

The Central Bureau of Statistics (BPS)

National Panel Social Economic Survey of 2006

Information on Socio-Cultural and Education

Confidential

I. LOCATION IDENTIFICATION			
1	Province		<input type="checkbox"/>
2	District/City *)		<input type="checkbox"/>
3	Sub-district		<input type="checkbox"/>
4	Village/kelurahan *)		<input type="checkbox"/>
5	Village/kelurahan classification	1. Urban 2. Rural	<input type="checkbox"/>
6	a. Census block number		
	b. Census sub-block number		
7	Sample code number		<input type="checkbox"/>
8	Household sample sequential number		<input type="checkbox"/>

II. HOUSEHOLD INFORMATION			
1	Name of the head of household: _____		4 Total household members (HM) <input type="checkbox"/>
2	Race of the head of household: _____	[Filled by editor] <input type="checkbox"/>	5 Total household members age 5 years and up who are registered and active in school/extramural (Package A/B/C) in January – June 2006 (Total code 1 on Block IV Column 9) <input type="checkbox"/>
3	Language used for daily conversation: _____	[Filled by editor] <input type="checkbox"/>	6 Total household members who are having difficulties/disruption in taking care of oneself, communicating/socializing, physical movement or vision (Total HM Block IV Col. 10 to 13 with code 1 or total filed page in Block V) <input type="checkbox"/>

III. CENSUS INFORMATION			
1	NIP/NMS of Census Taker: <input type="checkbox"/>		4 NIP/NMS of Supervisor/Checker: <input type="checkbox"/>
2	Census Taker Position: 1. Provincial BPS Staff 3. Statistics Clerk <input type="checkbox"/> 2. District/City BPS Staff 4. Partner		5 Supervisor/Checker Position: 1. Provincial BPS Staff 3. Statistics Clerk <input type="checkbox"/> 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. HOUSEHOLD MEMBER INFORMATION												
Copied from Column 1 to 6, Block IV.A, VSEN2006.K						For HM age 0-21 years, not married		For HM ≥ 5 years with VSEN2006.K Block V.C.R.15 = 2 or 3	Without aids *), is there any difficulty/trouble in the matter of:			
No.	Name of Household Member	Relation with head of household (code)	Gender 1. M 2. F	Age (year)	Marital status (code)	Biological parent still alive? (code)	Biological mother still alive? (code)	Registered and active in school/ extramural (Package A/B/C) in Jan-June 2006? 1. Yes 2. No	Able to take care of oneself, including eating, bath, wearing clothes, go to toilet? 1. Yes 2. No	Able to communicate and socialization, including speaking, understanding discussion etc.? 1. Yes 2. No	Able to move physically, including get out of bed, move around the house, walk far? 1. Yes 2. No	Able to see, such as observing/ seeing an object from a distance of 30 cm? 1. Yes 2. No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Column 3 Code <u>Relation to head of household</u> 1. Head of household 2. Wife/husband 3. Child 4. In-law 5. Grandchild 6. Parent/in-law					Column 6 Code, <u>Marital Status</u> 1. Not married 2. Married 3. Divorce 4. Divorce due to death		Column 7 and 8 Codes <u>Living biological father/mother</u> 1. Yes, household member 2. No, not a household member 3. Dead 4. Do not know		Elucidation of Column 10 to 13 *) Aids are contact lens, speech-assistance tool, hearing aid, prosthetic hand/foot, corset/buffer/pad, wheelchair, cane, walking stick for blind people and the like			

