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CONSENT TO PARTICIPATE IN STUDY ON THE IMPACT OF DECEMBER 2007 FLOOD DISASTER TO THE COMMUNITY OF BOJONEGORO DISTRICT, EAST JAVA

Good morning, afternoon, evening Sir/Madam. Assalamualaikum Wr. Wb.,

Allow me to introduce my self, my name is [NAME]. I am assisting Faculty of Public Health University of Indonesia in conducting interview on the impact of December 2007 flood to the community in Bojonegoro District. This research is collaboration between the Faculty of Public Health Univeristy of Indonesia and the European Union. Permission for this research has been granted by the Regional Government of Bojonegoro District.

Your participation in the interview is very much appreciated and will be used as material for developing a future flood management program. The interview will last approximately 1 - 1,5 hours and questions that will be asked is regarding your experience in relation with the flood happened last year, as well as your household's experience.

Your participation is entirely voluntarily. You can either refuse to answer some of the questions or the whole questions or even to end the interview at anytime. However, we very much expects you to be willing to participate in the interview until all questiones have been asked.

Any information you give us will be treated at strictest confidential. Your participation in the interview is not related with any kind of services or aids provided by any parties.

ASK THE RESPONDENT WHETHER THERE IS INFORMATION ABOUT THIS SURVEY WHICH IS STILL UN-CLEAR AND PROVIDE EXPLANATION AS REQUIRED.

1. Are you (Sir/Madam) aged 18 year old and over or has been married? 1. Yes 0. No → STOP []

2. Are you (Sir/Madam) agree to participate in this interview? 1. Yes 0. No → STOP []

FOR RESPONDENT WHO COULD NOT WRITE A SIGNATURE, PLEASE APPLY ANY HANDWRITING/SCRATCH IN RESPONDENT'S SIGNATURE SECTION.

Respondent's signature Name Date

I hereby certify that informed consent has been read and approved by the respondent candidate.

Interviewer's signature Name Date

DATA QUALITY ASSURANCE						
		Re-Check	Cross-Check	Supervisor	Data Entry I	Data Entry II
	Name					
	Date	/ / 08	/ / 08	/ / 08	/ / 08	/ / 08
	Signature					

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RECORD TIME THE INTERVIEW STARTED	HOUR : MINUTE	□□:□□
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PLACE IDENTIFICATION			CODE
ID1	Country	Indonesia	[2]
ID2	Province	East Java	[35]
ID3	District	Bojonegoro	[22]
ID4	Sub-district		[]
ID5	Village Name		[]
ID6	Type of Village	1. Flooded Village 2. Non-flooded village	[]
ID7	RT/ RW		[]/[]
ID8	Household ID		[]
ID9	Name of Head of Household		

INTERVIEW STATUS					
Visit number:		I	II	III	Last visit
SW1	Date of Interview	/ / 08	/ / 08	/ / 08	/ / 08
SW2	Time of Interview: Start				
SW3	Time of Interview: End				
SW4	Name of Interviewer				[]
SW5	Time of Visit	1. Morning 2. Afternoon 3. Evening	1. Morning 2. Afternoon 3. Evening	1. Morning 2. Afternoon 3. Evening	[]
SW6	Result of Visit	1. Accomplished 2. Not accomplished 3. Postponed 4. Refused 5. Respondent is not found	1. Accomplished 2. Not accomplished 3. Postponed 4. Refused 5. Respondent is not found	1. Accomplished 2. Not accomplished 3. Postponed 4. Refused 5. Respondent is not found	[]
IF RESPONDENT REFUSED, SPECIFY THE REASON:					

SW7	Situation during the interview	1. Interview is conducted only with the respondent 2. Other person sometimes present at the interview 3. Other person always presents during the interview 4. Other person sits along together during the interview process	[]
SW8	DESCRIPTION OF INTERVIEWER'S OBSERVATION RESULT (For example: respondent looked sad, inconsistency between responses and the existing condition : living condition compared to the amount of income)		

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A. HOUSEHOLD DEMOGRAPHIC DATA

REONDENT'S CODE [1] HEAD OF HOUSEHOLD [2] SPOUSE CODE []

ASK FOR THE FAMILY ID CARD. WRITE DOWN ALL FAMILY MEMBERS DURING THE FLOOD ALTHOUGH THEY HAVE DIED OR MOVED AT THE MOMENT

ID No	Complete Name	Relationship with the head of household	IF A1 = 96, In Dec 07, how long have you been living in this house? (STOP IF 1)	Sex	Date of blrth (DD-MM-YY)	Place of birth (Municipality/District)	Ethnic	Mother language	Religion/Belief	Marital status	Highest level of education	IF MEMBER OF THE HOUSEHOLD DID NOT ATTEND SCHOOL/DID NOT GRADUATE PROMARY SCHOOL, ASK: Can you read/write?	Status Alive/died
	A0	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	/ /		[]	[]	[]	[]	[]	[]	[]

A1	A2	A3	A6	A7	A8	A9	A10	A11	A11
1. Head of Household 2. Spouse of the head of HH 3. Child 4. Parents/Parents in law 5. Brother/sister 6. Grandchild 7. Grandmother/ grandfather 8. Brother/sister in law 9. Step brother/sister 10. Son/daughter in law 96. Other, specify 97. NA 98. Don't know/forget 99. Missing	1. <3 months 2. >3 months	1. Male 2. Female	1. Javanesse 2. Madura 3. Balinese 6. Other, specify _____ _____	1. Java 2. Madura 3. Bali 4. Indonesia 6. Other, specify _____ 7. NA	1. Islam 2. Catholic 3. Protestant 4. Hindu 5. Buddha 6. Professing certain belief 7. None 96. Other 97. NA 98. Don't know/forget 99. Missing	1. Married 2. Single 3. Separate, but not divorced yet 4. Divorced 5. Widowed 7. NA 8. Don't know /forget 9. Missing	1. Did not/have not attend school yet 2. Did not/have not graduated from primary school 3. Graduate from primary school 4. Did not/have not graduated from junior high school 5. Graduated from junior high school 6. Did not/have not graduated from senior high school 7. Graduated from senior high school 8. Did not/have not graduated from University 9. Graduated from university 97. NA 98. Don't know/forget 99. Missing	1. Can not read and write 2. Able to read only 3. Able to write only 4. Able to read and write 7. NA 8. Don't know/forget 9. Missing	1. Alive 2. Died 7. NA 8. Don't know/forget 9. Missing

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B. EXPERIENCE RELATED WITH NATURAL DISASTER

B1	Have you experienced any disaster since November 2007?	1. Yes 0. No → C	[]
B2	Have you experienced any disaster <u>more than once</u> , since November 2007?	1. Yes 0. No → B4	[]
B3	If YES, how many disasters have you experienced?	_____ times	[]

WHEN ASKING B6, SHOW CARD NO. 7

<i>Type of disaster</i> 1. Flood 2. Earthquake 3. Tornado 7. Not applicable 8. Don't know/forget 9. Missing		<i>How was level of severity of the disaster?</i> 1. Very severe 2. Severe 3. Moderate 4. Mild	<i>When did the disaster happened exactly?</i> (Date/Month/Year)
B4		B5	B6
A	Disaster 1 [] 8. Other, specify _____	[]	____/____/____ 1. Morning 2. Afternoon/Evening 3. Night
B	Disaster 2 [] 8. Other, specify _____	[]	____/____/____ 1. Morning 2. Afternoon/Evening 3. Night
C	Disaster 3 [] 8. Other, specify _____	[]	____/____/____ 1. Morning 2. Afternoon/Evening 3. Night
IF RESPONSE FOR B4 IS FLOOD, ASK:			
B7	What is the name of a river lies closest to this house?		
B8	How far is the closest distance between the house and the river?	_____ meter	

