

**VSEN12.K**One set for
District/City BPSThe Republic of Indonesia
The Central Bureau of Statistics (BPS)**National Social Economic Survey of 2012**

Main Information on Household and Household Members

[Susenas Panel – March 2012]

Confidential

I. LOCATION IDENTIFICATION			
1	Province		<input type="checkbox"/>
2	District/City *)		<input type="checkbox"/>
3	Sub-district		<input type="checkbox"/>
4	Village/kelurahan *)		<input type="checkbox"/>
5	Village/kelurahan classification	1. Urban 2. Rural	<input type="checkbox"/>
6	Census block number		
7	Sample code number		<input type="checkbox"/>
8	Household sample sequential number		<input type="checkbox"/>
9	Name of the head of household		
10	Address (road/street name, alley, RT/RW/village)		
11	Visit result	1. Success -> [Block III] 2. Same household, different head of household -> [Block III] 3. Moved outside of BS -> [Block III] 4. Could not be found until the end of census-> [Block III] 5. Unidentified household -> [Block III] 6. No more household due to natural disaster -> [Block III]	<input type="checkbox"/>

II. SUMMARY (Filled after Block IV.A and Block V.D R.27.a with code 1)		
1	Total household members	<input type="checkbox"/>
2	Total household members age 0 – 4 years	<input type="checkbox"/>
3	Total household members age 5 years and up	<input type="checkbox"/>
4	Total household members age 10 years and up	<input type="checkbox"/>
5	Total household members age 10 years and up who are working in the past 3 months	<input type="checkbox"/>

III. OFFICIAL INFORMATION		
Description	Census Taker	Supervisor
1. Name		
2. Official Code	<input type="checkbox"/>	<input type="checkbox"/>
3. Position	1. Provincial BPS Staff 3. Statistics Clerk 2. District/City BPS Staff 4. Partner	1. Provincial BPS Staff 3. Statistics Clerk 2. District/City BPS Staff 4. Partner
4. Date	Day ____ Month ____	Day ____ Month ____
5. Signature		

*) Cross out as necessary

VI.A. HOUSEHOLD MEMBER INFORMATION

No	Household member (HM) name (People who live and eat in the household, including adult, children and toddler)	Relation with the head of household (code)	Gender 1. M 2. F	Age (year)	Marital status (code)	Have you become crime victim in the past one year? (code)	If Column 7 = 1 to 6, is it reported to police? 1. Yes 2. No	Travel frequency *) in the past 3 calendar months? If no travel, use code "00"	If traveling (Column 9 ≠ 0)		Household member age 0-17 years		Household member age 0-6 years		Household member age 3-6 years or Column 14 = 1 or 2	
									Main purpose of the last trip (code)	Main destination province of the last trip (code)	Have birth certificate from the Registrar Office? Can be shown? (code)	If Column 12 = 3 or 4, what is the main reason? (Do not read out the answer!) (code)	Ever/ on pre-school education? 1. Yes, once 2. Yes, currently attending 3. No	If Column 14 = 1 or 2, type of pre-school education (code)	Attended pre-school education in the past 3 months? 1. Yes 2. No	If Column 16 = 1, transportation facility used to go to school (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1		<input type="checkbox"/> 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"/>
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"/>
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"/>
4		<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"/>
5		<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"/>
6		<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"/>
7		<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"/>
8		<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"/>
9		<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"/>
10		<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"/>

