



SUSENAS

VSEN2004.MPK

Republic of Indonesia
The Central Bureau of Statistics (BPS)

National Social Economic Survey of 2009

Main Information on Housing & Settlement and Health

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 (segment number)		
7	Sample code number		
8	Household sample sequential number		

II. HOUSEHOLD INFORMATION		
1	Name of head of household	
2	Total household members (HM)	
3	Total toddlers	

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: ____ to ____	7	Supervising/checking date: ____ to ____
4	Census Taker Signature:	8	Supervisor/Checker Signature:

*) Cross out as necessary

IV. HOUSEHOLD MEMBER INFORMATION														
Copied from VSEN2004.K, Block IV.A Column (1) to (5)					HM Age 15 Up		All Ages	HM Age 1 up	Household Member Age 5-14 Years					
No	Name of household member (HM)	Relationship with head of household (HH) (Code)	Gender 1. Male 2. Female	Age (Year)	Give check mark (✓) for men and cross (x) for women	Respondent and respondent selection sequential number [See elucidation]	Biological father/ mother still alive? 1. Yes 2. No 9. Do not know	Receive dental examination/ care by doctor/ nurse in the past 6 months? (Code)	Work at least 1 hour in the past week? 1. Yes 2. No → [Col. 13]	If "Yes" (Col. 10-1) work is at (the main) business 1. Self-owned 2. Owned PT 3. Other paid people/ party 4. Other unpaid people/ party	Main job in the past week (Code)	Perform money generating activity such as busker or beg, clean car in traffic lights etc. in the past week? 1. Yes 2. No	Help household work (cook, shop, wash, nurse younger sibling/other household member etc.) in the past week? 1. Yes 2. No	If "Yes" (Col. 14=1) daily average hour for the activity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1		1					Father - Mother							
2														
3														
4														
5														
6														
7														
8														
9														
10														

<p>Elucidation on Column 7 Filling (Respondent and respondent selection sequential number):</p> <p>1. Write sequential number from 1 for eldest male to youngest then continued with eldest female to youngest</p> <p>2. Circle the sequential number as selected respondent based on KISH Table with the following condition:</p>								<p>Column 3 Code</p> <p>Relationship with head of household:</p> <p>1. Head of household</p> <p>2. Wife/husband</p> <p>3. Child</p> <p>4. In-law</p> <p>5. Grandchild</p> <p>6. Parents/in-law</p> <p>7. Other family</p> <p>8. Housemaid</p> <p>9. Other</p>		<p>Column 9 Code</p> <p>Dental and mouth examination/ care by doctor/nurse?</p> <p>1. Yes, for treatment</p> <p>2. Yes, for checkup/care</p> <p>3. Yes, for treatment & checkup</p> <p>4. No</p>		<p>Column 12 Code</p> <p>Main Job:</p> <p>1. Traveling trader</p> <p>2. Permanent place trader</p> <p>3. Scavenging</p> <p>4. Work in household/small industry</p> <p>5. Work in medium/large industry</p> <p>6. Work in agriculture sector</p> <p>7. Work in transportation sector</p> <p>8. Work in service sector</p> <p>9. Other</p>	
Household sample sequential number (Block I R.8)	Total HM Age 15 Up						Household sample sequential number (Block I R.8)	Total HM Age 15 Up					
	1	2	3	4	5	6 or more		1	2	3	4	5	6 or more
	Selected respondent number							Selected respondent number					
1	1	1	1	1	1	1	9	1	2	2	3	4	4
2	1	1	1	1	1	1	10	1	2	2	3	4	4
3	1	1	1	1	1	1	11	1	2	2	3	4	4
4	1	1	1	1	1	2	12	1	2	3	3	3	5
5	1	1	1	2	2	2	13	1	2	3	4	5	5
6	1	1	1	2	2	2	14	1	2	3	4	5	5
7	1	1	2	2	3	3	15	1	2	3	4	5	6
8	1	1	2	2	3	3	16	1	2	3	4	5	6

