

SUSENAS

BPS

VSEN2006.K

The Central Bureau of Statistics (BPS)

National Social Economic Survey of 2006

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	a. Census block number		
	b. Census sub-block number		
7	Sample code number		
8	Household sample sequential number		

II. HOUSEHOLD INFORMATION					
1	Name of the head of household		3	Number of children aged 0-4 years	
2	Total household members (HM)		4	Total household member who died since January 2003	

III. CENSUS INFORMATION			
1	NIP/NMS of Census Taker: ____	5	NIP/NMS 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	Any experience as annual Susenas officer in the past 3 years? 1. Yes 2. No	7	Supervisor/checker statement: THE LIST IS TRULY UNDER MY SUPERVISION AND IS ALREADY VERIFIED Date: Signature: Clear name: (____)
4	Census taker statement: THE LIST IS TRULY FILLED BASED ON INTERVIEW WITH HOUSEHOLD MEMBER/RESPONDENT Date: Signature: Clear name: (____)		

*) 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)	Have you become crime victim in the past one year? 1. Yes 2. No	For HM who travel on May 1 – July 31, 2006 ¹ , travel frequency If none, fill with "00"	HM age 0-4 years Have birth certificate from register office? Can be shown? (code)	HM age 2-6 years Ever/ on pre-school education? (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1		1							
2									
3									
4									
5									
6									
7									
8									
9									
10									

IV.B. DEATH SINCE JANUARY 2003									
No	Name of the deceased	Year of the death since January 2003	Gender 1. M 2. F	Age when died		Cause of death (code)	For women who died during age more than 10 years, was it during:		
				Less than 2 years, age in months	More than 2 years, age in years		Pregnancy? 1. Yes 2. No	Labor/miscarriage? 1. Yes 2. No	Childbed ² ? 1. Yes 2. No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									

Column (3) Code, Block IV.A <u>Relation to the head of household</u> 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 <u>Marital Status</u> 1. Not married 2. Married 3. Divorce 4. Divorce due to death	Column 9 Code, Block IV.A <u>Birth Certificate</u> 1. Yes, can be shown 2. Yes, cannot be shown 3. Do not have 4. Do not know	Column 10, Block IV.A <u>Pre-school</u> 1. Yes, kindergarten/BA/RA 2. Yes, playgroup 3. Yes, daycare 4. Yes, early childhood educ. 5. Yes, other agency 6. No	Column 7 Code, Block IV.B <u>Cause of death</u> 1. Traffic accident 2. Non-traffic accident 3. Not an accident
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Note: ¹⁾ Travelling household member: trip to commercial tourist destinations, or stay in commercial accommodation, or trip distance ≥ 100 Km (return), excluding commuter, school

²⁾ Generally 2 months after labor/miscarriage

V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPOWERMENT, 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]

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*) [If all R.1 =2, go to R.8]
2. If there is a complaint, did it disrupt job, 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 performed 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
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. Medical worker practice b. Private hospital f. Traditional treatment c. Doctor/polyclinic g. Maternity healer d. Health clinic h. Other
8. Ever become an inpatient in the past one year? 1. Yes 2. No -> [R.10]
9. Inpatient period (in days): a. State hospital _____ d. Medical worker practice _____ b. Private hospital _____ e. Traditional treatment _____ c. Health clinic _____ f. Other _____
10. 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. Benefit/reimbursement by company c. Health insurance/health card/poor insurance/poor card d. Jamsostek

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

Name & sequential number of household member who provide information: _____
V.A. HEALTH INFORMATION (ALL AGES)

e. Private health insurance f. Health fund g. Other health insurance	
V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)	
11.a. Age in month: _____ months (To R.12 if ≠ 0) b. If R.11.a = 00, age in day: _____ days	
12. Who assisted the birth process? [Fill code to box] 1. Doctor 4. Maternity healer 2. Midwife 5. Family 3. Other paramedic 6. Other	First a. <input type="checkbox"/> Last b. <input type="checkbox"/>
13. 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	
14.a. Ever provided with breast milk? 1. Yes 2. No -> [Other household member] b. If "yes" [R.14.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)	
15. Schooling participation: 1. No/never in school -> [R.17] 2. Still in school -> [R.18] 3. No longer in school	
16. When did you quit school? [Fill with '00' and '0000' if quit prior to 1996] Month: _____ Year: _____	
17. Reason why never go to school or no longer in school: 1. No money 7. Feel sufficient education 2. Do not like/bashful 8. Disabled 3. Working 9. Waiting for announcement 4. Married/handle household 10. Already accepted, waiting for the class to start 5. Not accepted 11. Underage 6. Distance from home too far 12. Other [If R.15 = 1, go to R.21]	
18. The highest education type and level currently	

