



The Central Bureau of Statistics (BPS)



**National Social Economic Survey of 2010**  
Main Information on Household and Household Members  
[Susenas Panel – March 2010]

**VSEN10.K**

One set for Provincial BPS
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**Confidential**

I. LOCATION IDENTIFICATION			
1	Province		
2	District/City *)		
3	Sub-district		
4	Village/kelurahan *)		
5	Village/kelurahan classification	1. Urban      2. Rural	
6	a. Census block number		
	b. Census sub-block number (segment number)		
7	Sample code number		
8	Household sample sequential number		
9	Panel household sample sequential number update		
10	If no 8 is not the same with no 9, reason for sample replacement	1. Move outside the census block 2. Not found until the end of census 3. Household cannot be identified 4. Household no longer exist due to natural disaster 5. Household is replacement in previous period 6. Same household, different head of household	
11	Name of the head of household		
12	Address (road/street name, alley, RT/RW)		
II. SUMMARY			
1	Total household members		
2	Total household members age 0 – 4 years		
3	Total household members age 5 years and up		
4	Total household members age 10 years and up		
III. OFFICIAL INFORMATION			
1	Name and NIP of Census Taker: ____	5	Name and NIP of Team Coordinator: ____
2	Census Taker Position: 1. Provincial BPS Staff      3. Statistics Clerk 2. District/City BPS Staff      4. Partner	6	Team Coordinator Position: 1. Provincial BPS Staff      3. Statistics Clerk 2. District/City BPS Staff      4. Partner
3	Census date:    Month ____    Year ____	7	Verification date: Month ____    Year ____
4	Census Taker Signature:	8	Team Coordinator Signature:

\*) Cross out as necessary

IV. HOUSEHOLD MEMBER INFORMATION								
No	Household member 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)	Household members age 0 – 6 years		
						Have birth certificate from register office? Can be shown? (code)	Ever/ on pre-school education? 1. Yes, once 2. Yes, currently on 3. No	If column 8 = 1 or 2, type of pre-school education (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1		1						
2								
3								
4								
5								
6								
7								
8								
9								
10								

Column 3 Code	Column 6 Code	Column 7 Code	Column 9 Code
<u>Relation to the head of household</u>	<u>Marital Status</u>	<u>Birth Certificate</u>	<u>Pre-school</u>
1. Head of household 7. Other family	1. Not married	1. Yes, can be shown	1. Kindergarten/BA/RA
2. Wife/husband 8. Housemaid	2. Married	2. Yes, cannot be shown	2. Playgroup
3. Child 9. Other	3. Divorced	3. Do not have	3. Daycare
4. In-law	4. Divorce due to death	4. Do not know	4. Early childhood education center
5. Grandchild			5. Other agency
6. Parent/in-law			

- Each time you write down household member in column (2) and (3), ask again whether there is still other household member, including housemaid, driver, gardener, babysitter/elderly sitter and the like who live in the house. If yes, include them in the list.
- Ask whether there is other person including newborn baby and household member who is on travel. If yes, include them in the list.
- For household member who is travelling for less than 6 months but with the intention to move away from the house for 6 months or more, is not considered to be a household member and should be excluded from the list.
- Sort again the sequential number in the column (1).