V. HOUSING AND SETTLEMENT	
V.A. RESIDENTIAL CONTROL	
1. Residential building control status (in line with VSEN2004.K, Block VI.R.1)	
1. Owned -> (R.3.a)	5. Official house
2. Lease -> (R.2.a)	6. Owned by other
3. Rent -> (R.2.b)	people/child/family
4. Rent free	7. Other
[If R.1 = 4 to 7, go to R.4]	
2.a. If lease (R.1=2), lease amount per year: Rp ____	
(Continue to R.4)	
b. If rent (R.1=3), rent amount per month: Rp ____	
(Continue to R.4)	
3.a. If owned (R.1=1), how was the building obtained?	
1. Purchased from developer (national housing, real estate)	
2. Purchased from cooperatives/Foundation	
3. Purchased new from individual	
4. Purchase not new	
5. Self-construction -> (R.3.d)	
6. Administrative allocation (official house etc.) ->(R.3.d)	
7. Other (heritage,grant, etc.) -> (R.3.d)	
b. If R.3.a = 1, 2, 3 or 4, what was the payment method?	
1. Cash -> (R.3.d)	
2. Public housing loan (KPR)	
3. Non-public housing loan -> (R.3.d)	
4. Other -> (R.3.d)	
c. If using KPR (R.3.d = 2), how long is the credit period?	
____ years	
d. Method of purchasing land:	
1. Purchase along with house	
2. Purchase just land	
3. Heritage/grant	
4. Rent	
5. On other people land	
6. Other	
e. Land legal evidence	
1. Certificate from National Land Agency (BPN)	
2. Sell deed	
4. Other	
3. <i>Girik</i> (uncertified)	
5. No evidence	
[If R.3.e = 2, 3, 4 or 5, go to R.3.g]	
f. If certificate (R.3.e.=1), the land legal status:	
1. Owner rights	
3. Use rights	
2. Building User Rights	
g. If R.3.a = 5, is the residential building constructed by yourself or by constructed by mutual aid?	
1. Yes	
2. No	
4. How long have you live in the house/residence?	
1. < 1 year	
3. 4-5 years	
2. 1-3 years	
4. > 5 years	
[If R.1 = 1, continue to R.7]	
5. If the residential place status is not personally owned (R.1 ≠ 1), do you have your own house?	
1. Yes -> [R.7]	
2. No	
6. If have no house (R.5=2), is there any plan for the next 3	

years?																																		
1. Purchase house through KPR housing loan																																		
2. Purchase house through non-KPR housing loan																																		
3. Purchase house by cash																																		
4. Build their own house																																		
5. Lease/rent																																		
6. No plan																																		
V.B. BUILDING PHYSICAL CONDITION																																		
7. Kind of building:																																		
1. Regular house																																		
2. House on stilts																																		
3. Floating house -> [R.9]																																		
8.a. Type of building:																																		
1. Single one floor																																		
2. Single multiple floors																																		
3. Coupled one floor																																		
4. Coupled multiple floors																																		
5. Many coupled one floor																																		
6. Many coupled multiple floors/cheap flat																																		
b. Building function																																		
1. Regular residence																																		
2. Mixed residence																																		
c. Plot area: ____ square meters																																		
[If R.7 = 2, go to R.9]																																		
d. If R.7 = 1, building area: ____ square meters																																		
9. Type of ceiling (mostly used)																																		
1. Gypsum																																		
4. Plait/bamboo																																		
2. Plywood																																		
5. Other																																		
3. Asbestos																																		
6. None																																		
10. Building condition																																		
1. Good																																		
3. Damaged																																		
2. Fair																																		
4. Heavily damaged																																		
V.C. FACILITY AND EQUIPMENT																																		
11. a. Number of room: ____ rooms																																		
b. Room condition according to function																																		
<table border="1"> <thead> <tr> <th rowspan="2">Room Function</th> <th rowspan="2">Total</th> <th colspan="2">If column 2 ≠ 0, fill 1 if "Yes" and 2 if "No"</th> </tr> <tr> <th>Mostly ventilated</th> <th>Sufficient natural light</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> <th>(4)</th> </tr> </thead> <tbody> <tr> <td>1. Bedroom</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Living room</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Parlor</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Dining room</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Mixed-use room</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Kitchen</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Room Function	Total	If column 2 ≠ 0, fill 1 if "Yes" and 2 if "No"		Mostly ventilated	Sufficient natural light	(1)	(2)	(3)	(4)	1. Bedroom				2. Living room				3. Parlor				4. Dining room				5. Mixed-use room				6. Kitchen			
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5. Mixed-use room																																		
6. Kitchen																																		
c. Has bathroom?																																		
1. Yes																																		
2. No																																		
12. Total time required to obtain drinking/clean water																																		
1. < 5 minutes																																		
4. 60-89 minutes																																		
2. 5-29 minutes																																		
5. ≥ 90 minutes																																		
3. 30-59 minutes																																		
13. Drinking water quality:																																		

