



The Central Bureau of Statistics (BPS)



National Social Economic Survey of 2009
Main Information on Household and Household Members
[Susenas July 2009]

VSEN2009.K

One set for District/City BPS

Confidential

I. LOCATION IDENTIFICATION			
1	Province		
2	District/City *)		
3	Sub-district		
4	Village/kelurahan *)		
5	Village/kelurahan classification	1. Urban 2. Rural	
6	Geographical location of village/kelurahan	1. Coastal 2. Not coastal	
7	a. Census block number		
	b. Census sub-block number		
8	Sample code number		
9	Household sample sequential number		
10	Name of the head of household		
11	Address (road/street name, alley, RT/RW/village)		

II. SUMMARY FROM THE IV BLOCK		
1	Total household members	
2	Total household members age 0 – 4 years	
3	Total household members age 5 years and up	
4	Total household members age 10 years and up	

III. OFFICIAL INFORMATION			
1	Name and NIP of Census Taker: ____	5	Name and NIP of Team Coordinator: ____
2	Census Taker Position: 1. Provincial BPS Staff 3. Statistics Clerk 2. District/City BPS Staff 4. Partner	6	Team Coordinator Position: 1. Provincial BPS Staff 3. Statistics Clerk 2. District/City BPS Staff 4. Partner
3	Census date: Month ____ Year ____	7	Verification date: Month ____ Year ____
4	Census Taker Signature:	8	Team Coordinator Signature:

*) Cross out as necessary

IV.A. HOUSEHOLD MEMBER INFORMATION											
No	Household member (HM) name (People who live and eat in the household, including adult, children and toddler)	Relation with the head of household (code)	Gender 1. M 2. F	Age (year)	Marital status (code)	Have you become crime victim in the past one year? (code)	If Column 7 = 1 to 6, is it reported to police? 1. Yes 2. No	Travel frequency in Apr 1 – June 30, 2009*) If no travel, use code "00"	If Column 9 ≠ 00, main purpose of the last trip (code)	HM age 0-6 years	
										Ever/ on pre-school education? 1. Yes, once 2. Yes, currently on 3. No	If Column 11=1 or 2, type of pre-school educ. (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1		1									
2											
3											
4											
5											
6											
7											
8											
9											
10											
Column 3 Code <u>Relation to the head of household</u> 1. Head of household 2. Wife/husband 3. Child 4. In-law 5. Grandchild 6. Parent/in-law 7. Other family 8. Housemaid 9. Other		Column 6 Code <u>Marital Status</u> 1. Not married 2. Married 3. Divorce 4. Divorce due to death		Column 7 Code <u>Type of crime</u> 1. Yes, theft 2. Yes, robbery 3. Yes, homicide 4. Yes, fraud 5. Yes, rape 6. Yes, other 7. No		Column 10 Code: <u>Main purpose of the last trip</u> 1. Holiday/recreation 2. Professional/business 3. Mission/meeting/congress 4. Education/training 5. Health 6. Pilgrim/religion 7. Visiting friend/family 8. Sports/culture 9. Other			Column 12 Code <u>Pre-school**)</u> 1. Kindergarten/BA/RA 2. Playgroup 3. Daycare 4. PAUD/ Early Childhood Educ. (ECC) 5. Other PAUD/ECC		
Each time you write down household member in column (2) and (3), ask again whether there is still other household member, including newborn baby, household member who is travelling and living-in housemaid. If yes, include them in the list. For household member who is travelling for less than 6 months but with the intention to move or away from the house for 6 months or more, is not considered to be a household member and should be excluded from the list. Sort again the sequential number in the column (1).											

Note: *) Travelling household member: trip to commercial tourist destinations, or stay in commercial accommodation, and or trip distance ≥ 100 Km (return), excluding commuter, school