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPLOYMENT, AND FAMILY PLANNING AND FERTILITY	
Name: _____ Sequential No: _____ Biological mother sequential number: _____ <b>[Fill with 00 if the biological mother is not living in this household]</b> Name & sequential number of household member who provide information: _____	
V.A. HEALTH INFORMATION (ALL AGES)	
1. Any health complaint in the past one month? (read from a to h) <b>[Code 1 if yes, 2 if no]</b> a. Fever e. Diarrhea b. Cough f. Migraine c. Cold g. Toothache d. Asthma/breathlessness h. Other <sup>1)</sup> <b>[If all R.1 = 2, go to R.7]</b>	
2. If there is a complaint, did it disrupt job, school or daily activities? 1. Yes 2. No -> <b>[R.4]</b>	
3. Period of disruption: _____ days	
4. Ever performed self-medication in the past 1 month? 1. Yes 2. No	
5. Ever become an outpatient in the past one month? 1. Yes 2. No -> <b>[R.7]</b>	
6. How many times became outpatient in the past one month? <b>[Fill outpatient frequency for each facility]</b> a. State hospital e. Medical worker practice b. Private hospital f. Traditional treatment c. Doctor/polyclinic g. Maternity healer d. Health clinic h. Other	
7. Ever become an inpatient in the past one year? 1. Yes 2. No -> <b>[R.9.a]</b>	
8. Inpatient period (in days): a. State hospital _____ d. Medical worker practice _____ b. Private hospital _____ e. Traditional treatment _____ c. Health clinic _____ f. Other _____	
V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)	
9.a. Age in month: _____ months (To <b>R.10</b> if ≠ 0) b. If <b>R.9.a = 00</b> , age in day: _____ days	
10. Who assisted the birth process? <b>[Fill code to box]</b> 1. Doctor 4. Maternity healer 2. Midwife 5. Family 3. Other paramedic 6. Other	First a. <input type="checkbox"/>  Last b. <input type="checkbox"/>
11. How many times the child received immunization?	

<sup>1)</sup> For example: Measles, ear infection, liver disease, convulsions, palsy, senile, accident etc.

<b>[Code 0 for no immunization yet]</b> a. BCG d. Measles/Morbili b. DPT e. Hepatitis B c. Polio	
12.a. Ever provided with breast milk? 1. Yes 2. No -> <b>[Other household member]</b> b. If "yes" <b>[R.12.a = 1]</b> , 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□ 2. Breast milk exclusive: _____ 2□ 3. Breast milk and complimentary food: _____ 3□	
V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)	
13. Schooling participation: 1. No/never in school -> <b>[R.15]</b> 2. Still in school -> <b>[R.16]</b> 3. No longer in school	
14. When did you quit school? <b>[Fill with '00' to month and '9999' to year if quit prior to 2000]</b> Month: _____ Year: _____	
15. Reason why never go to school or no longer in school: 1. No money 7. Disabled 2. Working 8. Waiting for announcement 3. Married/handle 9. Underage Household 10. Other 4. Not accepted 5. Distance too far 6. Feel sufficient education <b>[If R.13 = 1, go to R.20]</b>	
16. The highest education type and level currently studied/passed: 1. Elementary school 6. <i>M. Aliyah</i> (Islamic school) 2. <i>M. Ibtidaiyah</i> 7. Vocational School 3. Public/vocational 8. Diploma 1/2 junior high 9. Diploma 3 4. <i>M. Tsanawiyah</i> 10. Diploma 4/S1 5. Senior High 11. S2/S3	
17. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduated)	
18. Highest diploma obtained: 1. No elementary sch. diploma 7. <i>M. Aliyah</i> 2. Elementary school 8. Vocational school 3. <i>M. Ibtidaiyah</i> 9. Diploma 1/2 4. Vocational/junior high 10. Diploma 3 5. <i>M. Tsanawiyah</i> 11. Diploma 4/S1 6. Senior high 12. S2/S3	
19. If <b>R.13 = 3</b> and <b>R.18 &lt; 6</b> , are you following Package A, B or C program? 1. Yes, Package A 3. Yes, Package C 2. Yes, Package B 4. No	
20. Can read and write:	

