

CONFIDENTIAL

## Childcare Survey in Indonesia Household Survey Questionnaire

SUPERVISOR : \_\_\_\_\_

HOUSEHOLD ID : \_\_\_\_\_

ENUMERATOR : \_\_\_\_\_

NAME OF RESPONDENT : \_\_\_\_\_

	VISIT 1	VISIT 2
DAY/DATE :	_____ 2022	_____ 2022
START TIME :	____:____	____:____
END TIME :	____:____	____:____

### Introduction and Consent

Good morning/afternoon/night,

Hi, my name is .... and I work with Regional Economic Development Institute (REDI). Currently, The Ministry of Women Empowering and Child Protection and the World Bank are carrying out a study that aims to capture the factors driving or constraining demand for childcare services, including social, cultural, economic, and others. It also identifies the factors that could affect the demand for childcare services in Indonesia, e.g.: the price, age of the child, level of parents' education, and others. This study will emphasize time use patterns within households to examine how paid and unpaid work is distributed and how these patterns relate to childcare provisions, women's engagement in paid work, and children's well-being.

The study takes place in the selected villages/kelurahan in 15 provinces and 40 districts in Indonesia. Your participation is very important, will be kept confidential, and will only be used for this survey. The result of this activity will be used as guidance for the Government of Indonesia to improve childcare services, women's participation in paid work, and children's well-being.

The interview will be audio recorded so I can listen to the file when I need to check the results. We will also take several photos of the interview process for documentation purposes and respect the subjects' privacy in the photos.

Should you have any questions about this study, you may contact Mrs. Erlyn Yuly Astuti, mobile phone no. 08113610111 or email address: [erlyn@redi.or.id](mailto:erlyn@redi.or.id)

X.00	After understanding my explanation, would you participate in this survey?	<p>01. Yes. Thank you. Before we start the survey, do you have any questions? Y/N</p> <p>02. No. To improve my future approach to other respondents, would you please tell me why you refuse to participate? _____ → end the interview and take notes in the interviewer's note</p>
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**Section X. Cover sheet**

X.01	ENUMERATOR ID	_____
X.02	SUPERVISOR ID	_____
X.03	DISTRICT NAME AND CODE	<p>3172 KOTA JAKARTA TIMUR</p> <p>3174 KOTA JAKARTA BARAT</p> <p>...</p>
X.04	SUBDISTRICT CODE	_____
X.05	VILLAGE/KELURAHAN ID	_____
X.06	HAMLET NAME	_____
X.06a	HOUSEHOLD SEQUENCE NO.	_____ 2-digit code [01 – 15 for the main selected respondent; 16 – 30 for replacement respondent]
X.06b	CHILD AGE GROUP SAMPLING	<p>01. 0-12 month (0-1 year)</p> <p>02. 13-36 months (&gt;1 to 3 years)</p> <p>03. 37 months+ (&gt;3 years, mainly 4-6 years)</p>

**Section A. Household Information**

A.01	Name of Household Head	_____
A.02	Address	_____
A.03	Respondents' mobile phone number #1	<p>A. Responded for phone #1 _____ Owner name _____</p> <p>B. Responded for phone #2 _____ Owner name _____</p> <p>W. DO NOT HAVE A MOBILE PHONE</p>
A.04	Tag the location of the household (accuracy ≤ 10 meters)	<p>Latitude : _____°</p> <p>Longitude : _____°</p>

**Section B. Household (HH) Information Roster**

B.01	How many people live in this household and eat meals under one arrangement?	<input type="text"/> people
B.01a	Let's list the name of the household members.	
	ENUMERATOR INPUTS THE NAMES OF THE HH MEMBERS IN THE ROSTER. THE HEAD OF HH MUST BE INCLUDED IN THE ROSTER, AND WRITE DOWN THE ORDER FROM HEAD OF HH, SPOUSE, CHILDREN, ETC. (SEE THE ORDER IN OPTION OF THE RELATIONSHIP STATUS IN B.05)	
B.01b	NAME OF HEAD OF THE HOUSEHOLD AND ID [ENUMERATOR TO SELECT FROM THE ROSTER AND THE PROGRAM WILL POP UP THE NAME AND ID]	NAME _____ ID <input type="text"/> SEX <input type="text"/>
	THE HEAD OF HOUSEHOLD IS SOMEONE WHO IS RESPONSIBLE FOR DAILY NEEDS OR SOMEONE WHO CONSIDERED AS THE HEAD	
B.01c	NAME OF RESPONDENT AND ID [ENUMERATOR TO SELECT FROM THE ROSTER AND THE PROGRAM WILL POP UP THE NAME AND ID]	NAME _____ ID <input type="text"/>
	THE RESPONDENT IS A HOUSEHOLD MEMBER WHO IS THE MAIN CAREGIVER OF CHILD AGED 0-6 YEARS OLD AND IS RESPONSIBLE FOR THE CHILDCARE ARRANGEMENT OF THE CHILD. IF THERE IS MORE THAN ONE PRIMARY CAREGIVER, THEN SELECT USING THE RANDOM NUMBER TABLE (KISH GRID TABLE) PREPARED BY THE DATA MANAGER.	

B.02	B.03	B.04	B.05	B.06	B.06a	B.07	B.08	B.09	B.10	B.11
ROSTER ID	Full Name	Sex	Relationship of [name] with the Head of HH	Age [IN YEARS, IF <1 YEAR, INPUT '0']	What is the date of birth of the [name]? [IF B.06 = 0-6]	Age [IN MONTH, IF B.06 = 0-6]	Ethnicity	Marital status	Age at first marriage [IF B.09 != 02] INPUT 98 IF DON'T KNOW	The highest education currently being/ever attended by [name]
1	_____	██	██	██	DD/MM/YYYY	██	██	██	██	██
2	_____	██	██	██	DD/MM/YYYY	██	██	██	██	██
3	_____	██	██	██	DD/MM/YYYY	██	██	██	██	██
...	...	...	...	...			...	...	...	...

CODE B.04	CODE B.05	CODE B.08	CODE B.09	CODE B.11
01 Female	01 Head of HH	01 Indonesia	01 Married	01. Package A
02 Male	02 Spouse	02 Banjar	02 Single	02. Special elementary
	03 Son/daughter	03 Betawi	03 Widowed	03. Elementary
	04 Stepson/daughter	04 Bugis	04 Divorced	04. Islamic elementary
	05 Son/daughter in law	05 Dayak		05. Package B
	06 Grandchild	06 Enrekang		06. Special Junior High School (JHS)
	07 Father/mother (parent)	07 Javanese		07. Junior High School
	08 Father/mother-in-law	08 Kutai		08. Islamic JHS
	09 Sister/brother	09 Maduranese		09. Package C
	10 Sister/brother-in-law	10 Mandar		10. Special High School
	11 Grandfather/mother	11 Melayu		11. High School
	12 Uncle/Aunt	12 Mentawai		12. Islamic HS
	13 Nephew	13 Minangkabau		13. Vocational HS
	14 Cousin	14 Paser		14. Vocational Islamic HS
	15 Domestic helper	15 Toraja		15. Diploma 1 or 2
	16 Driver	16 Tidung		16. Diploma 3
	17 Nanny	17 Sabu		17. Diploma 4
	95 OTHERS, SPECIFY ____	18 Sundanese		18. Bachelors
		19 Sumba		19. Profession School
		20 Batak		20. Masters
		21 Makasar		21. Doctorate
		98 DON'T KNOW		22. No Elementary School certificates
		95 OTHERS, SPECIFY ____		98. DON'T KNOW

QUESTION B.12 - B.13a ARE FOR ALL CHILDREN AGED 0-6 YEARS OLD FROM THE HOUSEHOLD ROSTER

B.02	B.03	B.12	B.12a	B.12b	B.12c	B.12d	B.12e	B.12f	CODE B.12a and B.13a
ROSTER ID	Full Name	Is the <b>father</b> of [child name] a member of the HH? 01 Yes 02 No IF YES, THE ENUMERATOR SELECTS THE FATHERS' NAME AND ID THAT POPPED UP IN THE PROGRAM	If not, why isn't <b>the father</b> of [child name] a household member? [IF B.12 = 02]	If migrated, where does <b>the father</b> currently live?  01. IN THE COUNTRY, ... 02. ABROAD, ... 98 DON'T KNOW → <b>B.12d</b>  [IF B12a = 03]	How long have <b>the father</b> been living in the location?  [IN YEARS]	What are <b>the father's</b> main activities?  98 DON'T KNOW	In the last 12 months, has any of the household members received a money transfer from <b>the father</b> ? 01 Yes 02 No → <b>SECTION C</b>	How much money has been transferred by <b>the father</b> during the last 12 months?  01. Responded, IDR ____ 98 DON'T KNOW	01. Passed away 02. Parents' divorce 03. <b>Migrated</b> 04. OTHER REASONS
1	_____	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>		<u>    </u>	<u>    </u> IDR	
2	_____	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>		<u>    </u>	<u>    </u> IDR	
3	_____	<u>    </u>	<u>    </u>						
...	...	...							