**) PAUD: Early childhood education

* Integrated PAUD with Toddler Family Care

* PAUD – SM: PAUD – Sunday School

* PAUD – TAAM: Muslim Children PAUD

* PAUD – BIA: Catholic Children PAUD

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPLOYMENT, AND FAMILY PLANNING AND FERTILITY	
Name: _____ Sequential No: _____	
Biological mother sequential number: _____	
[Fill with 00 if the biological mother is not living in this household]	
Name & sequential number of household member who provide information: _____	
V.A. HEALTH INFORMATION (ALL AGES)	
1. Any health complaint in the past one month? (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 ¹⁾
[If all R.1 = 2, go to R.7]	
2. If there is a complaint, did it disrupt job, school or daily activities?	
1. Yes	2. No -> [R.4.a]
3. Period of disruption: _____ days	
4.a. Ever performed self-medication in the past 1 month?	
1. Yes	2. No -> [R.5]
b. Type of medicine/treatment method used:	
[Code 1 for yes, 2 for no]	
1. Traditional medicine	3. Other
2. Modern medicine	
5. Ever become an outpatient in the past one month?	
1. Yes	2. No -> [R.7]
6. How many times became outpatient in the past one month?	
[Fill outpatient frequency for each facility]	
a. State hospital	e. Medical worker practice
b. Private hospital	f. Traditional treatment
c. Doctor/polyclinic	g. Maternity healer
d. Health clinic	h. Other
7. Ever become an inpatient in the past one year?	
1. Yes	2. No -> [R.9.a]
8. Inpatient period (in days):	
a. State hospital _____	d. Medical worker practice _____
b. Private hospital _____	e. Traditional treatment _____
c. Health clinic _____	f. Other _____
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?	First
[Fill code to box]	a. <input type="checkbox"/>

¹⁾ For example: Measles, ear infection, liver disease, convulsions, palsy, senile, accident etc.

1. Doctor	4. Maternity healer	Last b. <input type="checkbox"/>
2. Midwife	5. Family	
3. Other paramedic	6. Other	
11. 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		
12.a. Ever provided with breast milk?		
1. Yes 2. No -> [Other household member]		
b. If "yes" [R.12.a = 1], period of breast milk provision [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"/>
3. Breast milk and complimentary food: _____		3 <input type="checkbox"/>
V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)		
13. Schooling participation:		
1. No/never in school -> [R.17]		
2. Still in school		
3. No longer in school		
14. The highest education type and level currently studied/passed:		
1. Elementary school	7. Vocational School	
2. <i>M. Ibtidaiyah</i>	8. Diploma 1/2	
3. Public junior high	9. Diploma 3	
4. <i>M. Tsanawiyah</i>	10. Diploma 4/S1	
5. Senior High	11. S2/S3	
6. <i>M. Aliyah</i> (Islamic school)		
15. Highest class/level studied/currently studied:		
1 2 3 4 5 6 7 8 (Graduated)		
16. Highest diploma obtained:		
1. No elementary sch. diploma	7. <i>M. Aliyah</i>	
2. Elementary school	8. Vocational school	
3. <i>M. Ibtidaiyah</i>	9. Diploma 1/2	
4. Junior high	10. Diploma 3	
5. <i>M. Tsanawiyah</i>	11. Diploma 4/S1	
6. Senior high	12. S2/S3	
17. Can read and write:		
[Code 1 for yes, 2 for no]		
1. Latin alphabets	3. Other alphabets	
2. Arabian alphabets		
FOR HOUSEHOLD MEMBER AGE 5 – 24 YEARS OLD		
18. If R.13 = 1 or 3, reason why never go to school or no longer in school:		
1. No money	7. Far distance to school	
2. Working	8. Disabled	
3. Married/handle household	9. Waiting for	
4. Feel sufficient education	announcement	
5. Underage	10. Not accepted	
6. Bashful due to economic Condition	11. Other	

19. If R.13 = 3 , when did you quit school? [Fill with '00' and '0000' if quit prior to 1999] Month: ____ Year: ____
V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)
20. a. Did you perform the following activity in the past one week? <div style="display: flex; justify-content: space-between;"> <div> 1. Work 2. School 3. Handling household 4. Other beside personal activity² </div> <div> 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No </div> </div> <p style="text-align: center;">[If R.20.a.1 to 4 = 2, go to R.21]</p> <p>b. From activities 1 to 4 above which stated "Yes," what activity used the most time in the past one week?</p> <div style="display: flex; justify-content: space-around;"> 1 2 3 4 </div> <p style="text-align: center;">[If R.20.a.1 = 1, go to R.22]</p>
21. Do you have work/business, but temporarily not working for the past one week? 1. Yes 2. No
22. Are you looking for work or preparing for business during the past one week? 1. Yes 2. No
ONLY FOR WORKING HOUSEHOLD MEMBER [R.20.a.1 = 1 or R.21 = 1]
23. a. Total work day: ____ days b. Total work hour from all jobs in the past one week: ____ hours
24. Main business/job from workplace in the past one week: 1. Agriculture, plantation, forestry, hunting and fisheries 2. Mining and quarrying 3. Processing industry 4. Electricity, gas and drinking water 5. Construction 6. Trade, restaurant and accommodation services 7. Transportation, warehousing and communications 8. Financial agency, real estate, rental business and enterprise services 9. Public, social and individual services 10. Other
25. Position/status of the main job in the past one week: 1. Self-owned business/freelance 2. Self-owned business with non-permanent/non-paid worker 3. Self-owned business with permanent/paid worker 4. Worker/employee/staff 5. Freelancer 6. Non-paid worker
V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGE 10 YEARS AND UP)

