

SUSENAS

VSEN2003.MSBP

THE REPUBLIC OF INDONESIA
The Central Bureau of Statistics (BPS)

National Panel Social Economic Survey of 2003

Information on Socio-Cultural and Education

Confidential

I. LOCATION IDENTIFICATION			
1	Province		<input type="checkbox"/>
2	District/City *)		<input type="checkbox"/>
3	Sub-district		<input type="checkbox"/>
4	Village/kelurahan *)		<input type="checkbox"/>
5	Village/kelurahan classification	1. Urban 2. Rural	<input type="checkbox"/>
6	Census block number		
7	Sample code number		<input type="checkbox"/>
8	Household sample sequential number		<input type="checkbox"/>

II. HOUSEHOLD INFORMATION			
1	Name of the head of household: _____	3	Total disabled household members (HM): _____ <input type="checkbox"/>
2	Total household members (HM): _____ <input type="checkbox"/>	4	Total household members age 5 years and up who are in school: _____ <input type="checkbox"/>

III. CENSUS INFORMATION			
1	NIP/NMS of Census Taker: <input type="checkbox"/>	5	NIP/NMS of Supervisor/Checker: <input type="checkbox"/>
2	Census Taker Position: 1. Provincial BPS Staff 3. Statistics Clerk <input type="checkbox"/> 2. District/City BPS Staff 4. Partner	6	Supervisor/Checker Position: 1. Provincial BPS Staff 3. Statistics Clerk <input type="checkbox"/> 2. District/City BPS Staff 4. Partner
3	Census date: Date: <input type="checkbox"/> Month: <input type="checkbox"/>	7	Supervising/checking date: Date <input type="checkbox"/> Month <input type="checkbox"/>
4	Census taker signature: _____	8	Supervisor/Checker signature: _____

*) Cross out as necessary

IV. HOUSEHOLD MEMBER INFORMATION											
Copied from Column 1 to 6, Block IV.A, VSEN 2003.K						Disabled person? 1. Yes 2. No	If "Yes" (Column 7 = 1)		For unmarried HM age 0-21 years	For HM age ≥ 5 years	For HM age 7 – 18 years
No.	Name of Household Member	Relation with head of household (code)	Gender 1. M 2. F	Age (year)	Marital status (code)		Type of disabilities (code)	Main cause of disability (code)	Biological father/ mother still alive? (code)	School participation (code)	If column 11=1 or 3, what is the reason (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 <input type="checkbox"/>	1 2 <input type="checkbox"/>	Father Mother <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Column 3 Code: <u>Relation to head of household</u> 1. Head of household 9. Other 2. Wife/husband 3. Child 4. In-law 5. Grandchild 6. Parent/in-law 7. Other 8. Housemaid	Column 6 Code: <u>Marital Status</u> 1. Not married 2. Married 3. Divorce 4. Divorce due to death Column 10 Code: <u>Living biological father/mother</u> 1. Yes, HM member 3. Dead 2. Yes, not HM member 4. Do not know	Column 8 Code: <u>Types of disabilities</u> 1. Blind 2. Deaf 3. Mute 4. Deaf & mute 5. Physical disability 6. Mental disability 7. Mental disorders	Column 9 Code: <u>Main cause of disability</u> 1. From birth 4. Sickness/illness 2. Accident 5. Riot 3. Disaster Column 11 Code: <u>School participation</u> 1. No/never in school 2. Still in school 3. No longer in school	Column 12 Code: <u>Reason no/never/no longer in school</u> 1. No fund 2. Do not like/ashamed 3. Work 4. Married/handle household 5. Not accepted/expelled 6. Far distance to school 7. Feel already has sufficient education 8. Disabled 9. Other
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*) Copied from R.12 Block V.C, VSEN2003.K (for each individual)