V. INDIVIDUAL INFORMATION ON DISABILITY/DISABLEMENT (Block IV, any code 1 on Column 10 to 13)					
Name: _____ Number: _____		<input type="checkbox"/>	Name and number of household member who provided information: _____		<input type="checkbox"/>
1. Details of disability/disablement:					
Type of disability/disablement	Type of disability/disablement experienced: 1. Yes 2. No	If experienced disability/disablement (Column 2 = 1)			
		Cause of disability/disablement (code)	Type of aids/main facilities used: (code)	Require assistant from other people in daily activities? (code)	If not using aid tools (Column 4 = 1), preferred tools/ facilities: (code)
(1)	(2)	(3)	(4)	(5)	(6)
a. Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Arm and finger use/movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Foot use/movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Deformity (small foot, lopsided, hunchback and the like)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Paralysis/weakness (stroke, paraplegic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Chronic disease (diabetes, leprosy, TBC, asthma, heart and hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Convulsion/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Dyslexia or difficulty in understanding (autism, hyperactive and the like)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>			
l. Mental problems/insanity	<input type="checkbox"/>	<input type="checkbox"/>			
2. If R.1.a Column (2) = 1 and Column (4) = 2, do you experience difficulty in seeing an object (your fingers from a distance of 1 meter)? 1. Yes 2. No					<input type="checkbox"/>
Column 3 Code <u>Cause of disability/disablement:</u> 1. From birth 2. Accident (traffic, work, natural disaster, war and the like) 3. Leprosy 4. Chronic disease (diabetes, TBC, asthma, liver, hypertension, backache & senility) 5. Other diseases 6. Old age 7. Malnutrition 8. Stress		Column 4 Code <u>Type of aid tools/facilities:</u> 1. No tool 2. Eyeglasses/contact lens/magnifying glass 3. Walking stick for the blind 4. Hearing aid 5. Sign language 6. Prosthetic finger/hand/foot 7. Buffer/pad/corset 8. Wheelchair 9. Cane/stick/tripod stick 10. Breathing apparatus 11. Other: (_____)		Column 6 Code <u>Preferred aid tools/facilities:</u> 1. Not recommended/no tool 2. Surgery/operation 3. Eyeglasses/contact lens/magnifying glass 4. Walking stick for the blind 5. Mobile orientation aid for the blind 6. Hearing aid 7. Sign language 8. Speech therapy 9. Prosthetic finger/hand/foot 10. Buffer/pad/corset 11. Wheelchair 12. Cane/stick/tripod stick 13. Breathing apparatus 14. Other	
Column 5 Code <u>If require assistance from other people:</u> 1. Yes, always 3. No 2. Yes, sometimes					