[Code 1 for “Yes” and 2 for “No”] a. Clear/limpid d. Foamy b. Colored/not clear e. Bad odor c. Bad taste		2. Cement/conblock 5. Soil/sand 3. Gravel/hardened 6. Other																																																									
14. Is water available in the household, no less than 20 liters per household member per day for bath, wash, drink and cooking? 1. Yes 2. No		22. Any electric street lamp in your neighborhood? 1. Yes 2. No																																																									
15.a. Is the household use wood as fuel in the past month? 1. Yes 2. No -> [R.17] b. Since when the household use wood as fuel? Month: ____ Year: ____ c. Method to obtain wood for fuel: 1. Buy 4. Given 2. Go looking 8. Other		23. Container/tank for wastewater from bath/kitchen/wash: 1. Closed container in yard 2. Open container in yard 3. Container outside of yard 4. No container/directly to sewer/river																																																									
16.a. Is the household planning to replace wood with other type of fuel? 1. Yes 2. No -> [R.17.a] b. If R.16.a = 1, type of replacement fuel: 1. Electricity 4. Wood/shell charcoal 2. Gas/LPG 5. Other 3. Kerosene		24. Channel for wastewater from bath/kitchen/wash: 1. With open channel 3. No channel 2. With closed channel/pipe																																																									
17.a. Source of lighting (in line with VSEN2004.K, Block VI R.11): 1. PLN Electricity 2. Other than PLN -> [R.18] b. If source of lighting is from PLN electricity (R.17.a = 1), how much is the installed capacity? 1. 450 watt 4. 2,200 watt 2. 900 watt 5. > 2,200 watt 3. 1,300 watt 6. Without indicator		25. Condition of drain/canal around the house: 1. Flowing 3. Clogged 2. Flowing very slowly 4. No drain																																																									
18. Goods owned by the household: [Code 1 for “Yes” and 2 for “No”] a. Gas stove f. Computer b. Radio/tape g. Motorcycle/outboard c. Television/video motor boat d. Refrigerator h. Car/motorboat e. Telephone/cellphone i. Parabolic antennae		26. Garbage disposal method 1. Collected by garbage man 5. Throw to river/drain 2. Dumped 6. Carelessly 3. Converted to compost discarded 4. Burnt 7. Other																																																									
19. Location of house/residential building 1. New residential area 3. Other 2. Old residential area		27. The household use the following in the past month: [Code 1 for “Yes” and 2 for “No”] a. Air freshener (spray) e. Cloth stain remover b. Hair/deodorant spray f. Battery c. Floor cleaner g. Paint d. Mirror/wood/metal polisher h. Bug spray/pesticide																																																									
V.D. SURROUNDING CONDITION		28. Any household member feel disturbed by the type of following pollution? [Code 1 for “Yes” and 2 for “No”] a. Smoke/odor/noise from factory b. Smoke/odor/noise from workshop c. Continuous noise from neighbor d. Noise from motor vehicles e. Smell from garbage f. Smell from drain/sewer/river																																																									
20.a. Is the house located on riverbank/on river/lake/ocean? 1. Yes 2. No b. Is the house located on the edge of forest/in forest? 1. Yes 2. No c. Is the house located on disaster-prone area? 1. Yes 2. No -> [R.21.a] d. If R.20.c = 1, type of disaster that occurred the most: 1. Flood 5. Tornado/tsunami 2. Landslide 6. Volcano eruption 3. Fire 7. Other 4. Earthquake		29. Access to public facilities (FS):																																																									
21.a. Is the house located on roadside/in alley/lane? 1. Yes 2. No -> [R.22] b. Width of road/alley/lane: ____ meter c. Type of ground surface of road/alley/lane 1. Asphalt 4. Wood/bamboo		<table border="1"> <thead> <tr> <th>Public Facilities Type</th> <th>FS in sub-district 1. Yes 2. No</th> <th>Shortest distance from home (km)</th> <th>Available Public Transportation (Code)</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> <th>(4)</th> </tr> </thead> <tbody> <tr> <td>a. Transport route</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Public clinic</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Post office</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Police station</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Traditional market</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Public telephone/kiosk</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Elementary school/equal</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Junior high/ equal</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. Senior high/ equal</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j. Place of worship</td> <td></td> <td></td> <td></td> </tr> <tr> <td>k. Sub-district office</td> <td></td> <td></td> <td></td> </tr> <tr> <td>l. Place of work for HM/spouse</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Public Facilities Type	FS in sub-district 1. Yes 2. No	Shortest distance from home (km)	Available Public Transportation (Code)	(1)	(2)	(3)	(4)	a. Transport route				b. Public clinic				c. Post office				d. Police station				e. Traditional market				f. Public telephone/kiosk				g. Elementary school/equal				h. Junior high/ equal				i. Senior high/ equal				j. Place of worship				k. Sub-district office				l. Place of work for HM/spouse			
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Code for column 4: Available public transportation 1. Motorized public transportation 3. No public transportation 2. Non-motorized public transportation																																																											