B.02	B.03	B.13	B.13a	B.13b	B.13c	B.13d	B.13e	B.13f
ROSTER ID	Full Name	Is the <b>mother</b> of [child name] a member of the HH? 01 Yes 02 No IF YES, THE ENUMERATOR SELECTS THE MOTHERS' NAME AND ID THAT POPPED UP IN THE PROGRAM	If not, why isn't <b>the mother</b> of [child name] a household member? [IF B.13 = 02]	If migrated, where does <b>the mother</b> currently live?  01. IN THE COUNTRY, ... 02. ABROAD, ... 98 TIDAK TAHU → <b>B.13d</b>  [IF B12a = 03 or 04]	How long has <b>the mother</b> been living in the location?  [IN YEARS]	What are <b>the mother's</b> main activities?  98 DON'T KNOW	In the last 12 months, has any of the household members received a money transfer from <b>the mother</b> ? 01 Yes 02 No → <b>SECTION C</b>	How much money has been transferred by <b>the mother</b> during the last 12 months?  01. Responded, IDR ____ 98 DON'T KNOW

1	_____	┌┐	┌┐	┌┐	┌┐	_____	┌┐ IDR
2	_____	┌┐	┌┐	┌┐	┌┐	_____	┌┐ IDR
3	_____	┌┐	┌┐				
...	...	...	...				

...

CODE B.12b & B.13b				CODE B.12d & B.13d	
<b>01. IN COUNTRY:</b>	<b>02. ABROAD:</b>				
PROGRAM	01 Saudi Arabia	08 Iran	15 Korea (South)	22 Other European country	01 Going to school
POPS UP LIST OF PROVINCES AND RELEVANT DISTRICTS	02 Qatar	09 Libya	16 Japan	23 Brunei Darussalam	02 Work in manufacture sector
	03 Kuwait	10 United Arab Emirates	17 Turkey	24 Mauritius	03 Work in construction sector
	04 Oman	11 Canada	18 Germany	25 South Africa	04 Work in trading sector
	05 Malaysia	12 Australia	19 Sweden	95 OTHERS, SPECIFY _____	05 Work for services (nursing child, caring elderly, household helper)
	06 Singapore	13 UK	20 Rusia	98 DON'T KNOW	06 Work in agriculture sector
	07 Iraq	14 USA	21 Italy		07 Work in transportation sector
98 DON'T KNOW					95 OTHERS, SPECIFY _____
					98 DON'T KNOW

### Section C. Disability Status of The HH Members

Next, I will ask you questions about whether any of your HH members aged 6 years old or older:

C.01	Are there any of your household members who have functional difficulties including difficulty seeing, hearing, walking, remembering/concentrating, communicating, or taking care of themselves?	01. Yes 02. No → SECTION D 98. DON'T KNOW → SECTION D
	PROGRAM POPS UP THE HOUSEHOLD MEMBER AGED 6 YEARS OLD OR OLDER	
	QUESTIONS IN THIS SECTION AIM TO IDENTIFY THE HOUSEHOLD MEMBER WHO HAS FUNCTIONAL DIFFICULTY REFERRED TO AS WASHINGTON GROUP (WG).	

B.02	C.02a	C.02b	C.02c	C.02d	C.02e	C.02f	CODE C.02a – C.02f
ROSTER ID	Does [name] have difficulty seeing, even if wearing glasses?	Does [name] have difficulty hearing, even if wearing hearing aids?	Does [name] have difficulty walking or climbing steps?	Does [name] have difficulty remembering or concentrating?	Does [name] have difficulty with self-care such as washing all over or dressing?	Using usual (customary) language, does [name] have difficulty communicating, for example, understanding or being understood?	01 No difficulty 02 Yes, some difficulty 03 Yes, a lot of difficulty 04 Cannot do at all
1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
3	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
...	...	...	...	...	...	...	

**Section D. Economic Activities and Employment**

Next, let’s list all your household members aged 15 years old and older. The following questions are to collect information about your household members’ main work or business.

PROGRAM POPS UP THE HOUSEHOLD MEMBERS AGED >15 YEARS OR OLDER.

WORK IS AN ACTIVITY TO EARN INCOME (OR HELP TO EARN INCOME) WHICH IS WORKING AT LEAST ONE HOUR CONSEQUENTLY WITHIN ONE WEEK.  
IF HOUSEHOLD MEMBERS HAVE MORE THAN ONE JOB OR BUSINESS, THE WORK ENTERED IS THE JOB THAT USES THE MOST TIME OR PROVIDES THE MOST INCOME.

IF HOUSEHOLD MEMBERS HAVE MORE THAN ONE WORK OR BUSINESSES, THE WORK INPUTED IS THE MAIN WORK OR BUSINESS, REFERS TO ONE THAT USES MOST OF THE TIME OR PROVIDES THE MOST PAYMENT OR INCOME.

D.00 THE PROGRAM WILL IDENTIFY THE NUMBER OF HH MEMBERS AGED 15 YEARS AND OLDER.  PEOPLE

B.02	D.01	D.02	D.03
			<i>If not working (D.01 option A not circled)</i>
ROSTER ID	For the past week, what activities did (name) do? <b>(The answer choices must be read out)</b> A. Working B. Going to school C. Managing the household D. Others excluding personal activities X. No activity → <b>D.03</b>	From the activities done in the past week, which activity takes up the longest time?  01 Working → <b>D.04</b> 02 Going to school 03 Managing the household 04 Others excluding personal activities	In the past week, did (name) have a job/business, but now they are temporarily out of work?  01 Yes 02 No → <b>D.16</b>
1	A B C D X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2	A B C D X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3	A B C D X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
...	...	...	...

B.02	D.04	D.04a	D.04b	D.05	D.06	D.07	D.08	D.09
		<i>(The code of the main business field is filled in by the supervisor)</i>						
ROSTER ID	Within the past week, what is the field of the business or work of (name)'s main job?  <b>Write down as completely as possible</b>	INPUT THE INDUSTRY CODE FOR THE JOB OR BUSINESS [2-DIGIT SECTOR]	INPUT THE OCCUPATION CODE FOR THE JOB OR BUSINESS [3-DIGIT SUBSECTOR]	Within the past week, what is (name)'s status/position at their job?	Within the past week, how many total working hours did the main job take?	Within the past week, how many total working hours did (name) spend at all jobs?	Where did [name] usually perform this job or business?	How does [name] usually go to work or business place?
1	.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2	.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3	.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
...	...	...	...	...	...	...	...	...

**CODE D.04a: Business field (filled by supervisor)**

<p>01 Rice and secondary crops farming                  02 Horticulture                  03 Plantation                  04 Fishery                  05 Farm                  06 Forestry and other agriculture                  07 Mining and excavation                  08 Processing industry</p>	<p>09 Procurement of electricity, gas, steam/hot water, and cold air                  10 Water management, wastewater management, waste management and recycling, and remediation activities                  11 Construction                  12 Wholesale and retail trade, repair and maintenance of cars and motorcycles                  13 Transportation and warehousing                  14 Provision of accommodation and provision of food and drink</p>	<p>15 Information and communication                  16 Financial and insurance activities                  17 Real estate                  18 Professional, scientific and technical activities                  19 Leasing and leasing activities without option rights, employment, travel agents, and other business support                  20 Government administration, defense and mandatory social security                  21 Education</p>	<p>22 Human health activities and social activities                  23 Arts, entertainment and recreation                  24 Other service activities                  25 Household activities as employer                  26 Activities of other international agencies and extra-international bodies</p>
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CODE D.05	CODE D.08	CODE D.09
<p>01. Self-employed                  02. Self-employed, with temporary workers/unpaid laborers                  03. Self-employed, with permanent/salaried workers                  04. Worker/employee/staff                  05. Freelance worker                  06. Family/Unpaid worker</p>	<p>01 At own home                  02 At a market                  03 At a cinema                  04 At mall/shophouse                  05 At bus or train station/airport                  06 At a roadside                  07 At the office                  08 At the factory                  09 At the rice field/garden                  10 At the sea                  95 OTHERS, SPECIFY ____</p>	<p>01 On foot/walking                  02 Bicycle                  03 Motorcycle                  04 Car/4-wheels vehicle                  05 Public transportation                  06 Water transportation                  95. OTHERS, SPECIFY ____</p>

B.02	D.10	D.11	D.12	D.13	D.14	D.15
ROSTER ID	Did [name] receive payment/income from this job or business? 01 Yes 02 No 98 DON'T KNOW	Did [name] receive in kind (good) for this job or business? 01 Yes 02 No 98 DON'T KNOW 96 N/A (OWN BUSINESS)	What was the average net income received by [name] from this job or business last month? [IF D.10 = 01] 01. salary/wage, ... 02. Profit, ... 03. Farming profit, ... 98. DON'T KNOW	If [name] received in-kind or goods, what was the value in IDR last month? [IF D.11 = 01]	Is [name] willing to work more hours in this job or business if given a chance? 01 Yes 02 No 98 DON'T KNOW	Is [name] affiliated with Social Security BPJS ( <i>Jamsostek</i> ) either provided by the employer or self-admission? 01 Yes 02 No 98 DON'T KNOW ↓
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IDR _____	<input type="checkbox"/> IDR _____	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IDR _____	<input type="checkbox"/> IDR _____	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IDR _____	<input type="checkbox"/> IDR _____	<input type="checkbox"/>	<input type="checkbox"/>
...	...	...	...	...	...	...

B.02	D.16	D.17	D.18	CODE D.18
ROSTER ID	Was [name] available for work during the past 7 days? 01 Yes 02 No	Did [name] look for work during the past 7 days? 01 Yes 02 No	Why was [name] not available or not looking for work? [IF D.16 OR D.17 = 02] ↓  D.24	A. Engaged in domestic work (nursing children or looking after the elderly) B. Housewife chores C. Marriage D. Too old/retired/pension/more than 65 years old E. Health issues F. Have functional difficulty/disability G. Have been hired but not started work yet H. No work available I. Religious reason J. Conform with local norms or customs K. Schooling V. OTHERS, SPECIFY __
1	<input type="checkbox"/>	<input type="checkbox"/>	A B C D E F G H I J V __	
2	<input type="checkbox"/>	<input type="checkbox"/>	A B C D E F G H I J V __	
3	<input type="checkbox"/>	<input type="checkbox"/>	A B C D E F G H I J V __	
...	...	...	...	