VI. SOCIO-CULTURAL AND EDUCATION INDIVIDUAL INFORMATION

A. FOR ALL AGES		1. Yes 2. No <input type="checkbox"/>																									
Name: _____ Sequential Number: _____ <input type="checkbox"/>		10. Did you watch TV in the past one week ?																									
Name & sequential number of household member (HM) who provided information: _____ <input type="checkbox"/>		1. Yes 2. No <input type="checkbox"/>																									
1. a. Ever experienced health complaints for the past 3 months ? <input type="checkbox"/>		11. Did you read in the past one week ?																									
1. Yes 2. No -> [R.2]		[Code 1 for "Yes" and 2 for "No"]																									
b. If "Yes" (R.1.a = 1), was it treated?		a. Newspaper <input type="checkbox"/>	d. Schoolbook <input type="checkbox"/>																								
1. Yes 2. No <input type="checkbox"/>		b. Magazine/tabloid <input type="checkbox"/>	e. Science book <input type="checkbox"/>																								
2. How many set of clothes do you owned? _____ sets <input type="checkbox"/>		c. Fiction book <input type="checkbox"/>																									
3. How many times did you consume staple foods in the past one week ? _____ times <input type="checkbox"/>		12. Type of course participated in the past 2 years (Write 2 types of main course each)																									
4. a. How many times did you eat vegetables in the past one week ? _____ times <input type="checkbox"/>		a. Course taken: 1. _____ <input type="checkbox"/>	[filled by Editor]																								
b. How many times did you eat fruits in the past one week ? _____ times <input type="checkbox"/>		2. _____ <input type="checkbox"/>																									
5. How many times did you eat high-protein foods in the past one week ?		b. Course still being followed: 1. _____ <input type="checkbox"/>																									
a. animal protein _____ times <input type="checkbox"/>		2. _____ <input type="checkbox"/>																									
b. vegetable protein _____ times <input type="checkbox"/>		13. Ever watch/perform art/craft show/exhibition in the past 3 months ?																									
6. a. Any permanent place to sleep? <input type="checkbox"/>		[Code 1 for "Yes" and 2 for "No"]																									
1. Yes 2. No -> [R.7]		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Type of Art</th> <th style="text-align: center;">Watch</th> <th style="text-align: center;">Perform</th> </tr> </thead> <tbody> <tr><td>a. Dance</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>b. Music/singing</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>c. Play/puppet show</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>d. Painting</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>e. Sculpting</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>f. Crafts</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>g. Other (literature and the like)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Type of Art	Watch	Perform	a. Dance	<input type="checkbox"/>	<input type="checkbox"/>	b. Music/singing	<input type="checkbox"/>	<input type="checkbox"/>	c. Play/puppet show	<input type="checkbox"/>	<input type="checkbox"/>	d. Painting	<input type="checkbox"/>	<input type="checkbox"/>	e. Sculpting	<input type="checkbox"/>	<input type="checkbox"/>	f. Crafts	<input type="checkbox"/>	<input type="checkbox"/>	g. Other (literature and the like)	<input type="checkbox"/>	<input type="checkbox"/>
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g. Other (literature and the like)	<input type="checkbox"/>	<input type="checkbox"/>																									
b. If "Yes" [R.6.a=1], is there any bed/matrass?		14. a. Ever performed sport exercise in the past one week ?																									
1. Yes 2. No -> [R.7]		1. Yes 2. No -> [R.15.a] <input type="checkbox"/>																									
c. If "Yes" [R.6.a=1], is it shared by more than 3 people?		b. If "Yes" (R.14.a=1), the main objective to perform the exercise:																									
1. Yes 2. No <input type="checkbox"/>		1. Maintain health 3. Recreation <input type="checkbox"/>																									
B. FOR HOUSEHOLD MEMBER AGE 0 – 59 MONTHS (TODDLER)		2. Performance 4. Other <input type="checkbox"/>																									
7. a. Is the mother or the person who is responsible for the child is working or has a routine outdoor activity in the past one week ?		c. Total days performing exercise: _____ days <input type="checkbox"/>																									
1. Yes 2. No -> [Other HM] <input type="checkbox"/>		d. Total minutes performing exercise per day in the past one week :																									
b. If "Yes" (R.6.a=1), to whom the child is entrusted/ cared by in the past one week ?		<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 (minutes)</th> <th><input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table>		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (minutes)	<input type="checkbox"/>															
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total (minutes)	<input type="checkbox"/>																			
1. Father 6. Maid		e. Exercise method/venue:																									
2. Bother 7. Daycare		[Code 1 for "Yes" and 2 for "No"]																									
3. Family member 8. Other		1. Individual <input type="checkbox"/>																									
4. Neighbor 9. Left alone		4. Workplace <input type="checkbox"/>																									
5. Babysitter 0. Child is always carried <input type="checkbox"/>		2. School <input type="checkbox"/>																									
C. FOR HOUSEHOLD MEMBER AGE 5-21 YEARS AND NOT YET MARRIED		5. Other <input type="checkbox"/>																									
8. Performed the following activities with parents/guardian for the past one week ?		3. Sports club <input type="checkbox"/>																									
[Code 1 for "Yes" and 2 for "No"]		f. Type of sports performed the most: [filled by editor]																									
a. Watching TV <input type="checkbox"/>	e. Studying <input type="checkbox"/>	(Write as clear as possible): _____ <input type="checkbox"/>																									
b. Dine together <input type="checkbox"/>	f. Pray/worship <input type="checkbox"/>	E. FOR HOUSEHOLD MEMBER AGE 5 YEARS UP WHO IS STILL IN SCHOOL IN JAN-JUN 2006 PERIOD (Block IV Column 9 = 1)																									
c. Talk/discuss <input type="checkbox"/>	g. Work for extra income <input type="checkbox"/>	If Block IV Column 9 = 2, continue to Block IV.F																									
d. Play <input type="checkbox"/>		15. a. Registered and active in school/extramural in Jan-June 2006:																									
D. FOR HOUSEHOLD MEMBER AGE 5 YEARS UP																											
9. Did you listen to radio broadcast in the past one week ?																											

