COLUMN**
  - If the household carries out daily activities (such as bathing & washing) at surface water locations, then detail 10 cannot be asked. **FILL IN THE CODE 9999, AND WRITE IT IN THE INTERVIEWER NOTES COLUMN**
2. If more than one water source is used for one activity (for example, washing clothes sometimes using tap water, but sometimes using well water) then ask about the water source that is used more often.
3. The principle is how much water is consumed by each household member, even if the water does not come from the household concerned.  
**For example:** There are household members who drink all day in the office, how much water the household member drinks is still asked. There are household members who always take a shower in a public bathroom, how much water is used for the shower is still asked. There are households that always wash clothes using a laundry service, how much water is used to wash the clothes is still asked.

If using a laundry service to wash clothes, use the estimated value: 15 adult clothes (including pants) are equivalent to 50 L of water. LIST THE CALCULATION IN THE HELP SHEET IN THE 4TH ROW.

## CHAPTER 6

### EXPLANATION OF FILLING OUT THE INDIVIDUAL QUESTIONNAIRE

#### 6.1 BLOCK VIII: INTRODUCTION TO THE PLACE

Fill in the Province, Regency/City, Sub-district, Village/Kelurahan, D/K Classification, Sample Code Number, and Household Sequence Number according to Block I of the RKD18.RT Household Questionnaire

RAHASIA		PERTANYAAN RUMAH TANGGA DAN INDIVIDU										RKD18. IND	
VIII. PENGENALAN TEMPAT													
Prov	Kab/Kota	Kec	Desa/Kel	D/K	Wilayah Kode Buncel					No. Urut RT			

Kutip dari Brosur PENGENALAN TEMPAT RKD18.RT

#### 6.2 BLOCK IX: INDIVIDUAL INTERVIEW DESCRIPTION

Block IX aims to find out the date of data collection and the identity of the interviewer.

##### Details 1. Date of First Visit

Write the date and month the data was first collected in the box provided.

##### Details 2. Final Visit Date

Write the date and month the data was last collected in the box provided.

##### Details 3. Name of data collector

Write the full name of the data collector/interviewer/enumerator.

##### Detail 4. Data collector's signature

Put the data collector's signature in the space provided.

#### 6.3 BLOCK X: INDIVIDUAL DESCRIPTION OF

##### RESPONDENT IDENTIFICATION

##### Details 1. Name and Serial Number of Household Members

Write the name and serial number of the household member who is the respondent in this questionnaire according to Block IV of the household questionnaire (RKD18.RT).

##### Details 2. Name and Serial Number of Biological Father

Write the name and serial number of the biological father who is the respondent in this questionnaire according to Block IV of the household questionnaire (RKD18.RT). If the biological father is not a household member of the respondent's household (not listed in Block IV of the RKD18.RT questionnaire), then fill in the code "00" in the "Sequential Number of Household Members".

**Details 3. Name and Serial Number of Biological Mother**

Write the name and serial number of the biological mother who is the respondent in this questionnaire according to Block IV of the household questionnaire (RKD18.RT). If the biological mother is not a household member of the respondent's household (not listed in Block IV of the RKD18.RT questionnaire), then fill in the code "00" in the "Sequential Number of Household Members".

**Details 4. Name and Serial Number of Companion**

If the respondent is accompanied/represented during the interview, write the name and serial number of the companion according to Block IV of the household questionnaire (RKD18.RT). If the companion is not a household member of the respondent's household (not listed in Block IV of the RKD18.RT questionnaire), then fill in the code "00" in the "Serial Number of Household Member".

**A. INFECTIOUS DISEASES**

Infectious Disease Block, contains questions related to infectious diseases. This block only explores infectious diseases in a limited way, namely diseases related to the Community Health Development Index (IPKM), diseases related to SDG's, Renstra Kemenkes 2014-2019, PIS-PK and Germas.

The general objective of the infectious disease block is to determine the extent of the infectious disease problem at the community level in Indonesia in 2018.

The specific objective of the infectious disease block is to measure the prevalence of ARI, Pneumonia, TB, Hepatitis, Diarrhea, Malaria, and Filariasis in Indonesia in 2018.

In the infectious disease block, respondents will be asked about their illnesses based on diagnoses by health workers. Symptoms of illness, especially for diarrhea, acute respiratory infection, and pneumonia, will be asked to respondents who do not seek treatment from health workers.

Questions about infectious diseases in the individual questionnaire are in Block A.

[NAME] refers to each question in Block A which refers to each name recorded in Block X P.1.

**ACUTE RESPIRATORY TRACT INFECTION (ARI)**

This ISPA question is intended for all Household Members (ART) who are family members in the selected Household (RUTA).

**Details A01: In the last 1 month, has [NAME] ever been diagnosed with ARI (fever, cough, runny nose, sore throat) by a health worker (doctor/nurse/midwife)?**

ISPA is an acute respiratory infection caused by viruses or bacteria. This disease begins with fever accompanied by one or more symptoms.

as follows: fever, sore throat or painful swallowing, runny nose, dry or phlegmy cough. This question is to determine the prevalence of people who have been declared/diagnosed with ISPA by health workers.

The health workers referred to here are specialist doctors, general practitioners, midwives, nurses and health assistants.**not including health cadres.**

Circle one answer code according to the respondent's answer and write the answer code in the box provided.

Code 1 if "Yes" or code 2 if "No"

If the answer to code 1 is "Yes" go to Detail A03 If the answer to code 2 is "No" continue to Detail A02

**Details A02: In the last 1 month, has [NAME] ever experienced the following symptoms:**

Read the existing symptoms to the respondent

<b>A02</b>	Dalam 1 bulan terakhir [NAMA] mengalami gejala sebagai berikut							
	a. Demam	1. Ya	2. Tidak	<input type="checkbox"/>	c. Pilek/hidung tersumbat	1. Ya	2. Tidak	<input type="checkbox"/>
	b. Batuk kurang dari 2 minggu	1. Ya	2. Tidak	<input type="checkbox"/>	d. Sakit tenggorokan	1. Ya	2. Tidak	<input type="checkbox"/>

**Circle one answer code according to the respondent's answer and write the answer code in the box provided. Code 1 if "Yes" or code 2 if "No".**

This question is to obtain information on residents who have not been diagnosed/netted as suffering from ARI by health workers but have symptoms of ARI.

**PNEUMONIA/ PUNGIN INFLAMMATION**

This Pneumonia/pneumonia question is intended for all Household Members (ART).

**Details A03: In the last 1 year, has [NAME] ever been diagnosed with pneumonia with or without chest x-ray (X-ray) by health workers (doctors/nurses/midwives)?**

The health workers referred to here are specialist doctors, general practitioners, midwives, nurses and health assistants.**not including health cadres**

**Pneumonia** is a pneumonia caused by bacteria with symptoms of high fever accompanied by coughing up phlegm, rapid breathing (respiratory rate of children aged <2 months 60x/minute or more; 2 months - <1 year 50x/minute or more; 1-5 years 40x/minute or more), shortness of breath, and other symptoms (headache, restlessness, chest pain, and decreased appetite). Toddlers in Indonesia can experience coughs and colds

which can lead to pneumonia several times a year (ISPA Guidelines and Control, 2016; Toddler Pneumonia Management Guidelines, 2015). This question is to determine the prevalence of people who have been declared/diagnosed with pneumonia by health workers.

**Circle one answer code according to the respondent's answer and write the answer code in the box provided.**

- Code 1 if "Yes, in the last < 1 month"
- Code 2 if "Yes, 1 – 12 months ago"
- Code 3 if "No"
- Code 4 if "Don't know"

If the answer is code 1 **"Yes, less than** Last 1 month" or code 2 "Yes, >1 – 12 months ago" continue to Details A05

**Details A04: In the last 1 year, has [NAME] experienced the following symptoms?**

This question aims to obtain the prevalence of pneumonia/pneumonia sufferers based on symptoms that have never been diagnosed by health workers.

**READ THE QUESTION POINTS**

- High fever
- Cough
- Difficulty breathing with or without chest pain
- Rapid breathing
- Nostril breathing - shortness of breath so that the nostrils expand and collapse
- Lower chest wall inward pull -**see Demonstration Image** Symptoms a to c are asked at all ages. While symptoms d to f are asked to toddlers.

**Circle one answer code according to the respondent's answer and write the answer code in the box provided. Code 1 if "Yes" or code 2 if "No".**

**PULMONARY TUBERCULOSIS/PULMONARY TB (ART ALL AGES)**

**Pulmonary Tuberculosis/Pulmonary TB** is a direct infectious disease caused by germs *Mycobacterium tuberculosis*.

**Symptoms of Pulmonary TB** is a cough for 2 weeks or more, cough accompanied by **additional symptoms** namely phlegm, phlegm mixed with blood, shortness of breath, weakness, decreased appetite, weight loss, malaise, night sweats without physical activity, fever for more than 1 month.

It should be noted that there are groups of people who are embarrassed to admit that they suffer from or have suffered from Pulmonary TB. Interviews need to be conducted carefully and thoroughly. **probing** well. This disease is also known as "pulmonary disease with **spots**".

**Details A05: In the last 1 year, has [NAME] ever been diagnosed with Pulmonary TB by a doctor/nurse/midwife?**

This question is to find out **prevalence** people who have been diagnosed with pulmonary TB by specialist doctors, general practitioners, midwives and nurses, **not including health cadres**.

Circle one answer code according to the respondent's answer and write the answer code in the box provided.

- Code 1 if "Yes, in the last 6 months"
- Code 2 if "Yes, more than 6 months"
- Code 3 if "No"

If the answer to code 3 is "No" continue to Details A12
---

**Details A06. What examination is used to confirm the diagnosis?**

This question is to find out how health workers diagnose Pulmonary TB.

***Circle one answer code according to the respondent's answer and write the answer code in the box provided. Code 1 if "Yes" or code 2 if "No".***

For each question

- a. Tuberculin/Mantoux examination, specifically for ART aged  $\leq 15$  years.  
Tuberculin examination/test ***mantoux*** is an injection between the skin on the lower arm.
- b. Sputum examination, ART for all ages.
- c. Chest X-ray examination (***X-ray***) shows Pulmonary TB according to the respondent's answer.

**TUBERCULOSIS/PULMONARY TB TREATMENT**

TB treatment aims to kill all TB germs by administering a combination of several types of drugs, namely: ***rifampin, isoniazid, ethambutol*** And ***Pyrazinamide*** or there is an additional injection ***streptomycin***.

The duration of TB treatment ranges from 6-8 months consisting of 2 months of the initial phase and 4 months of the continuation phase. Treatment is given in the form of a fixed dose combination (KDT) or a release form. The government has provided free TB treatment for all cases at health centers and hospitals that provide TB services with ***Direct Observation Treatment Short course*** (DOTS) means short-term TB treatment under direct supervision.

Every TB patient must have a Medication Supervisor (PMO) who ensures that the ART takes their medication every day and also ensures that the TB ART has regular check-ups at health service centers.

**Details A07: Did you receive Fixed Dose Combination TB (FDC) medication?** To improve ART compliance in undergoing relatively long treatment with a large number of drugs, a combination of Anti-Tuberculosis Drugs (OAT) is provided in the form of a Fixed Dose Combination = KDT (***Fixed Dose Combination*** = FDC).

OAT-KDT tablets consist of a combination of 2 or 4 types of drugs in one tablet. The dosage is adjusted to the patient's weight. The combination is packaged in one package for one patient. (**Example of medicine see Demonstration Picture**)

OAT KDT is a tablet containing a combination of several types of anti-TB drugs with a fixed dose. Types of KDT tablets for adults:

- Tablets containing 4 types of drugs are known as 4 KDT. Each tablet contains: 75 mg INH, 150 mg Rifampicin, 400 mg Pyrazinamide, 275 mg Ethambutol. These tablets are used daily for daily treatment in the intensive stage and for inserts. The number of tablets used is according to the patient's weight.
- Tablets containing 2 types of drugs are known as 2 KDT. Each tablet contains 150 mg INH and 150 mg Rifampicin. These tablets are used for intermittent treatment 3 times a week in the continuation stage. The number of tablets used is according to the patient's weight

***Enter Code 1 if "Yes", or code 2 if "No"***

**Details A08: Did you receive any loose TB medication?**

Loose TB drugs are when each drug is presented separately, consisting of: ***INH, Rifampin, Pyrazinamide, And Ethambutol.***

***Enter Code 1 if "Yes", or code 2 if "No"***

**Detail A09: Is there a family member or other person who acts as a medication supervisor (PMO)?**

PMO is someone who is appointed and trusted to supervise and monitor tuberculosis patients in taking their medication regularly and completely. PMO can come from family, neighbors, cadres, community leaders or health workers. Medication Supervisor is an activity carried out to ensure patient compliance in taking medication according to the dosage and schedule as determined.

PMO has the following obligations:

1. Attend short training from health workers regarding the disease or dangers of Tuberculosis, regarding the need to take medication regularly and

completion of treatment on schedule, the need for sputum evaluation and drug side effects and when to seek help.

2. Monitor daily medication intake at home.
3. Record the medication that has been taken and record the complaints experienced by the patient.
4. Participate in taking the next medication before the medication runs out and participate in examining the patient's sputum.
5. Provide motivation to patients so that treatment failure does not occur and become a health educator.

**Fill in Code 1 if "Yes, there is a PMO", or code 2 if "There is no PMO"**

<b>IF ART IS DIAGNOSED WITH PULMONARY TB &gt; 6 MONTHS (A05 = 2) <del>A12</del> IF ART WAS DIAGNOSED WITH PULMONARY TB IN THE LAST 6 MONTHS (A05 = 1)-A10</b> ➔
---

**TB ART takes medication regularly**

Compliance with regular treatment for six months and routinely taking medication is the key to successful TB ART healing. Because if this is not done, then this TB disease will become Multi Drug Resistant Tuberculosis (TB-MDR) which is resistant to drugs.

Details A10 and A11 are intended for TB patients who have been diagnosed with TB for less than 1 year. If the ART has been diagnosed with TB for more than 1 year, then proceed to A12.

**Detail A10: Are you currently taking TB medication regularly (diagnosed within the last 6 months)**

What is meant by routine is never stopping taking medication according to the doctor's instructions.

TB treatment is given in 2 stages, namely the intensive and continuation stages.

Intensive Stage:

- In the intensive (initial) stage, patients receive medication every day and need to be monitored directly to prevent drug resistance.
- If intensive treatment is given appropriately, infectious patients usually become non-infectious within 2 weeks.
- Most patients with BTA positive TB become BTA negative (conversion) within 2 months.

Advanced Stage:

- In the advanced stage, patients receive fewer types of drugs, but for a longer period of time.
- The advanced stage is important to kill persister (dormant) germs to prevent recurrence.

**Enter Code 1 if "Yes", or code 2 if "No"**

<b>If the answer to code 1 is "Yes" continue to details A12</b>
---

**Detail A11: Why not take medication regularly**

- a. **Often forgetful**; if the ART admits to forgetting to take TB medication several times
- b. **Medicines are not available at health care facilities**; If the TB drugs that ART should receive are not available at health facilities including hospitals, health centers, clinics and pharmacies
- c. **Can't stand the side effects**; if the ART admits that he cannot tolerate the side effects of the drug, so he does not take the drug regularly
- d. **The treatment period felt long**; If the ART feels that the required time to take medication is too long or feels bored.
- e. **Unable to afford TB medication regularly**; If the ART does not have health insurance and has to buy TB medication themselves, the ART cannot afford to buy TB medication to take regularly according to the doctor's instructions.
- f. **Not regularly seeking treatment at health care facilities**; If the ART does not undergo a health check or treatment according to the doctor's instructions, either because they do not have time to see a doctor due to being busy, or are unable to see a doctor due to medical costs or transportation costs to a health facility, the ART will not receive the appropriate treatment.
- g. **Feeling healthy**; If the ART claims to feel healthy at the start of treatment, so that treatment is not continued or the ART becomes non-compliant in taking medication
- h. **Others, please specify...**; If the respondent's answer is not included in points a to g. Write down the answer, for example bored or other answers.

***Enter Code 1 if "Yes", or code 2 if "No"***

**HEPATITIS (ALL AGES)**

**Hepatitis** is a liver infection caused by the Hepatitis A, B, C, D or E virus. Hepatitis can cause symptoms of fever, lethargy, loss of appetite, nausea, pain in the upper right abdomen, accompanied by brown urine which is then followed by icterus (yellow color of the skin and/or sclera) due to high bilirubin in the blood). Hepatitis can also be asymptomatic

**Detail A12: In the past year, has [NAME] ever been diagnosed with hepatitis through a blood test by a doctor?**

This question is to find out **prevalence** people who have been diagnosed with hepatitis by a doctor.

***Circle one answer code according to the respondent's answer and write the code in the box provided. Code 1 if "Yes" or code 2 if "No".***

The doctor referred to here is a specialist doctor or general practitioner.

<b>Respondents who answered they did not know were categorized as "no" (code 2)</b>
---

## DIARRHEA (ART OF ALL AGES)

**Diarrhea** is a bowel movement disorder (BAB) characterized by defecating more than 6 times a day with liquid stool consistency, which can be accompanied by blood and/or mucus.

### Notes:

Respondents **neonates** (age 0-28 hrs) can defecate 5-6 times/day with a soft consistency. Defecation at **neonate** is considered normal.

### Detail A13: In the last 1 month, has [NAME] ever been diagnosed with Diarrhea by a health worker (doctor/nurse/midwife)?

This question is to find out **point prevalence** which is intended to measure the proportion of diarrhea incidents in the community within a certain period of time who have been diagnosed with diarrhea by health workers.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- **Code 1 if "Yes, in the last 2 weeks"**
- **Code 2 if "Yes, > 2 weeks - 1 month"**
- **Code 3 if "No"**
- **Code 8 if "Don't know"**

If the answer is code 1 **"Yes, in the last 2 weeks"** proceed to Details A15  
If the answer is code 2 **"Yes, > 2 weeks - 1 month"** proceed to Details A15

### Detail A14: In the last 1 month, has [NAME] ever experienced?

- Defecate (BAB) 3 - 6 times a day**
- Defecation > 6 times a day**
- Soft or liquid stools**

This question is to get information about **point prevalence** residents who have not been diagnosed/netted as suffering from diarrhea by health workers but have symptoms of diarrhea.

**Write the answer code in the box provided.**

- **Code 1 if "Yes, in the last 2 weeks"**
- **Code 2 if "Yes, > 2 weeks - 1 month"**
- **Code 3 if "No"**
- **Code 8 if "Don't know"**

JIKA JAWABAN A13 DAN A14 SEMUA BERKODE "3" ATAU "8", LANJUT KE A16

**Detail A15: Is [NAME] taking medication for the illness/complaint of diarrhea?**

The drugs in question are drugs to treat diarrhea as contained in points a to e:

**a. Oralit/ Sugar Salt Solution (LGG)**

**Oralit**; is a mixture of electrolyte salts, such as sodium chloride (NaCl), potassium chloride (KCl), and trisodium citrate hydrate, and anhydrous glucose which aims to prevent dehydration by replacing fluids and electrolytes in the body that are lost during diarrhea. Oralit solution can be made yourself like a sugar salt solution or is available under several trade names such as Oralit, Pedialyte®, Naturalyte®, and Parolit®.

**Sugar Salt Solution (LGG)**; is a mixture of one teaspoon of sugar and a quarter teaspoon of salt dissolved in 100cc of boiled water (half a glass of star fruit).

**b. Anti-diarrheal drugs**; antidiarrheal drugs that have not been proven to be beneficial include Dioctahedral smectite Dioctahedral smectite (DS), Racecordil, Nifuroxazide, Obstipansia with several trade names such as diatab, new diatab, norit, and neo-kaolana and there are also Contraindicated Drugs (Should not be given without a doctor's approval) such as Loperamide.

**c. Antibiotics**; not all cases of diarrhea require antibiotics. Antibiotics are only given if there are indications, such as bloody diarrhea or diarrhea due to cholera, or diarrhea accompanied by other diseases. Examples of antibiotics that are commonly purchased by the public include antibiotics such as Tetracycline or Ampicillin

**d. Herbal/traditional medicine**; namely traditional medicine or herbal medicine to treat diarrhea, either in the form of natural ingredients such as guava leaf concoction, or herbal medicine in packaging such as diabet

**e. Zinc medication (especially for toddlers); Show Demonstration Picture.** Zinc is a micronutrient that can inhibit the INOS enzyme (**Inducible Nitric Oxide Synthase**) in the body, where the excretion of this enzyme increases during diarrhea and results in intestinal epithelial hypersecretion. Zinc also plays a role in the epithelialization of the intestinal wall which experiences morphological and functional damage during diarrhea.

Zinc is given for 10 consecutive days even if diarrhea has stopped. It can be given by chewing or dissolving in 1 spoon of boiled water or breast milk.

- Age < 6 months given 10 mg (1/2 tablet) per day

- Age > 6 months given 20 mg (1 tablet) per day.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Fill in Code 1 if "Yes", code 2 if "No", or code 8 if "Don't Know"**

**MALARIA (ART OF ALL AGES)**

**Malaria** is a disease that is generally characterized by a high fever that can rise and fall periodically accompanied by one or more other symptoms such as

chills, pale face, headache, dizziness, loss of appetite, nausea, vomiting, muscle pain or stiffness. This disease is caused by the malaria parasite and is transmitted through mosquito bites. **Anopheles sp.** A definite diagnosis of malaria must be established by microscopic examination of blood smears or by rapid diagnostic tests. **RDIT.** In endemic areas, respondents usually know this disease is accompanied by an enlarged spleen or the presence of stomach seeds.

**Detail A16: In the last 1 year, has [NAME] ever had blood drawn for malaria examination by a health worker (doctor/nurse/midwife)?** This question is to find out **Point Prevalence and Annual Parasite Incidence (API)** people who have been diagnosed with malaria based on blood test results by health workers.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1 if "Yes, < last 1 month"
- Code 2 if "Yes, 1-12 months"
- Code 3 if "No"

**If the answer is code 3 "No" proceed to Details A19**

**Detail A17: Was [NAME] declared positive for malaria following the examination by a health worker (doctor/nurse/midwife)?** **Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1 if "Yes"
- Code 2 if "No"

**If the answer is code 2 "No" proceed to Details A19**

**Detail A18: Was [NAME] given the following malaria drugs? *Artemisinin Combination Therapy* (ACT) is a malaria drug which is a combination of malaria drugs from the *Artemisinin* (example: *Artemisin*, *Dihydrooartemisin*, *Artesunate*, *Artemether*) with other classes of anti-malarial drugs such as *Amodiaquine*, *Mefloquine*. Currently, the malaria control program has 2 preparations, namely:**

1. *Artesunate – Amodiaquine*
2. *Dihydrartemisinin – Piperaquin*

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1 if "Yes"
- Code 2 if "No"

Malaria Medicine (see Demonstration Image):

1. ACT

2. Other Malaria Medicines:

*Chloroquine, Amodiaquine, Antifolate, Sulfadoxine, Pyrimethamine, Proguanil, Chlorproguanil, Dapsone, Mefloquine, Artemisinin, Artemether, Artesunate, Dihydroartemisinin, Artemotil, Lumefantrine (Benflumetol), Primaquine, Atovaquone, Quinine, Tetracycline, Doxycycline And Clindamycin*

## FILARIASIS

**Detail A19: Has [NAME] ever been given filariasis prevention medication ( *diethylcarbamazine citrate* And *albendazole*) by health workers? (SHOW PICTURE)**

This question is to find out whether ART has ever participated in the Mass Provision of Filariasis Prevention Drugs (POPM) program to break the chain of widespread filariasis transmission from the Ministry of Health. The program is carried out by providing *diethylcarbamazine citrate* (DEC) and *albendazole* once a year for 5 consecutive years.

***Enter Code 1 if "Yes", or code 2 if "No"***

**Detail A20: Has [NAME] ever been diagnosed with elephantiasis (filariasis) by a health worker (doctor/nurse/midwife)?**

This question is to find out **prevalence** people who have been diagnosed with filariasis based on the results of a nighttime finger blood test by a health worker.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

**Fill in the answer choices in the boxes provided. Answer Choices**

- Code 1; "Yes, before 2017"
- Code 2; "Yes, in 2017"
- Code 3; "Yes, in 2018"
- Code 4; "No"- BLOCK B

**If the answer choice is coded 4 "no", then continue to Block B DISEASE**

**NOT CONTAMINABLE**

**Detail A21: Does [NAME] take medication according to the advice of health workers (doctor/nurse/midwife)?**

This question aims to find out whether ART takes medication according to the recommendations of health workers.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Enter Code 1 if "Yes", or code 2 if "No"***

## B. NON-COMMUNICABLE DISEASES

This section aims to obtain an overview of the population experiencing certain non-communicable diseases.

The types of questions asked consist of:

1. Prevalence of NCDs diagnosed by doctors
2. Proportion of population with NCDs who undergo re-examination/check-ups
3. Duration of suffering from NCDs diagnosed by a doctor
4. Scope of PTM handling

The types of diseases asked include chronic diseases. The diseases asked are:

1. Asthma
2. Cancer
3. Diabetes mellitus/ Diabetes
4. Heart disease
5. Dental and oral health
6. Hypertension/ High blood pressure
7. Stroke
8. Chronic kidney failure disease
9. Joint disease/rheumatism

Types of questions based on groups as follows: Questions

**B01-B14** asked on **ART all ages**. Question **B15-B19** asked on **ART e 3 years** Question **B20-B30** asked on **ART e 15 years**

<b>DETAILS B01-B14 REFER TO ART OF ALL AGES WITH THE DISEASE THE SUFFERER</b>
---

### **ASTHMA/ WHEEZING/ BURNING [ART OF ALL AGES]**

It is a chronic inflammatory disorder of the airways. The basis of this disease is bronchial hyperactivity and airway obstruction. Usually triggered by allergens (such as dust, cigarette smoke, cold air, etc.), or occurs when suffering from illness such as fever or experiencing stress. Note: The breath sound of asthma sufferers is like the sound of a whistle being blown.

**Detail B01: Has [NAME] ever been diagnosed with asthma by a doctor? Circle one answer code according to the respondent's answer and move it into the box provided.**

***Code 1 if "Yes" or code 2 if "No".***

<b>If the answer is coded 2 "No", proceed to Detail B04.</b>
--

**Details B02: At what age were you first diagnosed with asthma?**

This question aims to estimate the onset and duration of asthma.

***Fill in the answer for age ..... years and move it into the two (2) boxes provided (eg: 12 years).***

**Fill in "98" if [NAME] answers that he doesn't remember.**

**Details B03: Has [NAME] had an asthma attack in the last 12 months?** This question aims to estimate whether the asthma/shortness of breath that was experienced has continued in the last 12 months.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**CANCER [ART ALL AGES]**

**Cancer or malignant tumor** is the uncontrolled growth of abnormal cells, continues to grow/increase, and can invade the surrounding normal tissue. Cancer cells can spread to other parts of the body outside their origin and can form metastases through the circulatory system and lymph nodes.

**Details B04: Has [NAME] ever been diagnosed with cancer by a doctor?**

The questions aim to estimate the prevalence of cancer that has been diagnosed by a doctor.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

<b>If the answer is coded 2 "No", proceed to Detail B06.</b>
--

**Details B05: Has [NAME] undergone cancer treatment as below:**

- a. Surgery/operation
- b. Radiation/exposure
- c. Chemotherapy
- d. Others, please specify.....

This question aims to obtain information regarding the type of treatment received by the respondent.

- a. **Surgery/operation** is the removal of tumor tissue by ensuring that the incision edges are tumor-free.
- b. **Radiation/exposure** is a treatment by administering penetrating/ionizing rays to the tumor area.
- c. **Chemotherapy** is the administration of drugs to kill cancer cells either by infusion, injection or orally.

d. **Others, Please specify.....**(answers must be filled in, such as: “no treatment, traditional, etc.”).

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes" or code 2 if "No".**

#### **DIABETES MELLITUS/ DIABETES [ART OF ALL AGES]**

**Diabetes mellitus** is a metabolic disease with a collection of symptoms that occur due to increased blood glucose levels above normal values. This disease is caused by impaired glucose metabolism due to a deficiency or impaired insulin function, both absolutely and relatively. There are 2 types of diabetes mellitus, namely type I diabetes / diabetes *juvenile* namely diabetes which is generally acquired since childhood, especially due to genetic factors and type II diabetes, namely diabetes which is generally acquired after adulthood and is triggered by an unhealthy lifestyle.

#### **Details B06: Has [NAME] ever been diagnosed with diabetes mellitus by a doctor?**

This question aims to estimate the prevalence of diabetes that has been diagnosed by a doctor.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes" or code 2 if "No".**

<b>If the answer is coded 2 “No”, proceed to details B12.</b>
---

#### **Details B07. At what age were you first diagnosed with diabetes mellitus?**

This question aims to estimate the onset and duration of diabetes mellitus.

**Fill in the answer age..... years and move it into the two (2) boxes provided (eg: 12 years).**

**Fill in "98" if [NAME] answers that he doesn't remember.**

**Details B08. What type of treatment did [NAME] receive?** This question aims to estimate the type of treatment obtained from doctors/medical personnel.

Answer options:

1. Anti-DM drugs (OAD) from medical personnel.
2. Insulin injection.
3. Anti-DM drugs (OAD) from medical personnel and insulin injections.
4. Untreated; If the ART does not receive anti-diabetic medication, either oral or injected, from a doctor/medical personnel.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**If the answer to B08 is code 4 "Not treated", proceed to details B11.**

**Details B09: Did [NAME] take/inject anti-diabetic medication according to doctor's instructions?**

This question aims to estimate the treatment carried out according to the doctor's instructions.

Answer options:

1. **Yes, as directed by your doctor.**; If the ART takes anti-diabetic medication/insulin injections according to doctor's instructions (either daily or not).
2. **Not according to doctor's instructions**; If the ART takes anti-diabetic medication/insulin injections but does not follow the doctor's instructions.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**If the answer to B09 is coded 1 "Yes, according to doctor's instructions", continue to B11.**

**Details B10. Why did [NAME] not take the medication as directed by the doctor?** This question aims to estimate the reasons why residents do not take medication according to doctor's instructions.

**Point ag is read.**

- a. **Often forget**; if the ART admits to forgetting to take the medicine several times.
- b. **Medicines are not available at health facilities (hospitals/health centers/pharmacies)**; If the drugs that ART should receive are not available at health service facilities including hospitals, health centers, pharmacies or clinics, both primary and secondary clinics.
- c. **Drink traditional medicine**; if ART prefers to take traditional medicine.
- d. **Can't stand the side effects of the drug**; if the ART claims to be unable to tolerate the side effects of the drug, so that he does not take the drug according to the doctor's instructions.
- e. **Can't afford medicine**; If the ART does not have health insurance and must buy the necessary medicine themselves, but the ART cannot afford to buy the medicine to be consumed according to the doctor's instructions.
- f. **Not regularly seeking treatment at health care facilities**; If the ART does not undergo a health check or treatment according to the doctor's instructions, either because they do not have time to see a doctor due to being busy, distance factors or difficult access to health care facilities, are unable to see a doctor due to medical costs or transportation costs to health care facilities, so that the ART does not receive appropriate treatment.
- g. **Feeling healthy**; if the ART claims to feel healthy at the beginning of treatment, so that treatment is not continued or the ART becomes non-compliant in taking medication.

h. **Others, please specify.....**; if the respondent's answer is not included in points a to g. Write down the answer, for example bored, the medicine is not effective or other answers.

**Fill in one answer code according to the respondent's answer in the box provided.**

**Code 1 if "Yes" or code 2 if "No".**

**Details B11: What does [NAME] do to control diabetes mellitus?**

This question aims to obtain information regarding the treatment or actions taken by respondents to control their diabetes.

**a. Meal arrangements;** if the ART regulates meals in terms of schedule, type and quantity to control blood sugar in the body. The recommended diet is food with a balanced composition in terms of carbohydrates, proteins and fats.

The number of calories is adjusted according to gender, age, growth, nutritional status or body weight, metabolic stress and work/physical activity, which is basically aimed at achieving and maintaining ideal body weight.

**b. Sports;** if ART does regular and routine exercise. Some examples of recommended exercise include: walking or jogging, cycling, swimming, and so on. This exercise is done for a minimum of 30-40 minutes per day, preceded by a 5-10 minute warm-up and ended with a 5-10 minute cool-down.

**c. Herbal alternatives;** If the ART consumes herbal medicine, either in the form of a concoction such as mengkudu or bitter melon concoction or herbal medicine in packaging such as kenis jamu®, Sambiloto®, Jamsi®, Dansul®, and so on. Circle one answer code according to the respondent's answer and move it into the box provided.

Code 1 if "Yes" or code 2 if "No".

**Details B12: Has [NAME] experienced any of the following symptoms in the last 1 month: (READ POINT ad).**

- a. Often hungry; Unexplained hunger
- b. Frequent thirst; Unexplained thirst
- c. Frequent urination & large amounts; Frequent urination for which the cause cannot be explained.
- d. Weight loss; weight loss experienced by respondents and it is not clear why

The above symptoms are classic symptoms for DM sufferers. The four symptoms are read one by one to be answered by the respondents.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes" or code 2 if "No".**

**Details B13: Has [NAME] had his blood sugar checked?** This question applies to all respondents, both those who have been diagnosed with diabetes mellitus by a doctor and those who have not.

Answer options:

**1. Yes, regularly**

- If the ART checks blood sugar levels **according to doctor's instructions** (for ART who have been diagnosed with diabetes mellitus by a doctor) or
- If the ART checks blood sugar levels **at least once a year** (for ART who have never been diagnosed with diabetes mellitus by a doctor).

**2. Yes, sometimes**

- If the ART checks blood sugar levels **not according to doctor's instructions** (for ART who have been diagnosed with diabetes mellitus by a doctor) or
- If the ART checks blood sugar levels **less than 1 time per year** (for ART who have never been diagnosed with diabetes mellitus by a doctor).

**3. Never;** If the ART never checks blood sugar levels. ***Circle one answer code according to the respondent's answer and move it into the box provided.***

**HEART DISEASE [ART ALL AGES]**

The heart disease in question is all abnormalities of the heart including coronary heart disease, heart failure (***cord decompensation***), valve abnormalities, swelling of the heart muscle, etc. diagnosed by a doctor.

Coronary heart disease is a heart dysfunction caused by the heart muscle lacking blood due to narrowing of the coronary blood vessels. Clinically, it is characterized by chest pain or discomfort in the chest or a feeling of heavy pressure in the chest when doing heavy work, walking uphill, walking in a hurry on a flat road, walking long distances or experiencing stress.

**Detail B14: Has [NAME] ever been diagnosed with heart disease by a doctor?**

This question aims to estimate the prevalence of heart disease diagnosed by a doctor.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

<p><b>IF THE ART IS 2 YEARS OLD, PROCEED TO BLOCK E IF THE ART IS 2 YEARS OLD <math>\geq</math> 3 YEARS, GO TO DETAILS B15</b></p>
--

## DENTAL AND ORAL HEALTH [ART AGE 3 YEARS]

Details **B15-B19** is to identify respondents who have problems with their teeth/mouth and determine whether they receive appropriate treatment according to the problems they face. For children aged 10 years and under, you can ask the parents who know the most about their child's condition.

### Details B15. Dental problems:

The questions below are to identify respondents who have dental health problems/complaints/disorders. Read question B15 according to what is written on the questionnaire. The answer to the question is the respondent's opinion on the condition of their teeth and mouth. So the question does not need to be probed/explored/discussed further. The question is intended to determine the population's perception of the condition of their teeth and mouth.

#### a. Are [Name]'s teeth damaged, cavities or diseased?

Hole **incrown** permanently damaged teeth on hard surfaces tooth. **Cavities are** tooth decay or dental caries, which is caused by bacterial infection or other factors that cause tooth damage and pain (wrong way of brushing teeth, food residue).

#### b. Are there any teeth missing from [NAME] due to being pulled or falling out on their own? Removal of teeth from the oral tissues as a form of dental treatment a hole that can no longer be filled/patched.

Remaining roots or radices are included in the condition of missing teeth.

#### c. Have [NAME]'s teeth been filled or filled due to cavities?

The form of treatment for cavities is filling/application of materials filling after the damaged tooth tissue is cleaned.

#### d. Are [NAME]'s teeth loose?

Loose teeth condition whether moved by hand or when chewing. Loose teeth can move horizontally or vertically.

#### Answer Options:

- **Code 1 if "There is", continue to the next line.**
- **Code 2 if "None", continue to the next line.**

### B16 Details. In the last 1 year, has [NAME] had any oral problems:

#### a. Swollen gums and/or ulcers (abscesses)

A dental abscess is the formation of a sac or lump filled with pus on the gums caused by a bacterial infection. Dental abscesses usually appear at the tip of the tooth root (periapical abscess). The origin of the disease is due to caries (holes) in the teeth, with a chronic inflammatory process.

**b. Gums bleed easily (such as when brushing teeth)**

Bleeding gums can be caused by various diseases or inflammation of the gums (gingivitis). Gingivitis occurs due to the accumulation of dirt (**plaque**) on the gum edge area (**gingival line**). **Plaque** which is not cleaned thoroughly will harden and eventually form tartar which will make the bleeding worse..

**c. Canker sores recur at least 4 times**

**Thrush or Recurrent Aphthous Stomatitis**(SAR) is a term for explains various types of lesions/injuries in the oral cavity. The location of canker sores can occur on the inside of the cheeks or lips, the surface of the gums and tongue. Canker sores can be one or more, causing pain or a burning sensation. Canker sores usually heal in 3-4 days, but can recur. The causes of canker sores are poor oral hygiene, a compromised immune system, hormonal changes, etc.

**d. Canker sores persist and never heal for at least 1 month;** Canker sores in the mouth that do not heal **minimum** 1 month.

The shape sometimes gets bigger and a burning feeling appears in the oral cavity.

*Fill in one answer code according to the respondent's answer in the box provided.  
Code 1 if "Yes" or code 2 if "No ".*

**Details B17: In the last 1 year, what types of procedures did [NAME] receive to address dental and oral problems?**

***Fill in the answer code 1= yes or 2=no in each answer choice***

This series of questions was only asked to respondents who had dental/oral health problems and had received professional treatment from a dental nurse, dentist or dental specialist in the last 1 year.

Read the answer choices and note all types of care mentioned.

**a. Treatment/taking medication**

What is meant by treatment is the administration of medication in the form of pills, syrup or other forms of medication prescribed/given directly by medical personnel to treat dental, mouth, tongue or gum problems. **not including traditional medicine.**

**b. Counseling on dental and oral hygiene and health care** Counseling is an activity that provides information about dental and oral hygiene care, without carrying out clinical actions on the teeth and mouth.

**c. Filling/filling**

A procedure performed by dental medical personnel to restore tooth function due to damage, such as tooth fracture, tooth decay (caries), or other trauma to the tooth surface.

**d. Tooth extraction**

The act of removing or lifting teeth by dental medical personnel due to caries or other causes.

**e. Dental/oral surgery**

Dental/oral surgery is a surgical procedure performed by a dentist or a dental specialist in oral surgery. Example: in the case of impacted wisdom teeth (**impacted**), Molar teeth **3 (three)** slanted, tongue tumors, jaw fractures, and others that require surgical treatment.

**f. Installation of false teeth**

Dentures are artificial teeth including crowns. Dentures can be one, several or all teeth. Removable dentures can be removed and installed by yourself while fixed dentures can only be removed by a dentist.

**g. Installation of dental implants (*Implant denture*)**

Dental implants are false teeth that are implanted into the jawbone and cannot be removed by yourself, they can only be removed by a dentist.

**h. Orthodontic Treatment (braces)**

Treatment to straighten crowded teeth using orthodontic appliances.

**i. Cleaning tartar (*scaling*)**

A medical procedure performed by dental medical personnel (dentists or dental nurses) to clean tartar using manual or electric tools.

**j. Gum care/*Periodontal treatment***

Dental support tissue care (*gingivitis, periodontitis* etc).

***Read the answer choices And fill in one answer code according to the answer respondents into the box provided.  
Code 1 if "Yes" or code 2 if "No".***

**Details B18. In the past year, where did [NAME] usually seek medical treatment?**

This question is only asked to respondents who have problems and feel disturbed dental/oral health **1 year** Lastly. The possibility of respondents who have the problem receiving treatment or care from:

**a. Specialist dentist**

A specialist dentist is a dentist who has completed special education or is a specialist in a particular field of dentistry.

Dentist specializations in Indonesia consist of Oral Surgery (Sp.BM), Pediatric Dental Health (Sp.KGA), Dental Conservation (Sp.KG), Oral Cavity Diseases and Disorders (Sp.PM), Orthodontics (Sp.Ort), Periodontics (Sp.Perio), Prosthodontics (Sp.Pros), Dental Radiology (Sp.RKG).

**b. Dentist**

A general dentist must obtain a bachelor's degree in dentistry (Drg).

**c. Dental nurse**

Dental nurses are graduates of dental nursing education who provide simple promotive, preventive and curative dental and oral nursing services to individuals, groups and communities aimed at improving the degree of dental and oral health. Currently, there are various types and levels of dental nurse education, namely dental nurses who are graduates of SPRG, D3 Dental Nursing, D4 Dental Nursing (Minister of Health Regulation no. 58 of 2012).

**d. General practitioner/other paramedic**

General practitioners/other paramedics are health workers other than dental specialist health workers.

**e. Dentist**

A dentist is anyone who has the ability to make and install removable dentures (Minister of Health Regulation no. 39 of 2014).

**f. Self-medication**

Self-medication is treating toothache independently by using medicines/ traditional medicines obtained from pharmacies, drug stores, stalls or family medicine gardens.

*Circle one answer code according to the respondent's answer and move it to in the box provided. Code 1 if "Yes" or code 2 if "No".*

**Details B19: In the past year, how often did [NAME] seek medical treatment from a dentist?**

This question is to obtain information about the frequency of seeking treatment from dental medical personnel.

*Circle one answer code according to the respondent's answer and move it into the box provided.*

- *Code 1 if 1-3 times, or*
- *Code 2 if 4-6 times, or*
- *Code 3 if  $\geq$  7 times, or*
- *Never been treated by a dental professional.*

**If the ART is 3 - 4 YEARS OLD, continue to BLOCK E**  
**If the ART is AGED 5 - 14 YEARS Continue to D01 If the ART is AGED 5 - 14 YEARS  $\geq$  15 YEARS Continue to Details B20**

## **HYPERTENSION [ART AGE ≥ 15 YEARS]**

Hypertension or high blood pressure is a condition when blood pressure in the arteries is chronically higher than normal. This causes the heart to work harder to pump blood to meet the body's oxygen and nutrient needs. If left untreated, this disease can interfere with the function of other organs, especially vital organs such as the heart, kidneys, and brain.

**Details B20 Has [NAME] ever had his blood pressure checked?** This question applies to all respondents aged 15 years and over. Blood pressure checks can be done anywhere, either in a health care facility or not; either by a doctor, medical personnel, or not.

Answer options:

**1. Yes, regularly**

- If the ART undergoes blood pressure measurement **according to doctor's instructions** (for ART who have been diagnosed with hypertension by a doctor) or at least once a month (for ART with hypertension diagnosed not by a doctor).
- If the ART undergoes blood pressure measurement at least once a year (for ART who have never been diagnosed or do not know whether they have hypertension or not).

**2. Yes, sometimes**

- If the ART undergoes blood pressure measurement **not according to doctor's instructions** (for ART who have been diagnosed with hypertension by a doctor) or **less than 1 time per month** (for ART with hypertension diagnosed not by a doctor).
- If the ART undergoes blood pressure measurement **less than 1 time per year** (for ART who have never been diagnosed or do not know whether they have hypertension or not).

**3. No;** If the ART has never had a blood pressure measurement.

***Fill in one answer code according to the respondent's answer in the box provided.***

***Code 1 if "Yes, regularly", code 2 if "Yes, sometimes" or code 3 if "No".***

<b>If B20 is coded "3", proceed to details B25.</b>
---

## **Detail B21: Do the examination results indicate that [NAME] has high blood pressure?**

The answer to this question is according to the respondent's perception or knowledge. ***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details B22: Has [NAME] ever been diagnosed with hypertension/high blood pressure by a doctor?**

This question aims to estimate the prevalence of hypertension/high blood pressure that has been diagnosed or treated by a doctor.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes" or code 2 if "No".**

**If B21 Coded "1" OR B22 Coded "1", Proceed to details B23 If B21 Coded "2" AND B22 Coded "2", Proceed to details B25**

**Details B23: Is [NAME] taking antihypertensive medication?**

This question aims to estimate the antihypertensive treatment undergone by the population.

Answer Options

**1. Yes, regularly**

- If ART takes antihypertensive medication **according to doctor's instructions** (whether daily or not) or
- If ART takes antihypertensive medication **routinely every day** but not on the advice of a doctor (**own initiative**).

**2. Not routine**

- If the ART takes antihypertensive medication but **not according to doctor's instructions** or
- If the ART does not go to the doctor but **own initiative** taking antihypertensive medication irregularly/**not every day**/ just sometimes when I feel like I have a complaint.

**3. Do not take medication.**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**If B23 is coded "1", proceed to details B25.**

**Details B24. Why does [NAME] not take his medication regularly every day?** This question aims to estimate the reasons why residents do not take medication according to doctor's instructions.

**Point ag is read.**

- a. Often forget;** if the ART admits to forgetting to take the medicine several times
- b. Medicines are not available at health facilities**(Hospital/ Health Center/ Pharmacy); If the medicine that the ART should receive is not available at the health service facility which includes Hospital, Health Center, Pharmacy or Clinic, both main clinic and primary clinic.
- c. Drink traditional medicine;** if ART prefers to take traditional medicine.
- d. Cannot tolerate the side effects of the drug;** if the ART admits that he cannot tolerate the side effects of the drug, so he does not take the drug regularly.

- e. Unable to buy medicine regularly;** If the ART does not have health insurance and must buy the necessary medicine themselves, but the ART cannot afford to buy medicine for routine consumption.
- f. Not regularly seeking treatment at health care facilities;** If the ART does not undergo a health check or treatment according to the doctor's instructions, either because they do not have time to see a doctor due to being busy, or are unable to see a doctor due to medical costs or transportation costs to a health care facility, the ART does not receive proper treatment.
- g. Feeling healthy;** if the ART claims to feel healthy at the beginning of treatment, so that treatment is not continued or the ART becomes non-compliant in taking medication.
- h. Others, mention.....** if the respondent's answer is not included in points a to g. Write down the answer, for example bored, the medicine is not effective or other answers.

***Fill in one answer code according to the respondent's answer in the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

#### **STROKE [ART AGE 15 YEARS]**

**Stroke** is a brain damage that appears suddenly, progressively, and quickly due to non-traumatic brain blood circulation disorders. The disorder suddenly causes symptoms including paralysis of one side of the face or limbs, slurred speech, unclear speech (slurred speech), changes in consciousness, visual disturbances, and others.

#### **Detail B25: Has [NAME] ever been diagnosed with stroke by a doctor?**

This question aims to estimate the prevalence of stroke that has been diagnosed or treated by health workers.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

<b>If the answer is code 2 "No", proceed to Detail B27</b>
--

#### **Detail B26: Did [NAME] have a re-check (control) for the stroke they experienced at a health service facility?**

This question aims to estimate the population with stroke, who undergo check-ups at health service facilities.

Answer options:

- 1. Yes, routine;** If the ART carries out regular/routine checks at certain times according to the doctor's instructions.

2. **Yes, sometimes**; If the ART carries out control only at certain times if there is an opportunity or if it is deemed necessary.
3. **No**; If the ART never has a repeat check-up.

Circle one answer code according to the respondent's answer and move it into the box provided.

**Code 1 if "Yes, regularly", code 2 if "Yes, sometimes" or code 3 if "No".**

**Details B27: Has [NAME] ever experienced sudden complaints such as those below:**

- a. Paralysis on one side of the body
- b. Tingling or numbness on one side of the body
- c. The mouth becomes crooked without paralysis eye muscles
- d. Speaking slurred speech
- e. Difficulty speaking/communicating and/or not understanding speech

This question applies to respondents who have been diagnosed and those who have not been diagnosed with stroke by health workers. Read symptoms a to e for respondents to answer.

**Fill in one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes", code 2 if "No".**

Answer options:

- a. **Paralysis on one side of the body**; paralysis on one side of the body, so that the patient cannot or has difficulty moving their hands and feet, the strength of the right and left sides becomes different. Paralysis can occur on both sides of the body but in different periods (not at the same time).
- b. **Tingling/numbness on one side of the body**; can be tingling/numbness in the hands and feet on the right or left side. Tingling or numbness can occur on both sides of the body but in different periods (not at the same time). Tingling/numbness in this case is what happens continuously.
- c. **The mouth becomes crooked without paralysis of the eye muscles**; not accompanied by paralysis of the eyelid muscles.
- d. **Talking slurred speech**; speech becomes unclear.
- e. **Difficulty speaking/communicating and/or not understanding speech**; the patient can understand speech/commands but cannot utter words or the patient does not understand the speech (communication is not connected).

**CHRONIC KIDNEY FAILURE [ART AGE 15 YEARS OLD]** **Kidney disease** is a kidney organ disorder that arises due to various factors, such as infection, tumor, congenital abnormalities, metabolic or degenerative diseases and others. The disorder can affect the structure and function of the kidneys with varying degrees of severity. Patients may feel pain, experience urinary disorders, and others. Sometimes kidney disease patients do not feel any symptoms at all. In the worst case, the patient's life can be threatened if they do not undergo regular hemodialysis (blood dialysis) or kidney transplantation to replace their severely damaged kidneys. In Indonesia, kidney diseases that are quite common include chronic kidney failure.

**Details B28: Has [NAME] ever been diagnosed by a doctor as having chronic kidney failure (kidney pain for at least 3 consecutive months)?**

This question aims to estimate the prevalence of chronic kidney failure diagnosed or treated by a doctor. ***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

<b>If the answer is coded 2 "No", proceed to Detail B30</b>
---

**Details B29: Has [NAME] ever/is currently undergoing dialysis (haemodialysis)?**

This question applies to respondents who have been diagnosed with chronic kidney failure by a doctor.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**JOINT DISEASE [ART AGE 15 YEARS OLD]**

**Joint disease** is a painful disorder in the joints accompanied by stiffness, redness, and swelling that is not caused by impact/accident. The joint diseases in question include osteoarthritis, pain due to high uric acid/acute or chronic hyperuricemia, and rheumatoid arthritis.

**Details B30: Has [NAME] ever been diagnosed with joint disease by a doctor?**

This question aims to estimate the prevalence of joint disease or joint pain disorders that have been diagnosed or treated by a doctor.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**C. MENTAL HEALTH**

**C01-C10 asks about the condition of the last 2 weeks**

**Depressive Disorder** is a mood disorder, consisting of a group of symptoms that are mainly characterized by the presence of: (a). feelings of sadness/depression, emptiness, depression or frequent crying (including based on observations by others), (b). loss of interest and joy in things that are usually enjoyed, including interest in work, daily activities, taking care of the household and hobbies. (c). lack of energy and easy to tire; can cause disruption of activities for at least 2 weeks.

**Other additional symptoms include:**

1. Reduced concentration and attention; characterized by difficulty concentrating and paying attention, unable to think or unable to make decisions.
2. Reduced self-esteem and self-confidence; characterized by feelings of worthlessness.
3. Ideas of guilt and worthlessness; the guilt in question is a feeling of guilt that is out of place.
4. A gloomy and pessimistic view of the future.
5. Disturbed sleep; can be difficulty falling asleep, waking up easily or sleeping too much.
6. Disturbed appetite; can be in the form of decreased appetite or weight or conversely eating too much so that weight gain occurs.
7. Ideas or actions that are self-harming or suicidal; can be suicidal ideas, wanting to die, suicide attempts.

**Assessment Instructions:**

1. All questions asked must be scored. Scoring is done to the right of each question by circling the appropriate answer, then writing the answer code in the rightmost box.
2. The interviewer must be sure that each term of the question has been understood by the patient (e.g.: time frame, frequency, severity, and/or alternatives).
3. Symptoms that are more likely to be the result of an organic cause or substance use should not be included.
4. In sentences that contain commas, ask one by one and the conditions do not have to occur all of them.

**Details C01: During the past 2 weeks, has [NAME] consistently felt sad, depressed or gloomy, most of the day, nearly every day?**

This question contains 2 aspects that need to be emphasized, namely feelings of sadness and duration of the incident. Ask one by one starting from sadness, if the respondent admits sadness "Yes", then depression and gloom do not need to be asked again, continue with the duration of the incident. In the event of depression, feelings of sadness, depression or gloom must occur continuously, all day or every day. In principle, in the 2 weeks, it must occur more often than not.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details C02: During the past 2 weeks, has [NAME] been less interested in many things or less able to enjoy things that [NAME] usually enjoys most of the time?**

Lack of interest in many things or lack of enjoyment in things that one usually enjoys, including interest in work, daily activities, household chores, and hobbies. Almost all the time means it should happen more often than not. For example, someone who usually likes to cook, but no longer wants to cook.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details C03: During the past 2 weeks, has [NAME] felt tired or low on energy, most of the time?**

Tired is the body feels tired, easily tired. No energy is not strong, weak, like lacking calories. Almost all the time means it should happen more often than not.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details C04: During the past 2 weeks, has [NAME]'s appetite changed markedly or has [NAME]'s weight increased or decreased without conscious effort?**

Ask whether:

- There are marked changes in appetite, which can increase or decrease.
- Weight increases or decreases
- This incident was not due to diet.

***Circle one answer code according to the respondent's answer and move it into the box provided: Code 1 if "Yes" or code 2 if "No".***

**Details C05: During the past 2 weeks, has [NAME] had disturbed sleep nearly every night (difficulty falling asleep, waking up in the middle of the night, waking up early in the morning, sleeping too much)?**

Sleep disorders include one or more difficulties in falling asleep, waking up in the middle of the night, waking up early, or sleeping excessively. ***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details C06: During the past 2 weeks, has [NAME] been talking or moving more slowly than usual, restless, unsettled or had difficulty keeping still?**

Ask each of the above conditions one by one. Answer "Yes" if one or more of these conditions exist. For example, completing the neighbor's homework takes longer.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details C07: During the past 2 weeks, has [NAME] lost self-confidence, or has [Name] felt worthless or even inferior to other people?**

Ask one by one the above conditions. Answer "Yes" if there is one or more of these conditions. For example, usually active in social gatherings/religious studies/community activities become lazy to attend not for a clear reason (not because of illness or not because there are other activities).

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details C08: During the past 2 weeks, has [NAME] felt guilty or blamed himself/herself?**

Ask one by one the above conditions. Answer "Yes" if there is one or more of these conditions. Feeling that the hardship that occurs is the result of his actions. This feeling lasts a long time and is excessive, so that it causes social impacts in his life.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details C09: During the past 2 weeks, has [NAME] had difficulty thinking or concentrating, or has had difficulty making decisions?**

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Detail C10: During the past 2 weeks, has [NAME] had thoughts of harming themselves, wanting to commit suicide or wishing that [NAME] were dead?**

Ask each of the above conditions one by one. Answer "Yes" if one or more of these conditions exist. If the respondent seems hesitant in answering the question, for example answering "sometimes", but has in the last two weeks, then it is considered "Yes".

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**If one of the answers in C01 to C10 is coded 1, continue to C11. If the answers in C01 to C10 are all coded 2 "No", continue to C12.**

**Details C11: For all the complaints mentioned above (C01 to C10), did [NAME] take medication or undergo medical treatment?**

Ask whether the household member experiencing depression has ever taken medication and/or received treatment at a mental hospital, general hospital, community health center or other health facility or health worker (doctor, nurse, midwife).

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**EMOTIONAL MENTAL HEALTH (ART e 15 YEARS)**

**C12-C31 asks for the condition of the last 1 month**

This question is to assess the mental health status of ART. The material is taken from **Self Reporting Questionnaire** (SRQ) developed by WHO consists of 20 questions. SRQ is a questionnaire commonly used to screen for mental health problems in the community. For uniformity of assessment, in this survey it was agreed that the data collector read the 20 questions to each respondent. For respondents who cannot speak Indonesian, the data collector is allowed to read in the local language.

The following are some pointers that data collectors need to know:

1. Mention that the series of questions read are about problems that the respondent may have experienced during the last 30 days.
2. The interviewer must emphasize that the things asked are experiences that have been FREQUENTLY felt during the last 30 days.
3. Inform respondents that the answers they provide will be kept confidential.

4. If the respondent experienced the things mentioned in the question during the last 30 days, ask the respondent to answer "Yes". If they did not experience these things, answer "No".
5. The interviewer reads the questions one by one and after each question is read, the respondent is asked to answer immediately before continuing to the next question.
6. If the respondent is hesitant to answer, ask the respondent to give the answer that he feels is most appropriate for him.
7. Respondents are allowed to ask the interviewer to repeat questions or ask about terms they do not understand, but are not allowed to have discussions/probing during the interview because the respondent is the one who determines the answer "Yes" or "No".
8. Interviewers are not allowed to provide explanations regarding the content of the questions or direct the respondents' answers. Explanations are limited to translations that are more appropriate for the local area.
9. After the interview is finished, you are allowed to have a discussion with the respondent, but you are not allowed to change the answers previously given by the respondent.
10. Emphasize before starting to ask questions to provide an explanation:

"To better understand [NAME]'s health condition, we will ask 20 questions that require a "Yes" or "No" answer. If [NAME] does not understand, we will read it again, but we will not explain/talk about/discuss in detail. If [NAME] has any questions, we will discuss them after answering the 20 questions."

**Details C12: In the past 1 month, has [NAME] often suffered from headaches?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Detail C13: In the past 1 month, has [NAME] had no appetite? Circle one answer code according to the respondent's answer and move it into the box provided.**

*Code 1 if "Yes" or code 2 if "No".*

**Detail C14: In the past 1 month, has [NAME] had difficulty sleeping?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Details C15: In the past 1 month, has [NAME] been easily frightened? Circle one answer code according to the respondent's answer and move it into the box provided.**

*Code 1 if "Yes" or code 2 if "No".*

**Detail C16: In the past month, has [NAME] felt tense, anxious or worried?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Detail C17: In the past 1 month, have [NAME]'s hands been shaking? Circle one answer code according to the respondent's answer and move it into the box provided.**

*Code 1 if "Yes" or code 2 if "No".*

**Details C18: In the last 1 month, has [NAME] had trouble/bad digestion?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Details C19: In the past 1 month, has [NAME] had difficulty thinking clearly?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Detail C20: In the past 1 month, has [NAME] felt unhappy? Circle one answer code according to the respondent's answer and move it into the box provided.**

*Code 1 if "Yes" or code 2 if "No".*

**Details C21: In the past month, has [NAME] cried more often? Circle one answer code according to the respondent's answer and move it into the box provided.**

*Code 1 if "Yes" or code 2 if "No".*

**Detail C22: In the past month, has [NAME] found it difficult to enjoy everyday activities?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Detail C23: In the past month, has [NAME] had difficulty making decisions?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Details C24: In the past 1 month, has [NAME]'s daily work been disrupted?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Details C25: In the past month, has [NAME] been unable to do things that are useful in life?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Detail C26: In the past 1 month, has [NAME] lost interest in things?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Detail C27: In the past 1 month, has [NAME] felt worthless? Circle one answer code according to the respondent's answer and move it into the box provided.**

*Code 1 if "Yes" or code 2 if "No".*

**Detail C28: In the past month, has [NAME] had thoughts of ending his or her life?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Detail C29: In the past 1 month, has [NAME] felt tired all the time?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Details C30: In the past 1 month, has [NAME] experienced any stomach discomfort?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

**Details C31: In the past 1 month, has [NAME] tired easily? Circle one answer code according to the respondent's answer and move it into the box provided.**

*Code 1 if "Yes" or code 2 if "No".*

#### D. DISABILITY/INABILITY

In the disability/inability block, questions are divided into 3 parts, namely:

1. Disabilities in children (5-17 years)
2. Disability in the adult population (18-59 years)
3. Disability in the elderly population (≥60 years)

Disability questions aim to obtain information about the obstacles experienced by respondents, both physically and mentally. All questions in the disability block are very subjective, so it is attempted to be answered directly by the respondents. For children under 15 years old or unable to communicate well due to illness or disorders experienced by the respondents, they can be represented by a companion who knows the respondent's condition. If the respondent does not understand, the enumerator/interviewer can read the question again and the level of answer that must be chosen by the respondent.

#### **Details D01-D10: questions to measure disability/difficulty/functional barriers in household members aged 5 - 17 years.**

The questions in this section aim to obtain the proportion of children who experience physical and mental disorders. The question of disability in children aged 5-17 years measures one of the SDGs indicators. The questions used to measure disability in children aged 5-17 years in the 2018 Riskesdas questionnaire adopted the question ***UN Washington Group Module***, which is listed in ***Multiple Indicator Cluster Surveys (MICS)*** developed by Unicef. Slight modifications were made to both questions and answers, which were adjusted to the conditions of Indonesian respondents. Questions on child disabilities are intended to measure the function of:

- Vision
- Hearing
- Mobility
- Communication
- Learn something
- Memory
- Concentration
- Embracing change
- Making friends
- Controlling behavior.

Questions about disabilities in children aged 5-14 years can be asked to the biological mother/person who knows [NAME] closely. Meanwhile, for children aged 15-17 years, questions are asked to [NAME] directly. Observe the respondents represented, so that cross-checking of the answers obtained from the representative person regarding the truth of the answers given can be done.

