



SUSENAS

VSEN2005.K

The Republic of Indonesia
The Central Bureau of Statistics (BPS)

National Social Economic Survey of 2005

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 2002: ____	
3	Total household members (HM)				

III. CENSUS INFORMATION			
1	Name and NIP of Census Taker: ____	5	Name and NIP 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	Census date: from ____ to ____	7	Supervising/checking date: from ____ to ____
4	Census Taker Signature:	8	Supervisor/Checker Signature:

*) 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"* trip? (Oct 1 – Dec 31, 2004) 1. Yes 2. No	If Column 7 = 1, what is the frequency (times)	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 2002									
No	Name of the deceased	Year of the death since January 2002	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 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	
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Note: * "Tour" trip: trip to commercial tourist destinations, or stay in commercial accommodation, or trip distance ≥ 100 Km (return), excluding commuter, school

²⁾ Generally 42 days 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 work, 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. Polyclinic
b. Private hospital	f. Medical worker practice
c. Doctor practice	g. Traditional treatment
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. Askes	f. Dana sehat (health fund)
b. Askes/Jamsostek	g. Kartu sehat (health/poor card)

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

c. Office/company		h. Other	
d. JPKM (Public Health Service Assurance)			
e. Commercial 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
1. Doctor	4. Healer		a. <input type="checkbox"/>
2. Midwife	5. Family		Last
3. Other paramedic	6. Other		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] , 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"/>	
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 worker (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 1994]			
Month: _____		Year: _____	
18.a. The highest education type and level currently studied/passed:			
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		
19. Education provider:			
1. State		3. Overseas	

2. Private							
20. Highest class/level studied/currently studied: 1 2 3 4 5 6 7 8 (Graduated)							
21. Highest diploma obtained: 1. No elementary sch. diploma 5. Vocational junior high 2. Elementary/MI/equal 6. Diploma I/II 3. Junior High/equal 7. Diploma III 4. Senior High/equal 8. Diploma IV/S1 9. S2/S3							
22. Can read and write: 1. Latin alphabets 2. Other alphabets 3. Cannot							
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 work/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: (Write as complete as possible) _____							[Filled by editor]
31. Type of work/position of the main job in the past one week:							[Filled by editor]

(Write as complete as possible) _____			
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			
5. Freelancer in agricultural sector -> [Block V.E]			
6. Freelancer in non-agricultural sector -> [Block V.E]			
7. Non-paid worker -> [Block V.E]			
33. The amount of net wage/salary (money and goods) normally received in a month from the main job: Rp _____			
V.E. FERTILITY & FAMILY PLANNING (FOR WOMEN AGE 10 YEARS AND UP)			
WOMEN WHO ONCE MARRIED (Block IV.A Column 4 = 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 a. Member of household, live birth b. Member of household, still alive c. Member of household, already deceased	M	F	M+F
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	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 ceiling material:			
1. Concrete	5. Asbestos		
2. Roof tile	6. Fiber/palm		
3. Shingle	7. Other		
4. Iron sheet			
3. Type of most wall material:			
1. Concrete	3. Bamboo		
2. Wood	4. Other		
4. Type of most flooring material:			

