



SUSENAS

VSEN2004.K

Republic of Indonesia
The Central Bureau of Statistics (BPS)

National Social Economic Survey of 2004

Main Information on Household and Household Members

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		

II. HOUSEHOLD INFORMATION					
1	Name of the head of household		4	Number of children aged 0-4 years	
2	Race of the head of household		5	Total household member who died since January 2001: ____	
3	Total household members (HM)				

III. CENSUS INFORMATION			
1	Name and NIP of Census Taker: ____	5	Name and NIP of Supervisor/Checker: ____
2	Census Taker Position:	6	Supervisor/Checker 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: from ____ to ____	7	Supervising/checking date: from ____ to ____
4	Census Taker Signature:	8	Supervisor/Checker Signature:

*) Cross out as necessary

IV.A. HOUSEHOLD MEMBER INFORMATION									
No	Household member name (People who live and eat in the household, including adult, children and toddler)	Relation with head of household (code)	Gender 1. M 2. F	Age (year)	Marital status (code)	Perform "tour"* trip? (Oct 1 – Dec 31, 2003) 1. Yes 2. No	If Column 7 = 1, what is the frequency (times)	Household member age 3-6 years	
								Ever/now in pre-school? (code)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
1		1							
2									
3									
4									
5									
6									
7									
8									
9									
10									
IV.B. DEATH SINCE JANUARY 2001									
No	Name	Relation to head of household (code)	Gender 1. M 2. F	Age when died		Is death by accident ²⁾ ? 1. Yes 2. No	For women who died during age ≥ 10 years, was it during:		
				If ≥ 2 years, age in years	If < 2 years, age in months		Pregnancy ? 1. Yes 2. No	Labor/miscarriage? 1. Yes 2. No	Childbed ³⁾ ? 1. Yes 2. No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									
Column (3) Code, Block IV.A									
<u>Relation to head of household</u>			<u>Column (6) Code, Block IV.A</u>			<u>Column 9, Block IV.A</u>			
1. Head of household	7. Other family	<u>Marital Status</u>			<u>Pre-school</u>				
2. Wife/husband	8. Housemaid	1. Not married			1. Yes, kindergarten/RA/RB				
3. Child	9. Other	2. Married			2. Yes, playgroup				
4. In-law		3. Divorce			3. Yes, daycare				
5. Grandchild		4. Divorce due to death			4. No				
6. Parent/in-law									

Note: * "Tour" trip: trip to commercial tourist destinations, or stay in commercial accommodation, or trip distance ≥ 100 Km (return)

²⁾ Collapse, crash, violence, burn, drown or poisoning

³⁾ Generally 42 days after labor/miscarriage

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPOWERMENT, AND FAMILY PLANNING AND FERTILITY	
Name: _____	Sequential No: _____
Biological mother sequential number: _____ [Fill with 00 if the biological mother is not living in this household]	
Is the household member present during interview?	
1. Yes	2. No
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	e. Diarrhea
b. Cough	f. Migraine
c. Cold	g. Toothache
d. Asthma/breathlessness	h. Other ¹
[If all R.1 =2, go to R.8]	
2. If there is a complaint, did it disrupt work, school or daily activities?	
1. Yes	2. No -> [R.5.a]
3. Period of disruption: _____ days	
4. Is it still disrupting now? 1. Yes 2. No	
5.a. Ever perform self-medication in the past 1 month?	
1. Yes	2. No -> [R.6]
b. Type of medicine/treatment method used: [Code 1 for yes, 2 for no]	
1. Traditional medicine	3. Other
2. Modern medicine	
6. Ever become an outpatient in the past one month?	
1. Yes	2. No -> [R.8]
7. How many times became outpatient in the past one month?	
[Fill outpatient frequency for each facility]	
a. State hospital	e. Polyclinic
b. Private hospital	f. Medical worker practice
c. Doctor practice	g. Traditional treatment
d. Health clinic	h. Other
8. Ever become an inpatient in the past one month?	
1. Yes	2. No -> [R.10]
9. Inpatient period (in days):	
a. State hospital	d. Medical worker practice
b. Private hospital	e. Traditional treatment
c. Health clinic	f. Other
10. Is there any health insurance/financing for outpatient/inpatient needs as follows: [Code 1 for yes, 2 for no]	
a. Askes	b. Dana sehat (health fund)
b. Askes/Jamsostek	f. Kartu sehat (health card)