All questions D01-D10 refer to **child's condition during interview including the physical and mental function conditions of children from birth or acquired after birth but which have a tendency to be permanent permanent** .

Example:

- Ali is a child who was born with a congenital defect, he does not have eyeballs so Ali cannot see since birth. Ask about Ali's vision ability during the interview.
- Anton, a normal child, experienced severe vitamin A deficiency at the age of 5, resulting in corneal cloudiness that resulted in impaired vision. Anton was 15 years old at the time of the interview and had impaired vision. Ask about Anton's vision during the interview.

The answers to questions D01-D10 can be subjective so that **allow there is a difference between the respondent's answer and the assessment interviewer** . To avoid subjectivity from the interviewer, each question asked is read to five alternative answers slowly. If the respondent does not understand the answer options, repeat the five alternative answers more slowly. Questions can be discussed, examples can be given, the important thing is that both parties (interviewer and respondent) understand.

**Another alternative to obtain the gradation of respondents' answers can be directed to the following color line where the lightest color indicates a light gradation, the darker the color indicates a more severe condition gradation.**

1. There is none	2. Light	3. Medium	4. Weight	5. Very Heavy
------------------	----------	-----------	-----------	---------------

**Details D01: Does [NAME] have any visual impairment?** This question aims to determine [NAME]'s visual function, with and without aids. Good

Fill in the respondent's alternative answers according to their confession.

**Code 1** *"None" if [NAME] can see or read well, without any aids (glasses or contact lenses/soft lenses).*

**Code 2** *"Mild" if [NAME] can see or read well but must use an aid (glasses or contact lenses/soft lenses) without an aid can see or read but has a little difficulty*

**Code 3** *"Moderate" if [NAME] can see or read well but must use aids (glasses or contact lenses/soft lenses) without aids [NAME] has difficulty*

**Code 4** *"Severe" if [NAME] uses glasses or contact lenses/soft lenses can see or read but have a little difficulty*

**Code 5** *“Very Severe” if [NAME] cannot see or read well even with the help of glasses or contact lenses/soft lenses*

**Details D02: Does [NAME] have a hearing impairment?** The questions are aimed at determining [NAME]'s hearing function, both with and without using a hearing aid.

**Code 1** *“None” if [NAME] can hear sound well without any problem at all*

**Code 2** *“Light” if [NAME] can hear sound but at a low volume or higher pressure (louder sound)*

**Code 3** *“Moderate” if [NAME] can hear sound after using the device. hearing aids (either behind the ear, in the ear, in the ear canal or in the ear canal), if you cannot hear sound without a hearing aid.*

**Code 4** *“Severe” if [NAME] uses a hearing aid (either placed behind the ear, inside the ear, in the ear canal or in the ear canal) can hear sound but not very clearly*  
**Code 5** *“Very Severe” if [NAME] cannot hear at all even though have been assisted by hearing aids (either those placed behind the ear, in the ear, in the ear canal or in the ear canal).*

**Details D03: Does [NAME] have any walking difficulties?** This question aims to determine [NAME]'s mobility function. Ask whether [NAME] has difficulty walking and has to use a walking aid (cane/crutch, wheelchair, or prosthetic leg).

**Code 1** *“None” if [NAME] can walk normally without assistance whatever*

**Code 2** *“Light” if [NAME] can walk without assistance but there is some slight difficulty.*

**Code 3** *“Moderate” if [NAME] can walk easily but must using walking aids (cane/crutches, wheelchair, or prosthetic leg)*

**Code 4** *“Severe” if [NAME] can walk but must use an assistive device walking (cane/crutches, wheelchair or prosthetic leg) without walking aids [NAME] is unable to walk*

**Code 5** *“Very Severe” if [NAME] is unable to walk even with walking aids. walking aids (cane/crutches, wheelchair, or prosthetic leg).*

**Detail D04: Compared to peers of the same age, does [NAME] have difficulty understanding speech and does [NAME] have difficulty understanding speech in or outside the family?**

Question D04 asks about [NAME]'s ability to understand and be understood when communicating with people within the family and outside the family.

For example, by asking: when [NAME] is gathering with people or when talking about something, can [NAME] respond according to the content of the conversation.

**Code 1 “None” if [NAME] can understand what other people are saying and other people can understand what [NAME] is saying well without any obstacles**

**Code 2 “Light” if [NAME] can understand what people are saying others need a little explanation and in order for others to understand what [NAME] is saying, it is necessary to repeat what [NAME] said/said.**

**Code 3 “Moderate” if [NAME] understands what other people are saying need to explain many times and to understand what [NAME] said or talked about need to be asked many times**

**Code 4 “Severe” if [NAME] does not understand what is being said at all people and people do not understand what [NAME] is talking about even though it is explained in detail but can still respond a little when people talk**

**Code 5 “Very Severe” if [NAME] does not respond to conversation at all person.**

**Details D05: Compared to peers of the same age, does [NAME] have difficulty learning things?**

Question D05 asks about obstacles in a child's learning process. To find out [NAME]'s ability in the learning process, ask the biological mother/someone who knows [NAME] closely whether [NAME] can follow or imitate what is taught to [NAME]. For children who have attended school, ask whether there are any obstacles in following lessons at school.

**Code 1 “None” if [NAME] has no difficulty in learning something and can imitate what is taught quickly**

**Code 2 “Light” if [NAME] can understand what is taught and exemplified but it takes a little time to be able to grasp and imitate what is taught or exemplified**

**Code 3 “Moderate” if [NAME] has a little difficulty in learning something and can imitate if what is taught is repeated**

**Code 4 “Heavy” if [NAME] can follow what is taught or imitate what is exemplified after repeated many times**

**Code 5 “Very Severe” if [NAME] cannot follow what is taught and cannot imitate even though they have been given examples several times.**

**Details D06: Compared to peers of the same age, does [NAME] have difficulty remembering things?**

Question D06 to determine the child's memory ability. Ask whether [NAME] can remember the names of people close to him/her, for example: father, mother, older brother, younger brother, friends who know [NAME] well.

**Code 1 “None” if [NAME] can remember all activities in 1 week lastly well without probing.**

**Code 2 “Light” if [NAME] can remember all activities in the last 1 week but with little probing**

**Code 3 “Moderate” if [NAME] can only remember some activities in the last 1 week and needs probing.**

**Code 4 “Heavy” if [NAME] can remember some activities in the last 1 week after repeated probing.**

**Code 5 “Very Severe” if [NAME] cannot remember at all what happened.**  
*has been carried out even though it has been probed many times.*

**Details D07: Compared to peers of the same age, does [NAME] have difficulty concentrating on activities?**

Question D07 to determine the child's ability to concentrate. Ask whether [NAME] can concentrate in doing an activity so that he can do the activity well.

Concentration barriers often cause a child to lack attention to something (busy with themselves). Examples of hyperactive children, or children who are already in school but have difficulty following lessons.

**Code 1 “None” if [NAME] can concentrate well in**  
*carry out activities so that they can complete all their activities quickly*

**Code 2 “Light” if [NAME] can concentrate but needs a little time to complete the activity.**

**Code 3 “Moderate” if [NAME] has a little trouble concentrating so that it takes quite a long time to be able to do some of his activities.**

**Code 4 “Heavy” if [NAME] can only concentrate a little so that not all activities can be completed**

**Code 5 “Very Severe” if [NAME] cannot concentrate at all so that you cannot complete all your activities**

**Details D08: Compared to peers, does [NAME] have difficulty playing/getting along with peers?**

Question D08 to find out the child's obstacles in socializing which is reflected in his/her ability to socialize or play with peers. The ability to socialize is an important indicator to assess a child's development. Children who experience obstacles in socializing and playing with peers tend to be alone, do activities alone and cannot interact and play with peers.

**Code 1 “None” if [NAME] can socialize and interact with friends**  
*peers is well demonstrated by having many friends. Code 2 “Light” if [NAME] can interact and socialize with friends*

*peers but the interaction initiative arises from peers. “Medium” if [NAME] has a little difficulty in socializing and interacting. [NAME] doesn't really have many friends*

**Code 3** *[NAME] has a little difficulty in socializing and interacting. [NAME] doesn't really have many friends*  
**Code 4 “Severe” if [NAME] has difficulty in socializing and interacting with peers, the initiative for interaction always starts from peers, [NAME] can only be close to children he really knows (children are around [NAME] every day)**

**Code 5 “Very Severe” if [NAME] is completely unable to interact with peers, [NAME] tends to be alone when there are friends who intend to interact with [NAME], [NAME] tends to avoid it.**

#### **Detail D09: Does [NAME] have difficulty accepting changes in routine?**

Question D09 is to find out whether [NAME] can accept changes in routine that occur around him. Example: does [NAME] have difficulty accepting changes:

- Usually drinking milk using a bottle, replaced using a glass
- usually wear a t-shirt, replaced with a button-down shirt
- and others

**Code 1** *“None” if [NAME] can accept and adapt with new conditions/situations without problems/obstacles and can bring new situations and conditions to life*

**Code 2** *“Light” if [NAME] can accept and adapt with new conditions/situations but need time to adjust*

**Code 3** *“Moderate” if [NAME] has difficulty accepting changes in situations/new activities with adjustments that take time*

**Code 4** *“Heavy” if [NAME] has difficulty accepting changes in situation/new activities but If forced to accept a new situation/activity, the person can still accept it with a fairly long adjustment period but it does not cause depression/illness.*

**Code 5** *“Very Severe” if [NAME] cannot accept the change new situations/activities. When forced to accept the new situation/activity makes [NAME] depressed/sick.*

#### **Detail D10: Does [NAME] have difficulty controlling his/her behavior?**

Question D10 is to determine the child's ability to control his/her behavior. Behavioral difficulties include [NAME]'s ability to interact with others in a good way.

Ask whether [NAME] often pinches, hits, is rude to his peers, likes to lie, fights, and skips school.

**Code 1** *“None” if [NAME] has no problems with control emotions and behavior*

**Code 2** *“Light” if [NAME] is a little emotional in dealing with everything problems, but [NAME]'s emotions are expressed verbally, not physically.*

**Code 3** *“Moderate” if [NAME] often emotions in facing everything problems, and are manifested verbally and physically but can still be controlled*

**Code 4** *“Heavy” if [NAME] is always emotional when facing everything problems, and are manifested verbally and physically but are difficult to control*

**Code 5** *“Very Severe” if [NAME] has explosive emotions that cannot be controlled controlled.*

**Details D11-D23: questions to measure disability (functional inability due to physical and mental conditions) in household members aged 18-59 years.**

Details D11-D23 measure SDGs Indicator point 1.3.1 on the proportion of the population with disabilities. This question on the disability of household members aged 18-59 years adopts the question ***Disabilities Assessment Schedule (DAS)***. The aim is to obtain information regarding the difficulties faced by respondents in carrying out activities caused by **health conditions or other problems**, whether it lasts for a short or long period of time.

This question on disabilities aged 18-59 years is intended to measure the function and abilities of respondents in the last 1 (one) month, which includes:

- Mobility/moving
- Doing daily activities
- Take care of yourself
- Memory
- Socializing
- Emotional control
- Concentration
- Environmental and social adaptation.

**Details D11: During the past 1 month, in general, how was [NAME]'s health condition?**

This question is to find out the respondent's general health condition, both physically and mentally (feelings) during the last 1 month.

***Circle the respondent's answer and move the answer code into the box provided:***

1. **Good**, if [NAME] does not experience any health problems, either physical or mental (feelings).
2. **Enough**, if [NAME] experiences health problems, whether physical or mental, but they do not interfere with daily activities.
3. **Bad**, if [NAME] experiences health problems, whether physical or mental, that interfere with daily activities.

**Details D12-D23: Ability to perform functions related to the respondent's health condition. The ability or difficulty in performing functions or activities is:**

- There is more effort than usual when carrying out activities
- Feeling of discomfort or pain
- There is a slowness compared to usual when carrying out activities.
- There is a change in habits in carrying out an activity. All questions from D12-D23 have 5 (five) levels of alternative answers: Code 1 = None = Very good

Code 2 = Light = Good Code 3  
= Moderate = Sufficient Code  
4 = Heavy = Bad  
Code 5 = Very severe = Very bad.

The answer to this question is subjective so **allows for differences between the respondent's answers and the interviewer's assessment**. To avoid subjectivity from the interviewer, read each question to five alternative answers slowly. If the respondent does not understand the answer options that are read, repeat the five alternative answers more slowly. Questions can be discussed, examples can be given, the important thing is that both parties (interviewer and respondent) understand.

**Another alternative to get respondents' answers is to use the following color line, where the lightest color indicates no difficulty, and the darker the color indicates more severe conditions.**

1. There is none	2. Light	3. Medium	4. Weight	5. Very Heavy
------------------	----------	-----------	-----------	---------------

**Detail D12: In the past month, how difficult has it been for [NAME] to stand for long periods of time, for example 30 minutes?**

This question refers to the difficulty of the ART standing for a long time due to health conditions. The purpose of this question is to obtain information about a person's ability to stand for a long time without leaning on something. For example, standing in a queue or waiting for a train/someone for 30 minutes.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Detail D13: In the past month, how difficult was it for [NAME] to carry out or do the household activities for which he/she was responsible?**

Household activities include physical activities, activities related to emotions and psychology (child rearing) and finances.

Examples of household activity responsibilities:

- Housewives are responsible for washing, cooking, and looking after children.
- A father is the one who earns a living and protects the family.
- The children clean their respective rooms.

If a mother/father works to support the family economy and the household tasks are handed over to someone else (a maid), as long as there is no problem paying the maid and the household affairs are taken care of, then it can be interpreted that there are no difficulties in running the household which is the responsibility of the family.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Detail D14: In the past month, how difficult was it for [NAME] to learn/do new things such as finding a new place/address?** This question refers to the respondent's difficulty in concentrating when studying/working on/doing a new job.due to his health condition in the last month.

New things can include looking for a new address, understanding new information you have just heard, learning new food recipes, visiting relatives you have never visited before, and using transportation you have never used before (adjust to local conditions).

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D15: In the last 1 month how difficult was it for [NAME] to participate in community activities (for example in social gatherings, religious studies, religious or other activities) like other people can do?**

Participate in community activities including all social activities such as religious meetings, village meetings, or sports activities with neighbors or the community. This question is to obtain information, **whether a person experiences difficulties in carrying out social activities due to their health condition.**

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D16: In the last 1 month how many health problems have you experienced?affect emotional state [NAME]?**

For this question, the emphasis is on the emotional state caused by the health condition. The emotions referred to include anger, sadness, regret, or other negative emotions.

For example, someone who has a stroke feels depressed because they can't walk at all. Someone who coughs all night so they can't rest results in lack of enthusiasm/tiredness.

These feelings of depression and fatigue are usually manifested by a tendency to get angry and so on.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D17: In the last 1 month how difficult has [NAME] been? concentrate in doing something for 10 minutes ?**

This question refers to the ART's difficulty in concentrating on all activities carried out within 10 minutes due to his/her health condition.

For example:

- 1) A flu sufferer whose sleep was disturbed all night because of coughing.  
Because he feels tired and tends to be sleepy, he will have difficulty concentrating on carrying out his duties.
- 2) A mother whose child has a high fever cannot complete household chores properly, for example her cooking burns.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D18: In the last 1 month how difficult has it been for [NAME] to walking long distances for example 1 kilometer ?**

The purpose of this question is to obtain information about the respondents' mobility, especially mobility outside the home. People who have health problems tend to have problems moving outside the home.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D19: In the last 1 month how difficult has [NAME] been? clean his whole body/ take a bath ?**

This question covers the aspect of cleaning the whole body/bathing. The difficulty in carrying out the activity of cleaning the body/bathing in question is the respondent's difficulty in carrying out the activity due to his/her health condition.

Example: If the ART answers that they rarely take a bath in the last 1 month, the interviewer asks whether the reason is related to the ART's health condition. If "Yes", ask again "how much difficulty does [NAME] have in taking a bath?"bathe the?".

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**D20 Details: In the last 1 month how difficult has [NAME] been?put on clothes ?**

This question is to obtain information about the difficulties faced by respondents in wearing clothes, due to their health conditions. What is meant by wearing clothes such as buttoning clothes, closing or opening zippers/belts, wearing socks, and others that **do it yourself**.

If the respondent answers that they have had difficulty putting on underwear in the past month, the interviewer asks whether the reason is related to the respondent's health condition. If "Yes", ask again "how much difficulty does [NAME] have in putting on underwear?"put on clothes the?".

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D21: In the last 1 month how difficult has [NAME] been?interact/ socialize with people you have never met before ?**

This question is intended to obtain information about the difficulties experienced by respondents in interacting/socializing with people they have not met before due to health conditions.

What is meant by interacting/socializing with people you don't know is greeting each other, exchanging information, and so on.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D22: In the last 1 month how difficult has [NAME] been? maintain friendship ?**

This question is intended to obtain information about the difficulties respondents experience in maintaining friendships due to health conditions.

Maintaining friendship means an effort to maintain/improve good relationships with ordinary friends, close friends, or relatives.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D23: In the last 1 month how difficult has [NAME] been? do daily work ?**

This question is intended to obtain information about the difficulties experienced by respondents in carrying out daily work (according to their profession) due to health conditions.

Doing daily work means doing work tasks, both household work and work to earn income or not.

Like a father who works as a teacher, how difficult is it to carry out his teaching job?

A school child, namely how difficult is it for him to go to school?

A housewife who is also a farmer, namely how difficult it is to do farming work, whereas a ...**don't have another job** then the answer is the same as question D13.

***Circle the respondent's answer and move the answer code into the box provided:***

***Code 1 if "None", code 2 "Light", code 3 "Moderate", code 4 "Severe", code 5 "Very Severe".***

**Details D24-D33: to measure disability (functional inability) in household members aged 60 years and over. This question refers to the condition in the last 1 month.**

This question about the disability of a 60 year old domestic worker refers to ***Barthel Index of Activities of Daily Living*** (ADL). The purpose of this question is: (1) To assess the level of independence of respondents aged 60 years in carrying out daily activities; (2) To assess the progress of respondents with chronic diseases before and after therapy; (3) To determine how much care assistance is needed by respondents aged 60 years.

This question is asked directly to the respondent. If the respondent is no longer able to communicate, they can be represented or accompanied by a family member who knows a lot about the respondent's condition.

**Details D24: In the past 1 month, has [NAME] been able to control the urge to have a bowel movement?**

This question aims to determine the respondent's ability to control the urge to defecate (pooping in pants) or difficulty in defecating (constipation).

*Circle the appropriate answer and move the code into the box provided*

*Code 1 if "Uncontrolled/irregular or need a laxative"*

*Code 2 if "Sometimes uncontrolled (1 x / week)"*

*Code 3 if "Regularly controlled"*

**Details D25: In the past 1 month, has [NAME] been able to control the urge to urinate?**

This question aims to determine the respondent's ability to control urination or the assistance the respondent needs when urinating.

*Circle the appropriate answer and move the code into the box provided*

*Code 1 if "Uncontrolled or catheterized"*

*Code 2 if "Sometimes uncontrolled (only 1 x / 24 hours)"*

*Code 3 if "Regularly controlled"*

**Details D26: In the last 1 month, was [NAME] able to clean himself/herself (such as: wash face, brush hair, shave moustache, brush teeth)?**

This question aims to determine the respondent's independence in taking care of themselves, not including bathing activities.

*Circle the appropriate answer and move the code into the box provided.*

*Code 1 if "Need help from others"*

*Code 2 if "Independent"*

**Detail D27: In the last 1 month, was [NAME] able to use the toilet alone (such as getting in and out of the toilet, taking off/putting on pants, cleaning, flushing)?**

This question aims to see the respondent's independence related to defecation/urinary activities.

*Circle the appropriate answer and move the code into the box provided.*

*Code 1 if "Depend on other people's help"*

*Code 2 if "Need help with some activities but can do some other activities alone"*

*Code 3 if "Independent"*

**Details D28: In the last 1 month, was [NAME] able to eat and drink by himself? (if food must be in the form of pieces, it is considered assisted)**

This question aims to see the respondent's ability to carry out eating and drinking activities independently.

***Circle the appropriate answer and move the code into the box provided.***

***Code 1 if "Unable"***

***Code 2 if "Needs help cutting food" Code 3 if "Independent"***

**Detail D29: In the past 1 month, was [NAME] able to transfer from chair to bed and from bed to chair (including sitting in bed)?**

This question is intended to see the ability of elderly respondents to move from bed to the nearest chair and vice versa.

***Circle the appropriate answer and move the code into the box provided Code 1 if "Unable / unable to sit balanced (lifted by 2***

***person)"***

***Code 2 if "Needs assistance from at least 2 people to be able to sit"***

***Code 3 if "Needs light assistance or at least 1 person" Code 4 if "Independent"***

Codes 2 and 3 are distinguished based on the severity of the disability. Code 2 indicates a higher level of severity than code 3.

**Details D30: In the past 1 month, was [NAME] able to walk on level ground (for wheelchair users, able to move the wheelchair without assistance)?**

This question aims to see the respondent's mobility capabilities.

***Circle the appropriate answer and move the code into the box provided.***

***Code 1 if "Unable"***

***Code 2 if "Can (move) using a wheelchair"***

***Code 3 if "Walking with the help of 1 person (physical or verbal assistance)" Code 4 if "Independent" (even using a stick).***

**Detail D31: In the past month, was [NAME] able to dress themselves**

**(including tying shoelaces, fastening belts)?** This question aims to see the respondent's ability to carry out self-dressing activities (such as buttoning their own clothes, tying their own shoelaces, tightening their own belts).

***Circle the appropriate answer and move the code into the box provided***

***Code 1 if "Depends on others"***

***Code 2 if "Some help (eg: buttoning clothes)" Code 3 if "Independent"***

**Details D32: In the last 1 month, has [NAME] been able to go up and down stairs by himself?**

This question aims to see the respondent's ability to go up and down stairs.

*Circle the appropriate answer and move the code into the box provided.*

*Code 1 if "Unable"*

*Code 2 if "Need help" Code 3  
if "Independent"*

**Details D33: In the last 1 month, was [NAME] able to bathe alone?** This question aims to see the respondent's ability to perform personal hygiene.

*Circle the appropriate answer and move the code into the box provided*

*Code 1 if "Depends on others"*

*Code 2 if "Independent"*

## **E. INJURY**

Injury is physical damage to the human body caused by an intolerable and unpredictable force.

**Objective:** to obtain the prevalence of people who experience injuries, the proportion of body parts that experience injuries, the type of injury experienced, the impact of the injury (physical disability), the place where the injury occurred, injuries due to traffic accidents and the role of the injured person when a traffic accident occurs.

**Details E01. In the last 1 year, has [NAME] ever had an injury that has disrupted daily activities?**

The purpose of this question is to find out the prevalence of people who have experienced injuries or wounds during the last 12 months. The injuries referred to are injuries that result in **daily activities are disrupted** (according to respondent perception). Example:

1. A housewife experienced an incident of falling off a bicycle which caused injuries to her hands or feet so that she could not do household chores such as cooking or washing.
2. A school student slipped in the bathroom which caused his leg to be sprained so he couldn't walk and didn't go to school.

*Circle one answer code according to the respondent's answer and move it into the box provided.*

*Code 1 if "Yes" or code 2 if "No".*

<b>If the answer to code 2 is "No" continue to Detail F</b>
---

**Notes:** If you have experienced more than one injury in the last year, the injuries asked about in the next questions (E02-E07) are: one incident of injury Which **the worst** according to respondents.

**Details E02: Body parts affected: (READ POINTS a - f)** This question aims to obtain the proportion of body parts that are injured (wounded). The body part that is injured is the body part/limb that is injured due to an event or accident. The body part that is injured can be more than one part (**multiple injuries**).

- Classification of injured body parts according to ICD-10, is grouped into:
- a. Head includes the senses (eyes, nose, ears, mouth), face, and neck.
  - b. The chest covers the front of the body from above the waist to below the neck including the sternum.
  - c. The back includes the back of the body from above the waist to below the neck including the spine.
  - d. The abdomen covers the body from below the waist, front and back, including the genitals and internal organs.
  - e. Upper limbs covering the upper arm, lower arm, back of the hand, palm and fingers.
  - f. The lower limbs include the thighs, calves, soles and toes.

***Circle one answer code according to the respondent's answer and move it into available boxes. Points a to f must be filled in.  
Code 1 if "Yes" or code 2 if "No".***

**Details E03: Type of injury sustained (READ POINTS a - j).** This question aims to obtain the proportion of types of injuries experienced by the community,  
**Question E03 NOTE THE CONSISTENCY OF THE ANSWER E02.** The type of injury is a category/kind of injury due to trauma or being hit by another object (sharp/ blunt object, fire, hot water, etc.) that causes disruption to daily activities.

**Example**

Classification of injury types according to ICD-10, is grouped into:

- a. Bruises/contusions (including swelling, etc.).
- b. Cuts/lacerations/puncture wounds (including open wounds, puncture wounds, cuts, etc.).
- c. Sprains (including dislocations, pulled muscles).
- d. Fractures (including open and closed fractures, cracked bones, broken teeth/ loose teeth, etc.).
- e. Severed body parts (some or all of a particular limb/part is cut off or missing, **except for broken teeth/loose teeth**).
- f. Eye injuries (including injuries to the eye, eyeball, foreign object in the eye).

- g. Concussion (mild to severe head injury, head injury accompanied by vomiting, unconsciousness)
- h. Internal organ injuries (including organs in the chest such as the lungs, heart, in the stomach; such as the liver, pancreas, intestines, spleen, kidneys, bladder, etc.).
- i. Burns.
- j. Others, please specify .....

***Circle one answer code according to the respondent's answer and move it into available boxes. Points a to j must be filled in.***

***Code 1 if "Yes" and code 2 if "No".***

***If the injury experienced is not included in point as/di, circle code 1 "Yes" in point j, move it into the box provided, and write the type of injury experienced in the dots provided.***

**Details E04: Did the injury result in permanent physical disability in any of the following body parts? (READ POINTS a TO c)** This question aims to get the impact/**impact**or as a result of an injury experienced by the respondent with knowledge of the permanent disability condition.

**Physical disability**The consequences of an injury are the condition of a person who has a physical disorder such as the loss of part or less functioning of a limb so that they cannot carry out activities like other people as a result of the injury they have experienced.

**Impact of injury:**

- a. The five senses are not functioning (such as blind/deaf/mute/cannot smell/cannot taste).
- b. Loss of part of a limb (such as severed fingers/hands/feet, etc.).
- c. Permanent scars that interfere with comfort (such as burn scars, imperfect stitches on body parts, limping legs, body parts such as a crooked nose or hands, etc.) according to the respondents' perceptions.

***Fill in one answer code according to the respondent's answer in the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**Details E05: Place of injury: (READ AND CHOOSE ONE ANSWER FROM POINTS 1 TO 5).**

The purpose of this question is to obtain the proportion of places where injuries or accidents occur. The place of injury is the location/area where the event/incident that caused the injury occurred.

Answer options:

1. Highway (road used by vehicles).
2. House and its surroundings (*indoor* and also *outdoor*).
3. School and its environment (in the classroom and school yard).
4. Place of work (respondent's workplace in the form of a closed/open room/building including the yard: for example factories, shops, offices, markets, ports, etc.).
5. Others, please mention... (other than codes 1-4) for example: waters/rivers/seas, rice fields, fields, forests, mines, etc.).

Workplace (Law No. 1 of 1970 concerning work safety): field, closed/open, ~~mobile~~ fixed, where workers work/where work is often entered for business purposes and where there are sources/sources of danger.

***Circle one answer code according to the respondent's answer and move it into the box provided. Only one answer is selected.***

***If it is not included in answer codes 1 to 4, write the code 5 "other" in the box provided, then write the location where the injury occurred in the dots provided.***

**If the answer to code 1 is "Highway", proceed to Detail E06. If the answer to code 2 to 5, proceed to Detail F.**

**Details E06. Was the injury caused by a traffic accident?** The purpose of this question is to obtain the proportion of injuries that occur on the highway and are caused by traffic accidents.

A traffic accident is an unexpected and unintentional event on the highway, involving vehicles with or without other road users that results in human casualties and/or property losses (Law of the Republic of Indonesia No. 22 of 2009).

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No."***

**If the answer to code 1 is "Yes" proceed to Detail E07.  
If the answer to code 2 is "No" proceed to Detail F.**

**Details E07. If yes, did the injury occur while: (FILL IN THE ANSWER CODE 1=YES OR 2=NO)**

The purpose of this question is to obtain the proportion of respondents when injuries due to traffic accidents occur. Traffic accidents that occur involve motorized or non-motorized vehicles. Motorized vehicles can

in the form of two-wheeled vehicles or motorbikes, three-wheeled vehicles such as bemo, four-wheeled vehicles or more than 4 such as cars, trucks, trontons, etc. Non-motorized vehicles can be bicycles, dokars, etc. Respondents who experience injuries related to traffic accidents can be drivers or passengers of vehicles involved in accidents, or as pedestrians.

- a. Riding a motorbike (rider)
- b. Riding on a motorbike (motorcycle passenger)
- c. Driving a car (driver or person driving the car)
- d. Carpooling (car passenger)
- e. Ride a non-motorized vehicle
- f. Walking (including people sitting/doing activities on the highway)

***Fill in one answer code according to the respondent's answer into the box provided. Points a to f must be filled in all.***

***Code 1 if "Yes" or code 2 if "No."***

#### **F. TRADITIONAL HEALTH SERVICES**

The purpose of the question is to find out the description of people's behavior in **utilisetraditional health servicesin the last 1 (one) year.**

**Details F01: Have you ever used traditional health services in the last year??**

**Traditional Health Services (yankestrad)**is treatment and/or care using methods and medicines based on empirical experience and skills passed down from generation to generation, which can be accounted for, and implemented in accordance with prevailing norms in society (Law No. 36 of 2009 concerning health).

Traditional health services (yankestrad) include:

- 1. Yankestrad concoctions, both packaged concoctions and homemade concoctions
- 2. Yankestrad manual skills such as massage, reflexology, SPA
- 3. Yanskestrad mind training skills such as hypnotherapy
- 4. Yankestrad energy/internal power skills.

Based on the method of treatment, Yankestrad is divided into:

- 1. Yankestrad which uses potions, both packaged potions and homemade/ mixed potions.
- 2. Yankestrad which uses skills, including manual techniques, energy therapy, and mental therapy.

#### **Answer Options:**

**Code 1 if "Yes".** If a household member has ever used Yankestrad by visiting a health center/Yankestrad facility/Yankes facility or bringing in a traditional healer/ Nakestrad/therapist.

**Code 2 if "No, but made my own efforts".**If household members carry out their own health care efforts (making traditional potions, doing massages or doing acupuncture without the help of traditional healers/nakestrad/therapists).

**Code 3 if "Not at all".**If the ART does not utilize Yankestrad at all or does not make their own efforts regarding traditional health

**If answer option 2 is "No, but make your own efforts" then further questions to F03.**  
**If answer option 3 is "Not at all" then the question continues to block G.**

**Details F02: Who provides the traditional health services? FILL IN THE ANSWER CODE 1=yes or 2=No**

This question aims to find out the type of personnel who carry out or provide traditional health services to household members.

**Answer Options:**

- a. Doctor or health worker,** If the ART has ever utilized the Yankestrad by visiting the Yankestrad facility or bringing in a therapist with a medical education background or other health workers. Medical education personnel include general practitioners, dentists, and specialist doctors. Health workers are health workers whose knowledge and skills are obtained through higher education in the health sector and have the authority to carry out health efforts (Law No. 36 of 2014 concerning Health Workers).
- b. Traditional healer (Hattra),** If the ART has ever utilized Yankestrad by visiting a health center or bringing in a therapist who is not a doctor or health worker. A traditional healer is someone whose knowledge and skills are obtained through heredity or non-formal education.

**Details F03 What types of traditional health services are utilized? FILL IN THE ANSWER CODE 1=YES OR 2=NO**

**Answer options**

- a. Ready-made potions,** packaged herbal medicines from traditional health services or from practitioners, either in the form of herbal medicine or other herbs with or without prior processing, such as boiling or brewing.

Herbal medicine can come from plants, animals, minerals and galenic preparations or mixtures of these materials that have been used for generations for treatment, and can be applied in accordance with the norms prevailing in society. (PP No. 103 of 2014 concerning Traditional Health Services). Examples: herbal medicine, aromatherapy, gurah, homeopathy, SPA.

**Preparations for traditional medicine** is a preparation that has a distribution permit number in accordance with the provisions of laws and regulations.

**Jamu** is a herbal medicine derived from plants, animals, minerals, either mixed by yourself, or traditional Indonesian medicine. Shinshe is one of the hattra that provides herbal health services.

**Aromatherapy** is a treatment that uses aroma stimulation produced by volatile plant fluids, known as essential oils and other aromatic compounds from plants that aim to influence mood, balance the physical, mind and feelings.

**Gurah** is a traditional medical treatment service carried out by inserting/ dropping a certain ingredient/herb derived from a solution of senggugu tree bark into the nostrils, with the aim of removing dirt and mucus in the nose and surrounding cavities, to treat upper respiratory tract disorders such as colds, sinusitis and others.

**Homeopathy** is a treatment using drugs/herbs with minimal (small) doses but has high healing potential, using a holistic approach based on the balance between physical, mental, soul, and emotions. The way homeopathy works is by stimulating to increase the body's ability to heal or fight disease. Homeopathic medicines are mostly derived from natural substances derived from plants, minerals or animals.

**b. Homemade potions**, concoctions made by utilizing family medicinal gardens or buying herbal ingredients in the market based on empirical experience or the results of searching for information from various media. Homemade traditional medicines can be in the form of fresh herbal medicines, dried herbal medicines, and external herbal medicines.

**c. Manual skills (massage, acupuncture)**, is part of traditional health services which in its implementation uses skills **with or without tools**. (PP No. 103 of 2014 concerning Traditional Health Services) and can be carried out by Hattra or Nakestrad.

Examples: adult/baby massage, bone fractures, reflexology, acupuncture, chiropractic, cupping, apitherapy, ceragem, acupressure etc.

**Massage** is a medical and/or treatment service by massaging/massaging part or all of the body, to relax muscles, overcome health problems or cure a complaint or disease, and improve blood circulation. Hattra who perform massage in some areas are often called dukun urut/pijat, tukang massa/pijat. Baby massage therapists in West Java are called Paraji, dukun Rembik (Madura), Balian Manak

(Bali), Sanro Pammana (South Sulawesi), Sanro Bersalin (Central Sulawesi), Suhu Batui (Aceh).

**Fracture treatment** is a service for the treatment and/or care of broken bones in a traditional way without surgery by using manual skills to restore the position of the bones and perform external fixation and use traditional herbal medicine. In some areas it is often called Dukun Potong (Madura), Sangkal Putung (Java), Sanro Pauru (South Sulawesi).

**Reflection** is a massage of the hands, feet and other body parts, by targeting the central points of the nerves that are connected to the internal organs of the body.

**Acupuncture** is a treatment technique that involves stimulating acupuncture points by inserting needles and other means such as electroacupuncture to restore health and fitness, especially to treat pain.

**Chiropractic** is a health care/treatment that uses special techniques to correct joint shifts and muscle disorders in the body.

**Cupping** is a method of treatment using glass, tubes or bamboo, the process of which begins with cupping (negative pressure) to remove dirty blood (dangerous toxins) through the surface of the skin.

**Apitherapy** is a treatment that uses various kinds of animals such as bees, scorpions, leeches, certain fish, which are stung/bitten on the part of the body that hurts.

**Ceragem** is a treatment that involves providing far infrared light to nerve points in the spine and stomach, which are the healing points for various diseases.

**Acupressure** is a treatment service by massaging acupuncture points, using fingertips and/or other tools except needles.

#### **d. Mindfulness/hypnotherapy skills**

It is part of traditional health services that in its implementation uses thought skills techniques. (PP No. 103 of 2014 concerning Traditional Health Services) and can be carried out by Hattra or Nakestrad. Examples: hypnotherapy, meditation.

**Meditation** is a relaxation practice treatment and/or therapy that involves releasing the mind from all things that are exciting, burdensome, and worrying in life.

#### **e. Internal energy/power skills**

It is part of traditional health services that in its implementation uses energy skill techniques. (PP No. 103 of 2014 concerning Traditional Health Services) and can be done by Hattra or Nakestrad. Example: Prana and Inner Energy, including prayers added to the treatment.

#### **Details F04. In the last 1 year, has [NAME] ever used the Family Medicine Garden (TOGA)?**

This question aims to find out the utilization of Family Medicinal Garden (TOGA). TOGA or family medicinal garden is a collection of medicinal plants for family health. TOGA is essentially a piece of land, either in the yard, garden or field that is used to cultivate plants that are medicinal, including TOGA owned by RT/RW or neighbors.

**Enter Code 1 if "Yes", or code 2 if "No"**

#### **G. BEHAVIOR**

In this section, we will ask for some information related to health-risk behavior, both risks for non-communicable diseases and infectious diseases.

This section consists of 38 questions covering the following:

- For all ages:
  - 1) Question G01 related to Prevention of diseases caused by mosquito bites
- For ages  $\geq 3$  years:
  - 1) Questions G02 (a to j) regarding consumption of risky foods
  - 2) Questions G03 to G05 regarding hygienic behavior (tooth brushing behavior and defecation behavior)
- For ages  $\geq 5$  years:
  - 1) Questions G06 to G07 regarding helmet usage behavior
  - 2) Questions G08 to G011 regarding fruit and vegetable consumption behavior
- For ages  $\geq 10$  years
  - 1) Questions G13 to G16 regarding hand washing behavior
  - 2) Questions G17 to G28 regarding tobacco consumption behavior
  - 3) Questions G29 to G34 regarding physical activity behavior
  - 4) Questions G35 to G38 regarding alcoholic beverage consumption behavior

**Following is a more detailed explanation of each question in section G.**

**PREVENTION OF MOSQUITO BITES DISEASES (ARTICLES OF ALL AGES) G01.**

**What does [NAME] do to avoid mosquito bites?** This question aims to find out the efforts made by the community to prevent mosquito bites.

*Circle one answer code according to the respondent's answer and write the answer code in the box provided. Code 1 if "Yes" or code 2 if "No". The answer choices can be more than one way to avoid mosquito bites.*

Explanations for each are as follows:

**a) Sleep using a mosquito net without insecticide**

Insecticide-free mosquito nets are bed curtains made of gauze (in the form of nets) to prevent mosquitoes and do not contain insecticides.

**b) Sleep using an insecticide-treated mosquito net  $\leq$  3 years**

**c) Sleeping under an insecticide-treated mosquito net > 3 years**

Insecticide-treated mosquito nets provided by the Ministry of Health are distributed by health workers or health cadres to people who are entitled to receive these mosquito nets in malaria-endemic areas.

Criteria for insecticide treated mosquito nets (SEE PICTURES (DISPLAY))

1. Insecticide-treated mosquito nets are not for sale, they are usually distributed by local health workers or health cadres.
2. On the mosquito net there is a Husada Bhakti logo on one side of the mosquito net.
3. Mosquito nets are equipped with a production date and expiration date.

In options b and c, the time period of use is asked whether it is less than or equal to three years ago (from the time of the interview).

**d) Using repellents/materials to prevent mosquito bites** Repellent is a chemical substance or substance in the form of a spray (*spray*) or lotions used on the body to prevent mosquito bites. Examples: Autan, Soffel, etc. (including oils from plants or animals).

**e) Using an electric mosquito repellent**

Mosquito repellent devices that use electricity, for example: electric mosquito rackets or electric mosquito repellents that are used to kill mosquitoes or other insects.

<p><b>If the ART is 3 years old-G02 If the ART is 2 years old-Block K</b></p>
---

## CONSUMPTION OF RISKY FOOD/DRINKS (CHILDREN AGED 3 YEARS AND OVER)

### **G02. In the past month, how many times did [NAME] usually eat the following foods:**

The above questions aim to get an idea of how often respondents usually consume several types of food/drinks that are risky to health. Several types of food/drinks if consumed excessively can cause health problems such as non-communicable diseases such as coronary heart disease, hypertension, diabetes mellitus, and cancer.

This question is asked by reading it for each type of food/drink and filling in the answer choice code according to the respondent's confession. It can be asked by mentioning examples of local food or drinks that are commonly found in the survey location.

The answer code is as follows:

**Code 1: >1 time per day Code**  
**2: 1 time per day Code 3: 3 – 6**  
**times per week Code 4: 1 – 2**  
**times per week Code 5: < 3**  
**times per month Code 6:**  
**Never**

Ask [name] the frequency of each type of food consumed. Fill in ***one answer code according to the respondent's answer into the box provided.***

Types of food/drinks consumed:

a. Sweet food

Sweet foods are foods that contain high sugar including sticky ones.  
Examples: dodol, chocolate, candy, cake, canned fruit, traditional/local sweet cakes, etc.

b. Sweet drinks

Sweet drinks are drinks that are high in sugar. Examples: syrup, packaged sweet tea, other packaged sweetened drinks that are not carbonated, etc.  
For drinks with zero calories and diet drink categories or containing low-calorie artificial sweeteners are not included as sweet drinks.

c. Salty food

Salty food is a food that is predominantly salty or sour containing high salt, such as salted fish, pindang fish, salted eggs, salty snacks or light foods, other foods with a dominant salty taste.

d. Fatty/cholesterol rich/fried foods

Are foods that contain high levels of fat, including saturated fat, and foods that contain cholesterol. Foods that contain a lot of fat, both animal and vegetable fat.

Examples: fatty meat, offal, foods fried in a lot of oil, foods with thick coconut milk, foods containing a lot of margarine or butter. Examples: offal (intestines, tripe), eggs, shrimp, etc.

e. Grilled food

Food processed by burning directly over fire. This question is to find out carcinogenic substances that come from burning directly over fire or being burned.

Examples: satay, grilled chicken, roast lamb, grilled fish, or other animal foods that are grilled using charcoal or other materials.

f. Processed beef/chicken/fish/other meat with preservatives Are foods that come from animals, through a processing process and added with preservatives. Examples: corned beef, sausages, burger meat, smoked meat, etc.

g. Seasonings

Foods that contain/use flavorings such as MSG, instant broth and other cooking spices (the interviewer can mention the many MSG brands on the market).

h. **soft drink** or carbonated soft drinks

It is a carbonated or carbonated soft drink. The interviewer can mention brands that are widely available on the market or at the survey location.

i. Energy drinks

Drinks containing caffeine as a source of energy. The interviewer can mention brands that are widely available on the market or at the survey location.

j. Instant noodles/ other instant foods

Instant foods include instant noodles, instant porridge, and other instant foods.

Example:

In the past month, Mr. Indra most often consumes sweet cakes (every morning and evening) every day, which means that Indra usually consumes sweet cakes and drinks sweet tea 2x per day. Other types of food/drinks have never been consumed in the past month.

How to ask:

In the past month, how often did Mr. Indra eat sweet foods? Next, he was asked about other risky foods (details of types of food/drinks a to j).

How to fill:

Sweet foods/drinks that Indra consumes more often are sweet cakes and sweet tea (> 1 time per day) so in the sweet food/drink row, fill in the code 1 in the box provided. While the other options are written with the code '6. Never'.

## **HYGIENIC BEHAVIOR [ART ≥ 3 YEARS]**

### **Details G03: Does [NAME] brush his teeth every day?**

The question above aims to find out whether respondents have a habit of cleaning their teeth **every day**, to maintain good oral hygiene and to prevent tooth decay.

**Brushing teeth** is the activity of cleaning teeth using a toothbrush or other tools (for example cotton, towels, sand, siwak, coconut fiber) with or without toothpaste, which can be done alone or with the help of others.

**Brush your teeth every day** is the activity of cleaning teeth which is carried out routinely every day except in emergency situations (illness, accident, cracked teeth). ~~A~~broken jaw, trismus/ inability to open the mouth, and other conditions that make it impossible for someone to brush their teeth).

*Circle one answer code according to the respondent's answer and move it into the box.*

*which are available.*

*Code 1 if "Yes", code 2 if "No" continue to G05, code 7 if "Not applicable" continue to G05.  
to G05*

The answer option 'not applicable' is for conditions if the respondent does not have natural teeth and does not use dentures. If the respondent uses complete dentures, they are asked whether the dentures are cleaned every day.

### **Details G04: When does [NAME] brush his teeth?**

This question aims to find out the respondent's habits regarding when/when they brush their teeth.

Tooth brushing times include details G04a to G04f and are not read out.

- a. Before breakfast
- b. After breakfast
- c. After lunch
- d. When taking a morning shower
- e. When taking an afternoon shower
- f. Before going to bed at night

*Fill in one answer code according to the respondent's answer in the box provided.*

*Code 1 if "Yes", code 2 if "No", code 7 if "Not applicable"*

### **Details G05. Where does [NAME] usually defecate?**

This question asks about the respondent's daily habits of defecating or eliminating waste. **ANSWER NOT READ, DO A PROBING**

Answer options:

1. Toilet

The correct way to defecate is to use a toilet. The toilet referred to in this answer choice is a room that

has a U-shaped human waste disposal facility, at the top there is a squatting or sitting area, with or without a gooseneck (cemplung) which is equipped with a waste collection unit and water for cleaning.

2. River/lake/sea
3. Beach/field/garden/yard
4. Pond/rice field/ditch
5. Ground hole

***Circle one answer code according to the respondent's answer and move it into the box provided.***

**Notes:**

- The behavior of using a toilet in the answer choices is a room that has a U-shaped human waste disposal facility, at the top there is a squatting or sitting area, with a gooseneck or without a gooseneck (cemplung) which is equipped with a waste collection unit and water for cleaning.
- Attempts were made to directly see the condition of the toilet in the respondent's house or a shared toilet in the neighborhood. Probed by asking how the final storage is. Although using a toilet but there is no place to store dirt and water for cleaning, and it is disposed of directly into the ground or river, then the answer choices are code '2', '3', '4' or '5'

**HELMET USING BEHAVIOR [ART ≥ 5 YEARS]**

**Details G06: Does [NAME] usually wear a helmet when riding or riding pillion on a motorbike?**

This question aims to obtain the prevalence of helmet use behavior among motorcycle riders/passengers.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

Code 1 if "Yes, always" Code 2 if

"Yes, sometimes"

Code 3 if "Never used a helmet" continue to questions **G08** Code 7 if "Never rode/ridden a motorbike" continue to questions **G08**

**Details G07: When using a helmet, how and what condition is the helmet used? (SHOW THE PICTURE OF THE HELMET TYPE)**

The purpose of this question is to obtain the prevalence of behavior in using Personal Protective Equipment (PPE) in the form of helmets that are appropriate and used correctly (most frequently used).

Show Demonstration Image.

1. Wear a standard helmet with the visor fastened
2. Wearing a standard helmet without the visor fastened
3. Wearing a non-standard helmet (bicycle helmet, project helmet, army helmet).

**Circle one answer code according to the respondent's answer and move it into the box.**  
*which are available.*

Types of helmets **standard** is a closed model helmet/ **full face**, **open face** or **half helmet**.  
Type of helmet **non-standard** including bicycle helmets, project helmets, army helmets, and others.

#### **CONSUMPTION OF FRUIT AND VEGETABLES [ART ≥ 5 YEARS]**

**Question details** G08 to G11 aims to obtain an overview of vegetable and fruit consumption habits in one week. The consumption overview can be in the form of a risky proportion and the average number of servings per day, either separately for fruits and vegetables or a combination of fruits and vegetables.

#### **Details G08: Usually in 1 week, how many days does [NAME] eat fresh fruits?**

This question aims to obtain an overview of fresh fruit consumption habits.

Remind respondents of several types of fruit, both local and imported, without taking into account the portions.

What is meant by 'usually in a week' is a person's habit of eating fruit and not the average of the entire period asked. If the respondent answers that they do not consume fresh fruit every week or rarely consume fruit (for example only once a month) or not at all, then fill in 'code 0'

#### **Details G09: How many servings of fresh fruits does [NAME] eat on average per day of these days? (USE DISPLAY PICTURES).**

Portion size is the amount of fruit consumed in one serving.

Remind respondents of their fruit consumption habits on a day that they can easily remember.

The answer is filled in the portion unit according to the respondent's confession (using the Demonstration Picture). If the number of portions is not up to one portion, the number of portions can be written according to one digit behind the comma in the answer box (eg 0.5)

#### **Details G10: Usually in 1 week, how many days does (NAME) consume vegetables?**

This question aims to obtain an overview of vegetable consumption habits (either cooked or fresh).

Remind respondents of the types of vegetables available in Indonesia, both local and 'imported' vegetables without taking into account the portion. What is meant by 'usually in a week' is a person's habit of eating vegetables and not

the average of the entire period asked. If the respondent answers that they do not consume vegetables every week or rarely consume vegetables (for example only once a month) or not at all, then fill in 'code 0'

**Details G11: How many servings of vegetables does [name] eat on average per day? (USE DISPLAY PICTURES)**

Portion size is the amount of vegetables consumed in one serving. Remind the habit of consuming vegetables in one day that respondents can easily remember.

The answer is filled in the portion unit according to the respondent's confession (using the Demonstration Picture). If the number of portions is not up to one portion, the number of portions can be written according to one digit behind the comma in the answer box (eg 0.5)

**PROPER HAND WASHING BEHAVIOR [ART AGE  $\geq$  10 YEARS}** Questions in details G13 to G16 aim to obtain an overview of the habit of washing hands properly, namely by using soap and clean running water.

**Detail G13: Does [NAME] wash his hands regularly?**

*Fill in one answer code according to the respondent's answer in the box provided, Code 1 if "Yes" or code 2 if "No" continue to G17*

**Details G14: Does [NAME] always wash hands with soap?**

*Fill in one answer code according to the respondent's answer in the box provided, Code 1 if "Yes" or code 2 if "No"*

If the respondent answers that sometimes it can be considered that they do not always wash their hands with soap, then code 2 is entered.

**Details G15: Does [NAME] always wash hands using clean running water?**

*Fill in one answer code according to the respondent's answer in the box provided, Code 1 if "Yes" or code 2 if "No".* If the respondent answers that sometimes it can be considered that they do not always wash their hands using running water, then code 2 is entered.

*Washing hands with running water includes using a water tap or clean water from a bucket/tub/other container, which is channeled using a dipper, so that the water used for washing hands is not reused.*

**Details G.16: When does [NAME] usually wash his hands?**

This question asks about the respondent's daily habits of washing hands, based on the respondent's experiences or habits.

Details of questions G16a to G16f are asked by reading them aloud.

- a. Before preparing food / before eating
- b. Every time hands are dirty (holding money, animals, gardening)
- c. After defecating
- d. After using pesticides/insecticides
- e. After cleaning the toddler
- f. Before breastfeeding

For points a - c, fill in the answer code 1 = Yes or 2 = No

For points d - f, fill in the answer code 1 = Yes or 2 = No or 7 = Not Applicable

### **SMOKING AND TOBACCO USE [ART AGE $\geq$ 10 YEARS]**

In this section, respondents will be asked about their habits related to tobacco consumption, either in the form of cigarettes or other tobacco consumption. Cigarette consumption is known to have a negative impact on health, especially related to chronic lung disease, cancer, stroke and heart disease. The questions in this section aim to get an idea of how big the problem of tobacco consumption is in Indonesia.

The questions below ask about current and past smoking behavior, age at first smoking, average number of cigarettes smoked per day by type of cigarette, passive smoking, and chewing tobacco consumption.

#### **Details G17: Has [NAME] ever smoked?**

**Cigarette** is a product that is intended to be burned, smoked and/or inhaled, which can be in the form of clove cigarettes, white cigarettes, cigars or other forms, including electronic cigarettes that contain nicotine and tar, with or without additives.

Remind respondents of their lifetime smoking habits for all respondents aged 10 years and over, whether they currently smoke or have not smoked.

Daily smoking habits include those who consume at least one cigarette (either finished or unfinished) every day.

***Fill in one answer code according to the respondent's answer in the box provided, Code 1 if "Yes, every day" or code 2 if "Yes, not every day" or code 3 "never smoked"***

***If the answer is coded 2, go to G19. If the answer is coded 3, go to G26***

#### **Notes:**

***The answer code '1, Yes, every day' applies to the condition of respondents who have smoked every day during their life, even if only for a short time (for example, a month or a few months only). If the respondent has smoked every day but at the time of the interview no longer smokes every day or smokes only occasionally or no longer smokes at all, then the answer choice remains coded 1, because it will later be filtered again in the detailed question G 22 (current smoking).***

***The answer code '2. Yes, not every day' is for respondents who have smoked but not every day or only smoke occasionally. If the respondent has smoked even if only one cigarette or just tried it, the answer choice is coded 2, and will be filtered again in the detailed question G22 (current smoking).***

**Details G18: How old was [NAME] when he started smoking daily?**

This question is only for daily smokers, whether they are still smoking or have quit smoking now.

Write down the age when the respondent started smoking daily, both those who still smoke and those who are currently non-smokers and move it into the box provided.

Writing age is based on the last birthday.

Try to probe if the respondent does not remember, for example by asking whether it was during school, work or certain times. Must be filled with probing estimated age.

**Details G19: How old was [NAME] when he first smoked?**

Write down the age when the respondent first smoked, including trying smoking and move it into the box provided. Writing age is based on the last birthday.

Try to probe if the respondent does not remember, for example by asking whether it was during school, work or a certain period.

Fill in "98" if you don't remember

**G20 Details: State the type of cigarettes that [NAME] usually smokes (READ POINTS a TO e)**

This question is to get an idea of the types of cigarettes usually consumed by respondents and the choice of cigarette type can be more than one type.

This question was asked to all respondents who had ever smoked or whose answer to detail G 17 was coded 1 or 2.

**(SEE DISPLAY PICTURE)**

- a. Kretek Cigarettes** is a cigarette mixed with chopped cloves/clove sauce approximately 30% of the cigarette composition according to the provisions of the Ministry of Industry. Kretek cigarettes can use filters or not (SNI 1999, Ministry of Industry). Kretek filter cigarettes are kretek cigarettes that have a filter in the form of a cork rod placed after the cigarette material so that smokers of filtered kretek are predicted to be safer than smokers without filters.
- b. White Cigarettes** is a cigarette made from dried real tobacco without cloves. This white cigarette can use a filter or not. Examples of white cigarettes commonly smoked by Indonesian smokers include Marlboro, Dunhill, Kansas, '555'.
- c. Rolled cigarettes** is tobacco leaf with or without other mixtures that is rolled by yourself (for example, rolled using corn husks or paper) or factory.

**d. Electric Cigarettes** is a cigarette that is consumed using a special electronic device that requires electricity from battery power. Electronic cigarettes consist of two components, namely the electronic device and liquid. The liquid used can contain nicotine and other chemicals.

**e. Shisha**

Shisha is a way of smoking tobacco using a special tool and through an evaporation process.

**Fill in one answer code according to the respondent's answer in the box provided, Code 1 if "Yes" or code 2 if "No"**

**IF G20a=1 OR G20b=1 OR G20c=1, GO TO G21 IF G20a=2 AND G20b=2 AND G20c = 2, GO TO G22**

**IF G17=1, G21a is filled with CODE 1 AND G21b is filled with the AVERAGE AMOUNT PER DAY. IF G17=2, G21a is filled with CODE 2 AND G21b is filled with the AVERAGE AMOUNT PER WEEK.**

**Details G21: On average, how many kretek/white/rolled cigarettes does [NAME] smoke per day or per week?**

*This question is for respondents who smoke Kretek Cigarettes, White Cigarettes and Rolled Cigarettes.*

G21a unit of cigarette smoked

If the respondent HAS **EVERSMOKING EVERYDAY**, enter the average number of cigarettes smoked by the respondent into G21a with code **1** (Bars/day);

If the respondent HAS **EVERSMOKING NOT EVERY DAY**, enter the average number of cigarettes smoked by the respondent into G21a with code **2** (Bar/week)

G21b enter the number of cigarettes smoked by the respondent

**Details G22. Has [NAME] smoked during the last 1 month? (READ ANSWER)**

This question is aimed at respondents who have smoked in their lifetime or in the details of G17 answer choices coded 1 or 2. The purpose of this question is to obtain a picture of current smoking habits (one month from the time of the interview). So it will be known whether the smoking habit is still continuing until now or has stopped smoking or quit smoking.

**Code 1 if "Yes, every day" or code 2 if "Yes, not every day" or code 3 "has stopped smoking"**

**Notes:**

- *If the answer is sometimes, enter 'Yes, not every day'*
- *For code option 3, it includes those who in the last month (from the time of the interview) have stopped smoking, either because they intend to stop smoking or for other reasons.*
- *The smoking habits asked about include all types of cigarettes referred to in the G20 detailed questions (types of cigarettes).*

**Circle one appropriate answer code and move it into the box provided.**

If the answer code is "3" then proceed to details G25

**PASSIVE SMOKERS, AGE TO STOP SMOKING AND CHEWING TOBACCO CONSUMPTION**

**Details G23: Does [NAME] usually smoke in closed buildings/spaces (public places, schools, workplaces, other buildings/spaces)**

This question is to obtain information about smoking habits inside buildings/rooms (*indoor*) in respondents who usually smoke.

Smoking inside a building/room means smoking in a closed room that has no air ventilation and no open walls.

**Fill in one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes", code 2 if "No"**

**Details G24: Does [NAME] usually smoke inside the house?**

The purpose of this question is to obtain information on whether smokers cause passive smoking to other family members. Smoking inside the house includes smoking indoors, even if there is ventilation or windows in the house. Inside the house does not include smoking on the open terrace or yard.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes", code 2 if "No"**

**Respondents who answered the details of G24 were then asked for details of G27 (not asked for G25) because details of G25 were only for respondents who had not smoked at all in the last month from the time of the interview or in details of G22 the answer choice was coded 3.**

**G25 Details: How old was [NAME] when they stopped/didn't smoke at all?** This question is directed at respondents who no longer smoke. **(FORMER SMOKER)** at least in the last month. Not smoking at all includes former smokers who have not smoked for at least the past month up to the time of data collection.

***Write the age when the respondent stopped smoking completely and move it into the box provided. The age is written rounded down or at the time of the last birthday. Fill in with "98" if you don't remember***

**Detail G26: How often do other people smoke near [NAME] in a closed space (including inside the home, work space, public place or other closed space)?**

This question is to describe exposure to cigarette smoke from other people in closed spaces including at home, work spaces, public places or other closed spaces, from the perception of respondents who are currently non-smokers or former smokers or who no longer smoke (answer details G17 coded 3 or details G22 coded 3).

***Code 1 if "Yes, every day", code 2 if "Yes, not every day", code 3 if 'Never at all'***

***If the answer is sometimes, enter 'Yes, not every day'***

**Details G27: Has [NAME] ever chewed tobacco (nyirih, nginang, susur) in the last 1 month?**

This question aims to obtain an overview of tobacco chewing habits (nyirih, nginang, susur).

***Code 1 if "Yes, every day" or code 2 if "Yes, not every day" or code 3 "no, but have chewed tobacco before" or code "4" never at all.***

If the answer is code 4, proceed to G29

***Circle one appropriate answer code and move it into the box provided.***

**Details G28: Has [NAME] ever chewed tobacco on a daily basis?**

This question aims to obtain a picture of respondents who have chewed tobacco every day during their life (before the last 1 month). ***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes", code 2 if "No"***

## **PHYSICAL ACTIVITY [AGE ART<sub>≥</sub> 10 YEARS]**

The questions in this section aim to obtain an overview of the respondents' physical activity habits.

Remind respondents that **heavy physical activity** is a physical activity that requires heavy physical work and causes breathing or pulse to increase rapidly. **Moderate physical activity** is a physical activity that requires moderate physical work and a slight increase in heart rate or breathing.

Use Demonstrative Images to help respondents answer questions.

Before asking the physical activity questions, respondents were asked to think about **all activities from waking up in the morning until going to bed at night. Note down the description of the following activities, time and type of activity** which is conducted **CONTINUOUSLY FOR 10 MINUTES OR MORE in each activity**, related to the following activities:

1. **WORK** in paid and unpaid work environments, household work, harvesting agricultural products, fishing or hunting animals, looking for work, etc.
2. **LEISURE TIME** including sports and recreation
3. **TRAVEL (walking or cycling)** heading to work, market, recreation area.

Once recorded, activities are grouped according to the type of physical activity (heavy or moderate) and the time (duration) of the activity is added up.

**Details G29: Does [NAME] usually engage in vigorous physical activity, which is done continuously for at least 10 minutes at a time?**

Provide an example of a picture or mention the type of activity that is classified as a heavy activity, for example carrying 20 kg of rice or swimming continuously for at least 10 minutes. **[USE DISPLAY PICTURES]. Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1 if "Yes" or code 2 if "No".**

**If the answer to code 2 is "No", proceed to Question G32.**

**G30 Details: How many days a week does [NAME] usually do these heavy physical activities?**

What is meant by "usually in a week" is the number of days when the respondent usually does heavy activities. **and not the average day of the week** that was asked. Respondents were asked to evaluate and calculate the days that were usually or generally spent with heavy physical activity.

**Write down the number of days the respondent usually engages in heavy physical activity in a week, and move it into the box provided.**

Correct answers range from 0-7.

If the respondent carries out regular heavy physical activity only once every two weeks, then the answer to G30 can be filled in with '0'.

If G30 contains '0' then proceed to details of G32.