b. If **R.17.a ≠ 0**, how many portion in average every day?
 ____ portion
[Show consumption card to respondent]

18.a. How many days in **one week** (name) consume vegetables (soup, stir-fried, salad)?
 ____ days
[If 0 day, go to Details 19.a]
 b. If **R.18.a ≠ 0**, how many portion in average every day?
 ____ portion
[Show consumption card to respondent]

19.a. How many days (one) perform heavy activities (showed physical activity card) for no less than 10 minutes without stopping for the **past one week**?
 ____ days
[If 0 day, go to Details 20.a]
 b. How long in average (name) performed the heavy activities on those days?
 ____ minutes

20.a. How many days (one) perform moderate activities (showed physical activity card) for no less than 10 minutes without stopping for the **past one week**?
 ____ days
[If 0 day, go to Details 21.a]
 b. How long in average (name) performed the moderate activities on those days?
 ____ minutes

21.a. How many days (one) walk for no less than 10 minutes without stopping for the **past one week**?
 ____ days
[If 0 day, go to R.22]
 b. How long in average (name) walk on those days?
 ____ minutes

VIII.C. HEALTH SERVICES

22.a. Is (name)/child (name) age no more than 12 years ever received outpatient service in **the past one year**?
 1. Yes 2. No -> [R.23.a]

b. If yes (**R.22.a = 1**) to where (name)/child (name) age no more than 12 years was taken **for the last outpatient service**?
 1. State hospital 6. Health worker practice
 2. Private hospital 7. Traditional medicine
 3. Doctor practice 8. Other
 4. Public clinic
 5. Polyclinic

c. **How long** it took to each the outpatient service facility?
 1. ≤ 29 minutes 3. 60-119 minutes
 2. 30-59 minutes 4. ≥ 120 minutes

d. Who performed examination?
 1. Doctor 5. Other paramedic
 2. Dentist 6. Shaman/traditional healer/sensei
 3. Nurse 7. Other
 4. Midwife

e. In the last medical visit, was (name) **satisfied** with the provided services?

1. Very satisfied	4. Less than satisfied
2. Satisfied	5. Not satisfied
3. Sufficiently satisfied	
f. How long was the waiting time to obtain service in the place?	
1. ≤ 29 minutes	3. 60-119 minutes
2. 30-59 minutes	4. ≥ 120 minutes
g. During the visit to the last treatment place, how was the explanation on disease, medical treatment and action?	
1. Very clear	4. Unclear
2. Clear	5. Very unclear
3. Sufficiently clear	
23.a. Is (name)/child (name) age no more than 12 years ever received inpatient service in the past five years ?	
1. Yes	2. No -> [R.24]
b. If yes (R.23.a = 1) to where (name)/child (name) age no more than 12 years was taken for the last inpatient service ?	
1. State hospital	6. Health worker practice
2. Private hospital	7. Traditional medicine
3. Doctor practice	8. Other
4. Public clinic	
5. Polyclinic	
c. How long it took to each the inpatient service facility?	
1. ≤ 29 minutes	3. 60-119 minutes
2. 30-59 minutes	4. ≥ 120 minutes
d. How long (name)/child (name) stayed as inpatient?	
1. 1-2 days	3. 6-14 days
2. 3-5 days	6. 15 days or more
e. In the last inpatient service, was (name) satisfied with the provided services?	
1. Very satisfied	4. Less than satisfied
2. Satisfied	5. Not satisfied
3. Sufficiently satisfied	
f. How long was the waiting time to obtain service in the place?	
1. ≤ 29 minutes	3. 60-119 minutes
2. 30-59 minutes	4. ≥ 120 minutes
g. During the inpatient service, how was the explanation on disease, medical treatment and action?	
1. Very clear	4. Unclear
2. Clear	5. Very unclear
3. Sufficiently clear	
VIII.D. MEDICAL HISTORY	
I will now ask about health issues that may be experienced by (name) and the treatment. Questions will be asked repeatedly to obtain detailed information	
24. Is (name) ever diagnosed with joint disease (rheumatic/arthritis) by medical worker?	