V.A. HOUSEHOLD WELFARE INFORMATION (Asked to Head of Household/Representing Member of Household)							
Details 1 to 19: Your assessment on your own household welfare level progress in the past 3 years	Much better	Better	Equally good	Equally worse	Worse	Much worse	Process code
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Household revenue							□
2. Staple food quality (rice and the like)							
3. Household's side dishes quality (variation)							
4. Ability to afford clothes							
5. Household members health conditions							
6. Health care quality at: a. State hospital/clinic *) b. Doctor practice/paramedic practice *)							
7. Easiness in obtaining *) a. Contraceptive tools b. Family planning consultation							
8. Easiness in obtaining health care							
9. Ability to purchase generic (pharmaceutical) medicines *)							
10. Easiness in enrolling a child to elementary school (excluding A Education Package *)							
11. Easiness in enrolling a child to junior high school (excluding B Education Package *)							
12. Easiness in enrolling a child to senior high/state vocational school *)							
13. Easiness in enrolling a child to state university *)							
14. Easiness of disabled person in obtaining *) a. Rehabilitation b. Education							
15. Participation in religious activity (prayer, worship, lecture) *)							
16. Feeling of safety from criminal acts							
17. Ability to hold a family picnic							
18. Sport facilities use *)							
19. Household welfare level progress in the past 3 years							
20. Did you buy the following in the past month: a. Newspaper □ b. Magazine/tabloid □ Code for R.20a and R.20.b 1. Yes, subscription c. Yes, non-routine purchase 2. Yes, routine purchase d. No			22. If R.21 = 1 or 2, what is your action to meet the inadequacy/shortcomings? □ 1. Adjust expenditure 4. Ask for assistance 2. Sell/pawn goods/assets 5. Other 3. Borrow money/goods				
21. How is your income compared to expenditure for daily meals in 2002? □ 1. Much inadequate 3. Adequate 2. Inadequate 4. More than adequate							
23. a. Any household member who became foster parent? □ b. If "Yes", method to provide assistance: 1. Direct 3. Direct and indirect 2. Indirect c. Total foster children: Elementary school (SD): ____ child SD □ Junior high (SLTP): ____ child SLTP □ d. Total monthly assistance: Rp ____ (thousand Rp) □□□			24. Household participation in public social welfare in 2002 [Code 1 for "Yes" and 2 for "No"] Money Goods a. Donation to neglected children □ □ b. Donation to disabled people □ □ c. Donation to the elderly □ □ d. Other □ □				

Note: *) Code "0" for no activity/no performance

V.B. PUBLIC WELFARE INFORMATION							
Details 1 to 12: Assessment on public welfare progress level in your neighborhood in the past 3 years	Much better	Better	Equally good	Equally worse	Worse	Much worse	Process Code
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Public income	6	5	4	3	2	1	<input type="checkbox"/>
2. Public health conditions	6	5	4	3	2	1	<input type="checkbox"/>
3. Out-of-school children developments *)	6	5	4	3	2	1	<input type="checkbox"/>
4. Ease of mobility/movement space for disabled people *)	6	5	4	3	2	1	<input type="checkbox"/>
5. Quality of public transportation facility	6	5	4	3	2	1	<input type="checkbox"/>
6. Feeling of safety from disruption to public order	6	5	4	3	2	1	<input type="checkbox"/>
7. Formal job availability	6	5	4	3	2	1	<input type="checkbox"/>
8. Mutual assistance activities	6	5	4	3	2	1	<input type="checkbox"/>
9. Public social activities	6	5	4	3	2	1	<input type="checkbox"/>
10. Schoolchildren behavior/manners	6	5	4	3	2	1	<input type="checkbox"/>
11. Public attitude to community leaders	6	5	4	3	2	1	<input type="checkbox"/>
12. Your assessment on public welfare progress level in your neighborhood in the past 3 years	6	5	4	3	2	1	<input type="checkbox"/>
Details 13 to 15 Your assessment on public environment conditions around your neighbor for the past one year	Better	The same	Decline	No event	Do not know	Process code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
13. Hangout place for teen/youth who troubled the neighbor/public (drinking, hold-up)	1	2	3	4	0	<input type="checkbox"/>	
14. Conflict (including fighting/riots) between groups/villages in the neighborhood	1	2	3	4	0	<input type="checkbox"/>	
15. Victims of narcotics, psychotropic, illegal drugs and other addictive substances in the neighborhood	1	2	3	4	0	<input type="checkbox"/>	

