CBMS Database / Repository Information Sheet INDONESIA



Project Title: Promoting the Implementation of Community Based Monitoring System to Local Governments in Indonesia

Administrative Information:

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I. Project Abstract

Given the relatively poor performance of the traditional poverty identification methods in Indonesia (Suryahadi & Sumarto 2001) and the fact that district governments in Indonesia now have more independence in setting their budgets, it is important that a new poverty monitoring system be developed to ensure better targeting in poverty programs and more efficient government spending.

Therefore, the purpose of the pilot project on Community Based Monitoring System (CBMS) in Indonesia is to design a new method that can accurately identify poor families. The method must have a solid methodological background, easy to be administered by locals, and adaptive to local specific poverty conditions. Furthermore, it should give speedy results and give objective results, which mean it should be relatively tamper-proof. Meanwhile, the second purpose of the pilot is to promote CBMS to local governments once it is tested on several villages in Indonesia.

II. Project objectives

The project will gather household information that is necessary in order to create a composite index that will summarize all the multidimensional aspect of poverty into a single figure. Construction of such index is the first effort to be undertaken in Indonesia. We shall use it as a tool to promote the importance of CBMS to local government officials.

III. Database information sheet

Pilot and extension area(s): Source of data	2 villages (Parakantugu and Cibulakan) in Cianjur District, West Java Province and 2 villages (Kedondong and Jungpasir) in Demak District, Central Java Province Selatan and Timur District in Pekalongan Utara and Barat District in Pekalongan				
Reference year for which the data was taken:	2005, 2008 and 2009				
Database information :					
Number of observation:	Households: 5,372 (2006) 28,249 (2008) 42,230 (2009) Individuals: 18,790 (2005) 111,322 (2008) 159,788 (2009)				
Number of variables: Format: Software used to store/retrieve information from the database:	302 variables (see list of variables/indicators) MS Excel, Stata Stata				

IV. List of Indicators/Variables

Table 1. Type of Information Household Level	Welfare Indicators Collected Indicators
Demographic	Age and sex of household head
	Marital status of household head
	Household size
Education	Education level of household head
	This household has a school-age member who is out of school
Employment	Number of working-age household members who are working
	Number of school-age household members who are working
	The spouse is working
	Occupation that provides the most income in this household
	This household receives income from outside the household
Food Security	Number of meals a day
	Staple food usually consumed

Household members consume meat, chicken, or fish at least once a

week

Health Type and place of treatment sought during illness

Main source of drinking water Whether drinking water is boiled

Ownership of toilet facilities and type used

Use of contraceptives among adult/married household members

Incident of child and/or infant death in the family

For women respondents if there is a child <5

Whether Received routine antenatal and/or postnatal care from and health officials during pregnancy for child under 5 years old

vears old

Child under 5 years old has been immunized.

Assistance during delivery for child under 5 years old

Asset Ownership Ownership status of house

House size

House material and characteristics

Ownership of durable goods, including productive assets

Source of light

Source of cooking fuel Number of farm animals

Whether buy new clothing at least once a year Access to formal credit market in the last 3 years

Savings

Political and Security Participation in last political process at national and local level

Whether has been a victim of crime in last 12 months, type of

crime

Access to information (television, radio, newspaper, internet)

