



CENTRAL AGENCY OF STATISTICS

NATIONAL SOCIOECONOMIC SURVEY 2009
 MAIN INFORMATION ON HOUSEHOLDS AND HOUSEHOLD MEMBERS
 [PANEL SUSENAS – MARCH 2009]

VSEN09.K
 Made in 1 set for
 Provincial BPS

CONFIDENTIAL

I. IDENTIFICATION OF LOCATION			
1.	Province		<input type="text"/>
2.	District/City *)		<input type="text"/>
3.	Subdistrict		<input type="text"/>
4.	Village/Ward (Kelurahan *)		<input type="text"/>
5.	Village/Ward Classification	1. Urban 2. Rural	<input type="text"/>
6.	a. Census Block Number		
	b. Census Sub-Block Number (segment no.)		
7.	Sample code number		<input type="text"/>
8.	Sample consecutive number		<input type="text"/>
9.	Updated panel sample household consecutive number		<input type="text"/>
10.	If the answer to question 8 is different from 9, specify the reason for replacing the sample	1. Move out of the census block 2. Cannot be met to end of census 3. Household cannot be identified 4. Household no more exists due to natural disaster 5. Household is replacement in the previous period	<input type="text"/>
11.	Household head's name		
12.	Address (street/alley, RT/RW/hamlet)		
II. SUMMARY			
1.	Number of household members		<input type="text"/>
2.	Number of household members 0-4 years old		<input type="text"/>
3.	Number of household members 5 years old above		<input type="text"/>
4.	Number of household members 10 years old above		<input type="text"/>
III. DESCRIPTION OF CENSUS TAKER			
1.	Census Taker's Name and NIP:	<input type="text"/>	
2.	Census Taker's position:		
	1. Provincial BPS Staff 3. KSK	<input type="text"/>	
	2. District BPS Staff 4. Partner		
3.	Census date	Date	Month
		<input type="text"/>	<input type="text"/>
4.	Census taker's signature:		
5.	Team Coordinator's name and NIP:	<input type="text"/>	
6.	Team coordinator's position:		
	1. Provincial BPS Staff 3. KSK	<input type="text"/>	
	2. District BPS Staff 4. Partner		
7.	Checking date:	Date	Month
		<input type="text"/>	<input type="text"/>
8.	Team coordinator's signature:		

*) Cross out if not necessary

IV. DESCRIPTION OF HOUSEHOLD MEMBERS								
Consecutive No.	Household members' names (write who usually lives and has meal in this household, including adults, children and babies)	Relation to Household Head (Code)	Sex 1. Male 2. Female	Age (Years)	Marital Status (Code)	0-6 years of age		
						Holding birth certificate from civil registry? May I see it? (Code)	Attended/being attending pre-school education? 1. Yes, they did 2. Yes, they are 3. No (Code)	If the answer to column (8) is code 1 or 2, specify preschool education type (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Column-3 Code Relationship with household head: 1. Household Head 2. Spouse 3. Child 4. Son/daughter-in-law 5. Grandchild	Column-6 Code Marital Status: 1. Unmarried 2. Married 3. Divorced 4. Widowed	Column-7 Code Birth Certificate: 1. Yes, can be shown 2. Yes, but cannot be shown 3. No, don't have 4. Don't know	Column-9 Code Pre-School Education: 1. TK/BA/RA 2. Playgroup 3. Childcare facility 4. BKB/Posyandu-integrated PAUD 5. Another institution
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1. AFTER COMPLETING COLUMN (2) AND COLUMN (3), ASK THE RESPONDENT AGAIN IF THERE ARE ANY OTHER HOUSEHOLD MEMBERS SUCH AS SERVANTS, DRIVERS, GARDENERS, BABYSITTERS/PARENTS AND OTHERS LIVING IN THE HOUSE. IF YES, ENTER THEM IN THE TABLE.
2. ALSO ASK THE RESPONDENT IF THERE ARE ANY NAMES NOT RECORDED, SUCH AS NEWBORNS AND THOSE TRAVELING. IF YES, INCLUDE THEM IN THE TABLE.
3. HOWEVER, THOSE WHO ARE TRAVELING FOR MORE THAN 6 MONTHS AND WHO INTEND TO MOVE FROM OR LEAVE THE HOUSE FOR 6 MONTHS OR MORE SHOULD NOT BE CONSIDERED HOUSEHOLD MEMBERS AND SHOULD BE EXCLUDED FROM THE TABLE.
4. REARRANGE THOSE IN COLUMN (1) ACCORDING TO CONSECUTIVE NUMBER.