IV.B Any housemaid/ security guard/ driver who received meal but not live-in the house? 1. Yes 2. No -> [B.V] <input type="checkbox"/> If yes, total number: Housemaid: ___ persons <input type="checkbox"/> Security guard: ___ persons <input type="checkbox"/> Driver: ___ persons <input type="checkbox"/> Other: ___ persons <input type="checkbox"/>	Column 3 Code <u>Relation to the head of household</u> 1. Head of household 2. Wife/husband 3. Child 4. In-law 5. Grandchild	Column 6 Code <u>Marital Status</u> 1. Not married 2. Married 3. Divorce 4. Widowed	Column 7 Code <u>Type of crime</u> 1. Yes, thievery 2. Yes, robbery 3. Yes, homicide 4. Yes, fraud	Column 10 Code <u>Main purpose of the last trip</u> 5. Yes, rape 6. Yes, other 7. No 8. Education/training 9. Health	Column 11 Code <u>Destination Province</u> 6. Pilgrim/religion 7. Visiting friend/family 8. Sports/culture 9. Other See provincial code after Block X	Column 12 Code <u>Birth Certificate</u> 1. Yes, can be shown 2. Yes, cannot be shown 3. Do not have 4. Do not know
	Column 13 Code <u>Main reason of no birth certificate</u> 1. Expensive/no fund 2. Far traveling distance 3. Do not know about birth certificate recording 4. Do not know the processing procedure 5. Do not see the need	Column 15 Code <u>Pre-school education</u> 1. Kindergarten/BA/RA 2. Playgroup 3. Daycare 4. PAUD/ Early Childhood Educ. (ECC)/BKB Integrated PAUD/Posyandu** 5. Other PAUD/ECC (PAUD-TAAM, PAUD-PAK, PAUD-BIA, TKQ & other)**	Column 17 Code <u>Transportation to school</u> 6. Other public motor vehicle 7. Private car 8. Office-owned motorcycle 9. Office-owned car 10. Other 1. Without vehicle 2. Bicycle 3. Private motorcycle 4. Pedicab/horse-drawn carriage 5. Public transportation with fixed route			

*) Travelling household member: trip to commercial tourist destinations, or stay in commercial accommodation, and or trip distance ≥ 100 Km (return), excluding commuter, school and work

***) PAUD: Early childhood education. Integrated PAUD with Toddler Family Care, PAUD-PAK: PAUD Christian Children Education, TKQ: Koran Kindergarten, PAUD – TAAM: Muslim Children Kindergarten PAUD, PAUD – BIA: Catholic Children Faith Development

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPLOYMENT, AND FAMILY PLANNING AND FERTILITY	
Name: _____	Sequential No: _____ <input type="checkbox"/>
Birthplace, Province/country: ¹⁾ _____	Filed by editor <input type="checkbox"/>
District/city: ¹⁾ _____	<input type="checkbox"/>
Residence location five years ago: Province/country: ¹⁾ _____	Filed by editor <input type="checkbox"/>
District/city: ¹⁾ _____	<input type="checkbox"/>
[Fill with "00" if household member age = 00-04 years]	
Biological mother sequential number: _____	<input type="checkbox"/>
[Fill with "00" if the biological mother is not living in this household]	
Information provider:	
Name: _____	Sequential No: _____ <input type="checkbox"/>
V.A. HEALTH INFORMATION (ALL AGES)	
1. Any health complaint in the past one month? (read from a to h) [Code 1 if yes, 2 if no]	
a. Fever <input type="checkbox"/>	e. Diarrhea <input type="checkbox"/>
b. Cough <input type="checkbox"/>	f. Migraine <input type="checkbox"/>
c. Cold <input type="checkbox"/>	g. Toothache <input type="checkbox"/>
d. Asthma/breathlessness <input type="checkbox"/>	h. Other ²⁾ <input type="checkbox"/>
[If all R.1 =2, go to R.7]	
2. If there is a complaint, did it disrupt job, school or daily activities? <input type="checkbox"/>	
1. Yes 2. No -> [R.4.a]	
3. Period of disruption: _____ days <input type="checkbox"/>	
4.a. Ever performed self-medication in the past 1 month? <input type="checkbox"/>	
1. Yes 2. No -> [R.5]	
b. Type of medicine/treatment method used: [Code 1 for yes, 2 for no]	
1. Traditional medicine <input type="checkbox"/>	3. Other <input type="checkbox"/>
2. Modern medicine <input type="checkbox"/>	
5. Ever become an outpatient in the past one month? <input type="checkbox"/>	
1. Yes 2. No -> [R.7]	
6. How many times became outpatient in the past one month? [Fill outpatient frequency for each facility]	
a. State hospital <input type="checkbox"/>	e. Medical worker practice <input type="checkbox"/>
b. Private hospital <input type="checkbox"/>	f. Traditional treatment <input type="checkbox"/>
c. Doctor/polyclinic <input type="checkbox"/>	g. Maternity healer <input type="checkbox"/>
d. Health clinic <input type="checkbox"/>	h. Other <input type="checkbox"/>
7. Ever become an outpatient in the past six months? <input type="checkbox"/>	
1. Yes 2. No	
8. Ever become an inpatient in the past one year? <input type="checkbox"/>	
1. Yes 2. No -> [Block V.B]	
9. Inpatient period (in days):	
a. State hospital _____	d. Medical worker practice _____ <input type="checkbox"/>