Village Level Information

Availability of school

Availability of health center

Availability of vocational training facility

Availability of market

Number of market days in a week Availability of police station

Type of road in village, accessibility during rainy season

Availability of public transportation

Main water source in village

Availability of post office, bank, telecommunications kiosk

No.	Variables	Type of Information
1	kodebaru	QUESTIONNAIRE CODE
2	id	
3	parent_id	
4	kec	Subdistricts
5	kel	A village level administrative area usually located in an urban center
6	id rt	Neighborhood units, consisting a number of households
7	id rw	A unit of local administration consisting of several RTs (neighborhood units)
8	head hh	Head of the household's name
9	name_resp	Name of the respondent
10	no rmh	House serial number
11	no kla	Family serial number
	KartuKlg	Does the family have Family Card (Kartu Keluarga)
	surveyors_name	surveyors_name
	date_of_surveys	
	name_of_entry	data entry person' name
16	id_entry	data entry person id
17	K2	Name
	K3	Status/relationship to head of family
	K4	Sex
	K5	Place of birth
21	K6	tanggal_lahir
22	lahir_tanggal	Date of birth
23	lahir_bulan	Month of birth
24	lahir tahun	Year of birth
25	K7	Marrital Status
26	K8	Can read & write Bhs Indonesia
	K9	Highest level of education completed
	K10	If still at school, Current education level
	K11	If still at school, Current grade
30	K12	Activities performed in the last week
31	K13	Code for the main work
32	K141	what is the status of the main work?
33	K142	Total number of working hours per week
34	K15	Religion
35	K16	Total number of children who were born alive
36	K17	Total number of children alive now
37	K18	If Muslim, have they been on hajj?
38	K19	Elderly?
39	K20	Has a disability?
40	K21	If disabled (K20=yes), what type of disability?
41	individu	
42	famsize	family size
43	tot_art	
44	A2_1	Type of work providing the family's main and largest source of income
45	A2_2	Does the family have an additional income source?
	A2_3	Type of work and sector providing the additional income source
	A2_4	Does the family regularly receive money/objects from sources outside family member?
48	A2_5	In general, how has the total family income (in Rp)changed over the last 6month
49	A2_6	What has the family done in facing recent increases in the prices of basic necessity
50	B2_1	How many times a day do family members eat?