**Details G31: How long does [NAME] usually do this heavy physical activity per day? Fill in the number of hours and excess minutes, for example 1 hour 25 minutes.**

Respondents are asked to evaluate the total amount of time during a day that is usually used to do heavy activities. Fill in the unit of hours if the amount of time has reached the unit of hours. For example **60 minutes** should be written as **1 hour**.

**NOTES:**

Respondents were asked to rate only the activities they performed **continuously for 10 minutes or more** which is **combination** while working or **carry out daily activities and recreation/leisure time**.

Responses that are very long (more than 4 hours) should be investigated to ensure that this is something that is usually done at a high intensity, and that the activity is done continuously for 10 minutes or more.

***Write down the amount of time in hours or minutes that the respondent usually spends on vigorous physical activity that day, and transfer it into the box provided.***

**MODERATE PHYSICAL ACTIVITY**

**Details G32. Does [NAME] usually engage in moderate physical activity, done continuously for at least 10 minutes at a time?** Show examples of pictures or mention the types of activities that are classified as moderate activities, for example sweeping the yard or playing volleyball continuously for at least 10 minutes. This moderate activity is the total time of doing moderate physical activity while working or doing daily activities, during recreation/leisure time and walking or riding a bicycle to and from a place.

**[USE DISPLAY IMAGES]**

***Circle one answer code according to the respondent's answer and move it into the box provided.***

***Code 1 if "Yes" or code 2 if "No".***

**If the answer to code 2 is "No", proceed to Question G35.**

**Details G33. How many days a week does [NAME] usually do moderate physical activity?**

What is meant by "usually in a week" is the number of days when the respondent **usually do** moderate physical activity **and not averaged** days of the week asked.

Respondents were asked to evaluate and calculate the days they usually or generally engage in moderate physical activity.

***Write down the number of days the respondent usually does moderate physical activity in a week, and move it into the box provided.***

**Correct answers range from 0 to 7.**

If the respondent carries out regular heavy physical activity only once every two weeks, then the answer to G33 can be filled in with '0'.

If G33 contains '0' then proceed to G33 details.

**Details G34. Usually in a day, how long does [NAME] do moderate physical activity? Fill in the number of hours and excess minutes, for example 1 hour 25 minutes.**

Respondents are asked to evaluate the total amount of time during a day that is usually spent doing moderate activities. Fill in the unit of hours if the amount of time has reached the unit of hours. For example **60 minutes** should be written as **1 hour**.

**NOTES:**

Respondents were asked to rate only activities that were performed continuously for 10 minutes or more. The total time of the responses was **very long (more than 6 hours)** should be investigated to ensure that this is something that is usually done at a vigorous or moderate intensity, and that the activity is done continuously for 10 minutes or more.

**How to calculate physical activity****Case Example:**

Mrs. Elis wakes up at 04.00 in the morning, after cleaning the house and taking a shower, then at around 05.00 she goes to the market for shopping on foot. **50 minutes round trip**. At the market, there are usually a lot of purchases and usually Mrs. Elis carries them herself, walking, with faster breathing and pulse, usually for 30 minutes, then Mrs. Elis takes a motorbike taxi for **15 minutes to home**. Arriving home, Mrs. Elis **prepare food** during **2 hours** to sell at the stall. Mrs. Elis usually starts selling uduk rice at home starting from **10.00 am to 13.00 pm**. After lunch and **Rest** during **1 hour**, Mrs. Elis **washing clothes** which is usually done during **3 hours** (Mrs. Elis works as a washerwoman). Usually this kind of activity is done every day (**7 days a week**). After a break with **watch TV for about 2 hours**, Usually mother Elis prepares **dinner** for the surrounding family **1 hour**. After dinner, usually Elis' mother **supervising the children studying at around 20.30 (approximately 30 minutes)**). Usually Mrs. Elis' family goes to bed at 21.00.

**Description of calculating physical activity:****Heavy activity:**

- At the market with the stall shopping brought by yourself during **30 minutes**

**Moderate activity:**

- House cleaning 1 hour
- Walk to the market 50 minutes
- Preparing food 2 hours
- Washing neighbor's clothes 3 hours
- Preparing dinner 1 hour
- These moderate activities are carried out 7 days a week.

**Calculation method:****Heavy physical activity**

- In work or daily activities (carrying loads in the market). Respondents do not do heavy physical activities during recreation or free time.
- Total frequency in a week: **7 days (Fill in G30: number 7)**
- Total time: **30 minutes (Fill in G31 in the hour box with 00, fill in the number 30 in the minute box)**

**Moderate physical activity**

- In work or daily activities: cleaning the house, preparing food, washing clothes.
- Frequency in a week: **7 days (Fill in G33: number 7)**
- Total time: **7 hours 50 minutes (Fill in G34 in the hour box with 07, in the minute box with 50)**

**Notes:**

**If there are two physical activities with a different number of days, then the duration of physical activity (hours or minutes) is averaged based on the longest number of days.**

**For example: heavy physical activity carried out by lifting 20 kg weights every day (seven days) for 15 minutes per day and jogging once a week for 20 minutes.**

**Filling:**

**G29 : 7 days**

**G30 : 15 minutes + (20 minutes/7) = 15 + 2.86 = 17.86 rounded to 18 minutes.**

**CONSUMPTION BEHAVIOR OF ALCOHOLIC BEVERAGES**

This question aims to obtain an overview of alcohol consumption, including excessive alcohol consumption.

Alcohol consumption patterns can be routine or episodic, done at certain times, related to payday, holiday nights, celebration parties, etc. As with smoking behavior, preferences for the type of alcoholic beverage consumed and the intensity related to the amount of alcoholic beverage consumed need to be asked to get a picture of the magnitude of the alcohol consumption problem that poses a risk to health. To measure intensity, the term is used ***standard drink or standard drink***.

The term "standard drink" describes the intensity of alcohol consumption, which can be calculated from the type and volume of alcoholic beverage consumed.

One standard drink contains about 10 (8 – 13) g of pure ethanol, which is found in:

- Low alcohol drinks such as beer -1 glass of beer/small bottle/can (285 – 330 ml)
- Drinks with moderate alcohol content, such as white wine, champagne, sparkling wine, arak or wine -1 glass of wine (usually filled with 120 ml)
- Drinks with high alcohol content, such as whiskey, vodka, tequila -1 shot (30 ml)
- Traditional clear alcoholic drink - 1/2 drinking glass ( 100 ml)
- Traditional cloudy alcoholic drink -1 drinking glass (200-250 ml)
- Mixed drinks contain an alcohol content of around 20% or more

The Riskesdas questionnaire includes questions about conditions in the past month at the time of the interview, including habits/frequency of consuming alcoholic beverages, types of alcoholic beverages frequently consumed, and drinking intensity (standard drink).

### **Details G35. Has [NAME] consumed alcoholic beverages in the last month?**

This question is to see the picture of individuals who have consumed alcoholic beverages in the past 1 month. Beverages containing alcohol include beer, wine, grapes, spirits, fermented fruit juice or add other local examples such as tuak, poteng, cap tikus, topi slanted, saguer, laro, brem and sopi. **(USE DISPLAY PICTURES)**

**1. Circle one answer code according to the respondent's answer and move it into the box provided.**

**2. Code 1 if "Yes", code 2 if "No"** If the answer to code 2 is "No" - proceed to G39

### **Details G36. In the past month, what type of alcoholic beverage did [NAME] usually drink at one time?**

Respondents were asked to choose one answer option related to the type of alcoholic beverage they usually or most frequently drink.

Answer options:

**1. Beer or similar**

Beer or similar alcoholic beverages are included in the category of alcoholic beverages that contain low alcohol ( $\leq 5\%$ ). Examples of low alcohol beverages include: Bintang beer, Angker beer, stout, Heineken, etc.

**2. Wine / liquor**

Alcoholic beverages such as wine or similar are included in the category of beverages containing moderate alcohol ( $> 5\%$  to  $10\%$ ). Examples of moderate alcoholic beverages include: arak, red wine, white wine, champagne, etc.

**3. Whisky or similar**

Types of alcoholic beverages such as whisky or similar are included in drinks with high alcohol content ( $> 10\%$ ). Examples of high alcohol drinks include: whisky, vodka, tequila, etc.

**4. Traditional alcoholic beverages are cloudy or not distilled**

Traditional drinks containing alcohol can vary, and for the type of drink that is in the form of a cloudy liquid, it is included in the category of medium alcoholic drinks (alcohol content around  $10\%$ ). For example: laro, saguer, cloudy tuak, etc.

**5. Traditional clear or distilled alcoholic beverages**

Types of alcoholic beverages that have gone through the distillation process usually appear clear, and the alcohol content reaches  $20\%$  or more. For example: cap tikus, sopi, clear tuak etc.

**6. Mixed/adulterated alcoholic drinks**

Including types of drinks that contain high alcohol (more than  $20\%$ ). Examples are a mixture of alcoholic drinks with various other liquids, such as spirits, insecticides, herbal medicines, etc. These mixed alcoholic drinks are generally not found in official alcoholic beverage packaging, but

in unofficial packaging at a price much cheaper than other alcoholic beverages.

7. Others, please specify.....

***Circle one answer code according to the respondent's answer and move it into the box provided.***

**G37 Details. In the last 1 month, how many days did [NAME] consume alcoholic beverages?**

This question is to get an idea of how often or how often you consume alcoholic beverages in the past month. Filled in units of days with a maximum of 31 days.

**G38 Details. What is the average number of alcoholic drinks [NAME] drinks per day?**

Select the unit of alcoholic beverage that the respondent can drink. The unit options can be in the following packaging (see Figure):

1. Beer glass, generally 300 ml - 330 ml in size
2. Starfruit glass, generally 200 ml - 250 ml in size
3. Wine glass, generally 200 ml - 250 ml in size
4. Small bottles, including bottles measuring 250 ml - 300 ml
5. Large bottles, including bottles measuring 750 ml - 800 ml
6. Alcoholic beverage cans, generally 300 - 330 ml cans
7. Sloki/small glass

Sloki is a small glass that is usually used to consume alcoholic drinks, measuring 30-40 ml.

**H. KNOWLEDGE AND ATTITUDE TOWARDS HIV/AIDS (ART age  $\geq$  15 years)** Block Knowledge and Attitude towards ***Human Immunodeficiency Virus*** (HIV), contains questions related to comprehensive knowledge and attitudes of respondents towards HIV/AIDS sufferers. This question must be answered directly by the respondent because it is to measure the level of comprehensive knowledge of respondents about HIV/AIDS as one of the SDG's indicators.

**Details H01: Has [NAME] ever heard of HIV/AIDS? *Circle one answer code according to the respondent's answer and write the answer code in the box provided.***

***Code 1 if "Yes" or code 2 if "No"***

If the respondent's answer is code 2 (no), the question is continued to P.H07.

**Details H02: According to [NAME], what disease is HIV/AIDS? (READED)**

- a. Hereditary disease
- b. Cursed disease

- c. Infectious diseases
- d. Sexually transmitted diseases
- e. Diseases that reduce the body's immunity

**Circle one answer code according to the respondent's answer and write the answer code in the box provided.**

**Code1 if "Yes" code2 if "No" or code 8 if "Don't Know".**

**Details H03: According to [NAME], how is HIV/AIDS transmitted? READ**

- a. Through coughing or sneezing
- b. Swimming in the same pool as someone with HIV/AIDS
- c. Using used syringes from HIV/AIDS sufferers
- d. Eat/drink from the same plate as an HIV/AIDS sufferer
- e. Sexual relations between men
- f. Using public toilets
- g. Having sexual relations with someone who has HIV/AIDS
- h. From pregnant mother to her fetus
- i. Accepting blood donations from HIV/AIDS sufferers
- j. Skin contact with someone who has HIV/AIDS

This question aims to determine the proportion of the population aged 15 years and over who are aware of HIV/AIDS transmission.

**Circle one answer code according to the respondent's answer and write the answer code in the box provided.**

**Code1 if "Yes" code2 if "No" or code 8 if "Don't Know".**

**Details H04: According to [NAME], how can HIV/AIDS be prevented? READ**

- a. Having only one sexual partner
- b. Using a condom during intercourse
- c. Using disposable syringes
- d. Do not live in an environment where HIV/AIDS sufferers live
- e. Do not exchange clothes with HIV/AIDS sufferers
- f. Not having a same-sex "relationship"

This question aims to determine the proportion of the population aged 15 years and over who know how to prevent HIV/AIDS in general.

**Circle one answer code according to the respondent's answer and write the answer code in the box provided.**

**Code 1 if "Yes" code 2 if "No" or code 8 if "Don't Know".**

**Details H05: According to [NAME], how do you know if someone has HIV/AIDS? READ**

- a. By recognizing the person's physical appearance
- b. By recognizing the person's behavior
- c. With voluntary blood testing (VCT)
- d. Others, please mention .....

This question aims to determine the proportion of the population aged 15 years and over who know how to test for HIV/AIDS in general.

**Circle one answer code according to the respondent's answer and write the answer code in the box provided.**

**Code 1 if "Yes" code 2 if "No" or code 8 if "Don't Know".**

**Details H06: What is [NAME]'s attitude towards people with HIV/AIDS?**

- a. If one of [NAME]'s family members were infected with HIV/AIDS, would [NAME] keep it a secret?
- b. If one of [NAME]'s family members had HIV/AIDS, would [NAME] be willing to care for him/her?
- c. If one of [NAME]'s neighbors was known to have HIV/AIDS, would [NAME] ostracize that person?
- d. Would [NAME] buy fresh vegetables from a farmer or vendor known to be infected with HIV/AIDS?
- e. Does [NAME] agree that if a teacher suffers from HIV/AIDS, he/she is not allowed to teach?

This question aims to determine respondents' attitudes towards HIV/AIDS in general.

**Circle one answer code according to the respondent's answer and write the answer code in the box provided.**

**Code 1 if "Yes" or code 2 if "No"**

<p><b>If female ART aged 15-19 years-Block I If Female ART aged 20-54 years-Block J</b></p> <p>→</p> <p><b>If the female household member is &gt; 54 years old or the male household member is &gt; 54 years old-Block L</b></p>
--

**I. PROVISION OF BLOOD ENHANCEMENT TABLETS (TTD) TO ADOLESCENT FEMALES (FEMALE ART AGED 10-19 YEARS)**

The administration of iron supplements (TTD) to adolescent girls aims to improve the nutritional status of adolescent girls so as to break the chain of occurrence of anemia. **stunting**, prevent anemia, and increase iron reserves in the body as provisions in preparing a healthy and quality generation.

Since 2016 (Ministry of Health 2016, guidelines for prevention and management of anemia in adolescent girls and post-fertile women), the TTD Program for adolescent girls is given to junior high school/high school students aged 12-18 years which is implemented through a TTD provision mechanism with a frequency of 1 tablet every week throughout the year (a total of 52 tablets during the year). Whereas before 2016, TTD for adolescent girls was given as much as 1 tablet per week and during menstruation was given 1 tablet per day for 10 days.

Questions in the Individual Questionnaire RKD18.IND Block XI Provision of Iron Supplement Tablets (TTD) for Adolescent Girls are aimed at those aged 10-19 years, aiming to determine the picture of TTD consumption in adolescent girls as an effort to prevent anemia and to determine the achievement of indicators that have been set in the Ministry of Health's Strategic Plan for 2015-2019, namely the percentage of adolescent girls who receive TTD.

The Blood Supplement Tablets referred to in this question include the Program TTD and TTD obtained independently. The TTD in question is the TTD in the form of **tablet/caplet/capsule**. TTD Program provided by the Government and distributed to target groups through government health service facilities. Independent TTD is a nutritional supplement to increase blood obtained based on a prescription/instruction of a health worker, self-purchase initiative at a private health facility/pharmacy/drug store, or obtained from a gift from family/other people.

Block I consists of 6 questions, namely questions I01 – I06.

**Details I01: Has [NAME] had her period/menstruation?**

These details are intended to determine whether respondents have ever had menstruation.

***Circle code 1 if the answer is "Yes" or code 2 if the answer is "No", and move it to the box provided.***

**If the answer to Code 2 is "No", proceed to I04**

**Details I02: Since what age did [NAME] get her period/menstruation?** This detail aims to obtain information on the age at which adolescent girls first menstruate.

***Fill in the respondent's age in years when she first had her period/ menstruation and move it to the box provided.***

**Details I03: Has [NAME] ever been pregnant?**

This question is a screening question to find out whether the respondent has ever been pregnant.

***Circle code 1 if the answer is "Yes" or code 2 if the answer is "No", and move it to the box provided.***

**If the answer to Code 1 is "Yes", proceed to J01b.**

**Details I04: Has [NAME] ever received/purchased a signature?** This question aims to obtain information from young women who have received/purchased iron supplements/tablets.

***Circle code 1 if the answer is "Yes" or code 2 if the answer is "No", and move it to the box provided.***

**If the answer to Code 2 is "No", proceed to I07**

**Details I05: In the last 12 months, has [NAME] ever received/purchased a signature? (SHOW PROOF CARD)**

This question aims to obtain information on female adolescents who have received/purchased iron supplements/tablets in the last 12 months.

***Circle code 1 if the answer is "Yes" or code 2 if the answer is "No", and move it to the box provided.***

**If the answer to Code 2 is "No", proceed to I07**

**Details I06 :**

**This question aims to obtain information regarding the source, amount obtained and consumed and reasons for not consuming the TTD obtained in the last 12 months.**

**Details of Columns 1 and 2: source (NAME) obtaining TTD**

Questions in columns 1 and 2 aim to obtain information on sources of Iron Supplement Tablets.

***Enter code 1 if the answer is "Yes" or code 2 if the answer is "No" in the box provided. available for the TTD source in column 2. If the answer to code 2 is "no" continue to the next line.***

Signature Source:

- a. Health Facilities (Community Health Centers, Hospitals) and Health Workers (Practical Doctors, Practicing Midwives, Practicing Nurses)
- b. School,
- c. Self-purchase initiative, namely if the respondent buys supplements/signature pills of their own accord, without a prescription from a doctor/other health worker, including signature pills obtained from family/other people.

**Column 3 Details: How many total signatures were obtained/purchased?**

The questions in column 3 aim to obtain information on the total number of iron tablets obtained/purchased by respondents, without considering the iron content contained in the iron tablets.

Conduct probing to get respondents' answers:

- Ask how many times respondents have obtained/purchased TTD during the last 12 months.
- How many signatures are obtained/purchased for each gift/purchase?

Example:

Leni received a signature from the school once in the last year, with a total of 30 items. So fill in the answer 30 in I06 column 3.

***Fill in the answer in the box provided (3 digits)***

#### Column 4 Details: Amount drunk?

The question in column 4 aims to obtain information on the amount of TTD consumed by respondents in the past year.

How to probe:

1. Ask when you first got/purchased the TTD to get the initial period in the last year.
2. Ask how long in the last one year the respondent has obtained/purchased a signature.
3. Ask how many items each time you receive/purchase a Signature in the last one year.
4. Ask whether the TTD received/purchased has been used up by the respondent. If not used up, ask for the remaining TTD.

Example:

Leni received a signature from school once in the last year, totaling 30 pills. Of that amount, there were 10 signatures remaining. So the number of signatures taken =  $30 - 10 = 20$  pills. So fill in 20 in I06 column 4.

**If the answer to I06 column 4 is less than I06 column 3, FILL IN COLUMN 5**  
**If the answer to I06 column 4 = I06 column 3, continue to the next row.**

**Column 5 Details: Main reason for not drinking/not finishing the signature?** The question in column 5 aims to find out the main reason why respondents do not drink/do not finish their signature.

**Fill in the main reason answer code in the box provided. Code**

**1, if "only drunk during menstruation"**

**Code 2, if "forgot"**

**Code 3, if "taste and smell are unpleasant"**

**Code 4, if "side effects (nausea, constipation)"**

**Code 5, if "time is not up yet"**

**Code 6, if "feel no need" Code**

**7, if "other"**

#### J. MATERNAL HEALTH

Aims to obtain information related to global and national indicators specifically for maternal health.

Section J Maternal Health in Riskesdas 2018, asked specifically about **female respondents aged 10-54 years who have ever been married (married/divorced/divorced)**.

The definition of ever married follows block IV. Household Member Information column 8 on marital status in the household questionnaire. In this case, including those who have never been married but have been pregnant and ended in labor or miscarriage.

Part J consists of six subsections, namely:

1. Reproductive period
2. History of pregnancy, childbirth and the postpartum period
3. Postpartum Family Planning Services
4. Providing additional food (PMT) to pregnant women
5. Giving iron tablets to pregnant women
6. Ownership of KIA-Mother Book

Each subsection contains a question flow and identifies who should answer according to the respondent's condition, the following is a table of respondents in Section J.

No	Sub Section	Respondents who were asked
1	Reproductive Period	All women aged 10-54 years who have ever been married
2	History of pregnancy, childbirth and postpartum period	All women aged 10-54 years who had given birth or had a miscarriage in the 5-year period prior to the interview (1 January 2013 to the time of the interview)
3	Postpartum Family Planning Services	
4	Giving Food Addition (PMT) in Pregnant Women	at the time of the interview the respondent was pregnant
5	Administration of Iron Supplement Tablets	
6	Ownership of KIA-Mother Book	

In section J, there are questions that are very personal in nature, so the officer's skills are needed in approaching and probing respondents.

#### REPRODUCTIVE PERIOD

This subsection aims to collect general information related to women's reproductive period, including pregnancy, childbirth and miscarriage.

##### Details J01a: Has [NAME] ever been pregnant?

This question aims to screen the respondent's lifetime pregnancy events. Pregnancy is a condition experienced by women as a result of conception and results in a fetus that grows and develops in the uterus until the gestational age of around 40 weeks or when the pregnancy ends, either ending in miscarriage or delivery with live birth or stillbirth.

***Circle one answer code according to the respondent's answer and move it into the box provided. Code 1 if "Yes" (respondent has been pregnant, including those who are currently pregnant), code 2 if "No".***

**If the respondent's answer is code 2, proceed to BLOCK X Part L**

**Details J01b: How old was [NAME] when she first became pregnant?**

This question aims to find out the history of risky pregnancies that respondents have experienced related to their age at pregnancy. The age in question is **age at first pregnancy, regardless of the outcome of the pregnancy (ending in miscarriage, live birth or stillbirth).**

Ask the respondents when they were first pregnant, calculate the respondent's age when they were first pregnant and confirm the calculation results to the respondents. The age of the first pregnancy referred to includes pregnancies that occurred before marriage.

If the respondent still does not know the age of first pregnancy, do **probing** For **get the closest age estimate.**

*Write the answer in years and fill in the box provided.*

**Details J02: During her lifetime, how many times did [NAME] get pregnant, have a miscarriage and give birth?**

These details aim to determine the number of pregnancies, births and miscarriages experienced by respondents in their lifetime, including unwanted pregnancies.

- a. **Gravida (Pregnancy)** is a process that begins with conception (fertilization), the formation of the baby in the womb, and ends with the birth of the baby, the duration of which is calculated from the time the first menstruation ends.

**What is meant by pregnancy in this question is:**

- Pregnancy ending in birth, either live birth or stillbirth,
- Pregnancy that ends in miscarriage/abortion, or
- Current pregnancy.

- b. **Partus (Giving Birth)** is the process of a fetus leaving the womb at 22 weeks of gestation to the outside world, with signs of birth (feelings of cramps that gradually become more frequent; longer and stronger; accompanied by the release of mucus, blood, and amniotic fluid), the birth of the baby, the cutting of the umbilical cord, and the release of the placenta without looking at the outcome of the birth, whether the baby is born alive or stillborn.

- **LH (live birth)**

Live birth is the event of the complete exit of the product of conception from the mother's womb regardless of gestational age, showing other signs of life such as breathing, movement and crying, including the presence of a heartbeat, umbilical cord beat, or muscle movements, regardless of whether the umbilical cord has been cut or not.

Included in live births are babies born with signs of life, but have died at the time of the interview or babies who were alive even though only for a short time.

- **LM (stillbirth)**

Stillbirth is the birth of a baby without any signs of life at 22 weeks of pregnancy. A baby who dies in the womb, dies in the birth canal at birth but the gestational age is <22 weeks is not called a stillbirth but an abortion or miscarriage.

c. **Abortion (Miscarriage)** in general is the process of the exit of the conception product (birth) or fetus at a gestational age of <22 weeks or 5.5 months. Miscarriage or abortion is used to indicate the end of pregnancy before the fetus can live outside the womb or gestational age <22 weeks. To date, the smallest fetus reported to be able to live outside the womb weighed 297 grams at birth. However, because it is rare for fetuses to be born weighing less than 500 grams but can continue to live, abortion is considered the termination of pregnancy before the fetus reaches a weight of 500 grams or a gestational age of <22 weeks.

Abortion can occur spontaneously naturally or artificially. Artificial abortion is the termination of pregnancy before 22 weeks with medication, or with medical/non-medical action.

**It is necessary to ask whether the gestational age at the time of the miscarriage was <22 weeks..**

Ask the respondent how many times they have experienced pregnancy, miscarriage, live birth, and stillbirth throughout their lifetime.

**Pregnancy is not limited by the number of times the respondent has been married and the number of births is counted for both live and stillborn children.**

***Fill in the number of pregnancies, births and miscarriages according to the respondents' answers in the boxes provided.***

If the respondent forgets, do probing. For example, by asking again when the respondent first got married. After that, trace whether the respondent has ever been pregnant, then note how many times the respondent has been pregnant. Ask each pregnancy experienced by the respondent and note the column items for the pregnancy sequence number and name, pregnancy outcome and the time (date, month and year) the pregnancy ended and the identification results.

Make notes using the following table to help identify Mrs. Ani's pregnancy history:

Example of Mrs. Ani's pregnancy history ***Married twice, and pregnant 4 times, namely:***

- ***The first pregnancy ended in miscarriage at 4 months, which occurred on January 1, 2012.***

- **Second pregnancy, when the pregnancy was 9 months old, the fetus did not move. It turned out that it had died in the womb so that in the hospital it was operated on and born which occurred on March 12, 2014.**
- **Third pregnancy, 8 months pregnant, the fetus was born and named FEBRIANTI PUTRI, who was born on February 2, 2016. However, at the age of 7 days, Febri died.**
- **The fourth pregnancy is the pregnancy that is currently being carried out. At the time of the interview, Mrs. Ani's pregnancy was 6 months old.**

Next, the enumerator MUST create a Pregnancy History Table with the following format:

Pregnancy History Table

Sequence No. pregnancy	Name	Results pregnancy	Date/month/year pregnancy end	Is (delivery/miscarriage) according to the reference period from January 1, 2013 to during the interview? If it matches the reference, mark it "√"

For example, in Mrs. Ani's case, the contents of the Pregnancy History Table are as follows:

Sequence No. pregnancy an	Name	Pregnancy results	Date/month/year pregnancy end	Is (delivery/miscarriage) according to the reference period of January 1? 2013 to the time of the interview? If according to the reference, mark it√
1	NN	Miscarriage	January 1, 2012	X
2	NN	Stillborn	March 12, 2014	√
3	Febrianti Daughter	Born alive – Then died of old age 7 days	February 2, 2016	√
4	=	Is pregnant	=	=

Identify pregnancy history carefully and completely, including stillbirth events that may have been missed by respondents.

The data in the notes column above is important to obtain as material to obtain answers to subsequent questions, so as not to have to do repeated probing.

In the last column is a summary of the identification results, whether it is included in the reference period or not, for example if the pregnancy ended before January 1, 2013, it is marked with "X" and a check mark "√" if it enters the referral period.

When asking for this information, create conditions that make respondents comfortable to talk. Respondents with a history of multiple marriages tend to be closed, especially in a less supportive interview atmosphere.

**Calculation example:**

From the table above, we obtain the following data: If the respondent has been pregnant 4 times, the first pregnancy was a miscarriage while the second pregnancy was 1 live birth, 1 stillbirth, and is currently pregnant, then the writing is:

- a. Number of gravida (pregnancies) = 04
- b. Number of births (giving birth) = 02
- c. Number of abortions (miscarriages) = 01

Calculated gravida includes ongoing pregnancy (pregnant at the time of interview)

If the respondent has ever had a twin pregnancy, then the writing for the delivery is still counted as 1, usually added with "G", in this case if there is a twin pregnancy, note this condition in the Notes Block.

**Details J03a: Whether in the period January 1, 2013 up to the time of the interview, have you ever given birth which ended in live birth, stillbirth or miscarriage?**

These details are screening questions to obtain pregnancy history.

last in the reference period for subsections 2 and 3, namely pregnancies ending in the last five-year period (1 January 2013 to the time of interview)

Pregnancies that fall under this provision include:

- Pregnancies ending in miscarriage or delivery, occurring in the period from 1 January 2013 to the time of the interview.
- If the auxiliary tables in the three columns are recorded properly, it will make it easier for the enumerator to obtain answers without repeating the probing.
- Pay attention to the date, month and year the pregnancy ended. If the pregnancy ended between January 1 2013 and the time of the interview, mark it. ✓, meaning that there was a pregnancy that occurred during the reference period (answer coded 1).
- For ongoing pregnancy (currently pregnant) **not given** sign ✓

***Circle one appropriate answer code, fill in code 1 if "Yes", and code 2 if "No".***

**If the answer is code 2 "No", then proceed to J48**

**J03b Details: When was the delivery/miscarriage of the last pregnancy?  
(Write the date, month and year)**

This question refers to the answer J03a which is coded 1. The purpose of this question is to support the analysis of respondent characteristics.

Ask when the delivery/miscarriage occurred. **last pregnancy.** Write the month and year the birth/miscarriage occurred. Date, **The month and year of delivery/ miscarriage cannot be blank.**

**If the respondent has a history of more than 1 pregnancy, in the period from 1 January 2013 to the time of the interview, select the most recent pregnancy that ended in childbirth or miscarriage.**

If there is more than 1 pregnancy, select the most recent pregnancy that ended in childbirth/miscarriage.

If the auxiliary table is marked ✓, do further identification. If there is any sign ✓, **more than 1**, select sign ✓/bottom ✓ as the last pregnancy. In the case of Mrs. Ani's story as written in the Pregnancy History Table, the last pregnancy that has ended is the third pregnancy, namely Febri. Write the date, month and year when the last pregnancy gave birth or miscarriage occurred. For example, the date of delivery of Febri is 02-01-2016

### **HISTORY OF PREGNANCY, LABOR AND PUBLIC PERIOD**

The purpose of this subsection is to obtain information related to several indicators of maternal health service coverage. The information collected includes information on health services during pregnancy, childbirth and postpartum, which includes pregnancy examination services (*antenatal care*), delivery services, and postpartum services, also include information on pregnancy outcomes, delivery financing guarantee programs and disorders/complications during pregnancy, delivery and postpartum and referrals. This subsection also includes questions used to support the analysis related to pregnancy and delivery risks as contributing factors to maternal mortality.

**Next, I will ask about the history of pregnancy, delivery and postpartum period from the last pregnancy.**

The statement was made to encourage respondents to recall their experiences during pregnancy.

When referring to the auxiliary table, tell the respondent; ***"Next, I will ask about the history of pregnancy, during labor and the postpartum period of Febri's pregnancy. Please remember the experience during Febri's pregnancy."***

The subsection on Pregnancy, Childbirth and Postpartum History was only asked specifically to female respondents aged 10-54 years who had experienced childbirth/miscarriage from their last pregnancy in the period from January 1, 2013 until the time of the interview.

**Double check the J03a details before asking this subsection.**

**If the answer to the J03a details is coded 2, then the details J04-J47 do not need to be asked and continue to J48)**

**J04-J13 DETAILS IN TWIN PREGNANCY THEN WHAT IS ASKED IS INFORMATION ABOUT THE LAST BORN TWINS. THIS QUESTION REFERS TO CHILDREN BORN BY RESPONDENTS RECORDED AS ART (RECORDED IN BLOCK IV) OR NOT.**

**Details J04: CHILD'S NAME (IF THE CHILD HAS NOT BEEN GIVEN A NAME, WRITE NN)** The purpose of this question is to emphasize to the respondent that the next question refers to the pregnancy history of the child or fetus that was born.

***Write the child's name in the box provided. If the child has not been named, write NN.***

Once the identification has been done, the enumerator can easily fill in the child's name. In this case, it is "FEBRIANTI PUTRI". If it is a household member, write it according to the name in Block IV of the RT questionnaire.

**Details J05 : Serial number of [CHILD'S NAME] in household**

The purpose of this question is to ensure there is a connection with Block IV to facilitate data analysis.

***Fill in the household member's serial number referring to***

***Household Questionnaire -Block IV. Household Member Information. If the child's name is not listed in Block IV due to miscarriage or death or living elsewhere and is no longer a household member, then write "00" in the serial number input box.***

In the case of Mrs. Ani's example, Febri, who has died, is not a household member (not listed in Block IV of the RT Questionnaire), so Febri's household member's serial number is "00".

**Details J06: Of all the pregnancies, which pregnancy sequence was the pregnancy of [CHILD'S NAME]?**

This question covers pregnancies that resulted in a live birth, stillbirth or miscarriage. Since not all pregnancies that end in a live birth, the officer needs to be careful in filling in these details.

Referring to the help table above, Febri is the result of the third pregnancy. So, fill in "03" in the city.

**Details J07: Is the pregnancy single or multiple?**

The purpose of this question is to determine the status of a single or multiple/twin pregnancy.

***Ask whether this pregnancy is a singleton or a multiple pregnancy.***

***Write code 1 if "Single", code 2 if "Twin" or code 3 if "Unknown".***

The answer code 3 "Not yet known" is possible as an answer choice for pregnancies that end in miscarriage so that the respondent does not yet know the status of the pregnancy, whether it is a single or multiple pregnancy.

<p><b>REMEMBER THAT FOR TWIN PREGNANCY, THE PREGNANCY IS STILL COUNTED AS ONE PREGNANCY.</b></p>
--

**Details J08: How is the pregnancy outcome of [CHILD'S NAME]?**

The purpose of this question is to find out **outcome** from every pregnancy, whether it is a live birth or a pregnancy that ends in stillbirth or miscarriage.

The definition of live birth, stillbirth and miscarriage can be read in the detailed explanation of J02.

***Ask how the pregnancy ended, whether it was a live birth, stillbirth, live birth and stillbirth (for multiple pregnancies), or miscarriage.***

***Enter code 1 if "Live birth", code 2 if "Still birth", code 3 if "Live birth and still birth" or code 4 if "Miscarriage".***

For twin pregnancies in particular, ask **outcome** pregnancy for both fetuses, whether both were born alive (fill in Code 1=Birth alive); one was born alive, but the other was stillborn (fill in Code 3=Birth alive and stillborn); both were stillborn (fill in Code 2=stillbirth); or both died due to miscarriage (fill in Code 4=miscarriage).

**Details J09 : Gender of [CHILD'S NAME]?**

The purpose of this question is to find out the gender of the last child. Do not guess someone's gender based on their name, because there are names used for both boys and girls, for example "Febri"

***Ask whether the child is a boy or a girl.***

***Enter code 1 if "Male", code 2 if "Female", or code 3 if "Unknown".***

In case of twin birth, the gender refers to the last child born. If the gender of the child is unknown because the respondent had a miscarriage before 22 weeks of pregnancy, then fill in code 3 "Unknown" in the box.

**Details J10: Gestational age when pregnancy ended?**

The purpose of this question is to obtain information about the gestational age when it ends. This information will help to determine whether or not a miscarriage has occurred. If the pregnancy ends < 22 weeks (5 months), then there is a possibility that a miscarriage has occurred.

***Ask how old the respondent was when the pregnancy ended. Write the answer in month in the box provided.***

**If the respondent's answer is < 1 month, then fill in "00"**

**Details J11: When pregnant with [CHILD'S NAME], was the pregnancy wanted at that time/ wanted later/ unwanted?**

The purpose of this question is to find out whether or not there is an unwanted pregnancy (*unwanted pregnancy*) and unplanned pregnancy (*mistime*).

Pregnancy is 'wanted' if the respondent, when she was pregnant with [CHILD'S NAME], really wanted to get pregnant and the pregnancy happened at that time. Pregnancy is 'wanted later' if the respondent wants to have another child but not at the time she was pregnant with [CHILD'S NAME], but wants another period. 'Unwanted' if the respondent answers that she missed it, that is, the respondent actually no longer wants to have another child, but gets pregnant again.

**Ask whether the pregnancy was wanted by the respondent or not. Fill in code 1 if "Wanted at that time", or code 2 "Wanted later" or code 3 "Unwanted".**

**IF THE ANSWER TO J08 IS CODED 1 OR 3, GO TO J12 IF THE ANSWER TO J08 IS CODED 2 OR 4, GO TO J14**

**Details J12: Is [CHILD'S NAME] still alive?**

This question is specific to pregnancies ending in live birth. **Objective:** to find out whether the child born is still alive or has died. If the child is still alive and is a member of the household, then his/her health history can be found in Block X. Section K. Toddler Health.

**Ask whether the child is currently alive or deceased. Fill in code 1 if "Still alive", or code 2 if "Deceased".**

**If the answer is code 1, then proceed to details J14**

**Detail J13: Age at death?**

**(If Age < 30 days, enter in days. If Age ≥ 30 days fill in months)**

This question is still aimed at respondents' pregnancies that ended in a live birth, but at the time of the interview the child had died.

The purpose of this question is to find out the age when the child died.

**Ask the child's age at the time of death in months or days.**

**J13a is filled with the choice of Age units in months or days when the child died. Circle code "1" if the unit is in months or circle code "2" if the unit is in days.**

**J13b is filled in with the age when the child died.**

Example :

[CHILD'S NAME] died at the age of 7 days, then in J13a circle the code 2. Days and move it to the box provided. Then in J13b write '07'.

#### **PREGNANCY PERIOD**

This subsection is to collect information related to maternal health service indicators.

#### **Details J14: Did you have a pregnancy check-up with a health worker (specialist doctor, general practitioner, midwife or nurse)?**

The purpose of this question is to identify whether the respondent had a pregnancy check-up or not. **antenatal care**(ANC)

Competent health workers, including obstetricians and gynecologists, general practitioners, midwives or nurses. The examinations here are only examinations related to pregnancy, not including other health examinations. In general, the examinations are carried out at health facilities, but may also be carried out at the respondent's home.

***Write code 1 if the respondent answers "Yes" or code 2 if the respondent answers "No".***

**If the respondent's answer to code 2 is "No", then continue to details J21.**

#### **Details J15: How many months pregnant was [NAME] when she had her first pregnancy check-up?**

This question is to find out the gestational age when the respondent was pregnant. **first contact/visit to have the pregnancy checked by a health worker.**

***Ask how old the pregnancy was when the respondent first checked her pregnancy with a health worker.***

***Fill in your age in months then write your answer in the box provided.***

Month calculation is rounded down. If the respondent states that the gestational age when first checked is 3.5 months, then fill in the Month box with "03". **If the respondent forgets/does not know, try probing and fill in the answer that is closest.**

#### **Details J16: How many times did [NAME] have a pregnancy check-up with a health worker?**

The purpose of this question is to obtain the frequency of respondents in conducting pregnancy check-ups in each trimester, so that the proportion of K1 and K4 can be calculated.

The J16 details consist of two types of questions and are asked for each period of pregnancy. The types of questions include:

- a. The power that carries out **antenatal care** (ANC) (Column 2), and
- b. ANC Frequency (Column 3)

Perform gradual probing to obtain information about the personnel performing the pregnancy examination and the frequency of examination for each trimester as follows:

- a. 0-3 months, or what is called the 1st trimester
- b. 4-6 months, or what is called the 2nd trimester
- c. 7 months until giving birth, or what is called trimester 3 Or the enumerator can see the KIA book records

#### **J16 Column 2:**

Ask the type of personnel who performed the pregnancy check-up according to the gestational period in column 2.

Fill in code 1 if the respondent was examined by a "health worker", code 2 if the respondent was examined by a "non-health worker", or code 3 if the respondent "did not have ANC" or code 7 "Not applicable"

For details of J16b, Code 7 "Not applicable" is intended for respondents who experienced miscarriage in pregnancies under 4 months.

For details on J16c, Code 7 "Not applicable" is intended for respondents who experienced premature birth/stillbirth that ended in a pregnancy of less than 7 months.

**Health workers include obstetrician specialists (obstetrics and gynecology), general practitioners, midwives or nurses, while non-health workers include traditional healers.**

**If the answer in column 2 is code 1, then continue to fill in column 3. If the answer in column 2 is code 2 or 3, then continue to the question in the next row.**

#### **J16 Column 3:**

**COLUMN 3 SHOULD ONLY BE FILLED IN IF COLUMN 2 IS CODED "1"**

**REMEMBER, THE FREQUENCY CALCULATED IS THE PREGNANCY EXAMINATION.**

Ask how many times respondents had pregnancy check-ups according to the gestational period in column 3.

Fill in the appropriate number of examinations for the pregnancy period 0-3 months, 4-6 months and 7 months until delivery.

#### **Notes:**

- If the respondent had their first pregnancy check-up during the pregnancy period > 3 months or after the 1st trimester, then in J16a in column 2 circle Code 3 (No ANC) and continue to J16b.
- Column 3 must be filled in and probing must be carried out.

**Detail 17a, is a screening question from detail J16**

<b>17a</b>	<b>IF J16a=1 OR J16b=1 OR J16c=1, GO TO J17 IF J16a, J16b and J16c are coded 2 OR 3 GO TO J21</b>
------------	---

**Detail J17: Who checks [NAME]'s pregnancy most frequently?** The purpose of this question is to find out who the health workers are. **the most frequently** carry out ANC, and complete the questions in detail J16 regarding the personnel who check the pregnancy.

The choices of health workers who carry out ANC include:

1. **Medical specialist**, is an obstetrician and gynecologist who has completed the Obstetrics and Gynecology Specialist Doctor Education Program (PPDS) and holds the title Sp. OG.
2. **General practitioners**, is a doctor who has completed professional medical education.
3. **Midwife**, is the term for someone who has completed midwifery school.
4. **Nurse**, is the term for people who have completed nursing school.

**Ask which health worker most frequently checks the respondent's pregnancy.**

**Fill in code 1 if examined by a "Specialist Doctor", code 2 if examined by a "General Practitioner", code 3 if examined by a "Midwife", or code 4 if examined by a "Nurse".**

If respondents carry out ANC examinations with the same number of visits for each different health worker, then the health worker with higher competence is selected.

Example

Mrs. Ani had her pregnancy checked 8 times, which included 4 visits to a specialist doctor and 4 visits to a general practitioner, so the answer she filled in was coded "1" (specialist doctor).

**Details J18: Where does [NAME] most often have ANC check-ups?** The purpose of this question is to obtain information on health facilities used by respondents to carry out pregnancy checks.

The pregnancy check-up locations listed here are the most frequently used locations for pregnancy check-ups, referring to the details of J16. The types of pregnancy check-up locations include:

1. Government Hospital
2. Private Hospital
3. Clinic
4. Community Health Center/ Community Health Center/ Community Health Center
5. Independent Doctor's Practice
6. Independent Midwife Practice
7. Village Health Post/Village Health Post
8. Integrated Health Post
9. Nursing Practice
10. House

***Ask where the respondents most often do pregnancy check-ups. Fill in code 1-10 according to the respondent's answer. If the respondent does pregnancy check-ups at more than one health facility in the same amount, then the health facility with the most complete facilities and services is chosen.***

***Example***

***Mrs. Yeni most often checks her pregnancy at midwife practices and private hospitals, so the answer choice is code "2" (Private Hospital)***

**See the information below for an explanation of each pregnancy check-up location.**

**Information:**

1. **Government Hospital** is a hospital managed by the Government through the Ministry of Health, Regional Government, ABRI, Pertamina, for example, Provincial Level Hospital, District Level Hospital, RSPAD, Pertamina Hospital, Special Hospital, and Plantation Hospital, including Mother and Child Hospital (RSIA), for example RSIA Harapan Kita.
2. **Private Hospital** is a hospital managed by the private sector, including the Mother and Children's Hospital (RSIA), for example RSIA Bunda.
3. **The clinic is** Health care facilities that provide individual health services and provide basic and/or specialist medical services. Clinics or treatment centers are usually managed by the private sector, either individually or together.

4. **Community Health Center/Health Center/Health Center**

**Health Center** covers all Community Health Centers, whether managed by the Government through the Ministry of Health or the Regional Government.

**Assistant Health Center (Pustu)** covers all Assistant Health Centers managed by the Government through the Ministry of Health or Regional Government

**Mobile Health Center/Pusling**, covers all Community Health Centers, whether managed by the Government through the Ministry of Health or Regional Governments, which in carrying out their services move from place to place using certain facilities such as cars, boats, etc.

**5.Independent Doctor Practice**

**Independent Doctor Practice** are both general practitioners and specialist doctors who open their own/private practices.

**6.Independent Midwife Practice**

**Independent Midwife Practice** is a village midwife who practices at home outside of working hours, or a midwife who practices independently at home.

**7.Village Health Post/Village Health Post**

**Village Health Post/Village Health Post** is a service post that provides integrated health services located in villages and is usually managed by midwives.

**8.Integrated Health Service Post**

**Integrated Health Service Post** is a health care institution carried out from, by and for the community guided by related officers (Ministry of Health, 2006). Posyandu provides KIA, KB, immunization, nutrition and diarrhea management services.

**9.Nursing Practice**

**Nursing Practice** is a nurse who opens a practice at home outside of working hours, or a nurse who opens an independent practice at home.

Nurse practitioners are usually known as "Mantri"

**10.House**, including the respondent's house, the shaman's/paraji's house or the house of another family member/relative

**Detail J19: During [CHILD'S NAME]'s pregnancy, did [NAME] receive any examinations?**

The purpose of this question is to obtain information on the types of pregnancy examinations that include pregnancy examinations according to the 10 ANC components.

According to the Minister of Health Regulation No. 97 of 2014, standard pregnancy examinations consist of 10 components (10T), namely:

**a. Height measurement**

Height measurement is done at least once during pregnancy. Height measurement aims to determine whether the mother is at high risk in pregnancy and childbirth. Height equal to or below 145 cm is categorized as short stature and has a higher risk of experiencing labor difficulties due to narrow pelvis. Mothers with a height of 145 cm are also a risk factor for small babies (born below 2500 grams).

**b. Weighing body weight**

Weighing is done every time you have a pregnancy check. Weighing is important to know the nutritional condition of pregnant women because of the enlargement of the uterus and some parts of the mother's body.

**c. Measuring blood pressure (tension)**

This examination aims to determine whether the mother has hypertension or not during pregnancy. Normal blood pressure is 120/80 mmHg. If the blood pressure is equal to or greater than 140/90 mmHg, then there is a risk factor for hypertension (high blood pressure) in pregnancy.

**d. Upper Arm Circumference (MUAC) Measurement**

Upper arm circumference (MUAC) measurement is useful for determining the nutritional status of pregnant women. If the mother's MUAC is <23.5 cm, it indicates that the pregnant woman is suffering from Chronic Energy Deficiency (CED) and is at risk of giving birth to a Low Birth Weight (LBW) Baby. The MUAC measurement uses a measuring tape. **(Show Demonstration Picture)**

**e. Measuring the height of the uterus/fundus (the stomach is held while being felt/measured with a measuring tape/meter)**

Uterine height measurement is useful to see whether the growth of the fetus is in accordance with the gestational age. Measurements are taken from the pubis to the top of the uterus (fundus uteri). Measurements can be made using a measuring tape or using the center (umbilicus) as a reference. In probing to get the right answer, use **Demonstration Image**.

**f. Determining the position of the fetus (hold the stomach while feeling the fetus)**

If the lower part of the fetus in the third trimester is not the head, or the head has not entered the pelvis, there is a possibility of an abnormality in the fetal position or other problems. Determining the fetal position can use the palpation technique using the technique **Leopold** 1-4 or using an ultrasound device. **(Show Demonstration Picture)**

**g. Calculation of fetal heart rate (FHR)**

Fetal heart rate examination to detect signs of fetal distress by counting the frequency of fetal beats per minute.

Fetal heart rate can be measured using ultrasound, **doppler** or stethoscope **laennec**. **(Show Demonstration Picture)**

**If the respondent has ever had an ultrasound examination, then details J19 f and g are filled with code "1".**

**h. Counseling and case management**

In this point, the question consists of 2 ANC components, namely counseling and case management.

**Counseling**

Counseling is a component of ANC in the form of providing advice or suggestions from health workers to pregnant women. Counseling or providing advice can be in the form of increasing physical activity, rest, and diet.

**Case management (actions)**

Case management is the provision of ANC services in the form of actions based on the results of antenatal examinations and laboratory tests. Any disorders found in pregnant women must be handled according to the standards and authority of health workers. Cases that cannot be handled are referred according to the referral system.

Example of action:

- Giving iron tablets or blood-boosting tablets
- TT immunization
- Laboratory tests related to pregnancy
- Pregnancy complications reference

**BE CAREFUL IN GETTING BOTH OF THESE COMPONENTS**

-Do the probing gradually, ask first

**"When you checked your pregnancy, did you get any advice and/or suggestions from a health worker?"**

If the respondent answers yes, circle code 1 "counseling/explanation/advice" meaning that the respondent received counseling when the respondent underwent an examination with a health worker.

-Continue with the next question,

**"Do health workers provide services in the form of actions such as giving blood-boosting tablets, asking patients to undergo laboratory tests (urine or blood), etc.?"**

Conduct probing to dig up answers related to case management. In this case, including if there is a pregnancy disorder, the health worker asks for further examination to a more expert health worker (eg from a midwife to an obstetrician and gynecologist), or to a more complete health facility (eg from a Community Health Center to a Hospital).

If the respondent answers that they received this service, circle code 2. "Action/administration" as in the case"

-If there is more than one answer (code 1 and code 2 are circled), then add up the answer codes (1+2 = 3), then write them in the answer box.

-Answer codes that can be used: Code

1: If counseling is received Code 2: If

management is received Code 3: If

both are received

Code 4: If both are not found at all

**Detail J20: During [CHILD'S NAME]'s pregnancy, did [NAME] receive TT immunization (usually an injection in the mother's upper arm to prevent the baby from tetanus, or convulsions after birth)?**

This question aims to determine the TT immunization received by respondents during pregnancy with their child/fetus.

To prevent neonatal tetanus in newborns, pregnant mothers must receive TT immunization according to the procedure to obtain immunity from the risk of neonatal tetanus.

At the time of the first ANC contact, usually screening is done regarding TT immunization status. TT immunization for pregnant women is adjusted to the mother's current TT immunization status. Pregnant women must have a minimum T2 immunization status to get protection against tetanus infection. Pregnant women with T5 immunization status (TT **Long Life**) no need to be given TT immunization again.

The minimum interval for administering TT immunization and the duration of protection can be seen in the following table:

Immunization TT	Time Lapse Minimum	Duration of Protection
TT1		The initial step in forming immunity against tetanus.
TT2	1 month after TT1	3 years
TT3	6 months after TT2	5 years
TT4	12 months after TT3	10 years
TT5	12 months after TT4	> 25 years

**Ask respondents whether they received TT immunization during their pregnancy.**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Fill in code 1 if "Yes", or code 2 if "Not immunized" or code 3 if "Stated by health worker that TT immunization is not necessary".**

**J21-J22 Details** aims to determine the picture of TTD consumption of pregnant women as a risk factor for anemia in pregnant women and to determine the achievement of indicators that have been set in the 2015-2019 Ministry of Health Strategic Plan, namely the percentage of pregnant women who receive Iron Supplement Tablets.

Giving iron tablets as one of the important efforts in preventing and overcoming anemia which is an effective way because it can prevent and overcome anemia due to iron and/or folic acid deficiency. Iron tablets are given to women of childbearing age and pregnant women. For pregnant women, iron tablets are given every day during their pregnancy or at least 90 (ninety) tablets (Ministry of Health, 2014).

Questions on **J21 – J22 is intended for the last pregnancy that has ended, if the respondent was pregnant at the time of the interview, the signature information will be asked in J54-J57.**

**Details J21a: During [CHILD'S NAME]'s pregnancy, did [NAME] receive iron tablets (SIGNED)? (SHOW SIGNED IN THE EXHIBITION BOOKLET)**

Question J21 is a screening question to determine whether respondents received TTD during pregnancy.

**Circle code 1 if the answer is "Yes" or code 2 if the answer is "No", and move it to the box provided.**

If the answer to Code 2 is "No", proceed to J23.

**Details J21b: How many total TTD items were obtained/purchased?**

Question J21b aims to obtain information on the number of TTDs obtained/purchased.

***Fill in the answer in the answer box provided. If the respondent answers "forgot" then fill in the code "888"***

Probing:

- Ask whether during [CHILD'S NAME]'s pregnancy, the respondent checked her pregnancy with a health worker every month and whether she received a signature every time she checked her pregnancy.
- Ask how many times the respondent had a pregnancy check-up and how many TTD pills were obtained at each pregnancy check-up.
- Ask at what gestational age the respondent started taking TTD.
- Ask about gestational age at delivery.
- Also ask whether there are any self-purchased/obtained TTDs other than from pregnancy check-ups with or without a prescription/instruction from a health worker.
- If the respondent has never checked their pregnancy with a health worker, ask whether the respondent bought the TTD themselves. Ask how many TTDs are bought each month.

**Details J21c: How many Iron Tablets (Fe tablets) did [NAME] take during pregnancy?**

***Fill in the answer in the answer box provided. If the respondent answers "forgot" then fill in the code "888"***

Probing: Ask whether the signature obtained (in question J21b) was used up? If not, ask about the remaining signature. Subtract the number of answers J21b from the remaining signature. Fill in the answer in the answer box J21c

Example :

Mira's last child is named Febri (Born August 12, 2017). During Amir's pregnancy, Febri checked her pregnancy every month at the Health Center since 4 months of pregnancy. Mira received 30 iron tablets for every pregnancy check-up. Febri gave birth at 9 months of pregnancy. So the number of iron tablets obtained during pregnancy is 5 months x 30 tablets = 150 tablets. Fill in the answer 150 in answer box J21b. Every month the iron tablets are left with an average of 5 tablets. So the iron tablets consumed are 150 tablets - (5x5 tablets) = 125 tablets. Fill in the answer 125 in answer box J21c.

**Details J22: If less was taken than obtained, what is the main reason for not taking/not finishing the TTD?**

This question aims to find out the reasons why respondents do not drink/do not finish the TTD.

If the answer to J21.b = J21.c. proceed to J23.

**Fill in the answer in the box provided**

**Code 1, if "Don't like"**

**Code 2, if "nausea/vomiting due to pregnancy process"**

**Code 3, if "bored"**

**Code 4, if "forgot"**

**Code 5, if "side effects (nausea, constipation)"**

**Code 6, if "the time has not run out (If the delivery time is quicker than expected so there is still some TTD left that has not been drunk)"**

**Detail J23: Did [NAME] undergo any laboratory tests during pregnancy with [CHILD'S NAME]?**

This question aims to collect information about routine and special laboratory tests during pregnancy.

Routine laboratory examinations are laboratory examinations that must be performed on every pregnant woman, namely blood type, blood hemoglobin, and specific examinations of endemic/epidemic areas (malaria, HIV, etc.). While special laboratory examinations are other laboratory examinations performed on indications for pregnant women who are making antenatal visits, for example, urine protein examination, blood sugar levels and BTA.

**a. Urine Gluco-protein Test** in pregnant women is done in the second and third trimester. This examination is intended to determine the presence of glucose and protein carried out on the urine of pregnant women. Proteinuria is one indicator of pre-eclampsia in pregnant women. This urine Gluco-protein test is a program of the Directorate of Family Health which sends rapid urine Gluco-protein tests to Health Centers through Health Services in all Districts/Cities in Indonesia - See the Picture in the Demonstration Book of the Type of Urine Gluco-Protein Test

To determine the type of urine glucose-protein urine test, ask the respondent or look in the KIA book.

If you are not sure about the Glyco-protein test in question, but the respondent admits that a urine protein test was carried out when [CHILD'S NAME] was pregnant, then fill in code 2 in J23a. No, but fill in code 2 in **J23e. Others write URINE PROTEIN.**

**b. Blood test for blood hemoglobin (Hb)** pregnant women are done at least once in the first trimester and once in the third trimester. This examination is intended to determine whether the pregnant woman suffers from anemia or not during her pregnancy because anemia can affect the growth and development of the fetus in the womb.

**c. HIV Test** Pregnant women are given an HIV test. This examination is intended to screen pregnant women who suffer from HIV.

**d. Blood type test**, when a blood type test is carried out.

**e. Other tests**, if there are laboratory tests other than options a to d, for example RDT/malaria tests, blood glucose, cholesterol, hepatitis (HbSAg) and tuberculosis (BTA) tests. and write down the types of tests performed.

If there is more than 1 laboratory test (other than those mentioned in J23a to J23d), write down all types of tests.

For example, the respondent received a urine protein lab examination and a malaria test, then fill in the following:

e. Other tests, please mention, URINE PROTEIN, RAPID MALARIA TEST .

***Ask respondents whether during pregnancy, respondents underwent laboratory tests in the form of urine glucose-protein tests, Hb levels, HIV, blood type or others.***

***Circle one answer code according to the respondent's answer for points a to e, then move it into the box provided.***

***For details of J23a, J23b, J23c and J23e, fill in code 1 if "Yes", code 2 if "No" or code 3 if "Don't Know".***

***For details of J23d, the answer code options are code 1 if "Yes", code 2 if "No", code 3 if "Don't Know" or code 4 if "Have you ever tested". Code 4 includes if the respondent has ever had a blood type test outside of pregnancy.***

#### **PREGNANCY DISORDERS/COMPLAINTS**

**Details J24: During pregnancy, did [NAME] experience any pregnancy complications such as: (ANSWER CAN BE > 1, WRITE THE ANSWER IN ALPHABETIC ORDER)**

This question aims to find out the type of pregnancy disorder problems experienced during pregnancy, asked from the beginning of pregnancy to the end of pregnancy. The answer can be more than 1, write the answer in alphabetical order.

- a. **Persistent vomiting or diarrhea:** Vomiting that occurs in early pregnancy up to 16 weeks of pregnancy. Continuous vomiting or diarrhea can cause acid-base disorders, electrolytes and ketosis and affect food intake to the fetus. Does not include ordinary vomiting during the "craving" period. Vomiting or diarrhea can cause dehydration. Treatment should be before there are signs of dehydration such as dry mouth, thirst, dizziness, little urination, etc.
- b. **High fever (3 days before delivery):** Mother's body temperature rises to  $\geq 38.0^{\circ}\text{C}$ , fever can be an indication of infection/sepsis. Treatment is expected before 24 hours of sepsis.
- c. **Hypertension:** If the blood pressure measurement result is equal to or greater than 140/90 mmHg, then there is a risk factor for hypertension (high blood pressure) in pregnancy and/or health workers state that the respondent has high blood pressure/hypertension in pregnancy. Hypertension is one of the signs of eclampsia.
- d. **Fetus is not moving well:** The fetus will move actively at 16-28 weeks of pregnancy, so if there is reduced movement from the fetus, an intensive examination is needed immediately.

e. **Heavy bleeding in the birth canal:** Bleeding can be an indication of an abortion (miscarriage), disturbed ectopic pregnancy or placenta previa. **Immediate treatment < 30 minutes.**

f. **Premature rupture of amniotic fluid:** It is usually also called premature rupture of membranes (PROM), which is a condition where the amniotic membrane ruptures before labor or the start of the signs of imminent delivery. It is marked by the release of amniotic fluid. **Immediate treatment < 30 minutes.**

g. **Pain when urinating:** Can be an indication of a urinary tract infection.

h. **Long-term cough (>2 weeks):** It can be an indication that the pregnant woman is suffering from TB.

i. **Heart palpitations and chest pain:** Can be an indication of heart disease in the mother

j. **Swollen legs with cramps:** another sign is high blood pressure, which is also a sign of eclampsia. So is the condition of hydramnion. Accumulation of fluid in the legs is normal where during pregnancy there are hormonal changes that trigger the body to retain more fluid and salt, in addition there is also an increase in blood volume and pressure by the fetus so that blood flow is not smooth. **Immediate treatment < 30 minutes.**

a. **Other:** problems/disorders in pregnancy other than those mentioned above, write down the type of disorder experienced, for example; Difficulty Sleeping, which is not being able to sleep or having difficulty sleeping causing the pregnant woman to be restless, swollen feet without cramps, and gestational diabetes.

**Z. No problems/interference:** This option is intended for respondents who do not experience problems/disorders.

**If the respondent answers Z then proceed to Question J27.**

**Example:**

At the beginning of pregnancy, the mother experienced severe vomiting to the point of having to be hospitalized (circle answer code "A"), then in the 5th month of pregnancy, the mother experienced a long cough (circle answer code "H"), then in the 8th month of pregnancy there was swelling in the legs with or without convulsions (circle answer code "J") then write the answer codes in alphabetical order: A, H, J

**Detail J25: Did [NAME] immediately seek help from a health worker when experiencing complaints?**

This question aims to find out if a pregnancy problem/disorder occurs, whether the respondent will immediately seek help from a health worker.

Circle one answer code according to the respondent's answer and move it into the box provided.

- Code 1 if "Yes, immediately". If [NAME] seeks help from a health worker or health facility as soon as he/she experiences the problem/disorder (d 30 minutes)
- Code 2 if "Yes, there is a time gap". If [NAME] experiences pregnancy problems/disorders, but does not immediately (more than 30 minutes) seek help from a health worker or health facility. For example, the mother experiences seizures in the morning in the 7th month of pregnancy and is only taken to the hospital after more than 1 hour, then it is considered that there is a time gap.
- Code 3 if "No", continue to **J27 Details**.

