



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	Census 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 HM 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: 1. Provincial BPS Staff      3. Statistics Clerk 2. District/City BPS Staff      4. Partner	6	Supervisor/Checker Position: 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 <sup>2)</sup> ? 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 <sup>3)</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 head of household</u> 1. Head of household      7. Other family 2. Wife/husband        8. Housemaid 3. Child                    9. Other 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 9, Block IV.A</b> <u>Pre-school</u> 1. Yes, kindergarten/RA/RB 2. Yes, playgroup 3. Yes, daycare 4. No		
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Note: \* "Tour" trip: trip to commercial tourist destinations, or stay in commercial accommodation, or trip distance ≥ 100 Km (return)

<sup>2)</sup> Collapse, crash, violence, burn, drown or poisoning

<sup>3)</sup> Generally 42 days after labor/miscarriage

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPOWERMENT, AND FAMILY PLANNING AND FERTILITY	
Name:	Sequential No:
Is the household member present during interview?	
1. Yes	2. No
V.A. HEALTH INFORMATION (ALL AGES)	
1. Any health complaint in <b>the past one month</b> ? (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 <sup>1</sup>
[If all is code 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 <b>past 1 month</b> ?	
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)
c. Office/company	g. Other
d. JPKM (Public Health Service Assurance)	
V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)	

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

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 a. <input type="checkbox"/>
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 junior high	8. Diploma I/II
4. M. Tsanawiyah	9. Diploma III
5. Senior High	10. Diploma IV/S1
	11. S2/S3

<p>20. Education provider:</p> <p>1. State                      3. Overseas</p> <p>2. Private</p>	<p>past one week: (Write as complete as possible) _____</p> <p style="text-align: right;">editor]</p>																
<p>21. Highest class/level studied/currently studied:</p> <p>1 2 3 4 5 6 7 8 (Graduate)</p>	<p>33. Position/status of the main job in the past one week:</p> <p>1. Self-owned business/freelance -&gt; [Block V.E]</p> <p>2. Self-owned business with non-permanent/non-paid worker -&gt; [Block V.E]</p> <p>3. Self-owned business with permanent/paid worker -&gt; [Block V.E]</p> <p>4. Worker/employee/staff -&gt; [R.34]</p> <p>5. Freelancer in agricultural sector -&gt; [Block V.E]</p> <p>6. Freelancer in non-agricultural sector -&gt; [Block V.E]</p> <p>7. Non-paid worker -&gt; [Block V.E]</p>																
<p>22. Highest diploma obtained:</p> <p>1. No elementary diploma              5. Vocational junior high</p> <p>2. Elementary/MI                      6. Diploma I/II</p> <p>3. Junior High/equal                      7. Diploma III</p> <p>4. Senior High/equal                      8. Diploma IV/S1</p> <p style="text-align: center;">9. S2/S3</p>	<p>34. The amount of net wage/salary (money and goods) normally received in a month from the main job: Rp _____</p>																
<p>23. Can read and write:</p> <p>1. Latin alphabets              3. Cannot</p> <p>2. Other alphabets</p>	<p style="text-align: center;"><b>V.E. FERTILITY &amp; FAMILY PLANNING</b> <b>(FOR WOMEN AGE 10 YEARS AND UP)</b></p>																
<p style="text-align: center;"><b>V.D. EMPLOYMENT</b> <b>(FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)</b></p>	<p style="text-align: center;"><b>WOMEN WHO ONCE MARRIED</b> <b>(Block IV.A Column 6 = 2, 3 or 4)</b></p>																
<p>24. a. Did you perform the following activity in the past one week?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Work</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. School</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. Handling household</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. Other</td> <td style="text-align: center;">①</td> <td></td> </tr> </tbody> </table> <p>b. From activities 1 to 4 above which said "Yes," what activity used the most time in the past one week?</p> <p style="text-align: center;">1              2              3              4</p> <p style="text-align: center;"><b>[If R.24.a.1 = 1, go to R.26]</b></p>		Yes	No	1. Work	1	2	2. School	1	2	3. Handling household	1	2	4. Other	①		<p>35. Age when married for the first time _____ years</p> <p>36. Total years in marriage: _____ years</p>	
	Yes	No															
1. Work	1	2															
2. School	1	2															
3. Handling household	1	2															
4. Other	①																
<p>25. Do you have work/business, but temporarily not working for the past one week?</p> <p>1. Yes                      2. No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: top;"> <p>37. Total child born from marriage</p> <p>a. Member of household, live birth</p> <p>b. Member of household, still alive</p> <p>c. Member of household, already deceased</p> </td> <td style="width: 10%; text-align: center; vertical-align: top;">M</td> <td style="width: 10%; text-align: center; vertical-align: top;">F</td> <td style="width: 10%; text-align: center; vertical-align: top;">M+F</td> </tr> </table>	<p>37. Total child born from marriage</p> <p>a. Member of household, live birth</p> <p>b. Member of household, still alive</p> <p>c. Member of household, already deceased</p>	M	F	M+F												
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<p>26. Are you looking for work?</p> <p>1. Yes                      2. No</p>	<p>38. Ever use/wear family planning tool/device/method?</p> <p>1. Yes              2. No -&gt; [other household member]</p>																
<p>27. Are you preparing a business during the past one week?</p> <p>1. Yes                      2. No</p>	<p style="text-align: center;"><b>WOMEN WITH MARRIED STATUS</b> <b>(Block IV.A Column 6 = 2)</b></p>																
<p style="text-align: center;"><b>R.28 and R.29 are asked if R.26 = 2 and R.27 = 2</b></p>	<p>39. Are you currently using/wearing family planning device/method?</p> <p>1. Yes              2. No -&gt; [other household member]</p>																
<p>28. Main reason of not looking for work/preparing business:</p> <p>1. Feel unable to obtain work</p> <p>2. Have work, but not yet started</p> <p>3. In school or handling household/family</p> <p>4. Have work/business, feel sufficient</p> <p>5. Other (disabled, old, and the like)</p>	<p>40. Family planning device/method used:</p> <table style="width: 100%;"> <tr> <td>1. Women/tubectomy</td> <td>6. Birth control pill</td> </tr> <tr> <td>2. Men/vasectomy</td> <td>7. Condom/rubber</td> </tr> <tr> <td>3. IUD/spiral</td> <td>8. Intravag/tissue/women condom</td> </tr> <tr> <td>4. Injection</td> <td>9. Traditional method</td> </tr> <tr> <td>5. Implant/norplant</td> <td></td> </tr> </table>	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							
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<p>29. If there is a job offer, will you accept it?</p> <p>1. Yes                      2. No</p>	<p style="text-align: center;"><b>VI. HOUSING</b></p>																
<p style="text-align: center;"><b>ONLY FOR WORKING HOUSEHOLD MEMBER</b> <b>[R.24.a.1 = 1 or R.25 = 1]</b></p>	<p>1. Building status:</p> <table style="width: 100%;"> <tr> <td>1. Owned</td> <td>5. Owned by company</td> </tr> <tr> <td>2. Lease</td> <td>6. Owned by parents/sibling/family</td> </tr> <tr> <td>3. Rent</td> <td></td> </tr> <tr> <td>4. Free lease</td> <td>7. Other</td> </tr> </table>	1. Owned	5. Owned by company	2. Lease	6. Owned by parents/sibling/family	3. Rent		4. Free lease	7. Other								
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<p>30. a. Total work day: _____ days</p> <p>b. Total work hour from <b>all work</b> every day in the past one week:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> <th>Sun</th> <th>Total (hour)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (hour)									<p>2. Building condition:</p> <p>1. New building, finished construction by 2003</p> <p>2. Newly renovated/repared in 2003</p> <p>3. Old building</p>
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (hour)										
<p>31. Main business/job from workplace in the past one week: (Write as complete as possible) _____</p>	<p>3. Type of ceiling (mostly used):</p> <table style="width: 100%;"> <tr> <td>1. Concrete</td> <td>5. Asbestos</td> </tr> <tr> <td>2. Roof tile</td> <td>6. Fiber/palm</td> </tr> <tr> <td>3. Shingle</td> <td>7. Other</td> </tr> </table>	1. Concrete	5. Asbestos	2. Roof tile	6. Fiber/palm	3. Shingle	7. Other										
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<p>32. Type of work/position of the main job in the</p>	<p>[Filled by editor]</p>																