	D0 0	
51 52	B2_2	How often do family members eat meat (beef/chicken/goat/buffalo/similar)?
	B2_3 B2_4	How often do family members eat eggs? How often do family members eat fish (other than dried salted fish)?
53 54	B2_4 B2_5	How often do family members ear hish (other than dried safted lish)?
55	C2_a	Rice for the poor (Raskin/OPK)
56	C2_a	Health insurance for the poor(Jamkesmas)
57	C2_c	Scholarship (BKM)/additional fund from BOS
58	C2_d	Food supplement/PMT
59	C2_e	Rolling borrowings/capital support
60	C2_6	BLT (Unconditional Transfer)2005
61	C2_g	BLT (Unconditional Transfer)2008
62	C2_h	Plesterisasi
63	C2_i	Jambanisasi
64	C2_i	Sumurisasi
65	C2_k	Housing restoration
66	C2_I	Work/skills training
67	C2_m	Bamboo roof and door support
68	C2_n	Cooking oil
69	A3_1	Have any family members been ill in the last month?
70	A3_3	Source of payment for treatment at health service
71	A3_4a	If there is a couple of childbearing age, do they currently use contraception?
72	A3 4b	If (A3_4a) is Yes, what type of contraception is used?
73	A3 5	Has an infant died in the last three years?
74	A3_6a	Does the family currently have a child under five years?
75	A3_6b	If yes (A3 6a), how many?
76	A3_2a	Government hospital
77	A3 2b	Private hospital
78	A3_2c	Public health center
79	A3_2d	Clinic
80	A3_2e	General practioner
81	A3 2f	Midwife/nurse/medical aide
82	A3_2h	Traditional medicine/traditional doctor (shaman)
83	A3_2g	Integrated Health Post/Village Maternity Post
84	A3_2i	Non-prescription medication/roadside stall or drug store
85	B3 1	Did the mother receive routine treatment from medical/health staff during the last birth
86	B3 2	Who helped with the birth of the last child?
87	B3_5a	Has the child been taken to a (Integrated Health Post)Posyandu in the last 6 month
	_	Has the child been taken to a (Integrated Health Post)Posyandu in the last 6 month If yes (B3_5a), how many?
87		
87 88	B3_5a B3_5b	If yes (B3_5a), how many?
87 88 89	B3_5a B3_5b B3_6a	If yes (B3_5a), how many? Was the child breastfed?
87 88 89 90	B3_5a B3_5b B3_6a B3_6b_1	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively
87 88 89 90	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food
87 88 89 90 91 92 93	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus)immunization Child received Polio immunization
87 88 89 90 91 92 93 94 95	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus)immunization Child received Polio immunization Child received Measles immunization
87 88 89 90 91 92 93 94 95 96	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus)immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization
87 88 89 90 91 92 93 94 95 96	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3c B3_3d B3_3e B3_3e	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus)immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians
87 88 89 90 91 92 93 94 95 96 97	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3c B3_3d B3_3e B3_4a B3_4b	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner
87 88 89 90 91 92 93 94 95 96 97 98	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital
87 88 89 90 91 92 93 94 95 96 97 98 99	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4a B3_4b B3_4c B3_4d	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas)
87 88 89 90 91 92 93 94 95 96 97 98 99 100	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4a B3_4b B3_4c B3_4d B3_4e	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post (Posyandu)
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101	B3_5a B3_5b B3_6a B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c B3_4d B3_4e B3_4f	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post (Posyandu) Child Immunization by Midwife
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_34a B3_4a B3_4c B3_4d B3_4c B3_4d B3_4e B3_4f B3_5c_1	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child leceived Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post (Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_34a B3_4a B3_4c B3_4d B3_4c B3_4d B3_4e B3_4f B3_5c_1 B3_5c_2	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization inIntegrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104	B3_5a B3_5b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c B3_4d B3_4e B3_4f B3_5c_1 B3_5c_2 B3_5c_3	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received PMT/vitamins/oral rehydration solution services in Posyandu
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104	B3_5a B3_5b B3_6a B3_6b B3_6c B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4c B3_4c B3_4c B3_4d B3_4e B3_4f B3_5c_1 B3_5c_2 B3_5c_3 B3_5c_4	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Hospital Child Immunization in Publichealth center(Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received Treatment services in Posyandu
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106	B3_5a B3_5b B3_6a B3_6b B3_6c B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4c B3_4c B3_4c B3_4c B3_4c B3_5c_1 B3_5c_2 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post (Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received Treatment services in Posyandu Received Consultation services in Posyandu Received Consultation services in Posyandu
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c B3_4d B3_4d B3_5c_1 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus)immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Hospital Child Immunization in Publichealth center(Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received PMT/vitamins/oral rehydration solution services in Posyandu Received Treatment services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence:
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c B3_4d B3_4d B3_5c_1 B3_5c_1 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1 D3_2a	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus)immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Hospital Child Immunization in Publichealth center(Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received Treatment services in Posyandu Received Consultation services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence: Is the house located on the side of a river bank?
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c B3_4d B3_4d B3_4e B3_5c_1 B3_5c_2 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1 D3_2a D3_2b	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by General Practioner Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received Treatment services in Posyandu Received Consultation services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence: Is the house located on the side of a river bank? Is the house located at the seabank?
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c B3_4d B3_4e B3_4f B3_5c_1 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1 D3_2a D3_2b D3_2c	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus)immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Hospital Child Immunization in Publichealth center(Puskesmas) Child Immunization in Publichealth Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received PMT/vitamins/oral rehydration solution services in Posyandu Received Treatment services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence: Is the house located at the seabank? Is the house located in flood area?
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4b B3_4c B3_4d B3_4e B3_4f B3_5c_1 B3_5c_2 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1 D3_2a D3_2b D3_2c D3_2d	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received POI(Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Hospital Child Immunization in Publichealth center(Puskesmas) Child Immunization in Publichealth center(Puskesmas) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received PMT/vitamins/oral rehydration solution services in Posyandu Received Treatment services in Posyandu Received Consultation services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence: Is the house located at the seabank? Is the house located in flood area? Is the house located inlandslide area?
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4c B3_4c B3_4d B3_4e B3_4f B3_5c_1 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1 D3_2a D3_2b D3_2c D3_2d D3_2e	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Measles immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Publichealth center(Puskesmas) Child Immunization in Publichealth center(Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received PMT/vitamins/oral rehydration solution services in Posyandu Received Consultation services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence: Is the house located on the side of a river bank? Is the house located in flood area? Is the house located in Inodarea? Is the house located in nobarea?
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4c B3_4d B3_4c B3_4d B3_4e B3_5c_1 B3_5c_2 B3_5c_3 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1 D3_2a D3_2b D3_2c D3_2d D3_2e D3_2f	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria, Whooping Cough, Tetanus) immunization Child received Polio immunization Child received Heapatitis B immunization Child lore Hepatitis B immunization Child Immunization by Pediatricians Child Immunization in Hospital Child Immunization in Publichealth center (Puskesmas) Child Immunization in Publichealth center (Puskesmas) Child Immunization in Publichealth Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received Treatment services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence: Is the house located on the side of a river bank? Is the house located in flood area? Is the house located in robarea? Is the house located in other natural disaster area?
87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115	B3_5a B3_5b B3_6a B3_6b B3_6a B3_6b_1 B3_6b_2 B3_3a B3_3b B3_3c B3_3d B3_3e B3_4a B3_4c B3_4c B3_4d B3_4e B3_4f B3_5c_1 B3_5c_2 B3_5c_3 B3_5c_4 B3_5c_5 D3_1 D3_2a D3_2b D3_2c D3_2d D3_2e	If yes (B3_5a), how many? Was the child breastfed? If B3_6a=Yes, Length of time the child was given breastmilk exclusively If B3_6a=Yes, Breastmilk + formula milk or additional food Child received BCG (Tuberculosis) immunization Child received DPT (Diptheria,Whooping Cough, Tetanus)immunization Child received Polio immunization Child received Hepatitis B immunization Child received Hepatitis B immunization Child Immunization by Pediatricians Child Immunization by GeneralPractioner Child Immunization in Publichealth center(Puskesmas) Child Immunization in Publichealth center(Puskesmas) Child Immunization in Integrated Health Post/Village Maternity Post(Posyandu) Child Immunization by Midwife Received Weighting services in Posyandu Received Immunization services in Posyandu Received PMT/vitamins/oral rehydration solution services in Posyandu Received Consultation services in Posyandu Received Consultation services in Posyandu Location of house/ place of residence: Is the house located on the side of a river bank? Is the house located in flood area? Is the house located in Inandslide area? Is the house located in robarea?