<p>1. School <input type="checkbox"/></p> <p>2. A/B/C Package -> [R.28]</p> <p>b. If R.15.a=1, registered and active in: <input type="checkbox"/></p> <p>1. Elementary school 8. <i>M. Aliyah</i> (Islamic school)</p> <p>2. <i>M. Ibtidaiyah</i> 9. Vocational School</p> <p>3. Special Elementary 10. Special Senior high</p> <p>4. Public junior high 11. Diploma 1/ 2</p> <p>5. <i>M. Tsanawiyah</i> 12. Diploma 3</p> <p>6. Special Junior High 13. Diploma 4/S1</p> <p>7. Senior High 14. S2/S3</p> <p>c. Education provider:</p> <p>1. State 2. Private</p> <p>[If R.15.b=1 to 6 -> [R.16.a]]</p> <p>d. Study program: (_____) [filled by editor]</p> <p style="text-align: center;">[Continue to R.17] <input type="checkbox"/></p>	<p>[Code 1 for "Yes" and 2 for "No"]</p> <p>a. School need <input type="checkbox"/> c. Snack <input type="checkbox"/></p> <p>b. Help parents <input type="checkbox"/> d. Other <input type="checkbox"/></p>																														
<p>16.a. If R.15.b=1 to 6, is the school received School Operational Assistance (BOS)? <input type="checkbox"/></p> <p>1. Yes 2. No 3. Do not know</p> <p>b. Total tuition fee: (in thousand)</p> <p>i. School year of 2004/2005 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>ii. School year of 2005/2006 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>24. Receive tuition fee discount from school (Jan-June 2006)? 1. Yes 2. No -> [R.26] <input type="checkbox"/></p>																														
<p>17. Routine transportation facility to school:</p> <p>1. Private vehicle <input type="checkbox"/></p> <p>2. Public vehicle</p> <p>3. Private non-motor vehicle</p> <p>4. Public non-motor vehicle</p> <p>5. Walking</p>	<p>25. Type of discount:</p> <p>[Code 1 for "Yes" and 2 for "No"]</p> <p>a. Tuition fee <input type="checkbox"/> c. School uniform <input type="checkbox"/></p> <p>b. School equipment <input type="checkbox"/> d. Other <input type="checkbox"/></p>																														
<p>18.a. Closest distance routinely travelled from home to school: _____ km <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>b. Travel time: _____ minutes <input type="checkbox"/><input type="checkbox"/></p>	<p>26. Registration fee (entrance/building fees, (in thousand) re-registration) for 2005/2006 school year: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>																														
<p>19. Type of sports in school program which is performed no less than twice a week:</p> <p>[Code 1 for "Yes" and 2 for "No"]</p> <p>a. Gymnastic <input type="checkbox"/> f. Badminton <input type="checkbox"/></p> <p>b. Athletic <input type="checkbox"/> g. Volleyball <input type="checkbox"/></p> <p>c. Swimming <input type="checkbox"/> h. Basketball <input type="checkbox"/></p> <p>d. Martial arts <input type="checkbox"/> i. Soccer <input type="checkbox"/></p> <p>e. Table tennis <input type="checkbox"/> j. Other: _____ <input type="checkbox"/></p>	<p>27. Education cost for household members:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Type of cost/expenditure</th> <th>Jan-June 2006 (in rupiah)</th> </tr> <tr> <th>(1)</th> <th>(2)</th> </tr> </thead> <tbody> <tr> <td>a. School tuition fee</td> <td></td> </tr> <tr> <td>b. Parents/assistance board</td> <td></td> </tr> <tr> <td>c. Practicum/craft</td> <td></td> </tr> <tr> <td>d. Student body</td> <td></td> </tr> <tr> <td>e. Evaluation/test</td> <td></td> </tr> <tr> <td>f. Lesson supporting materials</td> <td></td> </tr> <tr> <td>g. School and sport uniforms</td> <td></td> </tr> <tr> <td>h. School book/manual/lecture notes</td> <td></td> </tr> <tr> <td>i. Stationery and other equipment/supplies</td> <td></td> </tr> <tr> <td>j. Transportation (e.g. school bus)</td> <td></td> </tr> <tr> <td>k. School-organized courses (including tutoring)</td> <td></td> </tr> <tr> <td>l. Other</td> <td></td> </tr> <tr> <td>Total (R.27.a to R.27.l)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Type of cost/expenditure	Jan-June 2006 (in rupiah)	(1)	(2)	a. School tuition fee		b. Parents/assistance board		c. Practicum/craft		d. Student body		e. Evaluation/test		f. Lesson supporting materials		g. School and sport uniforms		h. School book/manual/lecture notes		i. Stationery and other equipment/supplies		j. Transportation (e.g. school bus)		k. School-organized courses (including tutoring)		l. Other		Total (R.27.a to R.27.l)	<input type="checkbox"/>
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l. Other																															
Total (R.27.a to R.27.l)	<input type="checkbox"/>																														
<p>20. Receive scholarship (Jan-June 2006)?</p> <p>1. Yes 2. No -> [R.24] <input type="checkbox"/></p>	<p>28. If R.15.a=2, registered and active at: <input type="checkbox"/></p> <p>1. A package 2. B package 3. C package</p>																														
<p>21. Scholarship source:</p> <p>[Code 1 for "Yes" and 2 for "No"]</p> <p>a. Special student assistance (BKM) <input type="checkbox"/> d. Other agency/private sector <input type="checkbox"/></p> <p>b. Government, non-BKM <input type="checkbox"/> e. School <input type="checkbox"/></p> <p>c. GN-OTA <input type="checkbox"/> f. Individual <input type="checkbox"/></p>	<p>F. FOR ALL HOUSEHOLD MEMBER AGE 10 YEARS UP</p>																														
<p>22. If R.21.a=1, total months and the amount of received BKM:</p> <p>a. _____ months <input type="checkbox"/> b. Rp _____ <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>29. a. Do you participate in public social activity in the past 3 months?</p> <p>[Code 1 for "Yes" and 2 for "No"]</p> <p>1. Religion <input type="checkbox"/> 4. Sports <input type="checkbox"/> 7. Social <input type="checkbox"/></p> <p>2. Women <input type="checkbox"/> 5. Art <input type="checkbox"/> 8. Death <input type="checkbox"/></p> <p>3. Youth <input type="checkbox"/> 6. Social potluck <input type="checkbox"/> 9. Other <input type="checkbox"/></p> <p>[If any has a code of 1 -> R.30]</p> <p>b. If all of R.29.a have a code of 2, main reason of not participating in public social activity: <input type="checkbox"/></p> <p>1. No activity 5. No time</p> <p>2. Shy/lazy 6. Family</p> <p>3. See no benefit 7. Do not like</p> <p>4. Health 8. Other</p>																														
<p>23. Scholarship use:</p>	<p>30. Ever received social service in the past one year?</p> <p>[Code 1 for "Yes" and 2 for "No"]</p> <p>a. Social empowerment <input type="checkbox"/></p> <p>b. Social rehabilitation and services <input type="checkbox"/></p> <p>c. Social assistance and security <input type="checkbox"/></p> <p>d. Aid tools for disabled services <input type="checkbox"/></p>																														