1. Latin alphabets	3. Latin & other alphabets
2. Other alphabets	4. Cannot
<b>V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)</b>	
21. a. Did you perform the following activity in the past one week?	
1. Work	1. Yes 2. No
2. School	1. Yes 2. No
3. Handling household	1. Yes 2. No
4. Other beside personal activity <sup>2</sup>	1. Yes 2. No
<b>[If R.21.a.1 to 4 = 2, go to R.22]</b>	
b. From activities 1 to 4 above which stated "Yes," what activity used the most time in the past one week?	
1	2 3 4
<b>[If R.21.a.1 = 1, go to R.23]</b>	
22. Do you have work/business, but temporarily not working for the past one week?	
1. Yes	2. No
23. Are you looking for work or preparing for business during the past one week?	
1. Yes	2. No
<b>ONLY FOR WORKING HOUSEHOLD MEMBER [R.21.a.1 = 1 or R.22 = 1]</b>	
24. Main business/job from workplace in the past one week:	
1. Agriculture, hunting and forestry	
2. Mining and quarrying	
3. Fisheries	
4. Processing industry	
5. Electricity, gas and water	
6. Construction	
7. Wholesale and retail trading	
8. Accommodation & food beverages business	
9. Transportation, warehousing and communications	
10. Financial brokerage	
11. Real estate, rental business and enterprise services	
12. State administration, defense and mandatory social assurance	
13. Educational services	
14. Health and social activity services	
15. Public, social, cultural and individual services	
16. Individual services for households	
17. International agency and other international extra Agencies	
18. Other	
25. Position/status of the main job in the past one week:	
1. Self-owned business/freelance	
2. Self-owned business with non-permanent/non-paid worker -> [Block V.E]	
3. Self-owned business with permanent/paid worker -> [Block V.E]	

<sup>2</sup> Other activities include: sports, course, picnic and social activities (organization, volunteering)

4. Worker/employee/staff			
5. Non-paid worker -> [Block V.E]			
6. Other			
26. The amount of net wage/salary (money and goods) generally received in a month from the main job: Rp _____			
<b>V.E. FERTILITY &amp; FAMILY PLANNING (FOR WOMEN AGE 10 YEARS AND UP)</b>			
<b>WOMEN WITH A STATUS OF MARRIED, DIVORCED, DIVORCE DUE TO DEATH OF SPOUSE (Block IV Column 4 = 2 &amp; Column 6 = 2, 3 or 4)</b>			
27. Age when married for the first time _____ years			
28. Total years in marriage: _____ years			
29. Total child born from marriage	M	F	M+F
a. Member of household, live birth			
b. Member of household, still alive			
c. Member of household, already deceased			
30. The use/wearing of family planning device/method?			
1. Using it now			
2. No longer use it -> [other household member]			
3. Never use it -> [other household member]			
31. If currently using (R.30 = 1), the selected family planning device/method:			
1. Women/tubectomy	6. Birth control pill		
2. Men/vasectomy	7. Condom/rubber		
3. IUD/spiral	8. Intravag/tissue/women condom		
4. Injection	9. Traditional method		
5. Implant/norplant			
<b>VI. HOUSING INFORMATION</b>			
1. Building status:			
1. Owned	5. Company house		
2. Leased	6. Owned by parents/sibling/family		
3. Rent	7. Other		
4. Free lease			
2. Type of most roof material:			
1. Concrete	5. Asbestos		
2. Roof tile	6. Fiber/palm		
3. Shingle	7. Other		
4. Iron sheet			
3. Type of most wall material:			
1. Concrete	3. Bamboo		
2. Wood	4. Other		
4. Type of most flooring material:			
1. Not soil	2. Soil/earth		
5. Floor area: _____ square meter			
6.a. Source of drinking water:			
1. Branded bottled water -> [R.8]			
2. Recycled water -> [R.8]			
3. Pipe, retail payment-> [R.8]			
4. Pipe with meter			
5. Terrestrial well/pump			
6. Protected/covered well			

1. Sub-district development program 2. P2KP (Urban Poverty Alleviation) program 3. Other government program 4. Bank program 5. Cooperatives/foundation program 6. Individual 7. Other
4. Is the household owned the following assets: <b>[Code 1 for yes, 2 for no]</b> a. Bicycle b. Refrigerator c. Gas container above 3 kg d. Motorcycle e. Car/motorboat
5. Is the household received the Family Hope Program ( <i>Program Keluarga Harapan/PKH</i> )? 1. Yes                                  2. No
<b>VIII. NOTES</b>