### **Detail J26: What health facility did [NAME] first use?**

This question aims to find out the health facilities that were first utilized by respondents when experiencing pregnancy problems/disorders. Circle one answer code according to the respondent's answer and move it into the box provided.

- Code 1 if "RS".
- Code 2 if "Health Center/Health Post".
- Code 3 if "Polindes".
- Code 4 if "Healthcare professional practice"
- Code 5 if "Other (mention \_\_\_\_\_)".

### **Details J27 : FILTERING QUESTIONS**

**IF J08 IS CODED "1" OR "2" OR "3" CONTINUE TO J28  
IF J08 IS CODED "4", PROCEED TO BLOCK X Section L**

### **LABOR PERIOD**

This subsection aims to collect information related to delivery service indicators.

### **Details J28. Who helped [NAME] during labor? THE ANSWER CAN BE >1, WRITE THE ANSWERS IN THE ORDER THAT HELPED)**

This question aims to find out what personnel provide assistance during the labor process from stage 1 to stage 4.

<b>Time 1:</b>	The opening stage of the birth canal/in partu is 0-10 cm, marked by mucus mixed with blood.
<b>Time 2:</b>	The stage of fetal expulsion where the opening is complete 10. Generally the end of the first stage or the opening of the second stage, with the fetal head already entering the pelvic cavity, the amniotic fluid ruptures on its own or if it has not ruptured then the amniotic fluid must be ruptured. Usually accompanied by a strong desire to push
<b>Time 3</b>	The baby is born until the placenta comes out completely (placenta expulsion).
<b>Time 4</b>	Postpartum supervision (1-2 hours), namely starting from the birth of the placenta for the first 1-2 hours.

- A. Obstetrician and gynecologist
- B. General practitioners are doctors who have completed professional medical education.
- C. Midwife, is a person who has completed midwifery school
- D. Nurses are people who have completed nursing school.
- E. A shaman is a person who has the ability to assist with childbirth without going through formal education.
- F. Others, for example family members/neighbors/other people.
- Z. No one helps

There can be more than one answer, write the answers according to the chronological order/answers from the respondents.

For example, Mrs. Anti when she was pregnant with [NAME], began to feel contractions with increasingly close tempo, while waiting for her husband to call Mrs. Midwife, the family called Mak Ijah, a neighbor known as paraji (circle the answer code "E"). Mak Ijah helped Mrs. Anti in the labor process. When the baby was out, the placenta was still left inside, at that time the midwife came and helped the labor process until the placenta came out (circle the code "C"). The midwife took care of the new mother and the newborn baby and accompanied them until 3 hours later. So in the example case above, those who helped the labor process were the shaman and the midwife (Answer filled with codes E and C).

Specifically for J28, the answer must be written in accordance with the chronology of the role of the delivery assistant, namely EC.

(THE ANSWER CODE IS WRITTEN IN ACCORDANCE WITH THE CHRONOLOGICAL SEQUENCE OF THE DELIVERY PROCESS ASSISTANT UNTIL 2 HOURS AFTER THE PLACENTA COMES OUT, NOT IN ALPHABETICAL SEQUENCE)

**Details J29: Where was [CHILD'S NAME] given birth?** This question aims to find out the last place of delivery. The place of delivery is where the baby was born or where the birth attendant provided assistance/assistance in the delivery. If the respondent gave birth in a hospital or clinic, ask whether the facility is managed by the government or private sector. If the period from stage 3 to stage 4 occurred in 2 or more places, choose the last place of delivery.

The answer choices for the place of delivery are:

- 1. Government Hospital** is a hospital managed by the government through the Ministry of Health, Regional Government, ABRI, Pertamina, for example Provincial Level Hospital, District Level Hospital, RSPAD, Pertamina Hospital, Special Hospital and Plantation Hospital, including RSIA, for example RSIA Harapan Kita
- 2. Private Hospital** is a hospital managed by the private sector, including RSIA, for example RSIA Bunda, including Maternity Homes (hospitals that specifically provide services to pregnant women and give birth at home)
- 3. Clinic** is a Health Service Facility that organizes individual health services that provide basic and/or specialist medical services. Clinics or treatment centers that are usually managed by the private sector, either individually or together.

**4. Community Health Center/Health Center/Health Center**

**Health Center** covers all health centers, which are managed by the government through the Ministry of Health or Regional Government

**Sub-health center (Pustu)** covers all assistant health centers managed by the government through the Ministry of Health or Regional Government. **Mobile health center (Pusling)** which includes all Community Health Centers, both those managed by the Government through the Ministry of Health or Regional Governments, which in carrying out their services move from one location to another using certain facilities such as cars, boats, etc.

**5.Independent doctor's practice**

**Doctor's practice** both general practitioners and specialist doctors who open their own/private practices.

**6.Independent midwife practice** is a midwife who practices at home outside of working hours.

**7.Village Health Post/ Village Health Post** is a service post that provides integrated health services in villages, usually managed by midwives.

**8.House**, including the respondent's house, in-laws'/parents' house, neighbors' house, shaman's house, etc.

**9.Others, please specify \_\_\_\_\_**. If the respondent's answer is other than code 1 to 8, then continue to **J.31**

**Notes:**

Childbirth in a health facility if the birth attendant is a health worker. For answer options code 1 to 7, if the birth attendant is a health worker. If the birth process is located in a health facility but due to certain cases, there are no health workers to assist the birth process, then the place of birth is given code 9, others, are considered to be "passenger" giving birth in a health facility, not included in the category of childbirth in a health facility.

Sample case:

Mrs. Raisa came to the health center when she was about to give birth. However, when she arrived at the health center, the midwife was not there (she was assisting with the birth elsewhere). Mrs. Raisa could not return home or find another birth attendant because her pregnancy had entered the second stage. It so happened that there was a traditional midwife who lived near the health center who finally helped with the birth process at the health center. After 3 hours later and the mother was ready to go home, the midwife returned to the health center.

In the above case, the person assisting in the birth was a traditional midwife (code E) and the place of birth was not at the village health clinic but at another place, giving birth at the village health clinic.

<b>If the answer is coded 8 or 9, then proceed to Details J31</b>
---

**Details J30: How many hours was [MOTHER'S NAME] treated at the health service facility (Fasyankes) after giving birth until she went home?**

This question aims to find out the duration of postpartum care. Do probing by asking what time you gave birth, then ask when (day and time) you returned from the health facility. Calculate the duration of postpartum care from the time you gave birth until you returned home.

***Write in hours. If more than 24 hours, then add the number of hours in the following days.***

**Details J31. Where does the funding for childbirth come from?**

**(ANSWER CAN BE >1, WRITE THE ANSWER IN ALPHABETICAL ORDER)** This question aims to find out the source of funding for childbirth. The answer choices can be >1 and are written in alphabetical order.

The answer choices are as follows:

- A. **BPJS/KIS** is the Health Social Security Administering Body/Indonesian Health Card is a public legal entity that is responsible to the President and functions to organize a health insurance program for all Indonesian residents including foreigners who have worked for at least six months in Indonesia. The source of funding is from BPJS/KIS
- B. **Private Insurance** is insurance managed by the private sector. Sources of financing from private insurance
- C. **Office expenses**, source of funding from the respondent's office, or spouse.
- D. **Other people's expenses**, sources of financing from other people, for example funds received from parents, siblings, friends or relatives.
- E. **Own cost**, sources of financing from personal funds.
- F. **Jampersal** is a guarantee of financing for delivery services that include pregnancy check-ups, delivery assistance, postpartum services including postpartum family planning services and newborn services that aim to increase access to delivery services carried out by doctors or midwives in order to reduce maternal and neonatal mortality rates through guarantees of financing for delivery services. The Jampersal program began in 2011. Make sure the type of financing received if the pregnancy occurs in 2010 to avoid mistakes. The source of funds is from the APBN. The Jampersal currently in effect is Jampersal for operational costs such as birth waiting homes.
- G. **Jamperda** is a guarantee of financing for regional maternity services which provides services similar to Jampersal, only the source of funding comes from the regional government (APBD)
- H. **No cost** if you get the service for free and it is not included in the types of costs from answer choices A to G

**Example:**

If the delivery is funded by private insurance and BPJS, fill in A, B.

**Details J32: What is the method/way of delivery?**

The purpose of this question is to obtain information on the method/way of delivery. There are 5 answer options:

- 1. **Normal** that is, when the process of the fetus coming out during a full-term pregnancy (37-42 weeks), is born spontaneously with the back of the head position which occurs with the mother's own strength through the birth canal (vaginal), without surgery or using tools.
- 2. **C-section**, if the delivery process is per abdominal or opening the uterus through an incision in the abdomen carried out by a competent expert
- 3. **Vacuum**, if giving birth vaginally using an aid such as a suction cup.
- 4. **Forceps (using tools)**, vaginal delivery and using aids such as forceps.
- 5. **Others, please specify.....**, for example, curettage or massage when an abortion is performed for certain reasons.

### LABOR DISORDERS/COMPLAINS Detail

**J33: Were there any of the following** \_\_\_\_\_ **give birth to** [NAME] **experience problems/disorders at the time?**

**(ANSWER CAN BE >1, WRITE THE ANSWER IN ALPHABETICAL ORDER)**

This question aims to find out the problems/disorders that occur during childbirth.

The answer choices are as follows:

- A. Transverse/breech fetal position:** is a longitudinal (lengthwise) position in the uterus, with the buttocks as the lowest part (buttocks percentage). Breech position is divided into; pure breech position where only the buttocks are the front part while both legs are straight up, buttocks leg position, knee position and foot position.
- B. Bleeding,** is the main cause of maternal death during childbirth (second stage).
- C. Convulsions,** usually caused by high blood pressure or hypertension (preeclampsia/eclampsia)
- D. Premature rupture of membranes** is a condition where the water breaks before there are signs of labor (inpartu).
- E. Long labor** is a labor that lasts a long time, more than 24 hours in primipara (first labor and more than 18 hours in multipara labor. Characterized by a latent phase of more than 8 hours, labor has lasted 12 hours or more without the birth of the baby. Also known as dystocia.
- F. Umbilical cord entanglement or nuchal cord.** The average length of the umbilical cord is 50 cm, because it is too active, the umbilical cord can wrap around the baby's neck.
- G. Low lying placenta/Placenta Previa** is a placenta that is abnormally located, namely in the lower segment of the uterus.
- H. Retained placenta** or retained placenta is a condition where the placenta fails to detach, which occurs more than 30 minutes after delivery, usually followed by excessive bleeding, requiring manual removal of the placenta.
- I. Hypertension,** if during childbirth the blood pressure measurement results are the same as or greater than 140/90 mmHg and/or a health worker states that there is a condition of hypertension/high blood pressure.
- X. Other,** mention \_\_\_\_\_. For example, antepartum bleeding (before the birth process).
- Z. No problems/interference,** This option is intended for respondents who do not experience problems/disorders. **If the respondent states that there are no problems/disruptions (answer Z), then proceed to question J40.**

### **Detail J34. Was [NAME] referred to a health facility for the problems experienced during childbirth?**

This question aims to determine whether the handling of labor problems/disorders is referred or not.

- Code 1 if "Yes, immediately"
- Code 2 if "Yes, there is a time gap"
- Code 3 if "No"

Note: The time gap for referral is a minimum of 30 minutes after the respondent is in a stable condition under the supervision of a health worker, especially for...**cases of bleeding and seizures.**

<b>If the answer is code 3, proceed to details J39</b>
--

**Details J35a: How long does it take from the place of delivery to reach the first referral health service facility?**

This question aims to determine the time required to reach the referral health service facility from the first place of delivery.

***Fill in the time in hours and minutes.***

***If the time required is < 1 hour, then enter "00" in the hour box.***

**Details J35b: How long does it take to get treatment/treatment at a health facility?**

This question aims to find out how long it took respondents from entering a health service facility to receiving medical treatment/treatment.

***Fill in the time in hours and minutes.***

***If the time required is < 1 hour, then enter "00" in the hour box.***

**Details J36. To which health care facilities was [NAME] referred?** This question is to find out which referral health service facilities were used by respondents to overcome the problems/disorders experienced during childbirth.

The answer choices are as follows:

**A. Health worker practice** (Independent Practice Place for Health Workers), a place where health workers carry out private practice.

**B. Health Center**, covers all health centers, which are managed by the government through the Ministry of Health or Regional Government

**C. Clinic**

Health Service Facilities that provide individual health services that provide basic and/or specialist medical services. Clinics or treatment centers that are usually managed by the private sector, either individually or collectively.

**D. Maternity Hospital**

**E. Private Hospital**, is a public hospital managed by the private sector

**F. Government Hospital** is a hospital managed by the government through the Ministry of Health, Regional Government, ABRI, Pertamina, for example Provincial Level Hospital, District Level Hospital, RSPAD, Pertamina Hospital, Special Hospital and Plantation Hospital.

**There can be more than one answer. Write the answer code based on the reference sequence.**

**Example:**

Mrs. Wita was about to give birth but experienced bleeding during delivery. By the midwife who helped, Mrs. Wita was referred to the Maternity Hospital but the hospital could not handle Mrs. Wita's bleeding so she was referred to Private Hospital "A". The private hospital did not have adequate equipment so she was referred back to Private Hospital "B" which could help with the birth and bleeding experienced by Mrs. Wita. So the detailed answer for J36 is "DEE".

**Detail J37: How long does it take from the first health facility to the final referral?**

This question is to find out the time required from the first referral location to receiving appropriate treatment for the birth problem/disorder faced (last referral health service facility).

This J37 detail is related to J36 Detail. ***Fill in the time in hours and minutes.***

***If the time required is < 1 hour, then enter "00" in the hour box and enter the minute box.***

**If the answer to detail J36 is only one letter (the respondent is referred to once), then detail J37 is filled with the code "00:00"**

**Details J38: Where do referral funding sources come from?**

**(ANSWER CAN BE >1, WRITE THE ANSWER IN ALPHABETICAL ORDER)** This

question aims to find out the source of funding for childbirth. The answer choices can be >1 and are written in alphabetical order.

The answer choices are as follows:

- A. **BPJS/KIS**
- B. **Private Insurance**
- C. **Office expenses**
- D. **Other people's expenses**
- E. **Own cost**
- F. **Jampersal**
- G. **Jamperda**

**An explanation of each source of costs can be seen in explanation J31.**

**Example:**

If the delivery is funded by private insurance and BPJS, then fill in "AB"

<b>CONTINUE TO J40</b>
------------------------

**Detail J39: Reasons why [NAME] was not referred to a health facility, related to the problems experienced during childbirth?**

This question aims to find out the reasons why respondents were not referred to health facilities after experiencing disorders/complaints during labor. The answer options for the reasons are as follows:

1. Feeling unnecessary
2. Not allowed by family
4. Cost issues
8. No transportation
16. Distance to health facilities is far
32. Problems with the family left behind
64. Others, specify. For example, treated by non-medical means, including shamans or poor service.

*Fill in the answer code according to the respondent's answer.*

*If the answer > 1, then add up the answer codes and then write them in the box provided.*

**POST-POTERNITY PERIOD**

The postpartum period is the period that a new mother goes through from 6 hours to 42 days after giving birth. The postpartum period is a period that is still at risk of maternal death. Usually people are more familiar with it up to 40 days after giving birth.

This subsection aims to obtain information related to postpartum maternal health services.

**Detail J40: After giving birth, was [NAME] checked for health by a health worker (visited/visited by a health worker)?**

This question aims to determine the KF (postpartum maternal contact) examination which consists of KF1 (6 hours – 3 days after giving birth), KF2 (4 – 28 days after giving birth) and KF3 (29 – 42 days after giving birth).

Ask the respondents, whether after giving birth to the last child during each period a, b and c the respondents had contact with health workers. The definition of "contact" is the respondent visiting a health worker/health facility or a health worker visiting the respondent to check the health of the postpartum mother.

Postpartum period up to 3 days after giving birth to [CHILD'S NAME]

Code 1 if "Yes" and Code 2 if "No".

- a. Period 4 days to 28 days after giving birth to [CHILD'S NAME]

Code 1 if "Yes" and Code 2 if "No".

- b. Period 28 days to 42 days after giving birth to [CHILD'S NAME]

Code 1 if "Yes" and Code 2 if "No".

**NOTE THE ANSWER TO J30.**

**If the length of treatment at the health facility is > 6 hours, this means J40a has code 1 (received KF1 service)**

**Detail J41: In the period immediately after delivery, up to 42 days after delivery, how many times did [NAME] receive vitamin A capsules (SHOW DISPLAY PICTURE)**

This question aims to identify the provision of Vitamin A to new mothers (postpartum mothers).

Vitamin A is very important for women who are about to give birth. Vitamin A helps speed up the recovery of health of new mothers. In addition, Vitamin A prevents infections in postpartum mothers and is enough to increase the Vitamin A content in breast milk for 60 days.

For the answer choices regarding the frequency of giving vitamin A, among others: 1. Once

2. Twice

3. More than twice

4. Never

*Fill in code 1-4 according to the respondent's answer.*

***If the answer is coded 4 "Never", continue to question J43.***

**Details J42: When should you take Vitamin A after giving birth?**

The purpose of this question is to obtain information on the time when respondents consumed vitamin A after giving birth.

Ask the respondents whether they received Vitamin A capsules after giving birth. If so, then ask whether they took Vitamin A at:

1. Immediately after giving birth

2. 24 hours after giving birth

4. More than 48 hours after giving birth

***If the answer is more than 1, then add up the answer codes and fill in the box provided.***

For example, if the respondent drank immediately after giving birth and the next day (within 24 hours after giving birth), circle code "1" and code "2", then add 1 + 2 = 3, write the number "3" in the answer box.

**DISORDERS/COMPLAINS OF THE POST-OFFICIAL PERIOD**

**Details J43. Did you experience the following during the postpartum period (0-42 days after giving birth): (ANSWER CAN BE > 1, WRITE THE ANSWER IN ALPHABETIC ORDER)**

This question aims to find out the problems or disorders experienced during the postpartum period. The answer choices can be >1 and are written alphabetically.

The answer choices are as follows:

**A. Heavy bleeding in the birth canal**, bleeding of more than 500-600 ml within 24 hours after delivery.

- B. Discharge of smelly fluid from the birth canal**, more than during menstruation and smells fishy. This happens when the placenta is retained, the mother does not breastfeed her child and there is an infection in the birth canal.
- C. Swelling in the face, hands and feet**, caused by the accumulation of excess fluid in these areas due to the blood flow not improving.
- D. Headache**, can be caused by high blood pressure or blood pressure that is too low
- E. Convulsions**
- F. Fever for more than 2 days**, Respondent's body temperature >38°C.
- G. Swollen, red breasts accompanied by pain**. Also called mastitis, this is caused by an infection in the breast.
- H. Mother looks sad, gloomy and cries for no reason (depression)**, often referred to *Baby Blues*.
- I. Hypertension**, if during the postpartum period the blood pressure measurement results are equal to or greater than 140/90 mmHg and/or a health worker states that the respondent has hypertension/high blood pressure.
- X. Other**
- Z. No problems/interference**

If the answer given by the respondent is Z then skip to the question **J46**.

**Detail J44: Did [NAME] seek help from a health worker when experiencing complaints?**

This question aims to find out whether the handling of the problem/disruption is done immediately or not. The answer options are:

- Code 1 if "Yes, immediately"
- Code 2 if "Yes, there is a time gap"
- Code 3 if "No", continue to jump to J46

The time interval for seeking help is at least 30 minutes after experiencing the complaint.

**Detail J45: What health facility did [NAME] use first?**

This question aims to find out the first place respondents go to for handling problems/disorders during the postpartum period.

1. **RS**: hospitals, both government and private.
2. **Community Health Center/Health Post**: covers all health centers/health centers, which are managed by the government through the Ministry of Health or Regional Government.
3. **Village Health Post/Village Health Post**: service posts that provide integrated health services located in villages, usually managed by midwives.
4. **Health worker practice**: private practice of specialist doctors, general practitioners, midwives, nurses (health workers).
5. **Others, please specify** \_\_\_\_\_

#### POST-DELIVERY FAMILY CARE SERVICES

The purpose of this subsection is to obtain information related to Postpartum Family Planning services. Family planning questions related to SDGs indicators such as CPR (contraceptive prevalence rate) and MKJP (Long-Term Contraceptive Methods) were asked through Susenas 2018.

Questions about postpartum contraception in details J46 and J47 still refer to the mother's experience during her last pregnancy.

#### **Detail J46: After giving birth, did [NAME]/partner use modern contraceptive devices/methods?**

This question aims to obtain an overview of the use of postpartum contraception in respondents after delivery. Maternal fertility after giving birth can return before the postpartum period is over. This information is related to indicators of the quality of family planning services. The target for postpartum contraception use is all mothers who have given birth.

What is meant by Postpartum KB is the first contraceptive method used after giving birth until 6 weeks/42 days of giving birth. The contraceptive methods recorded in this question are **modern contraceptive methods**.

The following are types of modern contraceptive devices/methods:

1. **Female Sterilization/Tubectomy/MOW (Medical Surgery for Women)**, is an operation performed on women by tying/cutting the fallopian tubes so that the woman cannot get pregnant. Surgery to remove the uterus or ovaries is usually performed for reasons of illness, not to provide protection so that women do not have children anymore. It should be noted that sterilization here is only intended for reasons of not wanting to have children anymore.
2. **Male Sterilization/Vasectomy/MOP (Male Medical Surgery)**, is a minor operation performed on men to prevent pregnancy by cutting the sperm duct that connects the testicles to the sperm sac, so that no more sperm are found in a man's ejaculate/semen.
3. **IUD/IUD (Intrauterine Contraceptive Device)/Spiral**, is a tool made of fine plastic/copper, small in size, spiral, T, fan and other shapes, installed in the uterus to prevent pregnancy.
4. **3 months injection** is a hormone injection that is slowly released into the bloodstream and is usually given every three months to prevent pregnancy. The injection given for three months is known as **Depoprovera**.
5. **1 month injection** is a hormone injection that is slowly released into the bloodstream and is usually given once a month to prevent pregnancy. The monthly injection is known as **Cyclofem**.
6. **Birth control implants** is a subcutaneous contraceptive device/method containing hormones that is inserted under the skin of the upper arm, can be fitted with one or more rods, this device is used to prevent pregnancy for one year or more.

7. **Birth control pills** is a birth control method in the form of medicine/pills that are taken regularly by women to prevent pregnancy. Types/brands of birth control pills include: norelgestromin 28, microgynon (blue circle), microdiol, ovostat 28, levonelle 28, trinarthol 21/trinarthol 28.

8. **Male condom** is a device made of latex rubber, shaped like a balloon, which is worn by men during intercourse to prevent pregnancy.

**9. Not using-continue to J48**

In this case, it does not include contraceptive devices/methods used in emergency conditions.

Ask whether after giving birth, the respondent or their partner used a contraceptive device/method. If the respondent answers Yes, then ask further about the modern contraceptive device/method used.

Fill in code 1-9 according to the respondent's answer in the box provided.

**If the respondent's answer is code 9 "Does Not Use", then proceed to J48**

**Details J47: When did [NAME]/partner use this contraceptive device/method?**

This question is specifically for respondents who use postpartum contraception. The purpose of this question is to identify the time of use of the postpartum contraception device/method.

Postpartum contraception, according to the Family Planning Service Management Guidelines, is provided after giving birth up to 6 weeks/42 days after giving birth.

The answer choices for this question include: 1.

Simultaneously with the labor process.

2. After delivery is complete, but before returning home from the health facility

3. After returning home from a health facility up to 42 days after delivery

4. > 42 days after delivery

If the respondent gives birth at home, the alternative answer is point 3 or 4.

Ask respondents when they used postpartum birth control tools/methods since the delivery process.

Fill in one of the answer codes 1-4 according to the respondent's answer.

**PROVISION OF ADDITIONAL FOOD TO PREGNANT WOMEN**

Pregnant women (bumil) are a group vulnerable to nutrition that is one of the targets of the Supplemental Food Provision Program (PMT). This program aims to overcome malnutrition in pregnant women with a focus on macro and micro nutrients needed to prevent Low Birth Weight (LBW). The supplementary food provided can be in the form of local food-based family food with recommended recipes or more practical manufactured supplementary food with a standardized nutrient composition according to the Minister of Health Regulation number 51 of 2016.

Questions in the Individual Questionnaire RKD18.IND Sub Block J. Maternal Health no. J48-J53 which aims to determine the picture of additional food consumption in pregnant women and to determine the achievement of indicators that have been set in the Ministry of Health's Strategic Plan for 2015-2019, namely the percentage of pregnant women with special economic conditions who receive additional food.

**Details J48: Is [NAME] currently pregnant?**

This question is a filter to find out which respondents are currently pregnant.  
**during the interview.**

***Circle code 1 if the answer is "Yes" or code 2 if the answer is "No", then write the answer code in the box.***

<p><b><i>If the answer to code 2 is "no", proceed to Block L.</i></b></p> <p><b><i>MEASUREMENT AND INSPECTION</i></b></p>
---

**Details J49: How far along is [NAME] in her pregnancy?**

This question aims to determine the respondent's gestational age at the time of the interview.

***Write the respondent's gestational age in months, then move the answer into the box provided.***

**Details J50: During the current pregnancy, did the mother receive PMT?** This question aims to obtain information from respondents who have received PMT during their current pregnancy.

Additional foods included in this question are:

1. Additional food that is only given at every integrated health post (PMT counseling).
2. Additional food specifically given to pregnant women with KEK, usually given for 90 days of eating (PMT recovery). Usually given at Posyandu or through cadres/midwives/health center officers.
3. Additional food obtained from assistance from other parties, for example: donations from NGOs/companies or certain parties who are conducting campaigns or promoting certain products.

Additional food obtained from buying it yourself is not included in the PMT category in this sub block question.

***Circle code 1 if the answer is "Yes" or code 2 if the answer is "No", then write the answer code in the box.***

***If the answer to code 2 is "no", proceed to J54.***

**J51 Details: Consists of 4 columns, namely the form of PMT, the amount of PMT obtained, PMT spent, and the main reason for not spending it.** Question J51 aims to determine the form and amount of PMT obtained and PMT consumed, as well as the respondent's reasons for not consuming PMT during the current pregnancy.

### **J51 Column 1: Form of PMT obtained by pregnant women**

Question J51 column 1 aims to determine the type of PMT obtained by respondents during their pregnancy.

**Write code 1 if “Yes” or code 2 if “No” in each box for each form of PMT that has been obtained.**

**If the answer is 2=No then proceed to the next line.**

The form of PMT is the type of PMT that pregnant women receive during their pregnancy, which consists of:

- a. Program Biscuits (see demonstration card):  
Examples of biscuits for pregnant women KEK from the Ministry of Health
- b. Other biscuits
- c. Powdered milk:  
It is a product of fresh milk that is dried into powder. Powdered milk can be non-formula milk or special formula milk for pregnant and breastfeeding mothers.
- d. Liquid milk:  
Pure milk or pasteurized milk in cartons or plastic bottles
- e. Raw food ingredients:  
Unprocessed food ingredients such as rice, green beans, raw eggs, etc.
- f. Cooked food:  
Food ingredients that have been cooked, for example complete rice porridge, complete meals consisting of rice, side dishes and vegetables, etc.

### **J51 Column 2: Total amount of PMT obtained**

Question J51 column 2 aims to determine the total PMT Program that respondents have received during their pregnancy.

Do probing to get pregnant women's answers:

- Ask how many times respondents received PMT during their last pregnancy.
- How much PMT is obtained each time it is given?
- Example: Mrs. Susi received 2 packages of PMT biscuits during her pregnancy, each package contained 30 packets of biscuits, so...**total PMT obtained** Mrs. Susi: 2 packages x 30 packs = 60 packs.

**Fill in the total PMT figure obtained according to your statement, then move the data to the box provided.**

### **J51 Column 3: Was PMT spent by [NAME]?**

Question J51 column 3 aims to obtain information on whether the PMT received by the respondent was consumed in its entirety or not. This question applies to all forms of PMT that the pregnant woman has received during her pregnancy.

**Fill in code 1 if “Yes” or code 2 if “No” based on the mother’s statement, then move the answer to the box provided.**

**If the answer to code 1 is “yes”-continue to the next row column 1 (PMT form) If the answer to code 2 is “no”-continue to column 4**

#### **J51 Column 4: Main reason PMT was not spent?**

The purpose of question J51 column 4 is to find out the reasons why respondents did not use up the PMT that had been given.

Specifically asked to respondents with the answer J51 column 3 coded "2"

Probing the respondent to find out **main reason** PMT is not spent and select one of the 7 available reasons, namely:

1. It doesn't taste good
2. The taste is less varied
3. Too sweet
4. Don't like the aroma/smell
5. There are side effects (nausea, allergies, etc.)
6. Forget
7. Eaten by other ART
8. Others, please specify

If the respondent's answer is other than code "1-7", write code "8" and write the reason.

**Details J52: Reason for mother receiving PMT for current pregnancy?** The purpose of this question is to find out the reasons respondents received PMT based on their mother's confession.

Answer options (not read out):

- a. Undernourished mothers/ KEK
- b. Poor families
- c. Check for pregnancy at Posyandu
- d. Weight gain during pregnancy never increases
- e. Anemia
- f. Others, please specify.....

***Fill in code 1 for the answer "YES" and code 2 for the answer "NO" in each of the available answer boxes. The answer option "Other" is filled with code 1 if the household member answers with a reason that is not included in the available answer options and write down the reason.***

If the respondent answers "DON'T KNOW" the reason for being given PMT, then enter code 2 in all the answer boxes provided.

Respondents can give more than one answer.

#### **Details J53: In the current pregnancy, at what month of pregnancy did you start receiving PMT?**

This question aims to find out at what month of pregnancy the respondent first received PMT.

***Write down the mother's gestational age when she first received PMT (in months), then move the answer into the box provided.***

#### **GIVING BLOOD ENHANCEMENT TABLETS TO PREGNANT WOMEN**

**Questions J54 – J57 are intended for respondents who were pregnant at the time of data collection/interview..**

**Detail J54: During the current pregnancy, has [NAME] ever received a signature?**

This question aims to obtain information from respondents who have received iron supplements during their current pregnancy. **(Show Prop Card)**

***Circle code 1 if the answer is “Yes” or code 2 if the answer is “No”, and move it to the box provided.***

**If the answer to Code 2 is “No”, proceed to Block L. MEASUREMENT AND INSPECTION**

**Details J55: How many total TTD tablets were obtained/purchased during the current pregnancy?**

Question J55 aims to obtain information on the number of signatures obtained/purchased.

***Fill in the answer in the answer box provided.***

Probing:

- Ask whether during the current pregnancy, the respondent checked her pregnancy with a health worker every month and whether she received a signature every time she checked her pregnancy.
- Ask how many times the respondent had a pregnancy check-up and how many TTD pills were obtained at each pregnancy check-up.
- Ask at what gestational age the respondent started taking TTD.
- Also ask whether there are any TTDs that were purchased independently/obtained from other sources with or without a prescription/instruction from a health worker.
- If the respondent has never checked their pregnancy with a health worker, ask whether the respondent bought the TTD themselves. Ask how many TTDs are bought each month.

**Detail J56: How many iron tablets did [NAME] take during the current pregnancy?**

***Fill in the answer in the answer box provided.***

Probing:

- Ask whether the signature obtained (in question J55) was used up? If not, ask for the remaining signature. Subtract the number of answers J55 from the remaining signature. Fill in the answer box J56

Example :

Dewi during her current pregnancy has been checking her pregnancy every month since 4 months of pregnancy to the Health Center. Dewi received 30 iron tablets

every pregnancy check-up. Currently Dewi's pregnancy age has reached 8 months. So the number of TTD obtained during pregnancy is 4 months x 30 pills = 120 pills. Fill in the answer 120 in answer box J55. Every month the TTD has an average of 5 pills left. So the TTD consumed is 120 pills - (4x5 pills) = 100 pills. Fill in the answer 100 in answer box J56.

**Detail J57: Main reason for not taking/not finishing the TTD during the current pregnancy?**

This question aims to find out the reasons why respondents do not drink/do not finish the TTD.

Observe the contents of J55 and J56. If what is drunk is less than what is obtained (J56 is smaller than J55), ask what is the main reason for the signature not being drunk/not finishing. If the amount of J55 is the same as J56, proceed to Block L. ***Fill in the answer in the box provided***

***Code 1, if "Don't like"***

***Code 2, if "nausea/vomiting due to pregnancy process"***

***Code 3, if "bored"***

***Code 4, if "forgot"***

***Code 5, if "side effects (nausea, constipation)"***

***Code 6, if "time is not up yet"***

**OWNERSHIP OF KIA-MOTHER BOOK**

This subsection aims to determine the ownership of KIA books among pregnant women, for the pregnancy they are currently undergoing.

**Details J58: Do you have a KIA book for your current pregnancy?** This question aims to obtain information regarding ownership and existence of KIA books, as well as to evaluate the implementation of the KIA book program based on proof of ownership of the KIA book by showing the KIA book.

Ask if you have a KIA book for your current pregnancy? and borrow it from the respondent to see proof of ownership of the KIA book during the interview.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

Code 1 if "Yes, can show", Code 2 if "Yes, cannot show" and Code 3 if "Does not have"

**PROCEED TO BLOCK X. INDIVIDUAL PART L. MEASUREMENT**

## K. TODDLER HEALTH

Questions in the Toddler Health Block aim to obtain information on the extent of children's health problems and child care patterns. The information obtained is expected to be able to answer various indicators of infant and toddler health related to the SDGs, RPJMN, Renstra Kemenkes 2014-2019, IPKM, PIS PK, and SPM. Questions in this block are asked to respondents who are mothers of the children concerned or other household members who know the most about the health and development of the child. Answers to questions are obtained based on records in documents owned or respondents' memories. Questions are categorized in the following table:

Table 1. Age categories and sub-questions in the Infant and Child Health Block  
Toddlers, Riskesdas 2018

<i><b>Age category</b></i>	<i><b>Question</b></i>
<b>0-59 months</b>	Ownership of KIA book during pregnancy Child support and place of birth Condition at birth Newborn baby care Ownership and use of KIA Immunization books
<b>0-23 months</b>	Growth monitoring
<b>6-59 months</b>	IMD, ASI and MPASI Providing additional food
<b>36-59 months</b>	Child development

### KIA-IBU BOOK [SPECIAL FOR ART AGE 0 – 59 MONTHS]

Details K00: Did you have a KIA book when you were pregnant with [NAME]?

*Circle one answer code according to the respondent's answer and move it to the box provided.*

- Code 1** Yes, can show. If the respondent can show the KIA Book owned by the mother when she was pregnant with [NAME].
- Code 2** Yeah, can't show.
- Code 3** No. If the mother does not have a KIA Book when she is pregnant with [NAME]

**Notes:** The mother's KIA Book when she was pregnant with [NAME] may be the same as the KIA Book of [NAME]. Check the pregnancy record page in the KIA Book of [NAME].

### HELPERS AND PLACE OF DELIVERY [SPECIFICALLY FOR ART AGED 0 – 59 MONTHS] Details K01: Who assisted [NAME] during delivery? THE ANSWER CAN BE >1, WRITE THE ANSWERS IN THE ORDER THAT HELPS)

This question aims to find out who provides assistance during the labor process from stage 1 to stage 4.

- Time 1: the stage of opening of the birth canal/in partu 0-10 cm, marked by mucus mixed with blood.
- Time 2: stage of fetal expulsion where the opening is complete 10. Generally the end of the first stage or the opening of the second stage, with the fetal head already entering the pelvic cavity, the amniotic fluid ruptures on its own or if it has not ruptured then the amniotic fluid must be ruptured. Usually accompanied by a strong urge to push
- Time 3: The baby is born until the placenta is completely expelled.
- Period 4: Postpartum supervision (1-2 hours), namely starting from birth. placenta during the first 1-2 hours.

Answer options for personnel assisting in childbirth:

- A. Obstetricians and gynecologists are doctors who have completed specialist education in Obstetrics and Gynecology.
- B. General practitioners are doctors who have completed professional medical education.
- C. Midwife, is a person who has completed midwifery school
- D. Nurses are people who have completed nursing school.
- E. A shaman is a person who has the ability to assist with childbirth without going through formal education.
- F. Others, for example family members/neighbors/other people.
- Z. No one helps

There may be more than one answer, write the answer according to the order of the respondent's answer.

For example, Mrs. Anti when she was pregnant with [NAME], began to feel contractions with increasingly close tempo, while waiting for her husband to call Mrs. Midwife, the family called Mak Ijah, a neighbor known as paraji. Mak Ijah accompanied Mrs. Anti who had started to dilate 5 (Kala 1 process assisted by code E). When the baby had come out, the placenta was still left inside, at that time the midwife came and helped the labor process until the placenta came out. The midwife accompanied until 3 hours later from when the placenta came out, the midwife went home. So in the example case above, the one who helped the labor process from Kala 1 to Kala 2 was a shaman (code E), during Kala 3 it was a shaman and midwife, Kala 4 was under the supervision of a midwife. So the filling in of the questionnaire is EC.

#### **Details K02: Where did [CHILD'S NAME] give birth?**

This question aims to find out the place of delivery. The place of delivery is where the baby is born or where the health worker assisting in the delivery provides assistance/assistance. If the respondent gave birth in a hospital or clinic, ask whether the facility is managed by the government or private sector.

The answer choices for the place of delivery are:

1. **Government Hospital** is a hospital managed by the government through the Ministry of Health, Regional Government, ABRI, Pertamina, for example RSU

Provincial Level, District Level Regional Hospital, RSPAD, Pertamina Hospital, Special Hospital and Plantation Hospital, including RSIA, for example RSIA Harapan Kita.

2. **Private Hospital** is a hospital managed by the private sector, including RSIA, for example RSIA Bunda

3. **Maternity Hospital** is a hospital that specifically provides services to pregnant women and those giving birth

4. **Community Health Center/Health Center/Health Center**

**Health Center** covers all health centers, which are managed by the government through the Ministry of Health or Regional Government or **Sub-health center (Pustu)** covers all assistant health centers managed by the government through the Ministry of Health or Regional Government

5. **Independent doctor's practice**

**Independent doctor's practice** both general practitioners and specialist doctors who open their own/private practices.

6. **Independent midwife practice** is a midwife who opens her own practice.

7. **Village Health Post/Village Health Post** is a service post that provides integrated health services in villages, usually managed by midwives.

8. **House**, including the respondent's house, in-laws'/parents' house, neighbors' house, shaman's house, etc.

9. **Others, please specify** \_\_\_\_\_, if the respondent's answer is other than code 1 to 8

**Notes:** in terms of answer choices code 1 to 7, is when the birth attendant is a health worker. If code 1 to 7 just happens to be located in a health facility but due to certain cases there are no health workers to assist the delivery process, then the place of delivery is given code 9, others and written as giving birth at the village clinic.

If there is a case example, a mother who is about to give birth comes to the health center. However, when she arrives at the health center, the midwife is not there (assisting the birth elsewhere). The mother is unable to return home or find another birth attendant because her pregnancy has entered the first stage. It so happens that there is a traditional midwife who lives near the health center and helps the mother's delivery process, located at the health center. Up to 3 hours after giving birth and the mother is ready to go home, the midwife just returns.

In the above case, the person assisting in the delivery is a traditional healer (code E) and the place of delivery is not at the village health clinic but elsewhere.

## **CONDITION AT BIRTH (ART 0-59 MONTHS)**

**Details K03: How old was the mother's pregnancy when [NAME] was born?** This question aims to find out whether the child was born prematurely or full term. Babies are born when the mother's pregnancy reaches 37-42 weeks or about 9 months. If less than 37 weeks from the Last Menstrual Period (HPHT) has been born, then this baby is called premature.

**Copy the data of the mother's gestational age at the time of giving birth [NAME] from the records/documents owned by the ART or the mother's memory in the space provided and move it into the box provided. Recording of gestational age data is written in weeks, if the mother remembers it in months, convert it into weeks.**

If Mother **have a record of gestational age at the time the child was born** in weekly units, whether from the KIA book, other health books, or birth certificate records, then copy and move it into the box provided.

If you do not have a record of the gestational age at the time the child was born, either from the KIA book, other health books, or birth certificate records, but you **have a record of HPHT and a record of the child's date of birth** then do the calculation below. Check the HPHT and the child's date of birth then calculate the difference between the HPHT date and the child's date of birth, just like calculating age.

- Here are the steps to calculate the gestational age when the baby is born:
1. Calculate the difference between the HPHT and the child's date of birth.
  2. Determine the HPHT date, in date, month, year format, for example: 01-12- 2015.
  3. Specify the child's date of birth, in date, month, year format, for example: 06-26- 2016.
  4. Calculate the gestational age when the child is born by subtracting the child's birth date from the HPHT date.

	Day	Month	Year	
Child's date of birth	26	06	2016	
LMP date	01	12	2015	(-)
<b>Reduced</b>	25	6	0	
<b>Converted to days</b>	25 (+)	6 x (30 days)	= 205 days	
<b>Converted to weeks</b>	205/7 =	29.2 weeks		

So the gestational age when [NAME] was born was 29 weeks (full weeks).

If Mother **no records** gestational age at the time [NAME] was born, HPHT records and records of the child's date of birth, whether from the KIA book, other health books, or birth certificate records, then ask about the gestational age at the time the child was born based on the mother's memory.

If the respondent's notes or statements regarding the gestational age when [NAME] was born are stated in months, then do the following conversion:

$$\frac{\text{Umur bulan berdasarkan catatan/pengakuan}}{9 \text{ (bulan)}} \times 37 \text{ minggu}$$

Example:

Mother claims [NAME] was born at 8 months, so do the calculations

$$\frac{8}{9} \times 37 \text{ minggu} = 32,8 = 32 \text{ minggu (minggu penuh)}$$

**Details K04: Does [NAME] have a birth weight record/document? (*Birth weight is the weight measured within 24 hours after birth*).**

This question aims to obtain information about ownership of records or documents regarding the baby's birth weight. Sources of records or documents on birth weight can be KIA books, KMS, birth records, or child health records. The birth weight referred to is the birth weight that weighed within 24 hours after birth.

**Circle one answer code according to the respondent's answer and move it to the box provided..**

- Code 1** Yes, if the respondent has a record/document of birth weight and can show proof of the record/document.
- Code 2** No, if the respondent does not have birth weight records/documents - proceed to Details **K07**

**Details K05: Copy of birth weight record/document of [NAME] (IF ≥ 2500 GRAMS)-K07)⇒**

This question aims to obtain information on the baby's birth weight according to the records/documents. Fill in the answer according to the records on the birth weight document. It must be ensured that the birth weight weighed within 24 hours after birth, not at the time of the first neonatal examination (KN1). Be careful, that birth weight is not necessarily the first weighing. Birth weights that are weighed more than 24 hours apart are not recorded, and are considered to have no birth weight data..

**Copy the birth weight data from the records/documents owned by the ART in the space provided and move it into the box provided. Recording of birth weight data is written in grams.**

**If birth weight ≥ 2500 then continue to K07**

**Details K06: If [NAME]'s birth weight is less than 2500 grams, what actions are taken at that time?**

**Question K06** aims to obtain information regarding actions taken for babies born weighing less than 2500 grams.

**Circle one answer code according to the respondent's answer and move it to the box provided..**

- Code 1** Nothing was done: The mother did not take any action, which was specific to the child. The treatment is the same as for other children who have normal birth weight
- Code 2** In the incubator: Treatment for low birth weight or premature babies by warming the baby by placing it on a device heated by electricity at a certain temperature. Held to the chest with the baby's skin touching the mother's skin and wrapped (kangaroo method): is a treatment for low birth weight or premature babies by making direct contact between the baby's skin and the mother's skin or **skin to skin contact** where the mother uses her body temperature to warm the baby Others: Write down other care methods that the mother does for caring for low birth weight or premature babies. For example, giving a warming effect with a bottle filled with warm water or with a lamp.
- Code 3**
- Code 4**

**Details K07: Does [NAME] have a birth length record/document?**

*(birth length is the length of the body measured within 24 hours after birth)*

This question aims to obtain information about the baby's birth length based on documents. Records or documents can be in the form of KIA books, KMS, birth records, or child health records.

**The body length referred to is the body length of a newborn baby measured within 24 hours after birth.**

**Circle one answer code according to the respondent's answer and move it to the box provided..**

- Code 1** Yes, if the respondent has a record/document of birth length and can show proof of the record/document.
- Code 2** No, if the respondent does not have a birth length record/document - proceed to Details **K09**

**Details K08: Copy of birth length record/document of [NAME]** This question aims to obtain information on the baby's birth length according to the records/ documents. Fill in the answer according to the records in the birth length document. It must be ensured that the birth length **measured within 24 hours after birth, not part of the KN1 examination** . Be careful, that the birth length is not necessarily the first measurement taken. Birth lengths measured more than 24 hours apart are not recorded, and are considered to have no birth length data..

***Copy the birth length data from the records/documents owned by the ART in the space provided and move it into the box provided. Recording of birth length data is written in centimeters (cm) with one digit after the decimal point.***

**Details K09: Does [NAME] have any head circumference records/documents?** This question aims to obtain information about the head circumference of newborn babies based on records/documents.

**Circle one answer code according to the respondent's answer and move it to the box provided..**

**Code 1** Yes, if the respondent has records/documents of head circumference at birth and can show evidence of the records/documents.

**Code 2** No, if the respondent does not have a record/document of birth head circumference, **proceed to K11 Details**

**Details K10: Copy from records/documents of baby [NAME]'s head circumference**

This question aims to obtain information on the baby's birth head circumference according to the records/documents. Fill in the answer according to the records in the birth head circumference document. It must be ensured that the birth head circumference measured within 24 hours after birth. Be careful, that the birth head circumference is not necessarily the first measurement taken. Birth head circumference measured more than 24 hours later is not recorded, and is considered to have no birth head circumference data..

**Copy the birth head circumference data from the records/documents owned by the ART in the space provided and move it into the box provided. Recording of birth head circumference data is written in centimeters (cm) with one digit after the decimal point.**

**Details K11: Does [NAME] have any birth defects/disabilities?**

This question aims to obtain information about abnormalities/disabilities that the child has had since birth. These abnormalities/disabilities include:

- a. Blindness is a visual impairment in children from birth where the child has no visual experience at all.
- b. Deafness is the inability of a baby to hear from birth.
- c. Speech impairment is the inability to speak in children from birth.
- d. Physical disability is an abnormality that a baby has from birth because they do not have one or all of their motor organs.
- e. Cleft lip is an imperfection in the connection of the upper lip which is usually located right under the nose until the cleft of the roof of the mouth leads to the airway in the nose, thus forming a gap in the upper lip between the mouth and nose.
- f. **Down Syndrome** is a mental retardation disorder with distinctive physical characteristics that are often recognized by Mongoloid people. Conduct observations to ensure the respondent's answers.

**USE DISPLAY PICTURES TO IDENTIFY THE TYPE OF CONGENITAL DISORDER**

Following are some of the characteristics of Down Syndrome:

1. The shape of the child's head, which is relatively smaller than the size of a normal child's head, and the back of the head appears flat.
2. Small and flat nose (snub)

3. The size of the mouth is small, pursed, with a thick tongue and the base of the mouth that tends to be shallow, which results in the mouth often sticking out.
4. The shape of the eyes is slanted and there are no folds on the eyelids.
5. The ears are positioned lower than normal and the ear size is smaller.
6. Straight, fine, thin and sparse hair.
7. Dry skin.
8. Short hands and toes and the second joint of the little finger is slanted or even absent altogether, whereas normal people have 3 bone joints.
9. On the palm of the hand there is a transverse line called Simian Crease. The line is also found on their feet, between the index finger and the thumb which tends to be further apart than the feet of normal people, called sandal foot.

**Circle one answer code according to the respondent's answer and move it to the box provided for each type of abnormality/disability option.**

- |               |  |   |
|---------------|--|---|
| <b>Code 1</b> | Yes, if the respondent has an abnormality/disability | No, if the respondent does not have an abnormality/disability |
| <b>Code 2</b> |  |   |

## **CARE FOR NEWBORN BABY/NEONATE (ART AGE 0-59 MONTHS)**

### **Details K12: What is done in umbilical cord care for [NAME] at birth?**

This question aims to obtain how to care for the umbilical cord of a newborn baby. The umbilical cord that has been cut and tied, is not given anything (according to Normal Delivery Care = APN). Before the APN method is applied, the umbilical cord is treated with alcohol or other antiseptics. However, if the delivery is assisted by a traditional midwife, it is possible that traditional aseptic care is still carried out. The correct way to care for the umbilical cord is not to give anything to the umbilical cord. The umbilical cord is left open and dry. If the umbilical cord is dirty or wet, wash it with clean water and soap and dry it with a clean cloth.

**Fill in one answer code according to the respondent's answer in the box provided.**

- |               |   |
|---------------|---|
| <b>Code 1</b> | Not given anything  |
| <b>Code 2</b> | Betadine/alcohol  |
| <b>Code 3</b> | Powdered medication (Example: <i>sulfanilamide</i> )  |
| <b>Code 4</b> | Traditional herbs/medicine  |
| <b>Code 8</b> | Don't know if the respondent doesn't know about caring for the ART's umbilical cord when it is born |

Example: if you are given Betadine and also given a powder, then choose the powder.

**If the answer is more than one then choose the answer code that is most risky. The answer choices above are based on the order starting from the least risky.**

**Details K13. Was [NAME] given antibiotic eye ointment at birth?** This question aims to obtain information about the administration of antibiotic eye ointment to newborns. The administration of eye ointment to newborns aims to prevent eye infections in babies due to the birth process.

*Circle one answer code according to the respondent's answer and move it to the box provided.*

- Code 1** *Yes, document notes*, if the respondent own notes/documents administration of eye ointment and can show evidence of such records/documents.
- Code 2** *Yes, mother's memory*, if the respondent admits to administering eye ointment but cannot show proof of records/documents of administering the eye ointment.
- Code 3** *No*, if the respondent does not apply eye ointment
- Code 8** *Don't know*, if the respondent forgets/does not remember about giving eye ointment to newborns

**Details K14: Was [NAME] given a newborn examination by a health worker?**

This question aims to obtain information about newborn examinations by health workers at the age of 0-28 days, as well as the place of examination. The examination is divided into 3 time periods, namely:

**a. 6 – 48 hours after birth (KN1):**

Within 6-48 hours after birth, the baby and mother need to get a health check, either by visiting or being visited by health workers at the respondent's home. Examination of the baby that is carried out after more than 48 hours is not included as an examination within 6-48 hours but is included in the period 3-7 days after birth. So examination after the baby is more than 48 hours old is not considered as KN-1 but is included in the KN-2 examination.

Note: If the baby is born in a health facility and goes home on the 2nd day, then it is considered that the baby has received a KN1 examination. However, check with the respondent whether the baby received a re-examination before going home, namely within 6-48 hours.

**b. 3 – 7 days after birth (KN2):**

Newborn babies and postpartum mothers need to receive health services at least once, either by visiting or being visited by health workers at the respondent's home. Newborn baby examinations that include examinations within 3-7 days after birth are baby examinations carried out after the baby is more than 48 hours old until the baby is 7 days 59 minutes, 59 seconds old, and are considered as KN-2.

**c. 8 – 28 days after birth (KN3):**

Newborn babies and postpartum mothers need to receive health services at least once, either by visiting or being visited by health workers at the respondent's home. Newborn baby examinations that include examinations within 8-28 days after birth are baby examinations that are carried out when the baby is 8 days old until the baby is 28 days 59 minutes, 59 seconds old, and are considered as KN-3.

**Fill in code in column 1:**

*Circle one answer code according to the respondent's answer and move it to the box provided.*

**Code 1** Yes, if [NAME] received a neonatal examination - continue to the next column, namely the place of examination (column 2) and the officer who examined (column 3).

**Code 2** No, if [NAME] does not get checked- proceed to the next line.

**Code 7** Not applicable, if at the time of data collection [NAME] is not yet of age according to the examination criteria. - continue to K17  
Example; if Details K14.a - baby is not yet 6-48 hours old, Details K14.b - baby is not yet 3-7 days old (>48 hours – 7 days 59 minutes 59 seconds)  
Details K14.c - baby is not yet 8-28 days old

**Code 8** Don't know, if the respondent forgets/does not remember/does not know the neonatal examination history of [NAME] - continue to the next line.

***If column 1 contains 1 “Yes”, continue filling in column 2 and then column 3.***

**IF THE ANSWER IS 2, 7, OR 8-GO TO NEXT LINE**

**Details K14 column 2: Inspection Place**

Question K14 column 2 aims to find out the history of health check-up places according to the examination time criteria. The examination places taken are the most frequently visited examination places. If the number of visits to a check-up place is the same between one place and another, then choose the one that is more important according to the respondent.

*Fill in one answer code according to the respondent's answer and move it to the box provided.*

**Code 1 Government Hospital**

hospitals managed by the Government through the Ministry of Health, Regional Government, ABRI, Pertamina, for example, Provincial Level Hospitals, District Level Hospitals, RSPAD, Pertamina Hospitals, Special Hospitals, and Plantation Hospitals, including Mother and Child Hospitals (RSIA), for example RSIA Harapan Kita. **Private**

**Code 2 Hospital**

is a hospital managed by the private sector, including RSIA, for example RSIA Bunda.

**Code 3    Maternity Hospital**

is a health service facility that specifically provides services to pregnant women and a place for giving birth **Community health center/assistant community**

**Code 4    health center/mobile community health center Community health center**

covers all Community Health Centers, whether managed by the Government through the Ministry of Health or the Regional Government. **Assistant Health Center (Pustu)** covers all Assistant Health Centers managed by the Government through the Ministry of Health or Regional Government.

**Mobile health center** covers all Community Health Centers, whether managed by the Government through the Ministry of Health or Regional Governments, which in carrying out their services move from place to place using certain facilities such as cars, boats, etc. **Posyandu/**

**Code 5    Village health post/Village maternity post Polindes/Poskesdes** is a service post that provides integrated health services located in villages and is usually managed by midwives.

**Integrated Health Service Post** is a health care institution carried out from, by and for the community guided by related officers (Ministry of Health, 2006). Posyandu provides KIA, KB, immunization, nutrition and diarrhea management services.

**Code 6    Clinic**

A clinic is a health service facility that provides individual health services that provide basic and/or specialist medical services.

**Code 7    Independent practice place for health workers**

Independent health worker practice facilities are health service facilities run by health workers who have the authority to provide direct services to patients/clients.

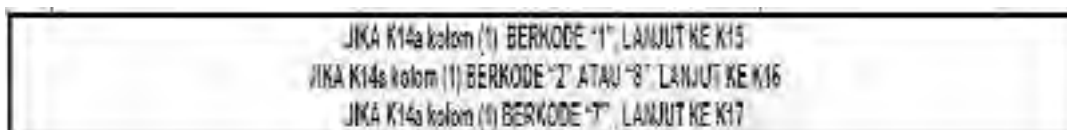
**Code 8    At home**

**Details K14 column 3: Auditor Staff**

Question K14 column 3 aims to find out the history of health workers according to the examination time criteria. The examiner taken is the examiner who is most frequently visited. If the number of visits by the examiner is the same between one examiner and another, then choose the one that is more important according to the respondent.

*Fill in one answer code according to the respondent's answer and move it to the box provided.*

- |               |                             |
|---------------|-----------------------------|
| <b>Code 1</b> | <b>Pediatrician</b>         |
| <b>Code 2</b> | General practitioners       |
| <b>Code 3</b> | Midwife                     |
| <b>Code 4</b> | Nurses/Other Health Workers |
| <b>Code 5</b> | Other                       |



***If [NAME] received a health check within 6-48 hours after birth (K14a coded 1=Yes), then proceed to the next question (K15).***

***If [NAME] did not or is not known to have received a health check within 6-48 hours after birth (K14a coded 2=no or 8=don't know), then proceed directly to question K16.***

***If [NAME] is not yet 6-48 hours after birth at the time of data collection (K14a coded 7=not applicable), then proceed directly to question K17.***

**Detail K15: Did the health worker do the following to [NAME] during the examination 6-8 hours after birth?**

**Question K15** aims to obtain information on the type of essential neonatal services obtained during the first neonatal examination or visit (KN1). This question is only asked if the mother carries out a neonatal (newborn) examination to a health worker 6-48 hours after birth (K14a = 1 (Yes)). This question will answer the quality of neonatal health services during the examination of babies aged 6-48 hours. The quality of the examination refers to the Normal Delivery Care (APN) procedure. Check the KIA book document/other health record books to answer the question. If there are no records, fill in based on the respondent's confession.

***Enter codes 1 "Yes", 2 "No" and 8 "Don't know" in the following action:***

**Details K15a: Weight measurement**

- Code 1** *Yes, if the baby's weight is measured. No, if*  
**Code 2** *the baby's weight is not measured.*  
**Code 8** *Don't know, if the respondent does not know whether the baby's weight was measured or not.*

**Details K15b: Body length measurement**

- Code 1** *Yes, if the baby's length is measured. No, if*  
**Code 2** *the baby's length is not measured.*  
**Code 8** *Don't know, if the respondent does not know whether the baby's body length was measured or not.*

**Details K15c: Body temperature measurement**

- Code 1** *Yes, if the baby's body temperature is measured.*  
Explain to the mother/caregiver that body temperature checks can be done using a thermometer and placing it in the armpit, ear, forehead or mouth.  
**Code 2** *No, if the baby's body temperature is not measured.*  
**Code 8** *Don't know, if the respondent does not know whether the baby's body temperature was measured or not.*

#### Details K15d: Umbilical cord care

**Code 1** *Yes, if the baby receives umbilical cord care.*

Explain to the mother/caregiver that umbilical cord care is carried out by health workers by checking the condition of the umbilical cord. If the umbilical cord is dirty or wet, the health worker will wash it with soap and dry it with clean water. The health worker checks for bleeding, swelling, pus, an unpleasant odor in the umbilical cord, or redness around the umbilical cord. **No, if the baby does not receive umbilical**

**Code 2** *cord care.*

**Code 8** *Don't know, if the respondent does not know whether the baby received umbilical cord care or not.*

#### Details K15e: Health workers ask about [NAME]'s health status?

**Code 1** *Yes, if the health worker asks the mother about the condition of the baby/child whether or not they are sick, if the baby is sick, the worker will ask further about the symptoms/illnesses suffered by the baby.*

**Code 2** *No, if the health worker does not ask about the baby's health condition.*

**Code 8** *Don't know, if the respondent does not know whether the health worker asked whether the baby was sick or not.*

#### Details K15f: Health worker asks whether [NAME] has diarrhea or not?

**Code 1** *Yes, if the health worker asks whether the baby has diarrhea.* Diarrhea can be in the form of loose stools and frequent bowel movements (>3 times a day) than usual. Or the officer also checks the baby's stomach and then pinches the baby's stomach skin in the middle between the navel and the side of the baby's stomach using the thumb and index finger.

**Code 2** *No, if the health worker does not ask whether the baby has diarrhea.*

**Code 8** *Don't know, if the respondent doesn't know whether the health worker asked whether the baby had diarrhea or not.*

#### Details K15g: Asking about problems in breastfeeding

Question K15g aims to identify whether the officer asked about the mother's difficulties in breastfeeding (breast milk does not come out, sore or swollen nipples, etc.), whether the baby was breastfed in the last hour and how many times a day, whether the baby was given food or drink other than breast milk.

**Code 1** *Yes, if the officer asks if there are any problems with breastfeeding*

**Code 2** *No, if the officer does not ask the mother about problems with breastfeeding*

**Code 8** *Don't know, if the respondent doesn't know whether the officer asked about problems with breastfeeding or not.*

**Details K15h: Tell how to give breast milk properly**

- Code 1** *Yes, if the officer tells the child how to give breast milk properly. No, if the officer*  
**Code 2** *does not tell the child how to give breast milk properly. Don't know, if the*  
**Code 8** *respondent does not know whether the officer tells the child how to give breast*  
*milk properly or not.*

Health workers provide counseling according to the problems found and provide information on how to provide good breastfeeding. Advice that can be given by health workers can include advice to only provide breast milk until the age of 6 months, how to breastfeed properly, good breastfeeding positions, how to increase breast milk production, how to overcome problems of breastfeeding in babies or mothers, breast care, how to express/express breast milk, how to store breast milk, how to give breast milk after being stored, how to give breast milk with a cup, and/or how to relactate.

