

THE REPUBLIC OF INDONESIA
CENTRAL BODY OF STATISTICS

NATIONAL SOCIAL ECONOMICS SURVEY 2002

MAIN DESCRIPTION OF HOUSEHOLD AND HOUSEHOLD MEMBER

Confidential

I. PLACE RECOGNITION			
1	Province		
2	District/Municipal*)		
3	Sub district		
4	Village/Kelurahan/UPT/PMT*		
5	Classification of village/Kelurahan	1. <i>Urban</i>	2. <i>Rural</i>
6	Block census number		
7	Sample code number		
8	Household sample index number		

II. DESCRIPTION OF THE HOUSEHOLD		
1	Name of the head of the household:	
2	Ethnicity of the household head:	
3	Number of household members:	
4	Number of children age 0-4 years old:	
5	Number of household members who died in the last year:	
6	Number of household members who were born in the last year:	

III. DESCRIPTION OF THE CENSUS	
1	Name and ID number of the enumerator:
2	Title of the enumerator: 1. Staff of the Provincial Central Body of Statistics 2. Staff of the District/Municipal Central Body of Statistics 3. Mantis 4. Partner
3	Date of census:(Date),(Month)
4	Signature of the enumerator:
5	Name and ID number of the supervisor:
6	Title of the supervisor: 1. Staff of the Provincial Central Body of Statistics 2. Staff of the District/Municipal Central Body of Statistics 3. Mantis 4. Partner
7	Date of check:(Date),(Month)
8	Signature of the supervisor:

IV. A. DESCRIPTION OF HOUSEHOLD MEMBER							
Index No.	Name of household members (Write every one that usually lives and eats in this household, including adults, children and babies)	Relationship with head of household (code)	Sex 1. <i>Male</i> 2. <i>Female</i>	Age (year)	Marital status	Did you travel as a tourist?*) (October 1 – December 31, 2001) 1. <i>Yes</i> 2. <i>No</i>	If Column 7=1, frequency (times)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
IV. B. HOUSEHOLD MEMBERS WHO ARE ALREADY DEAD (INCLUDING STILLBORN) IN THIS PAST YEAR							
Index No.	Name	Relationship with head of household (code)	Sex 1. <i>Male</i> 2. <i>Female</i>	How old when he/she died			
				If ≥ 2 years old, age in month	If < 2 years old, age in month		
(1)	(2)	(3)	(4)	(5)	(6)		
1							
2							
IV. C. HOUSEHOLD MEMBERS WHO WERE BORN IN THIS PAST YEAR							
Index No.	Name	Relationship with head of household (code)	Sex 3. <i>Male</i> 4. <i>Female</i>	Birthday Date/month/year	Index no. of mother**)	How old was the mother when she gave birth (year)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	

1. Household
2. Wife/husband
3. Children
4. In laws
5. Grandchild
6. Parents/Parents in law
7. Other family
8. Housemaid
9. Others

1. *Unmarried*
2. *Married*
3. *Divorce*

1. Islam
2. Catholic
3. Protestant
4. Hindu
5. Buddhism
6. Others

1. *Still go to school*
2. *No longer go to school*

*) "Tourist" travel: traveled to commercial tourism objects or stayed in a commercial accommodation, or traveling distance ≥ 100 km (returns)

**) Fill in if the mother does not live in the house

***) Fill in code "00" if the parents are not household member

Column 10 to 13 Block IV.A: Status of Continuous Existence and Parents Residence

If the code filled in column 10 is 2 or 9, let column 11 empty and go on to column 12. Ask whether the biological mother is still alive. Biological mother is the mother who gave birth. To fill column 12 and 13 follow the instruction above as to fill column 10 and 11.

V. PERSONAL DESCRIPTION ABOUT HEALTH, EDUCATION, LABOR, FERTILITY AND FAMILY PLANNING	
Name:	Index no.
Do the household member present on the interview?	
1. Yes	2. No

Do the household member present on the interview?