¹ For example: Measles, ear infection, liver disease, convulsions, palsy, senile, accident

c. Office/company g. Other	
d. JPKM (Public Health Service Assurance)	
V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)	
11.a. Age in month: _____ months (To R.12 if ≠ 0)	
b. If R.11.a = 00, age in day: _____ days	
12. Has birth certificate (not birth statement), can I see it?	
1. Yes, can be shown -> [R.14]	
2. No, cannot be shown -> [R.14]	
3. Do not have	
9. Do not know	
13. If do not have/do not know (R.12 = 3 or 9), why? [Do not read the answer!]	
1. Expensive/no fund	
2. Far traveling distance	
3. Do not know about birth certificate recording	
4. Do not know the processing procedure	
16. Do not see the need	
32. Other	
99. Do not know	
14. Who assisted the birth process? [Fill code to box]	First
1. Doctor	4. Healer
2. Midwife	5. Family
3. Other paramedic	6. Other
	Last
	b. <input type="checkbox"/>
15. How many times the child received immunization? [Code 0 for no immunization yet]	
a. BCG	d. Measles/Morbili
b. DPT	e. Hepatitis B
c. Polio	
16.a. Ever provided with breast milk?	
1. Yes	2. No -> [other household member]
b. If yes [R.16.a=1], 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"/>
c. If age less than 7 months, is only provided with breast milk only for the last 24 hours?	
1. Yes	2. No
V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)	
17. Participant education:	
1. No/never in school -> [R.23]	
2. Still in school -> [R.19]	
3. No longer in school	
18. When did you quit school? [Fill with '00' and '0000' if quit prior to 1993]	
Month: _____ Year: _____	
19.a. The highest education type and level currently studied/passed:	
1. Elementary school	6. M. Aliyah (Islamic school)
2. M. Ibtidaiyah	7. Vocational School
3. Public/vocational	8. Diploma I/II

junior high 4. <i>M. Tsanawiyah</i> 5. Senior High	9. Diploma III 10. Diploma IV/S1 11. S2/S3	past one week: (Write as complete as possible) _____		editor]			
20. Education provider: 1. State 2. Private 3. Overseas		32. Type of work/position of the main job in the past one week: (Write as complete as possible) _____		[Filled by editor]			
21. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduated)		33. Position/status of the main job in the past one week: 1. Self-owned business/freelance -> [Block V.E] 2. Self-owned business with non-permanent/non-paid worker -> [Block V.E] 3. Self-owned business with permanent/paid worker -> [Block V.E] 4. Worker/employee/staff -> [R.34] 5. Freelancer in agricultural sector -> [Block V.E] 6. Freelancer in non-agricultural sector -> [Block V.E] 7. Non-paid worker -> [Block V.E]					
22. Highest diploma obtained: 1. No elementary sch. diploma 2. Elementary/MI 3. Junior High/equal 4. Senior High/equal		5. Vocational junior high 6. Diploma I/II 7. Diploma III 8. Diploma IV/S1 9. S2/S3					
23. Can read and write: 1. Latin alphabets 2. Other alphabets 3. Cannot		34. The amount of net wage/salary (money and goods) normally received in a month from the main job: Rp _____					
V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)							
24. a. Did you perform the following activity in the past one week?		Yes	No				
1. Work		1	2				
2. School		1	2				
3. Handling household		1	2				
4. Other		①					
b. From activities 1 to 4 above which said "Yes," what activity used the most time in the past one week?		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?		1. Yes 2. No					
26. Are you looking for work?		1. Yes 2. No					
27. Are you preparing a business during the past one week?		1. Yes 2. No					
R.28 and R.29 are asked if R.26 = 2 and R.27 = 2							
28. Main reason of not looking for work/preparing business:		1. Feel unable to obtain work 2. Have work, but not yet started 3. In school or handling household/family 4. Have work/business, feel sufficient 5. Other (disabled, old, and the like)					
29. If there is a job offer, will you accept it?		1. Yes 2. No					
ONLY FOR WORKING HOUSEHOLD MEMBER [R.24.a.1 = 1 or R.25 = 1]							
30. a. Total work day: _____ days		b. Total work hour from all work every day in the past one week:					
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (hour)
31. Main business/job from workplace in the		[Filled by					
V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGE 10 YEARS AND UP)							
WOMEN WHO ONCE MARRIED (Block IV.A Column 6 = 2, 3 or 4)							
35. Age when married for the first time _____ years							
36. Total years in marriage: _____ years							
37. 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							
38. Ever use/wear family planning tool/device/method? 1. Yes 2. No -> [other household member]							
WOMEN WITH MARRIED STATUS (Block IV.A Column 6 = 2)							
39. Are you currently using/wearing family planning device/method? 1. Yes 2. No -> [other household member]							
40. Family planning device/method used:							
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							
VI. HOUSING							
1. Building status:							
1. Owned		5. Owned by company					
2. Lease		6. Owned by parents/sibling/family					
3. Rent		7. Other					
4. Free lease							
2. Building condition:							
1. New building, finished construction by 2003							
2. Newly renovated/repared in 2003							
3. Old building							
3. Type of ceiling (mostly used):							