² Other activities include: sports, course, picnic and social activities (organization, volunteering)

WOMEN WITH A STATUS OF MARRIED, DIVORCED, DIVORCE DUE TO DEATH OF SPOUSE (Block IV Column 4 = 2 & Column 6 = 2, 3 or 4)			
26. Age when married for the first time ____ years			
27. Total years in marriage: ____ years			
28. Total child born from marriage a. Member of household, live birth b. Member of household, still alive c. Member of household, already deceased	M	F	M+F
29. The use/wearing of family planning device/method? 1. Using it now 2. No longer use it -> [R.31] 3. Never use it -> [R.31]			
30. If currently using (R.29 = 1), the selected family planning device/method: <div style="display: flex; justify-content: space-between;"> <div> 1. Women/tubectomy 2. Men/vasectomy 3. IUD/spiral 4. Injection 5. Implant/norplant </div> <div> 6. Birth control pill 7. Condom/rubber 8. Intravag/tissue/women condom 9. Traditional method [Continue to other household member] </div> </div>			
31. If without family planning [R.29 = 2 or 3], still want child? 1. Yes, soon (< 2 years) -> [Other household member] 2. Yes, later (≥ 2 years) 3. No			
32. If R.31 = 2 or 3 , main reason of not using family planning: <div style="display: flex; justify-content: space-between;"> <div> 1. Fertility reason 2. Against of using 3. Insufficient knowledge 4. Family planning device/method reason </div> <div> 5. Other (____) 6. Do not know </div> </div>			
VI. HOUSING INFORMATION			
1. Building status: <div style="display: flex; justify-content: space-between;"> <div> 1. Owned 2. Lease 3. Rent 4. Free lease </div> <div> 5. Company house 6. Owned by parents/sibling/family 7. Other </div> </div>			
2. Type of most roof material: <div style="display: flex; justify-content: space-between;"> <div> 1. Concrete 2. Roof tile 3. Shingle 4. Iron sheet </div> <div> 5. Asbestos 6. Fiber/palm 7. Other </div> </div>			
3. Type of most wall material: <div style="display: flex; justify-content: space-between;"> <div> 1. Concrete 2. Wood </div> <div> 3. Bamboo 4. Other </div> </div>			
4. Type of most flooring material: <div style="display: flex; justify-content: space-between;"> <div>1. Not soil</div> <div>2. Soil/earth</div> </div>			
5. Floor area: ____ square meter			
6.a. Source of drinking water: <div style="display: flex; justify-content: space-between;"> <div> 1. Branded bottled water -> [R.8] 2. Recycled bottled water -> [R.8] 3. Pipe with meter -> [R.7] 4. Pipe, retail payment-> [R.8] 5. Terrestrial well/pump </div> </div>			

chicken, offal, liver, spleen, floss, jerky etc.]	
5. Egg and milk a. chicken egg, duck egg, quail egg b. fresh milk, evaporated milk, milk powder etc.	
6. Vegetables [spinach, water spinach, cucumber, carrot, bean, snaps, onion, chili, tomato etc.]	
7. Nuts [peanut, mung bean, soybean, red bean, cowpea, cashew nut, tofu, tempeh etc.]	
8. Fruits [orange, mango, apple, durian, rambutan, salak, duku, pineapple, watermelon, banana, papaya etc.]	
9. Oil and fat [coconut oil, cooking oil, coconut, margarine etc.]	
10. Beverage supplements [sugar, brown sugar, tea, coffee, chocolate, syrup, etc.]	
11. Spices [salt, hazelnut, coriander, pepper, fish paste, soybean sauce, MSG etc.]	
12. Other foodstuffs a. Instant noodle, noodle, vermicelli, macaroni/ dried noodle b. Other (cracker, chips etc.)	
13. Foods and beverages a. Delicatessen (bread, biscuit, cake, porridge, meatball, salad etc.) b. Non-alcoholic beverages (soft drink, lemonade, mineral water etc.) c. Alcoholic beverages (beer, wine, other)	
14. Tobacco and betel a. Cigarette (clove cigarette, white cigarette, cigar) b. Other (tobacco, betel, areca nut etc.)	
15. Total Foodstuff [Details 1 to 14]	