1. Yes 2. No

V. A. HEALTH DESCRIPTION (FOR ALL AGES)

1. Do have any health problem in this past month as listed below? (Read for them from point a to p)
[Fill in code 1 if yes, code 2 if no]

- a. Fever
- b. Cough
- c. Influenza
- d. Asthma
- e. Breathing difficulty/ breathing quickly
- f. Diarrhea
- g. Measles
- h. Earache
- i. Lever
- j. Repeated headache
- k. Epilepsy
- l. Paralysis
- m. Senile
- n. Accident
- o. Toothache
- p. Other

[If all codes 2 \rightarrow [R.8]

2. If there was problem, did it disturb your job, school, or daily job?

1. Yes 2. No → [R.5.a]

3. Duration of disturbance: Days

4. Does it still disturb you?

1. Yes 2. No

5. a. Did you ever try to cure yourself in this last month?

1. Yes 2. No → [R.6]

b. Type of medicine/treatment used:

[Fill in code 1 if yes, code 2 if no]

1. Traditional medicine

1. Traditional medicine
2. Modern medicine

3. Other

c. Total cost for self-treatment paid by the household: Rp

6. Did you ever have an ongoing treatment in this last month?

1. Yes 2. No → [R.8]

7. a. How many times have you had an ongoing treatment in this last month: [Fill in the ongoing treatment frequency for every facility]

01. Government's hospital
02. Private hospital
03. Doctor's office
04. Public Health Center (*Puskesmas*)
05. Assisted Public Health Center (*Puskesmas Pembantu*)
06. Clinic
07. Health officer's office
08. Batra's office
09. *Polindes/BDD/Posyandu*
10. Integrated Service Post (Posyandu)

b. Total cost for self-treatment paid by the household: Rp

8. Have you ever had to stay in the hospital in this past year?	
1. Yes	2. No → [Block V.B]
9. a. Duration of hospital stay (in days):	
1. Government's hospital	6. Clinic
2. Private hospital	7. Health officer's office
3. Doctor's office	8. Batra's office
4. Public Health Center (<i>Puskesmas</i>)	9. <i>Polindes/BDD/Posyandu</i>
5. Assisted Public Health Center (<i>Puskesmas Pembantu</i>)	10. Integrated Service Post (<i>Posyandu</i>)
b. Total cost for self-treatment paid by the household: Rp	

V. B. HEALTH OF CHILDREN UNDER 5 YEARS OLD (CHILDREN AGES 0-59 MONTHS)	
10. a. Age in months:months (to R.11 if it filled ≠ 00)	
b. If R.10.a=00, age in days:days	
11. Who helped the birth process? [Fill in the answer code directly to the box]	First a. Last b.
1. Doctor	
2. Midwife	
3. Other paramedics	
4. Witchdoctor	
5. Family	
6. Other	
12. a. Had it been breastfed?	
1. Yes 2. No → [another household member]	
b. If R.12a=1, duration:months	
FOR CHILDREN AGES 0-11 MONTHS	
13. a. Had it been breastfed in this last 24 hours?	
1. Yes 2. No → [another household member]	
b. Had it been given other foods/drinks besides breast milk yesterday/last night?	
1. Yes 2. No	

V. C. EDUCATION DESCRIPTION (FOR HOUSEHOLD MEMBER AGES 5 YEARS OLD UP)	
14. School participation:	
1. Never go to school → [R.19]	
2. Still go to school	
3. No longer go to school	
15. a. Highest level and type of education that you have completed/are completing:	
01. Elementary	07. Vocational school
02. <i>Madrasah Ibtidaiyah</i>	08. Diploma I/II
03. Junior high/vocational junior high	09. Diploma III/junior bachelor
04. <i>Madrasah Tsanawiyah</i>	10. Diploma IV/University
05. Senior high	11. Master degree/doctoral degree
06. <i>Madrasah Aliyah</i>	
b. Who held the education:	
1. Government	
2. Private	
3. Foreign	
16. For those who still go to elementary school/its equivalent until senior high school/its equivalent, number of absent days in this last one month (exclude holidays):days	