C. CHARACTERISTIC OF THE FLOOD DISASTER

ASK THE QUESTIONS ONLY FOR HEAVY FLOOD IN DECEMBER 2007

NO	Questions	Responses	Code
C1	<i>Were houses, yards, or roads surrounding your house experienced flood in December 07?</i> RESPONSES COULD BE MORE THAN ONE	0. No → C14 1. The road was flooded → C6 IF THE TOTAL CODE = 1 2. The yards was flooded → C3 IF THE TOTAL CODE IS <4 4. Houses were flooded	[] TOTAL CODE
C2	<i>How high was the highest level of water flooded your house?</i>	_____ meter	
C3	<i>How long was the flood remained? Until your house and yard were not flooded at all?</i>	_____ day	
C4	<i>To what extent did the flood destruct your house infrastructure or house fence?</i> SHOW CARD	1. Did not cause any destruction at all → C6 2. Slightly destructed (only destructed the fence, Picture.1) 3. Moderate destruction (part of the house wall was destructed, Picture.2) 4. Severely destructed/totally destructed (almost all parts of the house was destructed, Picture.3) 7. NA 8. Don't know/forget 9. Missing	[]
C5	<i>If the house was destructed, have you ever repaired it, since the flood until now?</i>	1. Have not repaired it at all 2. Have repaired a little 3. Have repaired most parts/all parts of the house 4. Have re-built it like a new house 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	[]
C6	<i>How was the flow of the flood?</i>	1. Stagnant 2. Rapidly flow 3. Slowly flow 7. NA 8. Don't know/forget 9. Missing	[]
C7	<i>Did you or any of your household members displaced or permanently move out due to the flood?</i>	0. No → C13 1. Yes, displaced 2. Yes, moved out permanently → C9	[]

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C8	<i>How long they were displaced?</i>	_____ days	[]
C9	<i>Where did they seek shelter or move out to after being displaced?</i> IF THE SHELTER MORE THAN ONE PLACE, ASK FOR THE FIRST PLACE THEY WENT TO IF MORE THAN ONE PERSON DISPLACED, REFER TO THE MAJORITY OF THEM	1. Family's/relative's house 2. Friend's/neighbour's house 3. Public building (school, government offices) 4. Praying facility (mosque, church, monastery, temple) 5. Tent/barrack set out by the government 6. Tent/barrack set out by NGO 7. Tent/barrack set out by the community 8. Open field (park, yard, football field) 9. No evacuation place at all 10. Rent a house 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[]
C10	<i>Where was the location of temporary shelter or moving location?</i>	1. The same village 2. Different village, but in the same sub-district 3. Different sub-district, but in the same district 4. Different district 7. NA 8. Don't know/forget 9. Missing	[]
C11	<i>How much was the cost of displacement (transportation, meal, and transporting possessions)?</i>	1. Transportation Rp. _____ 2. Meal Rp. _____ 3. Transporting possessions Rp. _____ 4. House rental/accommodation Rp. _____	
C12	<i>Were you and your household members being separated one to another during the displacement due to the flood?</i>	1. Yes 0. No	[]
C13	<i>Was there an increase or reduction in your income during or right after the flood?</i>	0. Constant 1. Increased, Rp during the flood 2. Reduced, Rp during the flood 7. NA 8. Don't know/forget 9. Missing	[]
WARNING BEFORE THE FLOOD			
C14	<i>Did you receive any early warning before the December 2007 flood happened?</i>	1. Yes 0. No → C18	[]
C15	<i>If YES, who gave the early warning?</i> RECORD AS MANY RESPONSES MENTIONED (MAYBE MORE THAN ONE RESPONSES)	1. Family 2. Neighbour from the same village 4. Someone from other village 8. Head of sub-village / RT / RW 16. Local government (from head of village up to higher levels, and its staff) 32. Police/Army 64. NGO 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[] TOTAL CODE
C16	<i>Was the early warning content clear?</i>	1. Yes 0. No	[]
C17	<i>What did you do after you heard the warning?</i>		
C18	<i>Was there any other emergency event happened in your village soon after the December 2007 flood?</i> RECORD AS MANY RESPONSES MENTIONED (MAYBE MORE THAN ONE RESPONSES)	1. Nothing 2. Landslide 4. Infrastructure collapse (e.g. building, bridge, others) 8. Vehicle accident 16. Fire 32. Chemical substances leakage or toxication 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[] TOTAL CODE

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D. TABLE ON EXPOSE TO FLOOD

Did you or your family have any contact to the water of December 2007 flood? 1. Yes 2. No → Section E []

ID No	(COPY ALL FIRST NAMES RECORDED IN A0 TABLE)	Where was the location of (NAME) when the Dec 2007 flood happened?	Was the flood reach the (NAME)'s location?	In a day, how many hours (maximum) was (NAME)'s body constantly wet by the flood?	Did (NAME) swallow /got choked by the water from the flood?	Was (NAME) carried out/drowned by the flood? IF 0 → D7	[IF CARRIED OUT/DROWNED] How did (NAMA) get rescued?	Did (NAME) displaced during the flood?
	DO	D1	D2	D3	D4	D5	D6	D7
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]
		[]	[]	Hours	[]	[]	[]	[]

Responses code

D1	D2, D4, D5	D6	D7
1. At home 2. At office 3. At school 4. On the street 5. At the rice field 6. At the garden 96. Other, _____ 97. NA 98. Don't know/forget 99. Missing	1. Yes 0. No 7. NA 8. Don't know/forget 9. Missing	1. Swimming 2. Hold on to any material/other person 3. Safed by others 4. Was not survive 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	1. Yes 0. No 7. NA 8. Don't know/forget 9. Missing

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E. TABLE ON ASSESSMENT OF THE IMPACT OF THE FLOOD TO DAILY ACTIVITIES

FOR SECTION E, THE GREY COLUMNS ARE PROVIDED ONLY FOR HOUSEHOLD WHO EXPERIENCED THE DECEMBER 2007 FLOOD

Now I would like to ask about you and your household members' daily activities

ID No	(COPY ALL FIRST NAMES RECORDED IN A0 TABLE)	Before the flood		At present		[IF E1 to E4 = 4 - 8] <i>To what extent was the impact/influence of the flood to:</i>		[IF STUDENT/COLLEGE STUDENT] <i>Did you attend school before the flood?</i>	[IF STUDENT/COLLEGE STUDENT] <i>Did you attend school during the flood?</i>
		Main job	Side job	Main job	Side job	Main job	Side job	E7	E8
	EO	E1	E2	E3	E4	E5	E6	E7	E8
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]

E1-E4	E5-E6	E7 - E8
1. Not working 2. Student/college student 3. Household woman 4. Farmer/fisherman 5. Sales/Entrepreneur 6. Labor/pedicab driver/doing any informal work available 7. Civil servant 8. Private sector employee 9. Professional (physician, private teacher, lawyer) 96. Other, specify_____ 97. NA 98. Don't know/forget 99. Missing	0. No impact at all 1. Slightly influenced 2. Moderately influenced 3. Very much influenced 4. Significantly influenced 7. NA 8. Don't know/forget 9. Missing	1. Yes 0. No

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FOR SECTION F AND G, THE GREY COLUMNS ARE PROVIDED ONLY FOR FOR HOUSEHOLD WHO EXPERIENCED THE DECEMBER 2007 FLOOD