¹⁾ Cross out as necessary

²⁾ For example: Measles, ear infection, liver disease, convulsions, palsy, senile, accident etc.

b. Private hospital _____	e. Traditional treatment _____ <input type="checkbox"/>
c. Health clinic _____	f. Other _____ <input type="checkbox"/>
V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)	
10.a. Age in month: _____ months <input type="checkbox"/>	
(To R.11 if ≠ 0)	
b. If R.10.a = 00, age in day: _____ days <input type="checkbox"/>	
11. Who assisted the birth process? [Fill code to box]	
1. Doctor	4. Maternity healer
2. Midwife	5. Family
3. Other paramedic	6. Other
	First a. <input type="checkbox"/>
	Last b. <input type="checkbox"/>
12. How many times the child received immunization? [Code 0 for no immunization yet]	
a. BCG <input type="checkbox"/>	d. Measles/Morbili <input type="checkbox"/>
b. DPT <input type="checkbox"/>	e. Hepatitis B <input type="checkbox"/>
c. Polio <input type="checkbox"/>	
13.a. Ever provided with breast milk? <input type="checkbox"/>	
1. Yes 2. No -> [Other household member]	
b. If "yes" [R.13.a=1], period of breast milk provision [fill in days if age <1 month and in months if age is ≥ 1 month]:	
1. Period of provided with breast milk: _____ 1 <input type="checkbox"/>	
2. Breast milk exclusive: _____ 2 <input type="checkbox"/>	
3. Breast milk and complimentary food: _____ 3 <input type="checkbox"/>	
V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)	
14. Schooling participation: <input type="checkbox"/>	
1. No/never in school -> [R.19]	
2. Attending school	
3. No longer in school	
15. The highest education type and level currently studied/passed: <input type="checkbox"/>	
1. Elementary school	8. M. Aliyah (Islamic school)
2. M. Ibtidaiyah	9. Vocational School
3. Package A	10. Package C
4. Public junior high	11. Diploma 1/2
5. M. Tsanawiyah	12. Diploma 3/Bachelor Degree
6. Package B	13. Diploma 4/S1
7. Senior High	14. S2/S3
16. Highest class/level studied/currently studied: <input type="checkbox"/>	
1 2 3 4 5 6 7 8 (Graduated)	
17. Highest diploma obtained: <input type="checkbox"/>	
1. No elementary sch. diploma	9. M. Aliyah
2. Elementary school	10. Vocational school
3. M. Ibtidaiyah	11. Package C
4. Package A	12. Diploma 1/2
5. Junior high	13. Diploma 3
6. M. Tsanawiyah	14. Diploma 4/S1
7. Package B	15. S2/S3
8. Senior high	
18.a. Received education in the past 3 months? <input type="checkbox"/>	
1. Yes 2. No -> [R.19]	
b. If yes (R.18.a = 1), transportation facility generally used to go to school: <input type="checkbox"/>	
1. Without vehicle	6. Other public motor vehicle

