



SUSENAS

VSEN2003.K

Republic of Indonesia
The Central Bureau of Statistics (BPS)

National Social Economic Survey of 2003

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 in the past year
3	Total household members (HM)	6	Total HM who are born in the past year

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: date ____ month ____	7	Supervising/checking date: date ____ month ____
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, 2002) 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. HOUSEHOLD MEMBER WHO DIED (INCLUDING STILLBORN) IN THE PAST YEAR					
No	Name	Relation to head of household (code)	Gender 1. M 2. F	Age when died	
				If ≥ 2 years Age in years	If < 2 years Age in months
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					

IV.C. HOUSEHOLD MEMBER WHO BORN IN THE PAST YEAR (INCLUDING THOSE WHO DIED)						
No	Name	Relation to head of household (code)	Gender 1. M 2. F	Birth day/month/ year	Mother seq. no**	Mother age when giving birth (year)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Column (3) Code, Block IV.A to IV.C

Relation to head of household

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	

Column (6) Code, Block IV.A

Marital Status

1. Not married
2. Married
3. Divorce
4. Divorce due to death

Column 9, Block IV.A

Pre-school

1. Yes, kindergarten/RA/RB
2. Yes, playgroup
3. Yes, daycare
4. No

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

** Fill with 00 if mother is not staying in the household

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, HEALTHY LIVING, 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 the past one month? (read from a to p) [Code 1 if yes, 2 if no]	
a. Fever	i. Liver
b. Cough	j. Migraine
c. Cold	k. Epilepsy
d. Asthma	l. Palsy
e. Breathlessness	m. Senile
f. Diarrhea	n. Accident
g. Measles	o. Toothache
h. Ear diseases	p. Other
[If all is code 2 -> 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	
c. Cost of self-medication incurred by the household Rp _____	
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. Is there any health insurance/financing for outpatient/inpatient need as follows: [Code 1 for yes, 2 for no]	
a. Askes	b. Dana sehat (<i>health fund</i>)
b. Askes/Jamsostek	f. Kartu sehat (<i>health card</i>)
c. Office/company	g. Other
d. JPKM (Public Health Service Assurance)	
V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)	
9.a. Age in month: _____ months (To R.10 if ≠ 0)	
b. If R.9.a = 00, age in day: _____ days	

10. 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"/>
11.a. Ever provided with breast milk?	
1. Yes 2. No -> [other household member]	
b. If yes [R.11.a=1], fill in days if age is less than 1 month and in months if age is ≥ 1 month:	
1. Period of provided with breast milk <input type="checkbox"/>	
2. Breast milk exclusive <input type="checkbox"/>	
c. If age less than 12 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)	
12. Participant education:	
1. No/never in school -> [R.17]	
2. Still in school -> [R.14.a]	
3. No longer in school	
13. When did you quit school? [Fill with 00 if quite prior to 1993]	
Month: _____ Year: _____	
14.a. 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 junior high	8. Diploma I/II
4. <i>M. Tsanawiyah</i>	9. Diploma III
5. Senior High	10. Diploma IV/S1
	11. S2/S3
b. Education provider:	
1. State	3. Overseas
2. Private	
15. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduate)	
16. Highest diploma obtained:	
1. None	5. Vocational junior high
2. Elementary/MI	6. Diploma I/II
3. Junior High/equal	7. Diploma III
4. Senior High/equal	8. Diploma IV/S1
	9. S2/S3
17. Can read and write:	
1. Latin alphabets	3. Cannot
2. Other alphabets	
V.D. HEALTHY LIFE BEHAVIOUR (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)	
18.a. Did you smoke in the past one month?	
1. Yes, every day 3. No, former smoker	
2. Yes, sometimes 4. Never smoke	
b. If R.18.a = 1 or 2, how many cigarettes in the past one week? _____ cigarettes	
19. How many times did you consume the following food in	

the past one week?

a. Vegetables ____ c. Vegetable protein ____
b. Fruits ____ d. Animal protein ____

20. Did you do physical activity by moving ≥ 30 minutes every day in the past one week?
[Code 1 for yes, 2 for no]

Activity Type	Mon	Tue	Wed	Thu	Fri	Sat	Sun
a. Work/ school/ household							
b. Trip/ transportation							
c. Spare time/ sports/ recreation							

**V.E. EMPLOYMENT
(FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)**

21. 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.21.a.1 = 1, go to R.23]

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?

1. Yes 2. No

24. Are you preparing a business during the past one week?

1. Yes 2. No

R.25 and R.26 are asked if R.23 = 2 and R.24 = 2

25. Main reason of not looking for work/preparing business:

1. Have work/business, feel sufficient
2. School or handling household/family
3. Feel unable to obtain work
4. Have work, but not yet started
5. Other (disabled, old, and the like)

26. If there is a job offer, will you accept it?

1. Yes 2. No

**ONLY FOR WORKING HOUSEHOLD MEMBER
[R.21.a.1 = 1 or R.22 = 1]**

27. 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)

28. Main business/job from workplace in the past one week:
(Write as complete as possible) ____

29. Type of work/position of the main job in the past one week:
(Write as complete as possible) ____

30. Position/status of the main job in the past one week:

1. Self-owned business/freelance -> [Block V.F]
2. Self-owned business with non-permanent/non-paid worker -> [Block V.F]
3. Self-owned business with permanent/paid worker -> [Block V.F]
4. Worker/employee/staff -> [R.31]
5. Freelancer in agricultural sector -> [Block V.F]
6. Freelancer in non-agricultural sector -> [Block V.F]
7. Non-paid worker -> [Block V.F]