**K15i details: Notifying about danger signs in babies**

- Code 1** *Yes, if the officer tells you about the baby's danger signs* Ask the mother whether during the neonatal visit, the health worker explained the danger signs which include not breastfeeding, convulsions, weakness, shortness of breath (more than or equal to 60 times/minute) and lower chest wall indrawing, the baby groaning or crying continuously, the umbilical cord is reddish to the abdominal wall and smells or is filled with pus, fever or high temperature, the baby's eyes are filled with pus, diarrhea or loose stools more than 3 times a day, the baby's skin and eyes are yellow, and the baby's stools are pale in color. If the health worker informs some of the above signs, then the health worker is considered to have informed the danger signs.
- Code 2** *No, if the baby does not tell anything about the danger signs in babies*
- Code 8** *Don't know, if the respondent doesn't know whether health workers informed them about danger signs in babies or not.*

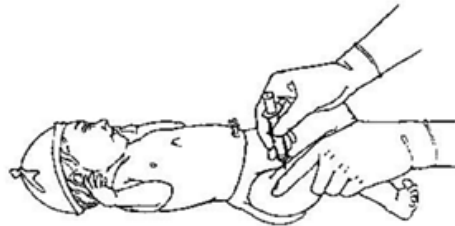
**Details K15j: Providing HB 0 immunization**

- Code 1** *Yes, if the health worker provides HB 0 immunization during the visit.*  
HB 0 immunization is only given to babies during a visit if it has not been given before. Explain to the mother/caregiver about HB 0 immunization that the immunization is given by injection in the baby's right thigh.
- Code 2** *No, if the health worker does not provide HB 0 immunization during the visit.*
- Code 7** *Have you ever, if the baby has been given immunization before the first neonatal visit or when giving birth. Check the notes in the 'newborn' notes page in the KIA book or other health books.*

**Enter code 7 if there is a checklist (•) on the Hb 0 component on the 'newborn' notes page.**

**Code 8** *Don't know, if the respondent does not know whether the health worker provided HB 0 immunization during the visit.*

Confirm first by looking at the immunization records in the KIA book/child health records.



#### **K15j Details: Provides vitamin K**

Vitamin K is given to the baby during the visit (KN1), if it has not been given before. Explain to the mother/caregiver about vitamin K that the immunization is given by injection in the baby's left thigh.

**Code 1** *Yes, if the health worker provides vitamin K during the visit.*

**Code 2** *No, if the health worker does not provide vitamin K during the visit.*

**Code 7** *Have you ever, if the baby has been given vitamin K before the first neonatal visit or when giving birth. Check the notes on the 'newborn' notes page in the KIA book or other health books. Fill in code 7 if there is a checklist (•) on the Vitamin K component on the 'newborn' notes page.*

**Code 8** *Don't know, if the respondent does not know whether the health worker provided vitamin K during the visit.*

#### **Details K16: Was [NAME] screened for congenital hypothyroidism (blood taken from the heel) at 48-72 hours of age?**

This question aims to find out whether blood is taken (usually in the Baby's Heel) for hypothyroid screening. Congenital Hypothyroid Screening (CHS) is a screening/screening test to sort out babies who suffer from HK from babies who do not suffer from HK. Congenital Hypothyroidism (CH) is a disorder due to a lack of thyroid hormone experienced since birth in the form of disorders and development both physically and mentally. This program has been started since 2000, but until 2014 only less than 1% of babies were screened.

Before the child is examined for SHK, **informed consent** (parental consent form) is done using a form that is already available at the health facility/ **general consent**. Hypothyroid screening is best done on newborns aged 48-72 hours or before the baby goes home from the hospital/health facility. A small amount of blood is taken from

The baby's heel is then dripped onto a filter card and then sent to the laboratory.

***Probing to the respondents whether before blood is taken for SHK examination, respondents are asked to sign an informed consent or consent form. Also explain how SHK explores respondents' memories. Informed consent should be submitted and signed before the SHK examination.***

***Also check the child's health record book, such as the KIA Book or other health books.***

- Code 1**      ***Yes, if [NAME] has had a SHK examination 42-72 hours after birth***
- Code 2**      ***No, if [NAME] has never had a SHK examination 42-72 hours after birth***
- Code 7**      ***Not applicable, if [NAME] is not yet 48 hours old at the time of data collection.***
- Code 8**      ***Don't know, if the respondent does not know whether [NAME] has/has not had a SHK examination 42-72 hours after birth***

#### **KIA BOOK (ART AGE 0-59 months)**

In this sub-block, questions were asked to mother respondents who had children aged 0-59 months.

#### **Details K17: Does [NAME] have a KIA Book (Maternal and Child Health Book)?**

This question aims to obtain information regarding ownership and existence of KIA books, as well as to evaluate the implementation of the KIA book program based on proof of ownership of the KIA book by showing the KIA book.

Here are some of the characteristics of the differences between the 2015 model year KIA book (new KIA) and the model book before 2015 (old KIA)

<b>No</b>	<b>KIA book model year 2015 (new KIA)</b>	<b>Model books before 2015 (old KIA)</b>
1	Wider, longer and thicker	
2	Immunization page in the middle of the book	Immunization page on the back cover of the book
3	Cover image of family wearing batik	Cover image wearing plain clothes
4	More 'lively' image illustrations	Illustration of the image is less 'alive'
5	There is material about child protection at the back of the book.	There is no child protection material

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1**Yes, can show KIA Book model year 2015 (new KIA) **Code 2**Yes, can show KIA Book model book before 2015 (KIA long)

**Code 3**Yes, but cannot show (kept by cadre/midwife/in integrated health post) -**Continue to Question K19**

**Code 4**Had it, but lost it -**Continue to Question K19** **Code 5**Never had -**Continue to Question K19**

**Details K18: Check the contents of the KIA book, CHECK DOCUMENTS**

This question aims to obtain information about the use of the KIA book by looking at the notes in the KIA book.

- a. Pregnancy history, whether in the part **PREGNANT WOMEN'S HEALTH NOTES** in the KIA Book whether it is filled in or not (Page 20-21 in the new KIA book/2015 model or Page 14-15 in the old KIA book). Completely filled in if every entry in the pregnant woman's health record page is filled in. **SEE EXAMPLES IN THE FIGURES.**
- b. History of childbirth, whether in the section **HEALTH NOTES FOR MOTHERS IN LABOR, MOTHERS IN PARTIAL DELIVERY AND NEWBORN BABY** section of **Mothers in Labor** (Page 24 in the new KIA book/2015 model) or in the section **HEALTH NOTES FOR MOTHERS IN LABOR AND NEWBORN BABY** (Page 18 in the old KIA book) in the KIA Book is filled in or not. Completely filled in if every entry in the health record page **Mother in Labor** filled in completely, except for the 'Additional information' section. **SEE EXAMPLES IN THE FIGURES.**
- c. History of the newborn baby, whether in the section **HEALTH NOTES FOR MOTHERS IN LABOR, MOTHERS IN POST-BIRTH AND NEWBORN BABY** section **BABY AT BIRTH** in the KIA Book is filled in or not (Page 24 in the new KIA book/2015 model or Page 18 in the old KIA book). Completely filled in if every entry in the health record page **Baby at Birth** filled in completely, except for the 'Additional information' section. Fill in the notes section **Condition at birth** on the KIA book page is adjusted to the real conditions at the time [NAME] was born. If [NAME] did not experience these conditions, then the contents of the notes section **Condition at birth** does not have to be filled. **SEE EXAMPLE IN THE FIGURE.**
- d. Health checks when sick, whether in the section **CHILD HEALTH NOTES** in the KIA Book whether it is filled in or not (Page 80-83 in the new KIA book/2015 model). Completely filled in if each column is filled in. **SEE EXAMPLES IN THE FIGURES.**

**Circle one answer code according to the respondent's answer and move it into the box provided. Answer Code Options for Points ad:**

**Code 1** if the KIA Book is filled in completely **Code 2**

if the KIA Book is incompletely filled in **Code 3** if the KIA Book is not filled in

**Code 7** Not applicable, if [NAME] has not received a KIA book at the time of pregnancy, maternity, newborn, or never been sick

e. Growth monitoring, whether in the part **CHILD HEALTH NOTES** And **KMS** in the KIA Book is filled in or not (Between pages 64-65 in the new KIA book/2015 model or pages 49-56 in the old KIA book). Completely filled in if the weight is written and the dot is plotted on the KMS. **SEE EXAMPLES IN THE FIGURES.**

f. Monitoring progress, whether in the section **CHILD HEALTH NOTES** And **RESULTS OF EARLY DETECTION INTERVENTION STIMULATION SERVICE FOR GROWTH AND DEVELOPMENT (SDIDTK)** in the KIA Book is filled or not (Page 66 KPSP column in the new KIA book/2015 model or Page 50 of the old KIA book). Completely filled if in the KPSP column of the new KIA book/2015 model or in the 'stimulation recommendation by officers' column in the old KIA book, there is a record of measurement results in the age group up to the current age of [NAME]. Incompletely filled if only in the checklist, there is no record of measurement results. The measurement result record is in the form of an assessment result: 'S=Appropriate, M=Doubtful, P=Deviation' (Page 66). **SEE EXAMPLES IN THE FIGURES.**

g. History of immunization, whether in the section **CHILD IMMUNIZATION NOTES** And **COMPLETE RECORDING OF BASIC IMMUNIZATION** in the KIA Book is filled in or not (Page 38 in the new KIA book/2015 model or Pages 53-56 in the old KIA book). Completely filled in if all immunization records are filled in according to the type of immunization that has been received according to age. **SEE EXAMPLES IN THE FIGURES.**

**Circle one answer code according to the respondent's answer and move it into the box provided. Answer code options for Point eg:**

- |               |  |
|---------------|--|
| <b>Code 1</b> | if the KIA Book is filled in completely if the |
| <b>Code 2</b> | KIA Book is filled in incompletely if the KIA  |
| <b>Code 3</b> | Book is not filled in                          |

**Notes:**

- The KIA book used as a reference is the new KIA book, model year 2015 and the old KIA book is the model year 2008. (The model does not mean the print, the 2015 model could be reprinted in the following years or the 2008 model could be printed in 2013)
- Regions can print their own KIA books with additional material, so the pages may be different.

**IF K18g IS CODED "1" OR "2"-K21**  
**IF K18g IS CODED "3"-K19**

#### IMMUNIZATION (ART 0-59 MONTHS)

##### **Details K19: Does [NAME] have a KMS/Child Health Record Book containing immunization records?**

This question aims to obtain information about ownership of child health record books (KIA Book, KMS, other health books/documents) containing immunization records.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

- Code 1** If **Yes**, [NAME] has a child health record book containing immunization records **→ -continue to K21**
- Code 2** If **No**, [NAME] does not have a child health record book containing immunization records.

##### **Details K20: Has [NAME] ever been immunized?**

This question aims to obtain information about the child's immunization history status.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

- Code 1** If **Yes**, [NAME] child has been immunized
- Code 2** If **No**, [NAME] has never been immunized **-K24**

##### **Details K21: After receiving immunization, has [NAME] ever experienced any complaints? Post-Immunization Adverse Events (KIPI) as follows:**

- High fever: a high fever according to the respondent or one that causes concern, not a fever that is just a fever or lukewarm. Example: If the mother knows the temperature of [NAME] when the fever started, then categorize the high fever in the post-DPT-HB-Hib KIPI as a fever that > 39°C for more than one day, not related to other causes.
- Pus/abscess: infection occurs at the injection site and pus appears.
- Convulsions: a condition where the muscles of the body, especially the limbs, contract uncontrollably.
- Others: other than the above symptoms, for example collapse or shock, paralysis, death, not including mild fever, pain, erythema (redness of the skin) at the injection site <1cm.

**If point K21d is coded "1" then write it in point K21d. other answers.**

***Write the answer code according to the respondent's answer and move it into the box provided.***

This question aims to obtain information about the history of Post-Immunization Adverse Events (KIPI) experienced by ART. The definition of KIPI according to the National Committee for the Assessment and Management of KIPI (KN PP KIPI) is all cases of illness and death that occur within 1 month after immunization. All clinical symptoms that occur due to direct or indirect needle stick trauma must be recorded as KIPI reactions. Direct injection reactions include pain, swelling and redness at the injection site, while indirect injection reactions include fear, dizziness, nausea, to **syncope**.

The clinical symptoms of KIPI in this question are clinical symptoms according to the respondent's perception.

The types of AEFI are divided into serious and non-serious AEFI:

**Serious AEFI** (Serious Adverse Event (SAE) or severe KIPI is any medical event after immunization that causes hospitalization, disability, and death and causes unrest in the community.

**Non-serious AEFI** or mild KIPI is a medical event that occurs after immunization and does not pose a potential risk to the recipient's health.

IF K18g IS CODED "1" OR "2" OR K19 IS CODED "1"-K22 IF K18g IS CODED "3"  
AND K19 IS CODED "2" AND K20 IS CODED "1"-K23 →  
IF K17 IS CODED "3" OR "4" OR "5" AND K19 IS CODED "2" AND K20  
CODED "1"-K23

*If [Name] has an immunization record, whether complete or incomplete (K18g CODED "1" OR "2" OR K19 CODED "1") then proceed to K22*

*If [Name] does not have an immunization record (answer K18g CODED "3" AND K19 CODED "2") but claims to have been immunized (answer K20 CODED "1") then proceed to K23*

*If you cannot show or do not have a KIA Book/KMS Book/other health book but have been immunized, then proceed to K23.*

**K22 Details: Copy from KMS/KIA BOOK/CHILD HEALTH RECORD, date/month/year, each type of immunization.**

This question aims to obtain information about ART immunization based on written records/documents in the KMS/KIA Book/child health record book.

#### **COLUMN CODE (2):**

- Code 1** Given immunization -**WRITE THE DATE THE IMMUNIZATION WAS GIVEN** Not  
**Code 2** given immunization -**TO THE NEXT TYPE OF IMMUNIZATION** It is not yet time to  
**Code 7** be given because of the child's age -**TO THE NEXT TYPE OF IMMUNIZATION**
- Code 8** It says immunization was given but the date/month/year is not available -**TO THE NEXT TYPE OF IMMUNIZATION**

If there are immunization records in the KMS/KIA Book/other health records, then copy the most complete immunization data or it can also be complementary. Copy according to what is in the KMS/KIA Book/other health records.

**In columns 2 and/or 5**, fill in the answer code according to the documents/records held by the ART. If column 2 and/or 5 coded **1**, then write the date, month and year of immunization.

**In columns 3 and/or 6**, copy each immunization date from the document into the box provided in two-digit date/month/year format.

For example, the BCG immunization date is August 6 2012, so it is written in the format 06/08/12

- a. Hepatitis 0 immunization, given immediately after birth or within 7 days after birth. If the "HB-0" immunization is given more than 7 days after birth, it is not considered as HB-0 immunization, but is considered as HB-1 immunization.*
- b. BCG immunization, given to children aged 1 month*
- c. Currently, combo immunization is known as the DPT-HB Combo or DPT-HB-HiB package. DPT-HB Combo 1 or DPT-HB-HiB 1 immunization is given to children aged at least 2 months.*
- d. DPT-HB Combo 2 or DPT-HB-HiB 2 immunization is given to children at least 4 weeks after DPT-HB Combo 1 immunization; or to children at least 3 months old.*
- e. DPT-HBCombo3 or DPT-HB-HiB 3 immunization is given to children at least 4 weeks after DPT-HB Combo 2 immunization; or to children aged at least 4 months.*
- f. IPV 1, is an injection polio immunization that is usually injected into the left thigh. IPV 1 immunization is given to children aged at least 2 months.*
- g. IPV 2, given to children at least 4 weeks after IPV 1 immunization or to children at least 3 months old.*
- h. IPV 3, given to children at least 4 weeks after IPV 2 immunization or to children at least 4 months old.*
- i. Polio 1, starting to be given to children aged 1 month*
- j. Polio 2, given to children at least 4 weeks after Polio 1 immunization in children at least 2 months old.*
- k. Polio 3, given to children at least 4 weeks after Polio 2 immunization or to children at least 3 months old.*
- l. Polio 4, given to children at least 4 weeks after Polio 3 immunization or to children at least 4 months old.*
- m. Measles immunization is given after the child is 9 months old.*
- n. Follow-up DPT-HB Combo immunization or follow-up DPT-HB-HiB is given to children aged at least 18 months to 24 months.*
- o. Advanced measles, given to children aged at least 18 months to 24 months*

IF THE ART HAS BEEN GIVEN IMMUNIZATION BUT THE DATE IS NOT CLEAR (IN THE KMS/KIA BOOK/HEALTH RECORDS, ONLY A CHECK MARK (•), WRITE • 88• IN THE DATE BOX AND FILL IN THE MONTH/YEAR ACCORDING TO THE EXISTING RECORDS

- IF THE ART IMMUNIZATION RECORD IS COMPLETE ACCORDING TO AGE (1xHB0, 3xDPT-HB Combo/ DPT-HB-HiB, 3xIPV or 4xPolio, 1xmeasles), CONTINUE TO K24
- IF THE ART IMMUNIZATION DATE RECORD IS INCOMPLETE, PROCEED TO K23

QUESTIONS K23a to K23q ARE ASKED TO RESPONDENTS IF:

- IMMUNIZATION RECORDS IN KMS/KIA BOOK/HEALTH RECORDS ARE INCOMPLETE

- THERE ARE NO IMMUNIZATION RECORDS IN KMS/KIA BOOK/HEALTH RECORDS
- DOES NOT HAVE KMS/KIA BOOKLET/HEALTH RECORDS

### DETAILS K23a to K23p

aims to find out information about the coverage of all types of basic immunizations that have been obtained by toddler household members based on respondent confessions, because toddler household members do not have immunization records. Information on toddler household member immunizations can be obtained from various sources of information/informants who know for sure the immunizations that toddler household members have received.

#### **Details K23a: Hepatitis B-0 immunization, given immediately after birth until the baby is 7 days old, injected into the baby's thigh.**

This question aims to obtain data/information on Hepatitis B-0 (HB-0) immunization that ART has received, when ART was 0-7 days old based on respondent's confession.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**     *Yes, if the toddler's ART receives HB-0 immunization at the age of 7 days after birth.*
- Code 2**     *No, if the toddler's ART did not receive HB-0 immunization at the age of 7 days after birth-K23c*
- Code 3**     *Don't know, if the respondent does not know whether the toddler's ART has ever received HB-0 immunization or not.-K23c*

**Details K23b: At what age was [NAME] immunized with Hepatitis B-0? Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**     *0-24 hours, if the toddler's ART has received Hepatitis B-0 immunization at the age of 0 - 24 hours*
- Code 2**     *> 24 hours - 7 days, if the toddler's ART has received Hepatitis B-0 immunization at the age of > 24 hours - 7 days*
- Code 8**     *Don't know, if the respondent does not know the age of the toddler's ART when receiving Hepatitis B-0 immunization*

**Details K23c: BCG immunization begins at the age of 1 month and is injected into the upper (right) arm (usually leaving a scar (*scar*) under the skin)? Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**     *Yes, if the toddler's ART has received BCG immunization*
- Code 2**     *No, if the toddler's ART has never received BCG immunization-⇒ K23e*
- Code 8**     *Don't know, if the respondent does not know whether the toddler has ever received BCG immunization or not.-K23e⇒*

**Details K23d: At what age was [NAME] immunized with BCG?**

This question aims to obtain information about the age of the ART toddler who received BCG immunization. BCG immunization is given from birth, and is given only once. The age limit for BCG immunization is 12 months.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**     *0-29 days, if the toddler's ART receives BCG immunization at the age of 0 - 29 days*
- Code 2**     *e 1 month, if the toddler's ART received BCG immunization at the age of e 1 month*
- Code 8**     *Don't know, if the respondent does not know the age of the toddler's ART when receiving BCG immunization*

**Details K23e: Polio immunization, a pink or white liquid that is usually given at 1 month of age and dropped into the mouth?**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**     *Yes, if the toddler's ART has received polio immunization*
- Code 2**     *No, if the toddler's ART has never received polio immunization-K23h Not yet time*
- Code 7**     *(age) ≤ 1 month), if the ART toddler is not yet 1 month old, then it is not yet time to receive polio immunization-K23h Don't know, if the respondent does not know whether the toddler's household member has ever received polio immunization or not.-K23h*

**Details K23f: At what age was [NAME] first immunized against polio?** This question aims to obtain information about the age of the ART toddler who first received polio drop immunization.

**Enter age in the months box, for example ...2...months then in the box write 02 If respondent Don't know At what age should toddlers be immunized, write the number "88" in the month box**

**Details K23g: How many times was [NAME] immunized against polio?**

**Write down how many times the ART was immunized against polio, according to the respondent's statement and move it to the box provided.**

**If the respondent Don't know then enter the code "8" in the answer box**

**K23h details: IPV/injectable polio immunization?**

This question aims to obtain information about injectable polio immunization, **Injectable Polio Vaccine (IPV)** or polio injection based on the respondent's confession, because the toddler's ART does not have an immunization record. This IPV is only available in the Special Region of Yogyakarta Province. In the KIA/KMS/other health books, it is usually recorded in the polio immunization column 1-3.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**      *Yes, if the toddler's ART has ever received an injectable polio immunization. No, if*  
**Code 2**      *the toddler's ART has never received an injectable polio immunization.*  
                  ~~K23k~~
- Code 7**      *Not yet the right time (age 1 month), if the ART toddler is not yet 1 month old, then it is*  
                  *not yet the right time to receive the polio injection immunization- K23k Don't know, if the*  
**Code 8**      *respondent does not know whether the toddler's household member has ever received*  
                  *polio immunization or not.- K23k*      ➔

**Details K23i: At what age was [NAME] first immunized with IPV/injectable polio?**

This question aims to obtain information about the age at which the ART toddler first received IPV/polio injection immunization.

**Enter age in the months box, for example ...2...months then in the box write 02 If respondent Don't know At what age should the toddler be immunized, write the number "88" in the month box.**

**Details K23j: How many times was [NAME] immunized with IPV/injectable polio?**

**Write down how many times the toddler was immunized with IPV/polio injection, according to the respondent's statement and move it to the box provided.**

**If the respondent Don't know then enter the code "8" in the answer box.**

**K23k details: DPT-HB combo immunization (Diphtheria Pertussis Tetanus-Hepatitis B combo)/ DPT-HB-HiB which is usually injected in the thigh and is usually given when the child is 2 months old together with Polio 2?**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**      *Yes, if the ART toddler has ever received the DPT-HB combo immunization. No,*  
**Code 2**      *if the ART toddler has never received the DPT-HB combo immunization.- K23n*
- Code 7**      *Not yet the right time (age 2 months), if at the time of the ART interview the*  
                  *toddler is not yet 2 months old- K23n*
- Code 8**      *Don't know, if the respondent does not know whether the toddler's family member*  
                  *has or has not received the DPT-HB combo immunization- K23n* ➔

**K23l Details: At what age was [NAME] first immunized with DPT-HB Combo/ DPT-HB-HiB? IF YOU DON'T KNOW, ENTER CODE "88"**

This question aims to obtain information about the age of the first ART toddler to receive DPT-HB Combo immunization. DPT-HB Combo immunization is usually given starting at the age of 2 months, and the interval between immunizations is at least 4 weeks.

**Enter age in the month box, for example 2 months, then in the box write "02" if the respondent Don't know At what age was the ART immunized, then write the number "88" in the month box.**

**Details K23m: How many times was [NAME] immunized with DPT-HB Combo/DPT-HB-HiB?** This question aims to obtain the frequency of DPT-HB combo ART immunization for toddlers. DPT-HB combo immunization is usually given 3 times with a minimum immunization interval of 4 weeks.

*Write down how many times the toddler household member was immunized with DPT-HB Combo/DPT-HB-HiB combo, according to the respondent's statement.*

*If the respondent Don't know then enter the code "8" in the answer box.*

**Details of K23n: Measles immunization is usually given at 9 months of age and injected in the thigh or upper left arm and given once?**

This question aims to obtain information about measles immunization which is usually given once starting at the age of 9 months.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- |               |  |
|---------------|--|
| <b>Code 1</b> | <i>Yes, if the ART toddler has ever received measles immunization. No, if the</i>  |
| <b>Code 2</b> | <i>ART toddler has never received measles immunization. Not yet time (age &lt;9</i>  |
| <b>Code 7</b> | <i>months), if at the time of the interview the ART toddler was not yet 9 months old, so it was not yet time for immunization. Don't know, if the respondent</i> |
| <b>Code 8</b> | <i>does not know whether the ART toddler has or has not received measles immunization.</i>   |

**Details K23o: What follow-up measles immunization is usually given at 18-24 months of age?**

This question aims to obtain information about measles immunization. continued based on the respondent's confession, because the toddler's ART did not have an immunization record. Continued measles immunization is usually given once starting when the baby is 18-24 months old. Measles immunization is considered continued if the basic measles immunization has been fulfilled at the age of 9 months.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- |               |  |
|---------------|--|
| <b>Code 1</b> | <i>Yes, if the ARTbalita has ever received a follow-up measles immunization.</i>   |
| <b>Code 2</b> | <i>No, if the ARTbalita has never received a follow-up measles immunization.</i>   |
| <b>Code 7</b> | <i>Not yet time (age &lt;18 months), if at the time of the interview the ART toddler is not yet 18 months old, so it is not yet time for immunization.</i> |
| <b>Code 8</b> | <i>Don't know, if the respondent does not know whether the ART toddler has or has not received follow-up measles immunization.</i>                         |

**Details of K23p: Follow-up DPT-HB combo/follow-up DPT-HB-HiB immunization which is usually given starting at 18 months of age?**

This question aims to obtain information about follow-up DPT-HB combo/follow-up DPT-HB-HiB immunization based on the respondent's confession, because the ART does not have an immunization record.

**Details K23m: How many times was [NAME] immunized with DPT-HB Combo/DPT-HB-HiB?** This question aims to obtain the frequency of DPT-HB combo ART immunization for toddlers. DPT-HB combo immunization is usually given 3 times with a minimum immunization interval of 4 weeks.

*Write down how many times the toddler household member was immunized with DPT-HB Combo/DPT-HB-HiB combo, according to the respondent's statement.*

*If the respondent Don't know then enter the code "8" in the answer box.*

**Details of K23n: Measles immunization is usually given at 9 months of age and injected in the thigh or upper left arm and given once?**

This question aims to obtain information about measles immunization which is usually given once starting at the age of 9 months.

*Circle one answer code according to the respondent's answer and move it into the box provided.*

- Code 1**      *Yes, if the ART toddler has ever received measles immunization. No, if the*
- Code 2**      *ART toddler has never received measles immunization. Not yet time (age <9*
- Code 7**      *months), if at the time of the interview the ART toddler was not yet 9 months*
- Code 8**      *old, so it was not yet time for immunization. Don't know, if the respondent*
- Code 8**      *does not know whether the ART toddler has or has not received measles*
- Code 8**      *immunization.*

**Details K23o: What follow-up measles immunization is usually given at 18-24 months of age?**

This question aims to obtain information about measles immunization.

continued based on the respondent's confession, because the toddler's ART did not have an immunization record. Continued measles immunization is usually given once starting when the baby is 18-24 months old. Measles immunization is considered continued if the basic measles immunization has been fulfilled at the age of 9 months.

*Circle one answer code according to the respondent's answer and move it into the box provided.*

- Code 1**      *Yes, if the ARTbalita has ever received a follow-up measles immunization.*
- Code 2**      *No, if the ARTbalita has never received a follow-up measles immunization.*
- Code 7**      *Not yet time (age <18 months), if at the time of the interview the ART*
- Code 7**      *toddler is not yet 18 months old, so it is not yet time for immunization.*
- Code 8**      *Don't know, if the respondent does not know whether the ART toddler has*
- Code 8**      *or has not received follow-up measles immunization.*

**Details of K23p: Follow-up DPT-HB combo/follow-up DPT-HB-HiB immunization which is usually given starting at 18 months of age?**

This question aims to obtain information about follow-up DPT-HB combo/follow-up DPT-HB-HiB immunization based on the respondent's confession, because the ART does not have an immunization record.

Advanced DPT-HB combo/advanced DPT-HB-HiB immunization is usually given once starting when the baby is 18 months old. DPT-HB/DPT-HB-HiB immunization is considered advanced if DPT-HB/DPT-HB-HiB immunization 1-3 has been fulfilled.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**     *Yes, if the toddler's ART has received immunization*DPT-HB/DPT-HB-HiB advanced
- Code 2**     *No, if the toddler has never been immunized*DPT-HB/DPT-HB-HiB advanced
- Code 7**     *Not yet the right time (age less than 18 months), if at the time of the ART interview the toddler is not yet 18 months old, then it is not yet time for immunization*
- Code 8**     *Don't know, if the respondent does not know whether the toddler's household member has or has not received immunization*DPT-HB/DPT-HB-HiB continued

## **GROWTH MONITORING (ART AGE 0-59 MONTHS)**

In this sub-block, questions are answered by mothers who have toddlers aged 0-59 months. Child growth monitoring is carried out to improve the quality of early childhood growth and development and the readiness of children to enter formal education.

Based on the Regulation of the Minister of Health of the Republic of Indonesia (PMK) No. 66 of 2014 concerning Monitoring of Growth, Development and Developmental Disorders in Children, it is stated that growth monitoring is carried out on children starting from the age of 0 (zero) 0 months through monthly weighing and height measurements every 3 months as well as head circumference measurements according to schedule.

PMK Number 43 of 2016 concerning Minimum Service Standards in the Health Sector states that every toddler receives standard services which include weighing at least 8 times a year, measuring length/height at least 2 times a year, giving vitamin A capsules 2 times a year, and giving complete basic immunizations.

### **Details K24: Has [NAME] been weighed in the last 12 months?**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**     Yes
- Code 2**     No -~~K25~~
- Code 8**     Don't know ~~K26~~

**Details K25: In the last 12 months, how many times was [NAME] weighed?**

Weighing is counted as 1 (one) if there is at least 1 weighing in the same month. If in 1 month there are 2 or more weighings then only 1 weighing is counted. The weighing in question does not include weighing carried out during this survey.

If the respondent does not know then enter code "88"

**After answering question K25-Continue to K27**

**Details K26: Main reason in the last 12 months [NAME] has not been weighed.**

This question aims to obtain information about the reasons why the child has not been weighed in the last 12 months.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1**,child is already big (e1 year) **Code 2**,the child has completed immunization **Code 3**,child does not want to be weighed **Code 4**,forgot/ didn't know the weigh-in schedule **Code 5**,no weighing place **Code 6**,the place is far away **Code 7**,busy/busy mother/family

**Code 8**,mother/family is lazy to bring children

**Code 9**,the weighing scale is not available because it is missing or broken

**Details K27: Has [NAME] had his/her length/height measured in the last 12 months?**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1** Yes

**Code 2** No -K29

**Code 8** Don't know-K29

**Details K28: In the last 12 months, how many times was [NAME]'s length/ height measured?**

**Questions K27 and K28** aims to obtain information about children's length/height measurements in the last 12 months.

Length/height measurements are counted as 1 (one). If there are 2 or more measurements in one month, then only 1 measurement is counted. The measurements in question do not include length/height measurements taken during this survey.

If the respondent does not know then enter code "88"

**After answering question K28-Continue to K30**

**Details K29: Main reason for [NAME] not having their length/height measured in the last 12 months**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

- |               |  |
|---------------|--|
| <b>Code 1</b> | The child is already big (1 year old) the child  |
| <b>Code 2</b> | has been fully immunized the child does not  |
| <b>Code 3</b> | want to be measured  |
| <b>Code 4</b> | forgot/don't know the measurement schedule   |
| <b>Code 5</b> | There are no activities to measure length/height, either at health service facilities or at the UKBM (Posyandu) that are usually visited |
| <b>Code 6</b> | the place is far away  |
| <b>Code 7</b> | busy/busy mother/family lazy   |
| <b>Code 8</b> | mother/family brings children  |
| <b>Code 9</b> | There are no tools for measuring body length either in health service facilities or in the UKBM that are usually visited                 |

**Details K30: Has [NAME] ever received vitamin A capsules in the last 12 months? (SHOW PICTURE)**

This question aims to obtain information about the provision of Vitamin A capsules in the last 12 months. Vitamin A capsules for infants aged 6-11 months and toddlers (aged 12-59 months)

JIKA ART UMUR 0-23 BULAN → K31
JIKA ART UMUR 24-59 BULAN → K46
ASI DAN MP-ASI (ART UMUR 0 - 23 BULAN)

*Circle one answer code according to the respondent's answer and move it into the box provided.*

- |               |                              |
|---------------|------------------------------|
| <b>Code 1</b> | Yes, 1 time                  |
| <b>Code 2</b> | Yes, 2 times                 |
| <b>Code 3</b> | Never                        |
| <b>Code 4</b> | Not yet time (age <6 months) |

<i>If the ART is aged 0-23 months → Continue to K31, if the ART is aged 24-59 months → Continue to K46</i>
--

**IMD, ASI AND MPASI (ART AGE 0-23 MONTHS)**

Questions on the section **IMD, ASI AND MP-ASI (Details K31-K44)** aims to obtain information on the implementation of early initiation of breastfeeding (IMD), patterns of breastfeeding and patterns of complementary feeding (MP-ASI) in infants and children under two years of age/ toddlers (specifically for household members aged 0-23 months).

**Questions K31a, K31b and K31c** aims to obtain information about Early Initiation of Breastfeeding (IMD) at birth.

**Details K31a: Was [NAME] immediately after birth placed on the mother's chest/stomach with the mother's skin to the baby's skin?**

**IMD** is skin-to-skin contact between the mother's skin and the baby's skin as soon as possible when the baby is born. The newborn baby is placed on the mother's chest/stomach with the mother's skin attached to the baby's skin (without any barriers).

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**      **Yes**  
**Code 2**      **No-K32**

**Details K31b: When did [NAME] start being placed on the mother's chest/stomach after birth?**

Fill in when (in minutes) [NAME] was first placed on the mother's chest/stomach after birth.

If [NAME] was immediately placed on the mother's chest/stomach after birth, then enter "00" minutes.

**Details K31c: How long does it take for the baby to attach to the mother's chest/stomach after birth?**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**      **<1 hour (less than 1 hour)**  
**Code 2**      **≥1 hour (1 hour or more)**

**Details K32: Has [NAME] ever been breastfed or given breast milk (ASI)?** This question aims to obtain information about the proportion of babies who have ever been given breast milk (breastfed) (either by their biological mother or another woman/wet mother) which was given directly or expressed/pumped.

**Circle one answer code according to the respondent's answer and move it into the box provided.**

- Code 1**      **Yes, if the toddler's ART has ever been breastfed or given breast milk-K34**  
**Code 2**      **No, if the toddler has never been breastfed or given breast milk**  
**Code 8**      **Don't know, if the mother or caregiver does not know whether the toddler's ART has ever been breastfed or given breast milk-K44**

**K33 Details: If not/never breastfed, what is the main reason? K33 Questions** aims to find out the main reasons why ART toddlers have never been breastfed or given breast milk

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Select and fill in the code according to the main reason [NAME] was never breastfed or given breast milk from the various answer choices available below:**

- Code 1**      **Breast milk does not come out**  
**Code 2**      **child cannot breastfeed**

- Code 3** bothersome, for example the mother is taking care of too many children, the mother is busy working so she feels bothered if she has to breastfeed
- Code 4** Separate care, for example when the child is born and the mother is cared for separately, for example when the child is born the child is cared for in a separate room from the mother so that the child and mother cannot have contact with the child at any time.
- Code 5** medical reasons for both the child and the mother, for example the mother has breast cancer or HIV
- Code 6** child separated from mother, for example, if a child lives separately from his mother and it is not possible for the mother to breastfeed her child
- Code 7** mother died
- Code 8** other

**After answering question K33-Continue to K43**

**Details K34: When did the mother start breastfeeding for the first time, after [NAME] was born?**

This question aims to find out when the mother started the breastfeeding process for the first time after giving birth.

***Fill in when the mother first breastfed [NAME] after birth, fill in the box provided.***

***Circle the time unit code 1 'hour' or code 2 'day', then enter the code in the box provided.***

**IF LESS THAN 1 HOUR, WRITE 00;  
IF LESS THAN 24 HOURS, WRITE IN HOURS; IF 24  
HOURS OR MORE WRITE IN DAYS.**

*Fill in the number of hours or days according to the answer to K34a.*

***Fill in "00" in K34b, if the ART started breastfeeding for the first time less than 1 hour after birth.***

***Fill in K34b in units of number of hours, if the ART started breastfeeding for the first time between 1 hour to less than 24 hours after birth.***

***Fill in K34b in units of number of days, if the ART started breastfeeding for the first time more than 24 hours after birth.***

**Details K35: What does the MOTHER do with colostrum (the first breast milk to come out, usually thin, clear and/or yellowish in color)?**

This question aims to obtain information about the respondent's behavior towards colostrum. Colostrum is the first breast milk to come out, containing many immune substances that are useful for babies.

First explain to the respondent what colostrum is, then probe the respondent's treatment of colostrum.

***Circle one answer code according to the respondent's answer and move it into the box provided.***

- Code 1** *given all to the baby*
- Code 2** *thrown away partially, if only a part is thrown away, for example the part of the breast milk that comes out at the beginning of the breast milk coming out*
- Code 3** *thrown away everything, thrown away everything until the thin or yellowish colored milk runs out and the milky white colored breast milk comes out. Don't know, the*
- Code 8** *respondent doesn't know about the treatment of [NAME]'s biological mother towards colostrum, because [NAME] is represented by someone else, not her biological mother.*

**Questions K36 and K37** aims to obtain information about feeding habits *prelacteal feeding* (prelacteal food) to newborns. Prelacteal food is usually given to babies with late initiation of breastfeeding (> 1 hour after birth) because the breast milk has not come in or for traditional reasons. Prelacteal food is usually stopped after the breast milk comes in.

**Details K36: Before the first breastfeeding or before breast milk came in/came smoothly, was [NAME] ever given drinks (fluids) or food other than breast milk?**

*Circle one answer code according to the respondent's answer and move it into the box provided.*

- Code 1** *Yes, if the ART is given fluids or food other than breast milk before coming out or before breastfeeding.*
- Code 2** *No, if the ART is not given fluids or food other than breast milk before the breast milk comes in or before breastfeeding. K38*
- Code 8** *Don't know, if the respondent doesn't know about giving food or fluids other than breast milk before breast milk comes in or before being breastfed, for example in children who are represented by other family members other than their biological mother so they don't know. K38*

**Details K37: What types of drinks/foods were given to [NAME] before starting breastfeeding or before breast milk came in/was smooth?**

*Code "1" if the respondent provides that type of food*

*Code "2" if the respondent does not provide the food according to the available options a to l.*

**Information :**

- a. **Formula milk** is milk whose content is adjusted to the needs of babies and toddlers (children under the age of two years), which includes formula milk, namely early formula milk (0-6 months), follow-on formula milk (over the age of 6 months).
- b. **Non-formula milk** is milk whose content is not specifically tailored to the needs of babies and toddlers, for example fresh cow's milk, non-formula powdered milk, skim milk, and sweetened condensed milk.
- c. **Honey/ honey+water:** clear
- d. **Sugar water:** clear
- e. **Rice Water** is a white liquid produced when cooking rice.

- f. **Coconut water:** clear
- g. **Sweet tea:** clear
- h. **White water:** clear
- i. **Flour porridge/strained porridge** is a porridge with a soft consistency.

j. **Mashed bananas**

a. **Rice mashed:** clear

l. **Others, please specify**.....if the answer is not in the answer choices,

**Do probing (ask more deeply): ask about local customs regarding food or drinks given to babies when they are newborn and/or when breast milk has not yet come in.**

**Example:**

Andi is currently 7 months old. At birth, breast milk did not come out immediately, so Andi was given formula milk while the breast milk had not come out. The mother's breast milk only came out on the second day of Andi's birth. After the breast milk came out, Andi was given breast milk and combined with the formula milk that had been given since birth. In addition, after being dug up, the local community gave rice water after birth. In Andi's case, it turned out that rice water was given when Andi was 1 day old. After being given rice water, Andi was given water.

So, circle and fill in the available box with the answer '1' (Yes) for point a. formula milk and point e. rice water and I. plain water.

**Details K38: Is [NAME] currently still being breastfed/given breast milk?**

**Circle one answer code according to the respondent's answer and move it into the box provided.**

**Code 1**      *Yes, if at the time of the interview the ART is still being breastfed-K40 No, if*

**Code 2**      *at the time of the interview the ART is no longer being breastfed*

**Details K39: At what age was [NAME] weaned/ stopped breastfeeding?**

**Write the child's age in months and move it into the box provided. If you don't know, enter the code "88".**

**If [NAME] was weaned at <1 month of age, write '00'**

IF THE CHILD HAS BEEN WEANED, PROCEED TO K42
--

**Details K40: In the last 24 hours, has [NAME] only received breast milk (ASI) and not been given drinks (fluids) and/or food other than breast milk?**

**Circle one of the answer codes according to the respondent's answer and move it into the box provided.**

**Code 1**      *Yes, if in the last 24 hours the ART has only been given breast milk and not given any food/ fluids other than breast milk, except for medication.*

**Code 2** *No, if in the last 24 hours the ART has been given food/fluids other than breast milk*

**Details K41:** Since birth until the last 24 hours, has [NAME] been given drinks (fluids) and/or food?

*Circle one answer code according to the respondent's answer and move it into the box provided.*

**Code 1** *Yes, if from birth until the last 24 hours the ART has been given food/fluids other than breast milk*

**Code 2** *No, if from birth until the last 24 hours the ART is only given breast milk*

**Details K42:** At what age did [NAME] first start giving your child drinks (fluids) or foods other than breast milk?

This question aims to obtain information about the age at which infants started being given complementary foods other than breast milk. In infants/children who have never been breastfed, the provision of foods other than breast milk begins at birth (0 days). *If prelacteal feeding is continued after breast milk comes in, then the baby/child is given food other than breast milk from birth (0 days) so...Details of K42 coded 1 '0 – 7 days'*

*Circle one answer code according to the respondent's answer and move it into the box provided.*

**Code 1** *if at the age of 0-7 days the child has started to be given food other than breast milk if at*

**Code 2** *the age of 8-28 days the child has started to be given food other than breast milk if at 29*

**Code 3** *days - < 2 months the child has started to be given food other than breast milk if at the*

**Code 4** *age of 2 - < 3 months the child has started to be given food other than breast milk if at*

**Code 5** *the age of 3 - < 4 months the child has started to be given food other than breast milk if*

**Code 6** *at the age of 4 - < 6 months the child has started to be given food other than breast milk*

**Code 7** *if at the age of 6 months the child has started to be given food other than breast milk*

**Code 8** *Don't know if the respondent states that he doesn't know the answer Not applicable, if*

**Code 9** *[NAME] has not been given food (K40 = 1 and K41 = 2)-K45*

**Example:**

Andi is currently 7 months old. At birth, breast milk did not come out immediately, so Andi was given formula milk until the breast milk had not come out. The mother's breast milk only came out on the second day of Andi's birth. After the breast milk came out, Andi was given breast milk and combined with the formula milk that had been given since birth.

So, circle and fill in the box provided with the answer '1' (0-7 days),

**Detail K43:** What type of drink (fluid) or food other than breast milk was first given to [NAME] at that age?

This question aims to obtain data or information about the type of complementary food given to the baby for the first time. The type of complementary food given for the first time is usually one type but it does not rule out the possibility of a combination of 2 types of food/drinks such as biscuits mixed with formula milk.

*Fill in the answer code according to the respondent's answer in the box provided.*

**Code 1 Yes, if the food is given at the beginning of the feeding.**

*food other than breast milk*

**Code 2 No, if the food is not given at the time of starting to be given food other than breast milk.**

**Information :**

a.**Formula milk:**See detailed explanation of answer K37

b.**Non-formula milk:**See detailed explanation of answer K37

c.**Formula porridge**is porridge whose content is adjusted to the needs of babies and toddlers according to their age, for example porridge for babies aged 6-8 months, porridge for babies aged 9-11 months and porridge for children aged 12 months and above.

d.**Biscuits:**clear

e.**Flour porridge/strained porridge:**See detailed explanation of answer K37

f.**Rice Water:**See detailed explanation of answer K37

g.**Pureed fruit (bananas, etc.):**clear

h.**Rice porridge/rice porridge/mashed rice:**clear

i.**Juice:**a clear or slightly clear liquid obtained from fruit by pressing ripe, fresh fruit.

j.**Others, please specify.....:**if the respondent's answer is not included in the answer options ai.

**Example:**

Amar is 8 months old and has always been breastfed since birth. However, when Amar was 4 months old, the biological mother who breastfed Amar went to work in Taiwan so Amar was left and cared for by his grandmother. Finally, Amar was given factory-made flour porridge mixed with formula milk on the day his biological mother left.

Then fill in code 1 'Yes' in point a. formula milk and point e. flour porridge/strained porridge.

**Details K44: In the last 24 hours (from yesterday morning to this morning), what foods did [NAME] eat?**

This question aims to obtain data or information regarding the types of food or drinks drunk or eaten by children under the age of two in the last 24 hours.

*Fill in the answer code according to the respondent's answer in the box provided.*

**Code 1 Yes, if the ART drinks/eats that type of drink/food Code 2 No, if the ART does not drink/eat that type of drink/food**

*If the household member is 0-5 months old, then go directly to Block L. If the household member is 6-23 months old, then go to the next question, namely K46.*

## PROVIDING ADDITIONAL FOOD (ART AGE 6 – 59 MONTHS)

Questions in the Sub-Block on Provision of Additional Foods aim to determine the picture of additional food consumption and to determine the achievement of indicators that have been set in the 2015–2019 Ministry of Health Strategic Plan, namely the percentage of thin toddlers who receive additional food.

### QUESTIONS K46 – K48 ARE DIRECTED FOR ART AGED 6-59 MONTHS WHO RECEIVED PMT IN THE LAST 12 MONTH PERIOD.

#### Details K46: Has [NAME] ever been given PMT (additional food) in the last 12 months?

This question aims to find out which toddlers aged 6-59 months have received PMT in the last 12 months. Supplementary Food is food given to toddlers to increase nutritional intake. The Supplementary Food included in this question is all supplementary food, whether given at every posyandu (PMT counseling) or supplementary food specifically given to thin toddlers, usually given for 90 days of eating (PMT recovery), including supplementary food obtained from assistance from other parties, for example: donations from NGOs/companies or certain parties who are conducting campaigns or promotions for certain products.

*Code 1 if the answer is “YES” and Code 2 if the answer is “NO” continue to K49*

#### Details K47: In columns 1-4, fill in the form and amount of PMT obtained, PMT spent, and the main reason for not spending it (during the last 12 months).

This question aims to identify the form and amount of PMT obtained, PMT spent, and the main reason for not spending it (during the last 12 months). Question K47 consists of 4 columns.

##### Details K47 column 1: Form of PMT obtained

The form of PMT is the type of PMT obtained by ART Toddlers within the last 12 months, which consists of:

- a. **Biscuit program**: are biscuits that come from special procurement (generally from the government).
- b. **Other biscuits**: apart from the program biscuits
- c. **Milk powder**: is a product of fresh milk that is dried into powder. Powdered milk can be non-formula milk (eg full cream milk) or special formula milk for toddlers.
- d. **Liquid milk**: pure milk or pasteurized milk in cartons or plastic bottles.
- e. **Raw food ingredients**: additional food ingredients obtained in raw/unprocessed form by PMT managers, for example rice, green beans, raw eggs.
- f. **Cooked food**: food ingredients obtained in cooked/ready form processed, for example rice porridge, green bean porridge, boiled eggs.

**Fill in code 1 if the answer is “YES” and code 2 if the answer is “NO” in each PMT form.**

#### **Details K47 column 2: Total amount of PMT obtained**

**Question K47 column 2** aims to find out the total PMT received by the toddler ART. Probing: Ask since when the toddler ART received PMT. Then ask how much each time they received PMT, and when was the last time the toddler ART received PMT.

#### **Example :**

Boim received additional food in the form of biscuits obtained from the health center. Boim was given the biscuits once a month for 30 days. Boim had to finish 1 pack of biscuits in 1 day. Boim received the biscuits for 2 consecutive months. So Boim received  $30 \times 2 = 60$  packs of biscuits.

#### **Details K47 Column 3: Was PMT spent by [NAME]?**

**Question K47 column 3** The aim is to find out whether the PMT obtained is spent entirely by ART Toddlers.

If PMT is used up, then enter code 1 "Yes" in the box provided and continue to the next PMT form (next line)

Probing: ask whether the PMT was consumed entirely by the toddler's household member, ask whether there are other family members/friends/neighbors who also consume the PMT.

#### **Details K47 Column 4: Main Reason PMT was not spent?**

This question is to find out the main reason PMT is not completed by toddlers. The main reason PMT was not completed was that ART for toddlers was asked to mention it **one main reason** The PMT is not used up by the Toddler ART. Choose one of the main reasons from the 5 available reasons, namely:

1. The child doesn't want to, this is the reason for not finishing the PMT because the toddler's household assistant doesn't want to eat the PMT that was given.
2. The mother forgot to give it, the reason for not spending the PMT was because the mother forgot to give the PMT to the toddler's ART
3. There are side effects (diarrhea, vomiting, allergies, etc.), this is the reason for not finishing the PMT because there are side effects in the toddler's ART due to consuming the PMT, such as diarrhea, vomiting, allergies, etc.
4. Being eaten by other household members, is the reason for not spending PMT because the PMT for toddler household members is eaten by other household members
5. Others, are reasons for not spending PMT caused by other than the 4 options above

***Fill in the answer code in the answer box provided.***

#### **Details K48: Reason why [NAME] received PMT?**

This question aims to find out the reasons why toddlers receive PMT:

- a. Malnutrition
- b. Malnutrition/BGM
- c. Thin
- d. Weight never increases (2T)
- e. Sickly
- f. Because they participated in weighing at the integrated health post

- g. Poor families (gakin)
- h. Others, if the reason is not included in the available answer choices. **Fill in code 1 if the answer is "YES" and code 2 if the answer is "NO" in each of the available answer choice boxes.**

The "Yes" answer given by respondents can be more than one.

If the respondent answers "DON'T KNOW" the reason for being given PMT, then enter code 2 in all the answer boxes provided.

**IF ART IS AGED 6-35 MONTHS-CONTINUE TO BLOCK L**  
**IF ART IS AGED 36-59 MONTHS-CONTINUE TO K50**

### **CHILD DEVELOPMENT (ART 36-59 MONTHS)**

The Child Development sub-block aims to determine whether the child's development is in accordance with his/her age or not. The age of the child whose development will be seen is limited to the age group of 36-59 months.

The development questionnaire used in Riskesdas 2018 was adapted and modified from a study *Multiple Indicator Cluster Survey* (MICS) 2016 to calculate the Early Childhood Development Index (**Early Child Development Index - ECDI**). Various questions are used to determine child development according to 4 (four) domains, namely:

- **Literacy and numeracy** -literacy/numerical: A child is categorized as developing appropriately if the child:
  - (1) can recognize/or name at least 10 letters of the alphabet, (2) can read and 4 simple/popular words, (3) know and recognize number symbols 1-10, (4) say his own name without help. Included in this domain are: **Questions K50, K51, K52, and K55.**
- **Physical** -physical: if the child:
  - (1) can pick up small objects such as stones or pencils from the floor using 2 fingertips (index finger and thumb) **and/or** (2) not indicated as sometimes too sick to play (the question of whether the child is sometimes too sick to play is answered "No"), then the child's development is categorized as appropriate. Included in this domain are: **Questions K53 and K54.**
- Social emotional: a child is categorized as having appropriate development if two of the following 3 (three) statements are true (answered "Yes"), namely (1) the child can socialize well with other children, (2) the child does not kick, bite, or hit other people, and (3) the child is not easily distracted in doing something. Included in this domain are: **Questions K58, K59 and K60.**
- **Learning** -learning: if the child (1) can follow simple commands to do something correctly **and or** (2) When the child is told to do it, the child can do it himself without help, then the child's development is categorized as appropriate (**on track**). Included in this domain are: **Questions K56 and K57.**

Next, ECDI is calculated as the percentage of children whose development is appropriate in at least 3 or 4 of the above domains.

**Questions K50, K51, K52, and K55** aims to obtain information about developments *Literacy-Numeracy* children aged 36 – 59 months.

**Details K50: Can [NAME] say his/her own name without assistance?**

Ask the respondent or ask the child directly what his/her name is (if the child is present at the time of the interview). If the child is not present, ask the mother whether the child can say his/her own name fluently and without help from others.

Circle **code 1 'Yes'** if the child can say his own name without help.

Circle **code 2 'No'** if the child cannot say his own name without help.

**Details K51: Can [NAME] read at least 4 simple/popular words?**

Ask the respondent or ask directly whether the child can mention examples of simple/popular words, for example the words “eat”, “drink”, “papa/ayah/bapak”, “mama/bunda/ibu”, “tidah”, etc. Probe and ask further whether the child can read these simple/popular words.

Circle **code 1 'Yes'** if the child can read at least 4 simple/popular words. Circle **code 2 'No'** if the child can only read 2 or 3 simple/popular words.

**Details K52: Does [NAME] know and recognize the number symbols 1-10?** Ask the respondent or ask the child directly whether the child knows and recognizes the numbers 1-10. If the parent/mother/caregiver seems hesitant, probe or ask further 'Does [NAME] know the number 1?, Does [NAME] know the number 2?', and so on until 'Does [NAME] know the number 10?'.  
Circle **code 1 'Yes'** if the child can recognize the number symbols 1-10 or Circle **code 2 'No'** if the child can only recognize less than 10 or none at all.

**Details K55: Does [NAME] recognize or can name at least 10 letters of the alphabet?**

Ask the respondent or ask the child directly whether the child has recognized or can name at least 10 letters of the alphabet. If the parent/mother/caregiver seems hesitant, probe or ask further: 'does [Name] know the letter A?, does [Name] know the letter B?, and so on until does [Name] know the 10th letter?'.  
Circle **code 1 'Yes'** if the child can recognize the number symbols 1-10.

Circle **code 2 'No'** if the child can only recognize less than 10 or none at all.

**Questions K53 and K54 aim to obtain information about developments  
*physique* children aged 36 – 59 months.**

**Details K53. Can [NAME] pick up small objects (such as pebbles or small wooden sticks) using 2 fingers (thumb and index finger)?** Ask the respondent or do it directly to the child. Provide a small object such as a pencil or a small object such as a pebble or candy, ask the child to pick up the object. Pay attention to the child's ability to pick up a pencil using 2 FINGERS, NAMELY THE THUMBS AND INDEXERS.

If respondents are asked whether their child can pick up small objects using 2 fingers? **not five fingers.**

Circle **code 1 'Yes'** if the child can pick up small objects without difficulty or Circle **code 2 'No'** if the child has difficulty picking up small objects.

**Details K54: Is [NAME] sometimes sick to the point of not being able to play?**

Ask the respondent (mother) whether the child sometimes or tends to often experience illness that prevents the child from playing or doing various physical activities that he or she usually does.

Circle **code 1 'Yes'** if a child is sometimes or tends to be sick often to the point where he cannot play or do the activities he usually does.

Circle **code 2 'No'** if the child is rarely sick and can be active in carrying out activities and playing and only appears tired occasionally but still within reasonable limits.

**Questions K56 and K57 aim to obtain information about developments *learning* children aged 36 – 59 months.**

**Details K56: Can [NAME] follow simple commands to do things correctly?**

Ask the respondents or ask the child directly. If the child is given a simple command, for example "please get me a glass..", "please close the door.." etc., can the child follow the command correctly, according to what is ordered. For example, the child is ordered "please get me a glass..", then the child takes the glass instead of the book. Ask and if necessary practice.

Circle **code 1 'Yes'** if the child can do what is ordered correctly and successfully.

Circle **code 2 'No'** if the child usually (in his daily life) or when asked cannot do what is ordered.

**Detail K57: When told/ordered something, is [NAME] able to do it alone without help?**

Ask and probe the mother whether the child can do something that is ordered, can the child do it alone without help?

Circle **code 1 'Yes'** if the child can empower himself/do an activity on his own without help within a certain time frame, without continually asking and requesting help or giving up quickly (for example, when coloring, opening toys, stacking blocks, etc.).

Circle **code 2 'No'** if the child cannot do the activity alone, asks for a lot of help or gives up quickly in playing.

**Questions K58 – K60 aim to obtain information about development social/emotional children aged 36 – 59 months.**

**Details K58: Is [NAME] able to play/socialize well with other children?**

Ask whether the child can play and interact well with friends/other children?

Circle **code 1 'Yes'** if the child can play well with friends/other children.

Circle **code 2 'No'** if the child often seems uncomfortable when gathering with friends/other children, prefers to be alone, or there are often conflicts/problems that arise when playing with friends/other children.

**Detail K59: Does [NAME] like to kick, bite, or hit other children or adults?**

Ask if your child likes to kick, bite, or hit other children or adults.

Circle **code 1 'Yes'** if parents ever know/realize that their child may physically harm other children/people (kicking, biting, hitting), circle it. **code 2 'No'** if parents say their child will not do it.

**Details K60: Is [NAME] easily distracted when doing something?**

Ask whether your child is easily distracted when doing something.

Circle **code 1 'Yes'** if the child has difficulty persisting/continuing in doing something for a certain period of time, is easily distracted by everything that happens around [NAME] while he/she is playing or moves on to other activities before completing the previous activity. For example, the child does not persist in holding 1 toy for a long period of time.

Circle **code 2 'No'** if the child is not easily distracted in doing an activity.

## CHAPTER 7

### MEASUREMENT

This chapter explains the measurement method and how to fill in the measurement results in the Block L questionnaire regarding measurement and examination. The examination method is explained in other guidelines.

#### ANTHROPOMETRIC MEASUREMENTS

The anthropometric measurements that will be collected in RISKESDAS 2018 are weight, height/length, upper arm circumference, and abdominal circumference. These anthropometric measurements are intended to obtain data on the nutritional status of the population. Measurements of weight and height/length are carried out on all age groups, both men and women. Measurements of upper arm circumference are carried out on women of childbearing age aged 15-49 years and/or pregnant women.

Measurements of abdominal circumference are carried out on adult male and female residents aged 15 years and over, except pregnant women.

Anthropometric measurements were carried out by two officers. The first person acted as the measurer and the second person acted as the recorder.

#### HEIGHT/BODY LENGTH MEASUREMENT

Height/length measurements are carried out to determine the height or length of all household members.

**Details L01a: Was [NAME] measured for Height/Length? *Circle one appropriate code and move it into the box provided.*** Code 1 if "Yes" is measured and code 2 if "No" is measured. If the answer with code 2 is "No", proceed to Details L02

**Respondents were not measured if:**

1. The respondent is seriously ill so it is impossible to measure his height.
2. Respondents are unable to stand (paralyzed, severely bent, disabled in both legs or other disabilities that prevent them from standing upright)
3. Not willing to be measured

#### Details L01b: Height/Body Length (cm)

***Fill in the numbers for the height/length measurements shown on the height/length measuring tool's measuring scale in the four (4) boxes provided (1 number after the decimal point)***

If the height is less than 100 cm, the number written is preceded by the number "0". For example, if the height is 68.7 cm, then it is filled in the box:

0	6	8	,	7
---	---	---	---	---

**Details L01c: FOR TODDLERS ONLY (height/height measurement position)** Especially for household members who are still toddlers, the measurement position code is very necessary in determining their nutritional status.

***Circle one appropriate code and move it into the box provided. Code 1 if measured "standing" and code 2 if measured "lying".***

**Details L01d: Physical condition of [NAME] when measured**

Observation of the physical condition of respondents when measuring height/length.

***Circle one appropriate code and move it into the box provided. Code 1 if the respondent is in the condition of "standing upright or for toddlers whose length is measured can lie on their backs straight"***

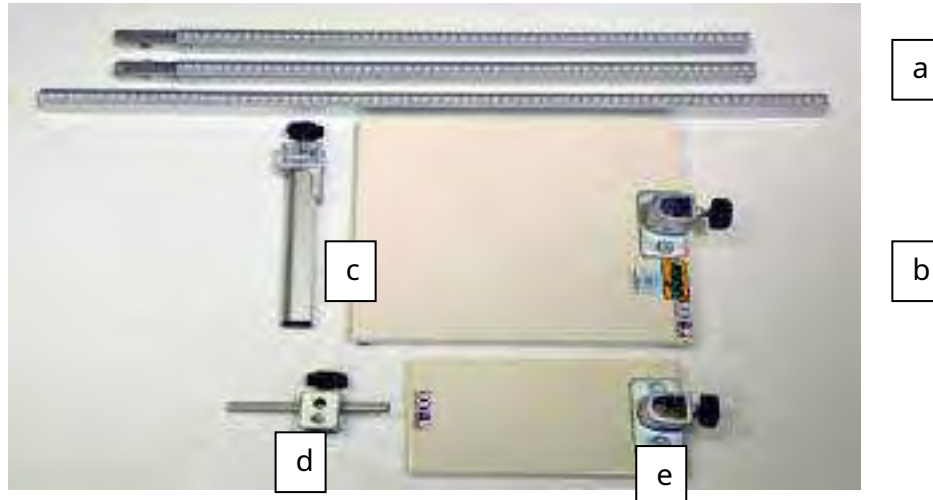
***Code 2 if the respondent is in a condition where they are "unable to stand up straight, for example there is a lump behind the neck or back, abnormal leg bones (letter O), hair is curled up or for toddlers whose length is measured they cannot lie on their backs straight"***

#### **MEASURING HEIGHT AND BODY LENGTH USING A MULTIFUNCTIONAL MEASURING INSTRUMENT**

**Tool:**Height measuring:**MULTIFUNCTIONAL**with a measuring capacity of 2 meters and an accuracy of 0.1 cm.

**Target:**all members of the sample household

#### **PARTS OF MEASURING INSTRUMENTS**



#### **Information:**

- a. Three measuring rods consisting of the first measuring rod = 0 – 77.0 cm, the second measuring rod = 77.1 – 135.0 cm and the third measuring rod = 135.1 – 200 cm
- b. Base of height measuring instrument with lock
- c. Slider with reading window
- d. A measuring tool used when measuring height and body length.
- e. Panel/part attached to the child's head, used when measuring body length while lying on the back

### INSTALLATION OF HEIGHT MEASURING EQUIPMENT

How to use a height/length measuring tool consists of 7 steps, namely:



1. Attach the first measuring rod to the measuring tool base.
2. Install the lock in the hole on the base of the measuring instrument.
3. Tighten with turning fasteners clockwise.