2. Bicycle	7. Private car	
3. Private motorcycle	8. Office-owned motorcycle	
4. Pedicab/horse-drawn carriage	9. Office-owned car	
5. Public transportation with fixed route	10. Other	
19. Can read and write: [Code 1 for yes, 2 for no]		
a. Latin alphabets <input type="checkbox"/>	c. Other alphabets <input type="checkbox"/>	
b. Arabian alphabets <input type="checkbox"/>		
20. Ever access the Internet in the past 3 months? <input type="checkbox"/>		
1. Yes	2. No -> [R.22]	
21. If yes (R.20 = 1), location/media to access the Internet: [Code 1 for yes, 2 for no]		
1. House <input type="checkbox"/>	3. Office <input type="checkbox"/>	5. Cellphone <input type="checkbox"/>
2. Internet kiosk <input type="checkbox"/>	4. School <input type="checkbox"/>	6. Other <input type="checkbox"/>
(for example: Portable modem)		
FOR HOUSEHOLD MEMBER AGE 5 – 24 YEARS OLD		
22. If R.14 = 1 or 3, reason why never go to school or no longer in school: <input type="checkbox"/>		
1. No money	7. Far distance to school	
2. Working	8. Disabled	
3. Married/handle household	9. Waiting for announcement	
4. Feel sufficient education	10. Not accepted	
5. Underage	11. Other	
6. Bashful due to economic Condition		
23. If R.14 = 3, when did you quit school? [Fill with '00' and '0000' if quit prior to 2002]		
Month: ____ <input type="checkbox"/> Year: ____ <input type="checkbox"/>		
V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)		
24. a. Did you perform the following activity in the past one week?		
1. Work	1. Yes	2. No <input type="checkbox"/>
2. School	1. Yes	2. No <input type="checkbox"/>
3. Handling household	1. Yes	2. No <input type="checkbox"/>
4. Other beside personal activity ³	1. Yes	2. No <input type="checkbox"/>
[If R.24.a.1 to 4 = 2, go to R.25]		
b. From activities 1 to 4 above which stated "Yes," what activity used the most time in the past one week? <input type="checkbox"/>		
1	2	3 4
[If R.24.a.1 = 1, go to R.26]		
25. Do you have work/business, but temporarily not working for the past one week? <input type="checkbox"/>		
1. Yes	2. No	
26. Are you looking for work or preparing for business during the past one week? <input type="checkbox"/>		
1. Yes	2. No	
27.a. Did you work in the past 3 months? <input type="checkbox"/>		
1. Yes	2. No	
b. If yes (R.27.a = 1), transportation facility generally used to go to work: <input type="checkbox"/>		

³ Other activities include: sports, course, picnic and social activities (organization, volunteering)

1. Without vehicle	6. Other public motor vehicle
2. Bicycle	7. Private car
3. Private motorcycle	8. Office-owned motorcycle
4. Pedicab/horse-drawn carriage	9. Office-owned car
5. Public transportation with fixed route	10. Other
ONLY FOR WORKING HOUSEHOLD MEMBER [R.24.a.1 = 1 or R.25 = 1]	
28. a. Total work days in the past one week: ____ days <input type="checkbox"/>	
b. Total work hour from all jobs in the past one week: ____ hours <input type="checkbox"/>	
29. The amount of net income (money and goods) generally received in a month from the main job: Rp ____ <input type="checkbox"/>	
30. Main business/job from workplace in the past one week:	
1. Rice and crops agriculture	<input type="checkbox"/>
2. Horticulture	
3. Plantation	
4. Fisheries	
5. Livestock	
6. Forestry & other agriculture	
7. Mining and quarrying	
8. Processing industry	
9. Electricity and gas	
10. Construction/building	
11. Trading	
12. Hotel and restaurant	
13. Transportation and warehousing	
14. Information and communications	
15. Finance and insurance	
16. Educational services	
17. Health services	
18. Public, governmental and individual services	
19. Other	
31. Position/status of the main job in the past one week: <input type="checkbox"/>	
1. Self-owned business/freelance	
2. Self-owned business with non-permanent/non-paid worker	
3. Self-owned business with permanent/paid worker	
4. Worker/employee/staff	
5. Freelancer	
6. Family or non-paid worker	
V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGE 10 YEARS AND UP WITH A STATUS OF MARRIED, DIVORCED, WIDOWED (Block IV.A Column 4 = 2, Column 5 ≥ 10, Column 6 = 2, 3 or 4)	
32. Age when married for the first time ____ years <input type="checkbox"/>	
33. Total years in marriage: ____ years <input type="checkbox"/>	
34. Total child born from marriage	M F M+F
a. Member of household, live birth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Member of household, still alive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Member of household, deceased	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35. The use/wearing of family planning device/method? <input type="checkbox"/>	