1. Concrete	5. Asbestos	chicken, offal, liver, spleen, floss, jerky etc.]	
2. Roof tile	6. Fiber/palm	5. Egg and milk (chicken egg, duck egg, quail egg, fresh milk, evaporated milk, milk powder etc.)	
3. Shingle	7. Other	6. Vegetables [spinach, water spinach, cucumber, carrot, bean, snaps, onion, chili, tomato etc.]	
4. Iron sheet		7. Nuts [peanut, mung bean, soybean, red bean, cowpea, cashew nut, tofu, tempeh etc.]	
4. Type of wall (mostly used):		8. Fruits [orange, mango, apple, durian, rambutan, salak, duku, pineapple, watermelon, banana, papaya etc.]	
1. Concrete	3. Bamboo	9. Oil and fat [coconut oil, cooking oil, coconut, margarine etc.]	
2. Wood	4. Other	10. Beverage supplements [sugar, brown sugar, tea, coffee, chocolate, syrup, etc.]	
5. Type of flooring (widely used):		11. Spices [salt, hazelnut, coriander, pepper, fish paste, soybean sauce, MSG etc.]	
1. Not soil	2. Soil	12. Other foodstuffs [cracker, noodle, vermicelli, macaroni etc.]	
6. Floor area: ____ square meter		13. Delicatessen [bread, biscuit, porridge, meatball, ice, lemonade, salad etc.]	
7.a. Source of drinking water:		14. Alcoholic beverages [beer, wine, other]	
1. Bottled water	6. Protected spring	15. Tobacco and betel [clove cigarette, white cigarette, cigar, tobacco, betel, areca nut etc]	
2. Pipe	7. Unprotected/ uncovered spring	16. Total Foodstuff [Details 1 to 15]	
3. Pump	8. River		
4. Protected/covered well	9. Rainwater		
5. Unprotected/uncovered well	0. Other		
b. If R.7.a = 3 to 7 (pump/well/spring), distance to the closest feces containment:			
1. ≤ 10 m	3. Do not know		
2. > 10 m			
8. Method to obtain drinking water:			
1. Utility subscription	3. Not buying		
2. Retail buying			
9. Drinking water facility use:			
1. Personal	3. Public		
2. Mutual	4. None		
10.a. Defecation facility use:			
1. Personal	3. Public		
2. Mutual	4. None -> [R.10.c]		
b. Type of toilet:			
1. Goose neck/ <i>leher angsa</i>	3. Squat toilet/ <i>cemplung</i>		
2. Pit toilet/ <i>plengsengan</i>	4. None		
c. Final disposal location:			
1. Tank/septic tank	4. Hole in the ground		
2. Pool/field	5. Beach/open field/farm		
3. River/lake/sea	6. Other		
11. Source of light:			
1. PLN electricity	4. Oil lamp/torch		
2. Non-PLN electricity	5. Other		
3. Paraffin lamp/ <i>petromak</i>			
VII. HOUSEHOLD EXPENDITURE			
VII.A. EXPENDITURE FOR FOOD IN THE PAST ONE WEEK [FROM PURCHASE, SELF-PRODUCTION AND PRESENT]		Total (Rp)	
(1)		(2)	
1. Grains [rice, corn, wheat, flour, cornflour etc.]			
2. Tubers [cassava, sweet potato, potato, yam, sago, etc.]			
3. Fish [fresh fish, salted/preserved fish, prawn etc.]			
4. Meat [beef, buffalo meat, mutton, lamb, pork,			