17. Highest level/class you have been/still in there:								
1	2	3	4	5	6	7	8 (graduate)	
18. Highest certificate you have:								
1. Do not/not yet graduate elementary 2. Elementary/MI and its equivalent 3. Junior high/MTs/vocational and its equivalent 4. Senior high/MS and its equivalent 5. Vocational school 6. Diploma I/II 7. Diploma III/junior bachelor 8. Diploma IV/University 9. Master degree/doctoral degree								
19. Able to read and write:								
1. Latin letters 2. Other letters 3. Unable								

V. D. EMPLOYMENT (FOR THOSE WITH AGE 10 YEARS OLD UP)		
20. a. Did you do this activity below during last week?		
	Yes	No
1. Go to work	1	2
2. Go to school	1	2
3. Take care of the household	1	2
4. Other	1	2
b. From activities 1 to 4 in which you stated "Yes" above, in which activity did you spend most of time during last week?		
1	2	3 4
[If R.20.a.1 codes 1 → R.22]		
21. Do you have a job/business, but temporarily not working during last week?		
1. Yes 2. No		
22. Are you looking for a job during last week?		
1. Yes 2. No		
23. Are you preparing a business/job during last week?		
1. Yes 2. No		

R. 24 and R. 25 must be asked if R. 22=2 and R.23=2	
24. Main reason for not looking for a job/preparing a business:	
1. Feel impossible to get a job 2. Already have a job, but have not started it yet 3. Studying, taking care of the household, already have a job/business, feel enough, old/sick 4. Other (.....)	
25. If there is a job opportunity, will you still accept it?	
1. Yes 2. No	

ONLY FOR WORKING HOUSEHOLD MEMBER [R.20.a.1=1 or R.21=1]							
26. a. Total working days:days							
b. Total working hours from all works every day during last week:							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total (hour)

27. Business fields/type of major work from the work place during last week: (Write down completely)	
28. Type of work/title of the major work during last week: (Write down completely)	
29. Status/position of the major work during last week: 1. Own business 2. Business helped by temporary labor/unpaid labor 3. Business helped by permanent labor/paid labor 4. Labor/employee → [R.30] 5. Freelance worker in agriculture 6. Freelance worker in non agriculture 7. Unpaid worker → 	} [Block V.E] } [Block V.E]
30. Last month net income: Rp..... [Go on to Block V.E or another household member]	

V. E. FERTILITY AND FAMILY PLANNING			
MARRIED WOMEN AGE ≥ 10 YEARS			
(Block IV. A. Column 4=2, Column 5 ≥ 10, Column 6=2,3, or 4)			
31. How old were you on your first marriage:years old			
32. Number of years in the marriage:			
33. Number of biological children born:	Male	Female	Male + Female
1. Biological children born alive			
2. Biological children born still alive			
3. Stillborn			
34. Did you ever use family planning contraception?			
1. Yes 2. Yes → [another household member]			

WOMEN WITH MARRIED STATUS AGE ≥ 10 YEARS	
[Block IV.A Column 6=2]	
35. Do you use family planning contraception? 1. Yes 2. Yes → [another household member]	
36. Contraception you used now: 1. MOW/tubectomy 2. MOP/vasectomy 3. AKDR/IUD 4. Family planning injection 5. Family planning implant 6. Family planning pill 7. Condom 8. Family planning tissue 9. Traditional way → [another household member]	
37. Place to get your last family planning contraception: 1) Government's hospital 2) Private hospital 3) Doctor's office 4) Public Health Center (<i>Puskesmas</i>) 5) Midwife practice 6) <i>Polindes/BDD/Posyandu</i> 7) Drug store 8) Other	
38. Money spent to get the last family planning service: Rp	