117	D3_3b	Road/aisle/gangway width
	D3 3c	Type of road/aisle/gangway surface:
	D3_3d_1	If(D3_3a!=1),Distance from house to to a highway passed by public transport
	D3_3d_2	If(D3_3a!=1),Distance from house to to a highway not passed by public transport
	D3_4	Waste canals for waste/bath/kitchen/washing water
	D3 5	Condition of water drains/canals around the house
	D3_6	Waste disposal method
	A4_1	Status of house ownership
	A4 2a	Does another family live in the house?
	A4 2b	If yes, how many families live in the house (including the respondent's family)?
	A4_2c	How many people live in the house in total (including the respondent family)?
	A4_4a	The size of the house
	A4_4b	The size of the land
	A4_5a	Numbers of room in the house
	A4_6	Type of material of the largest area of flooring
	A4_7	Type of material of the largest area of roofing
	A4_8	Type of material of the largest wall area
	A4_9	Bathroom facilities
	A4_10	Toilet facilities
	A4_11a	Primary source of drinking water
	A4_11b	If the answer of the A4_11a is 4 (protected well) or 5(unprotected well), equipment used to take the water?
	A4_11c	If the response to A4_11a is not 1 or 2, is water boiled before it is consumed?
	A4_12a	Primary source of lighting
	A4_12b	If the answer of A4_12a is 1,sourced from the national electricity service (PLN)
	A4_12c	If the answer of A4_12b is 1,the powersize(watt) is:
	A4 13	Does the house have a telephone connection (non-cell phone)?
	A4 14	Main type of fuel used for cooking
	A4 5b 1	Bedroom
	A4_5b_2	Family room
	A4_5b_3	Living room
	A4_5b_4	Dining room
	A4_5b_5	Kitchen
	A4 5b 6	Bathroom/toilet
	A4_5b_7	Praying room
	A4_5b_8	Kiosk
	A4_5b_9	Garage
	A4_5b_10	Working room
154	A4_5b_11	Medical checking room
155	A4_5b_12	Warehouse
156	sum_ruang	Numbers of room
	B4_1a_1	Area of the garden
158	B4_1a_2	Area of the ricefields
159	B4_1a_3	Area of land/yard
160	B4_1a_4	Area of fishpond/pond
	B4_1b	House (total size, including what is currently occupied)
	B4_1e	In general electronic/household equipment is obtained by:
	B4_1c_1	Radio
	B4_1c_2	Tape Recorder
	B4_1c_3	Radio/tape
	B4_1c_4	Radio/tape/audio player
	B4_1c_5	Black&white Television
	B4_1c_6a	Color Television <= 14 inch
	B4_1c_6b	Color Television 17 inch
	B4_1c_6c	Color Television 21 inch
	B4_1c_6d	Color Television >= 29 inch
	B4_1c_7	Video/VCD/DVD Player
	B4_1c_8	Cellphone
174	B4_1c_9	Refrigerator
	B4_1c_10	AC
	B4_1c_11	Fan
	B4_1c_12	Computer/laptop
	B4_1c_13	Cable TV
	B4_1c_14	Antenna parabola
	B4_1c_15	Gas stove
	B4_1c_16	Microwave
182	B4_1c_17	Rice Cooker/Magic Jar