I will ask whether any of your HH members changed their job status since February 2020 due to the Covid-19 pandemic.

THE PROGRAM POPS UP THE HOUSEHOLD MEMBERS WHO WORK							
B.02	D.19	D.20	D.20a	D.20b	D.21	D.22	D.23
		<i>(The code of the main field is filled in by the supervisor)</i>					
ROSTER ID	Compared to February 2020, did [name] need to change main job or business?  01 Yes 02 No ↓ NEXT ROSTER 98 DON'T KNOW ↓ NEXT ROSTER  <b>96 DID NOT WORK IN FEB 2020 ↓ NEXT ROSTER</b>	What was the field of the business or work of (name)'s main job in February 2020?  <i>Write down as completely as possible</i>	INPUT THE INDUSTRY CODE FOR THE JOB OR BUSINESS  [2-DIGIT SECTOR]	INPUT THE OCCUPATION CODE FOR THE JOB OR BUSINESS  [3-DIGIT SUBSECTOR]	What was (name)'s status/position at their job in February 2020?  [REFER TO CODE D.05]	Did [name] receive payment/income for this work or business?  01 Yes 02 No 98 DON'T KNOW	How is the current work compared with the employment in February 2020?  01 Better 02 Indifferent 03 Worst 98 DON'T KNOW
1	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...	...	...	...	...	...	...	...

**Subsection Household Income**

D.24	What was the monthly income of this household in the past month? INCLUDING ROUTINE REMITTANCE AND TRANSFER	01 Responded IDR _____ 97 REFUSED TO RESPOND 98 DON'T KNOW
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**Section E. Household Dwelling Characteristics**

Now I would like to have the following information about your household dwelling characteristics.

E.01	What is the ownership status of this residence? (You may read out the answer options)	01 Self-owned 02 Contract/lease → E.03 03 Rent-free → E.03 04 Official residence → E.03 95 OTHERS, SPECIFY ____ → E.03
E.02	What type of land ownership evidence does this residence have?	01 Freehold title in the name of household members

	(You may read out the answer options)	02 Freehold title is not the same of household member, but with written utilization agreement 03 Freehold title is not the same of household member, without written usage agreement 04 Certificate other than freehold title (Right to build, etc.) 05 Other evidence (Letter C, etc.) 06 Do not have any ownership evidence
E.03	What is the floor area of the residence? IF DON'T KNOW, INPUT '998'	┌└┐ M2 (APPROXIMATELY IN SQUARE METERS)
E.04	What is the main building material of the roof? (You may read out the answer options)	01 Concrete 02 Roofing tile 03 Asbestos 04 Zink/Metal plates 05 Wood/shingles 06 Straw/palm leaves/thatch 95 OTHERS, SPECIFY _____
E.05	What is the main building material of the walls?	01 Brick wall 02 Plastered bamboo weaving/wire mesh 03 Wood/plank 04 Bamboo malting 05 Wooden stick 06 Bamboo 95 OTHERS, SPECIFY _____
E.06	What is the main building material of the floor?	01 Marble/granite 02 Ceramic tile 03 Parquet/vinyl/carpet 04 Terrazzo tile 05 Wood/planks 06 Cement /red brick 07 Bamboo 08 Earth 95 OTHERS, SPECIFY _____
E.07	Do you have a lavatory/toilet for defecation and who are its users?	01 Yes, only for this household 02 Yes, shared with other households 03 Yes, in communal toilets 04 Yes, in a public toilet that can be used by anyone

		05 Yes, but is not used by this household 06 No lavatory/toilet
E.07a	What kind of sewage piping is used?  [IF E.07 = 1, 2, OR 3]	01 Gooseneck 02 Freestanding pipe with lid 03 Freestanding pipe without lid 04 No piping
E.08a	What is the main source of water used by the household for drinking?	01 Branded bottled water 02 Refilled gallons 03 Tap water 04 Drilling well/pump (electric, manual/handpump) 05 Protected well 06 Un-protected well 07 Protected spring 08 Un-protected spring 09 Surface water (river / lake / pond / irrigation) 10 Rainwater 95 OTHERS, SPECIFY _____
E.08b	What are the main sources of water used by the household for <b>bathing, washing, etc?</b>	01 Branded bottled water 02 Refilled gallons 03 Tap water 04 Drilling well/pump (electric, manual/handpump) 05 Protected well 06 Un-protected well 07 Protected spring 08 Un-protected spring 09 Surface water (river / lake / pond / irrigation) 10 Rainwater 95 OTHERS, SPECIFY _____
E.09	What is the main electricity source in this household?	01 PLN electricity with meter 02 PLN electricity without meter 03 non-PLN electricity 04 No electricity
E.10	What is the main type of fuel used for cooking?	01 Electricity 02 LPG cylinder of 5.5 kg/blue gaz 03 LPG cylinder of 12 kg 04 LPG cylinder of 3 kg 05 Piped town gas

- 06 Biogas
- 07 Kerosene
- 08 Briquettes
- 09 Charcoal
- 10 Firewood
- 11 Does not cook at home
- 95 OTHERS, SPECIFY \_\_\_\_\_

**Section F. Asset Ownership**

F.01	Does this household own the following goods?		
A	5.5 KG LPG cylinder or more	01 Yes	02 No
B	Refrigerator	01 Yes	02 No
C	AC	01 Yes	02 No
D	Water heater	01 Yes	02 No
E	Landline phone (PSTN)	01 Yes	02 No
F	Computer/laptop	01 Yes	02 No
G	Gold/jewelry/savings (> 10 grams of gold)	01 Yes	02 No
H	Motorcycle	01 Yes	02 No
I	Boat	01 Yes	02 No
J	Motorboat	01 Yes	02 No
K	Car	01 Yes	02 No
L	Flatscreen television (minimum 30 inch)	01 Yes	02 No
M	Land/estate	01 Yes	02 No

**Section G. Childcare Needs Arrangement (for all children aged 0-6 years)**

**Subsection Current Childcare Arrangement**

Next, I will ask you about your childcare arrangement for a child aged 0-6 years old in the past month:

B.02	G.01	G.02	G.02a
ROSTER ID	List the child's name	In the past month, what is your childcare arrangement for the [child name]? MULTI-SELECT	Sex of the caregiver [IF G.02 = E, K, L, M, N] 01 Female 02 Male
1	.....	A B C D E F G H I J K L M N V _____	┌┐
2	.....	A B C D E F G H I J K L M N V _____	┌┐
3	.....	A B C D E F G H I J K L M N V _____	┌┐
...	...	...	...

- CODE G.02**
- A. At home with mother, specify \_\_\_\_\_
  - B. At home with father, specify \_\_\_\_\_
  - C. Family and HH member (Grandparent, aunty, uncle, etc.), specify the relationship with the child \_\_\_\_\_
  - D. Non-family and HH member (domestic helper, driver, nanny, etc.), specify \_\_\_\_\_
  - E. Nanny non-HH member
  - F. Daycare/Taman Penitipan Anak (TPA)
  - G. Taman Anak Sejahtera (TAS)
  - H. Playgroup
  - I. Kindergarten
  - J. Other forms of ECE (Pos PAUD, PAUD Desa, etc.)
  - K. Other families non-HH member (Grandparent, aunty, uncle, etc.), specify the relationship with the child \_\_\_\_\_
  - L. Friends
  - M. Neighbor
  - N. Domestic Helper non-HH member
  - V. OTHERS, SPECIFY THE RELATIONSHIP WITH THE CHILD \_\_\_\_\_

CODE G.02.C	CODE G.02.D	CODE G.02. K
01 Biological/step sister	01 Domestic Helper	01 Biological/step sister
02 Biological/step brother	02 Driver	02 Biological/step brother
03 Grandmother	03 Nanny/au de pair	03 Grandmother
04 Grandfather	95 OTHERS, SPECIFY _____	04 Grandfather
05 Uncle		05 Uncle
06 Aunt		06 Aunt
07 Cousin female		07 Cousin female
08 Cousin male		08 Cousin male
95 OTHERS, SPECIFY _____		09 Mother (non-HH member)
		10 Father (non-HH member)
		95 OTHERS, SPECIFY _____

CAPI PROGRAM: DISPLAY THE TYPE OF ARRANGEMENT FOR EACH CHILD

**CHILD #1 (NAME & ID)**

G.02	G.03	G.04	G.05	G.06	G.07	G.08	G.09
Childcare arrangement for [child #1] in the past month	Typically, in which days does this arrangement provide childcare for [child #1]?  MULTI-SELECT	Typically, during what time of the day does this arrangement provides childcare for [child #1]?  01 WHOLE DAY 02 MORNING (00.00 – 10.00) 03 NOON (10.00 – 16.00) 04 NIGHT (16.00 – 24.00)	How many hours per week does [child #1] spend in this childcare arrangement?	Do you use a different childcare arrangement during holidays?  01 Yes 02 No	If any option is outside the home, how long does it take from home?  [IN MINUTE, ONE WAY]  [IF G.02 OTHER THAN A OR B OR C OR D]	If any option is outside the home, how does the [child #1] typically get to and from childcare?  [IF G.02 OTHER THAN A OR B OR C OR D]	Why did you choose this arrangement for [child #1]?  [IF G.02 OTHER THAN A OR B OR C OR D]  MULTI-SELECT
A	A B C D E F G	▬▬:▬▬ - ▬▬:▬▬	▬▬▬	▬▬	.....	▬▬	A B C D E F G H I J K L M V
B	A B C D E F G	▬▬:▬▬ - ▬▬:▬▬	▬▬▬	▬▬	.....	▬▬	A B C D E F G H I J K L M V
C	A B C D E F G	▬▬:▬▬ - ▬▬:▬▬	▬▬▬	▬▬	.....	▬▬	A B C D E F G H I J K L M V
...	...	...	...	...	...	...	...