F. WATER AND STORAGE

SHOW CARD NO. 2

No	Questions	Responses category	Before the Dec 07 flood	During or right after the flood	At present time (during the interview)
F1	<i>What was the main source of your drinking water?</i>	1. Piped water/PDAM into dwelling 2. Piped water/PDAM into yard 3. Public tap/hydrant 4. Bor-well (manual pump, engine pump) 5. Protected well 6. Open well 7. Protected spring 8. Open spring 9. Rain water 10. Surface water (river, lake, pond, pool, dam, canal stream, irrigation channel) 11. Tanker truck /water seller 12. Ask to neighbour who did not experience flood 13. Bottled water for one time use 14. Refill bottled water 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[]	[]	[]
F2	<i>What was the main source of water you use for cooking?</i>	1. Piped water/PDAM into dwelling 2. Piped water/PDAM into yard 3. Public tap/hydrant 4. Artesian well (manual water, engine water) 5. Protected well 6. Open well 7. Protected spring 8. Open spring 9. Rain water 10. Surface water (river, lake, pond, pool, dam, canal stream, irrigation channel) 11. Tanker truck/ water seller 12. Ask to neighbour who did not experience flood 13. Bottled water for one time use 14. Refill bottled water 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[]	[]	[]
F3	<i>What was the main source of water you use for shower/washing?</i>	1. Piped water/PDAM into dwelling 2. Piped water/PDAM into yard 3. Public tap/hydrant 4. Artesian well (manual water, engine water) 5. Protected well 6. Open well 7. Protected spring 8. Open spring 9. Rain water 10. Surface water (river, lake, pond, pool, dam, canal stream, irrigation channel) 11. Tanker truck/water seller 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[]	[]	[]
F4	<i>Is there any problem with the condition of the drinking water?</i>	1. Turbid 2. Dirty/contain dirt 3. Yellow/green coloured 4. Smelly 5. Taste bad 6. Salty 7. Slick 8. No problem 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[]	[]	[]
F5	<i>Where do you mainly store drinking water?</i>	1. Open bottle/gallon/jerrycan 2. Protected bottle/gallon/jerrycan 3. Open large clayware for water/bucket/pan 4. Protected large clayware for water /bucket/pan 5. Teapot/kettle/thermos bottle	[]	[]	[]

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		6. Water dispenser 7. Does not store water 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing			
F6	<i>What is your main effort in purifying your drinking water?</i>	1. Does not do any effort 2. Pour chlorin into the water (e.g. <i>air rahmat</i> , <i>SWS</i>) 3. Pour kaporit into the water 4. Use alum (tawas) 5. Put water purifying tablets 6. Use filter made of cloth 7. Use water filter (sand, Ceramic, composit, electric) 8. Solar water disinfection 9. Precipitated the water 96. Other, specify _____ 97. NA (F1=bottled water/ F3=dispenser) 98. Don't know/forget 99. Missing	[]	[]	[]
F7	<i>Do you cook the drinking water?</i>	1. Yes 0. No 7. NA 8. Don't know/forget 9. Missing	[]	[]	[]

G. HOUSEHOLD SANITATION

SHOW CARD NO. 2

No	Questions	Responses category	Before the flood	During and right after the flood	At present time (during interview)
G1	<i>Type of house</i> OBSERVATION	1. Permanent (the whole wall made of concrete) 2. Semi-permanent (some part of the wall are made of concrete) 3. Not permanent (no part made of concrete) 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	[]	[]	[] OBSERVATION RESULT []
G2	<i>Where do members of your household usually take bath?</i>	1. Private bathroom 2. Public bathroom 3. River 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	[]	[]	[]
G3	<i>Where do you usually wash your clothes?</i>	1. Private bathroom 2. Public bathroom 3. River side 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	[]	[]	[]
G4	<i>What kind of toilet facilities mostly used?</i>	Goose-neck latrine connected to: 1. Pipe for water disposal 2. Septic tank 3. A hole 4. Other place 5. Doesn't know where it goes to Open hole, soakpit, latrine without goose-neck, connected to: 6. A hole with ventilation 7. A hole which the upper part is blocked 8. Opened hole Other toilet, such as 9. Hanging toilet/ <i>helicopter type</i> 10. Toilet with basket provided (stool is moved manually) No toilet facility and feces is thrown to: 11. Garden/ field/ bushes 12. River 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	[]	[]	[]

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G6	<p><i>Where do you usually throw garbage around your neighborhood?</i></p>	<p>1. Being pooled in a specific place outside the house and then will be collected by the person in charge 2. Being pooled inside the house and then will be collected by the person in charge 3. Being buried in a protected hole in the house yard 4. Being burned in the house yard 5. Thrown in the yard without being buried/burned 6. Thrown away in a specific place outside the house (e.f. empty land, side of the road, etc.) without being buried/burned 7. Thrown into a river 8. Thrown into drain/ditch 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing</p>	[]	[]	[]
G7	<p>IF THE GARBAGE IS COLLECTED BY THE PERSON IN CHARGE <i>How often does the garbage/household waste being collected in a week?</i></p>		_____ times	_____ times	_____ times
G8	<p><i>What kind of animals commonly seen inside your house?</i> [RECORD AS MANY RESPONSES AS MENTIONED, PROBE "WHAT ELSE?"]</p>	<p>1. Mosquito 2. Mouse 4. Cockroach 8. Flies 16. Cow 32. Goat 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing</p>	[] SUM THE CODE	[] SUM THE CODE	[] SUM THE CODE

H. PERSONAL HYGIENE

No	Questions	Responses category																																																
H1	<i>Please try to remember, did you use soap this day or yesterday?</i>	1. Yes 0. No → H4																																																
H2	<p><i>If yes, since yesterday until today, what do you use the soap for?</i></p> <p>[TICK AS MANY AS RESPONSES AS MENTIONED]</p>	<p>DO NOT READ THE RESPONSES CATEGORY, ASK FOR MORE ACTIVITIES USING SOAP</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>CODE</th> </tr> </thead> <tbody> <tr> <td>a. Bathing children</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>b. Wash child's buttock</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>c. Wash child's hand</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>d. Wash clothes/dishes/milk bottle</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>e. Bath</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>f. Wash own hands after defecating</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>g. Wash own hands after wash child's buttock</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>h. Wash own hands before feed the child</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>i. Wash own hands before preparing food for the family</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>j. Wash own hands before eating</td> <td>1</td> <td>0</td> <td>[]</td> </tr> <tr> <td>k. Other, specify _____</td> <td>1</td> <td>0</td> <td>[]</td> </tr> </tbody> </table>		YES	NO	CODE	a. Bathing children	1	0	[]	b. Wash child's buttock	1	0	[]	c. Wash child's hand	1	0	[]	d. Wash clothes/dishes/milk bottle	1	0	[]	e. Bath	1	0	[]	f. Wash own hands after defecating	1	0	[]	g. Wash own hands after wash child's buttock	1	0	[]	h. Wash own hands before feed the child	1	0	[]	i. Wash own hands before preparing food for the family	1	0	[]	j. Wash own hands before eating	1	0	[]	k. Other, specify _____	1	0	[]
	YES	NO	CODE																																															
a. Bathing children	1	0	[]																																															
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e. Bath	1	0	[]																																															
f. Wash own hands after defecating	1	0	[]																																															
g. Wash own hands after wash child's buttock	1	0	[]																																															
h. Wash own hands before feed the child	1	0	[]																																															
i. Wash own hands before preparing food for the family	1	0	[]																																															
j. Wash own hands before eating	1	0	[]																																															
k. Other, specify _____	1	0	[]																																															
H3	<p><i>Within the last two weeks, how often do you wash your hand using soap?</i></p>	<p>1. Always (everytime doing activities mentioned above) 2. Often 3. Sometime 4. Rarely 7. NA 8. Don't know/forget 9. Missing</p> <p>[]</p>																																																
H4	<i>If Not, specify the reason?</i>																																																	

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

I. MORTALITY

Since December 2007, were any of your household members died or gone missing?