*) Code "0" for no activity/no performance

VI. SOCIO-CULTURAL AND EDUCATION INDIVIDUAL INFORMATION	
FOR HOUSEHOLD MEMBER AGE 5 YEARS UP	
Name: _____ Sequential Number: _____ <input type="checkbox"/>	a. vegetable protein (tofu, tempeh) _____ times <input type="checkbox"/>
1. a. Ever experienced health complaints for the past 3 months? <input type="checkbox"/>	b. animal protein (meat, chicken, fish, egg) _____ times <input type="checkbox"/>
1. Yes 2. No -> [R.2]	6. a. Any permanent place to sleep?
b. If "Yes", was it treated?	1. Yes 2. No -> [R.7] <input type="checkbox"/>
1. Yes 2. No <input type="checkbox"/>	b. If "Yes", is there any bed/matress?
2. How many set of clothes do you owned? _____ sets <input type="checkbox"/>	1. Yes 2. No -> [R.7] <input type="checkbox"/>
3. How many times did you consume staple foods in the past one week? _____ times <input type="checkbox"/>	c. If "Yes", is it shared by more than 3 people?
4. a. How many times did you eat vegetables in the past one week? _____ times <input type="checkbox"/>	1. Yes 2. No <input type="checkbox"/>
b. How many times did you eat fruits in the past one week? _____ times <input type="checkbox"/>	FOR HOUSEHOLD MEMBER AGE 5 TO 9 YEARS OLD
5. How many times did you eat high-protein foods in the past one week?	7. Did you work/perform activity to obtain income for the past one week?
	1. Yes 2. No -> [R.12] <input type="checkbox"/>
	8. Main work for the past one week: <input type="checkbox"/>
	1. Travelling salesperson/pitchperson
	2. Trade at permanent location
	3. Busker 7. Farm/farm worker

<p>4. Scavenge used goods</p> <p>5. Make crafts 8. Service</p> <p>6. Work in factory 9. Other</p>																																								
<p>9. Work partner <input type="checkbox"/></p> <p>1. Work alone</p> <p>2. With household member</p> <p>3. With other people</p> <p>4. With household member & other people</p>																																								
<p>10.a. Total work day: ____ days <input type="checkbox"/></p> <p>b. Total work hour from all daily job in the past one week: ____ hours <input type="checkbox"/></p>																																								
<p>11.a. Do you receive income/pay from the work/job in the past one week? <input type="checkbox"/></p> <p>1. Yes 2. No -> [R.12]</p> <p>b. Income/pay from the past one week: Rp _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>																																								
FOR HOUSEHOLD MEMBER AGE 5-21 YEARS AND NOT YET MARRIED																																								
<p>12. Performed the following activities with parents/guardian for the past one week?</p> <p>[Code 1 for “Yes” and 2 for “No”]</p> <table style="width: 100%;"> <tr> <td>a. Watching TV</td> <td><input type="checkbox"/></td> <td>e. Studying</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Dine together</td> <td><input type="checkbox"/></td> <td>f. Pray/worship</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Talk/discuss</td> <td><input type="checkbox"/></td> <td>g. Work for extra income</td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. Play</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		a. Watching TV	<input type="checkbox"/>	e. Studying	<input type="checkbox"/>	b. Dine together	<input type="checkbox"/>	f. Pray/worship	<input type="checkbox"/>	c. Talk/discuss	<input type="checkbox"/>	g. Work for extra income	<input type="checkbox"/>	d. Play	<input type="checkbox"/>																									
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FOR HOUSEHOLD MEMBER AGE 5 TO 39 YEARS																																								
<p>13. Course activity:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type of course</th> <th style="width: 20%;">Ever/still following course? (Code)</th> <th style="width: 50%;">If Column (2) = 1 or 2, cost of last year (Rp)</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> </tr> </thead> <tbody> <tr><td>a. Cooking/cookery</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>b. Tailor/fashion</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>c. Beauty/cosmetology</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>d. Computer</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>e. Electronics</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>f. Language</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>g. Bookkeeping/accounting</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>h. Mechanic (bike, motorcycle, car)</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>i. Tutoring</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>j. Other (dance, music, crafts)</td><td><input type="checkbox"/></td><td></td></tr> <tr> <td colspan="2" style="text-align: center;">Total</td> <td></td> </tr> </tbody> </table> <p>Column 2 Code:</p> <p>1. Still in course</p> <p>2. Participate in course in the past one year</p> <p>3. Participate in course more than one year ago</p> <p>4. Never</p>		Type of course	Ever/still following course? (Code)	If Column (2) = 1 or 2, cost of last year (Rp)	(1)	(2)	(3)	a. Cooking/cookery	<input type="checkbox"/>		b. Tailor/fashion	<input type="checkbox"/>		c. Beauty/cosmetology	<input type="checkbox"/>		d. Computer	<input type="checkbox"/>		e. Electronics	<input type="checkbox"/>		f. Language	<input type="checkbox"/>		g. Bookkeeping/accounting	<input type="checkbox"/>		h. Mechanic (bike, motorcycle, car)	<input type="checkbox"/>		i. Tutoring	<input type="checkbox"/>		j. Other (dance, music, crafts)	<input type="checkbox"/>		Total		
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FOR HOUSEHOLD MEMBER AGE 10 YEARS UP																																								
<p>14. Did you listen to radio broadcast in the past one week?</p> <p>1. Yes 2. No <input type="checkbox"/></p>																																								
<p>15. Did you watch TV in the past one week?</p> <p>1. Yes 2. No <input type="checkbox"/></p>																																								
<p>16. Did you access internet website in the past one week?</p>																																								