<p>studied/passed:</p> <table style="width: 100%;"> <tr> <td>1. Elementary school</td> <td>6. <i>M. Aliyah</i> (Islamic school)</td> </tr> <tr> <td>2. <i>M. Ibtidaiyah</i></td> <td>7. Vocational School</td> </tr> <tr> <td>3. Public/vocational junior high</td> <td>8. Diploma I/II</td> </tr> <tr> <td>4. <i>M. Tsanawiyah</i></td> <td>9. Diploma III</td> </tr> <tr> <td>5. Senior High</td> <td>10. Diploma IV/S1</td> </tr> <tr> <td></td> <td>11. S2/S3</td> </tr> </table> <p>19. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduated)</p> <p>20. Highest diploma obtained:</p> <table style="width: 100%;"> <tr> <td>1. No elementary sch. diploma</td> <td>7. <i>M. Aliyah</i></td> </tr> <tr> <td>2. Elementary school</td> <td>8. Vocational school</td> </tr> <tr> <td>3. <i>M. Ibtidaiyah</i></td> <td>9. Diploma I/II</td> </tr> <tr> <td>4. Vocational/junior high</td> <td>10. Diploma III</td> </tr> <tr> <td>5. <i>M. Tsanawiyah</i></td> <td>11. Diploma IV/S1</td> </tr> <tr> <td>6. Senior high</td> <td>12. S2/S3</td> </tr> </table> <p>21. Can read and write:</p> <p>1. Latin alphabets 2. Other alphabets 4. Cannot</p>	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	1. No elementary sch. diploma	7. <i>M. Aliyah</i>	2. Elementary school	8. Vocational school	3. <i>M. Ibtidaiyah</i>	9. Diploma I/II	4. Vocational/junior high	10. Diploma III	5. <i>M. Tsanawiyah</i>	11. Diploma IV/S1	6. Senior high	12. S2/S3	<p>28. Main business/job from workplace in the past one week: (Write as complete as possible) _____</p> <p>[Filled by editor]</p> <p>29. Type of work/position of the main job in the past one week: (Write as complete as possible) _____</p> <p>[Filled by editor]</p> <p>30. Position/status of the main job in the past one week:</p> <ol style="list-style-type: none"> Self-owned business/freelance -> [Block V.E] Self-owned business with non-permanent/non-paid worker -> [Block V.E] Self-owned business with permanent/paid worker -> [Block V.E] Worker/employee/staff -> [R.31] Freelancer in agricultural sector -> [Block V.E] Freelancer in non-agricultural sector -> [Block V.E] Non-paid worker -> [Block V.E] <p>31. The amount of net wage/salary (money and goods) normally received in a month from the main job: Rp _____</p>
1. Elementary school	6. <i>M. Aliyah</i> (Islamic school)																								
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V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)																									
<p>22. a. Did you perform the following activity in the past one week?</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1. Work</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. School</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Handling household</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Other</td> <td>①</td> <td></td> </tr> </tbody> </table> <p>b. From activities 1 to 4 above which said "Yes," what activity used the most time in the past one week?</p> <p>1 2 3 4</p> <p style="text-align: center;">[If R.22.a.1 = 1, go to R.24]</p>			Yes	No	1. Work	1	2	2. School	1	2	3. Handling household	1	2	4. Other	①										
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2. School	1	2																							
3. Handling household	1	2																							
4. Other	①																								
<p>23. Do you have work/business, but temporarily not working for the past one week?</p> <p>1. Yes 2. No</p>																									
<p>24. Are you looking for work?</p> <p>1. Yes 2. No</p>																									
<p>25. Are you preparing a business during the past one week?</p> <p>1. Yes 2. No</p>																									
R.26 is asked if R.24 = 2 and R.25 = 2																									
<p>26. Main reason of not looking for work/preparing business:</p> <ol style="list-style-type: none"> Feel unable to obtain work Have work, but not yet started In school or handling household/family Already have job/business Feel sufficient Cannot work (disabled, old) Other (write down): _____ 																									
ONLY FOR WORKING HOUSEHOLD MEMBER [R.22.a.1 = 1 or R.23 = 1]																									
<p>27. a. Total work day: _____ days</p> <p>b. Total work hour from all work every day in the past one week:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> <th>Sun</th> <th>Total (hour)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (hour)																
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (hour)																		