4. Install the slide tool by inserting the slide tool into the measuring tool stem. Note the position of the reading glass must be on the measuring scale.
5. Install the other rods with the last rod being the one with the black cap on the end.
6. The height measuring tool is ready to use.
7. If the respondent is taller than the person measuring, the person measuring can remove the top of the measuring scale so that the height can be read easily (the person measuring does not need to get on the chair).



Adjust the support tool on the top of the measuring rod with the plate lock position so that the measuring rod remains perpendicular.

Height measuring tool that is ready to use

### **HEIGHT MEASUREMENT PROCEDURE (STANDING)**

1. Assemble the measuring tool parts (according to the instructions). Tighten the base part (b) and the measuring scale bar (bar 1) using the provided lock.
2. Find a flat wall and a hard, flat floor or surface. Place the measuring tool with the base lock button and part d against the wall.
3. Remove footwear, head covering/hat/cap, hair tie/bun, diapers (for toddlers) from the respondent to be measured.
4. The respondent to be measured is asked to climb onto the base of the measuring instrument with his/her back to the measuring instrument.
5. Respondents are asked to stand up straight, looking straight ahead. Pay attention to the earlobe point with the tip of the eye forming an imaginary line perpendicular to the back wall of the measuring instrument (forming a 90 degree angle). Note, the measuring tool rod must be in the middle of the respondent's back body, do not deviate to the left or right.
6. Five body parts, namely the head, back, buttocks, calves, and heels are attached to the measuring instrument. If this is not possible (fat respondents), at least 3 parts are attached to the measuring instrument (BACK, BUTTOCKS, AND CALF).
7. The measuring position is in front or to the left of the respondent being measured.

8. Move the slider until it touches the head, do not press too hard, but for respondents with thick curly hair, move the slider until it touches the top of the head.
9. Tighten the sliding panel, the respondent can be asked to get off the measuring instrument.
10. The way to read the measurement results is by reading the numbers that are exactly on the reading window line.
11. If the respondent is taller than the person measuring, the person measuring can remove the top of the measuring scale so that the height can be read easily (the person measuring does not need to get on the chair).
12. Read the measurement results aloud by the measuring officer. Next, the measurement results are repeated by the recording officer. If it matches the numbers read by the measuring officer, then record the measurement results in the Height box on **on the form RKD18.IND.Block L01b**.

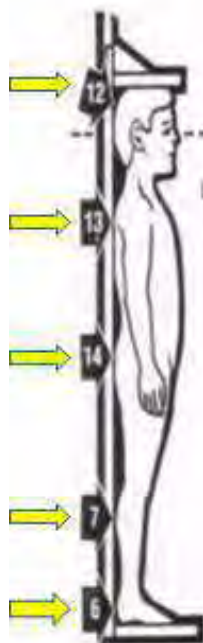
#### HEIGHT MEASUREMENT POSITION

##### PERHATIKAN POSISI PENGUKURAN



##### BACA ANGKA YANG TERTERA PADA JENDELA BACA





Posisi:

1. Kepala
2. Punggung
3. Pantat
4. Betis
5. Tumit
- MENEMPEL BATANG ALAT UKUR
- SEDIKITNYA TIGA BAGIAN TUBUH YANG MENEMPEL (punggung, pantat, dan betis)

6. Pandangan lurus kedepan



Perhatikan tumit kaki jangan sampai diatas dasar batang


15

BACA ANGKA YANG TERTERA PADA JENDELA BACA



135,1 CM

## INSTALLATION OF BODY LENGTH MEASURING EQUIPMENT

	
<p>Head panel of body length measuring instrument</p>	<p>Lock and Support for Body Length Measuring Instrument</p>




Lay the measuring tool on a hard and flat table/floor. Install the head panel on the rod with the lowest scale and tighten it. Install the lock and support on the other end. This support functions so that the sliding tool can be easily moved without rubbing against the table/floor.

The measurement results are shown by a line in the reading window. **Reading from small numbers to larger numbers.**

## PROCEDURE FOR MEASURING THE BODY LENGTH OF BABIES AND CHILDREN WHO CANNOT STAND YET

1. Combine the 2 parts of the measuring tool, namely rod 1 (0 – 77 cm) and rod 2 (78 cm) – 135 cm). For babies aged 0 – 3 months, use a measuring rod 1 (0 – 77 cm).
2. Tighten the measuring rod and fixed panel by turning the lock on the panel.
3. Install the support iron (d) so that the sliding tool can move freely (see instructions). The installation of this support iron must be in line with the protruding part on the **head panel**(the elbow that does not move at the end of the measuring instrument).
4. Choose a flat floor or table to place the measuring instrument.
5. Position **head panel** must be on the left side of the measurer. The position of the measuring assistant is behind **head panel**.
6. Remove footwear, head covering/hat/cap, hair tie, diapers from the respondent to be measured.
7. The child is laid down with the top of the head against the **head panel**. The measuring assistant holds the child's chin and cheeks from behind **head panel**. The imaginary line (from the earlobe point to the tip of the eye) should be perpendicular to the floor where the child is lying.
8. The measurer holds the child's knees so that the child's feet touch the floor.
9. While holding the child's knee, the measurer moves the slider (b) toward the soles of the child's feet. The position of the child's feet should be close together and perpendicular when attached to the slider. The measurer should quickly move the slider until it is attached to the soles of the child's feet and immediately tighten the slider, the child can be lifted and the measurer can read the measurement results.
10. Read the body length measurement results right on the line in the reading window.
11. Read the measurement result numbers aloud by the measuring officer. Next, the measurement result numbers are repeated by the recording officer. If they match the numbers read by the measuring officer, the height measurement result numbers are recorded in the Height input box. **on the form RKD18.IND.Block L01b.**

## How to Measure Body Length

	<p>The top of the head is attached to the static panel (the panel is cleaned with a wet cloth/ tissue first before being used to measure the child's body length)</p> <p>An imaginary line (from the earlobe point to the tip of the eye) is perpendicular to the floor where the child is lying.</p>	
	<p>Second position <b>palm</b> The child's feet are straight when attached tightly to the sliding device.</p> <p>If it is not possible for both soles of the child's feet to touch, then just one sole of the child's foot should be perpendicular and firmly attached to the sliding device.</p>	
		
<p>Ideal position when measuring length body</p>	<p>Mom can help holding the child so that the child is not fussy</p>	<p>Moving the tool slide and read scale must be done quickly because children are often fussy and move around</p>

**The measurement results are filled in the Height/Body Length box on the RKD18.IND. Block L01b form.**

### NOTES:

If the child is fussy and cries continuously, ask the mother to be close to the child, so that the child can become calmer. To calm the child, you can give him toys or food to hold (not to eat).

## WEIGHT ASSESSMENT

Weighing is done to determine the weight of all household members.

### Details L02a: Was [NAME] weighed?

*Circle one appropriate code and move it into the box provided. Code 1 if "Yes" is weighed and code 2 if "No" is weighed*

*If coded answer 2 "No", proceed to Details L03*

### Details L02b: Body Weight (kg)

*Fill in the weighing result numbers weight shown on the weighing scale in the four (4) boxes provided.*

*If the weight is less than 100 kg, the number written is preceded by the number "0". For example, if the child's weight is 13.1 kg, then it is filled in the box:*

0	1	3	,	1
---	---	---	---	---

### Details L02c: Condition of [NAME] when weighed?

Ask the respondent about their condition when weighing was carried out.

*Circle one appropriate code and move it into the box provided. Code 1 if "healthy" when weighed and code 2 if "sick" when weighed*

## WEIGHT ASSESSMENT PROCEDURE Target: All household

members, except pregnant women.

### Tool:

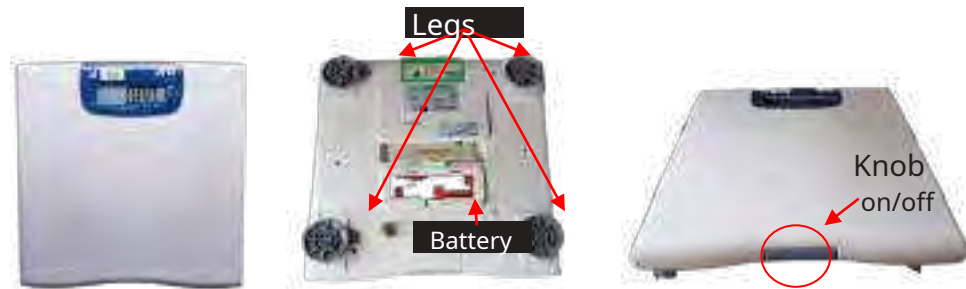
In Riskesdas 2018, there are two types of digital scales used, namely the AND brand and the FamilyDr brand. Each of these scales has a capacity of 50 grams - 150 kg with an accuracy of 50 grams and 5 - 150 kg and an accuracy of 100 grams, using 4 AA alkaline batteries. Digital scales are very simple to use, but training is needed for officers to understand and be able to use them correctly according to the guidelines for use. Scales must be calibrated every morning before data collection is carried out.

### A. Steps for using AND brand digital scales Preparation:

1. Remove the scale from the cardboard box.
2. Install the battery at the bottom of the scale (PAY ATTENTION TO THE BATTERY POSITION)
3. Place the weighing device on a hard, flat floor.
4. Install the legs (4 pieces) on the bottom of the scale.
5. Respondents who will be weighed are asked **taking off shoes, jackets, diapers and taking out heavy pockets such as keys, cell phones, etc.**
6. Respondents are advised not to wear clothing materials that can add weight - JEANS or WOOL

**WEIGHING PROCEDURE FOR ADULT OR CHILD RESPONDENTS WHO CAN ALREADY STAND:**

1. Activate the weighing device by pressing the button in the middle of the back of the device. Wait until the number 0.0 appears which means the weighing device is ready to use.



2. Respondents are asked to climb onto the weighing device with their feet positioned right in the middle of the weighing device, but NOT COVERING THE READING WINDOW. Respondents act calm (DO NOT MOVE) and do not lower their heads (look straight ahead).



3. The numbers on the weighing tool window will appear - wait until the numbers do not change (STATIS)
4. Read aloud the weighing results by the weighing officer. Next, the weighing results are stated again by the registrar. If it matches the number read by the weighing officer, the weighing result number is recorded in the Body Weight field on the form **RKD18.IND. Block L02b**.
5. Ask the respondent to get off the weighing equipment.
6. The weighing device will turn OFF automatically.
7. To weigh the next respondent, repeat procedures 1 to 4.

**HOW TO WEIGH CHILDREN < 2 YEARS OLD (CHILDREN WHO CANNOT STAND YET) OR CHILDREN WHO DO NOT WANT TO BE WEIGHED THEMSELVES:**

1. Ask the mother to take off her hat/head covering, jacket, shoes, socks or accessories used by MOTHERS and CHILDREN including diapers used by CHILDREN
2. Activate the weighing device
3. Weigh the mother of the child to be weighed (WITHOUT CHILDREN)
4. Pay attention to the position of the mother's feet right in the middle of the weighing device
5. Note the last number (or the letter "O" appears on the top left of the display glass)
6. Ask the mother to stay on the scale and wait until the scale turns OFF automatically.
7. Turn the scales back on and when the numbers appear "**0.00**" then the mother carries the child. The last static number that appears/is listed on the scale is the weight of the child being weighed
8. Next, read aloud the weighing results by the weighing officer. Next, the weighing results are stated again by the registrar. If it matches the number read by the weighing officer, the weighing result number is recorded in the Body Weight field on the form **RKD18.IND. Block L02b**.
9. Check the weighing results. The child's weight should be smaller than the mother's previous weight. If the weight is the same or greater from the mother's weight then do the re-weighing correctly.



**B. Steps for using the FamilyDr brand digital scales**

**Preparation:**

1. Remove the scale from the cardboard box.
2. Install the battery at the bottom of the scale (PAY ATTENTION TO THE BATTERY POSITION)
3. Location  
hard and flat
4. Response  
requested **remove shoes, jackets, heavy  
and m  
diapers such as keys, cell phones, etc.**
5. Response  
wear clothing materials that can increase S  
weight b

**PROCEDURE  
THAT SU**

1. Activate  
mere  
Already

**ADULT OR CHILD RESPONDENTS**

How to press the button in the middle, the number  
0.0 appears, which means the weighing tool



2. Respondents are asked to climb onto the weighing device with their feet positioned right in the middle of the weighing device, but NOT COVERING THE READING WINDOW. Respondents act calm (DO NOT MOVE) and do not lower their heads (look straight ahead).
3. After the sound "tit...tit" is heard, read out loud the weighing results by the weighing officer. Next are the weighing results

mentioned again by the registrar. If it matches the number read by the weighing officer, the weighing result number is recorded in the Body Weight box on the form **RKD18.IND. Block L02b.**

4. Ask the respondent to get off the weighing equipment.
5. The weighing device will turn OFF automatically.
6. To weigh the next respondent, repeat procedures 1 to 4.

## **WEIGHING PROCEDURE FOR CHILDREN WHO CANNOT STAND OR DO NOT WANT TO BE WEIGHED THEMSELVES**

### **FIRST METHOD (for children weighing 5 kg or more)**

1. Ask the mother to remove the hat/head covering, jacket, shoes, socks or accessories used by the mother or child, including disposable diapers.
2. Turn on the weighing machine.
3. Weigh the mother.
4. Pay attention to the position of the mother's feet right in the middle of the weighing device
5. Note down the mother's weight that appears on the display screen after the device makes a 'tit...tit..' sound.
6. Ask the mother to get off the scale & wait until the scale turns OFF automatically.
7. Next, ask the mother to get back on the scale and then turn the scale back on.
8. After the number appears "**0.0**" then immediately give the child to the mother to carry.
9. After the tool sounds 'tit...tit...' then read the weighing results aloud by the weighing officer. Next, the weighing results are stated again by the registrar. If it matches the number read by the weighing officer then record this number as the child's weight.
10. Enter the weighing result in the Body Weight input box on the RKD18.IND.Block L.02b form.
11. Attention!! The child's weight should not be the same or greater than the mother's weight. If something like that happens then do the weighing again correctly.

### **NOTES :**

If the weighing procedure has been carried out according to points 7-9 but there is no change or the number remains "0.0", then it is possible that the child's weight is <5 kg, then carry out the weighing procedure THE SECOND WAY.

## SECOND WAY

1. Ask the mother to remove the hat/head covering, jacket, shoes, socks or accessories used by the mother or child, including disposable diapers.
2. Activate the weighing device
3. Weigh the mother
4. Pay attention to the position of the mother's feet right in the middle of the weighing device
5. Note down the mother's weight that appears on the display screen after the device makes a 'tit...tit..' sound.
6. Ask the mother to get off the scale and wait until the scale turns OFF automatically.
7. Turn the scales back on and then after the numbers appear "**0.0**" then immediately the mother went up while carrying her child onto the scales
8. Note the weight of the mother and child that appears on the display screen after the device makes a sound of 'tit...tit..'
9. Calculate the child's weight by subtracting the results of weighing the mother and child from the results of weighing the mother.
10. Fill in the resulting subtraction figure in the weight column on the RKD18.IND.Block L.02b form.

### Information:

1. After you have finished weighing, put the weighing tool back in its box.
2. Store the scales in the field equipment bag, and make sure they are not dropped or hit.
3. If the lighting in the house is not good enough, then the weight measurement is carried out outside the house (find a hard and flat floor) so that the measurement results can be read properly.
4. Weighing tools **MUST BE CALIBRATED** every day before going to the field to check the accuracy of the weighing equipment.

## HOW TO CALIBRATE SCALES:

### Example of Calibration Tools

- Stone/weight weighing at least 5 kg
- Bottled water. Prepare 4 bottles of 1.5 liter bottled water. Weigh the 4 bottles, 1 bottle minus the contents so that the weight reaches 5 kg. Seal the bottle caps & unite the 4 bottles with duct tape
- Water in a jerry can. Prepare 1 jerry can with a capacity of 5 liters. Fill it with water until the weight of the water in the jerry can reaches 5 kg. Seal the lid with duct tape

The calibration tools are stored in **basecamp** enumerator - no need to take it to the field. If the weight of the calibration tool has changed ( $\pm 500$  grams), it means all the batteries must be replaced.

If after the battery is replaced the weighing results have a difference of  $\pm 500$  grams then the bathroom scale must be replaced with a new one.

### NOTES:

**Water in bottles and jerry cans as calibration tools must not be replaced!**

EVERY TIME YOU MOVE A CENSUS BLOCK, THE SCALE BATTERY MUST BE REPLACED  
THE NEW ONE

TREATED WITH CARE - THE SCALE IS VERY SENSITIVE  
AGAINST IMPACT

#### ABDOMINAL CIRCUMFERENCE MEASUREMENT

Waist circumference measurement is done to determine the prevalence of abdominal obesity or central obesity. This type of obesity greatly influences the incidence of cardiovascular disease and diabetes mellitus.

Abdominal circumference measurements were carried out on household members aged  $\geq 15$  years except pregnant women.

#### Details L03a: Was [NAME] Waist Circumference measured?

*Circle one appropriate code and move it into the box provided. Code 1 if "Yes" is measured by Waist Circumference and code 2 if "No" is measured by Waist Circumference.*

**If the answer is coded 2 "No", proceed to Details L04**

#### Details L03b: Waist circumference (cm)

*Fill in the measurement results for the waist circumference shown on the meter scale in the three (3) boxes provided.*

*The measuring scale uses cm.*

*If the waist circumference is less than 100 cm, the number written is preceded by the number "0". For example, if the waist circumference is 92.6 cm, then it is filled in the box:*

0	9	2	,	6
---	---	---	---	---

#### ABDOMINAL CIRCUMFERENCE MEASUREMENT PROCEDURE

**Target:** All household members aged 15 years and over, except pregnant women.

#### Tools needed:











1. The room that closed from the view general. If not, use a divider curtain.
2. Measuring tape (SIZE cm)
3. Marker or pen.

**Things to note:**

- a. Correct measurement of abdominal circumference is done by placing the measuring tape directly on the skin. MEASURING OVER CLOTHES IS STRICTLY NOT APPROVED.
- b. If the respondent is not willing to open or reveal his upper clothing, measurements using very thin clothing (nylon, silk, etc.) are permitted and make a note on the questionnaire.
- c. If the respondent still refuses to be measured, the abdominal circumference measurement should not be forced and please make a note on the questionnaire.

**How to Measure Waist Circumference:**

1	Explain to the respondent the purpose of measuring waist circumference and what actions will be taken during the measurement.		
2	For this measurement, respondents are asked to politely remove their upper clothing or reveal their upper clothing and feel the respondent's ribs to determine the measurement point.		
3	Determine the border point of the bottom edge of the rib.		
4	Determine the end point of the hip/pelvic arch.		
5	Set the midpoint between the last rib point and the end point of the rib arch. base thighs/hips and mark the center point with a marker or pen.		

6	Ask the respondent to stand up straight and breathe normally (normal respiration)	
7	Do measurement circumference stomach starting/taken from the center point then parallel/horizontally circling the waist and stomach back to the center point at the start of the measurement	
8	If the respondent has a stomach that is bloated downwards, take measurements past the respondent's navel and then end at the midpoint again.	
9	The measuring tape should not be folded and measure the waist circumference close to 0.1 cm	

#### INFORMATION :

1. The measuring tape should not be folded when measuring the waist circumference.
2. Fill in the measurement results into the RKD18.IND Questionnaire BLOCK L03b.

#### BLOOD PRESSURE MEASUREMENT

This measurement aims to obtain blood pressure data for residents aged 15 years or more.

**Details L04a: Was the first blood pressure measurement performed? Circle one appropriate code and move it into the box provided. Code 1 if "Yes" and code 2 if "No".**

***If the answer is coded 2 "No", proceed to Details L07.***

#### Details L04b: Systolic blood pressure (mmHg)

Fill in the results of the first systolic blood pressure measurement in the box provided (three boxes).

***If the blood pressure is less than 100 mmHg, the number written is preceded by the number "0". For example, systolic blood pressure is 92 mmHg, then it is filled in the box:***

0	9	2
---	---	---

#### Details L04c: Diastolic blood pressure (mmHg)

Fill in the results of the first diastolic blood pressure measurement in the box provided (three boxes).

**THIS METHOD OF FILLING IN THE L04 DETAILS ALSO APPLIES TO THE L05 AND L06 DETAILS.**

#### Blood pressure measurement procedure

Read the instructions carefully. If the instructions are not followed, the blood pressure results obtained will be invalid, for example, the cuff is not installed at the same level as the heart, the patient speaks during the measurement, etc.

#### Tools and materials:

1. Digital Tensimeter "AND type UA-1020"
2. Regular and large cuffs (for those who are fat)
3. 4 AA batteries (must be replaced every time 2 census blocks/20 households are changed)



#### Preparation of tools

1. The tensiometer and cuff are removed from the box. **Make sure you have both normal and large sized cuffs available.**
2. Please note that the cuff should be removed from the box correctly by lifting it as a whole (do not pull one part).
3. The battery is installed at the bottom of the tensiometer (note the correct battery position). The battery is replaced every 2 census blocks/20 households are moved.
4. Then the cuff hose is connected to the measuring instrument.

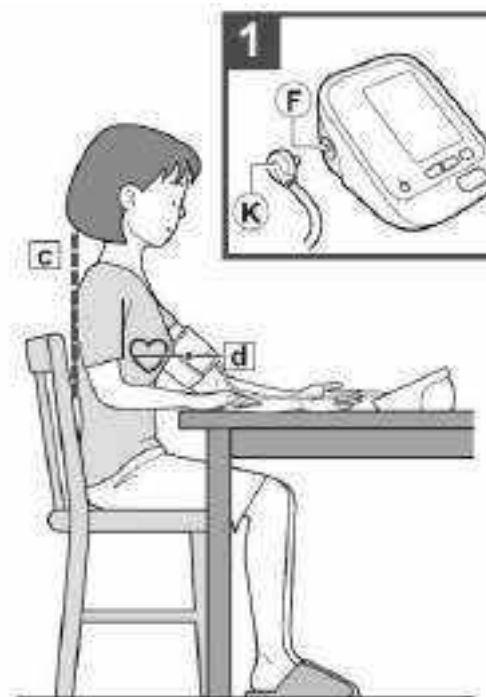


### Respondent preparation

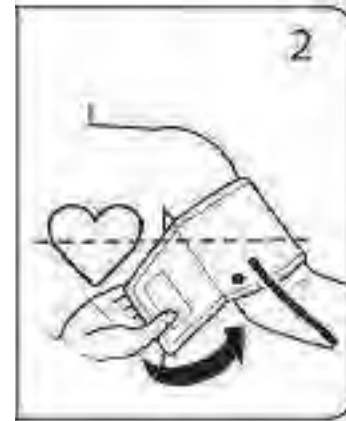
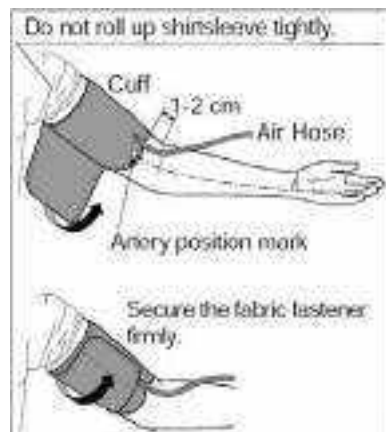
1. At least thirty (30) minutes before taking a blood pressure measurement, respondents are asked not to engage in physical activity such as exercise, smoking, eating, drinking coffee or alcohol.
2. Measurements are not taken when the respondent is under stress, including holding back the urge to urinate. Make sure the respondent's bladder is empty.
3. Respondents are asked to wear thin, short-sleeved or loose clothing. If long-sleeved, the left sleeve is rolled up so that the cuff can be attached directly to the skin of the arm. The folds of the clothes should not be tight because it can inhibit blood flow in the arm.
4. Measurements should be taken in a quiet room.
5. Respondents sit and rest for 5-10 minutes before measurement.
6. Make sure the respondent is sitting relaxed with their legs uncrossed but with both soles of their feet flat on the floor.
7. Place the left arm with the respondent's elbow resting on the table so that the cuff can be placed at the level of the respondent's heart. The forearm should not be tense with the open palm facing upwards.
8. Respondents must remain sitting upright without moving too much and must not talk/laugh during the measurement because it will affect the measurement results.

### Cuff installation

1. The cuff is looped around the **upper left arm** respondents with the soft/smooth fabric on the inside. It is better if the cuff is attached directly to the skin of the arm.
2. The rubber cuff tube is in the middle and points towards the palm, in line with the middle finger.
3. White circle sign (**artery position** mark) in line with the ring finger.
4. The lower edge of the cuff is located approx **1-2 cm above the elbow crease** the inside part.
5. The cuff that encircles the left arm is tightened or taped until it fits the arm and is not loose. Make sure **cuff** comfortably fitted to the respondent's left arm and **as high as the heart position**.
6. Respondents are reminded again to remain sitting upright with their backs, both feet touching the floor, without moving much and not talking and/or laughing and not holding the cuff.



## IMAGE OF CUFF ON LEFT ARM



### How to measure

1. Make sure the tensiometer is installed correctly and the respondent is in the correct position.
2. Press the 'START' button.
3. Wait until the systolic and diastolic numbers appear on the monitor screen.
4. The systolic and diastolic numbers are recorded on the questionnaire.
5. If the subject being measured moves during the measurement, the **"body movement indicator"** will appear and the measurement result is declared incorrect. Repeat the measurement and ask the respondent to remain still until the measurement is complete.
6. Record the systolic and diastolic numbers from the measurement results, for:
  - First measurement: at L04b, L04c
  - Second measurement: at L05b, L05c
7. Measurements are taken **twice**. The distance between two measurements **1—2 minutes**.
8. After each measurement is completed, the measuring instrument is turned off by pressing the "START" button again and the cuff on the arm is loosened.
9. If the results of the first and second measurements are available **difference e 10 mmHg (either systolic or diastolic, can be one or both)**, take the third measurement after a break of **10 minutes** by releasing the cuff on the arm. The results of the third measurement are recorded in Details L06b and L06c.
10. After completing all blood pressure measurements, turn off the measuring instrument by pressing the "START" button again, then store the measuring instrument back in the box.

### Notes:

1. For respondents who cannot sit, measurements can be taken in a lying position. **lying on one's back. Note the conditions on the record sheet.**
2. If the left arm is disabled/amputated, measurements can be taken on **right arm. Note the conditions on the record sheet.**

- The way the cuff is installed on the right arm is different from the left arm (see picture). The rubber tube of the cuff is on the inside of the right arm and leads to the outside of the little finger. The white circle mark (***artery position*** mark) in line with the ring finger. Be careful not
- to press the cuff tube under the arm.



3. If there is no table or chair at the respondent's house, the respondent is measured in a relaxed sitting position, upright leaning against the wall, with both legs stretched out straight in front. The cuff is wrapped around the left arm, with the left palm facing upwards. The left arm is placed on a weighing box positioned on the left side of the respondent's body so that the cuff is at the same height as the heart (note: the cuff tube is not pressed or folded). The blood pressure measuring device/tensiometer is placed on a box/an object so that the tensiometer is also at the same height as the heart.



**Attention:**

1. Do not use a mobile phone near the tensiometer. This can interfere with the operation of the device.
2. Do not press the "START" mark or inflate a cuff that is not in use (not yet attached to the arm).
3. Do not use old and new batteries together. When replacing, all batteries must be in new condition.
4. Use the tensiometer carefully, do not drop or drop it and do not place it near a heat source/expose it to sunlight for a long time.<sup>1</sup>

---

**Reference:**

1. ABC of Hypertension: Diagnosis and Management of Hypertension from the Indonesian Hypertension Doctors Association (InaSH) 2015
2. Instruction Manual of Digital Blood Pressure Monitor AND Model UA-1020

### UPPER ARM CIRCUMFERENCE (LILA) MEASUREMENT

Upper Arm Circumference measurement is intended to determine the prevalence of the risk of Chronic Energy Deficiency (CED) in women of childbearing age aged 15-49 years and/or pregnant women of all ages.

**Details L07a: Was [NAME] measured for Upper Arm Circumference (MUAC)**  
***Circle one appropriate code and move it into the box provided. Code 1 if “Yes” is measured LILA and code 2 if “No” is measured LILA***

**If the answer is coded 2 “No”, proceed to Details L07a**

**Details L07b: Upper Arm Circumference (LILA) cm**  
***Fill in the LILA measurement results shown on the meter scale in the three (3) boxes provided.***  
***Measuring scale using cm.***

*For example, if the LILA measurement result is 25.8 cm, then fill it in the box:*

2	5	,	8
---	---	---	---

**UPPER ARM CIRCUMFERENCE (LILA) MEASUREMENT PROCEDURE** **Target:** Women of reproductive age aged 15 – 49 years and/or pregnant women all ages.

**Tool** : Measuring tape/LiLA measuring tape with an accuracy of 0.1 cm.

#### PREPARATION:

1. Make sure the measuring tape/LiLA measuring tape is not wrinkled, folded, or torn.
2. Respondents were asked to stand up straight but relaxed, not holding anything and with their arm muscles not tense.
3. The shirt on the left arm is rolled up until the base of the shoulder is visible or the upper arm is not covered.

#### MEASUREMENT:

Before the measurement, politely ask the respondent for permission that the officer will roll up the respondent's left sleeve to the base of the shoulder. The measurement is carried out in a closed room.

#### Information:

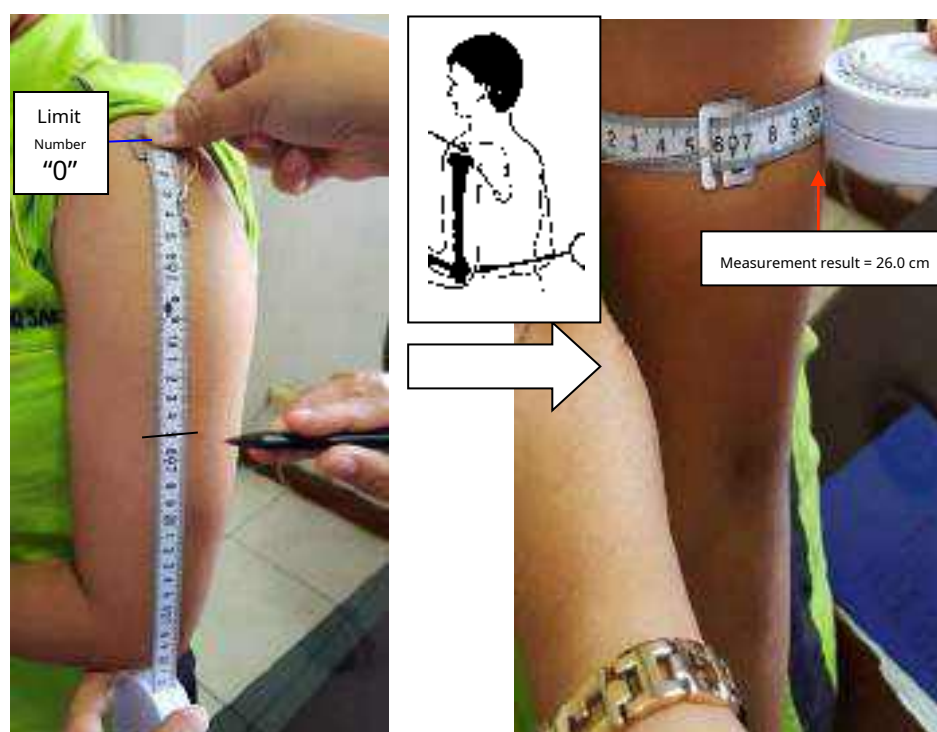
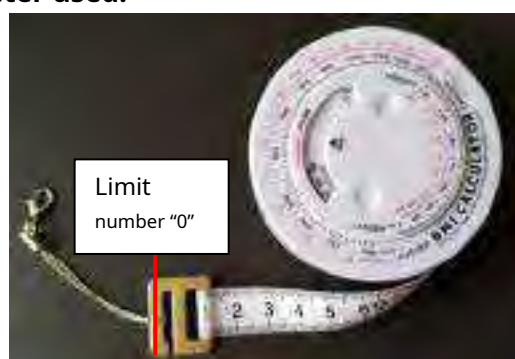
If the respondent is left-handed or has a paralyzed left arm, the right arm is measured (provide information in the data collector's notes column).  
Store the measuring tape/meter properly, roll it back up by pressing the middle of the measuring tool.

---

3. 2016 National Health Service Blood Pressure Measurement Guidelines

4. Riskesdas 2013 blood pressure measurement guidelines

## Measuring tape/meter used:



- |   |  |
|---|--|
| <p>1. Determine the midpoint of the arm by folding the elbow to form a 90 degree line. then measure the length of the arm between the base of the shoulder and the tip of the elbow then divide the measurement results by 2 (two). Mark it with a pen/marker</p> | <p>2. Wrap the measuring tape/meter at the pen mark around the respondent's arm (midway between the base of the shoulder and the elbow). The respondent's arm hangs freely. The measurement should not be too tight.</p> |
|---|--|

1. Determine the position of the shoulder base.
2. Determine the position of the tip of the elbow by folding the elbow with the palm towards the stomach.
3. Determine the midpoint between the base of the shoulder and the tip of the elbow using a measuring tape or LILA measuring tape (see picture), and mark it with a pen/marker (beforehand, politely ask the respondent for permission)

4. Wrap the measuring tape/LILA measuring tape according to the pen mark around the respondent's arm according to the mark (midway between the base of the shoulder and the elbow).
5. Pull the ribbon slowly, not too tight or loose.
6. Read the number indicated by the end of the measuring tape/LILA measuring tape (towards the larger number).
7. Record the reading numbers on the RKD18.IND questionnaire Block L07b.

## **ATTACHMENT**

## APPENDIX 1

### AGE CONVERSION GUIDE

#### 1. INTRODUCTION

Every major survey asks for information on individual characteristics, namely age. The definition of age in the survey is the age achieved on the last birthday, so age is calculated from birth, rounded down based on the Gregorian calendar calculation.

The most ideal sources of age information are birth certificates, Identity Cards (KTP), Driving Licenses (SIM), birth certificates, school reports and other birth date information documents. However, many people in Indonesia are not yet aware of the importance of identity documents so that age information can only be obtained from respondents' reports based on memory. This is also not easy, because not all respondents consider birth date to be something important so they tend not to remember their own birth date or that of other household members (ART).

In certain communities, they are more mindful of the Islamic calendar calculations. Naming also relates the name to the month of birth such as "July", "September", or some give the name of the calendar month 'Ramadan', 'Syawal' and so on. Information on the date or month of birth in Islamic kindergarten, to obtain the age in the Gregorian calendar, needs to be converted from the Hijri calendar to the Gregorian calendar.

This Age Conversion Book is a guide for interviewers to obtain age when there are no authentic documents or birth date information and is only based on Islamic calendar data.

This guide is an effort to obtain accurate age information, especially for respondents or household members aged five and above. This book also displays a table of age calculations during the interview.

#### 2. PROCEDURES FOR CALCULATION OF AGE

There are two ways to calculate age:

Method 1. Calculating age, if the date, month and year of the Gregorian calendar are known.

Method 2. Calculating age, if the respondent's knowledge of the Islamic, Javanese or Sundanese calendar is Year 1364 H - 1437 H or from 1945 AD - 2016 AD.

Respondents' knowledge of their birth time varies widely. To help calculate the respondent's age, the following table can be used:

No	Respondent Knowledge	Method
1	Knowing the date, month and year of the Gregorian calendar	Method 1
2	Know the month and year AD	Method 1
3	Knowing the Hijri (Islamic) month and year 1338 H - 1433 H	Method 2, Method 1
4	Knowing the Hijri (Islamic) and Gregorian months for 1920 AD – 2012 AD	Method 2, Method 1
5	Knowing the date, Javanese/Sundanese/Islamic month in the Hijri year 1338 H-1433 H	Method 2, Method 1
6	Knowing the date, Javanese/Sundanese/Islamic month in the Gregorian year from 1920 AD-2012 AD	Method 2, Method 1

**a. METHOD 1**

**Method 1 is used to determine a person's age if you know the date, month and year of birth in the Gregorian calendar..** Stages of age calculation method 1:

1. Divide one year into 2 time intervals, namely:
  - Time interval 1 = January 1st to interview date
  - Time interval 2 = date one day after the interview until December 31.
2. Determine the location of the date of birth, whether in Time Interval 1 or Time Interval 2.
3. Perform age calculations with the following provisions:
  - a. If the date of birth is in the time interval 1, then:  
**Age = Survey Year - Birth Year**
  - b. If the date of birth is in the time interval of 2, then:  
**Age = Survey Year - Birth Year - 1**

**FORMULA:**



**How to use:**

Respondent's month of birth before the interview date -**Time Lapse 1**

Respondent's month of birth after the interview date -**Time Lapse 2**

Example:

1. Dwi was born on February 26, 1962 and the interview was conducted on April 12, 2018.

Calculation

- January 1st to interview date = January 1st to April 12th
- 1 day after interview date = April 13 to December 31
- Because the date of birth of February 26 is in the time interval 1 (January 1 to April 12), the respondent's age = Survey year - year of birth = 2018 - 1964 = **54 years old**
- So Dwi's age on April 12, 2013 is 54 years.

2. Andre was born on December 25, 1980 and the interview was conducted on May 1, 2018.

Calculation

- January 1st to interview date = January 1st to May 1st
- 1 day after interview date = May 2 to December 31
- Because the date of birth of December 25th lies in the time interval of 2 (May 2nd to December 31st), then: respondent's age = Survey year - year of birth - 1 = 2018 - 1980 - 1 = **37 years old**
- So Andre's age on May 1, 2018 is 37 years.

Or see List 1. Age calculation table according to birth year and birth time in Time Interval 1 and Time Interval 2.

#### **b. METHOD 2**

Method 2 is used to calculate the age of respondents who know the date, month and year. born in the Islamic, Javanese or Sundanese calendar.

Calculation stages method 2.

1. Convert the respondent's date, month and year of birth from the Islamic/Javanese/Sundanese calendar to the Gregorian Calendar using the Calendar Conversion Table (See List 2. Converting Age between Gregorian and Islamic Calendars)
2. Do the next 3 steps like method 1.

#### **Calendar Convention Table**

The age convention table consists of 2 columns.

Column (1) contains the year, month and date in the Gregorian calendar and column 2 contains the month and year of the Islamic calendar.

The Gregorian date and month in column (1) correspond to the 1st day of the Islamic calendar month in column (2).

Example:

1. Ikhwansyah was born on 1 Syawal 1384 H, the census was conducted on 12 May 2018.

Calendar conversion:

- Find the Gregorian month Column (1) which is in line with the month of Shawwal 1384 in the table Column (2)  
List 2
- The 1st of Shawwal 1384 H corresponds to 2nd February 1965 AD in Column (1)

Method 1

- January 1st to interview date = January 1st to May 12th
- One day after the interview date = May 13 to Dec 31
- February 2, 1965 is in the interval 1 (1 January to 12 May), so the way to calculate age is

**Age = survey year-year of birth = 2018-1965 = 53 years**

Or see List 1

- So Ikhwansyah's age on May 12, 2018 is 53 years.

2. Zainudin was born on 3 Muharram 1390 H and the interview was conducted on 7 May 2018.

Calendar conversion:

- Look for the Gregorian month Column (1) which is in line with the month of Muharram 1390 H in the Column table.  
(2) List 2
- The 1st of Muharram 1390 H coincides with March 8, 1970
- Date 3 Muharram 1390 H = 8 March + 2 = 10 March 1970

Method 1

- January 1st to interview date = January 1st to May 7th
- One day after the interview date = May 8 to Dec 31
- March 10, 1970 is in the interval 1 (1 January to 7 May), so the way to calculate age is:

**Age = survey year-year of birth = 2018-1970 = 48 years**

Or see List 1.

- So Dinda's age on May 7, 2013 is 48 years.

3. Mrs. Maimunah was born on 10 Zulhijah 1380 H and the interview was conducted on April 25, 2018.

Calendar conversion:

- Find the Gregorian month Column (1) which is in line with the month of Zulhijah 1380 H in the table Column (2)

List 2

- The 1st of Zulhijah 1380 H corresponds to May 15, 1961
- Date 10 Zulhijah 1380 H = 15 May + 9 = 24 May 1961

Method 1

- January 1st to interview date = January 1st to April 25th
- One day after the interview date = April 26 to December 31
- May 24, 1961 is in the interval of 2 (April 6 to December 31), so the way to calculate age is:

**Age = survey year-year of birth = 2018-1961-1 = 56 years**

Or see List 1.

- So Mr. Khairul's age on April 25, 2018 is 56 years.

4. Syamsul was born on the 5th of Ramadhan 1996 and the interview was conducted on April 30, 2018.

This means that respondents have information on the date and month of the Islamic calendar, but information on the year in the Gregorian calendar.

Calendar conversion:

- Find the Gregorian month of 1996 AD Column (1) which is in line with the month of Ramadhan in the table Column (2) List 2
- The 1st of Ramadhan in column (2) corresponds to the 22nd of January 1996 AD in Column (1).
- 5th of Ramadhan = 22nd January + 4 = 26th January 1996

#### Method 1

- January 1st to interview date = January 1st to April 30th
- One day after the interview date = May 1 to Dec 31
- January 26, 1996 is in the interval 1 (1 January to 30 April), so the way to calculate age is:

**Age = survey year-year of birth = 2018-1996 = 22 years** Or see List 1.

5. Siti Maulidah was born on 20 Rabiul Awal. Her birth year is forgotten and there are no other supporting documents. Information obtained from the respondent's mother, and was born in the same year as her younger sibling graduated from junior high school. The interview was conducted on May 3, 2018.

Information from the respondent's mother, Siti was named according to the birth month that coincides with the celebration of the birth of the prophet Muhammad, namely the month of Maulud. After being traced through her sister's junior high school certificate, information was obtained that she graduated in 2005.

Calendar conversion:

- Look for the Gregorian month in Column (1) which is in line with the month of Rabiul Awal 2005 in List 2.
- The 1st of Rabiul Awal coincides with April 10, 2005.
- Date 20 Rabiul Awal 1426 H = 10 April +19 = 29 April 2005

#### Method 1

- January 1st to interview date = January 1st to May 3rd
- One day after the interview date = May 4 to Dec 31
- April 29, 2005 is in the interval 1 (1 January to 3 May), so the way to calculate age is:

**Age = survey year-year of birth = 2018-2005 = 13 years** Or see List 1.

The number of months in a local year (Javanese/ Sundanese/ Islamic) is the same as the number of months in a Gregorian year. The names in the Javanese/ Sundanese/ Islamic Calendar are presented in the following table:

Names of Months in the Javanese, Sundanese and Islamic Calendars

Month to	Islam	Java	Sunda
(1)	(2)	(3)	(4)
1	Sacred	Suro	Surah
2	Shafar	Sapar	Sapar
3	Rabiul Awal	Mulud	Mulud
4	Rabiul Akhir	Bakdamulud	The Silihmulud
5	Early Friday	Early Friday	Friday morning
6	Last Jumada	Last Jumada	Friday the end
7	Rajab	Rajab	Rajab
8	Shaban	Ruwah	Rewah
9	Ramadan	Market	Fast
10	Syawal	Sawal	Sawal
11	Zulkaedah	Cello	Hapit
12	Zulhijjah	Big	Great

Things to note before using method 2 are:

- The number of days in a Javanese/Sundanese/Islamic calendar month ranges from 29-30 days.
- The number of days in the same month in the Javanese/Sundanese/Islamic calendar is not always the same if the year is different.
- The order of months in the Javanese/Sundanese/Islamic calendar does not coincide with the order of months in the Gregorian calendar.

Example: The month of Suro/Sura/Muharam does not coincide with the month of January.

- One Javanese/Islamic month can be in two consecutive Gregorian months, for example, 1 Zulhijah 1426 and 1 Muharam 1427 are in September 2006 CE.

Method 1 and Method 2 are only used to determine the date, month and year of birth in the Gregorian calendar.

## LIST 1

### AGE CALCULATION TABLE BY YEAR OF BIRTH AND TIME INTERVAL 1 and TIME INTERVAL 2 SURVEY YEAR 2018

Time Lapse 1		Time Lapse 2		Time Lapse 1		Time Lapse 2	
Year of birth	age	Year of birth	age	Year of birth	age	Year of birth	age
(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
1919	99	1919	98	1941	77	1941	76
1920	98	1920	97	1942	76	1942	75
1921	97	1921	96	1943	75	1943	74
1922	96	1922	95	1944	74	1944	73
1923	95	1923	94	1945	73	1945	72
1924	94	1924	93	1946	72	1946	71
1925	93	1925	92	1947	71	1947	70
1926	92	1926	91	1948	70	1948	69
1927	91	1927	90	1949	69	1949	68
1928	90	1928	89	1950	68	1950	67
1929	89	1929	88	1951	67	1951	66
1930	88	1930	87	1952	66	1952	65
1931	87	1931	86	1953	65	1953	64
1932	86	1932	85	1954	64	1954	63
1933	85	1933	84	1955	63	1955	62
1934	84	1934	83	1956	62	1956	61
1935	83	1935	82	1957	61	1957	60
1936	82	1936	81	1958	60	1958	59
1937	81	1937	80	1959	59	1959	58
1938	80	1938	79	1960	58	1960	57
1939	79	1939	78	1961	57	1961	56
1940	78	1940	77	1962	56	1962	55
				1963	55	1963	54
				1964	54	1964	53
				1965	53	1965	52

Time Lapse 1		Time Lapse 2		Time Lapse 1		Time Lapse 2	
Year of birth	age	Year of birth	age	Year of birth	age	Year of birth	age
(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
1966	52	1966	51	1991	27	1991	26
1967	51	1967	50	1992	26	1992	25
1968	50	1968	49	1993	25	1993	24
1969	49	1969	48	1994	24	1994	23
<b>1970</b>	<b>48</b>	1970	47	1995	23	1995	22
1971	47	1971	46	1996	22	1996	21
1972	46	1972	45	1997	21	1997	20
1973	45	1973	44	1998	20	1998	19
1974	44	1974	43	1999	19	1999	18
1975	43	1975	42	2000	18	2000	17
1976	42	1976	41	2001	17	2001	16
1977	41	1977	40	2002	16	2002	15
1978	40	1978	39	2003	15	2003	14
1979	39	1979	38	2004	14	2004	13
1980	38	<b>1980</b>	<b>37</b>	2005	13	2005	12
1981	37	1981	36	2006	12	2006	11
1982	36	1982	35	2007	11	2007	10
1983	35	1983	34	2008	10	2008	9
1984	34	1984	33	2009	9	2009	8
1985	33	1985	32	2010	8	2010	7
1986	32	1986	31	2011	7	2011	6
1987	31	1987	30	2012	6	2012	5
1988	30	1988	29	2013	5		
1989	29	1989	28				
1990	28	1990	27				

**LIST 2**  
**Gregorian and Islamic calendar age conversion table**  
**YEAR 1920-2018**

AD			ISLAM	
(1)			(2)	
1920	January	22	J. Early	1338
	February	21	J. End	
	March	21	Rajab	
	April	20	Sha'ban	
	May	19	Ramadan	
	June	18	Syawal	
	July	17	Zulkaedah	
	August	16	Zulhijjah	
	September	15	Sacred	1339
	October	15	Shafar	
	November	13	R. Early	
	December	13	R. End	
1921	January	11	J. Early	
	February	10	J. End	
	March	11	Rajab	
	April	10	Sha'ban	
	May	9	Ramadan	
	June	8	Syawal	
	July	7	Zulkaedah	
	August	6	Zulhijjah	
	September	4	Sacred	1340
	October	4	Shafar	
	November	2	R. Early	
	December	2	R. End	
	-	31	J. Early	
1922	January	31	J. End	
	February	28	Rajab	
	March	31	Sha'ban	
	April	28	Ramadan	
	May	28	Syawal	
	June	26	Zulkaedah	
	July	26	Zulhijjah	
	August	24	Sacred	1341
	September	23	Shafar	
	October	2	R. Early	
	November	21	R. End	
	December	20	J. Early	
1923	January	19	J. End	
	February	17	Rajab	
	March	19	Sha'ban	
	April	17	Ramadan	
	May	17	Syawal	
	June	15	Zulkaedah	
	July	15	Zulhijjah	
	August	14	Sacred	1342
	September	13	Shafar	
	October	12	R. Early	
	November	11	R. End	
	December	10	J. Early	
1924	January	9	J. End	
	February	7	Rajab	
	March	8	Sha'ban	
	April	6	Ramadan	
	May	6	Syawal	
	June	4	Zulkaedah	
	July	4	Zulhijjah	
	August	2	Sacred	1343
	September	1	Shafar	
	-	30	R. Early	
	October	31	R. End	
	November	28	J. Early	
	December	28	J. End	
1925	January	26	Rajab	
	February	25	Sha'ban	
	March	26	Ramadan	
	April	25	Syawal	
	May	24	Zulkaedah	
	June	23	Zulhijjah	
	July	22	Sacred	1344
	August	21	Shafar	
	September	19	R. Early	
	October	19	R. End	
	November	17	J. Early	
	December	17	J. End	
1926	January	15	Rajab	
	February	14	Sha'ban	
	March	15	Ramadan	
	April	14	Syawal	
	May	13	Zulkaedah	
	June	12	Zulhijjah	
	July	12	Sacred	1345
	August	11	Shafar	
	September	9	R. Early	
	October	9	R. End	
	November	7	J. Early	
	December	7	J. End	
1927	January	5	Rajab	
	February	4	Sha'ban	
	March	5	Ramadan	
	April	4	Syawal	
	May	3	Zulkaedah	
	June	2	Zulhijjah	
	July	1	Sacred	1346
	-	31	Shafar	
	August	29	R. Early	
	September	28	R. End	
	October	27	J. Early	
	November	26	J. End	
	December	25	Rajab	
1928	January	24	Sha'ban	
	February	22	Ramadan	
	March	23	Syawal	
	April	21	Zulkaedah	
	May	21	Zulhijjah	
	June	20	Sacred	
	July	20	Shafar	1347
	August	18	R. Early	
	September	17	R. End	
	October	16	J. Early	
	November	15	J. End	
	December	14	Rajab	
1929	January	13	Sha'ban	
	February	11	Ramadan	
	March	13	Syawal	
	April	11	Zulkaedah	
	May	11	Zulhijjah	
	June	9	Sacred	
	July	9	Shafar	1348
	August	7	R. Early	
	September	6	R. End	
	October	5	J. Early	
	November	4	J. End	
	December	3	Rajab	
1930	January	2	Sha'ban	
	-	31	Ramadan	
	March	2	Syawal	
	-	31	Zulkaedah	
	April	30	Zulhijjah	
	May	29	Sacred	1349
	June	28	Shafar	
	July	27	R. Early	
	August	26	R. End	
	September	24	J. Early	
	October	24	J. End	
	November	22	Rajab	
	December	22	Sha'ban	
1931	January	20	Ramadan	
	February	19	Syawal	
	March	20	Zulkaedah	
	April	19	Zulhijjah	
	May	19	Sacred	1350
	June	18	Shafar	
	July	17	R. Early	
	August	16	R. End	
	September	14	J. Early	
	October	14	J. End	
	November	12	Rajab	
	December	12	Sha'ban	



AD			ISLAM	
(1)			(2)	
1944	January	27	Shafar	1363
	February	25	R. Early	
	March	26	R. End	
	April	24	J. Early	
	May	24	J. End	
	June	22	Rajab	
	July	22	Sha'ban	
	August	20	Ramadan	
	September	19	Syawal	
	October	18	Zulkaedah	
	November	17	Zulhijjah	
	December	17	Sacred	1364
1945	January	16	Shafar	
	February	14	R. Early	
	March	16	R. End	
	April	14	J. Early	
	May	14	J. End	
	June	12	Rajab	
	July	12	Sha'ban	
	August	10	Ramadan	
	September	9	Syawal	
	October	8	Zulkaedah	
	November	7	Zulhijjah	
	December	6	Sacred	1365
1946	January	5	Shafar	
	February	3	R. Early	
	March	5	R. End	
	April	3	J. Early	
	May	3	J. End	
	June	1	Rajab	
	July	1	Sha'ban	
	-	30	Ramadan	
	August	29	Syawal	
	September	27	Zulkaedah	
	October	27	Zulhijjah	
	November	25	Sacred	1366
	December	25	Shafar	
1947	January	23	R. Early	
	February	22	R. End	
	March	23	J. Early	
	April	22	J. End	
	May	21	Rajab	
	June	20	Sha'ban	
	July	19	Ramadan	
	August	18	Syawal	
	September	16	Zulkaedah	
	October	16	Zulhijjah	
	November	15	Sacred	1367
	December	15	Shafar	
1948	January	13	R. Early	
	February	12	R. End	
	March	12	J. Early	
	April	11	J. End	
	May	10	Rajab	
	June	9	Sha'ban	
	July	8	Ramadan	
	August	7	Syawal	
	September	5	Zulkaedah	
	October	5	Zulhijjah	
	November	3	Sacred	1368
	December	3	Shafar	
1949	January	1	R. Early	
	-	31	R. End	
	March	1	J. Early	
	-	31	J. End	
	April	29	Rajab	
	May	29	Sha'ban	
	June	27	Ramadan	
	July	27	Syawal	
	August	25	Zulkaedah	
	September	24	Zulhijjah	
	October	24	Sacred	1369
	November	23	Shafar	
	December	22	R. Early	
1950	January	21	R. End	
	February	19	J. Early	
	March	21	J. End	
	April	19	Rajab	
	May	19	Sha'ban	
	June	17	Ramadan	
	July	17	Syawal	
	August	15	Zulkaedah	
	September	14	Zulhijjah	
	October	13	Sacred	1370
	November	12	Shafar	
	December	11	R. Early	
1951	January	10	R. End	
	February	8	J. Early	
	March	10	J. End	
	April	8	Rajab	
	May	8	Sha'ban	
	June	6	Ramadan	
	July	6	Syawal	
	August	4	Zulkaedah	
	September	3	Zulhijjah	
	October	2	Sacred	1371
	November	1	Shafar	
	-	30	R. Early	
	December	30	R. End	
1952	January	28	J. Early	
	February	27	J. End	
	March	27	Rajab	
	April	26	Sha'ban	
	May	25	Ramadan	
	June	24	Syawal	
	July	23	Zulkaedah	
	August	22	Zulhijjah	
	September	21	Sacred	1372
	October	21	Shafar	
	November	19	R. Early	
	December	19	R. End	
1953	January	17	J. Early	
	February	16	J. End	
	March	17	Rajab	
	April	16	Sha'ban	
	May	15	Ramadan	
	June	14	Syawal	
	July	13	Zulkaedah	
	August	12	Zulhijjah	
	September	10	Sacred	1373
	October	10	Shafar	
	November	8	R. Early	
	December	8	R. End	
1954	January	6	J. Early	
	February	5	J. End	
	March	6	Rajab	
	April	5	Sha'ban	
	May	4	Ramadan	
	June	3	Syawal	
	July	2	Zulkaedah	
	August	1	Zulhijjah	
	-	30	Sacred	1374
	September	29	Shafar	
	October	28	R. Early	
	November	27	R. End	
	December	26	J. Early	
1955	January	25	J. End	
	February	23	Rajab	
	March	25	Sha'ban	
	April	23	Ramadan	
	May	23	Syawal	
	June	21	Zulkaedah	
	July	21	Zulhijjah	
	August	20	Sacred	1375
	September	19	Shafar	
	October	18	R. Early	
	November	17	R. End	
	December	16	J. Early	

AD			ISLAM		
(1)			(2)		
1956	January	15	J. End		
	February	13	Rajab		
	March	14	Sha'ban		
	April	12	Ramadan		
	May	12	Syawal		
	June	10	Zulkaedah		
	July	10	Zulhijjah		
	August	8	Sacred	1376	
	September	7	Shafar		
	October	6	R. Early		
	November	5	R. End		
	December	4	J. Early		
1957	January	3	J. End		
	February	1	Rajab		
	March	3	Sha'ban		
	April	1	Ramadan		
	May	1	Syawal		
	-	30	Zulkaedah		
	June	29	Zulhijjah		
	July	29	Sacred	1377	
	August	28	Shafar		
	September	26	R. Early		
	October	26	R. End		
	November	24	J. Early		
	December	24	J. End		
1958	January	22	Rajab		
	February	21	Sha'ban		
	March	22	Ramadan		
	April	21	Syawal		
	May	20	Zulkaedah		
	June	19	Zulhijjah		
	July	18	Sacred	1378	
	August	17	Shafar		
	September	15	R. Early		
	October	15	R. End		
	November	13	J. Early		
	December	13	J. End		
1959	January	11	Rajab		
	February	10	Sha'ban		
	March	11	Ramadan		
	April	10	Syawal		
	May	9	Zulkaedah		
	June	8	Zulhijjah		
	July	7	Sacred	1979	
	August	6	Shafar		
	September	4	R. Early		
	October	4	R. End		
	November	8	J. Early		
	December	2	J. End		
	-	31	Rajab		
1960	January	30	Sha'ban		
	February	28	Ramadan		
	March	29	Syawal		
	April	27	Zulkaedah		
	May	27	Zulhijjah		
	June	26	Sacred	1380	
	July	26	Shafar		
	August	24	R. Early		
	September	23	R. End		
	October	22	J. Early		
	November	21	J. End		
	December	20	Rajab		
1961	January	19	Sha'ban		
	February	17	Ramadan		
	March	19	Syawal		
	April	17	Zulkaedah		
	May	17	Zulhijjah		
	June	15	Sacred	1381	
	July	15	Shafar		
	August	13	R. Early		
	September	12	R. End		
	October	11	J. Early		
	November	10	J. End		
	December	9	Rajab		
1962	January	18	Sha'ban		
	February	6	Ramadan		
	March	8	Syawal		
	April	6	Zulkaedah		
	May	6	Zulhijjah		
	June	4	Sacred	1382	
	July	4	Shafar		
	August	2	R. Early		
	-	31	R. End		
	September	30	J. Early		
	October	30	J. End		
	November	28	Rajab		
	December	28	Sha'ban		
1963	January	26	Ramadan		
	February	25	Syawal		
	March	26	Zulkaedah		
	April	25	Zulhijjah		
	May	25	Sacred	1383	
	June	24	Shafar		
	July	23	R. Early		
	August	22	R. End		
	September	20	J. Early		
	October	20	J. End		
	November	18	Rajab		
	December	18	Sha'ban		
1964	January	16	Ramadan		
	February	15	Syawal		
	March	15	Zulkaedah		
	April	14	Zulhijjah		
	May	13	Sacred	1384	
	June	12	Shafar		
	July	11	R. Early		
	August	10	R. End		
	September	8	J. Early		
	October	8	J. End		
	November	6	Rajab		
	December	6	Sha'ban		
1965	January	4	Ramadan		
	February	3	Syawal		
	March	4	Zulkaedah		
	April	3	Zulhijjah		
	May	2	Sacred		
	June	1	Shafar	1385	
	-	30	R. Early		
	July	30	R. End		
	August	28	J. Early		
	September	27	J. End		
	October	26	Rajab		
	November	25	Sha'ban		
	December	24	Ramadan		
1966	January	23	Syawal		
	February	21	Zulkaedah		
	March	23	Zulhijjah		
	April	22	Sacred	1386	
	May	22	Shafar		
	June	20	R. Early		
	July	20	R. End		
	August	18	J. Early		
	September	17	J. End		
	October	16	Rajab		
	November	15	Sha'ban		
	December	14	Ramadan		
1967	January	13	Syawal		
	February	11	Zulkaedah		
	March	13	Zulhijjah		
	April	11	Sacred	1387	
	May	11	Shafar		
	June	9	R. Early		
	July	9	R. End		
	August	7	J. Early		
	September	6	J. End		
	October	5	Rajab		
	November	4	Sha'ban		
	December	3	Ramadan		