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)
16. Housing and household equipment		
a. House lease, rent, rent expectation (owned, free lease, company house) etc.		
b. House maintenance and minor repairs		
c. Electricity bill, telephone bill, gas, kerosene, water, firewood etc.		
d. House landline telephone bill, cellular phone voucher, public phone, telephone kiosk, postal goods etc.		
17. Various goods and services		
a. Bath/washing soap, cosmetics, face/hair care, tissue etc.		
b. Health expenditure (hospital, public clinic, doctor practice, healer, medicine etc.)		
c. Education expenditure (registration fee, monthly educational fee, re-registration fee, boy/girl scout, craft, course etc.)		
d. Transportation, freight, gasoline, diesel fuel, engine lubricants		
e. Other services (driver salary, housemaid salary, hotel etc.)		
18. Clothes, footwear and headgear (clothes, apparel, shoes, hat, detergent etc.)		
19. Durable goods (household equipment, tools, kitchen equipment, entertainment [electronics], sports equipment, genuine/imitation jewelry, vehicles, umbrella, watch, camera, telephone installation, power installation, electronic goods etc.)		
20. Tax and insurance		
a. Tax (Land and building tax, vehicle tax)		
b. Fee/retribution		
c. Health insurance		
d. Other (Other insurance, traffic ticket, income tax, etc.)		
21. Party and ceremony excluding food (wedding, circumcision, birthday, religious holiday, traditional ceremony etc.)		
22. Total non-food (details 16 to 21)		
23. Average monthly expenditure for food (Details 15 x 30/7)		
24. Average monthly expenditure for non-food (Details 22 column 3 / 12)		
25. Average monthly household expenditure (Details 23 + Details 24)		
26. Main source of household income: _____ (from household member with the largest income)		[Filled by team coordinator]
a. Job field: _____ (write as complete as possible)		
b. Job status: 0. Income receiver 1. Worker/employee 2. Businessperson		□□□□

VIII. OTHER SOCIO-ECONOMIC INFORMATION
1. Is there any health insurance/financing for outpatient/inpatient needs as follows: [Code 1 for yes, 2 for no] a. Health Insurance for Civil Servant/Veteran/Pensioner b. Jamsostek c. Private health insurance d. Benefit/reimbursement by company e. Health insurance/health card/poor insurance/poor card f. Health fund g. Other health insurance
2. a. Any household member who received free health service in the past 6 months? 1. Yes 2. No -> [R.3] b. If "yes" (R.2.a = 1), the type of card used: 1. National health insurance (<i>Jamkesmas</i>) 2. Health card (<i>Kartu sehat</i>) 3. Poor statement (SKTM) 4. Other: _____
3. Is the household received Unconditional Cash Transfer (BLT) of 2008/2009? 1. Yes 2. No
4. a. Is the household ever purchased cheap rice/rice for poor people in the past 3 months ? 1. Yes 2. No -> (R.5.a) b. If "yes" (R.4.a = 1) the amount of rice purchased: _____ kg c. How much per kg paid by the household for the last purchase of cheap rice? Rp _____
5. a. Is the household ever received a business credit in the past one year? [Code 1 for yes, 2 for no] 1. Public Empowerment National Program (<i>PNPM Mandiri</i>) 2. Other government program 3. Bank program 4. Cooperatives/foundation program 5. Individual 6. Other (_____) b. If received more than one type of credits, which one is the largest? _____ (Write one code of business credit, 1 to 6 and Details 5.a)

IX. COMMUNICATIONS AND INFORMATION TECHNOLOGY																							
1. Any telephone in the household? 1. Yes 2. No																							
2.a. Any household member who have cellular phone (cellphone)? 1. Yes 2. No -> [R.3] b. If "yes", total household members who have active cellphone numbers: _____ people c. Total cellphone numbers owned by household members: _____ numbers																							
3. Is the household has computer? [Code 1 for yes, 2 for no] a. Desktop/PC b. Laptop/notebook																							
4. Internet usage <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Usage/access media</th> <th style="width: 33%;">Any household member use the Internet in the past one month? 1. Yes 2. No</th> <th style="width: 33%;">If "yes", total household member who use the Internet (people)</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> </tr> </thead> <tbody> <tr> <td>a. House</td> <td></td> <td></td> </tr> <tr> <td>b. Internet kiosk</td> <td></td> <td></td> </tr> <tr> <td>c. Office</td> <td></td> <td></td> </tr> <tr> <td>d. School</td> <td></td> <td></td> </tr> <tr> <td>e. Other (café, hotel, etc.)</td> <td></td> <td></td> </tr> </tbody> </table>			Usage/access media	Any household member use the Internet in the past one month? 1. Yes 2. No	If "yes", total household member who use the Internet (people)	(1)	(2)	(3)	a. House			b. Internet kiosk			c. Office			d. School			e. Other (café, hotel, etc.)		
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X. NOTES																							