G.02	G.10a How satisfied are you with the childcare arrangement for your child regarding [...]									G.10
Childcare arrangement for [child #1]	A. Training and skills of personnel	B. Facilities and infrastructure (safety, security, health support)	C. Schedules (flexibility)	D. Child-friendly activities	E. Curriculum and learning	F. Spiritual aspects	G. Cost and payment scheme	H. The location	I. Services (Meals, drinks, pick up, etc.)	Overall, how satisfied are you with the childcare arrangement [option]
A	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬
B	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬
C	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬	▬▬
...	...	...	...	...	...	...	...	...	...	...

CODE G.03	CODE G.08	CODE G.09	CODE G.10
A. Monday B. Tuesday C. Wednesday D. Thursday E. Friday F. Saturday G. Sunday	01 Self-drop off and pick up on foot 02 Self-drop off and pick up by bicycle 03 Self-drop off and pick up by motorcycle 04 Self-drop off and pick up by car/4-wheels 05 Pick-up service 06 Drop off and pick up while going to workplace 95 OTHERS, SPECIFY ___	A. Legal aspect of childcare (licensed) B. Religious aspects C. Ease of access/close to the house D. Ease of access/close to the workplace E. Operational hours (flexible, etc.) F. Culture similarities G. Price (affordability) H. Personnel (trained, education background, etc.) I. Activities and learning J. Infrastructure and facilities K. Provided by employer L. Recommendation M. Quality of the service V. OTHERS, SPECIFY ___	01 Not satisfied at all 02 Less satisfied 03 Somehow satisfied 04 Satisfied 05 Very satisfied

[JIKA G.02 = F, G, H, I, J] MAKA TANYAKAN PERTANYAAN G.11 - G.14				
G.02	G.11	G.12	G.13	G.14
Childcare arrangement for [child #1]	Compared with February 2020, was your childcare arrangement for [child #1] changed due to the pandemic Covid-19?  01 Yes 02 No → G.13 <b>96 I HAVE NOT USED THIS ARRANGEMENT IN FEB 2020 → G.15</b>	If yes, how did the arrangement change?  MULTI-SELECT	Compared with February 2020, were your childcare services for [child #1] changed due to the pandemic Covid-19?  01 Yes 02 No → G.15	If yes, how did the quality of the facilities and services change?  MULTI-SELECT
A	<input type="checkbox"/>	A B C D E F V _____	<input type="checkbox"/>	A B C D E F V _____
B	<input type="checkbox"/>	A B C D E F V _____	<input type="checkbox"/>	A B C D E F V _____
C	<input type="checkbox"/>	A B C D E F V _____	<input type="checkbox"/>	A B C D E F V _____
...	...	...	...	...

CODE G.12	CODE G.14
A. The provider is closed B. The provider reduced its operational hours C. The provider reduced the number of enrolled children D. Mother took more childcare hours E. Mother took more time to assist the child in learning from home (e.g.: assisting the online learning, homework assignments, etc.) F. Mother quit work to take care of the child V. OTHERS, SPECIFY _____	A. Facilities suffered significant deterioration B. Childcare center staff reduced C. The facility adapted to new regulations and protocols D. The facility did not adapt new operational schedule E. It got more expensive F. It got cheaper V. OTHERS, SPECIFY _____

**Subsection Cost of childcare for all selected in G.02 (for all children aged 0-6 years)**

G.02	G.15	G.16	G.17	G.18	G.19
Childcare arrangement for [child #1]	How is your childcare for [child#1] paid for? MULTI-SELECT	If paid - subsidize or use other methods, what amount are you responsible for paying? [IN MONTHLY, INPUT '0' IF NO COST RESPONSIBLE] [IF G.15 != F]	To pay for care did you do any of the following? MULTI-SELECT [IF G.15 != F]	On a scale 1 to 5, how would you characterize the amount you pay for [child#1] in childcare per month? [IF G.15 != F] [SCALE 1 IS FOR VERY DIFFICULT AND 5 IS FOR NOT DIFFICULT AT ALL]	How did the childcare cost change compare to February 2020, the pre-Covid-19 level?
A	A B C D E F G	1. IDR ..... 98 DON'T KNOW	A B C D E W	1 2 3 4 5	
B	A B C D E F G	1. IDR ..... 98 DON'T KNOW	A B C D E W	1 2 3 4 5	
C	A B C D E F G	1. IDR ..... 98 DON'T KNOW	A B C D E W	1 2 3 4 5	
...	...	...	...	...	...

CODE G.15	CODE G.17	CODE G.19
A. Subsidy B. Child support C. Free program D. Exchange with others E. Out of pocket F. No payment G. Paid by employer	A. Borrow from family or friends B. Increase on work hour C. Cut back on basic HH expenditures D. Cut back on childcare hours E. Have a friend/relative watch your children W. NONE OF THE OPTIONS IS APPLICABLE	01 Childcare has become expensive 02 Childcare cost reduced 03 No change

**CHILD #2 (NAME & ID) ASK G.03 – G.19**

**CHILD #3 (NAME & ID) ASK G.03 – G.19**

...

	<p>IF THE RESPONDENT DOES NOT HAVE KNOWLEDGE ABOUT CHILDCARE FACILITIES, THE ENUMERATOR MUST DELIVER THE FOLLOWING DESCRIPTION:                  A childcare facility is a non-parent caregiver for children of certain age (usually age 0-6 years old) that offers services for a certain day and operational hours, activities, and learning.</p>	
<p>G.20</p>	<p>Would you like to enroll your child in a childcare facility but cannot or decided not to be enrolled? If yes, why?                  MULTI-SELECT, DO NOT READ THE OPTIONS                  [IF G.02 != F, G, H, I, J]</p>	<p>A. NO, I WOULD NOT ENROLL MY CHILD A CHILDCARE FACILITY                  B. THERE IS NOT ENOUGH QUOTA IN THE CHILDCARE FACILITY (FULL)                  C. THE SERVICE FEE IS TOO HIGH (UNAFFORDABLE)                  D. THE LOCATION OF THE PREFERRED CHILDCARE FACILITY IS NOT CONVENIENT                  E. THE OPERATIONAL HOURS ARE NOT COMPATIBLE WITH HH'S RESPONSIBILITIES                  F. DIFFICULTIES TO BRING AND PICK UP THE CHILDREN FROM THE CHILDCARE CENTER                  G. THE CHILD WAS NOT ACCEPTED INTO THE CHILDCARE CENTER                  H. THE QUALITY OF THE CHILDCARE CENTER IS NOT GOOD                  I. AVAILABILITY OF CHILDCARE                  V. OTHERS, SPECIFY _____</p>
<p>G.21</p>	<p>If any of the children listed above use non-parental childcare, how did you find your current childcare providers?                  MULTI-SELECT                    PROGRAM CHECKS IF [IF G.02 = F, G, H, I, J]</p>	<p>A. Social media post                  B. Social media paid ads                  C. Website                  D. Poster, banner, brochure, pamphlets (printed ads)                  E. Recommendation from colleague or family                  F. The center is located close to the house                  G. Alumni gathering                  H. Expo                  I. Word of mouth                  J. Provided by employer                  K. Government facility for children in the area                  V. OTHERS, SPECIFY _____</p>
<p>G.22</p>	<p>Over the past year, have you experienced a lack of suitable childcare?                  [IF G.02 = F, G, H, I, J]</p>	<p>01 Yes, describe _____                  02 No                  98 DON'T KNOW</p>

G.23	On a scale of 1 to 5, where 1 is the most challenging and 5 is the least challenging score, how do you perceive the following factors as a CHALLENGE in finding and using childcare for your children in the past 12 months? [IF G.02 = F, G, H, I, J]					
A.	Availability of the childcare service provider	1	2	3	4	5
B.	Finding someone I trust	1	2	3	4	5
C.	My community acceptance	1	2	3	4	5
D.	Cultural safety training for a childcare provider	1	2	3	4	5
E.	Young parent program	1	2	3	4	5
F.	Reliability of provider	1	2	3	4	5

### Section H. Need for Childcare and Ideal Childcare Arrangements

**Enumerator:** Checks if the children aged from the roster file fits with any of the following children age group.

PROGRAM POPS UP THE CHILD AGE GROUP FITS THE CHILD AGE OF THE HOUSEHOLD

	H.01	H.02	H.03	H.04	H.05	H.06	H.07
Children age groups	On a typical day, what is the earliest you need childcare to start for [age group]? [IN HOUR]	On a typical day, what is the earliest you need childcare to end for [age group]?	Are there hours and/or days that you need childcare for children in age [age group] to accommodate household members' work schedules and it is not provided?  01 Yes 02 No	Are you considering changing your current childcare arrangement?  01 Yes 02 No → H.06	If yes, why are you considering changing your childcare arrangement?  MULTI-SELECT	What are your highest valued hours of childcare services?	What would help improve your current childcare situation?  RANK TOP 2
0-12 months	LL: LL	LL: LL	LL	LL	A B C D E F V _	LL	1... 2...
13-36 months	LL: LL	LL: LL	LL	LL	A B C D E F V _	LL	1... 2...
37-72 months	LL: LL	LL: LL	LL	LL	A B C D E F V _	LL	1... 2...