1. Yes

2. No → J

[]

[WHETHER OR NOT RELATED WITH THE FLOOD]

ID No	Name of household member who died/missing	When did he/she get missing? Date/Month/Year	When did he/she die? Date/Month/Year	Place of death?	What was the cause of death?	Was the cause of death confirmed by a doctor?	Before died, did he/she receive any kind of treatments/medications?	If yes, who was mainly provided the treatment/medication?
	I0	I1	I2	I3	I4	I5	I6	I7
		/ /	/ /	[]	[]	[]	[]	[]
		/ /	/ /	[]	[]	[]	[]	[]
		/ /	/ /	[]	[]	[]	[]	[]
		/ /	/ /	[]	[]	[]	[]	[]
		/ /	/ /	[]	[]	[]	[]	[]
		/ /	/ /	[]	[]	[]	[]	[]

Reponses code

I3	I4	I5- I6	I7
1. Home 2. Health facility 3. River 4. Street 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	1. Drowned 2. Diarrhea/dehydrated 3. Injured/ trauma/ accident 4. Heart attack 5. Stroke 6. Dengue Haemorrhagic Fever (DHF) 7. Pneumonia/inflammation of the lung 8. Pulmonary tuberculosis 9. Meningitis 10. Tetanus 11. Measles 12. Snake bite 13. Cancer/malignant tumors 14. Food/substance/poisoned gas toxication 96. Other, _____ 97. NA 98. Don't know/forget 99. Missing	0. No 1. Yes 7. NA 8. Don't know/forget 9. Missing	1. Public hospital 2. Private hospital 3. Emergency health post 4. Health center 5. Private doctor 6. Midwife/private paramedic 7. Shaman/ healer (person using supernatural ability to heal) 8. Religious leader (e.g. Moslem religious teacher, Priest, Buddhist monk) 9. Self healing using medicines bought from shop/small stall 10. Self healing using traditional medicines (herbs) 11. Did not seek for any medication/take a rest at home 96. Other, specify: _____ 98. Don't know/forget 99. Missing

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

J. INJURY AND DISABILITY

Since December 2007, were any of your household members injured (bone fracture, dislocation (tulang lepas sendi), burn, bruised, torn/punctured wound, snake bite) or disabled?

1. Yes 2. No → K

ID No	Name of household member who have injured or dissabled	When did he/she get injured? Date/Month/Year	Type of Injury	Which part of the body was injured?	Main cause of the injury	Did he/she receive treatment after the injury?	If yes, where did he/she go for first treatment?	Did he/she experience a long term / permanent disability? IF 0 → K	Type of physical dissability	When did he/she experience the dissability? Date/Month/Year	How far does the disability condition limit his/her daily activities?
	J0	J1	J2	J3	J4	J5	J6	J7	J8	J9	J10
		/ /	[]	[]	[]	[]	[]	[]	[]	/ /	[]
		/ /	[]	[]	[]	[]	[]	[]	[]	/ /	[]
		/ /	[]	[]	[]	[]	[]	[]	[]	/ /	[]
		/ /	[]	[]	[]	[]	[]	[]	[]	/ /	[]

Responses category

J2	J3	J4	J5 & J7	J6	J8	J10
1. Bone fracture 2. Dislocation 4. Burnt 8. Bruise 16. Torn/punctured wound 32.Snake bite 96.Other, specify _____ 97. NA 98. Don't know/forget 99. Missing [RESPONSES MIGHT MORE THAN ONE]	1. Head 2. Chest/rib 4. Abdomen 8. Back bone / back 16. Upper extremities 32. Lower extremities 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing [RESPONSES MIGHT MORE THAN ONE]	1. Punctured by sharp material 2. Fallen 3. Drwoned 4. Got something fallen upon/being pinned under/got suppressed by a hard stuff/ruins 5.Fire/burn 6.Electricity shock 7.Motor vehicle accident 8. Violence 96.Other, specify ____ 97. NA 98. Don't know/forget 99. Missing	1. Yes 0. No 7. NA 8. Don't know/forget 9. Missing	1. Member of household 2. Neighbours 3. Private practice doctor 4. Health center 5. Public hospital 6. Private hospital 7. Traditional healer (shaman, Moslem religious leader, <i>paranormal healer</i>) 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	1. Amputated body part 2. Paralyzed both feet 3. Paralyzed arm and feet 4. Hemiplegia (paralysis of one side of the body) 5. Disconnected bones 6. Sight related disability 7. Hearing dissbaility 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	1. Able to work normally only with light complain 2. Able to work, but with some limitation 3. Can not work but able to di daily activities 4. To some extent depends on others in doing daily activities 5. Depends on others and greatly needs assistance in doing daily activities 6. Very much dependent and needs regular treatment 7. Very much dependent and needs special holistic treatment 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing

2
ID1

3 5
ID2

2 2
ID3

[] [] []
ID4

[] [] []
ID5

[]
ID6

[] []
ID8

K. COMPLAINTS/SYMPTOMS EXPERIENCED WITHIN 1 MONTH FOLLOWING THE FLOOD [APPLICABLE FOR RESPONDENT IN FLOOD AREA]

Since the December 2007 flood until 1 month following the flood, were you or any of your household members had any complaints/symptoms?
[READ OUT THE COMPLAINTS/SYMPTOMS K1-K20]

No ID	Name of household member who had complaint/symptom within 1 month following the flood	Unconscious, fainted	Headache, dizziness, migraine	Nausea, vomiting, heartburn, stomachache	Muscle and joint pain	Defecate with loose/watery stool/only water for ≥ 3 times a day	Defecate with feces containing blood	Intestinal worms	Dehydration (body's fluid loss)	Bleeding (nosebleed, bleeding gums)	Fever, high body temperature, shivering	Cough with/without cold	Haemoptisis	Difficulty in breathing, wheezing, shortness of breath, rapid breathing	Chest pain/cardiac palpitation	Conjunctivitis, watering eyes	Dermatitis (itch, rash, oedema, atopic dermatitis, scabies, ring worm, ulcer)	Pain in the ear, suppurated ear	Jaundice	Urinary tract disorder (pain during urinate, difficulty in urinate, red urine/with blood, suppurated urine, etc.)	Stress, nervous, sad/ depression, anxiety, insomnia	Other, specify
		K1	K2	K3	K4	K5	K6	K7	K8	K9	K10	K11	K12	K13	K14	K15	K16	K17	K18	K19	K20	K21

RESPONSES CODE K1-K20 = 1. Yes 0. No

KP. CARE SEEKING PRACTICE TO MANAGE COMPLAINTS/SYMPTOMS EXPERIENCED WITHIN 1 MONTH AFTER THE FLOOD

[IF IN SECTION K, A HOUSEHOLD MEMBER HAD MORE THAN ONE COMPLAINT/SYMPTOM, ASK THE CARE SEEKING PRACTICE OF THE HEAVIEST COMPLAINT/SYMPTOM ACCORDING TO THE RESPONDENT]

ID No	Name of household member	[What did he/she do] Where did he/she go to seek care when having the illness for the first time?	When the complaint/symptom remained, where else did he/she go to?	When he/she had not recovered yet, where else did he/she go?	[IF RESPONSES FOR KP1, KP2, AND KP3 ARE 1-6, ASK FOR THE FIRST HEALTH SERVICE VISITED]				IF RESPONSES FOR KP1 AND KP2 ARE 7-11. What was the main reason for not going to modern health facility?
					How to reach the health facility?	Duration to reach the health facility?	How to pay the health service?	Quality of the health service	
	KP0	KP1	KP2	KP3	KP4	KP5	KP6	KP7	KP8
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

RESPONSES CODE

KP1,KP2,KP3	KP4	KP6	KP7	KP8
1. Public hospital 2. Private hospital 3. Emergency health post 4. Health 5. Private doctor 6. Midwife/private paramedic 7. Shaman/paranormal healer 8. Religious leader (e.g. Moslem religious teacher, Priest, Buddhist monk) 9. Self healing using medicines bought from shop/small stall 10. Self healing using traditional medicines (herbs) 11. Did not seek for any medication/take a rest at home	96. Other, specify:____ 97. NA 98. Don't know/forget 99. Missing	1. By foot 2. By his/her own bicycle 3. By his/her own motorcycle 4. By his/her own car 5. By rented motorcycle or rented car 6. By bus 7. By taxi 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	1. Cash 2. Pay using goods 3. Insurance 4. Free of charge 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	1. Very bad 2. Bad 3. Good 4. Very good 7. NA 8. Don't know / Forget 9. Missing
				1. Damaged road 2. Transportation was not available/the cost was expensive 3. Damaged health facility 4. Health facility was far 5. Drugs shortage 6. Inadequate number of health officer 7. Services was not pleasant 8. No money to pay for the sevice cost 9. The illness was not considered as serious 96. Other, specify ____ 97. NA 98. Don't know/forget 99. Missing

L. HISTORY OF ACUTE DISEASE SUFFERED WITHIN 1 MONTH FOLLOWING THE FLOOD [APPLICABLE FOR RESPONDENT IN FLOOD AREA]

Since the December 2007 flood until 1 month following the flood, were you or any of your household members went to doctor or hospital?

