



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="checkbox"/>
2.	District/City *)		<input type="checkbox"/>
3.	Subdistrict		<input type="checkbox"/>
4.	Village/Ward (Kelurahan) *)		<input type="checkbox"/>
5.	Village/Ward Classification	1. Urban 2. Rural	<input type="checkbox"/>
6.	a. Census Block Number		
	b. Census Sub-Block Number (segment no.)		
7.	Sample code number		<input type="checkbox"/>
8.	Sample consecutive number		<input type="checkbox"/>
9.	Updated panel sample household consecutive number		<input type="checkbox"/>
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="checkbox"/>
11.	Household head's name		
12.	Address (street/alley, RT/RW/hamlet)		
II. SUMMARY			
1.	Number of household members		<input type="checkbox"/>
2.	Number of household members 0-4 years old		<input type="checkbox"/>
3.	Number of household members 5 years old above		<input type="checkbox"/>
4.	Number of household members 10 years old above		<input type="checkbox"/>
III. DESCRIPTION OF CENSUS TAKER			
1.	Census Taker's Name and NIP:		<input type="checkbox"/>
2.	Census Taker's position: 1. Provincial BPS Staff 3. KSK 2. District BPS Staff 4. Partner		<input type="checkbox"/>
3.	Census date	Date Month <input type="checkbox"/> <input type="checkbox"/>	
4.	Census taker's signature:		
5.	Team Coordinator's name and NIP:		<input type="checkbox"/>
6.	Team coordinator's position: 1. Provincial BPS Staff 3. KSK 2. District BPS Staff 4. Partner		<input type="checkbox"/>
7.	Checking date:	Date Month <input type="checkbox"/> <input type="checkbox"/>	
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"/>
2		<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"/>
4		<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"/>
6		<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"/>
8		<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"/>
10		<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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- 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.
- ALSO ASK THE RESPONDENT IF THERE ARE ANY NAMES NOT RECORDED, SUCH AS NEWBORNS AND THOSE TRAVELING. IF YES, INCLUDE THEM IN THE TABLE.
- 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.
- 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="checkbox"/> <input type="checkbox"/>		
Mother consecutive No.: [fill in with 00 if mother does not live in this household]	<input type="checkbox"/> <input type="checkbox"/>	10. Who helped you in childbirth process? [Fill in with reply code directly in the box]	First a. <input type="checkbox"/>
Respondent's name and number:	<input type="checkbox"/> <input type="checkbox"/>	1. Doctor 2. Midwife 3. Other paramedics	4. Traditional birth attendant 5. Relative/Family 6. Other Last b. <input type="checkbox"/>
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. BCG <input type="checkbox"/>	d. Measles <input type="checkbox"/>
a. fever <input type="checkbox"/>	e. Diarrhea <input type="checkbox"/>	b. DPT <input type="checkbox"/>	e. Hepatitis B <input type="checkbox"/>
b. Cough <input type="checkbox"/>	f. Repeated headache <input type="checkbox"/>	c. Polio <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]		12. a. Were they breast-fed (ASI)?	<input type="checkbox"/>
2. If you have a complaint, did it disrupt your work, school or daily activities?	<input type="checkbox"/>	1. Yes 2. No ⇒ [other household member]	
1. Yes 2. No ⇒ [R.4]		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]:	
3. How long did it disrupt you: Days	<input type="checkbox"/> <input type="checkbox"/>	1. Length of breastfeeding:	1. <input type="checkbox"/> <input type="checkbox"/>
4. Did you treat yourself in the last month?	<input type="checkbox"/>	2. Exclusive breastfeeding:	2. <input type="checkbox"/> <input type="checkbox"/>
1. Yes 2. No		3. Breastfeeding with supplementary food:	3. <input type="checkbox"/> <input type="checkbox"/>
5. Were you an outpatient in the last month?	<input type="checkbox"/>	V.C. EDUCATION INFORMATION (FOR HOUSEHOLD MEMBERS AGED 5 ABOVE)	
1. Yes 2. No ⇒ [R.7]		13. Participation in attending school:	<input type="checkbox"/>
6. Frequency of outpatient treatment in the last month: [fill in with the frequency of outpatient treatment in each facility]		1. Not/not yet attending school ⇒ [R.15]	
a. Government hospital <input type="checkbox"/> <input type="checkbox"/>	d. Practicing health worker <input type="checkbox"/> <input type="checkbox"/>	2. Still attending school ⇒ [R.16]	
b. Private hospital <input type="checkbox"/> <input type="checkbox"/>	e. Traditional practitioner <input type="checkbox"/> <input type="checkbox"/>	3. No more attending school	
c. Medical practitioner/polyclinic <input type="checkbox"/> <input type="checkbox"/>	f. Traditional birth attendant <input type="checkbox"/> <input type="checkbox"/>	14. When did they drop out of school? [Fill in with '00' for month and '9999' for year if dropping out prior to 1999]	