1. Yes	2. No	9. Do not know
25. Is (name) ever treated for joint disease (rheumatic/arthritis)?		
1. Yes	2. No	9. Do not know
26. Is (name) received treatment or care for the disease in the past two weeks ?		
1. Yes	2. No	9. Do not know
27. Is (name) suffered the following in the past one year ?		
a. Pain, sore, numb or swelling not because of accident or wound, around arm joints, hand, leg and foot which occur for more than one month ?		
1. Yes	2. No	
b. Numbness on joints when awake from sleep, or after sit for a long time?		
1. Yes	2. No -> [R.28.a]	
c. If yes (R.27.b = 1), how long the numbness last?		
1. ≤ 30 minutes	2. > 30 minutes	
d. Is the numbness disappear after (name) move the joints?		
1. Yes	2. No	
28.a. Is (name) ever suffered back pain (along the back spine) for the past one month ?		
1. Yes	2. No	
b. How many days did (name) suffer from the back pain? ____ days		
29. Is (name) ever diagnosed with heart disease by medical worker?		
1. Yes	2. No	9. Do not know
30. Is (name) ever treated for heart disease?		
1. Yes	2. No	9. Do not know
31. Is (name) ever treated or cared for the disease in the past two weeks ?		
1. Yes	2. No	9. Do not know
32. Is (name) ever experienced the following in the past one year :		
a. Stuffed feeling or chest pain when (name) walked rapidly or climbing?		
1. Yes	2. No	
3. Never walked rapidly or climbing		
b. Stuffed feeling or chest pain when (name) walked normally on flat path?		
1. Yes	2. No	
[If R.32.a = 2 or 3 and R.32.b = 2, go to R.33.a]		
c. What (name) did when experienced the stuffed feeling or chest pain when walking?		
1. Stop or slowed down the walk		
2. Continue walking after put medicine below tongue		
3. Continue walking		
d. What happened with the stuffed feeling or chest pain, when (name) stopped walking?		
1. Subside		
2. Not subside		
e. Please show on which section the stuffed feeling or chest pain occurred?		
1. Upper or middle part of chest		
2. Lower part of chest		
3. Left arm		
4. Other		

33. a. Is (name) ever suffered from injury due to traffic accident in **the past one year**?
 1. Yes 2. No -> [R.34.a]
- b. When was **(the last)** accident occur?
 ____ (months ago)
- c. Was (name) received medical aid at the time?
 1. Yes 2. No -> [R.34.a]
- d. Where (name) received **(the first)** medical aid?
 1. State hospital 6. Health worker practice
 2. Private hospital 7. Traditional medicine
 3. Doctor practice 8. Other
 4. Public clinic
 5. Polyclinic
- e. How long was the time between accident and **(the first)** medical aid?
 1. < 1 hour 2. 1-24 hours 3. > 24 hours
-
34. a. Is (name) ever suffered from poisoning, drowning, violence, burnt etc. which caused injury and disrupt daily activities in **the past one year**?
 1. Yes 2. No -> [R.35.a]
- b. When was **(the last)** event occur?
 ____ (months ago)
- c. Was (name) received medical aid at the time?
 1. Yes 2. No -> [R.35.a]
- d. Where (name) received **(the first)** medical aid?
 1. State hospital 6. Health worker practice
 2. Private hospital 7. Traditional medicine
 3. Doctor practice 8. Other
 4. Public clinic
 5. Polyclinic
- e. How long was the time between event and **(the first)** medical aid?
 1. < 1 hour 2. 1-24 hours 3. > 24 hours
-
35. Is (name) ever experienced the following **in the past one year**:
- a. Coughing for 3 weeks or more?
 1. Yes 2. No
- b. Coughing with considerable sweating when sleeping at night?
 1. Yes 2. No
- c. Coughing up blood or bloody sputum/phlegm?
 1. Yes 2. No
- d. Underwent TBC/lung disease test, with sputum testing in laboratory or lung x-ray?
 1. Yes 2. No -> [R.S5.f]
- e. If yes (**R.35.d = 1**), what was the result?
 1. Positive 2. Negative 9. Do not know
- f. Ever receive TBC medicine (cause red-colored urine)?
 1. Yes 2. No

X. NOTES