VII. WELFARE AND SOCIAL CAPITAL DEVELOPMENTS							
Details 1 to 20: Assessment on welfare and social capital developments	Give mark (X) on one answer for each question						Answer code [filled by Editor]
	5	4	3	2	1	0	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Easiness in obtaining formal job in the past 3 years *)	Easier	Equally easy	Medium	Equally difficult	More difficult	Do not know	<input type="checkbox"/>
2. Easiness in enrolling a child to Elementary and/or Junior High school in the past 3 years *)	Very easy	Easy	Little difficult	Difficult	Very difficult	Do not know	<input type="checkbox"/>
3. Easiness in obtaining basic care/ services in public clinics and/or hospitals for class 3 care in the past 3 years	Very easy	Easy	Little difficult	Difficult	Very difficult	Do not know	<input type="checkbox"/>
4. In-village and inter-village transportation facility in the past 3 years	Better	Equally good	Medium	Equally bad	Worse	Do not know	<input type="checkbox"/>
5. Mutual assistance activity in village environment in the past 3 years	Better	Equally good	Medium	Equally bad	Worse	Do not know	<input type="checkbox"/>
6. Community meet and greet/gathering activity (praying, social potluck, sports and the like)	Very often	Often	Sometimes	Seldom	Never	Do not know	<input type="checkbox"/>
7. Environmental safety in the past 3 years	Better	Equally good	Equal	Equally bad	Worse	Do not know	<input type="checkbox"/>
8. Trust that state policy/decision is always good and brings public welfare	Strongly believe	Believe	Less believe	Do not believe	Do not care	Do not know	<input type="checkbox"/>
9. Entrust child/toddler to neighbor if have to go outside *)	Strongly believe	Believe	Less believe	Do not believe	Do not care	Do not know	<input type="checkbox"/>
10. Entrust home to neighbor if have to travel or go overnight	Strongly believe	Believe	Less believe	Do not believe	Do not care	Do not know	<input type="checkbox"/>
11. Trust the neighborhood administrators in finance management: a. RT b. Society group c. Head of village/lurah	Strongly believe	Believe	Less believe	Do not believe	Do not care	Do not know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Mutual help customs among residents in the past 3 years	Better	Equally good	Good	Equally bad	Worse	Do not know	<input type="checkbox"/>
13. Food exchange customs among neighbor	Very often	Often	Sometimes	Seldom	Never	Do not know	<input type="checkbox"/>
14. Neighboring with people from: a. Other race b. Other religion	Very happy	Happy	Less happy	Not happy	Do not care	Do not know	<input type="checkbox"/> <input type="checkbox"/>
15. Marriage of child or family member from people of different religion *)	Strongly agree	Agree	Fine	Less agree	Do not agree	Do not know	<input type="checkbox"/>
16. Different-religion couple	Strongly agree	Agree	Less agree	Do not agree	Do not care	Do not know	<input type="checkbox"/>
17. Other religion activities that are	Strongly	Agree	Less	Do not	Do not	Do not	<input type="checkbox"/>

