



The Central Bureau of Statistics (BPS)



**National Social Economic Survey of 2008**  
Main Information on Household and Household Members  
[Susenas July 2008]

**VSENP08.K**

One set for District/City 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		
7	Sample code number		
8	Household sample sequential number		
9	Panel household sample sequential number update [Use "00" if not Panel household sample, continue to no 11]		
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	
11	Name of the head of household		
12	Address (road/street name, alley, RT/RW/village)		

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:	6	Team Coordinator 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
3	Census date:    Month ____    Year ____	7	Verification date: Month ____    Year ____
4	Census Taker Signature:	8	Team Coordinator Signature:

\*) Cross out as necessary

IV.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)	For HM who travel on Apr 1 – June 30, 2008 <sup>1)</sup> , travel frequency (times) If none, fill with "00"	HM age 0-6 years	
								Ever/ on pre-school education? 1. Yes, once 2. Yes, currently on 3. No	If Column 9 = 1 or 2, type of pre-school educ. (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1		1							
2									
3									
4									
5									
6									
7									
8									
9									
10									
IV.B. DEATH SINCE JANUARY 2005 (EXCLUDING STILLBORN)									
No	Name of the deceased	Year of the death since January 2005	Gender 1. M 2. F	Age when died		Cause of death (code)	For women who died during age more than 10 years, was it during:		
				Less than 2 years, age in months	More than 2 years, age in years		Pregnancy ? 1. Yes 2. No	Labor/miscarriage? 1. Yes 2. No	Childbed <sup>2)</sup> ? 1. Yes 2. No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									
<b>Column (3) Code, Block IV.A</b> <u>Relation to the head of household</u> 1. Head of household 2. Wife/husband 3. Child 4. In-law 5. Grandchild 6. Parent/in-law		<b>Column (6) Code, Block IV.A</b> <u>Marital Status</u> 1. Not married 2. Married 3. Divorce 4. Divorce due to death		<b>Column 7 Code, Block IV.A</b> <u>Type of crime</u> 1. Yes, thievery 2. Yes, robbery 3. Yes, homicide 4. Yes, fraud 5. Yes, other 6. No		<b>Column 10 Code, Block IV.A</b> <u>Pre-school</u> 1. Kindergarten/BA/RA 2. Playgroup 3. Daycare 4. Early Childhood Educ. (ECC) 5. Religious ECC 6. Integrated ECC 7. Other agency		<b>Column 7 Code, Block IV.B</b> <u>Cause of death</u> 1. Traffic accident 2. Non-traffic accident 3. Not an accident	

Note: <sup>1)</sup> Travelling household member: trip to commercial tourist destinations, or stay in commercial accommodation, and or trip distance  $\geq$  100 Km (return), excluding commuter, school

<sup>2)</sup> Generally 2 months after labor/miscarriage

<b>V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPLOYMENT, AND FAMILY PLANNING AND FERTILITY</b>
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: _____
<b>V.A. HEALTH INFORMATION (ALL AGES)</b>
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 b. Cough c. Cold d. Asthma/breathlessness e. Diarrhea f. Migraine g. Toothache 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 -> [R.4.a]
3. Period of disruption: _____ days
4.a. Ever performed self-medication in the past 1 month? 1. Yes                      2. No -> [R.5] b. Type of medicine/treatment method used: <b>[Code 1 for yes, 2 for no]</b> 1. Traditional medicine                      3. Other 2. Modern medicine
5. Ever become an outpatient in the past one month? 1. Yes                      2. No -> [R.7]
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 -> [R.9]
8. Inpatient period (in days): a. State hospital _____ d. Medical worker practice _____ b. Private hospital _____ e. Traditional treatment _____ c. Health clinic _____ f. Other _____
9. Is there any health insurance/financing for outpatient/inpatient needs as follows: <b>[Code 1 for yes, 2 for no]</b> a. Health Insurance for Civil Servant/Veteran/Pensioner b. Jamsostek c. Private health insurance