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, MANPOWER AND FERTILITY AND FAMILY PLANNING			
Name: Consecutive No.	<input type="text"/>		
Mother consecutive No.: [fill in with 00 if mother does not live in this household]	<input type="text"/>	10. Who helped you in childbirth process? [Fill in with reply code directly in the box]	First a. <input type="text"/>
Respondent's name and number:	<input type="text"/>	1. Doctor 2. Midwife 3. Other paramedics	4. Traditional birth attendant 5. Relative/Family 6. Other Last b. <input type="text"/>
V.A. HEALTH INFORMATION (AT ANY AGE)		11. How many times have your children been immunized? [Fill in with 0, if never]	
1. Which one of the following health complaints did you have last month? (Read out a to h) [fill in with 1 if any and 2 if not any] a. fever <input type="checkbox"/> e. Diarrhea <input type="checkbox"/> b. Cough <input type="checkbox"/> f. Repeated headache <input type="checkbox"/> c. Flu <input type="checkbox"/> g. Toothache <input type="checkbox"/> d. Asthma <input type="checkbox"/> h. Other *) <input type="checkbox"/> [If all R.1 = 2, go to R.7]		a. BCG <input type="checkbox"/> d. Measles <input type="checkbox"/> b. DPT <input type="checkbox"/> e. Hepatitis B <input type="checkbox"/> c. Polio <input type="checkbox"/>	
2. If you have a complaint, did it disrupt your work, school or daily activities? 1. Yes 2. No ⇒ [R.4]		12. a. Were they breast-fed (ASI)? 1. Yes 2. No ⇒ [other household member] b. If yes (R.12.a=1), length of breastfeeding: [Fill in with days if age < 1 month, and with months if age ≥ 1 month]: 1. Length of breastfeeding: 2. Exclusive breastfeeding: 3. Breastfeeding with supplementary food:	
3. How long did it disrupt you: Days		1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/>	
4. Did you treat yourself in the last month? 1. Yes 2. No		V.C. EDUCATION INFORMATION (FOR HOUSEHOLD MEMBERS AGED 5 ABOVE)	
5. Were you an outpatient in the last month? 1. Yes 2. No ⇒ [R.7]		13. Participation in attending school: 1. Not/not yet attending school ⇒ [R.15] 2. Still attending school ⇒ [R.16] 3. No more attending school	
6. Frequency of outpatient treatment in the last month: [fill in with the frequency of outpatient treatment in each facility] a. Government hospital <input type="text"/> e. Practicing health worker <input type="text"/> b. Private hospital <input type="text"/> f. Traditional practitioner <input type="text"/> c. Medical practitioner/polyclinic <input type="text"/> g. Traditional birth attendant <input type="text"/> d. Puskesmas/Pustu <input type="text"/> h. Other <input type="text"/>		14. When did they drop out of school? [Fill in with '00' for month and '9999' for year if dropping out prior to 1999] Month: ... <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
7. Were you an inpatient in the last year? 1. Yes 2. No ⇒ [R.9.a]		15. Reason for not/never attending school or no longer attending school: 01. No money 07. Disabled 02. Working/making a living 08. Waiting for notification 03. Married/housekeeping 09. Still under school age 04. Not admitted 10. Other 05. Far from school 06. Feeling to already have enough education [If R.13 = 1, go to R.20]	
8. Length of inpatient treatment (in days): a. Government hospital <input type="text"/> d. Practicing health worker <input type="text"/> b. Private hospital <input type="text"/> e. Traditional practitioner <input type="text"/> c. Puskesmas <input type="text"/> f. Other <input type="text"/>		16. Highest level and type of education previously or being attended: 1. Elementary School 6. Islamic Sen.High 2. Islamic Elem.School 7. Vocational High School 3. General/Vocational 8. 1-2 Year Diploma Junior High School 9. 3 Year Diploma 4. Islamic Jun.High 10. Bachelors 5. Senior High School 11. Masters/PhD	
V.B. UNDER-5 CHILDREN HEALTH (FOR HOUSEHOLD MEMBERS AGED 0-59 MONTHS)		17. Highest grade previously or being attended: 1 2 3 4 5 6 7 8 (completed)	
9. a. Age in months: months (go to R.10 if # 00) b. If R.9.a = 00, age in days: days		18. Highest Diploma held: 1. None 7. Islamic Senior High 2. Elementary School 8. Vocational High (SMK) 3. Islamic Elem. 9. 1-2 Year Diploma 4. Gen/Voc Jun.High 10. 3 Year Diploma 5. Islamic Jun.High 11. Bachelors 6. Senior High (SMA) 12. Masters/PhD	

