

SUSENAS

BPS

VSEN2006.K

The Central Bureau of Statistics (BPS)

National Panel 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		4	Number of children aged 0-4 years	
2	Race of the head of household	[Filled by editor]	5	Total household member who died since January 2003: ____	
3	Total household members (HM)				

III. CENSUS INFORMATION					
1	NIP/NMS of Census Taker: ____		4	NIP/NMS of Supervisor/Checker: ____	
2	Census Taker Position:		5	Supervisor/Checker Position:	
	1. Provincial BPS Staff	3. Statistics Clerk		1. Provincial BPS Staff	3. Statistics Clerk
	2. District/City BPS Staff	4. Partner		2. District/City BPS Staff	4. Partner
3	Census taker statement: THE LIST IS TRULY FILLED BASED ON INTERVIEW WITH HOUSEHOLD MEMBER/RESPONDENT Date: Signature: Clear name: (____)		6	Supervisor/checker statement: THE LIST IS TRULY UNDER MY SUPERVISION AND IS ALREADY VERIFIED 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)	Perform "tour" ¹ trip? (Oct 1 – Dec 31, 2005) 1. Yes 2. No	If Column 7 = 1, what is the frequency (time)	Household member age 3-6 years	
								Ever/now in pre-school? (code)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
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>Pre-school</u> 1. Yes, kindergarten/RA/RB 2. Yes, playgroup 3. Yes, daycare 4. No Column 7 Code, Block IV.B <u>Cause of death</u> 1. Traffic accident 2. Non-traffic accident 3. Not an accident									

Note: ¹ "Tour" trip: trip to commercial tourist destinations, or stay in commercial accommodation, or trip distance \geq 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] Is the household member present during interview? 1. Yes 2. No
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.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 month? 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

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

c. Health insurance/health card/poor insurance/poor card d. Jamsostek 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]	First a. <input type="checkbox"/> Last b. <input type="checkbox"/>
1. Doctor 4. Healer 2. Midwife 5. Family 3. Other paramedic 6. Other	
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 -> [R.15] b. If yes [R.14.a=1], fill in days if age < 1 month and in months if age is ≥ 1 month: 1. Period of provided with breast milk: _____ <input type="checkbox"/> 2. Breast milk exclusive: _____ <input type="checkbox"/> c. If age less than 7 months, is only provided with breast milk only for the last 24 hours? 1. Yes 2. No	
15. a. Ever received a pregnancy check by medical workers (doctor/midwife/nurse) during pregnancy? 1. Yes 2. No - [Other household member] b. If yes (R.15.a = 1), fill with pregnancy check frequency during: 1. First trimester (pregnancy age 0-3 months) _____ 2. Second trimester (pregnancy age 4-6 months) _____ 3. Third trimester (pregnancy age ≥ 7 months) _____	
V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)	
16. Participant in education: 1. No/never in school -> [R.22] 2. Still in school -> [R.18] 3. No longer in school	
17. When did you quit school? [Fill with '00' and '0000' if quit prior to 1995] Month: _____ Year: _____	
18.a. The highest education type and level currently studied/passed: 1. Elementary school 6. M. Aliyah (Islamic school) 2. M. Ibtidaiyah 7. Vocational School 3. Public/vocational 8. Diploma I/II junior high 9. Diploma III 4. M. Tsanawiyah 10. Diploma IV/S1 5. Senior High 11. S2/S3	

19. Education provider: 1. State 2. Private 3. Overseas	(Write as complete as possible) _____							
20. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduated)	31. Type of work/position of the main job in the past one week: (Write as complete as possible) _____		[Filled by editor]					
21. Highest diploma obtained: 1. No elementary sch. diploma 2. Elementary school 3. <i>M. Ibtidaiyah</i> 4. Vocational/junior high 5. <i>M. Tsanawiyah</i> 6. Senior high 7. <i>M. Aliyah</i> 8. Vocational school 9. Diploma I/II 10. Diploma III 11. Diploma IV/S1 12. S2/S3	32. Position/status of the main job in the past one week: 1. Self-owned business/freelance -> [Block V.E] 2. Self-owned business with non-permanent/non-paid worker -> [Block V.E] 3. Self-owned business with permanent/paid worker -> [Block V.E] 4. Worker/employee/staff -> [R.33] 5. Freelancer in agricultural sector -> [Block V.E] 6. Freelancer in non-agricultural sector -> [Block V.E] 7. Non-paid worker -> [Block V.E]							
22. Can read and write: 1. Latin alphabets 2. Other alphabets 3. Cannot	33. The amount of net wage/salary (money and goods) normally received in a month from the main job: Rp _____							
V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)								
23. a. Did you perform the following activity in the past one week?	Yes	No						
1. Work	1	2						
2. School	1	2						
3. Handling household	1	2						
4. Other	①							
b. From activities 1 to 4 above which said "Yes," what activity used the most time in the past one week?	1	2	3 4					
[If R.23.a.1 = 1, go to R.25]								
24. Do you have work/business, but temporarily not working for the past one week? 1. Yes 2. No								
25. Are you looking for work? 1. Yes 2. No								
26. Are you preparing a business during the past one week? 1. Yes 2. No								
R.27 and R.28 are asked if R.25 = 2 and R.26 = 2								
27. Main reason of not looking for work/preparing business: 1. Feel unable to obtain work 2. Have work, but not yet started 3. In school or handling household/family 4. Already have job/business 5. Feel sufficient -> [R.29] 6. Cannot work (disabled, old) -> [R.29] 7. Other (write down): _____								
28. If there is a job offer, will you accept it? 1. Yes 2. No								
ONLY FOR WORKING HOUSEHOLD MEMBER [R.23.a.1 = 1 or R.24 = 1]								
29. a. Total work day: _____ days b. Total work hour from all work every day in the past one week:								
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (hour)
30. Main business/job from workplace in the past one week:	[Filled by editor]							
V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGE 10 YEARS AND UP)								
WOMEN WHO ONCE MARRIED (Block IV.A Column 4 = 2 & Column 6 = 2, 3 or 4)								
34. Age when married for the first time _____ years								
35. Total years in marriage: _____ years								
36. 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								
37. Ever use/wear family planning tool/device/method? 1. Yes 2. No -> [other household member]								
WOMEN WITH MARRIED STATUS (Block IV.A Column 4 = 2 & Column 6 = 2)								
38. Are you currently using/wearing family planning device/method? 1. Yes 2. No -> [other household member]								
39. Family planning device/method used: 1. Women/tubectomy 2. Men/vasectomy 3. IUD/spiral 4. Injection 5. Implant/norplant 6. Birth control pill 7. Condom/rubber 8. Intravag/tissue/women condom 9. Traditional method								
VI. HOUSING								
1. Building status: 1. Owned 2. Lease 3. Rent 4. Free lease 5. Company house 6. Owned by parents/sibling/family 7. Other								
2. Floor area: _____ square meter								
3.a. Source of drinking water: 1. Bottled water 2. Pipe 3. Pump 4. Protected/covered well 5. Protected spring 6. Unprotected/uncovered spring 7. River								

