

SUSENAS

BPS

VSEN2005.K

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: ____	4	Name and NIP of Supervisor/Checker: ____
2	Census Taker Position: 1. Provincial BPS Staff      3. Statistics Clerk 2. District/City BPS Staff      4. Partner	5	Supervisor/Checker Position: 1. Provincial BPS Staff      3. Statistics Clerk 2. District/City BPS Staff      4. Partner
3	<b>Census taker statement:</b> THE LIST IS TRULY FILLED BASED ON INTERVIEW WITH HOUSEHOLD MEMBER/RESPONDENT Date: Signature: Clear name: ( ____ )	6	<b>Supervisor/checker statement:</b> 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" <sup>1</sup> trip? (Mar 1 – May 31, 2005) 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 <sup>2</sup> ? 1. Yes 2. No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									

  

<b>Column (3) Code, Block IV.A</b>				<b>Column (6) Code, Block IV.A</b>		<b>Column 9 Code, Block IV.A</b>		<b>Column 7 Code, Block IV.B</b>	
<u>Relation to head of household</u>				<u>Marital Status</u>		<u>Pre-school</u>		<u>Cause of death</u>	
1. Head of household    7. Other family				1. Not married		1. Yes, kindergarten/RA/RB		1. Traffic accident	
2. Wife/husband    8. Housemaid				2. Married		2. Yes, playgroup		2. Non-traffic accident	
3. Child    9. Other				3. Divorce		3. Yes, daycare		3. Not an accident	
4. In-law				4. Divorce due to death		4. No			
5. Grandchild									
6. Parent/in-law									

Note: <sup>1</sup> "Tour" trip: trip to commercial tourist destinations, or stay in commercial accommodation, or trip distance  $\geq$  100 Km (return), excluding commuter, school

<sup>2</sup> Generally 2 months after labor/miscarriage

<b>V. INDIVIDUAL INFORMATION ON HEALTH, EDUCATION, EMPOWERMENT, AND FAMILY PLANNING AND FERTILITY</b>	
Name: _____ Sequential No: _____	
Biological mother sequential number: _____	
<b>[Fill with 00 if the biological mother is not living in this household]</b>	
Is the household member present during interview?	
1. Yes	2. No
<b>V.A. HEALTH INFORMATION (ALL AGES)</b>	
1. Any health complaint in the past one month? (read from a to h) <b>[Code 1 if yes, 2 if no]</b>	
a. Fever	e. Diarrhea
b. Cough	f. Migraine
c. Cold	g. Toothache
d. Asthma/breathlessness	h. Other <sup>1</sup>
<b>[If all R.1 =2, go to R.8]</b>	
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: <b>[Code 1 for yes, 2 for no]</b>	
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?	
<b>[Fill outpatient frequency for each facility]</b>	
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: <b>[Code 1 for yes, 2 for no]</b>	
a. Health Insurance for Civil Servant/Veteran/Pensioner	
b. Benefit/reimbursement by company	

<sup>1</sup> 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	
<b>V.B. TODDLER HEALTH (CHILD AGE 0-59 MONTHS)</b>	
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? <b>[Fill code to box]</b>	First
1. Doctor	a. <input type="checkbox"/>
2. Midwife	Last
3. Other paramedic	b. <input type="checkbox"/>
4. Healer	
5. Family	
6. Other	
13. How many times the child received immunization? <b>[Code 0 for no immunization yet]</b>	
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: _____	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 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) _____	
<b>V.C. EDUCATIONAL INFORMATION (FOR HOUSEHOLD MEMBER AGE FIVE YEARS UP)</b>	
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? <b>[Fill with '00' and '0000' if quit prior to 1995]</b>	
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 junior high	8. Diploma I/II
4. M. Tsanawiyah	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		7. <i>M. Aliyah</i>					
2. Elementary school		8. Vocational school					
3. <i>M. Ibtidaiyah</i>		9. Diploma I/II					
4. Vocational/junior high		10. Diploma III					
5. <i>M. Tsanawiyah</i>		11. Diploma IV/S1					
6. Senior high		12. S2/S3					
22. Can read and write:							
1. Latin alphabets		2. Other alphabets		3. Cannot			
<b>V.D. EMPLOYMENT</b> <b>(FOR HOUSEHOLD MEMBER AGE 10 YEARS UP)</b>							
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	
<b>[If R.23.a.1 = 1, go to R.25]</b>							
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					
<b>R.27 and R.28 are asked if R.25 = 2 and R.26 = 2</b>							
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 -> <b>[R.29]</b>							
6. Cannot work (disabled, old) -> <b>[R.29]</b>							
7. Other (write down): _____							
28. If there is a job offer, will you accept it?							
1. Yes		2. No					
<b>ONLY FOR WORKING HOUSEHOLD MEMBER</b> <b>[R.23.a.1 = 1 or R.24 = 1]</b>							
29. a. Total work day: _____ days							
b. Total work hour from <b>all work</b> 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]