V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGE 10 YEARS AND UP)			
WOMEN WITH A STATUS OF MARRIED, DIVORCED, DIVORCED DUE TO DEATH OF SPOUSE (Block IV.A Column 4 = 2 & Column 6 = 2, 3 or 4)			
32. Age when married for the first time _____ years			
33. Total years in marriage: _____ years			
34. Total child born 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. The use/wearing of family planning device/method?			
1. Using it now			
2. No longer use it -> [other household member]			
3. Never use it -> [other household member]			
36. If currently using (R.35 = 1), the selected family planning device/method:			
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. Company house		
2. Lease	6. Owned by parents/sibling/family		
3. Rent	7. Other		
4. Free lease			
2. Type of most roof material:			
1. Concrete	5. Asbestos		
2. Roof tile	6. Fiber/palm		
3. Shingle	7. Other		
4. Iron sheet			

3. Type of most wall material:		a. Fresh/wet	
1. Concrete	3. Bamboo	b. Salted/preserved	
2. Wood	4. Other	4. Meat [beef, buffalo meat, mutton, lamb, pork, chicken, offal, liver, spleen, floss, jerky etc.]	
4. Type of most flooring material:		5. Egg and milk	
1. Not soil	2. Soil/earth	a. chicken egg, duck egg, quail egg	
5. Floor area: _____ square meter		b. fresh milk, evaporated milk, milk powder etc.	
6.a. Source of drinking water:		6. Vegetables [spinach, water spinach, cucumber, carrot, bean, snaps, onion, chili, tomato etc.]	
1. Bottled water	6. Protected spring	7. Nuts [peanut, mung bean, soybean, red bean, cowpea, cashew nut, tofu, tempeh etc.]	
2. Pipe	7. Unprotected/ uncovered spring	8. Fruits [orange, mango, apple, durian, rambutan, salak, duku, pineapple, watermelon, banana, papaya etc.]	
3. Pump	8. River	9. Oil and fat [coconut oil, cooking oil, coconut, margarine etc.]	
4. Protected/covered well	9. Rainwater	10. Beverage supplements [sugar, brown sugar, tea, coffee, chocolate, syrup, etc.]	
5. Unprotected/uncovered well	0. Other	11. Spices [salt, hazelnut, coriander, pepper, fish paste, soybean sauce, MSG etc.]	
b. If R.6.a = any of 3 to 7 (pump/well/spring), distance to the closest feces containment:		12. Other foodstuffs	
1. ≤ 10 m	3. Do not know	a. Instant noodle, noodle, vermicelli, macaroni/ dried noodle	
2. > 10 m		b. Other (cracker, chips etc.)	
7. Drinking water facility use: (R.6.a \neq 1)		13. Foods and beverages	
1. Personal	3. Public	a. Delicatessen (bread, biscuit, cake, porridge, meatball, salad etc.)	
2. Mutual	4. None	b. Non-alcoholic beverages (soft drink, lemonade, mineral water etc.)	
8. Method to obtain drinking water:		c. Alcoholic beverages (beer, wine, other)	
1. Buying	2. Not buying	14. Tobacco and betel	
9.a. Defecation facility use:		a. Cigarette (clove cigarette, white cigarette, cigar)	
1. Personal	3. Public	b. Other (tobacco, betel, areca nut etc.)	
2. Mutual	4. None -> [R.9.c]	15. Total Foodstuff	
b. Type of toilet:		[Details 1 to 14]	
1. Goose neck/leher angsa	3. Squat toilet/cemplung		
2. Pit toilet/plengsengan	4. None		
c. Final disposal location:			
1. Tank/septic tank	4. Pit hole		
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/petromak			
11. Fuel/energy expenditure for household cooking and lighting in the past one month:			
a. PLN electricity:	Rp _____		
b. Kerosene:	Rp _____		
c. Firewood	Rp _____		
VII. HOUSEHOLD EXPENDITURE			
VII.A. EXPENDITURE FOR FOOD IN THE PAST ONE WEEK		Total	
[FROM PURCHASE, SELF-PRODUCTION AND PRESENT]		(Rp)	
(1)		(2)	
1. Grains			
a. Rice			
b. Other (corn, wheat, flour, cornflour etc.)			
2. Tubers [cassava, sweet potato, potato, yam, sago, etc.]			
3. Fish/prawn/squid/clam			