	H.08	H.09
Children age groups	In general, what type of childcare do you prefer for the age [age group]?  RANK TOP 2	Would you change the child's care arrangement if an improved option became available at a price you could afford?  01 Yes 02 No 96 I have enrolled my child in a childcare facility
0-12 months	1 .... 2 .... 3 ....	<input type="checkbox"/> <input type="checkbox"/>
13-36 months	1 .... 2 .... 3 ....	<input type="checkbox"/> <input type="checkbox"/>
37-72 months	1 .... 2 .... 3 ....	<input type="checkbox"/> <input type="checkbox"/>

Code H.05	CODE H.06	CODE H.07	CODE H.08
A. Cost B. Operational hours C. Curriculum and learning D. Activities E. Caregivers F. Location V. OTHERS, SPECIFY ____	01. Weekday daytime hours; after-school care 02. Weekday daytime hours; before school care 03. Extended hours 04. Overnight care 96. OTHERS, SPECIFY ____	A. Lower fees B. Extended hours and/or days of operation in school or childcare center C. Increase availability of part-time childcare D. Increase availability of full-time childcare E. Activities that support my child's special needs F. Activities that meet my language and cultural needs W. NO IMPROVEMENT IS NEEDED V. OTHERS, SPECIFY ____	A. At home with mother B. At home with father C. Family and HH member (Grandparent, aunty, uncle, etc.) D. Non-family and HH member (domestic helper, driver, nanny, etc.) E. Nanny non-HH member F. Daycare/Taman Penitipan Anak (TPA) G. Taman Anak Sejahtera (TAS) H. Playgroup I. Kindergarten J. Other forms of ECE (Pos PAUD, PAUD Desa, etc.) K. Other families non-HH member (Grandparent, aunty, uncle, etc.) L. Friends M. Neighbor N. Domestic Helper non-HH member V. OTHERS, SPECIFY ____

H.10	On a scale of 1 to 5, where 1 is the lowest and 5 is the highest score, how useful are the following factors for assessing childcare?					
	A. Training and skills of personnel	1	2	3	4	5
	B. Facilities and infrastructure (safety, security, health support)	1	2	3	4	5
	C. Schedules (flexibility)	1	2	3	4	5
	D. Child-friendly activities	1	2	3	4	5
	E. Curriculum and learning					
	F. Spiritual aspects	1	2	3	4	5
	G. Cost and payment scheme	1	2	3	4	5
	H. Location	1	2	3	4	5
	I. Services (meals, drinks, pick up, etc.)	1	2	3	4	5
V. OTHERS, SPECIFY ____	1	2	3	4	5	

**Section I. Attitude towards childcare, Norms, and Willingness to pay**

I.01	On a scale of 1 to 5, where 1 is for strongly disagree and 5 is for strongly agree. Do you agree with the following statements?					
	A. Mothers should be entirely responsible for children's well-being, especially for children of age 0-6 years.	1	2	3	4	5
	B. I have a choice in my childcare arrangements	1	2	3	4	5
	C. Mother should prioritize childcare over work	1	2	3	4	5
	D. When mothers work for pay, families suffer	1	2	3	4	5
	E. If a mother works outside the house, the husband should help her take care of the children and do household chores.	1	2	3	4	5
	F. Women should have the same rights as men	1	2	3	4	5
	G. Being a housewife is just as fulfilling as working for pay	1	2	3	4	5
	H. It is acceptable for children to be taken care of by daycare outside the home when the mother is working	1	2	3	4	5

Family:	I.02						
	How much say does each of the following people have in deciding the childcare arrangements you use for your children? (Rate each from 1 - 5 - no say at all to decide entirely)						
	A. Mother-in-law	1	2	3	4	5	96 N/A
	B. Father-in-law	1	2	3	4	5	96 N/A
	C. Husband/wife (spouse)	1	2	3	4	5	96 N/A
	D. Myself	1	2	3	4	5	96 N/A
	E. My mother	1	2	3	4	5	96 N/A
	F. My father	1	2	3	4	5	96 N/A
	G. Sister	1	2	3	4	5	96 N/A
H. Brother	1	2	3	4	5	96 N/A	

I.03	I will now give you a scenario based on which please answer the following questions:														
	<b>Scenario</b>														
	<p>This is a childcare arrangement in the childcare center that is accessible from home and from the workplace. The arrangement is properly licensed. It accepts subsidized children and offers care all day during weekdays (also in the evenings) and weekends.</p> <p>The care providers have some training in childcare.</p> <p>The care providers are not warm but strict. The children receive a lot of individual attention.</p> <p>The program has planned activities for learning and playing.</p> <p>The care providers always make everything appear to be clean and safe for the children.</p>														
	A. Suppose that a vote was held for a project to build a childcare arrangement like the one described. If the price of this service were [...] <b>per month</b> Indonesian Rupiah, would you vote for this childcare arrangement or against it?					VOTE FOR IT.....01 VOTE AGAINST IT.....02									
	<ul style="list-style-type: none"> <li>➤ RURAL AREA: [300K, 350K, 400K, 450K, 500K]</li> <li>➤ URBAN AREA:[800K, 900K, 1.000K, 1.100K, 1.200K]</li> </ul>														
	B. How much would you like this childcare for you and your family? Make it a scale of 1 to 10 (not at all = 1 to very much=10)					1	2	3	4	5	6	7	8	9	10

	C. In your view, what would be a fair monthly price for this childcare? Please disregard whether or not you could afford the fair price.	Rp. <input type="text"/> . <input type="text"/> . <input type="text"/>
	D. How much would you be willing to pay per month for this childcare?	Rp. <input type="text"/> . <input type="text"/> . <input type="text"/>

**Section J. Childcare arrangement and labor market**

J.01	Did you ever work for pay after your child or your nursed child was born?	01. Yes 02. No → J.02
J.01a	Have you ever faced any of the following problems when the child or your nursed child was born? MULTI-SELECT	A. Call out of work B. Feel distracted/unproductive at work C. Leave work early D. Arrive late E. Cut back work hours F. Quit your job G. Lost your job H. Change your job within the company I. Change jobs to another company J. Receive disciplinary action or salary cut K. Bring your child to the workplace (if available) V. OTHERS, SPECIFY _____ W. NONE IS APPLICABLE → J.02
J.01b	Are you facing any of these now?	01. Yes 02. No

	QUESTION J.02 ARE FOR RESPONDENT WHO WORKS OR HAS BUSINESS PROGRAM IDENTIFIES RESPONSE FROM QUESTION D.01 OR D.03 [D.01 = A OR D.03 = 01]	
J.02	Does your workplace provide any of the following supports for women? MULTI-SELECT	A. <u>Paid maternity leave</u> B. <u>Unpaid maternity leave</u> C. <u>Lactation room and storage for breast milk</u> <del>D. Flexible work hours.</del> E. <u>Flexible remote/in-person arrangement</u> F. <u>On-site childcare service</u> G. <u>Family sick leave (ex:if children are sick you can take the day without losing pay or getting in trouble at work)</u> H. <u>Child pay benefits</u>

QUESTION J.03 ARE FOR RESPONDENT WHO IS WORKING  
PROGRAM IDENTIFIES RESPONSE FROM QUESTION D.01 OR D.03 [D.01 = A OR D.03 = 01]

J.03	If childcare is made available to you, will you change your job or look for a different job than what you are currently doing?	01 Yes 02 No → J.03f
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J.03a	J.03b	J.03c	J.03d	J.03e
What main work or business will you change your job to or look for?  Describe	WHAT IS THE INDUSTRY CODE FOR THIS ACTIVITY?  (THIS CAN BE FILLED UP IN THE OFFICE)  2-DIGIT CODE	WHAT IS THE OCCUPATION CODE FOR THIS ACTIVITY?  (THIS CAN BE FILLED UP IN THE OFFICE)  3-DIGIT CODE	How many hours in a week do you expect to work on this activity?  [IN HOUR]	Do you expect monthly earnings from the activity?  01 Yes, IDR _____ 02 No 98 DON'T KNOW 97 REFUSED
.....	┌──┐	┌──┐┌──┐	┌──┐	┌──┐ 01 IDR _____ ↓ Section K

J.03f	Why will you not change your job or look for a different job than what you are currently doing?  MULTI-SELECT	<ul style="list-style-type: none"> <li>A. Sick or health issue</li> <li>B. Marriage</li> <li>C. Too old</li> <li>D. Have a child</li> <li>E. Family responsibility (other than child-bearing)</li> <li>F. Religious reason</li> <li>G. Conform with local norms or customs</li> <li>H. I don't have the required skills</li> <li>V. OTHERS, SPECIFY _____</li> </ul>
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QUESTION J.04 ARE FOR RESPONDENT WHO DOES NOT WORK AND ARE NOT AVAILABLE OR LOOKING FOR WORK

PROGRAM IDENTIFIES RESPONSE FROM QUESTION D.02 [D.02 = 02, 03, 04] AND D.16 OR	If childcare is made available to you, will you be available to work or look for an income-earning opportunity outside the house?	01 Yes 02 No → J.04f
--	---	-------------------------

D.17 =  
02J.04

J.04a	J.04b	J.04c	J.04d	J.04e
What main work or business will you look for or will like to do? Describe	WHAT IS THE INDUSTRY CODE FOR THIS ACTIVITY? (THIS CAN BE FILLED UP IN THE OFFICE) 2-DIGIT CODE	WHAT IS THE OCCUPATION CODE FOR THIS ACTIVITY? (THIS CAN BE FILLED UP IN THE OFFICE) 3-DIGIT CODE	How many hours in a week do you expect to work on this activity? [IN HOUR]	Do you expect monthly earnings from the activity? 01 Yes, IDR _____ 02 No 98 DON'T KNOW 97 REFUSED
.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 01 IDR _____ ↓ Section K