frequently held in your neighborhood	agree		agree	agree	care	know	
18. If a place for worship of different religion is to be built in your village	Strongly agree	Agree	Less agree	Do not agree	Do not care	Do not know	<input type="checkbox"/>
19. Live in neighborhood of higher living standards	Strongly agree	Agree	Less agree	Do not agree	Do not care	Do not know	<input type="checkbox"/>
20. Head of region (regent/governor) must be native resident	Strongly agree	Agree	Less agree	Do not agree	Do not care	Do not know	<input type="checkbox"/>

Note: *) Code "0" for no activity/no performance

21. Do you buy the following in the past month? a. Newspapers	1. Yes, subscription 2. Yes, routine buy	3. Yes, non-routine buy 4. No	<input type="checkbox"/>
b. Magazine/tabloid	1. Yes, subscription 2. Yes, routine buy	3. Yes, non-routine buy 4. No	<input type="checkbox"/>
22. Your income compared to expenditure for daily foods in the past one year ?	1. Much worse 2. Worse 3. Equally bad	4. Equally good 5. Better 6. Much better	<input type="checkbox"/>
23. If R.22 = 1, 2 or 3 , what is your action to meet the shortcomings?	1. Adjust expenditure 2. Sell/pawn goods/assets 3. Borrow money/goods	4. Ask for assistance 5. Other	<input type="checkbox"/>
24. a. Any household member who became foster parent? b. If "Yes" (R.24.a=1), method to provide assistance: c. Total foster children	1. Yes 1. Direct 2. Indirect	2. No -> [R.25] 3. Direct and indirect	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25. Any household member who create/produce artwork in the past 3 months ? [Code 1 for "Yes" and 2 for "No"1]	a. Dance b. Song c. Drama script/poetry	<input type="checkbox"/> d. Painting <input type="checkbox"/> e. Statue <input type="checkbox"/> f. Crafts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26. Any household member who is a member of public social organization in the past 3 months ? [Code 1 for "Yes" and 2 for "No"]	a. Religion b. Women c. Youth d. Sports e. Art	<input type="checkbox"/> f. Social potluck <input type="checkbox"/> g. Social <input type="checkbox"/> h. Death <input type="checkbox"/> i. Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

VIII. NOTES

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