*) For example: measles, ear infections, jaundice, convulsions, paralysis, senility, accident, etc.

19. If R.13 = 3 and R.18 < 6, are they attending Package-A, B or C program? 1. Yes, <i>Package A</i> 3. Yes, <i>Package C</i> 2. Yes, <i>Package B</i> 4. No.	<input type="checkbox"/>	25. Status/position in the main job during the last week: 1. <i>Self-employed</i> 2. <i>Self-employed assisted by temporary labor/unpaid labor</i> → [Block V.E] 3. <i>Self-employed assisted by permanent labor/paid labor</i> → [Block V.E] 4. <i>Labor/employee/official</i> 5. <i>Unpaid worker</i> → [Block V.E] 6. <i>Others</i>	<input type="checkbox"/>
20. Can read and write: 1. <i>Latin</i> 3. <i>Latin & others</i> 2. <i>Other alphabets</i> 4. <i>Illiterate</i>	<input type="checkbox"/>		
V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBERS AGED 10 ABOVE)			
21. a. Did you do the following activities in the last week?		26. How much net income (money and in-kind) do you usually earn a month from the main job? Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1. Working 1. Yes 2. No	1 <input type="checkbox"/>	V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGED 10 ABOVE)	
2. Attending School 1. Yes 2. No	2 <input type="checkbox"/>		
3. Housekeeping 1. Yes 2. No	3 <input type="checkbox"/>		
4. Other 1. Yes 2. No	4 <input type="checkbox"/>		
[If R.21.a.1 to 4 = 2, go to R.22]		MARRIED, DIVORCED, WIDOWED WOMEN (Block IV, Column 4 = 2 & Column 6 = 2, 3, or 4)	
b. Of the 4 activities above regarded as "yes", which took the longest time during the last week? 1 2 3 4	<input type="checkbox"/>	27. First marriage at age: years <input type="text"/> <input type="text"/>	
[If R.21.a.1 = 1, go to R.23]		28. Number of years in wedlock: years <input type="text"/> <input type="text"/>	
		29. Number of children born	Male Female M + F
		a. Born live	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		b. Still alive	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		c. Dead	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Do you have a job/business but you did not work during the last week? 1. Yes 2. No	<input type="checkbox"/>	30. Whether using a contraceptive: 1. <i>Using it</i> 2. <i>No more using it</i> → [other household member] 3. <i>Never using it</i> → [other household members]	
23. Were you seeking a job or preparing a business during the last week? 1. Yes 2. No	<input type="checkbox"/>	31. If now using it [R.30=1], what contraceptive device is being used:	
ONLY FOR WORKING HOUSEHOLD MEMBERS [R.21.a.1 = 1 OR R.22 = 1]			
24. The main line of business/job where you worked during the last week: 01. <i>Farming, hunting and forestry</i> 02. <i>Mining and quarrying</i> 03. <i>Fishery</i> 04. <i>Processing industry</i> 05. <i>Electricity, gas, and water</i> 06. <i>Construction</i> 07. <i>Wholesale and retail</i> 08. <i>Accommodations and victuals</i> 09. <i>Transport, warehousing and communications</i> 10. <i>Financial institution</i> 11. <i>Real estate, rental and corporate services</i> 12. <i>Government administration, defense and compulsory social security</i> 13. <i>educational services</i> 14. <i>health services and social activities</i> 15. <i>Community, social and individual services</i> 16. <i>Individual services for households</i> 17. <i>International agency and other extra international agency</i> 18. <i>Others</i>	<input type="checkbox"/>	1. <i>MOW/tubectomy</i> 6. <i>Pills</i> 2. <i>MOP/vasectomy</i> 7. <i>Condom</i> 3. <i>AKDR/IUD/Spiral</i> 8. <i>Intravag/tissue/condom for women</i> 4. <i>Injectables</i> 9. <i>traditional method</i> 5. <i>Implant/norplan/implanon/alwalit</i>	