AD		ISLAM		AD		ISLAM		AD		ISLAM	
(1)		(2)		(1)		(2)		(1)		(2)	
January 1968	31	Syawal	1388	January 1972	18	Zulhijjah	1392	January 1976	3	Sacred	1396
March	1	Zulhijjah		February	16	Sacred		February	2	Shafar	1397
-	31	Sacred		March	17	Shafar		March	2	R. Early	
April	30	Shafar		April	15	R. Early		April	1	R. End	
May	25	R. Early		May	15	R. End		-	30	J. Early	
June	28	R. End		June	13	J. Early		May	30	J. End	
July	27	J. Early		July	13	J. End		June	28	Rajab	
August	26	J. End		August	11	Rajab		July	28	Sha'ban	
September	24	Rajab		September	10	Sha'ban		August	26	Ramadan	
October	24	Sha'ban		October	8	Ramadan		September	25	Syawal	
November	22	Ramadan		November	8	Syawal		October	24	Zulkaedah	
December	22	Syawal		December	7	Zulkaedah		November	23	Zulhijjah	
January 1969	20	Zulkaedah	1389	January 1973	6	Zulhijjah	1393	December	23	Sacred	1397
February	19	Zulhijjah		February	4	Sacred		January 1977	22	Shafar	1398
March	20	Sacred		March	6	Shafar		February	20	R. Early	
April	19	Shafar		April	4	R. Early		March	22	R. End	
May	18	R. Early		May	4	R. End		April	20	J. Early	
June	17	R. End		June	2	J. Early		May	20	J. End	
July	17	J. Early		July	2	J. End		June	18	Rajab	
August	15	J. End		-	31	Rajab		July	18	Sha'ban	
September	13	Rajab		August	30	Sha'ban		August	16	Ramadan	
October	13	Sha'ban		September	28	Ramadan		September	5	Syawal	
November	11	Ramadan		October	28	Syawal		October	14	Zulkaedah	
December	11	Syawal		November	26	Zulkaedah		November	13	Zulhijjah	
January 1970	9	Zulkaedah	1390	December	26	Zulhijjah		December	12	Sacred	1398
February	8	Zulhijjah		January 1974	25	Sacred	1394	978 January	11	Shafar	1399
March	9	Sacred		February	24	Shafar		February	9	R. Early	
April	8	Shafar		March	25	R. Early		March	11	R. End	
May	7	R. Early		April	24	R. End		April	9	J. Early	
June	6	R. End		May	23	J. Early		May	9	J. End	
July	5	J. Early		June	22	J. End		June	7	Rajab	
August	4	J. End		July	21	Rajab		July	7	Sha'ban	
September	2	Rajab		August	20	Sha'ban		August	5	Ramadan	
October	2	Sha'ban		September	18	Ramadan		September	4	Syawal	
-	31	Ramadan		October	18	Syawal		October	3	Zulkaedah	
November	30	Syawal		November	16	Zulkaedah		November	2	Zulhijjah	
December	29	Zulkaedah		December	16	Zulhijjah		December	2	Sacred	1399
January 1971	28	Zulhijjah	1391	975 January	14	Sacred	1395	January 1979	1	Shafar	1400
February	27	Sacred		February	13	Shafar		March	30	R. Early	
March	29	Shafar		March	14	R. Early		-	1	R. End	
April	27	R. Early		April	13	R. End		March	30	J. Early	
May	27	R. End		May	12	J. Early		April	29	J. End	
June	25	J. Early		June	11	J. End		May	28	Rajab	
July	25	J. End		July	10	Rajab		June	27	Sha'ban	
August	23	Rajab		August	10	Sha'ban		July	26	Ramadan	
September	22	Sha'ban		September	7	Ramadan		August	25	Syawal	
October	21	Ramadan		October	7	Syawal		September	23	Zulkaedah	
November	20	Syawal		November	5	Zulkaedah		October	23	Zulhijjah	
December	19	Zulkaedah		December	5	Zulhijjah		November	21	Sacred	1400
								December	21	Shafar	

AD		ISLAM		AD		ISLAM		AD		ISLAM	
(1)		(2)		(1)		(2)		(1)		(2)	
January 1980	19	R. Early	1401	January 1984	5	R. End	1405	1988 January	21	J. End	1409
February	18	R. End		February	3	J. Early		February	19	Rajab	
March	18	J. Early		March	4	J. End		March	20	Sha'ban	
April	14	J. End		April	2	Rajab		April	14	Ramadan	
May	16	Rajab		May	2	Sha'ban		May	18	Syawal	
June	15	Sha'ban		-	31	Ramadan		June	16	Zulkaedah	
July	4	Ramadan		June	30	Syawal		July	16	Zulhijjah	
August	13	Syawal		July	29	Zulkaedah		August	14	Sacred	
September	11	Zulkaedah		August	28	Zulhijjah		September	13	Shafar	
October	10	Zulhijjah		September	27	Sacred		October	12	R. Early	
November	9	Sacred		October	27	Shafar		November	11	R. End	
December	9	Shafar		November	25	R. Early		December	10	J. Early	
January 1981	7	R. Early	1402	January 1985	23	J. Early	1406	1989 January	9	J. End	1410
February	6	R. End		February	22	J. End		February	7	Rajab	
March	7	J. Early		March	23	Rajab		March	9	Sha'ban	
April	6	J. End		April	22	Sha'ban		April	7	Ramadan	
May	5	Rajab		May	21	Ramadan		May	7	Syawal	
June	4	Sha'ban		June	20	Syawal		June	5	Zulkaedah	
July	3	Ramadan		July	19	Zulkaedah		July	5	Zulhijjah	
August	2	Syawal		August	18	Zulhijjah		August	4	Sacred	
-	31	Zulkaedah		September	16	Sacred		September	3	Shafar	
September	30	Zulhijjah		October	16	Shafar		October	2	R. Early	
October	30	Sacred		November	14	R. Early		November	1	R. End	
November	29	Shafar		December	14	R. End		-	30	J. Early	
December	28	R. Early						December	30	J. End	
January 1982	27	R. End	1403	1986 January	12	J. Early	1407	1990 January	28	Rajab	1411
February	25	J. Early		February	11	J. End		February	27	Sha'ban	
March	27	J. End		March	12	Rajab		March	28	Ramadan	
April	25	Rajab		April	11	Sha'ban		April	27	Syawal	
May	25	Sha'ban		May	10	Ramadan		May	26	Zulkaedah	
June	23	Ramadan		June	9	Syawal		June	12	Zulhijjah	
July	23	Syawal		July	8	Zulkaedah		July	24	Sacred	
August	21	Zulkaedah		August	7	Zulhijjah		August	23	Shafar	
September	20	Zulhijjah		September	6	Sacred		September	21	R. Early	
October	19	Sacred		October	6	Shafar		October	21	R. End	
November	18	Shafar		November	4	R. Early		November	19	J. Early	
December	17	R. Early		December	4	R. End		December	19	J. End	
January 1983	1	R. End	1404	1987 January	2	J. Early	1408	1991 January	17	Rajab	1412
February	14	J. Early		February	1	J. End		February	16	Sha'ban	
March	16	J. End		March	2	Rajab		March	17	Ramadan	
April	14	Rajab		April	1	Sha'ban		April	16	Syawal	
May	14	Sha'ban		-	30	Ramadan		May	15	Zulkaedah	
June	12	Ramadan		May	30	Syawal		June	14	Zulhijjah	
July	12	Syawal		June	28	Zulkaedah		July	13	Sacred	
August	10	Zulkaedah		July	28	Zulhijjah		August	12	Shafar	
September	9	Zulhijjah		August	26	Sacred		September	10	R. Early	
October	8	Sacred		September	25	Shafar		October	10	R. End	
November	7	Shafar		October	24	R. Early		November	8	J. Early	
December	6	R. Early		November	23	R. End		December	8	J. End	
				December	22	J. Early					

AD			ISLAM		AD			ISLAM		AD			ISLAM	
(1)			(2)		(1)			(2)		(1)			(2)	
1992	January	6	Rajab	1413	January 1996	22	Ramadan	1417		2000	January	8	Syawal	1421
	February	5	Sha'ban			21	Syawal				February	6	Zulkaedah	
	March	5	Ramadan			21	Zulkaedah				March	7	Zulhijjah	
	April	4	Syawal			20	Zulhijjah				April	6	Sacred	
	May	3	Zulkaedah			19	Sacred				May	6	Shafar	
	June	2	Zulhijjah			18	Shafar				June	4	R. Early	
	July	2	Sacred			17	R. Early				July	4	R. End	
	August	1	Shafar			16	R. End				August	2	J. Early	
	-	30	R. Early			14	J. Early				September	1	J. End	
	September	29	R. End			14	J. End				-	30	Rajab	
	October	28	J. Early			12	Rajab				October	30	Sha'ban	
	November	27	J. End			12	Sha'ban				November	28	Ramadan	
	December	26	Rajab								December	28	Syawal	
1993	January	25	Sha'ban	1414	January 1997	10	Ramadan	1418		2001	January	26	Zulkaedah	1422
	February	23	Ramadan			9	Syawal				February	25	Zulhijjah	
	March	25	Syawal			10	Zulkaedah				March	26	Sacred	
	April	23	Zulkaedah			9	Zulhijjah				April	25	Shafar	
	May	23	Zulhijjah			9	Sacred				May	24	R. Early	
	June	21	Sacred			8	Shafar				June	23	R. End	
	July	21	Shafar			7	R. Early				July	22	J. Early	
	August	19	R. Early			6	R. End				August	21	J. End	
	September	18	R. End			4	J. Early				September	19	Rajab	
	October	17	J. Early			4	J. End				October	19	Sha'ban	
	November	16	J. End			2	Rajab				November	17	Ramadan	
	December	15	Rajab			2	Sha'ban				December	17	Syawal	
	-					31	Ramadan							
1994	January	14	Sha'ban	1415	January 1998	30	Syawal	1419		2002	January	15	Zulkaedah	1423
	February	12	Ramadan			28	Zulkaedah				February	14	Zulhijjah	
	March	14	Syawal			30	Zulhijjah				March	15	Sacred	
	April	12	Zulkaedah			28	Sacred				April	14	Shafar	
	May	12	Zulhijjah			28	Shafar				May	13	R. Early	
	June	10	Sacred			26	R. Early				June	12	R. End	
	July	10	Shafar			7	R. End				July	11	J. Early	
	August	8	R. Early			24	J. Early				August	10	J. End	
	September	7	R. End			23	J. End				September	8	Rajab	
	October	6	J. Early			22	Rajab				October	8	Sha'ban	
	November	5	J. End			21	Sha'ban				November	6	Ramadan	
	December	4	Rajab			20	Ramadan				December	6	Syawal	
1995	January	3	Sha'ban	1416	January 1999	19	Syawal	1420		2003	January	4	Zulkaedah	1424
	February	1	Ramadan			17	Zulkaedah				February	3	Zulhijjah	
	March	3	Syawal			19	Zulhijjah				March	5	Sacred	
	April	1	Zulkaedah			17	Sacred				April	4	Shafar	
	May	1	Zulhijjah			17	Shafar				May	3	R. Early	
	-	31	Sacred			15	R. Early				June	2	R. End	
	June	30	Shafar			15	R. End				July	1	J. Early	
	July	29	R. Early			13	J. Early				-	31	J. End	
	August	28	R. End			12	J. End				August	29	Rajab	
	September	26	J. Early			11	Rajab				September	28	Sha'ban	
	October	26	J. End			10	Sha'ban				October	27	Ramadan	
	November	24	Rajab			9	Ramadan				November	26	Syawal	
	December	24	Sha'ban								December	25	Zulkaedah	

AD			ISLAM		
(1)			(2)		
2004	January	24	Zulhijjah		
	February	22	Sacred	1425	
	March	23	Shafar		
	April	21	R. Early		
	May	21	R. End		
	June	19	J. Early		
	July	19	J. End		
	August	17	Rajab		
	September	16	Sha'ban		
	October	15	Ramadan		
	November	14	Syawal		
	December	13	Zulkaedah		
2005	January	12	Zulhijjah		
	February	10	Sacred	1426	
	March	12	Shafar		
	April	10	R. Early		
	May	10	R. End		
	June	8	J. Early		
	July	8	J. End		
	August	6	Rajab		
	September	5	Sha'ban		
	October	4	Ramadan		
	November	3	Syawal		
	December	2	Zulkaedah		
2006	January	1	Zulhijjah		
	-	31	Sacred	1427	
	March	2	Shafar		
	-	31	R. Early		
	April	30	R. End		
	May	29	J. Early		
	June	28	J. End		
	July	27	Rajab		
	August	26	Sha'ban		
	September	24	Ramadan		
	October	24	Syawal		
	November	22	Zulkaedah		
	December	22	Zulhijjah		
2007	January	20	Muharram	1428	
	February	19	Shafar		
	March	20	R. Early		
	April	19	R. End		
	May	18	J. Early		
	June	17	J. End		
	July	16	Rajab		
	August	18	Sha'ban		
	September	13	Ramadan		
	October	13	Syawal		
	November	11	Zulkaedah		
	December	11	Zulhijjah		
2008	January	10	Sacred	1429	
	February	9	Shafar		
	March	9	R. Early		
	April	8	R. End		
	May	7	J. Early		
	June	6	J. End		
	July	5	Rajab		
	August	4	Sha'ban		
	September	2	Ramadan		
	October	2	Syawal		
	-	31	Zulkaedah		
	November	30	Zulhijjah		
	December	29	Sacred	1430	
2009	January	28	Shafar		
	February	26	R. Early		
	March	28	R. End		
	April	26	J. Early		
	May	26	J. End		
	June	24	Rajab		
	July	24	Sha'ban		
	August	22	Ramadan		
	September	21	Syawal		
	October	20	Zulkaedah		
	November	19	Zulhijjah		
	December	18	Sacred	1431	
2010	January	16	Shafar		
	February	15	R. Early		
	March	17	R. End		
	April	15	J. Early		
	May	15	J. End		
	June	13	Rajab		
	July	13	Sha'ban		
	August	11	Ramadan		
	September	10	Syawal		
	October	9	Zulkaedah		
	November	7	Zulhijjah		
	December	7	Sacred	1432	
011	January	5	Shafar		
	February	4	R. Early		
	March	6	R. End		
	April	5	J. Early		
	May	4	J. End		
	June	3	Rajab		
	July	2	Sha'ban		
	August	1	Ramadan		
	-	30	Syawal		
	September	29	Zulkaedah		
	October	28	Zulhijjah		
	November	26	Sacred	1433	
	December	26	Shafar		
012	January	24	R. Early		
	February	23	R. End		
	March	24	J. Early		
	April	22	J. End		
	May	22	Rajab		
	June	21	Sha'ban		
	July	20	Ramadan		
	August	19	Syawal		
	September	17	Zulkaedah		
	October	17	Zulhijjah		
	November	15	Sacred	1434	
	December	14	Travel		
013	January	13	R. Early		
	February	11	R. End		
	March	13	J. Early		
	April	11	J. End		
	May	11	Rajab		
	June	10	Sha'ban		
	July	9	Ramadan		
	August	8	Syawal		
	September	7	Zulkaedah		
	October	6	Zulhijjah		
	November	4	Sacred	1435	
	December	4	Travel		
2014	January	2	R. Early		
	February	1	R. End		
	March	2	J. Early		
	April	1	J. End		
	-	30	Rajab		
	May	30	Sha'ban		
	June	28	Ramadan		
	July	28	Syawal		
	August	27	Zulkaedah		
	September	25	Zulhijjah		
	October	25	Sacred	1436	
	November	23	Travel		
	December	23	R. Early		
015	January	21	R. End		
	February	20	J. Early		
	March	21	J. End		
	April	20	Rajab		
	May	19	Sha'ban		
	June	18	Ramadan		
	July	17	Syawal		
	August	16	Zulkaedah		
	September	14	Zulhijjah		
	October	14	Sacred	1437	
	November	13	Shafar		
	December	12	R. Early		

<b>AD</b>			<b>ISLAM</b>	
<b>(1)</b>			<b>(2)</b>	
2016	January	11	R. End	1437
	February	10	J. Early	
	March	10	J. End	
	April	8	Rajab	
	May	8	Sha'ban	
	June	6	Ramadan	
	July	6	Syawal	
	August	4	Zulkaedah	
	September	2	Zulhijjah	
	October	2	Sacred	1438
	November	1	Shafar	
	-	30	R. Early	
	December	30	R. End	
2017	January	29	J. Early	
	February	28	J. End	
	March	29	Rajab	
	April	27	Sha'ban	
	May	27	Ramadan	
	June	25	Syawal	
	July	24	Zulkaedah	
	August	23	Zulhijjah	
	September	21	Sacred	1439
	October	21	Shafar	
	November	19	R. Early	
	December	19	R. End	
2018	January	18	J. Early	
	February	17	J. End	
	March	18	Rajab	
	April	17	Sha'ban	
	May	16	Ramadan	
	June	15	Syawal	
	July	14	Zulkaedah	
	August	12	Zulhijjah	
	September	11	Sacred	1440
	October	10	Shafar	
	November	9	R. Early	
	December	8	R. End	





## LAMPIRAN 2 KUESIONER RUMAH TANGGA



MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA  
HEALTH RESEARCH AND DEVELOPMENT AGENCY



### BASIC HEALTH RESEARCH 2018

CONFIDENTIAL	<b>HOUSEHOLD QUESTIONS</b>	RKD18.RT
--------------	----------------------------	----------

I. PLACE INTRODUCTION			
NO 1-9 COPY FROM BLOCK I VSEN18.K			
1	Province		--
2	Regency/City*)		--
3	Subdistrict		---
4	Village/Sub-district*)		---
5	Village/Sub-district Classification	1. Urban      2. Rural areas	-
6	Census Block Number		
7	Sample Code Number		-----
8	Household Sample Sequence No.		--
9	Name of Head of Household		
10	Home address	-	
11	Selected biomedical samples	1. Yes      2. No	-

\* ) cross the unnecessary ones

II. DATA COLLECTOR DESCRIPTION			
1	Data Collector Name:		5. Team Leader Name:
2	Data Collection Date: (dd-mm)	-----2018	
3	Data Collector Signature		6. Date. Check: (dd-mm) :
4	Data collection results 1. All ART can be interviewed 2. Not all/some of the household members can be interviewed 3. All household members cannot be interviewed until the end of the census. 4. Susenas sample households refused 5. Susenas sample households moved 6. The Census Building or Census Block for the Susenas sample no longer exists	-	-----2018
			7. Team Leader's signature

III. HOUSEHOLD DESCRIPTION			
FILL IN ACCORDING TO THE CONDITIONS DURING THE RISKESDAS INTERVIEW			
1	Number of Household Members:		--
2	Number of toddlers (0-59 months)		--
3	Number of Household Members Interviewed:		--
<b>DESCRIPTION OF CENSUS BUILDING CONDITIONS</b>			
4	The amount <b>Household</b> in <b>Census Building</b>		-
5	The amount <b>person</b> in <b>Census Building</b>		--

IV. DESCRIPTION AMEMBER HOUSEHOLD												
No. sequence ART	Name Household Members (ART)	Connection with head House ladder	Type Sex	Verification			Status Marry	Date of birth	Age If age < 1 month fill in in the "Day" box If age < 5 years fill in in the "Month" box If age ≥ 5 years fill in the box "Year"	Special ART > 5 years Status Education the highest one completed	For ART only ≥ 10 years Status Work	ART interviewed?
				Status	Connection with head House ladder	Type Sex						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	[CODE] (8)	(9)	(10)	[CODE] (11)	[CODE] (12)	(13)
1		--	-	- -	- -	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	- -
2		--	-	- -	- -	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	-
3		--	-	- -	- -	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	-
4		--	-	- -	- -	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	-
USE PAGE 3 IF NUMBER OF ARTISTS > 4 PEOPLE												
Column codes (3) and (6): Relationship with head of household 01 = Head of RT 02 = Wife/husband 03 = Biological child 04 = Adopted/stepchild 05 = Son-in-law 06 = Grandchild 07 = Parents/in-laws 08 = Domestic helper/ driver 09 = Other family 10 = Others				Column code (8): Marital Status 1 = Not married yet 2 = Married 3 = Divorced and alive 4 = Divorced and dead			Column code (11): Highest Education 1 = No/never attended school 2 = Did not finish elementary school/Islamic elementary school 3 = Graduated from elementary school/Islamic elementary school 4 = Graduated from junior high school/Islamic junior high school 5 = Graduated from high school/vocational school 6 = Completed D1/D2/D3 7 = Graduated from PT			Column Code (12): Employment Status 1 = Not working 2 = School 3 = Civil servants/TNI/ Polri/ BUMI/ BUMD 4 = Private employees 5 = Self-employed 6 = Farmer/farm laborer 7 = Fisherman 8 = Laborer/driver/housemaid 9 = Other		

IV. DESCRIPTION AMEMBER HOUSEHOLD												
No. sequence ART	Name Household Members (ART)	Connection with head House ladder	Type Sex	Verification			Status Marry	Date of birth	Age If age < 1 month fill in in the "Day" box If age < 5 years fill in in the "Month" box If age ≥ 5 years fill in the box "Year"	Special ART > 5 years Status Education the highest one completed	For ART only ≥ 10 years Status Work	ART interviewed?  1. Yes 2. Yes, accompanied 3. Yes, represented 4. No
				Status	Connection with head House ladder	Type Sex						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
5		--	-	- -	--	-	-	Date: ---- Month: -- Year: -----	a. --"Hr" b. --"Month" c. --"Year"	-	-	--
6		--	-	- -	--	-	-	Date: ---- Month: -- Year: -----	a. --"Hr" b. --"Month" c. --"Year"	-	-	-
7		--	-	- -	--	-	-	Date: ---- Month: -- Year: -----	a. --"Hr" b. --"Month" c. --"Year"	-	-	-
8		--	-	- -	--	-	-	Date: ---- Month: -- Year: -----	a. --"Hr" b. --"Month" c. --"Year"	-	-	-

USE PAGE 4 IF NUMBER OF ARTISTS > 8 PEOPLE

Column codes (3) and (6): Relationship with head of household	Column code (8): Marital status	Column code (11): Highest Education	Column Code (12): Employment Status
01 = Head of RT 02 = Wife/husband 03 = Biological child 06 = Grandchildren 07 = Parents/in-laws	04 = Adopted/stepchild 05 = Son-in-law 08 = Domestic helper/ driver 09 = Other family 10 = Others	1 = Not married 2 = Married 3 = Divorced 4 = Divorced	1 = Not working 2 = School 3 = Civil servants/ TNI/ Polri/ BUMN/ BUMD 4 = Private employees 5 = Self-employed 6 = Farmer/farm laborer 7 = Fisherman 8 = Laborer/driver/housemaid 9 = Other

IV. DESCRIPTION AMEMBER HOUSEHOLD												
No. sequence ART	Name Household Members (ART)	Connection with head House ladder	Type Sex	Verification			Status Marry	Date of birth	Age If age < 1 month fill in in the "Day" box If age < 5 years fill in in the "Month" box If age ≥ 5 years fill in the box "Year"	Special ART > 5 years Status Education the highest one completed	For ART only ≥ 10 years Status Work	ART interviewed?  1. Yes 2. Yes, accompanied 3. Yes, represented 4. No
				Status	Connection with head House ladder	Type Sex						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
9		--	-	- -	--	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	--
10		--	-	- -	--	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	-
11		--	-	- -	--	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	-
12		--	-	- -	--	-	-	Date: -- -- Month: -- -- Year: -- --	a. -- -- Hr -- b. -- -- Month -- c. -- -- Year	-	-	-
USE PAGE 5 IF THE NUMBER OF ARTISTS IS > 12 PEOPLE												
Column codes (3) and (6): Relationship with head of household				Column code (8): Marital Status		Column code (11): Highest Education				Column Code (12): Employment Status		
01 = Head of RT	04 = Adopted/stepchild	08 = Domestic helper/ driver	09 =	1 = Not married yet	3 = Divorced and living	1 = Never attended school	2 = Did not finish elementary school/Islamic elementary school	5 = Graduated from high school/vocational school	1 = Not working	5 = Self-employed		
02 = Wife/husband	05 = Son-in-law	Other family		2 = Married	4 = Divorced and dead	3 = Graduated from elementary school/Islamic elementary school	7 = Graduated from PT	6 = Completed D1/D2/D3	2 = School	6 = Farmer/farm laborer		
03 = Biological child	06 = Grandchildren	10 = Others				4 = Graduated from junior high school/Islamic junior high school		7 = Graduated from PT	3 = Civil servants/ TNI/ Polri/ BUMN/ BUMD	7 = Fisherman		
	07 = Parents/in-laws								4 = Private employees	8 = Laborer/driver/housemaid		
										9 = Other		

IV. DESCRIPTION OF HOUSEHOLD MEMBERS												
No. <small>sequence</small> ART	Name  Household Members (ART)	Connection with head House ladder	Type Sex	Verification			Status Marry	Date of birth	Age If age < 1 month fill in in the "Day" box If age < 5 years fill in in the "Month" box If age ≥ 5 years fill in the box "Year"	Special ART > 5 years Status Education the highest one completed	For ART only ≥ 10 years Status Work	ART interviewed?  1. Yes 2. Yes, accompanied 3. Yes, represented 4. No
				Status	Connection with head House ladder	Type Sex						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
13		--	-	-	--	-		Date: ---- Month: -- Year: ----	a. --Hr-- b. --Month-- c. --Year	-	-	--
14		--	-	-	--	-		Date: ---- Month: -- Year: ----	a. --Hr-- b. --Month-- c. --Year	-	-	-
15		--	-	-	--	-		Date: ---- Month: -- Year: ----	a. --Hr-- b. --Month-- c. --Year	-	-	-
16		--	-	-	--	-		Date: ---- Month: -- Year: ----	a. --Hr-- b. --Month-- c. --Year	-	-	-
<b>Column codes (3) and (6): Relationship with head of household</b> 01= Head of RT      04= Adopted/stepchild      08= Domestic helper/ driver 09= 02= Wife/husband      05= Son-in-law      Other family 03= Biological child      06= Grandchildren      10= Others 07= Parents/in-laws				<b>Column code (8): Marital Status</b> 1= Not married yet 3= Divorced and alive 2= Married 9, 4= Divorced and dead			<b>Column code (11): Highest Education</b> 1= Never attended school 2= Did not finish elementary school/ Islamic elementary school 3= Graduated from elementary school/ Islamic elementary school 4= Graduated from junior high school/ Islamic junior high school 5= Graduated from high school/ vocational school 6= Completed D1/D2/D3 7= Graduated from PT			<b>Column Code (12): Employment Status</b> 1= Not working      5= Self-employed 2= School      6= Farmer/farm laborer 3= Civil servants/ TNI/ Polri/ BUMN/ BUMD      7= Fisherman 4= Private employees      8= Laborer/driver/housemaid 9= Other		

V. ACCESS TO HEALTH FACILITIES				
Now we will ask about the type of nearest health facility and the ease of access to each of these health services: <b>(Definition of close: can be in one or different districts/cities, sub-districts, villages where the household is located.)</b>				
1	Is [HOUSEHOLD] know the location of the nearest hospital?	1. Located in the district/city 2. Available in the nearest district/city	3. There is none -V.6 8. Don't know -V.6	-
2	What means of transportation do you use one way from home to the hospital? <b>If the answer is more than 1, add up the answer codes for the means of transportation used.</b> 1. Private motorized vehicles      4. Non-motorized private vehicles      16. Walk 2. Motorized public vehicles      8. Non-motorized public vehicles      32. Water transportation      64. Air transportation 128. Others	-- -		
3	How long does it take to travel from home to the hospital (one way)?	Hour : Minute	-- : --	
4	How much money (Rp) did you spend on round-trip transportation?	- . - - - . - - -		
5	Are the transportation costs affordable?	1. Affordable      2. Not reachable	-	
6	Is [HOUSEHOLD] Do you know the location of the nearest health center/ health post/health center/village midwife?	1. Located in the district/city 2. Available in the nearest district/city	3. There is none -V.11 8. Don't know -V.11	-
7	What means of transportation do you use one way from home to the health center/health center/health clinic/village midwife? <b>If the answer is more than 1, add up the answer codes for the means of transportation used.</b> 1. Private motorized vehicles      4. Non-motorized private vehicles      16. Walk 2. Motorized public vehicles      8. Non-motorized public vehicles      32. Water transportation      64. Air transportation 128. Others	-- -		
8	How long does it take to travel from home to the health center/health post/health clinic/village midwife (one way)?	Hour : Minute	-- : --	
9	How much money (Rp) did you spend on round-trip transportation?	- . - - - . - - -		
10	Are the transportation costs affordable?	1. Affordable      2. Not reachable	-	
11	Is [HOUSEHOLD] do you know the location of the nearest clinic/ doctor's practice/dental practice/independent midwife practice?	1. Located in the district/city 2. Available in the nearest district/city	3. There is none -VI 8. Don't know -VI	-
12	What means of transportation do you use one way from home to the clinic/doctor's practice/dentist's practice/midwife's practice? <b>If the answer is more than 1, add up the answer codes for the means of transportation used.</b> 1. Private motorized vehicles      4. Non-motorized private vehicles      16. Walk 2. Motorized public vehicles      8. Non-motorized public vehicles      32. Water transportation      64. Air transportation 128. Others	- -		
13	How long does it take to travel from home to the clinic/doctor's practice/dentist's practice/independent midwife's practice (one way)?	Hour : Minute	-- : --	-
14	How much money (Rp) did you spend on round-trip transportation?	- . - - - . - - -		
15	Are the transportation costs affordable?	1. Affordable      2. Not reachable	-	
VI. MENTAL DISORDERS IN THE HOUSEHOLD				
1	Has any Household Member ever suffered from a mental disorder?	1. Yes      2. No -BLOCK VII-		
2	Has any member of the household been diagnosed with a mental disorder? <b>Schizophrenia/ Psychosis by health workers?</b>	1. Yes      2. No -BLOCK VII	-	
3	How many household members experience this?	----- person	--	
4	Has the Household Member ever been treated at a Mental Hospital/health facility/health worker? 1. Yes, all have received treatment      2. Yes, not all have received treatment      3. No one seeks treatment -VI.7	-		
5	Has the Household Member taken regular medication in the last month?	1. Yes -VI.7      2. No	-	
6	If not, what is the reason?(POINT ag READ) FILL IN THE ANSWER CODE 1=YES OR 2=NO	-		
	a. Often forget	-	e. Cannot tolerate the side effects of the drug	-
	b. Unable to buy medicine regularly	-	f. Feel the dose is not appropriate	-
	c. Medicines are not available at health care facilities	-	g. Feeling healthy/ Not feeling sick	-
	d. Not regularly seeking treatment at health care facilities	-	h. Others, please specify _____	-
7	Has anyone ever been shackled/isolated/restrained or otherwise subjected to actions similar to being shackled?	1. Yes      2. No -BLOCK VII	-	
8	Whether in 3 months is anyone tied up?	1. Yes      2. No	-	

VII. ENVIRONMENTAL HEALTH				
1	Where is the main waste water disposal from the bathroom / laundry and kitchen?			
	a. Bathroom/Washing Area	1. Closed shelter 2. Open storage	3. Without Shelter (on the ground) 4. Go straight to the sewer/stream/river	-
	b. Kitchen	1. Closed shelter 2. Open storage	3. Without Shelter (on the ground) 4. Go straight to the sewer/stream/river	-
2	For households with toddlers, how do you dispose of toddler feces? 1. Using a toilet 2. Thrown in the toilet 3. Planted 4. Thrown in any place/trash can 5. Cleaned anywhere 6. Others, please specify ..... 7. Nothere are toddlers			-
3	What type of place is used to collect/storage wet (organic) waste in the house? (READ POINTS a AND b)	a. Closed trash can	1. Yes      2. No	-
		b. open trash can	1. Yes      2. No	-
4	What are the main ways to handle household waste:	1. Transported by officers 2. Throw it away at the TPS 3. Buried in the ground 4. Made into compost	5. Burned 6. Thrown into the river/ditch/sea 7. Thrown away carelessly	-
5	What do [HOUSEHOLDS] usually do to prevent the spread of diseases caused by mosquito bites? (FILL IN THE ANSWER CODE: 1. YES OR 2. NO) POINTS a TO f ARE READ			
	a. Using mosquito repellent (spray/burn/electric)	-	d. Drain the bathtub/large bucket/drum	-
	b. Sprinkle larvicide powder on water reservoirs	-	e. Closing water reservoirs in households	-
	c. House ventilation is fitted with mosquito netting	-	f. Destroy used goods (cans, tires, etc.)	-
6	How many times does the [HOUSEHOLD] drain the bathtub/large bucket/drum? 1. > 1 time a week 2. Once a week 3. 1-3 times a month 7. Not applicable			-
7	Observe the condition of the room in the house.			
	Room Type	Window 1. Yes, open every day; 2. Yes, rarely opened; 3. There is none 7. Not applicable/no room	Ventilation 1=Yes, area>=10% of floor area; 2=Yes, area <10% of floor area; 3=No	Lighting 1=Enough 2=Not enough
		(a)	(b)	(c)
	a. Master Bedroom	-	-	-
	b. Cooking/kitchen	-	-	-
	c. Family room	-	-	-
8	What is the main type of water source used by households for drinking purposes? 1. Branded bottled water 2. Refill water 3. Tap water/PDAM 4. Retail tap water/purchase 5. Borehole/pump 6. Protected dug wells 7. Unprotected dug wells 8. Protected springs 9. Unprotected springs 10. Rainwater storage 11. Surface water (rivers/lakes/irrigation) 12. Others, please specify .....			--
9	What is the main type of water source used by the household for cooking, personal hygiene and washing (clothes and cooking/eating utensils)? 1. Branded bottled water 2. Refill water 3. Tap water/PDAM 4. Retail tap water/purchase 5. Borehole/pump 6. Protected dug well 7. Unprotected dug wells 8. Protected springs 9. Unprotected springs 10. Rainwater storage 11. Surface water (rivers/lakes/irrigation) 12. Others, please specify .....			--
10	How much water is used (in liters) for drinking, cooking, bathing and washing (clothes and cooking/eating utensils) for all household members in a day and night? .....liter			----

## NOTES

### LEADERSHIP/TALK LEADERS WATER USAGE (ART-1 TO ART-10)

No	Activity	Size	Amount of Consumption								Total
			ART-1	ART-2	ART-3	ART-4	ART-5	ART-6	ART-7	ART-8	Σ (ART)
1	Drink										
	- Glass	200 ml; 250 ml									
	- Teapot	1 L									
2	Bathe										
	- Shower	20 ltr (5 min) *									
	- Bucket										
3	Cook										
	- Pan	D 20 cm, 1.5L									
4	Washing clothes										
	- Washing machine	50 L (1x turn) *									
	- Bucket										
	- Basin										
5	Washing cooking/eating utensils										
	- Tap	10 L (5 minutes)									
	- Bucket										
	TOTAL										

#### Notes :

1. Ask how many glasses each household member drinks in 24 hours (use a standard measuring cup)
2. Ask how many times each household member takes a shower in 24 hours (using a shower or bucket, ask the volume of the bucket used)
3. Ask how many times the household cooks in 24 hours.
4. Ask how many times the household washes clothes in 24 hours (if using a washing machine, ask how many times the washing machine is filled with water, if using a bucket/basin, ask how many buckets/basins are used)
5. Ask how many times the household washes the dishes (the main thing). If using a tap, ask how many minutes it takes to wash, if using a bucket, ask how many buckets are used.
6. If the washing or cooking activity is not done every day (for example 2 times a week), convert it into days. Convert weeks to days: 2 times per week = 2/7 or 0.286 (per day)  
For example: RT A washes clothes 3 times a week using a washing machine, each time you wash it requires 4 loads/spins, so the water usage for washing clothes in RT A becomes:  
= 4 loads \* 50 L/load \* (3/7 per day) =  
85.7 L/day

# LAMPIRAN 3 KUESIONER INDIVIDU



MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA  
HEALTH RESEARCH AND DEVELOPMENT AGENCY



## BASIC HEALTH RESEARCH 2018

CONFIDENTIAL		INDIVIDUAL QUESTIONS										RKD18.IND	
VIII. INTRODUCTION TO PLACE													
Province	District/City	District	Village/Sub-district	D/O	Sample Code Number				RT Sequence No				

Quote from Block I INTRODUCTION TO PLACE RKD18.RT

IX. INDIVIDUAL INTERVIEW DESCRIPTION			
1	Date of first visit: Date - Month--	3	Name of Data Collector
2	Last visit date: Date - Month	4	Data Collector's Signature

X. INDIVIDUAL DESCRIPTION			
RESPONDENT IDENTIFICATION			
1	Write the name and serial number of the Household Member (ART)	Name of ART .....	ART serial number:--
SEQUENCE NO. OF ART FOR QUESTIONS P.2, P.3, P.4 IF NOT ART IN THIS SCHEDULE, FILL IN CODE '00'			
2	Write the name and serial number of your biological father	Name of ART .....	ART serial number:--
3	Write the name and serial number of your biological mother	Name of ART .....	ART serial number:--
4	For ART < 15 years old/sick condition/parents who need to be accompanied, write the name and serial number of the accompanying ART.	Name of ART .....	ART serial number:--

A. INFECTIOUS DISEASES							
[NAME] in the question below refers to the NAME recorded in the Block X question P.1							
ACUTE RESPIRATORY TRACT INFECTION (ARI) [ART ALL AGES]							
A01	In the last 1 month, has [NAME] ever been diagnosed with ARI by a health worker (doctor/nurse/midwife)?					1. Yes -A03 2. No	-
A02	In the last 1 month [NAME] experienced the following symptoms:--						
	a. Fever	1. Yes	2. No	-	c. Cold/ blocked nose	1. Yes	2. No
	b. Cough less than 2 weeks	1. Yes	2. No	-	d. Sore throat	1. Yes	2. No
PNEUMONIA [ART ALL AGES]							
A03	In the last 1 year, has [NAME] ever been diagnosed with pneumonia with or without chest x-ray (X-ray) by health workers (doctors/nurses/midwives)?					1. Yes, less than 1 month ago -A05 2. Yes, 1 - 12 months ago -A05 3. No 4. Don't know	-
A04	In the last 1 year, does [NAME] experience the following symptoms of illness?:						
	a. High fever	1. Yes	2. No	-			-
	b. Cough	1. Yes	2. No	-			-
	c. Difficulty breathing with or without chest pain	1. Yes	2. No	-			-
ART AGE 5 YEARS AND ABOVE -A05							
POINTS d,e,f FOR ART AGED 0 - 59 MONTHS-							
	d. Rapid breathing	1. Yes	2. No	-			-
	e. Nostril breathing	1. Yes	2. No	-			-
	f. Lower chest wall inward pulling (SHOW SHORT PICTURE)	1. Yes	2. No	-			-

PULMONARY TUBERCULOSIS (PULMONARY TB) [ART ALL AGES]				
A05	In the last 1 year, has [NAME] ever been diagnosed with Pulmonary TB by a doctor/nurse/midwife?	1. Yes, in the last 6 months 2. Yes, more than 6 months	3. No -A12	-
A06	What tests are used to confirm the diagnosis?			
	a. Tuberculin/Mantoux examination[ART AGE ONLY ≤ 15 YEARS]	1. Yes	2. No	-
	b. Sputum examination[ART FOR ALL AGES]	1. Yes	2. No	-
	c. Chest X-ray examination[ART FOR ALL AGES]	1. Yes	2. No	-
A07	Did you get Fixed Dose Combination TB (FDC) medication?(SHOW SHORT PICTURE)	1. Yes	2. No	-
A08	Did you get any TB medication?(SHOW SHORT PICTURE)	1. Yes	2. No	-
A09	Is there a family member or other person who serves as a Medication Supervisor (PMO)?	1. Yes	2. No	-
IF ART IS DIAGNOSED WITH PULMONARY TB > 6 MONTHS (A05 = 2) -A12 IF ART WAS DIAGNOSED WITH PULMONARY TB IN THE LAST 6 MONTHS (A05 = 1) -A10 ⇒				
A10	Are you currently still taking TB medication regularly (diagnosed within the last 6 months)	1. Yes⇒A12	2. No	-
A11	Why not take your medication regularly?(READ) FILL IN THE ANSWER CODE: 1. YES OR 2. NO -			
	a. Often forget	-	e. Unable to afford TB medication regularly	-
	b. Medicines are not available at health care facilities	-	f. Not regularly seeking treatment at health care facilities	-
	c. Can't stand the side effects	-	g. Feeling healthy	-
	d. The treatment period feels long	-	h. Others, please specify .....	-
HEPATITIS/ LIVER DISEASE/ JAUNDICE [ART OF ALL AGES]-				
A12	In the last 1 year, has [NAME] ever been diagnosed with Hepatitis through a blood test by a doctor?	1. Yes	2. No	-
DIARRHEA [ART OF ALL AGES]				
A13	In the last 1 month, Has [NAME] ever been diagnosed with diarrhea by a health worker (doctor/nurse/midwife)?	1. Yes, in the last ≤ 2 weeks-A15	2. Yes, > 2 weeks – 1 month-A15	3. No 8. Don't know
A14	In the last 1 month, has [NAME] ever experienced:			
	a. Defecate (BAB) 3 – 6 times a day	1. Yes, in the last ≤ 2 weeks 2. Yes, > 2 weeks – 1 month-	3. No 8. Don't know	-
	b. Defecation > 6 times a day	1. Yes, in the last ≤ 2 weeks 2. Yes, > 2 weeks – 1 month-	3. No 8. Don't know	-
	c. Soft or liquid feces/stools	1. Yes, in the last ≤ 2 weeks 2. Yes, > 2 weeks – 1 month-	3. No 8. Don't know	-
IF THE ANSWERS TO A13 AND A14 ARE ALL CODED "3" OR "8", GO TO A16				
A15	Does [NAME] take medication for the diarrhea?			
	a. Oralit/ Sugar Salt Solution (LGG)	1. Yes	2. No	8. Don't Know -
	b. Anti-diarrheal drugs -	1. Yes	2. No	8. Don't Know -
	c. Antibiotics-	1. Yes	2. No	8. Don't Know -
	d. Herbal/traditional medicine-	1. Yes	2. No	8. Don't Know -
	e. Zinc Medication(Especially for toddlers) SHOW THE DEMOGRAPHY -	1. Yes	2. No	8. Don't Know -
MALARIA [ART ALL AGES]				
A16	In the last 1 year, has [NAME] ever had blood taken for malaria examination by a health worker (doctor/nurse/midwife)?	1. Yes, < last 1 month 2. Yes, 1 – 12 months	3. No -A19	-
A17	Was [NAME] declared positive for malaria after the examination by a health worker (doctor/nurse/midwife)?	1. Yes 2. No-A19		-

A18	Was [NAME] given the following malaria medication?( <b>SHOW SHORT PICTURE</b> )					
	a. Artemisinin (ACT) 3 days + Primaquine 1 day	1.Yes 2.No	-	c. Other drugs, please specify.....	1. Yes 2. No	-
	b. Artemisinin (ACT) 3 days + Primaquine 14 days	1.Yes 2.No	-			
<b>FILARIASIS/ ELEPHANT MILEAGE [ART FOR ALL AGES]</b>						
A19	Has [NAME] ever been given filariasis prevention drugs (diethylcarbamazine citrate and albendazole) by a health worker?( <b>SHOW SHORT PICTURE</b> )				1. Yes 2. No	-
A20	Has [NAME] ever been diagnosed with elephantiasis (filariasis) by a health worker (doctor/nurse/midwife)?		1. Yes, before 2017 3. Yes, in 2018 2. Yes, in 2017 4. No - <b>BLOCK B</b>			-
A21	Does [NAME] take medication according to the advice of a health professional (doctor/nurse/midwife)?				1. Yes 2. No	-
<b>B. NON-COMMUNICABLE DISEASES</b>						
<b>ASTHMA/ WHEEZING/ BURNING [ART OF ALL AGES]</b>						
B01	Has [NAME] ever been diagnosed with asthma by a doctor?				1. Yes 2. No - <b>B04</b>	-
B02	At what age were you first diagnosed with asthma?( <b>FILL IN "98" IF YOU DON'T REMEMBER</b> )				..... year	--
B03	Has [NAME] had an asthma attack in the last 12 months?				1. Yes 2. No	-
<b>CANCER [ART ALL AGES]</b>						
B04	Has [NAME] ever been diagnosed with cancer by a doctor?				1.Yes 2.No - <b>B06</b>	-
B05	Has [NAME] undergone cancer treatment as below:					
	a. surgery	1. Yes 2. No	-	c. Chemotherapy	1. Yes 2. No	-
	b. Radiation/exposure	1. Yes 2. No	-	d. Others, please mention.....	1. Yes 2. No	-
<b>DIABETES MELLITUS/ DIABETES [ART OF ALL AGES]</b>						
B06	Has [NAME] ever been diagnosed with diabetes mellitus by a doctor?				1.Yes 2.No - <b>B12</b>	-
B07	At what age were you first diagnosed with diabetes mellitus? ( <b>INSERT "98" IF YOU DON'T REMEMBER</b> )				..... year	--
B08	What type of treatment did [NAME] receive? 1. Anti-DM drugs (OAD) from medical personnel 2. Insulin injection 3. Anti-DM drugs (OAD) from medical personnel and insulin injections 4. Untreated - <b>B11</b>					-
B09	Did [NAME] take/inject anti-diabetic medication according to the doctor's instructions?			1. Yes, as directed by the doctor - <b>B11</b> 2. Not according to doctor's instructions		-
B10	Why didn't [NAME] take the medicine as directed by the doctor? ( <b>FILL IN THE ANSWER CODE: 1.YES OR 2.NO</b> ) <b>POINTS as/dg READ</b>					
	a. Often forget	-	e. Unable to afford medicine			-
	b. Medicines are not available at health facilities (hospitals/health centers/pharmacies)	-	f. Not regularly seeking treatment at health care facilities			-
	c. Drink traditional medicine	-	g. Feeling healthy			-
	d. Cannot tolerate the side effects of the drug	-	h. Others, please specify .....			-
B11	What does [NAME] do to control diabetes mellitus? -					
	a. Meal arrangements	1. Yes 2. No	-	c. Herbal alternatives	1. Yes 2. No	-
	b. Sports	1. Yes 2. No	-			
B12	Has [NAME] experienced any of the following symptoms in the last month:( <b>READ POINTS a - d</b> )					
	a. Often hungry	1. Yes 2. No	-	c. frequent urination & large amounts	1. Yes 2. No	-
	b. often thirsty	1. Yes 2. No	-	d. Weight loss	1. Yes 2. No	-
B13	Has [NAME] had his blood sugar checked?		1. Yes, regularly 2. Yes, sometimes 3. Never			-
<b>HEART DISEASE [ART ALL AGES]</b>						
B14	Has [NAME] ever been diagnosed with heart disease by a doctor?				1.Yes 2.No	-

<b>IF ART IS AGE &lt; 2 YEARS-<del>BLOCK E</del></b> <b>IF ART IS AGE ≥ 3 YEARS-<del>B15</del></b>					
<b>DENTAL AND ORAL HEALTH [ART AGE ≥ 3 YEARS]</b>					
<b>B15</b>	<b>InLast 1 year, does [NAME] have any problems:</b>				
	a. Damaged, decayed or sore teeth?	1.Yes	2. No	-	
	b. Are teeth lost because they were pulled or did they fall out on their own?	1.Yes	2. No	-	
	c. Have your teeth been filled or filled because they have cavities?	1.Yes	2. No	-	
	d. Loose teeth?	1.Yes	2. No	-	
<b>B16</b>	<b>InLast 1 year, does [NAME] have mouth problems:FILL IN THE ANSWER CODE: 1.YES OR 2.NO-</b>				
	a. Swollen gums and/or ulcers (abscess)	-	c. Canker sores recur at least 4 times	-	-
	b. Gums bleed easily (such as when brushing teeth)	-	d. Canker sores persist and never heal for at least 1 month	-	-
<b>IF B15 AND B16 ARE ALL CODED "2" (NO), GO TO B19-</b>					
<b>B17</b>	<b>InLast 1 year, what types of procedures did [NAME] receive to address dental and oral problems?</b> <b>FILL IN THE ANSWER CODE: 1. YES OR 2. NO-</b>				
	a. Treatment/taking medication	-	f. Installation of false teeth	-	
	b. Counseling on dental and oral hygiene and health care	-	g. Installation of dental implants ( <i>denture implant</i> )	-	
	c. Filling/filling	-	h. Orthodontic treatment (braces)	-	
	d. Tooth extraction	-	i. Cleaning of tartar ( <i>sslang</i> )	-	
	e. Oral surgery	-	j. Gum care/periodontal treatment	-	
<b>B18</b>	<b>InLast 1 year, where does [NAME] usually seek treatment? -</b>				
	a. Dentist specialist	1. Yes	2. No	-	d. General Practitioner/Other Paramedics
	b. Dentist	1. Yes	2. No	-	e.Dentist
	c. Dental nurse	1. Yes	2. No	-	f. Self-medication
	1. 1 – 3 times      2. 4-6 times      3. ≥ 7 times      4. Never been treated by a dental professional				-
<b>IF ART IS 3 - 4 YEARS OLD-<del>BLOCK E</del></b> <b>IF ART IS AGED 5 - 14 YEARS-<del>D01</del></b>					
<b>IF ART IS AGE ≥ 15 YEARS-<del>B20</del></b>					
<b>HYPERTENSION [ART AGE ≥ 15 YEARS]</b>					
<b>B20</b>	Has [NAME] ever had his blood pressure checked?		1. Yes, regularly 2. Yes, sometimes 3. No- <b>B25-</b>		
<b>B21</b>	Do the test results show that [NAME] has high blood pressure?			1. Yes	2. No
<b>B22</b>	Has [NAME] ever been diagnosed with hypertension/high blood pressure by a doctor?			1. Yes 2. No	
<b>IF B21 IS CODED "1" OR B22 IS CODED "1", GO TO B23 IF</b> <b>B21 IS CODED "2" AND B22 IS CODED "2", GO TO B25-</b>					
<b>B23</b>	Does [NAME] take antihypertensive medication?		1.Yes, regularly - <b>B25</b> 3. Do not take medication 2. Not routine		
<b>B24</b>	<b>Why doesn't [NAME] take his medication regularly every day? (FILL IN THE ANSWER CODE: 1.YES OR 2.NO)</b> <b>POINTS a to g ARE READ</b>				
	a. Often forget	-	e. Unable to buy medicine regularly	-	
	b. Medicines are not available at health facilities (hospitals/health centers/pharmacies)	-	f. Not regularly seeking treatment at health care facilities	-	
	c. Drink traditional medicine	-	g. Feeling healthy	-	
	d. Cannot tolerate the side effects of the drug	-	h.Others, please specify _____	-	

STROKE [ART AGE_ 15 YEARS]			
B25	Has [NAME] ever been diagnosed with a disease? <i>stroke</i> by a doctor?	1. Yes 2. No - <b>B27</b> -	
B26	Has [NAME] had a re-check (control) for the disease? <i>stroke</i> experienced at health care facilities?	1. Yes, regularly 2. Yes, sometimes 3. No	-
B27	Has [NAME] ever experienced <b>sudden complaints</b> as follows? <b>(FILL IN THE ANSWER CODE: 1.YES 2.NO)</b>		
	a. Paralysis on one side of the body	-	d. Speaking slurred speech
	b. Tingling/numbness on one side of the body	-	e. Difficulty speaking/communicating and/or not understanding speech
	c. The mouth becomes crooked without paralysis of the eye muscles.	-	
CHRONIC KIDNEY FAILURE DISEASE [ART AGE_ 15 YEARS]			
B28	Has [NAME] ever been diagnosed by a doctor as having chronic kidney failure (kidney pain for at least 3 consecutive months)?	1. Yes 2. No - <b>B30</b>	-
B29	Has [NAME] ever/is currently undergoing dialysis (haemodialysis)?	1. Yes 2. No	-
JOINT DISEASE [ART AGE_ 15 YEARS]			
B30	Has [NAME] ever been diagnosed with joint disease by a doctor?	1. Yes 2. No	-
C. MENTAL HEALTH			
DEPRESSION[ FOR ART AGE ONLY_ 15 YEARS AND "NOT REPRESENTED" ]			
C01	<b>Over the past 2 weeks</b> , Does [NAME] consistently feel sad, depressed or moody, most of the day, almost every day?	1. Yes 2. No	
C02	<b>Over the past 2 weeks</b> , Does [NAME] have little interest in things or less enjoyment in things that [NAME] usually enjoys most of the time?	1. Yes 2. No	
C03	<b>Over the past 2 weeks</b> , Does [NAME] feel tired or have no energy, most of the time?	1. Yes 2. No	
C04	<b>Over the past 2 weeks</b> , Has [NAME]'s appetite changed markedly or has [NAME]'s weight increased or decreased without conscious effort?	1. Yes 2. No	
C05	<b>Over the past 2 weeks</b> , Does [NAME] have trouble falling asleep nearly every night (difficulty falling asleep, waking up in the middle of the night, waking up early in the morning, sleeping too much)?	1. Yes 2. No	
C06	<b>Over the past 2 weeks</b> , Does [NAME] speak or move more slowly than usual, fidget, feel restless or have difficulty keeping still?	1. Yes 2. No	
C07	<b>Over the past 2 weeks</b> , Has [NAME] lost self-confidence, or does [Name] feel worthless or even inferior to others?	1. Yes 2. No	
C08	<b>Over the past 2 weeks</b> , Does [NAME] feel guilty or blame themselves?	1. Yes 2. No	
C09	<b>Over the past 2 weeks</b> , Does [NAME] have difficulty thinking or concentrating, or does he have difficulty making decisions?	1. Yes 2. No	
C10	<b>Over the past 2 weeks</b> , Does [NAME] have self-harm, suicidal thoughts or wish that [NAME] were dead?	1. Yes 2. No	
IF ONE OF THE ANSWERS TO C01 TO C10 IS CODED "1", CONTINUE TO C11 IF ALL THE ANSWERS TO C01 TO C10 ARE CODED "2" NO, CONTINUE TO C12			
C11	For all the complaints mentioned above (C01 to C10), did [NAME] take medication or undergo medical treatment?	1. Yes 2. No	-
EMOTIONAL MENTAL HEALTH [ FOR ART AGE ONLY_ 15 YEARS AND "NOT REPRESENTED" ]			
We will ask 20 questions. If you don't understand, we will read it again, but we will not explain/discuss. If there are questions, we will discuss them after we have finished answering the 20 questions.			
C12	<b>In the last 1 month</b> , does [NAME] often suffer from headaches?	1. Yes 2. No	-
C13	<b>In the last 1 month</b> , does [NAME] have no appetite?	1. Yes 2. No	-
C14	<b>In the last 1 month</b> , does [NAME] have trouble sleeping?	1. Yes 2. No	-
C15	<b>In the last 1 month</b> , does [NAME] get scared easily?	1. Yes 2. No	-
C16	<b>In the last 1 month</b> , does [NAME] feel tense, anxious or worried?	1. Yes 2. No	-

C17	<b>In the last 1 month</b> , are [NAME]'s hands shaking?	1. Yes 2. No	-
C18	<b>In the last 1 month</b> , is [NAME]'s digestion disturbed/bad?	1. Yes 2. No	-
C19	<b>In the last 1 month</b> , is [NAME] having trouble thinking clearly?	1. Yes 2. No	-
C20	<b>In the last 1 month</b> , does [NAME] feel unhappy?	1. Yes 2. No	-
C21	<b>In the last 1 month</b> , is [NAME] crying more often?	1. Yes 2. No	-
C22	<b>In the last 1 month</b> , does [NAME] find it difficult to enjoy everyday activities?	1. Yes 2. No	-
C23	<b>In the last 1 month</b> , does [NAME] have difficulty making decisions?	1. Yes 2. No	-
C24	<b>In the last 1 month</b> , is [NAME]'s daily work disrupted?	1. Yes 2. No	-
C25	<b>In the last 1 month</b> , is [NAME] unable to do useful things in life?	1. Yes 2. No	-
C26	<b>In the last 1 month</b> , has [NAME] lost interest in things?	1. Yes 2. No	-
C27	<b>In the last 1 month</b> , does [NAME] feel worthless?	1. Yes 2. No	-
C28	<b>In the last 1 month</b> , has [NAME] had thoughts of ending his life?	1. Yes 2. No	-
C29	<b>In the last 1 month</b> , does [NAME] feel tired all the time?	1. Yes 2. No	-
C30	<b>In the last 1 month</b> , does [NAME] have any stomach discomfort?	1. Yes 2. No	-
C31	<b>In the last 1 month</b> , does [NAME] get tired easily?	1. Yes 2. No	-

**IF ART IS 15-17 YEARS OLD-BLOCK D01 IF  
ART IS AGED 18-59 YEARS-BLOCK D11  
IF ART IS AGE > 60 YEARS-D24-**

#### **D. DISABILITY/INABILITY**

**DIFFICULTIES/OBSTACLES IN FUNCTION IN ART AGED 5 - 17 YEARS**

**FOR QUESTIONS D01 - D10, READ THE QUESTIONS & ALTERNATIVE ANSWERS. FILL IN THE ANSWER CHOICE CODE: 1. NONE 2. LIGHT 3. MEDIUM 4. HEAVY 5. VERY HEAVY**

D01	Does [NAME] have visual impairment?	-	-
D02	Does [NAME] have a hearing impairment?	-	-
D03	Does [NAME] have walking problems?	-	-
D04	Compared to peers of the same age, does [NAME] have difficulty understanding what people say in his/her family or outside of his/her family?	-	-
D05	Compared to peers of the same age, does [NAME] have difficulty learning anything?	-	-
D06	Compared to friends of the same age, does [NAME] have difficulty remembering things?	-	-
D07	Compared to friends of the same age, does [NAME] have difficulty concentrating on activities?	-	-
D08	Compared to peers of the same age, does [NAME] have difficulty playing/socializing with peers of the same age?	-	-
D09	Does [NAME] have difficulty accepting changes in routine?	-	-
D10	Does [NAME] have difficulty controlling his/her behavior?	-	-

**PROCEED TO BLOCK E**

#### **PHYSICAL AND MENTAL DISABILITIES IN ART AGED 18-59 YEARS [FOR "UNREPRESENTED" ART ONLY ]**

Now I will ask about [NAME]'s own health condition. The health condition referred to here is [NAME]'s physical and mental condition.