J.04f	Why will you not be available to work or look for a job? MULTI-SELECT	<ul style="list-style-type: none"> <li>A. Sick or health issue</li> <li>B. Marriage</li> <li>C. Too old</li> <li>D. Have a child</li> <li>E. Family responsibility (other than child-bearing)</li> <li>F. Religious reason</li> <li>G. Conform with local norms or customs</li> <li>H. I don't have the required skills</li> <li>W. OTHERS, SPECIFY _____</li> </ul>
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### Section K. Time Use

K.01	Now we will collect your time-use information for the last 24 hours. ENUMERATOR: PLEASE RECORD THE DATE OF THE DIARY DAY _____
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Time	K.01a What were you doing? (Main/ Primary activity each line)	K.01b Did you also care for children? Yes →K.01c No →K.01d	K.01c How did you care for the children (note down the activity)	K.01d Was an elderly [65+] person present at this time? 01 Yes 02 No
04.00-04.30	.....	<input type="text"/>	.....	<input type="text"/>
04.30-05.00	.....	<input type="text"/>	.....	<input type="text"/>

05.00-05.30	.....	┌┐	.....	┌┐
05.30-06.00	.....	┌┐	.....	┌┐
06.00-06.30	.....	┌┐	.....	┌┐
06.30-07.00	.....	┌┐	.....	┌┐
07.00-07.30	.....	┌┐	.....	┌┐
...	.....	...	.....	┌┐
03.30-04.00	.....	┌┐	.....	┌┐

K.02	Was yesterday a typical day for you?	01 Yes 02 No, because I was ill 03 No, because it was school/ university/ college/ holidays 04 No, because I was on leave from work 05 No, because there was a funeral, wedding, bereavement 06 No, because there was a problem with the weather 07 No, because I was looking after another family/ household member
------	--------------------------------------	--

K.03	Overall, how did you feel about the day you just described? Would you say ... [IF K.02 = 01]	
	1. Were too busy/ had too many things to do	01 Yes 02 No - Had a comfortable amount of things to do 03 No - Did not have enough things to do

## Section L. Mental Health

This is the Patient Health Questionnaire-4 (PHQ-4) - Ultra-Brief Screening for Anxiety and Depression

	Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
L.01	Feeling nervous, anxious or on edge	0	1	2	3
L.02	Not being able to stop or control worrying	0	1	2	3
L.03	Feeling down, depressed or hopeless	0	1	2	3
L.04	Little interest or pleasure in doing things	0	1	2	3




## Section M. Child Development









Instructions for the Enumerator:

- Administer the set of questions that corresponds with the child's age band, only for a selected child.
- Remember to show caregivers the corresponding full-page illustration for those items that include an image.
- Before administering items, SAY (to caregivers):


**Now I am going to ask you about the types of things your child is currently able to do. Please answer "yes" or "no" to these questions. If you are unsure, you can also answer by saying "don't know." Please keep in mind that children learn and grow at different rates, so it is fine if your child can't yet do these things. Some of these skills children only achieve at older ages. If there is any question you feel uncomfortable answering, please let me know and we can move to the next question.**









M.01 CREDI short form: **0-5 months**



Item #	Item	Image	Response		
			Yes	No	DK
A1	Does the child smile when others smile at him/her?		Yes	No	DK
A2	Does the child grasp onto a small object (e.g., your finger, a spoon) when put in his/her hand?		Yes	No	DK
A3	Does the child recognize you or other family members (e.g., smile when they enter a room or move toward them)?		Yes	No	DK
A4	Does the child show interest in new objects by trying to put them in his/her mouth?		Yes	No	DK
A5	When lying on his/her stomach, can the child hold his/her head and chest off the ground using only his/her hands and arms for support?		Yes	No	DK
A6	Can the child pick up a small object (e.g., a small toy or small stone) using just one hand?		Yes	No	DK

<b>A7</b>	When lying on his/her back, does the child grab his/her feet?		Yes	No	DK
<b>A8</b>	Does the child look at an object when someone says "look!" and points to it?		Yes	No	DK
<b>A9</b>	Does the child look for an object of interest when it is removed from sight or hidden?		Yes	No	DK
<b>A10</b>	Does the child intentionally move or change his/her position to get objects that are out of reach?		Yes	No	DK
<b>A11</b>	Does the child play by tapping an object on the ground or a table?		Yes	No	DK
<b>A12</b>	Can the child hold him/herself in a sitting position without help or support for longer than a few seconds?		Yes	No	DK
<b>A13</b>	Can the child pick up and eat small pieces of food with his/her fingers?		Yes	No	DK
<b>A14</b>	Does the child grasp onto a small object (e.g., your finger, a spoon) when put in his/her hand?		Yes	No	DK
<b>A15</b>	Can the child use gestures to indicate what he/she wants (e.g., put arms up to indicate that he/she wants to be held, or point to water)?		Yes	No	DK
<b>A16</b>	Can the child crawl, roll, or scoot forward on his/her own?		Yes	No	DK
<b>A17</b>	Can the child throw a small ball or small stone in a forward direction using his/her hand?		Yes	No	DK
<b>A18</b>	Can the child pick up and drop a small object (e.g., a small toy or small stone) into a bucket or bowl while sitting?		Yes	No	DK
<b>A19</b>	Can the child say one or more words (e.g., names like "Mama" or "ba" for "ball")?		Yes	No	DK
<b>A20</b>	Can the child walk several steps while holding on to a person or object (e.g., wall or furniture)?		Yes	No	DK







K.01 CREDI short form: **6-11 months**


<b>Item #</b>	<b>Item</b>	<b>Image</b>	<b>Response</b>		
<b>B1</b>	Can the child pick up a small object (e.g., a small toy or small stone) using just one hand?		Yes	No	DK

<b>B2</b>	Does the child play by tapping an object on the ground or a table?		Yes	No	DK
<b>B3</b>	Does the child intentionally move or change his/her position to get objects that are out of reach?		Yes	No	DK
<b>B4</b>	Does the child look for an object of interest when it is removed from sight or hidden from him/her (e.g., put under a cover, behind another object)?		Yes	No	DK
<b>B5</b>	Can the child hold him/herself in a sitting position without help or support for longer than a few seconds?		Yes	No	DK
<b>B6</b>	Does the child look at an object when someone says "look!" and points to it?		Yes	No	DK
<b>B7</b>	Can the child pick up and eat small pieces of food with his/her fingers?		Yes	No	DK
<b>B8</b>	Can the child crawl, roll, or scoot forward on his/her own?		Yes	No	DK
<b>B9</b>	Can the child transfer a small object (e.g., a small toy or small stone) from one hand to the other?		Yes	No	DK
<b>B10</b>	Can the child use gestures to indicate what he/she wants (e.g., put arms up to indicate that he/she wants to be held, or point to water)?		Yes	No	DK
<b>B11</b>	Can the child pick up and drop a small object (e.g., a small toy or small stone) into a bucket or bowl while sitting?		Yes	No	DK
<b>B12</b>	Can the child throw a small ball or small stone in a forward direction using his/her hand?		Yes	No	DK
<b>B13</b>	Can the child say one or more words (e.g., names like "Mama" or "ba" for "ball")?		Yes	No	DK
<b>B14</b>	Does the child ask you for help using signs or words when he/she cannot do something on his/her own (e.g., to reach an object up high)?		Yes	No	DK
<b>B15</b>	Can the child walk several steps while holding on to a person or object (e.g., wall or furniture)?		Yes	No	DK
<b>B16</b>	Can the child follow simple directions (e.g., "Stand up" or "Come here")?		Yes	No	DK
<b>B17</b>	Can the child maintain a standing position on his/her own, without holding on or receiving support?		Yes	No	DK
<b>B18</b>	Can the child point to a person or object when asked (e.g., "Where is mama?" or "Where is the ball?")?		Yes	No	DK




<b>B19</b>	Can the child climb onto an object such as a chair or bench?		Yes	No	DK
<b>B20</b>	Can the child kick a ball or other round object forward using his/her foot?		Yes	No	DK

M.01 CREDI short form: **12-17 months**

Item #	Item	Image	Response		
<b>C1</b>	Can the child maintain a standing position on his/her own, without holding on or receiving support?		Yes	No	DK
<b>C2</b>	Can the child follow simple directions (e.g., "Stand up" or "Come here")?		Yes	No	DK
<b>C3</b>	Does the child imitate others' behaviors (e.g., washing hands or dishes)?		Yes	No	DK
<b>C4</b>	Can the child climb onto an object such as a chair or bench?		Yes	No	DK
<b>C5</b>	Is the child kind to younger children (e.g., speaks to them nicely and touches them gently)?		Yes	No	DK
<b>C6</b>	Does the child show curiosity to learn new things (e.g., by asking questions or exploring a new area)?		Yes	No	DK
<b>C7</b>	Can the child point to a person or object when asked (e.g., "Where is mama?" or "Where is the ball?")?		Yes	No	DK
<b>C8</b>	Can the child kick a ball or other round object forward using his/her foot?		Yes	No	DK
<b>C9</b>	Does the child involve others in play (i.e., play interactive games with other children)?		Yes	No	DK
<b>C10</b>	Does the child show sympathy or look concerned when others are hurt or sad?		Yes	No	DK
<b>C11</b>	Can the child run more than a few steps without falling or bumping into objects?		Yes	No	DK
<b>C12</b>	Can the child drink from a cup (without a lid) on his/her own without spilling?		Yes	No	DK
<b>C13</b>	Can the child stack three or more small objects (e.g., blocks, cups, bottle caps) on top of each other?		Yes	No	DK
<b>C14</b>	Can the child answer simple questions (e.g., "Do you want water?") by saying "yes" or "no", rather than nodding?		Yes	No	DK