VI. HOUSING		
1. Ownership status of settlement building you lived in:		
1. Self-owned	5. Free rent	
2. Contract	6. Own by parents/family	
3. Rent	7. Other	
4. Official		
2. Type of widest roof:		
a. Concrete	e. Asbestos	
b. Roof	f. Hay	
c. Shingle	g. Other	
d. Aluminum roof		
3. Type of widest wall:		
a. Brick wall		
b. Wooden wall		
c. Bamboo		
d. Other		
4. Type of widest floor:		
1. Non soil	2. Soil	
5. Floor area:m ²		
6. a. Source for drinking water:		
a. Package water	f. Protected spring	
b. Tab water	g. Unprotected spring	
c. Pump	h. River	
d. Protected well	i. Rain	
e. Unprotected well	0. Other	
b. If R.6.a=3 – 7 (pump/well/spring), distance to the nearest septic tank:		
1. 10 m		
2. > 10 m		
3. Do not know		
7. How to get drinking water:		
a. Subscription	c. Through seller	
b. Directly to the agent	d. Not buy	
8. Drinking water facility:		
a. Private	c. Public	
b. Shared	d. None	
9. a. Toilet facility:		
a. Private	c. Public	
b. Shared	d. None → [R.9.c]	
b. Type or closet:		
1. Sitting closet	3. Squatting closet	
2. <i>Plengsengan</i>	4. None	
c. Final feces dump:		
1. Tank	4. Ground hole	
2. Pond/rice field	5. Beach/field/garden	
3. River/lake/sea	6. Other	
10. Light source:		
a. Electricity from government supply		
b. Non government electricity		
c. Oil Lamp		
d. Wick/flashlight/torch		
e. Other		
11. If light source is electricity from government supply (R.10=1), what is the power installed?		
1. 450 watt	4. 2.200 watt	
2. 900 watt	5. >2.200 watt	
3. 1.300 watt	6. No meters	

VII. HOUSEHOLD SPENDING	
VII.A. SPENDING FOR FOOD DURING LAST WEEK	Total (Rp)
(1)	(2)
1. Various types of rice (rice, corn, flour, rice flour, corn flour, etc)	
2. Various types of yam (yam, potato, dried yam, taro, sago, etc)	
3. Fish (fresh fish, dried fish/salted fish, shrimp, etc)	
4. Meat (beef/bull meat/goat meat/lamb/pork/chicken, innards, lever, lymph, floss, jerky, etc)	
5. Egg and milk (chicken/duck/puyuh's egg, fresh milk, concentrated milk, powder milk, etc)	
6. Vegetables (spinach, kangkung, cucumber, carrot, long bean, string bean, onion, chilly, tomato, etc)	
7. Various type of nuts (peanut/small green pea/soy/kidney bean/trouble maker/cashew nut, bean curd, tempe, tauco, oncom, 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 ingredients (sugar, brown sugar, tea, coffee, chocolate, syrup, etc)	
11. Spices (salt, candlenut tree, coriander seed, pepper, terasi, soy sauce, MSG, etc)	
12. Other consumption (cracker, <i>melinjo</i> cracker, noodle, rice noodle, macaroni, etc)	
13. Ready food and drink (bread, cookies, cakes, porridge, meatball, ice syrup, lemonade, gado-gado, nasi rames, etc)	
14. Alcoholic beverages (beer, wine, and other alcoholic beverages)	
15. Tobacco and betel (clove cigarette, cigarette, cigars, betel, etc)	
16. Total food (details from 1 to 15)	

VII. B. SPENDING NOT FOR FOOD (FROM PURCHASING, SELF PRODUCTION, AND GIFT)	A month ago (Rp)	12 months ago (Rp)
(1)	(2)	(3)
17. Settlement and household facilities a. Rental, estimate of rent a house, office house, contract, etc b. Electricity bill, telephone bill, gas, kerosene, water, wood, etc c. House maintenance and small reparation		
18. Various goods and services (soap, beauty, transportation, readings, identity card/driver's license registration, recreation, telephone card, postal goods, etc)		
19. Cost of education (registration fee, monthly fee, Parent- Teacher Association, entry/re-registration fee, scouts, handy craft, courses, etc)		
20. Cost of health (hospital, public health service, doctor's office, witch doctor, medications, etc)		
21. Cloth, footwear, and head cover (clothing material, garment, shoes, hats, detergent, etc)		
22. Durable goods (house ware, tools, kitchen ware, entertainment ware, sports ware, expensive/imitation jewelry, vehicles, umbrella, watch, camera, telephone installation, electricity installation, etc)		
23. Tax and insurance (land and building tax, television subscription, vehicle tax, accident/health insurance)		
24. Party and ceremony goods (wedding, circumcision, birthday, religious celebration, traditional ceremony, etc)		
25. Total not for food (Details 17 to Details 24)		
26. Average spending for food in a month (Details 16x30/7)		
27. Average spending not for food in a month (Details 25 Column 3/12)		
28. Average household spending in a month (Details 26 + Details 27)		
29. Major household income resource: (Write down completely) Fill in the code of type of business/income receiver and work status according to major source of household income in the box. First three digits are for the code of type of business/income receiver and the final digit is for work status. Code for work status: 1. Labor/employee 2. Businessman	Filled by Editor	