1. Using it now	
2. No longer use it -> [R.37]	
3. Never use it -> [R.37]	
36. If currently using (R.35 = 1), the selected family planning device/method: <input type="checkbox"/>	<input type="checkbox"/>
1. Women/tubectomy	6. Birth control pill
2. Men/vasectomy	7. Condom/rubber
3. IUD/spiral	8. Intravag/tissue/women condom
4. Injection	
5. Implant/norplant	9. Female condom
	10. Traditional method
[Continue to other household members]	
37. If without family planning [R.35 = 2 or 3], still want child?	
1. Yes, soon (< 2 years) -> [Other household member] <input type="checkbox"/>	
2. Yes, later (≥ 2 years)	3. No
38. Main reason of not using family planning: <input type="checkbox"/>	
1. Fertility reason (barren, menopause, fasting, tradition, want child)	
2. Against family planning	
3. Do not know family planning device/method	
4. Afraid of family planning side effects	
5. Do not know	
6. Other (____)	
VI. HOUSING INFORMATION	
1. Censused residential building is: <input type="checkbox"/>	<input type="checkbox"/>
1. Residential building	
2. Mixed-use building	
2. Number of household in the censused building: <input type="checkbox"/>	
1. One household	
2. More than one households	
3. Residential building status: <input type="checkbox"/>	
1. Owned	6. Company house
2. Lease	7. Other
3. Rent	
4. Free lease, owned by other people	
5. Free lease, owned by parents/family	
4. If R.3 = 1 (privately owned), land status of residential building: <input type="checkbox"/>	
1. Freehold title (HM)	3. Right to use title (HP)
2. Building rights title (HGB)	4. Other
5. Type of most roof material: <input type="checkbox"/>	
1. Concrete	5. Asbestos
2. Roof tile	6. Fiber/palm
3. Shingle	7. Other
4. Iron sheet	
6. Type of most wall material: <input type="checkbox"/>	
1. Concrete	3. Bamboo
2. Wood	4. Other
7. Type of most flooring material: <input type="checkbox"/>	
1. Marble/ceramics/granite	4. Wood
2. Terrazzo/tiles	5. Soil
3. Cement	6. Other
8. Floor area: ____ square meter <input type="checkbox"/>	<input type="checkbox"/>
9.a. Source of drinking water: <input type="checkbox"/>	<input type="checkbox"/>