	B4_1c_18	Water Dispenser
184	B4_1f_1	Bicycle
185	B4_1f_2	Motorcycle
	B4_1f_3	Car
187	B4_1f_4	Boat/ship
	B4_1f_5	Motor boat
	B4_1f_6	Horse-drawn carriage
	B4_1f_7	Pedicab
	B4_1g_1	Cow/cattle/buffalo/horse
192	B4_1g_2	Goat/sheep/pig
	B4_1g_3	Poultry (chicken/ duck/swan)
	C4 1	Have family members bought any new clothing in the last year?
	C4 2	Do family members have different sets of clothes for different activities (schoo
		Have any family members borrowed anything from formal finance organizations (banks/ the central bank of
196	C4_3a	Indonesia/cooperations/micro
197	C4_3b	Do any family members currently have debts to organizations/individuals?
	000	Has the family sold any assets (TV, livestock, vehicles, land etc) in the last year in order to pay a debt or other
198	C4_4	urgent expense?
	C4_5	Does the family have savings in formal financial institutions (banks/ BPR / cooperations/microcredit
	C4 3c 1	Formal bank
	C4_3C_1	Roaming/travelling bank
	C4_3c_3	Cooperation
	C4_3c_4	Provision of a guarantee/ collateral
	C4_3c_4	Individuals
	C4_3c_6	Others
	iml order	total order
	tot_order	ioni vido.
	cek_order	
	D4_1a	Home Industry of Batik/weaving (ATBM)
210	D4_1b	Home Industry of Garment
211	D4_1c	Home Industry of Handicraft
	D4_1d	Home Industry of Household equipment
	D4_1e	Home Industry of Food & Beverage
	D4_1f	Home Industry of Printed fabrics (Sablon)
	D4_2a	Small scale industry of Batik/weaving (ATBM)
	D4_2b	Small scale industry of Garment
	D4 2c	Small scale industry of Handicraft
	D4_2d	Small scale industry of Home equipment
	D4 2e	Small scale industry of Food & Beverage
	D4_2f	Small scale industry of Packaged Drinking water
	D4_2g	Small scale industry of Laundry
222	D4 2h	Small scale industry of Printing
	D4_3a	Medium/large scale industry of Batik/weaving (ATBM)
224	D4_3b	Medium/large scale industry of Garment
	D4_3c	Medium/large scale industry of Handicraft
	D4_3d	Medium/large scale industry of Home equipment
	D4 3e	Medium/large scale industry of Food & Beverage
	D4_4a	Beauty salon
	D4_4b	Mechanic
	D4_4c	Rentals of VCDs/DVDs
	D4_4d	Rentals of computers/playstations
	D4_4e	Rentals of party supplies
	D4_4f	Tailor
	D4_4g	Entertainment(karaoke, billiard, cinema, etc)
	D4_4h	Training courses
	D4_4i	Massage parlours
	D4_4j	Hotel/motel/inn
	D4_4k	House/room renting (kos)
	D4_4I	Catering
	D4_4m	Futsal field
241	 D4_4n	Alternative Medication Clinic
	D4_4o	Haircut service
	D4_4p	Cleaning Service
	D4_4q	Photo studio
245	D4_4r	Fotocopy
	D4_5a	Kiosk
•		

