

**SUSENAS****VSENP07.K**

The Central Bureau of Statistics (BPS)

National Social Economic Survey of 2007

Main Information on Household and Household Members

[Panel – February 2007]

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		
9	Is the household included in the 2005 Susenas sample?	1. Yes 2. No, replacement household 3. No, new sample	
10	Address (road/street name, alley, RT/RW)		

II. HOUSEHOLD INFORMATION		
1	Name of the head of household	
2	Total household members (HM)	Age 0 – 4 years
		Age 5 – 9 years
		Age 10+ years
		Total household members

III. OFFICIAL INFORMATION			
1	Census taker code		
2	Census taker name: _____	Census date: _____	Signature: _____
3	Team coordinator name: _____	Verification date: _____	Signature: _____

*) Cross out as necessary

IV. 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)	HM age 0-4 years	HM age 2-6 years
						Have birth certificate from register office? Can be shown? (code)	Ever/ on pre-school education? (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
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 7. Other family 2. Wife/husband 8. Housemaid 3. Child 9. Other 4. In-law 5. Grandchild 6. Parent/in-law		Column 6 Code <u>Marital Status</u> 1. Not married 2. Married 3. Divorced 4. Divorce due to death		Column 7 Code <u>Birth Certificate</u> 1. Yes, can be shown 2. Yes, cannot be shown 3. Do not have 4. Do not know		Column 8 Code <u>Pre-school</u> 1. Yes, kindergarten/BA/RA 2. Yes, playgroup 3. Yes, daycare 4. Yes, early childhood education center 5. Yes, other agency 6. No	

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] 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]	
3. Period of disruption: _____ days	
4. Ever performed self-medication in the past 1 month? 1. Yes 2. No	
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? [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"/>
11. How many times the child received immunization?	

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

[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□ 2. Breast milk exclusive: _____ 2□ 3. Breast milk and complimentary food: _____ 3□	
V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)	
13. Schooling participation: 1. No/never in school -> [R.18] 2. Still in school -> [R.15] 3. No longer in school	
14. When did you quit school? [Fill with '00' and '0000' if quit prior to 1997] Month: _____ Year: _____	
15. 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	
16. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduated)	
17. Highest diploma obtained: 1. No elementary sch. diploma 7. M. Aliyah 2. Elementary school 8. Vocational school 3. M. Ibtidaiyah 9. Diploma I/II 4. Vocational/junior high 10. Diploma III 5. M. Tsanawiyah 11. Diploma IV/S1 6. Senior high 12. S2/S3	
18. Can read and write: 1. Latin alphabets 3. Latin & other alphabets 2. Other alphabets 4. Cannot	
V.D. EMPLOYMENT (FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)	
19. 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 stated "Yes," what activity used the most time in the past one week? 1 2 3 4 [If R.19.a.1 = 1, go to R.21]	

20. Do you have work/business, but temporarily not working for the past one week? 1. Yes 2. No							
21. Are you looking for work? 1. Yes 2. No							
22. Are you preparing for business during the past one week? 1. Yes 2. No							
ONLY FOR WORKING HOUSEHOLD MEMBER [R.19.a.1 = 1 or R.20 = 1]							
23. 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)
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							
25. Type of work/position of the main job in the past one week: (Write as complete as possible) _____						[Filled by editor]	
26. 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)							
WOMEN WITH A STATUS OF MARRIED, DIVORCED, DIVORCE DUE TO DEATH OF SPOUSE (Block IV Column 4 = 2 & Column 6 = 2, 3 or 4)							
27. Age when married for the first time ____ years							
28. Total years in marriage: ____ years							
29. 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
30. 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]							
31. If currently using (R.30 = 1), the selected family planning device/method:							
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. Type of most roof material: 1. Concrete 2. Roof tile 3. Shingle 4. Iron sheet							
5. Asbestos 6. Fiber/palm 7. Other							
3. Type of most wall material: 1. Concrete 2. Wood							
3. Bamboo 4. Other							
4. Type of most flooring material: 1. Not soil 2. Soil/earth							
5. Floor area: ____ square meter							
6.a. Source of drinking water: 1. Bottled water -> [R.8] 2. Pipe 3. Pump 4. Protected/covered well 5. Unprotected/uncovered well							
6. Protected spring 7. Unprotected/uncovered spring 8. River 9. Rainwater 0. Other							
b. If R.6.a = any of 3 to 7 (pump/well/spring), distance to the closest feces containment: 1. ≤ 10 m 2. > 10 m							
3. Do not know							
7. If R.6.a ≠ 1 , drinking water facility use: 1. Personal 2. Mutual							
3. Public 4. None							
8. Method to obtain drinking water: 1. Buying 2. Not buying							
9.a. Defecation facility use: 1. Personal 2. Mutual							
3. Public 4. None -> [R.9.c]							
b. Type of toilet: 1. Goose neck/leher angsa 2. Pit toilet/plengsengan							
3. Squat toilet/cemplung 4. None							
c. Final disposal location: 1. Tank/septic tank 2. Pool/field 3. River/lake/sea							
4. Pit hole 5. Beach/open field/farm 6. Other							
10. Source of light: 1. PLN electricity							
4. Oil lamp/torch							

2. Non-PLN electricity	5. Other
3. Paraffin lamp/petromak	
IX. OTHER SOCIO-ECONOMIC INFORMATION	
1. Is the household received unconditional cash transfer/direct cash subsidy (BLT/SLT)? 1. Yes 2. No	
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>) 2. Fuel compensation card (<i>KKB</i>) 3. Health card (<i>Kartu sehat</i>) 4. Other: _____	
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 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 -> [STOP] b. Type of credit received: 1. Sub-district development program 2. P2KP (Urban Poverty Alleviation) program 3. Other government program 4. Bank program 5. Cooperatives/foundation program 6. Individual 7. Other	