VII. HOUSEHOLD EXPENDITURE (CONTINUATION)		
VII.B. NON-FOOD EXPENDITURE (FROM PURCHASE, SELF-PRODUCTION AND PRESENT)	One past month (Rp)	Past 12 months (Rp)
(1)	(2)	(3)
17. Housing and household equipment		
a. House lease, rent, rent expectation (owned, free lease, office house) etc.		
b. Electricity bill, telephone bill, gas, kerosene, water, firewood etc.		
c. House maintenance and minor repair		
18. Various goods and services (soap, cosmetics, transportation, reading, ID card/driver license processing fee, recreation, telephone card, postal fee etc.)		
19. Education cost (registration fee, monthly educational fee, re-registration fee, boy/girl scout, course etc.)		
20. Health cost (hospital, public clinic, doctor practice, healer, medicine etc.)		
21. Clothes, footwear and headgear (clothes, apparel, shoes, hat, detergent etc.)		
22. Durable goods (household equipment, tools, kitchen utensils, entertainment [electronics], sports equipment, genuine/imitation jewelry, vehicles, umbrella, watch, camera, telephone, power installation, electronic goods etc.)		
23. Tax and insurance		
a. Tax (Land and building tax, TV, vehicle tax)		
b. Health insurance		
c. Other		
24. Party and ceremony (wedding, circumcision, birthday, religious holiday, traditional ceremony etc.)		
25. Total non-food (details 17 to 24)		
26. Average monthly expenditure for food (Details 16 x 30/7)		
27. Average monthly expenditure for non-food (Details 25 column 3 / 12)		
28. Average monthly household expenditure (Details 26 + Details 27)		
29. Main source of household income: _____ (write as complete as possible) Fill job field/income receiver code and job status according to household main source of income in the box. The first three digits for job field/income receiver code and one last digit for job status code. Job status code: 1. Worker/employee 2. Businessperson		[Filled by editor] □□□□

VIII. HOUSEHOLD SOCIO-ECONOMIC INFORMATION

1. a. Have health card?

1. Yes 2. No -> [R.2.a]

b. The use of health card:

Type of use	Ever use health card in public clinic, sub-health clinic, and state hospital during Jan – Dec 2003? 1. Yes 2. No	If yes (Column 2=1), did you charged with a fee? 1. Yes 2. No
(1)	(2)	(3)
1. Medical treatment 2. Pregnancy checking/ labor 3. Family planning need		

2. a. If household purchased cheap rice/rice for poor people for the past 3 months, the amount purchased: ____ kg

[If no purchase, fill with 000, go to R.3]

b. How much per kg generally paid by the household? Rp _____

3. a. If received a business credit (\leq Rp 10 million) during Jan – Dec 2003, the amount of credit received (in thousand Rp): Rp _____**[If received no credit, fill with 00 000, go to R.4]**

b. What is the interest rate per year which must be paid (for the largest credit)? ____ percent

c. Source of credit (the largest credit):

- | | |
|-----------------------------------|----------------------|
| 1. <i>Government program</i> | 4. <i>Individual</i> |
| 2. <i>Bank</i> | 5. <i>Other</i> |
| 3. <i>Cooperatives/Foundation</i> | |

4. If there is household member who still in school, ever received scholarship in Jan – Dec 2003 from the following source?

[Code 1 for yes, 2 for no]

- | | |
|---|---------------|
| 1. Social safety net (JPS) state scholarship | |
| 2. Non-JPS state scholarship | |
| 3. GN-OTA (national movement on foster parents) | |
| 4. Private agency | 6. Individual |
| 5. School | 7. Other |

5. Household fuel/energy consumption for cooking, lighting and transportation				
Type of fuel/energy	Is the household use fuel/ energy in the past one month? 1. Yes 2. No	If Column (2) = 1		
		Standard unit	Amount (0.00)	Value (Rp)
(1)	(2)	(3)	(4)	(5)
a. Kerosene b. Gas (LPG) c. Gasoline d. Diesel fuel e. PLN electricity f. Firewood		Liter Kg Liter Liter KwH -		

IX. RICE PLANT BUSINESS INFORMATION IN 2003

1. Did you plant and harvest rice plant in 2003? 1. Yes 2. No -> [FINISH]			
2. a. Did you harvest rice during 2003? 1. Self-harvest 2. Brooking b. Planted area (m ²) c. Harvested area (m ²) d. Harvest (kg – GKP) *) 1. As harvest wage/payment (<i>bawon</i>) 2. Directly sold 3. Taken home 4. Total harvest obtained e. If R.2.d.2 is filled, selling price/kg of GKP f. If R.2.a has code 2 to 7 , area cut/brokered (m ²)?	Jan – Apr 2003	May – Aug 2003	Sept – Dec 2003
	Rp ____	Rp ____	Rp ____

*) GKP = Harvested Dried Unhulled Rice

X. NOTES

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