1. Yes 2. No → M

If yes, according to the doctor, what was the name of disease that you or your household member suffered from? [DO NOT READ OUT RESPONSES!!!. IF RESPONDENT MENTIONS ONE DISEASE, ASK "WHAT OTHER DISESASE SUFFERED?"]														
No	Name of household member	Cholera	Typhus/ Paratyphus	Leptosyrosis (disease caused by rat urine)	Hepatitis (jaundice)	Eye infection	Skin infection	Upper Acute Respiratory Infection (ISPA), Pneumonia	Accute asthma attack	Dengue Haemorrhagic Fever (DHF)	Malaria	Measles	Depression, anxiety, Accute Stress Dissorder / ASD	Other, specify
		L1	L2	L3	L4	L5	L6	L7	L8	L9	L10	L11	L12	L13
RESPONSES CODE L1-L13 = 1. Yes		0. No												

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

M. COMPLAINTS/SYMPTOMS EXPERIENCED 1 MONTH AGO (PRIOR THE INTERVIEW) [APPLICABLE FOR ALL RESPONDENTS]

Since 1 month ago flood until now, do you or any of your household members had any complaints/symptoms.....

[READ OUT THE COMPLAINTS/SYMPTOMS M1-M21]

No	Name of household member who had complaint/symptom within 1 month before the interview	Unconscious, fainted	Headache, dizziness, migraine	Nausea, vomiting, heartburn, stomachache	Muscle and joint pain	Defecate with loose/watery stool/only water for ≥ 3 times a day	Defecate with feces containing blood	Intestinal worms	Dehydration (body's fluid loss)	Bleeding (nosebleed, bleeding gums)	Fever, high body temperature, shivering	Cough with/without cold	Haemoptosis	Difficulty in breathing, wheezing, shortness of breath, rapid breathing	Chest pain/cardiac palpitation	Conjunctivitis, watering eyes,	Dermatitis (itch, rash, oedema, atopic dermatitis, scabies, ring worm, ulcer)	Pain in the ear, suppurated ear	Jaundice	Urinary tract disorder (pain during urinate, difficulty in urinate, red urine/with blood, suppurated urine, etc.)	Stress, nervous, sad/depression, anxiety, insomnia	Other, specify
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21

RESPONSES CODE K1-K20 = 1. Yes 0. No

MP. CARE SEEKING PRACTICE TO MANAGE COMPLAINTS/SYMPTOMS EXPERIENCED 1 MONTH AGO (PRIOR THE INTERVIEW) [APPLICABLE FOR ALL RESPONDENTS]

[IF IN SECTION K, A HOUSEHOLD MEMBER HAD MORE THAN ONE COMPLAINT/SYMPTOM, ASK THE CARE SEEKING PRACTICE OF THE HEAVIEST COMPLAINT/SYMPTOM ACCORDING TO THE RESPONDENT]

ID No	Name of household member	[What did he/she do] Where did he/she go to seek care when having the illness for the first time?	When the complaint/symptom remained, where else did he/she go to?	When he/she had not recovered yet, where else did he/she go??	[IF RESPONSES FOR MP1, MP2, AND MP3 ARE 1-6, ASK FOR THE FIRST HEALTH SERVICE VISITED]				IF RESPONSES FOR MP1 AND MP2 ARE 7-11, What was the main reason for not going to modern health facility?
					How to reach the health facility?	Duration to reach the health facility?	How to pay the health service?	Quality of the health service	
	MP0	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]
		[]	[]	[]	[]	_____ minutes/hours	[]	[]	[]

RESPONSES CODE

2	3	5	2	2						
ID1	ID2		ID3		ID4	ID5		ID6	ID8	

MP1, MP2, MP3	MP4	MP6	MP7	MP8
1. Public hospital 2. Private hospital 3. Emergency health post 4. Health 5. Private doctor 6. Midwife/private paramedic 7. Shaman/paranormal healer 8. Religious leader (e.g. Moslem religious teacher, Priest, Buddhist monk) 9. Self healing using medicines bought from shop/small stall 10. Self healing using traditional medicines (herbs) 11. Did not seek for any medication/take a rest at home	96. Other, specify: _____ 97. NA 98. Don't know/forget 99. Missing	1. By foot 2. By his/her own bicycle 3. By his/her own motorcycle 4. By his/her own car 5. By rented motorcycle or rented car 6. By bus 7. By taxi 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	1. Cash 2. Pay using goods 3. Insurance 4. Free of charge 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	1. Very bad 2. Bad 3. Good 4. Very good 7. NA 8. Don't know / Forget 9. Missing
				1. Damaged road 2. Transportation was not available/the cost was expensive 3. Damaged health facility 4. Health facility was far 5. Drugs shortage 6. Inadequate number of health officer 7. Services was not pleasant 8. No money to pay for the sevice cost 9. The illness was not considered as serious 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing

N. HISTORY OF ACUTE DISEASE SUFFERED 1 MONTH AGO (PRIOR THE INTERVIEW) [APPLICABLE FOR ALL RESPONDENT]

Since 1 month ago until now, do you or any of your household members went to doctor or hospital? 1. Yes 2. No → 0 []

<i>If yes, according to the doctor, what was the name of disease that you or your household member suffered from?</i>														
<i>[DO NOT READ OUT RESPONSES!!!. IF RESPONDENT MENTIONS ONE DISEASE, ASK "WHAT OTHER DISEASE SUFFERED?"]</i>														
IDN	Name of household member	Cholera	Typhus/ Paratyphus	Leptospyrosi s (disease caused by rat urine)	Hepatitis (jaundice)	Eye infection	Skin infection	Upper Acute Respiratory Infection (ISPA), Pneumonia	Accute asthma attack	Dengue Haemorrhagic Fever (DHF)	Malaria	Measles	Depression, anxiety, Accute Stress Dissorder / ASD	Other, specify
		N1	N2	N3	N4	N5	N6	N7	N8	N9	N10	N11	N12	N13
RESPONSES CODE N1-N13 = 1. Yes 0. No														

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

O. HISTORY OF CHRONIC DISEASE (BASED ON DOCTOR'S DIAGNOSIS)

Have you or any of household members being stated as having severe disease/chronic disease? 1. Yes, if yes what was the disease? 2. No → P
 [DO NOT READ OUT RESPONSES, IF RESPONDENT MENTIONED A NAME OF DIEASE, ASK *Since how many months ago he/she being stated to have the disease?* []
 THEN ASK "WHAT ELSE?"]