<b>C15</b>	Does the child play by pretending objects are something else (e.g., imagining a bottle is a doll, a stone is a car, or a spoon is an airplane)?		Yes	No	DK
<b>C16</b>	Can the child correctly name at least one family member other than mom and dad (e.g., name of brother, sister, aunt, uncle)?		Yes	No	DK
<b>C17</b>	Can the child ask for something (e.g., food, water) by name when he/she wants it?		Yes	No	DK
<b>C18</b>	Can the child walk backwards?		Yes	No	DK
<b>C19</b>	If you show the child an object he/she knows well (e.g., a cup or animal), can he/she consistently name it?		Yes	No	DK
<b>C20</b>	Can the child say ten or more separate words (e.g., names like "Mama" or objects like "ball")?		Yes	No	DK


M.01 CREDI short form: **18-23 months**

<b>Item #</b>	<b>Item</b>	<b>Image</b>	<b>Response</b>		
<b>D1</b>	Can the child walk backwards?		Yes	No	DK
<b>D2</b>	Can the child ask for something (e.g., food, water) by name when he/she wants it?		Yes	No	DK
<b>D3</b>	Can the child correctly name at least one family member other than mom and dad (e.g., name of brother, sister, aunt, uncle)?		Yes	No	DK
<b>D4</b>	If you show the child an object he/she knows well (e.g., a cup or animal), can he/she consistently name it?		Yes	No	DK
<b>D5</b>	Can the child remove an item of clothing (e.g., take off his/her shirt)?		Yes	No	DK
<b>D6</b>	Can the child say ten or more separate words (e.g., names like "Mama" or objects like "ball")?		Yes	No	DK
<b>D7</b>	Can the child tell you when he/she is tired or hungry?		Yes	No	DK
<b>D8</b>	Can the child sing a short song or repeat parts of a rhyme from memory by him/herself?		Yes	No	DK
<b>D9</b>	Can the child jump with both feet leaving the ground?		Yes	No	DK
<b>D10</b>	Can the child correctly use any of the words "I," "you," "she," or "he" (e.g., "I go to store," or "He eats rice")?		Yes	No	DK
<b>D11</b>	Can the child correctly ask questions using any of the words "what," "which," "where," or "who"?		Yes	No	DK
<b>D12</b>	Can the child count up to five objects (e.g., fingers, people)?		Yes	No	DK


<b>D13</b>	Can the child speak using sentences of three or more words that go together (e.g., "I want water" or "The house is big")?		Yes	No	DK
<b>D14</b>	If you show the child two objects or people of different size, can he/she tell you which one is the big one and which is the small one?		Yes	No	DK
<b>D15</b>	Can the child identify at least one color (e.g., red, blue, yellow)?		Yes	No	DK
<b>D16</b>	Can the child explain in words what common objects like a cup or chair are used for?		Yes	No	DK
<b>D17</b>	If you ask the child to give you three objects (e.g., stones, beans), does the child give you the correct amount?		Yes	No	DK
<b>D18</b>	If you point to an object, can the child correctly use the words "on," "in," or "under" to describe where it is (e.g., "The cup is on the table" instead of "The cup is in the table.")		Yes	No	DK
<b>D19</b>	Does the child ask about familiar people other than parents when they are not there (e.g., "Where is the neighbor?")?		Yes	No	DK
<b>D20</b>	Does the child ask "why" questions (e.g., "Why are you tall?")?		Yes	No	DK


M.01 CREDI short form: **24-29 months**

<b>Item #</b>	<b>Item</b>	<b>Image</b>	<b>Response</b>		
<b>E1</b>	If you show the child an object he/she knows well (e.g., a cup or animal), can he/she consistently name it?		Yes	No	DK
<b>E2</b>	Can the child say ten or more separate words (e.g., names like "Mama" or objects like "ball")?		Yes	No	DK
<b>E3</b>	Can the child sing a short song or repeat parts of a rhyme from memory by him/herself?		Yes	No	DK
<b>E4</b>	Can the child jump with both feet leaving the ground?		Yes	No	DK
<b>E5</b>	Can the child speak using sentences of three or more words that go together (e.g., "I want water" or "The house is big")?		Yes	No	DK
<b>E6</b>	Can the child correctly ask questions using any of the words "what," "which," "where," or "who"?		Yes	No	DK
<b>E7</b>	Can the child correctly use any of the words "I," "you," "she," or "he" (e.g., "I go to store," or "He eats rice")?		Yes	No	DK
<b>E8</b>	Does the child ask about familiar people other than parents when they are not there (e.g., "Where is the neighbor?")?		Yes	No	DK
<b>E9</b>	Can the child count up to five objects (e.g., fingers, people)?		Yes	No	DK
<b>E10</b>	Can the child identify at least one color (e.g., red, blue, yellow)?		Yes	No	DK

<b>E11</b>	Does the child often kick, bite, or hit other children or adults?		Yes	No	DK
<b>E12</b>	If you show the child two objects or people of different size, can he/she tell you which one is the big one and which is the small one?		Yes	No	DK
<b>E13</b>	Does the child become extremely withdrawn or shy in new situations?		Yes	No	DK
<b>E14</b>	If you point to an object, can the child correctly use the words "on," "in," or "under" to describe where it is (e.g., "The cup is on the table" instead of "The cup is in the table.")?		Yes	No	DK
<b>E15</b>	Does the child ask "why" questions (e.g., "Why are you tall?")?		Yes	No	DK
<b>E16</b>	If you ask the child to give you three objects (e.g., stones, beans), does the child give you the correct amount?		Yes	No	DK
<b>E17</b>	Can the child explain in words what common objects like a cup or chair are used for?		Yes	No	DK
<b>E18</b>	Can the child dress him/herself (e.g., put on his/her pants and shirt without help)?		Yes	No	DK
<b>E19</b>	Can the child say what others like or dislike (e.g., "Mama doesn't like fruit," "Papa likes football")?		Yes	No	DK
<b>E20</b>	Can the child talk about things that have happened in the past using correct language (e.g., "Yesterday I played with my friend" or "Last week she went to the market")?		Yes	No	DK

M.01 CREDI short form: **30-35 months**

<b>Item #</b>	<b>Item</b>	<b>Image</b>	<b>Response</b>		
<b>F1</b>	Can the child say ten or more separate words (e.g., names like "Mama" or objects like "ball")?		Yes	No	DK
<b>F2</b>	Can the child jump with both feet leaving the ground?		Yes	No	DK
<b>F3</b>	Can the child speak using sentences of three or more words that go together (e.g., "I want water" or "The house is big")?		Yes	No	DK
<b>F4</b>	Can the child sing a short song or repeat parts of a rhyme from memory by him/herself?		Yes	No	DK
<b>F5</b>	Can the child correctly ask questions using any of the words "what," "which," "where," or "who"?		Yes	No	DK
<b>F6</b>	Does the child ask about familiar people other than parents when they are not there (e.g., "Where is the neighbor?")?		Yes	No	DK
<b>F7</b>	Can the child correctly use any of the words "I," "you," "she," or "he" (e.g., "I go to store," or "He eats rice")?		Yes	No	DK
<b>F8</b>	Can the child count up to five objects (e.g., fingers, people)?		Yes	No	DK

<b>F9</b>	Can the child identify at least one color (e.g., red, blue, yellow)?		Yes	No	DK
<b>F10</b>	If you show the child two objects or people of different size, can he/she tell you which one is the big one and which is the small one?		Yes	No	DK
<b>F11</b>	If you point to an object, can the child correctly use the words "on," "in," or "under" to describe where it is (e.g., "The cup is on the table" instead of "The cup is in the table.")		Yes	No	DK
<b>F12</b>	Can the child explain in words what common objects like a cup or chair are used for?		Yes	No	DK
<b>F13</b>	Can the child dress him/herself (e.g., put on his/her pants and shirt without help)?		Yes	No	DK
<b>F14</b>	Does the child ask "why" questions (e.g., "Why are you tall?")?		Yes	No	DK
<b>F15</b>	If you ask the child to give you three objects (e.g., stones, beans), does the child give you the correct amount?		Yes	No	DK
<b>F16</b>	Does the child often kick, bite, or hit other children or adults?		Yes	No	DK
<b>F17</b>	Does the child become extremely withdrawn or shy in new situations?		Yes	No	DK
<b>F18</b>	Does the child frequently act impulsively or without thinking (e.g., running into the street without looking)?		Yes	No	DK
<b>F19</b>	Can the child say what others like or dislike (e.g., "Mama doesn't like fruit," "Papa likes football")?		Yes	No	DK
<b>F20</b>	Can the child talk about things that have happened in the past using correct language (e.g., "Yesterday I played with my friend" or "Last week she went to the market")?		Yes	No	DK

M.01 ECDI 2030: **36-47 months**

Item #	Item	Response		
<b>ECD1</b>	Can (name) walk on an uneven surface, for example, a bumpy or steep road, without falling?	Yes	No	DK
<b>ECD2</b>	Can (name) jump up with both feet leaving the ground?	Yes	No	DK
<b>ECD3</b>	Can (name) dress (him/herself), that is, put on <b>pants and a shirt</b> , without help?	Yes	No	DK
<b>ECD4</b>	Can (name) fasten and unfasten buttons without help?	Yes	No	DK
<b>ECD5</b>	Can (name) say 10 or more words, like 'mama' or 'ball'?	Yes	No	DK
<b>ECD6</b>	Can (name) speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	Yes	No	DK
<b>ECD7</b>	Can (name) speak using sentences of 5 or more words that go together, for example, "The house is very big"?	Yes	No	DK