1. Yes	2. No	<input type="checkbox"/>																										
<p>17.a. Did you read in the past one week?</p> <p>[Code 1 for “Yes” and 2 for “No”]</p> <table style="width: 100%;"> <tr> <td>1. Newspaper</td> <td><input type="checkbox"/></td> <td>4. Schoolbook</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Magazine/tabloid</td> <td><input type="checkbox"/></td> <td>5. Science book</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Fiction book</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p>b. If read newspapers/magazine (R.17.a.1=1 or R.17.a.2=1), the most-read topic:</p> <table style="width: 100%;"> <tr> <td>1. Politics</td> <td>4. Education</td> </tr> <tr> <td>2. Economics</td> <td>5. Sports</td> </tr> <tr> <td>3. Socio-cultural</td> <td>6. Other (____)</td> </tr> </table>			1. Newspaper	<input type="checkbox"/>	4. Schoolbook	<input type="checkbox"/>	2. Magazine/tabloid	<input type="checkbox"/>	5. Science book	<input type="checkbox"/>	3. Fiction book	<input type="checkbox"/>			1. Politics	4. Education	2. Economics	5. Sports	3. Socio-cultural	6. Other (____)								
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<p>18. Ever watch/perform art/craft show/exhibition in the past 3 months?</p> <p>[Code 1 for “Yes” and 2 for “No”]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type of Art</th> <th style="width: 20%;">Watch</th> <th style="width: 20%;">Perform</th> </tr> </thead> <tbody> <tr><td>a. Dance</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>b. Music/singing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>c. Play/puppet show</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>d. Painting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>e. Sculpting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>f. Crafts</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>g. Other (literature and the like)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>			Type of Art	Watch	Perform	a. Dance	<input type="checkbox"/>	<input type="checkbox"/>	b. Music/singing	<input type="checkbox"/>	<input type="checkbox"/>	c. Play/puppet show	<input type="checkbox"/>	<input type="checkbox"/>	d. Painting	<input type="checkbox"/>	<input type="checkbox"/>	e. Sculpting	<input type="checkbox"/>	<input type="checkbox"/>	f. Crafts	<input type="checkbox"/>	<input type="checkbox"/>	g. Other (literature and the like)	<input type="checkbox"/>	<input type="checkbox"/>		
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<p>19. Ever create/produce artwork in the past 3 months?</p> <p>[Code 1 for “Yes” and 2 for “No”]</p> <table style="width: 100%;"> <tr> <td>a. Dance</td> <td><input type="checkbox"/></td> <td>d. Painting</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Song</td> <td><input type="checkbox"/></td> <td>e. Statue</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Drama script/poetry</td> <td><input type="checkbox"/></td> <td>f. Crafts</td> <td><input type="checkbox"/></td> </tr> </table>			a. Dance	<input type="checkbox"/>	d. Painting	<input type="checkbox"/>	b. Song	<input type="checkbox"/>	e. Statue	<input type="checkbox"/>	c. Drama script/poetry	<input type="checkbox"/>	f. Crafts	<input type="checkbox"/>														