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

d. Benefit/reimbursement by company e. Health insurance/health card/poor insurance/poor card f. Health fund g. Other health insurance	
<b>V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)</b>	
10.a. Age in month: _____ months (To R.11 if ≠ 0) b. If R.10.a = 00, age in day: _____ days	
11. 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"/>
12. How many times the child received immunization? <b>[Code 0 for no immunization yet]</b> a. BCG                      d. Measles/Morbili b. DPT                      e. Hepatitis B c. Polio	
13.a. Ever provided with breast milk? 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□ 2. Breast milk exclusive: _____ 2□ 3. Breast milk and complimentary food: _____ 3□	
<b>V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)</b>	
14. Schooling participation: 1. No/never in school -> [R.18] 2. Still in school 3. No longer in school	
15. The highest education type and level currently studied/passed: 1. Elementary school                      7. M. Aliyah (Islamic school) 2. M. Ibtidaiyah                      8. Vocational school 3. Junior high                      9. Diploma I/II 4. M. Tsanawiyah                      10. Diploma III 5. Vocational jr. high                      11. Diploma IV/S1 6. Senior High                      12. S2/S3	
16. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduated)	
17. Highest diploma obtained: 1. No elementary sch. diploma                      8. M. Aliyah 2. Elementary school                      9. Vocational school 3. M. Ibtidaiyah                      10. Diploma I/II 4. Vocational/junior high                      11. Diploma III 5. M. Tsanawiyah                      12. Diploma IV/S1 6. Vocational senior high                      13. S2/S3 7. Senior high	
18. Can read and write: <b>[Code 1 for yes, 2 for no]</b> 1. Latin alphabets                      3. Other alphabets	

2. Arabian alphabets	6. Non-paid worker		
<b>IF NO LONGER IN SCHOOL AND HIGHEST DIPLOMA IS LOWER THAN HIGH SCHOOL DIPLOMA</b> [R.14 = 3 & R.17 < 07]	<b>V.E. FERTILITY &amp; FAMILY PLANNING</b> <b>(FOR WOMEN AGE 10 YEARS AND UP)</b>		
19. Are you following Package A, B or C program? 1. Yes, Package A                      3. Yes, Package C 2. Yes, Package B                      4. No	<b>WOMEN WITH A STATUS OF MARRIED, DIVORCED, DIVORCE DUE TO DEATH OF SPOUSE</b> <b>(Block IV Column 4 = 2 &amp; Column 6 = 2, 3 or 4)</b>		
<b>V.D. EMPLOYMENT</b> <b>(FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)</b>	25. Age when married for the first time ____ years		
20. a. Did you perform the following activity in the past one week? <b>[Code 1 for yes, 2 for no]</b> 1. Working 2. School 3. Handling household 4. Other beside personal activities <sup>2</sup> <b>[If R.20.a.1 to 4 = 2, go to R.21]</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.20.a.1 = 1, go to R.22]</b>	26. Total years in marriage: ____ years		
21. Do you have work/business, but temporarily not working for the past one week? 1. Yes                      2. No	27. Total child born from marriage	M	F
22. Are you looking for work or preparing for business during the past one week? 1. Yes                      2. No	a. Member of household, live birth		
<b>ONLY FOR WORKING HOUSEHOLD MEMBER</b> <b>[R.20.a.1 = 1 or R.21 = 1]</b>	b. Member of household, still alive		
23. Main business/job from workplace in the past one week: 1. Agriculture, plantation, forestry, hunting and fisheries 2. Mining and quarrying 3. Processing industry 4. Electricity, gas and drinking water 5. Construction 6. Trade, restaurant and accommodation services 7. Transportation, warehousing and communications 8. Financial agency, real estate, rental business and enterprise services 9. Public, social and individual services 10. Other	c. Member of household, already deceased		
24. 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 3. Self-owned business with permanent/paid worker 4. Worker/employee/staff 5. Freelancer	28. 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]		
	29. If currently using (R.28 = 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. Lease                      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 bottled water -> [R.8] 3. Pipe with meter -> [R.7] 4. Pipe, retail payment-> [R.8] 5. Terrestrial well/pump 6. Protected/covered well 7. Unprotected/uncovered well 8. Protected spring 9. Unprotected spring 10. River -> [R.7] 11. Rainwater -> [R.7]		

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



**VIII. COMMUNICATIONS AND INFORMATION TECHNOLOGY**

1. Any telephone in the household?

1. Yes                      2. No

2.a. Any household member who have cellular phone (cellphone)?

1. Yes                      2. No -> **[R.3]**

b. If "yes", total cellular phone numbers owned by the household: \_\_\_\_\_ numbers

3. Is the household has computer?

**[Code 1 for yes, 2 for no]**

a. Desktop/PC                      b. Laptop/notebook

4. Internet usage

Usage/access media	Any household member use the Internet in the past one month? 1. Yes   2. No	If "yes", total household member who use the Internet (people)
(1)	(2)	(3)
a. House telephone		
b. Cellular phone (cellphone)		
c. Internet kiosk		
d. Office		
e. School		
f. Other		

**X. NOTES**