VIII. HOUSEHOLD EXPENDITURE (CONTINUATION)		
VI.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 editor]
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. a. Is the household received unconditional cash transfer/direct cash subsidy (BLT/SLT)? 1. Yes 2. No -> [R.2.a] b. When the first time received BLT/SLT? Month: ____ Year: ____																																
2. a. Any household member who received free health service in the past 6 months? 1. Yes 2. No -> [R.3.a] b. If "yes" (R.2.a = 1), the type of card used: 1. Health insurance for poor people (<i>Akseskin</i>) 3. Health card (<i>Kartu sehat</i>) 2. Fuel compensation card (KKB) 4. Other: ____																																
3. a. Is the household ever purchased cheap rice/rice for poor people in the past 6 months ? 1. Yes 2. No -> (R.4.a) b. If "yes" (R.3.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 ____																																
4. a. Is the household ever received a business credit in the past one year? 1. Yes 2. No -> (R.5.a) b. Type of credit received: 1. Sub-district development program 5. Cooperatives/foundation program 2. P2KP (Urban Poverty Alleviation) program 6. Individual 3. Other government program 7. Other 4. Bank program																																
5. a. Is there household member/former household member who is currently working/ever worked as domestic worker (TKI)? 1. Yes 2. No -> (Block IX) 3. Do not know -> (Block IX) b. If yes (R.5.a = 1), write the total household members who are working or used to work as TKI according to job type:																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Type of job</th> <th colspan="2" style="text-align: center;">Total</th> </tr> <tr> <th></th> <th style="text-align: center;">Currently working</th> <th style="text-align: center;">Used to work</th> </tr> <tr> <th style="text-align: center;">(1)</th> <th style="text-align: center;">(2)</th> <th style="text-align: center;">(3)</th> </tr> </thead> <tbody> <tr> <td>1. Nurse</td> <td></td> <td></td> </tr> <tr> <td>2. Housemaid/baby sitter</td> <td></td> <td></td> </tr> <tr> <td>3. Driver</td> <td></td> <td></td> </tr> <tr> <td>4. Builder</td> <td></td> <td></td> </tr> <tr> <td>5. Plantation worker</td> <td></td> <td></td> </tr> <tr> <td>6. Factory worker</td> <td></td> <td></td> </tr> <tr> <td>7. Other (____)</td> <td></td> <td></td> </tr> </tbody> </table>	Type of job	Total			Currently working	Used to work	(1)	(2)	(3)	1. Nurse			2. Housemaid/baby sitter			3. Driver			4. Builder			5. Plantation worker			6. Factory worker			7. Other (____)				
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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", [R.2.a = 1] total cellular phone numbers owned by the household: _____ numbers

3. Is the household has computer (desktop, laptop, notebook)?

1. Yes

2. No -> [R.5]

4.a. Is the household use computer to access the Internet in the past one month?

1. Yes

2. No -> [R.5]

b. If "yes", [R.4.a = 1] the number of household members who use the facility: _____ people

5. Internet usage outside of house

Usage location	Any household member use the Internet outside of house in the past one month? 1. Yes 2. No	If "yes" (Column 2 = 1), total household member who use the Internet (people)
(1)	(2)	(3)
a. Internet kiosk		
b. Office/school		
c. Other		

X. NOTES