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<p>20.a. Ever performed sport exercise in the past one week?</p> <p>1. Yes 2. No -> [R.21.a] <input type="checkbox"/></p> <p>b. If “Yes” (R.20.a=1), the main objective to perform the exercise:</p> <table style="width: 100%;"> <tr> <td>1. Maintain health</td> <td>3. Recreation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Performance</td> <td>4. Other</td> <td></td> </tr> </table> <p>c. Total days in a week for exercise: ____ days <input type="checkbox"/></p> <p>d. Total minutes performing exercise per day in the past one week: ____ minutes <input type="checkbox"/></p> <p>e. Exercise method/venue:</p> <p>[Code 1 for “Yes” and 2 for “No”]</p> <table style="width: 100%;"> <tr> <td>1. Individual</td> <td><input type="checkbox"/></td> <td>4. Workplace</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. School</td> <td><input type="checkbox"/></td> <td>5. Other</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Sports club</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p>f. Type of sports performed the most:</p> <table style="width: 100%;"> <tr> <td>1. Health gymnastics</td> <td>5. Badminton</td> </tr> <tr> <td>2. Other gymnastics</td> <td>6. Volleyball</td> </tr> <tr> <td>3. Jogging/walk</td> <td>7. Soccer</td> </tr> <tr> <td>4. Table tennis</td> <td>8. Other (____)</td> </tr> </table>			1. Maintain health	3. Recreation	<input type="checkbox"/>	2. Performance	4. Other		1. Individual	<input type="checkbox"/>	4. Workplace	<input type="checkbox"/>	2. School	<input type="checkbox"/>	5. Other	<input type="checkbox"/>	3. Sports club	<input type="checkbox"/>			1. Health gymnastics	5. Badminton	2. Other gymnastics	6. Volleyball	3. Jogging/walk	7. Soccer	4. Table tennis	8. Other (____)
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3. Sports club	<input type="checkbox"/>																											
1. Health gymnastics	5. Badminton																											
2. Other gymnastics	6. Volleyball																											
3. Jogging/walk	7. Soccer																											
4. Table tennis	8. Other (____)																											
<p>21.a. Do you participate/become a member in the following public social activity in the past 3months?</p> <p>[Code 1 for “Yes” and 2 for “No”]</p> <table style="width: 100%;"> <tr> <td>1. Religion <input type="checkbox"/></td> <td>4. Sports <input type="checkbox"/></td> <td>7. Social <input type="checkbox"/></td> </tr> <tr> <td>2. Women <input type="checkbox"/></td> <td>5. Art <input type="checkbox"/></td> <td>8. Death <input type="checkbox"/></td> </tr> <tr> <td>3. Youth <input type="checkbox"/></td> <td>6. Social potluck <input type="checkbox"/></td> <td>9. Other <input type="checkbox"/></td> </tr> </table> <p>[If any has a code of 2 -> R.21.d]</p> <p>b. If any of R.21.a has a code of 1, did you ever follow</p>			1. Religion <input type="checkbox"/>	4. Sports <input type="checkbox"/>	7. Social <input type="checkbox"/>	2. Women <input type="checkbox"/>	5. Art <input type="checkbox"/>	8. Death <input type="checkbox"/>	3. Youth <input type="checkbox"/>	6. Social potluck <input type="checkbox"/>	9. Other <input type="checkbox"/>																	
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3. Youth <input type="checkbox"/>	6. Social potluck <input type="checkbox"/>	9. Other <input type="checkbox"/>																										