d. Puskesmas/Pustu <input type="checkbox"/> <input type="checkbox"/>	g. Other <input type="checkbox"/> <input type="checkbox"/>	Month: ... <input type="checkbox"/> <input type="checkbox"/> Year: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. Were you an inpatient in the last year?	<input type="checkbox"/>	15. Reason for not/never attending school or no longer attending school:	<input type="checkbox"/> <input type="checkbox"/>
1. Yes 2. No ⇒ [R.9.a]		01. No money 07. Disabled	
8. Length of inpatient treatment (in days):		02. Working/making a living 08. Waiting for notification	
a. Government hospital <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	d. Practicing health worker <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	03. Married/housekeeping 09. Still under school age	
b. Private hospital <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	e. Traditional practitioner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	04. Not admitted 10. Other	
c. Puskesmas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	f. Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	05. Far from school	
		06. Feeling to already have enough education [If R.13 = 1, go to R.20]	
V.B. UNDER-5 CHILDREN HEALTH (FOR HOUSEHOLD MEMBERS AGED 0-59 MONTHS)		16. Highest level and type of education previously or being attended:	<input type="checkbox"/> <input type="checkbox"/>
9. a. Age in months: months (go to R.10 if # 00)	<input type="checkbox"/> <input type="checkbox"/>	1. Elementary School 6. Islamic Sen.High	
b. If R.9.a = 00, age in days: days	<input type="checkbox"/> <input type="checkbox"/>	2. Islamic Elem.School 7. Vocational High School	
		3. General/Vocational 8. 1-2 Year Diploma	
		4. Islamic Jun.High 9. 3 Year Diploma	
		5. Senior High School 10. Bachelors	
		6. Senior High (SMA) 11. Masters/PhD	
		17. Highest grade previously or being attended:	<input type="checkbox"/>
		1 2 3 4 5 6 7 8 (completed)	
		18. Highest Diploma held:	<input type="checkbox"/> <input type="checkbox"/>
		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, Package A 3. Yes, Package C 2. Yes, Package B 4. No.	<input type="checkbox"/>	25. Status/position in the main job during the last week: 1. Self-employed 2. Self-employed assisted by temporary labor/unpaid labor → [Block V.E] 3. Self-employed assisted by permanent labor/paid labor → [Block V.E] 4. Labor/employee/official 5. Unpaid worker → [Block V.E] 6. Others	<input type="checkbox"/>		
20. Can read and write: 1. Latin 3. Latin & others 2. Other alphabets 4. Illiterate	<input type="checkbox"/>				
V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBERS AGED 10 ABOVE)					
21. a. Did you do the following activities in the last week? 1. Working 1. Yes 2. No 2. Attending School 1. Yes 2. No 3. Housekeeping 1. Yes 2. No 4. Other 1. Yes 2. No [If R.21.a.1 to 4 = 2, go to R.22]	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	26. How much net income (money and in-kind) do you usually earn a month from the main job? Rp <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
b. Of the 4 activities above regarded as "yes", which took the longest time during the last week? 1 2 3 4 [If R.21.a.1 = 1, go to R.23]		<input type="checkbox"/>	V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGED 10 ABOVE)		
		MARRIED, DIVORCED, WIDOWED WOMEN (Block IV, Column 4 = 2 & Column 6 = 2, 3, or 4)			
		27. First marriage at age: years	<input type="checkbox"/> <input type="checkbox"/>		
		28. Number of years in wedlock: years	<input type="checkbox"/> <input type="checkbox"/>		
		29. Number of children born	Male	Female	M + F
		a. Born live	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		b. Still alive	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		c. Dead	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22. Do you have a job/business but you did not work during the last week?	<input type="checkbox"/>	30. Whether using a contraceptive: 1. Using it 2. No more using it → [other household member] 3. Never using it → [other household members]		<input type="checkbox"/>	
23. Were you seeking a job or preparing a business during the last week?	<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]		1. MOW/tubectomy 6. Pills 2. MOP/vasectomy 7. Condom 3. AKDR/IUD/Spiral 8. Intravag/tissue/condom for women 4. Injectables 9. traditional method 5. Implant/norplan/implanon/alwalit		<input type="checkbox"/>	
24. The main line of business/job where you worked during the last week: 01. Farming, hunting and forestry 02. Mining and quarrying 03. Fishery 04. Processing industry 05. Electricity, gas, and water 06. Construction 07. Wholesale and retail 08. Accommodations and victuals 09. Transport, warehousing and communications 10. Financial institution 11. Real estate, rental and corporate services 12. Government administration, defense and compulsory social security 13. educational services 14. health services and social activities 15. Community, social and individual services 16. Individual services for households 17. International agency and other extra international agency 18. Others	<input type="checkbox"/> <input type="checkbox"/>				

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

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