VIII. DESCRIPTION OF HOUSEHOLD'S SOCIAL ECONOMICS											
<p>1. a. Does the household have a health card? 1. Yes 2. No → [R.2] b. If yes (R.1.a=1), does the household have it after July 31, 2001? 1. Yes 2. No c. Usage of the health card:</p> <table border="1"> <thead> <tr> <th>Type of usage</th> <th>Did you ever use the health card after July 31, 2001? 1. Yes 2. No</th> <th>If yes (Column 2=1), did you have been charged? 1. Yes 2. No</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> </tr> </thead> <tbody> <tr> <td>1. Treatment 2. Pregnant check-up 3. Labor 4. Family planning stuff</td> <td></td> <td></td> </tr> </tbody> </table>			Type of usage	Did you ever use the health card after July 31, 2001? 1. Yes 2. No	If yes (Column 2=1), did you have been charged? 1. Yes 2. No	(1)	(2)	(3)	1. Treatment 2. Pregnant check-up 3. Labor 4. Family planning stuff		
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(1)	(2)	(3)									
1. Treatment 2. Pregnant check-up 3. Labor 4. Family planning stuff											
<p>2. Food aid/nine staple food:</p> <table border="1"> <thead> <tr> <th>Type of aid</th> <th>Does the household ever receive food aid/nine staple food after July 31, 2001? 1. Yes 2. No</th> <th>If yes (Column 2=1), how many times the household received it?</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> </tr> </thead> <tbody> <tr> <td>1. Cheap rice 2. Free nine staple food 3. Other</td> <td></td> <td></td> </tr> </tbody> </table>			Type of aid	Does the household ever receive food aid/nine staple food after July 31, 2001? 1. Yes 2. No	If yes (Column 2=1), how many times the household received it?	(1)	(2)	(3)	1. Cheap rice 2. Free nine staple food 3. Other		
Type of aid	Does the household ever receive food aid/nine staple food after July 31, 2001? 1. Yes 2. No	If yes (Column 2=1), how many times the household received it?									
(1)	(2)	(3)									
1. Cheap rice 2. Free nine staple food 3. Other											
<p>3. a. If there is any household member that goes to school, has he/she ever received scholarship after July 31, 2001? 1. Yes 2. No → [R.4] b. If yes (R.3.a=1), scholarship source: Government Social Safety Net -1 Government Non-Social Safety Net -2 GN-OTA -4 Private -8 Other -16</p>											
<p>4. Is there any household member that consumed minimum three kinds of high-protein food (meat, egg, fish, chicken) in variation during last week? 1. Yes 2. No</p>											
<p>5. Is there any household member that bought minimum one set of new cloth during last year? 1. Yes 2. No</p>											
<p>6. Does this household have an asset listed below: [Fill in code 1 if yes, code 2 if not] a. Valuable goods (TV, furniture, jewelry, etc) b. Farm fields c. Store/kiosk d. Garage e. Other business</p>											
<p>7. Is there any household member that attended in RT/RW/village's meeting, rolling fund, celebration (wedding invitation, circumcision) or other social activity in the last three months? 1. Yes 2. No</p>											

8. Spending for fuel/energy in the household for cooking, lighting, and transportation

Type of fuel/energy	Did the household use fuel/energy during last month? 1. Yes 2. No	F Column (2)=1		
		Standard measure	Quantity (0,00)	Value (Rp)
(1)	(2)	(3)	(4)	(5)
a. Kerosene		Liter		
b. Gas		Kg		
c. Fuel		Liter		
d. Diesel fuel		Liter		
e. Electricity from government supply		KWH		
f. Fire wood		-		

IX. NOTES