(Write as complete as possible) _____			
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 -> <b>[Block V.E]</b>			
2. Self-owned business with non-permanent/non-paid worker -> <b>[Block V.E]</b>			
3. Self-owned business with permanent/paid worker -> <b>[Block V.E]</b>			
4. Worker/employee/staff -> <b>[R.33]</b>			
5. Freelancer in agricultural sector -> <b>[Block V.E]</b>			
6. Freelancer in non-agricultural sector -> <b>[Block V.E]</b>			
7. Non-paid worker -> <b>[Block V.E]</b>			
33. The amount of net wage/salary (money and goods) normally received in a month from the main job:			
Rp _____			
<b>V.E. FERTILITY &amp; FAMILY PLANNING</b> <b>(FOR WOMEN AGE 10 YEARS AND UP)</b>			
<b>WOMEN WHO ONCE MARRIED</b> <b>(Block IV.A Column 4 = 2 &amp; Column 6 = 2, 3 or 4)</b>			
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]			
<b>WOMEN WITH MARRIED STATUS</b> <b>(Block IV.A Column 4 = 2 &amp; Column 6 = 2)</b>			
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			
5. Implant/norplant	9. Traditional method		
<b>VI. HOUSING</b>			
1. Building status:			
1. Owned	5. Company house		
2. Lease	6. Owned by parents/sibling/family		
3. Rent			
4. Free lease	7. Other		
2. Floor area: _____ square meter			
3.a. Source of drinking water:			
1. Bottled water	6. Protected spring		
2. Pipe	7. Unprotected/uncovered spring		
3. Pump			
4. Protected/covered well	8. River		

5. Unprotected/uncovered well 9. Rainwater 0. Other b. If <b>R.3.a = any of 3 to 7</b> (pump/well/spring), distance to the closest feces containment: 1. $\leq 10$ m 2. $> 10$ m 3. Do not know	6. Vegetables [spinach, water spinach, cucumber, carrot, bean, snaps, onion, chili, tomato etc.]																
4. Defecation facility use: 1. Personal 2. Mutual 3. Public 4. None	7. Nuts [peanut, mung bean, soybean, red bean, cowpea, cashew nut, tofu, tempeh etc.]																
<b>VII. COMMUNICATIONS &amp; INFORMATION TECHNOLOGY</b>																	
1. Any telephone in the household? 1. Yes 2. No	8. Fruits [orange, mango, apple, durian, rambutan, salak, duku, pineapple, watermelon, banana, papaya etc.]																
2.a. Any household member with cellular phone? 1. Yes 2. No -> [R.3] b. If "yes", total cellular phone numbers owned by the household: _____ numbers	9. Oil and fat [coconut oil, cooking oil, coconut, margarine etc.]																
3. Is the household owned computer (desktop, laptop, notebook)? 1. Yes 2. No -> [R.5]	10. Beverage supplements [sugar, brown sugar, tea, coffee, chocolate, syrup, etc.]																
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	11. Spices [salt, hazelnut, coriander, pepper, fish paste, soybean sauce, MSG etc.]																
5. Internet usage outside of house	12. Other foodstuffs a. Instant noodle, noodle, vermicelli, macaroni/ dried noodle b. Other (cracker, chips etc.)																
<table border="1"> <thead> <tr> <th>Usage location</th> <th>Any household member use the Internet outside of house in the past one month? 1. Yes    2. No</th> <th>If "yes" (Column 2 = 1), total household member who use (people)</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> </tr> </thead> <tbody> <tr> <td>a. Internet kiosk</td> <td></td> <td></td> </tr> <tr> <td>b. Office/school</td> <td></td> <td></td> </tr> <tr> <td>c. Other</td> <td></td> <td></td> </tr> </tbody> </table>	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 (people)	(1)	(2)	(3)	a. Internet kiosk			b. Office/school			c. Other			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)	
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 (people)															
(1)	(2)	(3)															
a. Internet kiosk																	
b. Office/school																	
c. Other																	
<b>VIII. HOUSEHOLD EXPENDITURE</b>																	
<b>VIII.A. EXPENDITURE FOR FOOD IN THE PAST ONE WEEK [FROM PURCHASE, SELF-PRODUCTION AND PRESENT]</b>		<b>Total (Rp)</b>															
(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.																	
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)
<b>16. Housing and household equipment</b>		
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.		
<b>17. Various goods and services</b>		
a. Bath/washing soap, cosmetics, face/hair care, tissue etc.		
b. Health cost (hospital, public clinic, doctor practice, healer, medicine etc.)		
c. Education cost (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.)		
<b>18. Clothes, footwear and headgear</b> (clothes, apparel, shoes, hat, detergent etc.)		
<b>19. Durable goods</b> (household equipment, tools, kitchen equipment, entertainment [electronics], sports equipment, genuine/imitation jewelry, vehicles, umbrella, watch, camera, telephone installation, power installation, electronic goods etc.)		
<b>20. Tax and insurance</b>		
a. Tax (Land and building tax, vehicle tax)		
b. Fee/retribution		
c. Health insurance		
c. Other (Other insurance, traffic ticket, income tax, etc.)		
<b>21. Party and ceremony</b> (wedding, circumcision, birthday, religious holiday, traditional ceremony etc.)		
<b>22. Total non-food</b> (details 16 to 21)		
<b>23. Average monthly expenditure for food</b> (Details 15 x 30/7)		
<b>24. Average monthly expenditure for non-food</b> (Details 22 column 3 / 12)		
<b>25. Average monthly household expenditure</b> (Details 23 + Details 24)		
<b>26. Main source of household income: _____ (write as complete as possible)</b> 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. <b>Job status code:</b> 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 <b>Column 2</b> ≠ 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 (≤ Rp 10 million) during Jan – Dec 2004 period?

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 2004/2005 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**