D11	<b>During the last 1 month</b> , in general, how is your health condition? [NAME]?	1. Good 2. Enough 3. Bad	-
-----	--	--------------------------	---

FOR QUESTIONS D12 – D23, READ THE QUESTIONS & ALTERNATIVE ANSWERS. FILL IN THE ANSWER CHOICE CODE:					
	1. NOTHING	2. LIGHT	3. MEDIUM	4. HEAVY	5. VERY HEAVY
D12	In the last 1 month, how hard is it for [NAME] to <u>standing for a long time</u> for example <u>30 minutes</u> ?				-
D13	In the last 1 month, how difficult is it for [NAME] to carry out or <u>doing household chores</u> be his responsibility?				-
D14	In the last 1 month, how hard is [NAME] <u>learn/do new things</u> , such as to find a new place/address?				-
D15	In the last 1 month, how hard can [NAME] be? <u>participate in community activities</u> (for example in social gatherings, religious studies, religious or other activities) like other people can do?				-
D16	In the last 1 month, how big is the health problem experienced <u>affect emotional state</u> [NAME]?				-
D17	In the last 1 month, how hard is [NAME] <u>concentrate</u> in doing something <u>for 10 minutes</u> ?				-
D18	In the last 1 month, how hard can [NAME] be? <u>walking long distances</u> for example <u>1 kilometer</u> ?				-
D19	In the last 1 month, how hard is [NAME] <u>clean his whole body/ take a bath</u> ?				-
D20	In the last 1 month, how hard is [NAME] <u>put on clothes</u> ?				-
D21	In the last 1 month, how hard is [NAME] <u>interact/socialize with people you have never met before</u> ?				-
D22	In the last 1 month, how hard is [NAME] <u>maintain friendship</u> ?				-
D23	In the last 1 month, how hard is [NAME] <u>do daily work</u> ?				-
<b>PROCEED TO BLOCK E</b>					
<b>PHYSICAL DISABILITIES IN OLD ART ≥ 60 YEARS</b>					
D24	In the last 1 month, can [NAME] control the urge to defecate? 1. Uncontrolled/irregular or need laxatives 2. Sometimes uncontrollable (1x/week) 3. Regularly controlled				-
D25	In the last 1 month, can [NAME] control the urge to urinate? 1. Uncontrolled or using a catheter 2. Sometimes uncontrollable (only 1x/24 hours) 3. Regularly controlled				-
D26	In the last 1 month, can [NAME] clean himself (such as: washing his face, combing his hair, shaving his mustache, brushing his teeth)? 1. Need help from others 2. Independent				-
D27	In the last 1 month, can [NAME] use the toilet alone (such as: getting in and out of the toilet, taking off/putting on pants, cleaning, flushing)? 1. Depend on help from others 2. Needs help with some activities but can do some other activities alone 3. Independent				-
D28	In the last 1 month, can [NAME] eat and drink by himself? (if food has to be in pieces, it is considered assisted) 1. Not able to 2. Need help cutting food 3. Independent				-
D29	In the last 1 month, is [NAME] able to transfer from chair to bed and from bed to chair (including sitting in bed)? 1. Unable to sit still (lifted by two people) 2. Need help from at least two people to be able to sit down 3. Requires light assistance, at least by one person 4. Independent				-
D30	In the last 1 month, is [NAME] able to walk on level ground (for wheelchair users, able to move the wheelchair without assistance)? 1. Not able to 2. Can (move) using a wheelchair 3. Walking with the help of 1 person (physical or verbal assistance) 4. Independent (even using a stick)				-
D31	In the last 1 month, can [NAME] dress himself (including tying shoelaces, fastening belt)? 1. Depends on other people 2. Some are helped (eg: buttoning clothes) 3. Independent				-
D32	In the last 1 month, can [NAME] go up and down stairs by himself? 1. Not able to 2. Need help 3. Independent				-
D33	In the last 1 month, can [NAME] take a bath by himself? 1. Depend on other people 2. Independent				-

E. INJURIES [ARTISTS OF ALL AGES]						
E01	In the last 1 year, Has [NAME] ever had an injury that disrupted your daily activities?				1. Yes    2. No -F➡	-
E02	Affected body parts:					
	a. Head	1. Yes    2. No	-	d. Stomach	1. Yes 2. No	-
	b. Chest	1. Yes    2. No	-	e. Upper limbs	1. Yes 2. No	-
	c. Back	1. Yes    2. No	-	f. Lower limbs	1. Yes 2. No	-
E03	Type of injury experienced:					
	a. Bruises/abrasions	1. Yes    2. No	-	f. Eye injury	1. Yes 2. No	-
	b. Cut/torn/stab wounds	1. Yes    2. No	-	g. Concussion	1. Yes 2. No	-
	c. Sprain	1. Yes    2. No	-	h. Internal organ injury	1. Yes 2. No	-
	d. Broken bones	1. Yes    2. No	-	i. Burns	1. Yes 2. No	-
	e. Severed body parts	1. Yes    2. No	-	j. Others, please specify .....	1. Yes 2. No	-
E04	Does the injury result in permanent physical disability in any of the following body parts: (INSERT THE ANSWER CODE: 1.YES OR 2.NO)					
	a. The five senses do not function (blind/deaf/mute etc.)	-		c. Permanent scars that interfere with comfort	-	
	b. Loss of part of a limb (broken finger/hand/foot etc.)	-	-			
E05	Place of injury	1. Highway -E06 2. House and its surroundings -F 3. School and its environment -F			4. Place of work -F 5. Others, please specify..... -F	-
E06	Was the injury caused by a traffic accident?				1. Yes    2. No -F➡	-
E07	If yes, did the injury occur when: (FILL IN THE ANSWER CODE: 1.YES OR 2.NO)~					
	a. Riding a motorbike (rider)	-		d. Car ride (car passenger)	-	
	b. Riding on a motorbike (motorcycle passenger)	-	-	e. Riding a non-motorized vehicle	-	
	c. Driving a car (driver)	-		f. Walking	-	
F. TRADITIONAL HEALTH SERVICES [ARTISTS OF ALL AGES]						
F01	Have you ever used traditional health services in the past year?				1.Yes 2. No, but making efforts yourself -F03 3.Not at all -G	-
F02	Who provides these traditional health services?FILL IN THE ANSWER CODE: 1.YES OR 2.NO					
	a. Doctor or health worker	-		b.Traditional healers	-	
F03	What types of traditional health services are utilized?FILL IN THE ANSWER CODE: 1.YES OR 2.NO					
	a. Finished potion	-		d. Mindfulness skills/hypnotherapy	-	
	b.Homemade concoction	-		e. Internal energy/power skills	-	
	c.Manual skills (massage, acupuncture)	-				
F04	In the last year, has [NAME] ever used the Family Medicine Garden (TOGA)?				1.Yes 2.No	-
G. BEHAVIOR						
PREVENTION OF DISEASES CAUSED BY MOSQUITO BITES [ART FOR ALL AGES]						
G01	What does [NAME] do to avoid mosquito bites?(FILL IN THE ANSWER CODE: 1.YES OR 2.NO)					
	a. Sleep using a mosquito net without insecticide	-		d. Using repellents/materials to prevent mosquito bites	-	
	b. Sleep using a mosquito net treated with insecticide ≤ 3 years	-		e. Using an electric mosquito repellent (example: electric mosquito racket)	-	
	c. Sleeping using a mosquito net treated with insecticide > 3 years					

IF ART IS AGE $\geq$ 3 YEARS-G02 IF ART IS AGE $\leq$ 2 YEARS-BLOCK K			
<b>CONSUMPTION OF RISKY FOODS [CHILDREN AGE <math>\geq</math> 3 YEARS]</b>			
Ask the frequency in one day. If not consumed daily, ask per week or per month			
G02	<b>In the last month, how many times [NAME] usually consume the following foods:</b> <b>ENTER CODE:</b> 1. > 1 time per day      3. 3 – 6 times per week      5. < 3 times per month 2. 1 time per day      4. 1 – 2 times per week      6. Never		
	a. Sweet food	-	f. Processed meat/chicken/fish foods with preservatives
	b. Sweet drinks	--	g. Seasonings
	c. Salty food	-	h. Soft drinks or carbonated drinks
	d. Fatty/cholesterol rich/fried foods	-	i. Energy drinks
	e. Grilled food	-	j. Instant noodles/ other instant foods
<b>HYGIENIC BEHAVIOR [ART AGE <math>\geq</math> 3 YEARS]</b>			
G03	Does [NAME] usually brush his teeth every day?	1. Yes      2. No -G05      7. Not Applicable -G05	-
G04	When does [NAME] brush his teeth?		
	a. Before breakfast	1. Yes 2. No 3. Sometimes 7. Not applicable/ never eat breakfast	-
	b. After breakfast	1. Yes 2. No 3. Sometimes 7. Not applicable/ never eat breakfast	-
	c. After lunch	1. Yes 2. No 3. Sometimes 7. Not applicable/never eats lunch	-
	d. When taking a morning shower	1. Yes 2. No 3. Sometimes 7. Does not apply/ never showers in the morning	-
	e. When taking an afternoon shower	1. Yes 2. No 3. Sometimes 7. Not applicable/never shower in the afternoon	-
	f. Before going to bed at night	1. Yes 2. No 3. Sometimes 7. Not applicable/never sleeps at night	-
G05	Where does [NAME] usually defecate? (ANSWER NOT READ)	1. Toilet      4. Pond/rice field/ditch 2. River/lake/sea      5. Ground hole 3. Beach/field/garden/yard	-
IF ART IS AGE $\geq$ 5 YEARS-G06 IF THE ART IS 3-4 YEARS OLD-BLOCK K			
<b>HELMET USING BEHAVIOR [AGE ART <math>\geq</math> 5 YEARS]</b>			
G06	Does [NAME] usually wear a helmet when riding or riding pillion on a motorbike?		-
	1. Yes, always      3. Never wear a helmet-G08 2. Yes, sometimes      7. Never ride/riding a motorbike-G08		
G07	When using a helmet, how and under what conditions should the helmet be used? (SHOW PICTURE OF HELMET TYPE)	1. Wear a standard helmet with the visor fastened 2. Wearing a standard helmet without the visor fastened 3. Wearing a non-standard helmet (helmet: bicycle, project, army)	-
<b>CONSUMPTION OF FRUIT AND VEGETABLES (USE DEMONSTRATOR PICTURES) [ART AGE <math>\geq</math> 5 YEARS]</b>			
G08	Usually within 1 week, how many days does [NAME] eat fresh fruit? IF NEVER FILL IN 0-GO TO G10		..... day      -
G09	What is the average serving?[NAME] consume fresh fruits in one day from those days?		..... portion      - . -
G10	Usually within 1 week, How many days does [NAME] consume vegetables? IF NEVER FILL IN 0-GO TO G12		..... day      -
G11	What is the average serving?[NAME] consume vegetables in one day from those days?		.....portion      - . -
G12	IF ART IS AGE $\geq$ 10 YEARS-G13 IF THE ART IS AGED 5-9 YEARS-G01		
<b>HAND WASHING BEHAVIOR [AGE ART <math>\geq</math> 10 YEARS]</b>			
G13	Does [NAME] wash his hands regularly?		1.Yes      2. No -G17-
G14	Is [NAME] always wash your hands with soap?		1.Yes      2. No      -

G15	Is [NAME] <b>always</b> wash your hands using clean running water?		1. Yes	2. No	-			
G16	When does [NAME] usually wash his hands? (POINTS a to c: FILL IN THE ANSWER CODE: 1. YES OR 2. NO)							
-	a. Before preparing food/before eating	-	-	c. After defecating	- -			
	b. Every time hands are dirty (holding money, animals, gardening)	-	-					
	POINTS d to f: FILL IN THE ANSWER CODE 1=YES OR 2=NO OR 7=NOT APPLICABLE)							
	d. After using pesticides/insecticides	-	-	f. Before breastfeeding the baby	- -			
	e. After cleaning the toddler	-	-					
<b>SMOKING AND TOBACCO USE [ART AGE ≥ 10 YEARS]</b>								
G17	Is [NAME] <b>Once</b> smoke?	1. Yes, every day 2. Yes, not every day -G19 3. Never smoke -G26			-			
G18	How old was [NAME] when he started smoking daily? FILL IN "98" IF YOU DON'T REMEMBER				-- year			
G19	How old was [NAME] when he first smoked? FILL IN "98" IF YOU DON'T REMEMBER				-- year			
G20	Name the type of cigarette that [NAME] usually smokes: (READ POINTS a TO e)							
-	a. Clove cigarettes	1. Yes	2. No	-	d. Electric	1. Yes	2. No	- -
	b. White cigarettes	1. Yes	2. No	-	e. Shisha	1. Yes	2. No	- -
	c. Rolled cigarettes	1. Yes	2. No	-				
IF G20a=1 OR G20b=1 OR G20c=1, GO TO G21 IF G20a=2 AND G20b=2 AND G20c=2, GO TO G22								
G21	IF G17=1, G21a is filled with CODE 1 AND G21b is filled with the AVERAGE AMOUNT PER DAY. IF G17=2, G21a is filled with CODE 2 AND G21b is filled with the AVERAGE AMOUNT PER WEEK.							
	On average, how many kretek/white/rolled cigarettes does [NAME] smoke per day or per week?	a. Unit:	1. Stems/day 2. Stems/week		-			
		b. Amount			--			
G22	Does [NAME] smoke? <b>during the last 1 month?</b> (READ THE ANSWER)		1. Yes, every day 2. Yes, not every day 3. Have stopped smoking -G25		- -			
G23	Does [NAME] usually smoke inside buildings/rooms (public places, schools, workplaces, other buildings/rooms)?		1. Yes 2. No		-			
G24	Does [NAME] usually smoke inside the house?		1. Yes -G27 2. No -G27		-			
G25	How old was [NAME] when he quit/didn't smoke at all? FILL IN "98" IF [NAME] ANSWERS THAT YOU DON'T REMEMBER		..... year		--			
G26	How often do other people smoke near [NAME] in closed spaces (including at home, workplace, and means of transportation)		1. Yes, every day 2. Yes, not every day 3. Never at all		-			
G27	Is [NAME] <b>CHEWING TOBACCO</b> (nginang, nyirih, susur) during the last 1 month? (READ THE ANSWER) 1. Yes, every day 2. Yes, sometimes 3. No, but have chewed tobacco before 4. Never at all -G29				-			
G28	Has [NAME] ever chewed tobacco on a daily basis?		1. Yes 2. No		-			
<b>PHYSICAL ACTIVITY [AGE ART ≥ 10 YEARS]</b> (SHOW DEMOGRAPHIC PICTURES ACCORDING TO THE TYPE OF PHYSICAL ACTIVITY ASKED)								
G29	Does [NAME] usually do <b>heavy physical activity</b> , which is done continuously for at least 10 minutes each time?		1. Yes 2. No -G32		-			
G30	Usually how many days in a week, [NAME] do <b>heavy physical activity</b> the?		..... day		-			
G31	Usually in a day, how long does it take [NAME] do <b>heavy physical activity</b> the?		..... O'clock		--			
			..... minute		--			



H06	What is [NAME]'s attitude towards HIV/AIDS sufferers?( <b>FILL IN THE ANSWER CODE: 1.YES OR 2.NO</b> )				
	a. If one of [NAME]'s family members were infected with HIV/AIDS, would [NAME] keep it a secret?				-
	b. If one of [NAME]'s family members had HIV/AIDS, would [NAME] be willing to care for him/her?				-
	c. If one of [NAME]'s neighbors was known to have HIV/AIDS, would [NAME] ostracize that person?				-
	d. Would [NAME] buy fresh vegetables from a farmer or vendor known to be infected with HIV/AIDS?				-
	e. Does [NAME] agree that if a teacher suffers from HIV/AIDS, he/she is not allowed to teach?				-
H07	<b>-IF THE ARTIST IS A FEMALE AGE 15-19 YEARS-BLOCK I</b> <b>-IF THE FEMALE ART IS AGED 20-54 YEARS, STATUS IS MARRIED/DIVORCEED ALIVE/DIVORCE DEAD-BLOCK J</b> <b>-IF THE FEMALE ART AGE &gt; 20 YEARS AND NOT MARRIED/ FEMALE ART AGE &gt; 54 YEARS/ MALE ART-BLOCK K</b>				
<b>I.GIVING BLOOD ENHANCEMENT TABLETS (TTD) TO TEENAGERS FEMALES [FEMALE ART AGED 10-19 YEARS]</b>					
I01	Has [NAME] had her period/menstruation?			1. Yes 2. No - <b>I04</b>	-
I02	Since what age did [NAME] get menstruation?			..... year	--
I03	Has [NAME] ever been pregnant?			1. Yes <b>J01b</b> 2. No	-
I04	Has [NAME] ever received/purchased a signature?( <b>SEE PICTURES (DISPLAY)</b> )			1. Yes 2. No - <b>I07</b>	-
I05	In the last 12 months, has [NAME] ever received/purchased a signature? ( <b>SEE DISPLAY PICTURE</b> )			1. Yes 2. No - <b>I07</b>	-
I06	Source of TTD in 12 last month	Enter the code: 1. Yes 2. No- <b>to the next line</b>	Total TTD items that obtained/purchased	The amount that drunk	Main reasons for not drinking/not spend TTD? [ <b>VIEW CODE</b> ]
	(1)	(2)	(3)	(4)	(5)
	a.Health facilities	--	---	---	--
	b. School	--	---	---	--
	c. Own initiative	--	---	---	--
<b>CODE COL. (5)</b> 1. Only drink during menstruation 2. Forget 3. Bad taste and smell 4. There are side effects (nausea, constipation) 5. Not the time yet 6. Feeling unnecessary 7. Others					
I07	<b>CONTINUE TO BLOCK L</b>				
<b>J. MATERNAL HEALTH</b>					
<b>FEMALE ART AGE 10-54 YEARS STATUS MARRIED/ DIVORCE ALIVE/ DIVORCE DEAD</b>					
<b>REPRODUCTIVE PERIOD</b>					
J01	a. Has [NAME] ever been pregnant?			1. Yes 2. No - <b>BLOCK L</b>	-
	b. How old was [NAME] when she first became pregnant?			..... year	--
J02	During his life, how many times did [NAME] pregnant, miscarriage And giving birth?				
	a.Gravida (pregnancy)	--	b. Partus (giving birth)	--	c. Abortion (miscarriage)
J03	a. Is it during the period January 1, 2013 up to the time of the interview, have you ever given birth which ended in live birth, stillbirth or miscarriage?			1. Yes 2. No - <b>J48</b>	-
	b. When was the delivery/miscarriage of the last pregnancy? (Write the date, month and year) <b>IF MORE THAN 1 PREGNANCY, CHOOSE THE LAST PREGNANCY THAT ENDED IN DELIVERY/MISCARPUS</b>			--/--/----	
<b>Next, I will ask about the history of pregnancy, childbirth, and postpartum period from the last pregnancy. Please [NAME] recall the experience during the last pregnancy.</b>					
<b>HISTORY OF PREGNANCY, BIRTH AND PUBLIC PERIOD</b>					
<b>"LAST PREGNANCY THAT HAS ENDED" IN THE PERIOD OF JANUARY 1, 2013- DURING THE INTERVIEW</b>					
J04	CHILD'S NAME (IF THEN A NAME HAS NOT BEEN GIVEN, WRITE NN)				
J05	Sequential number of [CHILD'S NAME] in household	<b>IF [CHILD'S NAME] IS NOT IN BLOCK IV WRITE 00</b>			-
J06	Of all your pregnancies, which pregnancy sequence did you have when you conceived [CHILD'S NAME]?				

J07	Is it a single or twin pregnancy?	1. Single      2. Twins      3. Not yet known	-
J08	How is the pregnancy going?	1. Live birth 2. Stillbirth 3. Live birth & stillbirth 4. Miscarriage	-
J09	Gender [CHILD'S NAME]:	1. Male      2. Women      3. Not yet known	-
J10	Gestational age when pregnancy ends?	..... month	--
J11	When you were pregnant with [CHILD'S NAME], was the pregnancy wanted at the time/ wanted later/ unwanted? 1. Wanted at that time      2. Desired later      3. Unwanted		-
<b>IF J08 IS CODED 1 OR 3, GO TO J12 IF J08 IS CODED 2 OR 4, GO TO J14</b>			
J12	Is [CHILD'S NAME] still alive?	1. Still Alive <del>J14</del> 2. Already deceased	-
J13	Age at time of death (IF AGE < 30 DAYS, FILL IN DAYS, IF AGE ≥ 30 DAYS FILL IN MONTH)	a. Unit:      1. Month 2. Day b. Age	- --
<b>PREGNANCY PERIOD</b>			
J14	Have you had a pregnancy check-up with a health worker (specialist doctor, general practitioner, midwife or nurse)?	1. Yes      2. No <del>J21</del>	-
J15	How many months pregnant was [NAME] when she had her first pregnancy check-up?	_____ month	--
J16	How many times did [NAME] do pregnancy check by health workers?		
	Gestational age	The workforce that performs ANC	ANC Frequency
	(1)	(2)	(3)
	a. 0-3 months	1. Health workers 2. Non-Health workers-J16b      3.No ANC-J16b	-      --      time
	b. 4-6 months	1. Health workers      3. No ANC-J16c 2. Non-Health Workers-J16c      7. Not Applicable-J17a	-      --      time
	c. 7-giving birth	1. Health workers      3. No ANC-J17a 2. Non-Health Workers-J17a      7. Not Applicable-J17a	-      --      time
J17a	<b>IF J16a=1 OR J16b=1 OR J16c=1, GO TO J17 IF J16a ≠1 AND J16b≠1 AND J16c≠1, GO TO J21</b>		
J17	Who checks [NAME]'s pregnancy most often?	1. specialist doctor      3. midwife 2. general practitioner      4. nurse	-
J18	Where does [NAME] most often do pregnancy check-ups (ANC)? 1. Government Hospital 3. Clinic      5. Independent doctor's practice      . Village Health Post/Village Health Post      9. Nursing Practice 2. Private Hospitals 4. Community Health Centers/Health Centers/Health Centers 6. Independent midwife practices      . Integrated Health Service Post      10. House		--
J19	During [CHILD'S NAME]'s pregnancy, did [NAME] receive any of the following examinations:		
	a. Height measurement	1.Yes      2.No	-
	b.Weight measurement	1.Yes      2.No	-
	c. Blood pressure measurement	1.Yes      2.No	-
	d.Measurement of upper arm circumference (LILA) -USE A DEMONSTRATION PICTURE	1.Yes      2.No	-
	e.Measurement of uterine height -USE A DEMONSTRATION PICTURE	1.Yes      2.No	-
	f. Determining the position of the fetus -USE A DEMONSTRATION PICTURE	1.Yes      2.No	-
	g. Calculation of fetal heart rate (FHR) -USE A DEMONSTRATION PICTURE	1. Yes      2.No	-
	h. Counseling and case management (action)IF ANSWER > 1, ADDITIONALLY ANSWER CODES 1. Counseling/ explanation/ advice      2. Case actions/management      4. Not getting both		-
J20	During [CHILD'S NAME]'s pregnancy, did [NAME] receive TT immunization (usually an injection in the mother's upper arm to prevent the baby from tetanus, or convulsions after birth)? 1. Yes      2. Not immunized      3. Health workers stated that TT immunization is not necessary		-



J35	a. How long does it take from the first place of delivery to reach the first referral service facility?	hour : minute	--:--
	b. How long does it take to get treatment/handling at a health facility?	hour : minute	--:--
J36	To which health care facilities was [NAME] referred? <b>THE ANSWER CAN BE &gt; 1 WRITE THE ANSWER CODE BASED ON THE REFERENCE SEQUENCE</b> A. Health Worker Practice      C. Clinic      E. Private Hospitals B. Health Center      D. Maternity Hospital      F. Government Hospital		
J37	How long does it take from the first health facility to the final referral?	Hours:minutes	--:--
J38	Where do referral funding sources come from? <b>(ANSWER CAN be &gt; 1,WRITE THE ANSWERS IN ALPHABETICAL ORDER)</b> A. BPJS/KIS      C. Office costs      E. Own costs      G. Others B. Private insurance      D. Other people's costs      F. Jampersal		
<b>CONTINUE TO J40</b>			
J39	Why was [NAME] not referred to a health facility regarding the problems experienced during childbirth? <b>IF ANSWER &gt; 1, ADDITIONALLY ANSWER CODES</b> 1. Feeling unnecessary      4. Cost issues      16. Distance to health facilities is far 2. Not allowed by family      8. No transportation      32. Problems with the family left behind 64. Others, please specify .....		---
<b>POST-POTERNITY PERIOD</b>			
J40	After giving birth, did [NAME] have her health checked by a health worker (visit/be visited by a health worker)?		
	a. Period <b>after giving birth until 3 days after giving birth</b> [CHILD NAME]	1. Yes      2. No	-
	b. Period <b>4 days to 28 days after giving birth</b> [CHILD NAME]	1. Yes      2. No	-
	c. Period <b>29 days to 42 days after giving birth</b> [CHILD NAME]	1. Yes      2. No	-
J41	In the period immediately after giving birth until 42 days after giving birth, how many times did [MOTHER'S NAME] receive vitamin A capsules? <b>(SHOW THE PICTURE)</b>	1. one time      3. more than 2 times 2. twice      4. Never	- <b>J43</b>
J42	When is the time to take vitamin A after giving birth? <b>IF ANSWER &gt; 1, NUMBER OF ANSWER CODES</b>		-
	1. Immediately after giving birth      2. 24 hours after giving birth      4. More than 48 hours after giving birth		
J43	During the postpartum period (0-42 days after giving birth) did you experience the following: <b>(ANSWER CAN BE &gt; 1, WRITE THE ANSWER IN ALPHABETICAL ORDER)</b> A. Heavy bleeding in the birth canal      G. Breasts are swollen, red with pain B. Smelly fluid comes out of the birth canal      H. Mother looks sad, gloomy/cries for no reason C. Swelling in the face, hands and feet      (depression) D. Headache      I. Hypertension E. Convulsions      X. Others F. Fever for more than 2 days <b>Z. No problems/ disturbances</b>		-
J44	Did [NAME] seek help from a health worker when experiencing complaints?	1. Yes, immediately      2. Yes, there is a time lag      3. No	- <b>J46</b>
J45	What health facility did [NAME] use first?	1. RS      4. Health worker practice 2. Community Health Center/Health Sub-center      5. Others, please specify _____ 3. Village Health Post/Village Health Post	-
<b>POST-DELIVERY FAMILY CARE SERVICES</b>			
J46	After giving birth, did [NAME]/partner use modern contraceptive devices/methods? 1. Female sterilization      4. 3 month injection      7. Pills 2. Male sterilization      5. 1 month injection      8. Male condom 3. IUD/IUD/Spiral      6. Implant/ Birth control implant <b>9. Do not use</b>		- <b>J48</b>
J47	When did [NAME]/partner use the contraceptive device/method?		-
	1. Along with the labor process 2. After delivery is complete, but before returning home from the health facility 3. After returning home from a health facility up to 42 days after delivery 4. Over 42 days after delivery		
<b>PROVIDING SUPPLEMENTARY FOOD (PMT) TO PREGNANT WOMEN</b>			
J48	Whether <b>At the moment</b> [NAME] is pregnant? <b>[ASK ABOUT CONDITIONS DURING THE INTERVIEW]</b>	1. Yes      2. No	- <b>BLOCK L</b>
J49	How old is [NAME]'s pregnancy? <b>At the moment</b> ?	..... month	-
J50	Is it during <b>current pregnancy</b> , did you get PMT?	1. Yes      2. No	- <b>J54</b>

J51	Fill in the form and number of PMT obtained during <b>current pregnancy</b> , which is spent, and the main reason is not spent				
	<b>PMT Form</b> PMT Form which is obtained Enter the code 1. Yes 2. No <b>-to next line</b>	Total number of PMT which is obtained (1)	What is PMT? spent by [NAME]? 1. Yes <b>-to the line next</b> 2. No	<b>Main reason PMT not spent?</b> 1. It doesn't taste good 2. The taste is less varied 3. Too sweet 4. Don't like the smell/ the smell 5. There are side effects (nausea, allergies, etc.) 6. Forget 7. Eaten by other ART 8. Others, please specify.... (4)	
	a. Biscuit Program (SEE DISPLAY PICTURE)	-	-- wrap	-	-
	b. Other biscuits	-		-	-
	c. Powdered Milk	-		-	-
	d. Liquid Milk	-		-	-
	e. Raw Food Ingredients	-		-	-
	f. Cooked Food	-		-	-
J52	The reason mothers get PMT is for <b>current pregnancy</b> ? <b>POINTS a to e ARE NOT READ (FILL IN THE ANSWER CODE: 1. YES OR 2. NO)-</b>				
	a. Undernourished mothers/ KEK	-	d. Weight gain during pregnancy never increases	-	-
	b. Poor families	-	e. Anemia	-	-
	c. Check for pregnancy at the integrated health post	-	f. Others, please specify _____	-	-
J53	On <b>current pregnancy</b> , from what month of pregnancy did you start getting PMT? _____ month				-
<b>GIVING BLOOD ENHANCEMENT TABLETS TO PREGNANT WOMEN</b>					
J54	Is it during <b>current pregnancy</b> , [NAME] ever received a signature?			1. Yes      2. No <b>-BLOCK L</b>	-
J55	How many total TTD items were obtained/purchased during <b>current pregnancy</b> ?			---	Item
J56	How many iron tablets (TTD) did [NAME] take during <b>current pregnancy</b> ?			---	Item
J57	The main reason for not drinking/not finishing the TTD during <b>current pregnancy</b> ? 1. Don't like      3. Bored      5. Side effects (nausea, constipation) 2. Nausea/vomiting due to pregnancy process      4. Forget      6. Not the time yet				-
<b>OWNERSHIP OF KIA-MOTHER BOOK</b>					
J58	Does your mother have a KIA book? <b>current pregnancy</b> ?				-
	1. Yes, it can show      2. Yes, can't show      3. Does not have				-
<b>CONTINUE TO BLOCK L</b>					
<b>K. TODDLER HEALTH</b>					
<b>KIA-MOTHER BOOK [ART AGE 0 - 59 MONTHS]</b>					
K00	Did you have a KIA book when you were pregnant with [NAME]?				-
	1. Yes, it can show      2. Yes, can't show      3. Does not have				-
<b>HELP AND DELIVERY PLACE [ART AGE 0 - 59 MONTHS]</b>					
K01	Who assists with childbirth? (ANSWER CAN > 1, WRITE THE ANSWERS IN THE ORDER THAT HELPS YOU)				
	A. Obstetrician      D. Nurse      Z. No one helps				
	B. General Practitioner      E. Shaman				
	C. Midwife      F. Others.....				
K02	Where was the birth of [CHILD'S NAME] (when the baby was born until 6 hours after birth)				-
	1. Government Hospital      4. Community Health Center/ Community Health Center/ Community Health Post/ Village Health Post 2. Private Hospital      5. Independent doctor's practice      8. House 3. Clinic      6. Independent midwife practice      9. Others, please specify _____				-

CONDITION AT BIRTH [ART AGE 0 – 59 MONTHS]									
K03	How old was the mother's pregnancy when [NAME] was born?					.....		Sunday--	
K04	Does [NAME] have birth weight records/documents? (Birth weight is the weight measured within 24 hours after birth)					1. Yes      2. No - <b>K07</b>		-	
K05	Copy from birth weight record/document [NAME] (IF $\geq$ 2500 GRAMS- <b>K07</b> )					..... grams		--- -	
K06	If [NAME]'s birth weight is less than 2500 grams, what actions are taken at that time?-- 1. Nothing is done      3. Hugged to the chest with skin <i>baby</i> touch the skin <i>Mother</i> and wrapped (kangaroo method) 2. In the incubator      4. Others, please specify _____								- -
K07	Does [NAME] have birth length records/documents? (Birth length is body length measured within 24 hours after birth)					1. Yes      2. No - <b>K09</b>		-	
K08	Copy from birth record/document length of [NAME]					..... cm		--.-	
K09	Does [NAME] have any head circumference records/documents?					1. Yes      2. No - <b>K11</b>		-	
K10	Copy from [NAME] head circumference notes/documents					.....cm		--.-	
K11	Does [NAME] have any abnormalities/defects since birth? <b>SHOW DEMONSTRATION PICTURES--</b>								
	a. Blind (vision)	1. Yes 2. No	-	d. Physically disabled (body parts)	1. Yes 2. No	-			
	b. Deaf (hearing)	1. Yes 2. No	-	e. Cleft Lip	1. Yes 2. No	-			
	c. Speech impairment (speaking)	1. Yes 2. No	-	f. Down Syndrome	1. Yes 2. No	-			
NEWBORN CARE/NEONATE [ART AGE 0 – 59 MONTHS]									
K12	What is done in caring for [NAME]'s umbilical cord when born? 1. Not given anything and dry      3. Sprinkle medicine (powder form)      8. Don't know 2. Betadine/alcohol      4. Traditional herbs/medicines								-
K13	Was antibiotic eye ointment given to (NAME) when she was born?				1. Yes, document notes      3. No 2. Yes, mother's memory      8. Don't know		-		
K14	Was [NAME] given a newborn examination by a health worker?				Checked where? (ANSWER CODE)-		Who checked? (ANSWER CODE)		
	(1)				(2)		(3)		
	a. 6–48 hours after birth	1. Yes 2. No- <b>K14b</b>	7. Not applicable- <b>K17</b> 8. Don't Know- <b>K14b</b>	-	-	-			
	b. 3–7 days after birth	1. Yes 2. No- <b>K14c</b>	7. Not applicable- <b>K17</b> 8. Don't Know- <b>K14c</b>	-	-	-			
	c. 8–28 days after birth	1. Yes 2. No	7. Not applicable 8. Don't Know	-	-	-			
COLUMN CODE (2) INSPECTION PLACE					COLUMN CODE (3) INSPECTOR PERSONNEL				
1. Government Hospital		4. Community Health Center/Health Center/Health Center		7. Independent Practice Place		1. Specialist doctor		4. Nurse/	
2. Private Hospital		5. Integrated Health Post/Village Health Post/Village Health Post		for Health Workers		2. General practitioner		other health workers	
3. Maternity Hospital		6. Clinic		8. House		3. Midwife		5. Others	
<b>IF K14a column (1) IS CODED "1", CONTINUE TO K15</b> <b>IF K14a column (1) IS CODED "2" OR "8" AND K14b column (1) IS CODED "1", CONTINUE TO K16</b> <b>IF K14a column (1) <math>\neq</math> "1" AND K14b column (1) <math>\neq</math> "1", GO TO K17</b>									
K15	Did the health worker do the following things to [NAME] during the examination? <b>6-48 hours after birth? CODE ISAN ai: 1. YES 2. NO 8. DON'T KNOW</b>								
	a. Weight measurement--	-	-	f. The health worker asks whether [NAME] has diarrhea or not.	-	-			
	b. Measuring body length--	-	-	g. Asking about problems in breastfeeding	-	-			
	c. Measuring body temperature	-	-	h. Tells you how to breastfeed properly	-	-			
	d. Umbilical cord care	-	-	i. Inform the baby about danger signs	-	-			
	e. Health workers ask about [NAME]'s health status	-	-						
ENTRY CODE if: 1. YES      2. NO      7. HAVE IT BEEN 8. DON'T KNOW									
	j. Providing Hb-0- immunization	-	-	k. Vitamin K-	-	-			

K16	Whether [NAME] on age 48-72 hours congenital hypothyroidism screening test was performed (blood was taken from the heel)?	1. Yes 2. No	7. Not applicable 8. Don't know	-
-----	---	-----------------	------------------------------------	---

# **KIA-CHILDREN'S BOOK [ART AGE 0 – 59 MONTHS]–**

K17	Does [NAME] have a KIA Book (Maternal and Child Health Book)? 1. Yes, can show 2015 model year book 2. Yes, can show model book before 2015 3. Yes, cannot show (kept by cadre/midwife/at integrated health post) - <del>K19</del> 4. Once had, but lost - <b>K19</b> → 5. Never had - <b>K19</b> →	-
-----	--	---

K18	Check the contents of the KIA book:			
	a. Pregnancy history	1. Completely filled in 2. Incompletely filled in 3. Not filled in 7. Not valid		-
	b. Birth history	1. Completely filled in 2. Incompletely filled in 3. Not filled in 7. Not valid		-
	c. History of newborn baby	1. Completely filled in 2. Incompletely filled in 3. Not filled in 7. Not valid		-
	d. Health checks when sick	1. Completely filled in 2. Incompletely filled in 3. Not filled in 7. Not valid		-
	e. Growth monitoring	1. Completely filled in	2. Incompletely filled in	3. Not filled
	f. Monitoring developments	1. Completely filled in	2. Incompletely filled in	3. Not filled
	g. History of immunization	1. Completely filled in	2. Incompletely filled in	3. Not filled

**IF K18g IS CODED "1" OR CODED "2" - K21→**

**IF K18g IS CODED "3" - ~~K19~~**

K19	Does [NAME] have a KMS/Child Health Record Book containing immunization records?	1. Yes - <b>K21</b> 2. No	-
-----	--	---------------------------	---

K20	Has [NAME] ever been immunized?	1. Yes 2. No - <b>K24</b>	-
-----	---------------------------------	---------------------------	---

K21	After receiving the immunization, has [NAME] ever experienced any complaints? <i>Post-Immunization Adverse Events (KIPI)</i> as follows:			
	a. High fever	1. Yes 2. No	-	c. Seizures
	b. Purulent/abscess	1. Yes 2. No	-	d. Others .....

**IF K18g IS CODED "1" OR "2" OR K19 IS CODED "1" - K22 IF K18g IS**

**CODED "3" AND K19 IS CODED "2" AND K20 IS CODED "1" - K23 →**

**IF K17 IS CODED "3" OR "4" OR "5" AND K19 IS CODED "2" AND K20 IS CODED "1" - K23→**

# **IMMUNIZATION [CHILDREN AGED 0 – 59 MONTHS]**

K22	<b>Copy from KMS/KIA Book/Child Health Record Book, date/month/year, for each type of immunization</b>				
	<b>COLUMN CODE (2):</b> 1. Given immunization 2. Not given immunization - <b>TO THE NEXT TYPE OF IMMUNIZATION</b> 7. It is not yet time to give it because of the child's age - <b>TO THE NEXT TYPE OF IMMUNIZATION</b> 8. It says immunization was given but the date/month/year is not available - <b>TO THE NEXT TYPE OF IMMUNIZATION</b>				
	Types of Immunization	Note	Date/Month/Year Immunization	Types of Immunization	Note
	(1)	(2)	(3)	(4)	(5)
	a. Hepatitis B 0	-	--/--/--	i. Polio 1	-
	b. BCG	-	--/--/--	j. Polio 2	-
	c. DPT-HB Combo 1/ DPT-HB-HiB 1	-	--/--/--	k. Polio 3	-
	d. DPT-HB Combo 2/ DPT-HB-HiB 2	-	--/--/--	l. Polio 4	-
	e. DPT-HB Combo 3/ DPT-HB-HiB 3	-	--/--/--	m. Measles	-
	f. IPV 1	-	--/--/--	n. Advanced DPT-HB Combo/ Advanced DPT-HB-HiB	-
	g. IPV 2	-	--/--/--		
	h. IPV 3	-	--/--/--	o. Advanced Measles	-

**IF THE IMMUNIZATION DATE RECORD FOR ART IS INCOMPLETE (COLUMN 2 CODE = 2,7,8), PROCEED TO K23**

**IF THE ART IMMUNIZATION RECORD IS COMPLETE (ALL CODED 1), PROCEED TO K24–**

K23	Has [NAME] ever received the following immunizations: <b>(INFORMATION CAN BE OBTAINED FROM VARIOUS SOURCES)</b>			
	a. <b>Hepatitis B-0 Immunization</b> , given immediately after the baby is born until the baby is 7 days old, injected into the baby's thigh?	1. Yes 2. No - <b>K23c</b>	8. Don't know - <b>K23c</b>	-
	b. At what age was [NAME] immunized against Hepatitis B0?	1. 0 - 24 hours 2. >24 hours - 7 days	8. Don't know	-
	c. <b>BCG immunization</b> , starting at 1 month of age and injected into the upper (right) arm (usually leaves a scar ( <i>scar</i> ) under the skin)?	1. Yes 2. No - <b>K23e</b>	8. Don't know - <b>K23e</b>	-
	d. At what age was [NAME] immunized with BCG?	1. 0 - 29 days 2. ≥ 1 month 8. Don't know		-
	e. <b>Polio immunization</b> , a pink or white liquid that is usually given at 1 month of age and dropped into the mouth?	1. Yes 2. No - <b>K23h</b> 7. Not yet time (age ≤ 1 month) - <b>K23h</b> 8. Don't Know - <b>K23h</b>		-
	f. At what age was [NAME] first immunized against polio? <b>IF YOU DON'T KNOW, ENTER CODE "88" FOR THE MONTH</b>	..... month		--
	g. How many times [NAME] immunized against polio? <b>IF YOU DON'T KNOW, ENTER CODE "8"</b>	..... Time		-
	h. IPV/injectable polio immunization	1. Yes 2. No - <b>K23k</b>	7. Not yet time (age ≤ 1 month) - <b>K23k</b> 8. Don't Know - <b>K23k</b>	-
	i. At what age was [NAME] first immunized with IPV/injectable polio? <b>IF YOU DON'T KNOW, ENTER THE CODE "88"</b>	..... month		--
	j. How many times [NAME] immunized with IPV/injectable polio? <b>IF YOU DON'T KNOW, ENTER CODE "8"</b>	..... Time		-
	a. <b>DPT-HB Immunization</b> combo (Diphtheria Pertussis Tetanus-Hepatitis B combo) / DPT-HB-HiB which is usually injected in the thigh and is usually given when the child is 2 months old together with Polio 2?	1. Yes 2. No - <b>K23n</b> 7. Not yet time (age ≤ 2 months)- <b>K23n</b> 8. Don't Know - <b>K23n</b>		-
	l. At what age was (NAME) first immunized with DPT-HB Combo/ DPT-HB-HiB? <b>IF YOU DON'T KNOW, ENTER THE CODE "88"</b>	..... month		--
	m. How many times was [NAME] immunized with DPT-HB Combo / DPT-HB-HiB? <b>IF YOU DON'T KNOW, ENTER CODE "8"</b>	..... time		-
	n. <b>Measles immunization</b> which is usually given at 9 months of age and injected in the thigh or upper left arm and given once?	1. Yes 2. No	7. Not yet time (age <9 months) 8. Don't Know	-
	o. <b>Measles booster immunization</b> which is usually given at the age of 18-24 months	1. Yes 2. No	7. Not yet time (age <18 months) 8. Don't Know	-
	p. Advanced DPT-HB Combo immunization / Advanced DPT-HB-HiB which is usually given starting at 18 months of age	1. Yes 2. No	7. Not yet time (age <18 months) 8. Don't Know	-
<b>GROWTH MONITORING [ART AGE 0 - 59 MONTHS]</b>				
K24	Has [NAME] been weighed in the last 12 months?	1. Yes 2. No - <b>K26</b>	8. Don't know - <b>K26</b>	-
K25	In the last 12 months, how many times has [NAME] been weighed? <b>IF "DON'T KNOW", ENTER CODE "88"</b>	..... Time		--
<b>CONTINUE TO K27</b>				
K26	Main reason in the last 12 months [NAME] has never been weighed: 1. The child is older (≥1 year)      4. Forgot/don't know the schedule      7. Busy/bothered 2. The child has completed immunization      5. No weighing place      8. Lazy 3. The child does not want to be weighed      6. The place is far away      9. Weighing equipment is not available			-
K27	Has [NAME] had his/her length/height measured in the last 12 months?	1. Yes 2. No - <b>K29</b>	8. Don't know - <b>K29</b>	-
K28	In the last 12 months, how many times has [NAME] had his/her length/height measured? <b>IF "DON'T KNOW", ENTER CODE "88"</b>	..... Time		--
<b>CONTINUE TO K30</b>				
K29	Main reason why [NAME] has not had his/her length/height measured in the last 12 months? 1. The child is older (≥1 year)      4. Forgot/don't know the schedule      7. Busy/bothered 2. The child has completed immunization      5. No measurement activities      8. Lazy 3. The child does not want to be measured      6. The place is far away      9. Body length measuring tool is not available			-
K30	Has [NAME] received vitamin A capsules in the last 12 months? <b>(SHOW SHORT PICTURE)</b>	1. Yes, 1 time 2. Yes, 2 times	3. Never 7. Not yet time (age < 6 months)	-
<b>IF ART IS AGED 0-23 MONTHS - K31 IF THE ART IS AGED 24-59 MONTHS - K46</b>				

ASI AND MP-ASI [ART AGE 0 – 23 MONTHS]-											
K31 a.	Was [NAME] born immediately after birth, placed on the mother's chest/stomach with the mother's skin? stick to baby's skin?					1. Yes		2. No- <del>K32</del>		-	
	b. When did [NAME] start being placed on the mother's chest/stomach after birth?					..... minute				--	
	c. How long does the baby attach to the mother's chest/tummy after birth?					1. < 1 hour		2. ≥ 1 hour		-	
K32	Has [NAME] ever been breastfed or given breast milk (ASI)?					1. Yes <del>K34</del>		2. No		8. Don't know <del>K44</del>	-
K33	If you have not/have never been breastfed, what is the main reason?									-	
1. Breast milk does not come out      3. Troublesome      5. Medical reasons      7. Mother died 2. The child cannot breastfeed      4. Separate care      6. The child is separated from his mother      8. Others										-	
CONTINUE TO K43											
K34	When did the mother start the breastfeeding process for the first time, after [NAME] born? <b>IF LESS THAN 1 HOUR, WRITE 00; IF LESS THAN 24 HOURS, WRITE IN HOURS; IF 24 HOURS OR MORE WRITE IN DAYS</b>					a. Unit: 1. Hour 2. Day				-	
						b. Number of hours or days				--	
K35	What does a MOTHER do with colostrum (the first breast milk to come out, usually thin, clear and/or yellowish in color)?					1. Give everything to the baby		3. Thrown away all		-	
						2. Partially discarded		8. Don't know		-	
K36	Before the first time you were breastfed or before your breast milk came in/was flowing smoothly, was [NAME] ever given drinks (fluids) or food other than breast milk?					1. Yes		8. Don't know <del>K38</del>		-	
						2. No- <del>K38</del>				-	
K37	What type of drink/food was given to [NAME] before starting breastfeeding or before breast milk came in?										
a. Formula milk		1. Yes	2. No	-	g. Sweet Tea		1. Yes 2. No		-		
b. Non-formula milk		1. Yes	2. No	-	h. Water		1. Yes 2. No		-		
c. Honey/ Honey + water		1. Yes	2. No	-	i. Flour porridge/strained porridge		1. Yes 2. No		-		
d. Sugar water		1. Yes	2. No	-	j. Mashed bananas		1. Yes 2. No		-		
e. Rice water		1. Yes	2. No	-	k. Rice is mashed		1. Yes 2. No		-		
f. Coconut water		1. Yes	2. No	-	l. Others, please specify_____		1. Yes 2. No		-		
K38	Is [NAME] currently still being breastfed/given breast milk?					1. Yes <del>K40</del>		2. No		-	
K39	At what age did [NAME] wean/ stop breastfeeding?					..... month (IF YOU DON'T KNOW WRITE 88)				--	
CONTINUE TO K42											
K40	Has [NAME] been in the last 24 hours? <b>only get breast milk</b> (breast milk) only and not given drinks (fluids) and/or food other than breast milk?					1. Yes		2. No		-	
K41	Whether <b>from birth to before the last 24 hours</b> [NAME] <b>ever been given drinks (fluids) and/or food?</b>					1. Yes		2. No		-	
K42	At what age did [NAME] first start giving your child drinks (fluids) or foods other than breast milk?									-	
1. 0 – 7 days      4. 2 – < 3 months      7. ≥ 6 months 2. 8 – 28 days      5. 3 – < 4 months      8. Don't know 3. 29 days – < 2 months      6. 4 – < 6 months      9. Not applicable (IF K40=1 AND K41=2)- <del>K45</del>											
K43	What types of drinks (fluids) or foods other than breast milk, <b>the first to start</b> given to [NAME] at that age?										
a. Formula milk		1. Yes	2. No	-	f. Rice water		1. Yes 2. No		-		
b. Non-formula milk		1. Yes	2. No	-	g. Pureed fruit (bananas, etc.)		1. Yes 2. No		-		
c. Formula porridge		1. Yes	2. No	-	h. Rice porridge/ steamed rice/ mashed rice		1. Yes 2. No		-		
d. Biscuits		1. Yes	2. No	-	i. Fruit juice		1. Yes 2. No		-		
e. Flour porridge/strained porridge		1. Yes	2. No	-	j. Others, please specify_____		1. Yes 2. No		-		

K44	<b>In the last 24 hours</b> (from yesterday morning until this morning), what foods did [NAME] eat? <b>(FILL IN THE ANSWER CODE 1 = YES OR 2 = NO)</b>			
	a. Water	-	h. Eggs	-
	b. Rice water, honey, tea, coffee, sugar water, fruit juice	-	i. Vegetables that are sources of vitamin A (leaves, greens, carrots, spinach, tomatoes, etc.)	-
	c. Rice porridge/ rice/ bread/ noodles/ cassava/ sweet potato/ potato/ biscuits	-	j. Fruits that are sources of vitamin A (tomatoes, papaya, dragon fruit, apples, etc.)	-
	d. Nuts/ tempeh/ tofu	-	k. Other vegetables (bean sprouts, white cabbage, cucumber, etc.)	-
	e. Milk other than breast milk	-	l. Other fruits (pineapple, melon, etc.)	-
	f. Cheese/yogurt	-	m. Others.....	-
	g. Beef/chicken/other poultry/fish/offal	-		
K45	<b>IF THE ART IS AGED 0-5 MONTHS-CONTINUE TO BLOCK L</b> <b>IF ART IS AGED 6-23 MONTHS-CONTINUE TO K46</b>			
<b>SUPPLEMENTARY FOOD PROVISION (PMT) IN THE LAST 12 MONTHS PERIOD [CHILD AGE 6-59 MONTHS]</b>				
K46	Has [NAME] been given PMT (supplementary food) in the last 12 months?	1. Yes	2. No - <del>K49</del>	-
K47	In the following column, fill in: the form and amount of PMT obtained, the PMT spent, and the main reason for not spending it <b>(during the last 12 months)</b>			
	PMT Form	The form of PMT that obtained Enter the code 1. Yes 2. No <b>-to the next line</b>	Amount total PMT Which obtained (wrap)	What is PMT? spent by [NAME] 1. Yes <b>-to the line next</b> 2. No
		(1)	(2)	(3)
	a. Biscuit Program <b>(SEE THE FIGURE BOOK)</b>	-	-	-
	b. Other biscuits	-		-
	c. Milk Powder	-		-
	d. Liquid Milk	-		-
	e. Raw Food Ingredients	-		-
	f. Cooked Food	-		-
K48	Reason for [NAME] getting PMT? <b>POINTS a to g ARE NOT READ (FILL IN THE ANSWER CODE: 1. YES OR 2. NO)</b>			
	a. Malnutrition	-	e. Sickly	-
	b. Malnutrition/BGM	-	f. Because they participated in weighing at the Posyandu	-
	c. Thin	-	g. Poor Families (gakin)	-
	d. Weight never increases (2T)	-	h. Others	-
K49	<b>IF ART IS AGED 6-35 MONTHS- BLOCK L</b> <b>IF ART IS AGED 36-59 MONTHS- <del>K50</del></b>			
<b>CHILD DEVELOPMENT [ART AGE 36-59 MONTHS]</b>				
K50	Can [NAME] say his/her own name without help?	1. Yes	2. No	-
K51	Can [NAME] read at least 4 simple/popular words?	1. Yes	2. No	-
K52	Does [NAME] know and recognize the number symbols 1-10?	1. Yes	2. No	-
K53	Can [NAME] pick up small objects (such as pebbles or small wooden sticks) using 2 fingers (thumb and index finger)?	1. Yes	2. No	-
K54	Does [NAME] sometimes get sick to the point of not being able to play?	1. Yes	2. No	-

K55	Does [NAME] recognize or can name at least 10 letters of the alphabet?	1.Yes	2. No	-	-
K56	Can [NAME] follow simple commands to do things correctly?	1.Yes	2. No	-	-
K57	When told/ordered something, is [NAME] able to do it alone without help?	1.Yes	2. No	-	-
K58	Is [NAME] able to play/socialize well with other children?	1.Yes	2. No	-	-
K59	Does [NAME] like to kick, bite, or hit other children or adults?	1.Yes	2. No	-	-
K60	Is [NAME] easily distracted when doing something?	1.Yes	2. No	-	-

#### L. MEASUREMENT AND INSPECTION

##### BODY HEIGHT/BODY LENGTH [ART ALL AGES]

L01	a. Was [NAME] measured for Height/Body Length?	1. Yes	2. No-L02	-	-
	b. Height/Body Length (Cm)™	..... cm	---	-	-
	c.FOR TODDLERS ONLY, (TB/PB measurement position)	1. Stand up	2. Supine	-	-
	d. Condition of [NAME] when measured	1. Can stand upright/lie straight on back	2. Cannot stand up straight/lie on back straight	-	-

##### WEIGHT [ART OF ALL AGES]

L02	a.Was [NAME] weighed?	1. Yes	2. No-L03	-	-
	b.Body Weight (kg)	..... kg	---	-	-
	c. Condition of [NAME] when weighed	1. Healthy	2. Sick	-	-

##### ABDOMINAL CIRCUMFERENCE [ART AGE ≥ 15 YEARS, EXCEPT PREGNANT WOMEN (J48="1")]

L03	a. Did [NAME] have his waist circumference measured?	1. Yes	2. No-L04	-	-
	b. Waist circumference (cm)	..... cm	---	-	-

##### BLOOD PRESSURE WAS MEASURED ON THE LEFT ARM [ART AGE ≥ 15 YEARS]

L04	a. Was the first blood pressure measurement performed:	1. Yes	2. No-L07	-	-
	b. Systolic blood pressure (mmHg)	---	c. Diastolic blood pressure (mmHg)	---	-
L05	a. Was a second blood pressure measurement performed:	1. Yes	2. No-L07	-	-
	b. Systolic blood pressure (mmHg)	---	c. Diastolic blood pressure (mmHg)	---	-
L06	a. Was a third blood pressure measurement performed:	1. Yes	2. No-L07	-	-
	b. Systolic blood pressure (mmHg)	---	c. Diastolic blood pressure (mmHg)	---	-

##### UPPER ARM CIRCUMFERENCE (LILA) [ART WOMEN OF FERTILE AGE (15-49 YEARS) OR PREGNANT WOMEN (J48="1")]

L07	a. Was [NAME] measured for Upper Arm Circumference (MUAC)?	1. Yes	2. No-L08	-	-
	b. Upper Arm Circumference (cm)™	..... cm	---	-	-

#### NOTES

BLOOD SPECIMEN TAKING				
L08	a. Does [NAME] have a history of hemophilia/ ITP/ taking medication? anticoagulant/ serious illness?		1. Yes, please explain _____ 2. No	-
	b. Was [NAME] blood drawn? 1. Yes, venous blood ADDITIONAL ANSWER CODES, IF ANSWER > 1		2. Yes, capillary blood 4. No-FINISHED	-
	c. Time of blood collection (hours:minutes)		--:--	
L09	BLOOD NUMBER STICKER		PASTE STICKER HERE (6 digits)	
Hb EXAMINATION [ART ALL AGES]				
L10	a. Has [NAME] had an Hb test?		1. Yes 2. No -L11	-
	b. Hb value (g/dl)		.....g/dl	--,
MALARIA SCREENING [ART OF ALL AGES]				
L11	a. Has [NAME] been tested for Malaria (RDT)?		1. Yes 2. No -L12	-
	b. Has [NAME] had a history of fever/heat in the last 2 days?		1. Yes 2. No	-
	c. Malaria RDT results	1. Negative 3.PAN(non P.falciparum) 2.P.falciparum(Pf) 4.PfAndPAN(mix) 5. Invalid results		
EXAMINATION OF BLOOD SUGAR LEVELS [ART AGE ≥ 15 YEARS]				
L12	a. Does [NAME] have a history of diabetes (based on the results of the examining doctor)?		1. Yes 2. No	-
	b. Does [NAME] take oral anti-diabetic medication/insulin injections (based on the results of the examining doctor)?		1. Yes 2. No	-
	c. Is [NAME] fasting?		1. Yes 2. No	-
	d. When did [NAME] last eat?		1. night 2. morning	-
	e. What time did you last eat/drink (except fresh water)? (hours:minutes)		--:--	
	f. Was [NAME] tested for random blood sugar levels?		1. Yes 2. No -L12h	-
	g. Random blood glucose levels		--- mg/dl	
	h. Was [NAME] tested for fasting blood sugar levels?		1. Yes 2. No -L12j	-
	i. Fasting blood glucose levels		--- mg/dl	
	j. Was [NAME] given a glucose load?		1. Yes 2. No -FINISHED	-
	k. What time did the glucose loading start? (hours:minutes)		--:--	
	l. Was blood sugar level checked 2 hours after loading?		1. Yes 2. No -DONEI	-
	m. What time was the blood drawn after loading? (hours:minutes)		--:--	
	n. Blood glucose levels 2 hours after loading		--- mg/dl	
NOTES				

WRITE IN DETAIL ALL THE PHYSICAL ACTIVITIES YOU USUALLY DO DAILY BASED ON THE TYPE AND DURATION OF THE ACTIVITY:

1. Morning: (sitting/standing/walking) [\*SEVERE/MEDIUM CRITERIA]

O'CLOCK (:-:)	TOTAL (MINUTES)		CRITERIA*

2. Afternoon (sitting, standing/walking) [\*SEVERE/MODERATE CRITERIA]

O'CLOCK (:-:)	TOTAL (MINUTES)		CRITERIA *

3. Night (sitting/standing/walking) [\*SEVERE/MEDIUM CRITERIA]

O'CLOCK (:-:)	TOTAL (MINUTES)		CRITERIA *

4. Other times (sitting/standing/walking) [\*SEVERE/MODERATE CRITERIA]

O'CLOCK (:-:)	TOTAL (MINUTES)		CRITERIA *



# **GUIDELINES QUESTIONNAIRE FILLING**

**2018 National Health Research Report**

**HEALTH RESEARCH AND DEVELOPMENT AGENCY**

MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA

**JAKARTA  
2018**

## QUESTIONNAIRE COMPILATION TEAM AND QUESTIONNAIRE COMPLETION GUIDELINES

Dr. Joko Irianto, SKM, MKes	Tin Afifah, SKM, MKM
Dr. Sri Poedji Hastoety D.SKM, MKes	Annisa Rizkiyanti, SKM, MIPH
Dr. Dwi Hapsari Tjandrarini, SKM, MKes	dr. Aprildah Sapardin
Dr. Ingan Ukur Tarigan, SKM, MKes	Kencana Sari, SKM, MPH
Dr. drg. Tati Suryati, MKes	dr. Yuana Wiryawan, MKes
Andi Leny Susyanti, SSi, Apt, MKM	Suparmi, SKM, MKM
Dr. Raharni, Apt, MKes	Nurilah Amaliah, SIP
Yuyun Yuniar, SSi, Apt, MA	Nur Handayani Utami, SP, M.Gizi
Dr. Rini Sasanti Handayani, Apt, MKes	Bunga Christitha Rosha, SSos, M. Gizi
dr. Hadi Siswoyo, MKM	Yunita Diana Sari, SKM, M.Epid
Dr. dr. Sri Idaiani, Sp.KJ	Rika Rachmalina, SP, M.Gz
Indri Yunita Suryaputri, S.Psi, M.Si	Diah Santi Puspitasari, SKM, MKM
M.Epid	Yurista Permanasari, SKM, MKM
Zahra, SSi, MKM	Dwi Siska Kumalaputri, SKM, MKM
Dra. Athena Anwar, MSi	Drg, Lely Andayasari, MKes
Cahyorini, SST	Dr. Drg. Indirawati TN Sp. Perio
Dr. dr. Julianty Pradono, MS	drg Tince Jovina, MKM
Dr. Delima, MKes	Nunik Kusumawardhani, MScPh, PhD
Dr. Aria Kusuma, SKM, MKM	dr. Dewi Kristanti
Dr. Miko Hananto, SKM, MKes	Dr. Agus Triwinarto, SKM, MKes
Dr. Lusianawaty Tana, MS, Sp.Ok	Heny Lestary, SKM, MKM
Dra. Isfandari, MA	Bayu Aribowo, SE, M.Ak

## FOREWORD

Basic Health Research (Riskesdas) is a community-based health survey to monitor indicators related to the level of public health and indicators of public health services. This research is based on the need for basic information on various main health indicators such as health status, nutritional status, environmental health, health behavior, and various aspects of health services. This basic data is not only national in scale, but also describes various health indicators down to the Regency/City level.

Basic Health Research (Riskesdas) has been conducted in 2007, 2010, and 2013. The results have been utilized by the program organizers of the Ministry of Health for planning, program evaluation, and development of medium-term national health development policies. The indicators produced by Riskesdas 2007 and 2013 have been composited into the Community Health Development Index (IPKM) to assess disparities in health development at the district/city level. Meanwhile, the results of Riskesdas 2010 have been utilized to measure progress in achieving MDG's targets in the Health sector.

The 2018 Riskesdas data was designed to obtain district/city and national estimates. The sample included 300,000 households spread across all provinces in Indonesia. Data collection was carried out by around 10,000 data collectors with a minimum qualification of a Diploma 3 (D3) health graduate, under the coordination of more than 400 District/City Technical Persons (PJT District/City), and Provincial Technical Persons (PJT Province).

The large number of implementers in the 2018 Riskesdas activities requires guidelines to standardize understanding of how to collect data and fill out questionnaires and other forms. The guidelines are a reference for trainers, supervisors, enumerators, and other personnel involved in training and data collection.

Finally, it is hoped that this guidebook can be utilized well and can support the success of Riskesdas 2018.

Jakarta,        December 2017  
Head of the Health Research and Development Agency,

dr. Siswanto, MHP, DTM



## LIST OF CONTENTS

<b>Foreword</b>	3
List of contents	5
<b>Chapter 1 Introduction</b>	7
<b>Chapter 2 Sampling Determination Procedure</b>	9
2.1 Integration of Samples and Instruments	9
2.2 Riskesdas Household Sample	13
2.3 Riskesdas Household Member Samples	14
<b>Chapter 3 Data Collection Procedures</b>	17
3.1 Important things during a home visit	18
3.2 Ethics in Data Collection	18
3.3 Problems at the Research Location ...	19
3.4 Data Quality Control	19
3.5 Things that the data collection team needs to pay attention to <b>Procedures</b>	21
<b>Chapter 4 for Completing the Questionnaire</b>	23
4.1 General Instructions	23
4.2 Special Instructions	24
<b>Chapter 5 Explanation of Completing the Household Questionnaire (RKD18.RT)</b>	27
5.1 Block I: Introduction to Places	27
5.2 Block II: Data Collector Information	27
5.3 Block III: Household Information	28
5.4 Block IV: Household Member Information	30
5.5 Block V: Access to Health Facilities	38
5.6 Block VI: Mental Disorders in the Household	43
5.7 Block VII: Environmental Health	47
<b>Chapter 6 Explanation of Completing the Individual Questionnaire (RKD18.IND)</b>	57
6.1 Block VIII: Introduction to Places	57
6.2 Block IX: Individual Interview Information	57
6.3 Block X: Individual Information	57
A. Infectious Diseases	58
B. Non-communicable diseases	69
C. Mental Health	84
D. Disability/Inability	91
E. Injury	105
F. Traditional Health Services	109
G. Behavior	113
H. Knowledge and Attitudes towards HIV	131
I. Provision of Iron Tablets (TTD) to Adolescent Girls	133
J. Maternal Health	136
K. Toddler Health	175
<b>Chapter 7 Measurement</b>	215



## INTRODUCTION

Basic Health Research (Riskesdas) was conducted in 2007, 2010, and 2013. The results have been utilized by program organizers at the Ministry of Health for planning, program evaluation, and development of medium-term national health development policies. The indicators produced by Riskesdas 2007 and 2013 have been composited into the Community Health Development Index (IPKM) to assess disparities in health development at the district/city level. The results of Riskesdas 2007 and 2013 have been utilized well for formulating health policies at the Central, Provincial, and District levels. Meanwhile, the results of Riskesdas 2010 have been utilized to measure progress in achieving MDG's health targets.

Riskesdas 2018 collects similar indicators to the refined Riskesdas 2007 and 2013. The aim is to evaluate the development of several indicators of the health status of the Indonesian people, as well as the development of health development efforts that have been implemented up to 2018. The indicators in Riskesdas 2018 collected are related to: 1) Nutritional status; 2) Maternal health status; 3) Child health status; 4) Morbidity rates for infectious diseases; 5) Morbidity rates for non-communicable diseases including dental and oral health and mental health; 6) Blood specimen collection related to non-communicable diseases; 7) Injury problems; 8) Disability; 9) Knowledge and behavior about tobacco use; PHBS, eating habits, and physical activity; 10) Access and health services; 11) Environmental health and sanitation; 12) Pharmacy including the use of drugs/traditional medicines and traditional health services; 13) Population characteristics including education level and employment status.

Data collection was conducted by interview using structured questionnaire, anthropometric measurement, blood pressure, blood examination (malaria, hb, and blood glucose), blood specimen collection for routine hematology, blood chemistry, and immunology examination. The data collection was conducted in 2500 Census Blocks by the data collection team and health workers of the designated health center.

A common understanding of filling out the questionnaire and data collection mechanisms is essential to maintain the validity of the data collected.