No	Name of household member	Hipertenti on/High blood pressure	Diabete s	Cardiac disease (angina, infarction, cardiac failure, etc.)	Stroke/ Hemiple gia	Chronic pulmonary diease, such as Chronic Obstructive Pulmonary Disease, Broncihitis, Emphysema, Chronic asthma	Malnutriti on (under-nourished) or Anaemia	Pulmonary Tuberculo sis (TB) (spots in the lung, haemopty sis/coughi ng up blood)	Renal disease (kidney stone, renal failure, etc.)	Rheuma tism	Cance r	Lepro sy	HIV/ AIDS	Post-trauma stress disorder / PTSD, neurosis, psychosis, insanity, dug/alcohol addiction	Other, specify _____
	O0	O1	O2	O3	O4	O5	O6	O7	O8	O9	O10	O11	O12	O13	O14

(IF YES, WRITE DOWN/FILL IN INFORMATION ON HOW MANY MONTHS AGO. IF LESS THAN 1 MONTH, WRITE 1 MONTH AGO. IF RESPONDENT DOES NOT MENTION ANY OF THE ABOVE DISEASE, WRITE 0)

P. MORBIDITY OF UNDER-FIVE CHILDREN (0–59 months)

Is there any under-five children in this household? 1. Yes 2. No → R
 SOURCE OF INFORMATION 1. MOTHER OF THE UNDER-FIVE CHILDREN 2. CARE TAKER 3. FATHER OF THE UNDER-FIVE CHILDREN 4. OTHER,, SPECIFY..... []

Since December 2007 until now, was your child suffered from any of the following diseases/complaints? If yes, for how many times was it?
 READ THE SYMPTOMS/NAME OF DISEASES!! [FILL IN WITH NUMBER OF THE EVENT]

ID No	Name of the under-five children (0–59 months)	Fever/high body temperature? If yes, for how many times? If not, fill in with 0	Defecate watery stool/only water for ≥ 3 times/day If yes, for how many times? If not, fill in with 0	Dermatitis (itch, rash, oedema, white blotches due to fungus, atopic dermatitis, scabies, ring worm, ulcer) If yes, for how many times? If not, fill in with 0	Respiratory tract infection (Cough,cold, sometimes accompanied with fever, rapid breathing or shortness of breath) If yes, for how many times? If not, fill in with 0	Other, specify If any other disease/complaints, specify for how many times?
	P0	P1	P2	P3	P4	P5
		1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	_____, _____ times
		1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	_____, _____ times
		1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	_____, _____ times
		1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	1. Yes, _____ times	_____, _____ times

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

Q. NUTRITIONAL AND IMMUNIZATION OF UNDER-FIVE CHILDREN (0–59 months)

[Q2 AND Q3 ARE FILLED IN ONLY IF GROWTH CARD IS AVAILABLE]

ID No	Name of underfive children	Date of birth	Birth weight (gram)	[FILLED IN ONLY IF THE CHILD HAVE GROWTH CARD] WAS THE GROWTH LIE IN RED OR YELLOW ZONE? WHEN WAS IT?		Has the child ever receive mother's milk (ASI)? (IF NO → Q6)	If yes, for how many months was the child received mother's milk?	If no, what was the reason for not giving mother's milk?
				Q3A	Q3B			
	Q0	Q1	Q2	Q3A	Q3B	Q4	Q5 → Q7	Q6
		—/—/—		[] —/—/—	[] —/—/—	[]		[]
		—/—/—		[] —/—/—	[] —/—/—	[]		[]
		—/—/—		[] —/—/—	[] —/—/—	[]		[]

Q1 AND Q2	Q3A AND Q3B	Q4	Q6
Could rely on respondent's memory	0. No 1. Yes, in red/below red zone 2. Yes, yellow 8. Don't know/don't remember	0. No 1. Yes	1. The mother was ill 2. The mother refused to breastfeed the child 3. The mother did not breastfeed the child due to the flood 4. The baby refused to be breastfed 5. Mother's milk was not enough/excreted 6. Other, specify

No	Name of child	Hepatitis – B vaccine				BCG	POLIO				DPT (Diphtheria-Pertussis-Tetanus) vaccine			Measles	If responses for any of Q7, Q11, Q12, or Q16 = 0 ask "Why?"
		Hep B 0	Hep B 1	Hep B 2	Hep B 3		Polio 1	Polio 2	Polio 3	Polio 4	Dose 1	Dose 2	Dose 3		
	Q0	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

Q7-Q19	Q20
0. No 1. Yes (confirmed by immunization card/book) 2. Maybe (being admitted without any evidence from immunization card/book)	1. The immunization cost was expensive 2. Did not know where the immunization location was 3. The vaccine was not available 4. Not good for the child's health 5. The child was considered too young 6. The immunization location was too far/no transportation was available 7. Immunization was considered unimportant 96. Other, specify

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

R1. DISTURBANCE/THE BREAK DOWN OF HOUSEHOLD INDUSTRY/TRADING DUE TO THE FLOOD

Do you own a household industry or trading activity?

1. Yes 2. No → R2

[]

If yes, does the households industry or trading activity experienced a break down due to the flood?

1. Yes 2. No

[]

Type of industry / Trading activity	Average Annual Production Cost or Operational Cost				Average annual income and average annual production value		Production and Income Loss due to the recent flood (Rp)
	Annual material cost (Rp.)	Annual labor cost (Rp.)	Seed capital (Rp)	Other cost, annually (Rp.)	Income (Rp.)	Production (Rp)	

R2. DAMAGE/DESTRUCTION OF PUBLIC INFRASTRUCTURES AND ITS IMPACT TO THE HOUSEHOLD

Were there any damages of public infrastructure (bridge, road, electricity, and phone) around your neighborhood caused by the flood? 1. Yes 2.No → R3

[]

<i>If yes, what kind of infrastructure damaged?</i> (DO NOT READ OUT RESPONSE)	For how many days was the facilities got damaged? [WRITE "0" IF NO DAMAGE]	How much the income/salary loss of your household member due to the damage (Rp.). [WRITE "0" IF NO INCOME LOSS]	Increase in household expenditure (Rp.) [WRITE "0" IF NO INCREASE]
R2a	R2b	R2c	R2d
1. Bridge			
2. Road			
3. Electricity supply			
4. Telephone network			
5. Other, specify _____			

2

ID1

3 5

ID2

2 2

ID3

ID4

ID5

ID6

ID8

R3. Was there any damage to the house or living facility? 1. Yes 2. No → R4 []
If yes, what were being damaged? How much was the estimated repair/replacement cost?

No	DAMAGED COMPONENT OF HOUSE/FACILITIES (* DO NOT READ OUT RESPONSE)	Purpose 1= repair 2=replacement	Estimated or actual cost for repair/replacement			
			Material cost		Labor cost	
			Total (Rp)	Number of persons	Number of days	Worker salary (Rp) *)
R3A	Wall	[]				
R3B	Roof	[]				
R3C	Floor	[]				
R3D	Toilet	[]				
R3E	Kitchen	[]				
R3F	Well, pipe water (PAM)	[]				
R3G	Electricity	[]				
R3H	Communication mean	[]				
R3I	Other _____	[]				
	TOTAL	[]				

R4. Were there any damages to household's goods or documents? 1. Yes 2. No → R5 []
If yes, what were being damaged? How much is the estimated repair/replacement cost?

No	DAMAGED GOODS/ DOCUMENTS (* DO NOT READ OUT RESPONSE)	Purpose (1= repair; 2=replacement)	Estimated or actual cost for repair/replacement			
			Biaya Material		Biaya Pekerja	
			Total (Rp)	Number of persons	Number of days	Worker salary (Rp) *)
R4A	Television	[]				
R4B	Radio	[]				
R4C	Refrigerator	[]				
R4D	Motor	[]				
R4E	Car/truck	[]				
R4F	Couch/bed	[]				
R4G	Accountable document	[]				
R4H	Other _____	[]				
	TOTAL					

R5. Do you own/work on agricultural land, horticulture, plant area/forestry? 1. Yes, own the land 2. Yes, work on the land 3. No → R6 []

No	Type of plant	The width of planted area (Hectar/ bahu/square/m2) WRITE THE MEASUREMENT UNIT		Average of total production / year	Production loss due to the Des 2007 flood	
		Irrigation	Without irrigation		Number of unit	Value (Rp.)
1						
2						
3						
4						

R6. Does your household loss any livestock due to the flood? 1. Yes 2. No → R7 []

No	Type of animal livestock	Number of animal livestock prior the flood	The price of each animal during the flood (Rp.)	Production loss	Reason for production loss
				Number	
1					[]
2					[]
3					[]
4					

2
ID1

3 5
ID2

2 2
ID3

ID4

ID5

ID6

ID8

Response code

Type of animal livestock	Reason fo production loss
1. Cow/ Buffalo	1. Illness
2. Goat	2. Lessen/lost/died
3. Poultry (chicken, duck)	3. Shortage in food supplies
4. Rabbit	4. Shortage of grass field
5. Other, specify: _____	7. NA
	8. Don't know/forget
	9. Missing