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

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. <b>Housing and household equipment</b>		
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. <b>Various goods and services</b> (soap, cosmetics, transportation, reading, ID card/driver license processing fee, recreation, telephone card, postal fee etc.)		
19. <b>Education cost</b> (registration fee, monthly educational fee, re-registration fee, boy/girl scout, course etc.)		
20. <b>Health cost</b> (hospital, public clinic, doctor practice, healer, medicine etc.)		
21. <b>Clothes, footwear and headgear</b> (clothes, apparel, shoes, hat, detergent etc.)		
22. <b>Durable goods</b> (household equipment, tools, kitchen utensils, entertainment [electronics], sports equipment, genuine/imitation jewelry, vehicles, umbrella, watch, camera, telephone, power installation, electronic goods etc.)		
23. <b>Tax and insurance</b>		
a. Tax (Land and building tax, TV, vehicle tax)		
b. Insurance (life, health)		
c. Other		
24. <b>Party and ceremony</b> (wedding, circumcision, birthday, religious holiday, traditional ceremony etc.)		
25. <b>Total non-food</b> (details 17 to 24)		
26. <b>Average monthly expenditure for food</b> (Details 16 x 30/7)		
27. <b>Average monthly expenditure for non-food</b> (Details 25 column 3 / 12)		
28. <b>Average monthly household expenditure</b> (Details 26 + Details 27)		
29. <b>Main source of household income:</b> _____ (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. <b>Job status code:</b> 1. Worker/employee 2. Businessperson		□□□□

## VIII. HOUSEHOLD SOCIO-ECONOMIC INFORMATION

1. a. Have health card?

1. Yes      2. No -&gt; [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. *Government program*      4. *Individual*  
 2. *Bank*      5. *Other*  
 3. *Cooperatives/Foundation*

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		Liter		
b. Gas (LPG)		Kg		
c. Gasoline		Liter		
d. Diesel fuel		Liter		
e. PLN electricity		KwH		
f. Firewood		-		

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?	Jan – Apr 2003	May – Aug 2003	Sept – Dec 2003
1. Self-harvest 3. Cutting			
2. Brooking 9. No			
b. Planted area (m <sup>2</sup> )			
c. Harvested area (m <sup>2</sup> )			
d. Harvest (kg – GKP) *)			
1. As harvest wage/payment ( <i>bawon</i> )			
2. Directly sold			
3. Taken home			
4. <b>Total harvest obtained</b>			
e. If R.2.d.2 is filled, selling price/kg of GKP	Rp ____	Rp ____	Rp ____
f. If <b>R.2.a has code 2 to 7</b> , area cut/brokered (m <sup>2</sup> )?			

\*) GKP = Harvested Dried Unhulled Rice

X. NOTES