a training to improve organizational management skill?
1. Yes 2. No -> [R.22] ☐

c. If yes (R.21.b=1), the organizer:
[Code 1 for "Yes" and 2 for "No"]
1. Government ☐ 3. Consultant ☐
2. Non-governmental agency ☐ 4. Other ☐

d. If all of R.21.a have a code of 2, main reason of not participating/not becoming a member in public social activity: ☐
1. No organization 5. No time
2. Shy/lazy 6. Family
3. Know no benefit 7. Do not like
4. Health 8. Other

22. Ever receive social services in the past one year?
[Code 1 for "Yes" and 2 for "No"]
a. Social empowerment ☐
b. Social rehabilitation and service ☐
c. Social assistance and guarantee ☐
d. Tools/equipment to aid disabled people ☐

23. Ever participate in discussion for village developments (musbangdes)? ☐
1. Yes 2. No

24. Method to increase religious knowledge in the past one month? [Code 1 for "Yes" and 2 for "No"]
a. Read religious book(s) ☐
b. Listen to sermon from TV/radio/cassette ☐
c. Listen to sermon in sermon venue ☐
d. Read bible/holy book ☐
e. Follow religious lesson/invite teacher ☐

VII. EDUCATION INFORMATION FOR THOSE WHO ARE STILL IN SCHOOL (HOUSEHOLD MEMBER AGE 5 YEARS UP)

25. a. Registered and active in: ☐
1. Elementary school 8. M. Aliyah (Islamic school)
2. M. Ibtidaiyah 9. Vocational School
3. Special Elementary 10. Special Senior high
4. Public junior high 11. Diploma 1/ 2
5. M. Tsanawiyah 12. Diploma 3
6. Special Junior High 13. Diploma 4/S1
7. Senior High 14. S2/S3
b. Study program: (_____) [filled by editor] ☐

26. Transportation facility to school: ☐
1. Motor vehicle controlled by the household
2. Non-motor vehicle controlled by the household
3. Public motor vehicle
4. Public non-motor vehicle
5. Other people vehicle (free)
6. Walking

27. a. Closest distance routinely travelled from home to school: _____ km ☐☐☐
b. Travel time: _____ minutes ☐☐☐

28. Type of sports generally followed in school
[Code 1 for "Yes" and 2 for "No"]
a. Health Gymnastic (SKJ) ☐ e. Small ball: softball ☐

b. Floor Gymnastics ☐ f. Large ball: basketball ☐
c. Athletic ☐ g. Swimming ☐
d. Martial arts ☐

29. Ever experience difficulty in paying for school needs in Jul-Dec 2002 period? [Code 1 for "Yes" and 2 for "No"]
a. Tuition fee ☐ c. Transportation cost ☐
b. School book/equipment ☐ d. Other cost ☐

30. Receive scholarship?
1. Yes 2. No -> [R.35] ☐

31. Scholarship/discount source:
[Code 1 for "Yes" and 2 for "No"]
a. Government/JPS ☐ d. Other agency/private sector ☐
b. Government, non-JPS ☐ e. School ☐
c. GN-OTA ☐ f. Individual ☐

32. Type of scholarship/discount:
[Code 1 for "Yes" and 2 for "No"]
a. Money ☐ c. Tuition fee payment ☐
b. Goods ☐ d. Discount from school ☐

33. If R.32.a=1, total scholarship per month:
Rp _____

34. If R.32.a=1, scholarship use:
[Code 1 for "Yes" and 2 for "No"]
a. School need ☐ c. Snack ☐
b. Help parents ☐ d. Other ☐

35. Education cost for household members:

Type of cost/expenditure	Jul-Dec 2002 (in rupiah)
(1)	(2)
a. Re-registration (entrance fee, building fee re-registration)	
b. School tuition fee	
c. Parents/assistance board	
d. Practicum/craft	
e. Other fee (including student body/OSIS)	
f. Evaluation/test	
g. Lesson supporting materials	
h. School and sport uniforms	
i. School book/manual/lecture notes	
j. Stationery and other equipment/supplies	
k. Transportation (e.g. school bus fee)	
l. School-organized courses (including tutoring)	
m. Other	
Total (R.35.a to R.35.m)	

FOR STUDENT OF ELEMENTARY/JUNIOR HIGH/EQUAL

36. a. Ever study outside of school hours/receive tutorial from July 2002 to the present?
1. Yes 2. No -> [R.39] ☐
b. Study in group?
1. Yes 2. No ☐

37. a. Study with assistance from mentor?
1. Yes 2. No -> [R.38] ☐
b. Who is the mentor? ☐
1. Parents 3. Schoolmate

2. Family member	4. Other people
38. Average hour for studying outside of school hours per day during the past one week: ____ hours <input type="checkbox"/>	
39. Availability of schoolbooks for the current semester: <input type="checkbox"/>	
[Code 1 for "Yes" and 2 for "No"]	
a. Nationality	g. Health
b. Religion	h. English language
c. Indonesian language	i. Physics
d. Mathematics	j. Biology

e. Science	k. Chemistry
f. Social science	l. History
	m. Geography
	n. Sociology/anthropology

VIII. NOTES