5. Unprotected/uncovered well	9. Rainwater	
	0. Other	
b. If R.3.a = any of 3 to 7 (pump/well/spring), distance to the closest feces containment:		
1. ≤ 10 m	3. Do not know	
2. > 10 m		
4. Defecation facility use:		
1. Personal	3. Public	
2. Mutual	4. None	
VII. COMMUNICATIONS & INFORMATION TECHNOLOGY		
1. Any telephone in the household?		
1. Yes	2. No	
2.a. Any household member with cellular phone (cellphone)?		
1. Yes	2. No -> [R.3]	
b. If "yes", total cellular phone numbers owned by the household: _____ numbers		
3. Is the household owned 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", 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 it (people)
(1)	(2)	(3)
a. Internet kiosk		
b. Office/school		
c. Other		
VIII. HOUSEHOLD EXPENDITURE		
VIII.A. EXPENDITURE FOR FOOD IN THE PAST ONE WEEK [FROM PURCHASE, SELF-PRODUCTION AND PRESENT]		Total (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		
a. Fresh/wet		
b. Salted/preserved		
4. Meat [beef, buffalo meat, mutton, lamb, pork, 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]		

VIII. HOUSEHOLD EXPENDITURE (CONTINUATION)		
VIII.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		
c. Other (Other insurance, traffic ticket, income tax, etc.)		
21. Party and ceremony (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: _____ (write as complete as possible) Fill job field/income receiver code and job status according to household main source of income in the box. The first three digits for job field/income receiver code and one last digit for job status code. Job status code: 1. Worker/employee 2. Businessperson		[Filled by editor] □□□□

IX. OTHER SOCIO-ECONOMIC INFORMATION

1. According to your consideration, is your household is classified as poor? 1. Yes 2. No

2. a. Is the household has health card/poor certificate/health safety net for poor?

1. Yes 2. No -> **[R.3.a]**

b. When did you obtain it? Month ____ Year ____

c. The use of health card/poor certificate/health safety net for poor:

Type of use	Frequency of use in the past 3 months	If Column 2 ≠ 0 , how much the cost paid by the household
(1)	(2)	(3)
1. Inpatient/outpatient health service		
2. Pregnancy checking/give birth		
3. For family planning		

3. a. Is the household ever purchased cheap rice/rice for poor people in the **past 3 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** generally paid by the household? Rp _____

4. a. Is the household ever received a business credit (\leq Rp 10 million) in the past one year?

1. Yes 2. No -> **(R.5.a)**

b. The amount of credit received in the past year (in thousand Rp): Rp _____

c. What is the interest rate per year which must be paid (for the largest credit)? ____ percent

d. Source of credit (the largest credit):

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

5. a. Is there household member/former household member who is currently working/ever worked as domestic worker (TKI)? 1. Yes 2. No -> **(R.6.a)**

b. If yes (**R.5.a = 1**), write the total household members according to type of work and the year they started to work:

Type of work	Total	Year starting work
(1)	(2)	(3)
1. Nurse		
2. Housemaid/baby sitter		
3. Driver		
4. Builder		
5. Plantation worker		
6. Factory worker		
7. Other (____)		

6. a. If there is household member who still in school, ever received scholarship for 2005/2006 school year from the following source?

[Code 1 for yes, 2 for no]

1. Social safety net (JPS) state scholarship

5. School

2. Non-JPS state scholarship

6. Individual

3. GN-OTA (national movement on foster parents)

7. Other

4. Private agency

6. b. If R.6.a1 = 1, scholarship from government (social safety net):

Education Level	Total receiving household member	Total scholarship received every month
(1)	(2)	(3)
Elementary		
Junior high		
Senior high		

X. AGRICULTURE LAND AREA INFORMATION

1. Is the household own/control agriculture land? 1. Yes 2. No -> **[FINISH]**

2. Land area:

Land status	During Census		One year ago	
	Field (hectare)	Dry land (hectare)	Field (hectare)	Dry land (hectare)
(1)	(2)	(3)	(4)	(5)
a. Owned (purchased, heritage, grant, etc.)				
b. Owned by other party but under control				
c. Owned but controlled by other party				
d. Controlled (a + b – c)				
e. Used for agriculture				

X. NOTES