1. Branded bottled water -> [R.11]	
2. Recycled bottled water -> [R.11]	
3. Pipe with meter-> [R.10]	
4. Pipe, retail payment-> [R.11]	
5. Terrestrial well/pump	
6. Protected/covered well	
7. Unprotected/uncovered well	
8. Protected spring	
9. Unprotected spring	
10. River-> [R.10]	
11. Rainwater-> [R.10]	
12. Other-> [R.10]	
b. If R.9.a = 5 to 9(pump/well/spring), distance to the closest feces containment: <input type="checkbox"/>	<input type="checkbox"/>
1. < 10 m	3. Do not know
2. ≥ 10 m	
10. If R.9.a = 03, 05 to 12, drinking water facility use: <input type="checkbox"/>	
1. Personal	3. Public
2. Mutual	4. None
11. Method to obtain drinking water: <input type="checkbox"/>	
1. Buying	3. Not buying
2. Customer-based	
12.a. Source of water for bath/washing: <input type="checkbox"/>	<input type="checkbox"/>
1. Branded bottled water	
2. Recycled bottled water	
3. Pipe with meter	
4. Pipe, retail payment	
5. Terrestrial well/pump	
6. Protected/covered well	
7. Unprotected/uncovered well	
8. Protected spring	
9. Unprotected spring	
10. River	
11. Rainwater	
12. Other	
b. The water is obtained by: <input type="checkbox"/>	
1. Buying	3. Not buying
2. Customer-based	
13.a. Defecation facility use: <input type="checkbox"/>	
1. Personal	3. Public
2. Mutual	4. None -> [R.13.c]
b. Type of toilet: <input type="checkbox"/>	
1. Goose neck/leher angsa	3. Squat toilet/cemplung
2. Pit toilet/plengsengan	4. None
c. Final disposal location: <input type="checkbox"/>	
1. Tank/septic tank	4. Pit hole
2. Pool/field	5. Beach/open field/farm
3. River/lake/sea	6. Other
14.a. Source of lighting: <input type="checkbox"/>	
1. PLN electricity	4. Oil lamp/torch
2. Non-PLN electricity	5. Other
3. Paraffin lamp/petromak	
b. If PLN electricity (R.14.a = 1), the installed capacity: <input type="checkbox"/>	
1. 450 Watts	4. 2,200 Watts

2. 900 Watts	5. > 2,200 Watts
3. 1,300 Watts	6. No meter
15. Main fuel/energy for cooking: <input type="checkbox"/>	
1. Electricity	5. Charcoal
2. Gas/LPG	6. Briquettes
3. City gas	7. Firewood
4. Kerosene	8. Other
VII. OTHER SOCIO-ECONOMIC INFORMATION	
VII.A. POVERTY ERADICATION PROGRAM	
1. a. Any household member who received free health service in the past 6 months? <input type="checkbox"/>	
1. Yes 2. No -> [R.2]	
b. If "yes" (R.1.a = 1), the type of card used: <input type="checkbox"/>	
1. National health insurance (<i>Jamkesmas</i>)	
2. Health card (<i>Kartu sehat</i>)	
3. Poor statement (SKTM)	
4. Other: _____	
2. a. Is the household ever received/purchased cheap rice/rice for poor people (<i>raskin</i>) in the past 3 months ? <input type="checkbox"/>	
1. Yes 2. No -> (R.3.a)	
b. If "yes" (R.2.a = 1) the last amount of rice purchased: _____ kg <input type="checkbox"/>	
c. How much per kg paid by the household for the last purchase of cheap rice? Rp _____ <input type="checkbox"/>	
3. a. Is the household ever received a business credit in the past one year? <input type="checkbox"/>	
[Code 1 for yes, 2 for no]	
1. Public Empowerment National Program (<i>PNPM Mandiri</i>) <input type="checkbox"/>	
2. Other government program <input type="checkbox"/>	
3. Public Business Credit (KUR) <input type="checkbox"/>	
4. Bank program other than KUR <input type="checkbox"/>	
5. Cooperatives program <input type="checkbox"/>	
6. Individual <input type="checkbox"/>	
7. Other (_____) <input type="checkbox"/>	
[If R.3.a 1 to 7 = 2, go to R.4]	
b. If received more than one type of credits, which one is the largest? _____ <input type="checkbox"/>	
(Write one code of business credit, 1 to 7 from Details 3.a)	
VII.B. ASSETS AND COLLATERAL	
4. Is the household owned the following assets: <input type="checkbox"/>	
[Code 1 if own, code 2 if does not own]	
a. Bicycle <input type="checkbox"/>	f. Water heater <input type="checkbox"/>
b. Motorcycle <input type="checkbox"/>	g. Gas container size 12 kg & up <input type="checkbox"/>
c. Boat <input type="checkbox"/>	h. Refrigerator <input type="checkbox"/>
d. Cable TV <input type="checkbox"/>	i. Motorboat <input type="checkbox"/>
e. AC <input type="checkbox"/>	j. Car <input type="checkbox"/>
5. a. Is the household earned sufficient income to meet daily expenditure? <input type="checkbox"/>	
1. Yes -> [R.6] 2. No	
b. If "not" (R.5.a = 2), from where the household meet the shortage? <input type="checkbox"/>	
[Code 1 for yes, 2 for no]	