R7. ASSESSMENT OF DAMAGE LEVEL DUE TO THE FLOOD [SUMMARY OF QUESTIONS R1 – R6]

SHOW CARD NO. 3

R7	Do you own the following assets? How severe was the damage due to the flood?	Does not have	No damage at all	Moderate damage	Quite severe	Severe	Very severe	CODE
R7A	House	0	1	2	3	4	5	[]
R7B	Animal livestock	0	1	2	3	4	5	[]
R7C	Private goods with sentimental value (e.g. souvenirs, pictures)	0	1	2	3	4	5	[]
R7D	Occupation/industry	0	1	2	3	4	5	[]
R7E	Rice field/un-irrigated agricultural field/business/shop/factory	0	1	2	3	4	5	[]
R7F	Goods/commodities stored in a warehouse	0	1	2	3	4	5	[]
R7G	Car/motorcycle	0	1	2	3	4	5	[]
R7H	Land	0	1	2	3	4	5	[]
R7I	Other, specify _____	0	1	2	3	4	5	[]

S1. THE IMPACT TO MONTHLY EXPENDITURE AND INCOME

S1	How much is your household's average expenditure for the following items?		
	Type of Expenditure Item	Monthly Expenditure (Rp.)	
		Before the flood	At and right after the flood
S1A	Food		
S1B	Clothes		
S1C	Fuel (gasoline/gas/kerosene)		
S1D	Electricity		
S1E	Medication		
S1F	Education		
S1G	Transportation		
S1H	Communication (Telephone, mobile phone, internet, mailing cost)		
S1J	House rent		
S1K	Taxes		
S1L	Pay the loan		
S1M	Other, specify		
	TOTAL EXPENDITURE IF DETAILED INFORMATION COULD NOT BE OBTAINED		

S2	What are the source of your household's income and the monthly amount?				
	Source	Average monthly income Jumlah * (Rp.)		Average annual income * (Rp.)	
		Before the flood	After the flood	Before the flood	After the flood
S2A	Agricultural and its kind				
S2B	Regular salary/employee				
S2C	Traded				
S2D	Sevices (hosue servant, laundress)				
S2E	Rental				
S2F	Other, specify				
TOTAL					

[*IF INFORMATION OF MONTHLY INCOME IS HARD TO OBTAIN, INTERVIEWER COULD FILL IN THE INFORMATION ONLY FOR ANNUAL INCOME].

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ID1

3 5
ID2

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ID8

T. FINANCIAL SUPPORT

T1	<i>How was the change in your financial condition right after the flood compared to the condition before the flood?</i>	1. Very much decreased 2. Decrease 3. Similar → T6 4. Increase → T6 5. Very much increase → T6				[]
T2	<i>Can you tell me how did your household cope with the financial problem after the flood?</i> [RECORD AS MANY RESPONSES AS MENTIONED]	1. Sold assets 2. Looked for additional job → T5A 4. Migrated for work → T5B 8. Sought credit/loan → T7 16. Sought donation → T6 96. Other, specify _____ → T6				TOTAL CODE []
T3	<i>What kind of assets sold?</i> [RECORD AS MANY RESPONSES AS MENTIONED]	1. Land 2. House 4. Animan livestock 8. Jewelry 16. Private belonging 96. Other, specify _____				TOTAL CODE []
T4	<i>Was the asset could be re-possessed after the flood?</i>	1. Yes 0. No IF RESPONSE FOR T2 ONLY "SOLD ASSET" → T6				[]
T5A	<i>Who looked for additional job?</i>	ID	Name	ID	Name	
T5B	<i>Who migrated for work?</i>	ID	Name	ID	Name	
T6	<i>What kind of support did you receive after the flood?</i> [RECORD AS MANY RESPONSES AS MENTIONED]	0. Nothing → T21 1. Credit/loan → T7 2. Cash → T12 4. Goods → T16				[]
T7	<i>The amoun of the flood-related loan? (Rp)</i>	When was the loan/credit taken	The use of loan/credit	Source of the loan/credit	Interest rate (%)	
1		T8	T9	T10	T11	
2		___/___/___	[]	[]	[]	
T12	<i>The amount of flood-related cash support (Rp.)</i>	Support provider	Satisfaction regarding the support	Reason?		
1		T13	T14	T15		
2		[]	[]			
T16	<i>Type of flood-related goods support</i>	Support provider	Satisfaction regarding the support	Reason?		
1		T17	T18	T19		
2		[]	[]			
T20	IF THE TOTAL CODE FOR T6 IS 1-3 THEN ASK: <i>Who was the most authorized in deciding what the loan/cash support should be used for?</i>	1. Always my self 2. Mostly my self 3. Me and my husband/wife 4. Mostly my husband/wife 5. Always my husband/wife 6. Other, specify, _____				[]

(T9) The use of loan	(T10) Source of loan	(T13 & 17) Support provider	(T14 & 18) Satisfaction regarding the support
1. Consumptive 2. Medical treatment 3. Repair 4. Replacement 5. Reconstruction 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	1. Koperasi 2. Company 3. Financial institution 4. Private Bank 5. Government Bank 6. Family/friends 7. Usurer 8. Religious organization 96. Other, specify _____ 97. NA 98. Don't know/forget 99. Missing	1. NGO 2. Government 3. State insurance 4. Private insurance 5. Political party 6. Other, specify _____ 7. NA 8. Don't know/forget 9. Missing	1. Unsatisfied at all 2. Unsatisfied 3. Quite satisfied 4. Satisfied 5. Very much satisfied 7. NA 8. Don't know/forget 9. Missing

T21	<i>How was your food consumption pattern before the December 2007 flood? Have you ever experienced food shortage or not?</i>	1. Always experienced food shortage 2. Experienced food shortage sometimes 3. Experienced food shortage for several months 4. Never experienced food shortage	[]
T22	<i>How was your food consumption pattern right after the December 2007 flood? Have you ever experienced food shortage or not?</i>	1. Always experienced food shortage 2. Experienced food shortage sometimes 3. Experienced food shortage for several months 4. Never experienced food shortage	[]
T23	IF RESPONSE FOR T21 OR T22 EVER HAD FOOD SHORTAGE <i>Did your household change the eating pattern?</i>	1. Yes 2. No → U Section	[]
T24	<i>If yes, who is the person in your household who lessen the eating portion or eat in small portion?</i>	1. Everyone eats a little 2. The women eat a little 3. The old men/women eat a little 4. The children eat a little 5. No changes 6. Other, _____	[]
T25	<i>If yes, how was the change in type of food?</i>	1. Eat cheap food 2. Eat less nutritious food 3. Eat different food than usual 4. No changes 6. Other, _____	[]

U. COMMUNITY'S CONDITION

Please express your opinion to the following statements.