VI. HOUSING						VII. OTHER SOCIAL ECONOMIC INFORMATION					
1. Status of house occupied: 1. Own house 2. Lease 3. Rent 4. Rent-free 5. Company's house 6. Parent/relative's house 7. Others						9. a. Latrine facilities: 1. Own facility 2. Shared b. Type of toilet: 1. Water-sealed 2. Offset-type c. Final disposal of feces 1. Septic tank 2. Pond/field 3. River/lake/sea 4. Dry-pit type 5. Beach/open ground/garden 6. Other					
2. Widest type of roof: 1. Concrete 2. Tile 3. Shingle 4. Iron sheeting 5. Asbestos 6. Palm 7. Other						10. Source of light: 1. PLN Electricity 2. Non-PLN Electricity 3. Petromak/aladin lamp 4. Pelita lamp/flashlight/torch 5. Other					
3. Widest type of wall: 1. Brick 2. Wood 3. Bamboo 4. Other											
4. Widest type of floor: m² 1. Non-earth 2. Earth						b. If "Yes" [R.1.a=1], the facility used was: 1. Askeskin 2. KKB 3. Health card 4. Other: 2.a. Did the household buy low-priced rice (raskin) in the last 3 months? 1. Yes 2. No ⇒ [R.3.a] b. If "Yes" (R.2.a=1), how many kilograms did you buy? Kg					
5. Area of floor: m²						c. How much did the household pay per kg to buy the last raskin? Rp					
6. a. Drinking water source: 1. Bottled branded water → [R.8] 2. Refill water →[R.8] 3. Retail tap water →[R.8] 4. Meter tap water 5. Pump 6. Protected well 7. Unprotected well 8. Protected spring 9. Unprotected spring 10. River water 11. Rain water 12. Other						3. a. Did some household members receive business credit in the last year? 1. Yes 2. No ⇒ [STOP]					
b. If R.6.a = 05 to 09 (pump/well/spring), their nearest distance from the septic tank: 1. ≤ 10 m 2. > 10 m 3. Don't know											
7. If R.6.a ≠ 01, 02 or 03, drinking water facility used is: 1. Own facility 2. Shared 3. Public 4. None											
8. How to get drinking water: 1. Purchased 2. Not purchased						b. Type of credit received: 1. Kecamatan development program 2. P2KP Program 3. Other government program 4. Bank program 5. Cooperative/Foundation program 6. Individual 7. Other					

VIII. NOTE

TRANSLATOR'S STATEMENT

This document is translated accurately and consistently from Indonesian into English.
Tangerang, 11 December 2009

TJENG GOAN HALIM
Sworn Translator