1. Marble, ceramics, terrazzo, tiles, cement	cowpea, cashew nut, tofu, tempeh etc.]	
2. Wood, board, bamboo	8. Fruits [orange, mango, apple, durian, rambutan, salak, duku, pineapple, watermelon, banana, papaya etc.]	
3. Soil/earth	9. Oil and fat [coconut oil, cooking oil, coconut, margarine etc.]	
4. Other	10. Beverage supplements [sugar, brown sugar, tea, coffee, chocolate, syrup, etc.]	
5. Floor area: ____ square meter	11. Spices [salt, hazelnut, coriander, pepper, fish paste, soybean sauce, MSG etc.]	
6.a. Source of drinking water:	12. Other foodstuffs [cracker, noodle, vermicelli, macaroni etc.]	
1. Bottled water	13. Delicatessen [bread, biscuit, porridge, meatball, ice, lemonade, salad etc.]	
2. Pipe	14. Alcoholic beverages [beer, wine, other]	
3. Pump	15. Tobacco and betel [clove cigarette, white cigarette, cigar, tobacco, betel, areca nut etc.]	
4. Protected/covered well	16. Total Foodstuff	
5. Unprotected/uncovered well	[Details 1 to 15]	
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. Method to obtain drinking water:		
1. Buying		
2. Not buying		
8. Drinking water facility use:		
1. Personal		
2. Mutual		
3. Public		
4. None		
9.a. Defecation facility use:		
1. Personal		
2. Mutual		
3. Public		
4. None -> [R.9.c]		
b. Type of toilet:		
1. Goose neck/ <i>leher angsa</i>		
2. Pit toilet/ <i>plengsengan</i>		
3. Squat toilet/ <i>cemplung</i>		
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		
2. Non-PLN electricity		
3. Paraffin lamp/ <i>petromak</i>		
4. Oil lamp/torch		
5. Other		
VII. HOUSEHOLD EXPENDITURE		
VII.A. EXPENDITURE FOR FOOD IN THE PAST ONE WEEK [FROM PURCHASE, SELF-PRODUCTION AND PRESENT]	Total (Rp)	
(1)	(2)	
1. Grains [rice, corn, wheat, flour, cornflour etc.]		
2. Tubers [cassava, sweet potato, potato, yam, sago, etc.]		
3. Fish [fresh fish, salted/preserved fish, prawn etc.]		
4. Meat [beef, buffalo meat, mutton, lamb, pork, chicken, offal, liver, spleen, floss, jerky etc.]		
5. Egg and milk (chicken egg, duck egg, quail egg, 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,		

VII. HOUSEHOLD EXPENDITURE (CONTINUATION)		
VII.B. NON-FOOD EXPENDITURE (FROM PURCHASE, SELF-PRODUCTION AND PRESENT)	One past month (Rp)	Past 12 months (Rp)
(1)	(2)	(3)
17. Housing and household equipment		
a. House lease, rent, rent expectation (owned, free lease, company house) etc.		
b. Electricity bill, telephone bill, gas, kerosene, water, firewood etc.		
c. House maintenance and minor repair		
18. Various goods and services		
a. Transportation, freight, gasoline, diesel fuel, engine lubricants		
b. House telephone bill, cellular phone voucher, telephone card, public telephone, telecommunication kiosk		
c. Soap, cosmetics, sanitary napkins, hair care etc.		
d. Other (driver salary, housemaid salary, postal fee, ID card etc.)		
19. Education cost (registration fee, monthly educational fee, re-registration fee, boy/girl scout, craft, course etc.)		
20. Health cost (hospital, public clinic, doctor practice, healer, medicine etc.)		
21. Clothes, footwear and headgear (clothes, apparel, shoes, hat, detergent etc.)		
22. 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.)		
23. Tax and insurance		
a. Tax (Land and building tax, vehicle tax)		
b. Fee/retribution		
c. Health insurance		
c. Other (TV fee, other insurance, etc.)		
24. Party and ceremony (wedding, circumcision, birthday, religious holiday, traditional ceremony etc.)		
25. Total non-food (details 17 to 24)		
26. Average monthly expenditure for food (Details 16 x 30/7)		
27. Average monthly expenditure for non-food (Details 25 column 3 / 12)		
28. Average monthly household expenditure (Details 26 + Details 27)		
29. 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] □□□□

VIII. HOUSEHOLD 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?

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

b. If the household have health card/poor certificate:

Type of use	Frequency of use in public clinic, sub-health clinic, state hospital during Jan – Dec 2004?	If Column 2 ≠ 0, did you charged with a fee? 1. Yes 2. No
(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 (≤ Rp 10 million) during Jan – Dec 2004 period?

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

b. The amount of credit received in Jan – Dec 2004 period (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 |
| 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 working/ever worked as domestic worker (TKI)? 1. Yes 2. No -> (Block IX)

b. If yes (R.5.a = 1), how many people? ____ people

c. Working as what?

- | | |
|--------------|-------------------|
| 1. Nurse | 8. Builder |
| 2. Housemaid | 16. Other (_____) |
| 4. Driver | |

d. Since when working as TKI? (For household member who is the first TKI worker)

Year of _____

IX. AGRICULTURE LAND AREA INFORMATION1. 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

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