(SHOWCARD NO. 5, IF RESPONDENT DOES NOT PROVIDE RESPONSE FILLS IN CODE 9)

No	READ THE STATEMENTS BELOW	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	CODE
U1.	I trust almost everyone in my neighborhood (RT).	1	2	3	4	5	[]
U2.	I trust the local government staff.	1	2	3	4	5	[]
U3.	I trust the central government staff.	1	2	3	4	5	[]
U4.	In this RT, everyone should be alert. If not, he/she could be manipulated by other.	1	2	3	4	5	[]
U5.	Almost every people in this RT would help each other whenever someone needs help.	1	2	3	4	5	[]
U6.	I feel that thus RT a good place to live in.	1	2	3	4	5	[]
U7.	People around here have different/various view of live.	1	2	3	4	5	[]
U8.	The neighbours and I have the same hope for our RT.	1	2	3	4	5	[]
U9.	I feel comfort iving in this RT.	1	2	3	4	5	[]
U10.	Not many neighbours know me.	1	2	3	4	5	[]
U11.	I care about neighbours' opinion on what I do.	1	2	3	4	5	[]
U12.	I do not have any influence to what happen in this RT.	1	2	3	4	5	[]
U13.	If any problem occurs in this RT, the community themselves are able to find the solution.	1	2	3	4	5	[]
U14.	It is important for me to live in this RT.	1	2	3	4	5	[]
U15.	People in this RT have good relationship between one and another.	1	2	3	4	5	[]
U16.	I know almost everyone in this RT.	1	2	3	4	5	[]
U17.	I hope I could live in thus RT for a long period of time.	1	2	3	4	5	[]

V. QUALITY AND FUNCTION OF LIVE

(SHOWCARD NO. 8, IF RESPONDENT DOES NOT PROVIDE RESPONSE FILLS IN CODE 9)

<i>Within this 1 month, do you:</i>		Always	Often	Quite often	Someti me	Rarel y	Never	Code
V1.	Do you feel relax and peace?	1	2	3	4	5	6	[]
V2.	Do you feel like having plenty energy?	1	2	3	4	5	6	[]
V3.	Do you feel sad/melancholic?	1	2	3	4	5	6	[]
V4.	How often does your social activity influenced by your health or emotional condition (such as visiting friends, family, etc.)?	1	2	3	4	5	6	[]
V5.	Do you feel anxious?	1	2	3	4	5	6	[]
V6.	Do you feel down and you feel that there is nothing could ease your burden?	1	2	3	4	5	6	[]
V7.	Do you feel happy?	1	2	3	4	5	6	[]

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3	Other family member (little brother/sister, grandmother/grandfather, cousin)	0	1	2	0	1	[]	[]
4	Friend	0	1	2	0	1	[]	[]
5	Governmental organization (Police, Army), specify: _____	0	1	2	0	1	[]	[]
6	Non-governmental organization (Mosque, youth organization, NGO), specify: _____	0	1	2	0	1	[]	[]
7	Other, specify _____	0	1	2	0	1	[]	[]
X4	<i>Do you receive moral support (attention/safety/security) from people surround you (e.g family, neighbour, government, other organization)?</i> 1. Ya 2.No → X5							[]
	<i>If yes, who was the support from? How much was it? And how satisfied are you with the support?</i> (DO NOT READ OUT NAME OPTIONS)							
No	NAME OPTIONS	The amount of support (Column I)			Satisfaction (Column II)		CODE	
		None	Moderate	Much	Unsatisfied	Satisfied	Column I	Column II
1	Husband/wife/spouse	0	1	2	0	1	[]	[]
2	Children	0	1	2	0	1	[]	[]
3	Other family member (little brother/sister, grandmother/grandfather, cousin)	0	1	2	0	1	[]	[]
4	Friend	0	1	2	0	1	[]	[]
5	Governmental organization (Police, Army), specify: _____	0	1	2	0	1	[]	[]
6	Non-governmental organization (Mosque, youth organization, NGO), specify: _____	0	1	2	0	1	[]	[]
7	Other, specify _____	0	1	2	0	1	[]	[]
X5	<i>Do you receive support in a form of information, suggestion, or advice from the people surround you (e.g family, neighbour, government, other organization)?</i> 1. Yes 2.No → X6							[]
	<i>If yes, who was the support from? How much was it? And how satisfied are you with the support?</i> (DO NOT READ OUT NAME OPTIONS)							
	NAME OPTIONS	The amount of support (Column I)			Satisfaction (Column II)		CODE	
		None	Moderate	Much	Unsatisfied	Satisfied	Column I	Column II
1	Husband/wife/spouse	0	1	2	0	1	[]	[]
2	Children	0	1	2	0	1	[]	[]
3	Other family member (little brother/sister, grandmother/grandfather, cousin)	0	1	2	0	1	[]	[]
4	Friend	0	1	2	0	1	[]	[]
5	Governmental organization (Police, Army), specify: _____	0	1	2	0	1	[]	[]
6	Non-governmental organization (Mosque, youth organization, NGO), specify: _____	0	1	2	0	1	[]	[]
7	Other, specify _____	0	1	2	0	1	[]	[]
X6	<i>Do people surround you (e.g family, neighbour, government, other organization) appreciate your working skill/ability?</i> 1. Yes 2.No → Section Y							[]
	<i>If yes, who was it from? How huge was the appreciation? And how satisfied are you with the appreciation?</i> (DO NOT READ OUT NAME OPTIONS)							
No	NAME OPTIONS	The amount of support (Column I)			Satisfaction (Column II)		CODE	
		None	Moderate	Much	Unsatisfied	Satisfied	Column I	Column II
1	Husband/wife/spouse	0	1	2	0	1	[]	[]
2	Children	0	1	2	0	1	[]	[]
3	Other family member (little brother/sister, grandmother/grandfather, cousin)	0	1	2	0	1	[]	[]
4	Friend	0	1	2	0	1	[]	[]
5	Governmental organization (Police, Army), specify: _____	0	1	2	0	1	[]	[]
6	Non-governmental organization (Mosque, youth organization, NGO), specify: _____	0	1	2	0	1	[]	[]

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7	Other, specify _____	0	1	2	0	1	[]	[]
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Y. SURVIVAL BEHAVIOR AND SOCIAL PROTECTION

SHOW CARD NO. 4

<i>Other than in a form of financial and goods mentioned above, do you receive any other kind of supports, such as communication and education, legal assistance?</i> 1. Yes 2.No → Y8 If yes, what kind of support was it? and who provided the support? (DO NOT READ OUT THE TYPE OF SUPPORTS)									[]
	TYPE OF SUPPORT	Spo use	Chil dre n	Other family mem ber	Frien d	Gover nmen t	N G O	Other,	CODE
Y1	Assistance in managing the community (manage the evacuation, work together in cleaning the flood mess, fundraising, support distribution)	1	2	3	4	5	6		[]
Y2	Assistance in a form od information about the flood (information on the upcoming flood, communication and education, etc)	1	2	3	4	5	6		[]
Y3	Assitance in flood management planning (plan for establishing emergency post, evacuate victims, drugs/boats/tent supplies, public kitchen)	1	2	3	4	5	6		[]
Y4	Assistance in preparing the prevention of impact of upcoming flood (plan for developing embankment, training on evacuation)	1	2	3	4	5	6		[]
Y5	Legal aspect-related assistance (compensation sue, health and death insurance claim, administration of lost/torn of accountable documents)	1	2	3	4	5	6		[]
Y6	<i>Among all supports mentioned above, which support that you feel most helpful for the recovery of your condition?</i>	1. Assistance in managing the community 2. Information about the flood 3. Planning for flood management 4. Prepatation for preventing the impact of upcoming food 5. Legal aspect-related support							[]
Y7	<i>Why?</i>								
<i>What is your opinion to the following statements?</i>		Strongly disagre	Disagre	Neutr al	Agree	Stron gly agree			CODE
Y8	<i>Member of specific group are allowed to receive more supports than the others.</i>	1	2	3	4	5			[]
Y9	<i>Person who has connection with senior official is allowed to receive more supports than the others.</i>	1	2	3	4	5			[]
Y10	<i>Do you feel satisfied or un-satisfied with the distribution of supports to the community in this village?</i>	1. Not satisfied at all 2. Not satisfied 3. Quite satisfied 4. Satisfied 5. Very much satisfied							[]

Z. HOUSEHOLD's ROLE TO GOVERNMENT POLICY

Z1	If, for example, the government planned to seriously implement flood management program (e.g. build a bridge) that could prevent flood forever, by providing material , would the community willing to participate, by providing labor, to support the program?	1. Yes 0. No → Z3 8. Don't know → STOP
Z2	If yes, from this household, how many persons and for how many days (maximum) will you be able to provide to support the program?	_____ persons _____ days
Z3	If not, why do you willing to participate in supporting the program? [WRITE REASON MENTIONED BY THE RESPONDENT]	

END OF THE INTERVIEW:

RECORD TIME INTERVIEW ENDED	HOUR : MINUTE	[] : []
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