a. Use savings (in bank/house) <input type="checkbox"/>	
b. Sell assets <input type="checkbox"/>	
c. Borrow from family <input type="checkbox"/>	
d. Borrow from friend, neighbor <input type="checkbox"/>	
e. Borrow from creditor <input type="checkbox"/>	
f. Borrow cash from bank <input type="checkbox"/>	
g. Borrow from cooperatives <input type="checkbox"/>	
h. Pawn goods <input type="checkbox"/>	
6. Is there any payment collateral/health insurance for outpatient/inpatient needs as follows: <input type="checkbox"/>	
[Code 1 for yes, 2 for no]	
a. Health Insurance for Civil Servant/Veteran/Pensioner <input type="checkbox"/>	
b. Jamsostek <input type="checkbox"/>	
c. Private health insurance <input type="checkbox"/>	
d. Benefit/reimbursement by company <input type="checkbox"/>	
e. Health insurance/health card/poor insurance/poor card <input type="checkbox"/>	
f. Health fund <input type="checkbox"/>	
g. Other health insurance <input type="checkbox"/>	
VIII. COMMUNICATIONS AND INFORMATION TECHNOLOGY	
1. Any landline telephone in the household? <input type="checkbox"/>	
1. Yes 2. No	
2.a. Any household member who have cellular phone (cellphone)? <input type="checkbox"/>	
1. Yes 2. No -> [R.3]	
b. If "yes", total household members who have active cellphone numbers: _____ people <input type="checkbox"/>	
c. Total cellphone numbers owned by household members: _____ numbers <input type="checkbox"/>	
3. Is the household has computer? <input type="checkbox"/>	
[Code 1 for yes, 2 for no]	
a. Desktop/PC b. Laptop/notebook	
IX. SOURCE OF INCOME FOR HOUSEHOLD	
1. Largest source of household income (from household member with the largest income):	
a. Job field: _____ (write as complete as possible) <input type="checkbox"/>	
(See Code at Block V.D Details 30)	
b. Job status: <input type="checkbox"/>	
0. Income receiver	
1. Worker/employee	
2. Businessperson	
X. NOTES	

Information for Block IV.A Column 11 Code: Main destination province of the last trip

- | | | |
|---------------------|------------------------|------------------------|
| 11. Aceh | 32. West Java | 64. East Kalimantan |
| 12. North Sumatra | 33. Central Java | 71. North Sulawesi |
| 13. West Sumatra | 34. Yogyakarta | 72. Central Sulawesi |
| 14. Riau | 35. East Java | 73. South Sulawesi |
| 15. Jambi | 36. Banten | 74. Southeast Sulawesi |
| 16. South Sumatra | 51. Bali | 75. Gorontalo |
| 17. Bengkulu | 52. West Nusa Tenggara | 76. West Sulawesi |
| 18. Lampung | 53. East Nusa Tenggara | 81. Maluku |
| 19. Bangka Belitung | 61. West Kalimantan | 82. North Maluku |
| 21. Kepulauan Riau | 62. Central Kalimantan | 91. West Papua |
| 31. Greater Jakarta | 63. South Kalimantan | 94. Papua |