<b>ECD8</b>	Can (name) correctly use any of the words 'I,' 'you,' 'she,' or 'he,' for example, "I want water" or "He eats rice"?	Yes	No	DK
<b>ECD9</b>	If you show (name) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it?  By consistently we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.	Yes	No	DK
<b>ECD10</b>	Can (name) recognize at least 5 <b>letters of the alphabet</b> ?	Yes	No	DK
<b>ECD11</b>	Can (name) write (his/her) name?	Yes	No	DK
<b>ECD12</b>	Can (name) recognize all numbers from 1 to 5?	Yes	No	DK
<b>ECD13</b>	If you ask (name) to give you 3 objects, such as 3 stones or 3 <b>beans</b> , does (he/she) give you the correct amount?	Yes	No	DK
<b>ECD14</b>	Can (name) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	Yes	No	DK
<b>ECD15</b>	Can (name) do an activity, such as <b>colouring or playing with building blocks</b> , without repeatedly asking for help or giving up too quickly?	Yes	No	DK
<b>ECD16</b>	Does (name) ask about familiar people other than parents when they are not there, for example, "Where is <b>Grandma</b> ?"?	Yes	No	DK
<b>ECD17</b>	Does (name) offer to help someone who seems to need help?	Yes	No	DK
<b>ECD18</b>	Does (name) get along well with other children?	Yes	No	DK
<b>ECD19</b>	How often does (name) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	01. DAILY 02. WEEKLY 03. MONTHLY 04. A FEW TIMES A YEAR 05. NEVER 06. DON'T KNOW		
<b>ECD20</b>	Compared with children of the same age, how much does (name) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	01. NOT AT ALL 02. THE SAME OR LESS 03. MORE 04. A LOT MORE 05. DON'T KNOW		

M.01 AIM-ECD: 48+ months (4-6 years)

Item #	Item	Response		
CR1	Can (name) name at least ten letters?	Yes	No	DK
CR2	Can (name) read four simple words?	Yes	No	DK
CR3	Can (name) follow text in a correct direction <b>from left to right and from top to bottom</b> , even if s/he cannot read?	Yes	No	DK
CR4	Can (name) write at least three letters?	Yes	No	DK
CR5	Can (name) write a simple word, besides his/her name?	Yes	No	DK
CR6	Can (name) count from 1 to 10? <i>Note: If the caregiver replies "No" or "Don't know", skip CR07 and go to CR08.</i>	Yes	No	DK
CR7	Can (name) count from 1 to 20? <i>Note: If the caregiver replies "No" or "Don't know", skip CR07 and go to CR08.</i>	Yes	No	DK
CR8	Does (name) know the difference between tall and short using two animal examples, for example that <b>a tiger is taller than a cat</b> ?	Yes	No	DK
CR9	Does (name) know the difference between heavy and light using two animal examples, for example that an <b>elephant is heavier than a pig</b> ?	Yes	No	DK
CR10	Does (name) know the difference between yesterday, today, and tomorrow?	Yes	No	DK
CR11	Does (name) know that a one-digit number is larger than another one-digit number, for example that 4 is more than 2?	Yes	No	DK
CR12	Can (name) pay attention when doing an activity?	Yes	No	DK
CR13	When asked to do several things, does (name) remember all the instructions?	Yes	No	DK
CR14	Is (name) able to plan ahead?	Yes	No	DK
CR15	Does (name) stop an activity when told to do so?	Yes	No	DK
CR16	Does (name) keep working at something until s/he is finished?	Yes	No	DK
CR17	Does (name) get along with other children s/he plays with?	Yes	No	DK
CR18	Does (name) adjust easily to transitions, for example, <b>adjusting to a new caregiver or adapting to having a new baby at home</b> ?	Yes	No	DK
CR19	Does (name) accept responsibility for his/her actions?	Yes	No	DK
CR20	Does (name) settle down after periods of exciting activity?	Yes	No	DK

M.02	Do you think you have enough information to decide whether or not to send children of age 0-6 to school?	01 Yes 02 No 98 DON'T KNOW
M.03	What are the top 3 skills/characteristics you feel a child of age 0-6 years needs to be ready for primary school?  RANK TOP 3.	A. [...] At least 5 years of age B. [...] Independence in self-care C. [...] Following instructions D. [...] Being able to sit down and concentrate on a task for at least 5-10 minutes E. [...] Ability to socialize and connect with other people F. [...] Separate easily from caregiver/s G. [...] Emotional regulation/maturity H. [...] Early literacy skills (e.g. counting from 1-10 and familiarity with these numbers) I. [...] Able to express ideas, wants, and needs V. [...] OTHERS, SPECIFY _____

### Section N. Domestic Help

This section is applicable if the household has one (or more) domestic helpers, either identified in the household roster or in the childcare arrangement. Now, I would like to ask you about domestic helper.

N.00	THE PROGRAM IDENTIFIES DOMESTIC HELPERS FROM THE HOUSEHOLD ROSTER (B.05) OR FROM THE CHILDCARE ARRANGEMENT IN THE LAST MONTH (G.02). ENUMERATOR CLICKS WHETHER: 01. DOMESTIC HELPER IS A HOUSEHOLD MEMBER 02. DOMESTIC HELPER IS NOT A HOUSEHOLD MEMBER
	DOMESTIC HELPERS ARE NOT LISTED AS THE HOUSEHOLD MEMBER IF THEY DO NOT STAY IN THE RESPONDENTS' RESIDENCE.
N.01	IF N.00 = 01, THE PROGRAM WILL POP UP THEIR INFORMATION FOR N.02 – N.03.  IF DOMESTIC HELPERS ARE NOT HOUSEHOLD MEMBER BUT IS IDENTIFIED IN THE CHILDCARE ARRANGEMENT IN G.02, THEN CLICK N.00 = 02. THE ENUMERATOR COLLECT INFORMATION ON QUESTION N.02 – N.03

N.02	N.02a	N.02b	N.02c	N.03	N.04	N.05	N.06	N.07	N.08	N.09
Name	Sex	Age	Ethnicity	The highest education currently being/ever attended by [name] [SEE CODE B.11]	Where [name] did come from?  [PROGRAM POPS UP LIST OF DISTRICTS]	For how many years has [name] been working for you/ the HH?  [IN YEARS]	How long does [name] work for you per day?  [IN HOURS]	What kind of work do they help you with? A. Cooking/serving foods B. Cleaning utensils/cleaning the house/washing C. Caring for old/sick HH member D. Nursing for children, incl. child aged 0-6 years old E. Shopping for the HH member F. Doing minor HH repairs V. OTHERS, SPECIFY ____  MULTI-SELECT	Does [name] have any formal training in childcare? [IF N.07 = D]  01 Yes 02 No 98 DON'T KNOW	How much do you pay [name] per month in wage/salary?  (ONLY THE WAGE YOU PAY IN CASH)
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
...	...	...	...	...	...					

N.02	N.10	N.11
Copy the ID from column 2 of the Table above	Do you pay [name] for their food, cloth, etc. besides wage/salary?  01 Yes 02 No → N.12	If yes, how much on average do you pay for those annually?
<input type="checkbox"/>	<input type="checkbox"/>	IDR .....
<input type="checkbox"/>	<input type="checkbox"/>	IDR .....
...	...	...

N.02	N.12	N.13	N.14
N.02	QUESTIONS N.12 - N.14 ARE ASKED IF N.07 = D, ON A SCALE OF 1 TO 5, WHERE 01 Not supported at all 02 Less supported 03 Somehow supported 04 Supported 05 Very supported		
Copy the ID from column 2 of the Table above	How much of the activities related to alimentation and food for the child are supported by [name]?	How much of the activities related to clothing and, nursing for the child are supported by [name]?	How much of the activities related to play, assistance in homework, and extra curriculum activities for the child are supported by [name]?
	[IF N.07 = D]	[IF N.07 = D]	[IF N.07 = D]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...	...	...	...

On a scale of 1 to 5, where 1 is the lowest and 5 is the highest score when choosing domestic help, how important are the following roles and attributes (specifically for childcare)?						
N.15	The ability to cook, nurse, and clothe the child	1	2	3	4	5
N.16	The ability to organize activities, dynamics, play, and interact with the child	1	2	3	4	5
N.17	Knowledge in handling childcare	1	2	3	4	5
N.18	Can be trusted to take care and look after the child in the absence of parents	1	2	3	4	5
N.19	Has a good personality (patience, caring, joy, honesty, responsibility)	1	2	3	4	5
N.20	Flexibility and availability at specific times	1	2	3	4	5
N.21	Knows how to drive or commute to can pick up kids and bring them around when needed	1	2	3	4	5
N.22	Has previous experience in handling childcare	1	2	3	4	5
N.23	Cost of domestic help	1	2	3	4	5

On a scale of 1 to 5, where 1 is for strongly disagree and 5 is for strongly agree, how do you perceive the following statements?  
 The scale of 1 to 5 refers to:  
 01 Strongly disagree

	02 Disagree 03 Somehow agree 04 Agree 05 Strongly agree					
N.24	It is increasingly challenging to find domestic workers	1	2	3	4	5
N.25	It is increasingly costly to hire domestic workers	1	2	3	4	5
N.26	It is increasingly challenging to maintain retain domestic workers at home	1	2	3	4	5
N.27	It is increasingly challenging to find skillful workers for domestic work	1	2	3	4	5
N.28	It is increasingly challenging to find trusted workers for domestic work	1	2	3	4	5

Closing.  
Thank you for participating in this survey. We appreciate you for sharing information and thoughts. Should I need further confirmation, I will call you. And should you have any further questions, please contact me. Best.