31. The amount of net wage/salary (money and goods) normally received in a month from the main job:
Rp ____

**V.F. FERTILITY & FAMILY PLANNING
(FOR WOMEN AGE 10 YEARS AND UP)**

**WOMEN WHO ONCE MARRIED
(Block IV.A Column 6 = 2, 3 or 4)**

32. Age when married for the first time ____ years

33. Total years in marriage: ____ years

34. Total child from marriage

	M	F	M+F
a. Member of household, live birth			
b. Member of household, still alive			
c. Member of household, already deceased			

35. 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)**

36. Are you currently using/wearing family planning device/method?

1. Yes 2. No -> [other household member]

37. 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. Type of ceiling (mostly used):

1. Concrete	5. Asbestos
2. Roof tile	6. Fiber/palm
3. Shingle	7. Other
4. Iron sheet	

3. Type of wall (mostly used):

1. Concrete	3. Bamboo
2. Wood	4. Other

4. Type of flooring (widely used):

1. Not soil	2. Soil
-------------	---------

5. Floor area: ____ square meter		carrot, bean, snaps, onion, chili, tomato etc.]	
6.a. Source of drinking water:		7. Nuts [peanut, mung bean, soybean, red bean, cowpea, cashew nut, tofu, tempeh etc.]	
1. Bottled water	6. Protected spring	8. Fruits [orange, mango, apple, durian, rambutan, salak, duku, pineapple, watermelon, banana, papaya etc.]	
2. Pipe	7. Unprotected/ uncovered spring	9. Oil and fat [coconut oil, cooking oil, coconut, margarine etc.]	
3. Pump	8. River	10. Beverage supplements [sugar, brown sugar, tea, coffee, chocolate, syrup, etc.]	
4. Protected/covered well	9. Rainwater	11. Spices [salt, hazelnut, coriander, pepper, fish paste, soybean sauce, MSG etc.]	
5. Unprotected/uncovered well	0. Other	12. Other foodstuff [cracker, noodle, vermicelli, macaroni etc.]	
b. If R.6.a = 3 to 7 (pump/well/spring), distance to the closest feces containment:		13. Delicatessen [bread, biscuit, porridge, meatball, ice, lemonade, salad etc.]	
1. ≤ 10 m	3. Do not know	14. Alcoholic beverages [beer, wine, other]	
2. > 10 m		15. Tobacco and betel [clove cigarette, white cigarette, cigar, tobacco, betel, areca nut etc]	
7. Method to obtain drinking water:		16. Total Foodstuff [Details 1 to 15]	
1. Utility	3. Not buying		
2. Retail buying			
8. Drinking water facility use:			
1. Personal	3. Public		
2. Mutual	4. None		
9.a. Defecation facility use:			
1. Personal	3. Public		
2. Mutual	4. None -> [R.9.c]		
b. Type of closet:			
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		
10. Source of light:			
1. PLN electricity	4. Oil lamp/torch		
2. Non-PLN electricity	5. Other		
3. Paraffin lamp/ <i>petromak</i>			
11. If source of light is electricity from PLN (R.10 = 1), what is the installed power?			
1. 450 Watts	4. 2,200 Watts		
2. 900 Watts	5. > 2,200 Watts		
3. 1,300 Watts	6. No meter		
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, chicken, offal, liver, spleen, floss, jerky etc.]			
5. Egg and milk (chicken egg, duck egg, quail egg, fresh milk, evaporated milk, milk powder etc.)			
6. Vegetables [spinach, water spinach, cucumber,			

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. Insurance (life, health)		
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	□□□□	

VIII. HOUSEHOLD SOCIO-ECONOMIC INFORMATION

1. a. Have health card?

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

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 2002? 1. Yes 2. No	If yes (Column 2=1), did you charged with a fee? 1. Yes 2. No
(1)	(2)	(3)
1. Treatment 2. Pregnancy checking 3. Give birth 4. Family planning need		

2. Food/staple goods/credit assistance:

Type of assistance	Is household ever received food/staple goods/credit assistance during Jan – Dec 2002? 1. Yes 2. No	If yes (Column 2=1), how many times received assistance?
(1)	(2)	(3)
a. Cheap rice/rice for poor people b. Free staple goods c. Business loan (≤ Rp 10 million) d. Revolving fund e. Other		

3. a. If there is household member who still in school, ever received scholarship in Jan – Dec 2002?

1. Yes 2. No -> [R.4]

b. If yes (R.3.a = 1), source of scholarship:

[Code 1 for yes, 2 for no]

- i. Social safety net (JPS) state scholarship
- ii. Non-JPS state scholarship
- iii. GN-OTA (national movement on foster parents)
- iv. Private agency
- v. School
- vi. Individual
- vii. Other

4. Is **household member** consumed food with animal protein (meat, egg, fish, chicken) in varied manner during the past one week?

1. Yes 2. No

5. Is there any **household member** who buy no less than 1 (one) set of new clothes (beside school uniform) in the past one year?

1. Yes 2. No

6. Is the **household** have the following assets, which can be used or sell/pawned to meet life necessities for 3 months:

[Code 1 for yes, 2 for no]

- | | |
|---------------------------------------|----------------------------|
| a. Time deposit | a <input type="checkbox"/> |
| b. Jewelry (gold, silver, jewel etc.) | b <input type="checkbox"/> |
| c. Agricultural land | c <input type="checkbox"/> |
| d. Shop/stall/store | d <input type="checkbox"/> |
| e. Motor vehicle | e <input type="checkbox"/> |
| f. Other earning assets | f <input type="checkbox"/> |

7. Is there any **household member** who present in meeting in relation to RT/RW/Village development and issues in the past 3 months?

1. Yes 2. No

8. 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		Kg		
c. Gasoline		Liter		
d. Diesel fuel		Liter		
e. PLN electricity		KwH		
f. Firewood		-		

X. NOTES*VSEN2003.K*