	T= : =:	la:
	D4_5b	Shop
248	D4_5c	Minimarket
	D4_5d	Supermarket
	D4_5e	Food stall/restaurant
251	D4_5f	Food storage/warehouse
252	D4_5g	Nomadic Peddler
253	D4_5h	Peddler
254	D4_5i	Cellphone Counter
255	D4_5j	Batik Merchant
256	D4_5k	Sales
257	V_1a	RT/RW
258	V_1b	PKK
259	V_1c	An organization (Posyandu/Development/Health/Family Planning)
260	V_1d	Neighbourhood youth association
261	V_1e	Community empowerment organizations
262	V_1f	Badan Keswadayaan Masyarakat(BKM, non-profit community organizations)
	V_1g	Non Government Organizations
	V_1h	Community organizations (e.g.Muhammadiyah, NU, Al Irsyad)
265	V_2	Have any family members attended resident meetings in the RT/RW in 2009?
266	VI_1	Has any family member been a victim of a crime 2009?
	VI 2a	Theft
	VI 2b	Pickpocketing
269	VI_2c	Robbery
	VI 2d	Destruction
	VI 2e	Rape
	VI 2f	Oppression/ violence
273	VI_2g	Drugs abuse
274	VI 2h	Murder
	VI_2i	Fraud
	VI 3a	In the subdistrict
277	VI_3b	In Kota Pekalongan
	VI_3c	Outside Kota Pekalongan
	VII_1a	Newspaper
	VII 1b	Magazines/tabloids
281	VII_2a	Subscriptions
	VII_2b	Buying retail
	VII_2c	Information board
	VII_2d	Read it in the office
	VII_2e	Borrow from someone
286	VII_3	Is there any family members able to operate a computer?
287	VII_3I	Numbers of family member can operate a computer
288	VII_6I	Have family members ever accessed information from the internet?
	VII_4a	Internet cafe
290	VII_4b	Subscribe internet line at home
291	VII_4c	At the office
	VII_4d	At school
	VII_5a	RT/RW/subdistrict officials
294	VII_5b	RT/RW/subdistrict Information boards
	VII_5c	Civil servants
	VII_5d	NGOs/community organizations
	VII_5e	Commity/religious figures
298	VII_5g	Printed media (newspapers, bulletins, etc)
299	VII_5h	Electronic media (websites,radio, etc)
300	VII_5i	Friends
301	VII_5j	Other people
	sect	Working sector
302	SECI	WORKING SECTOR

V. Questionnaires Final Family Questionnaire

<u>CBMS Indonesia Pilot Project:</u> <u>Family Welfare Census 2005</u>

			Month:				
A. Address:							
1. Street number/name	:						
2. Hamlet/neighborhood	:	/					
3. Village	:						
4. Kecamatan	:						
5. Municipality/Kabupaten	:						
6. Province	:						
7. Family number	:						
B. Family Head Characteri	istics:						
8. Name	:						
9. Marital status	:	Code: (1) single (2) married (3) divorced (4) widow/widower					
10. Main occupation	:						

C. Education and Occupation of Family Members:

11	11a.	11b.	11c.	11d.	11e.	11f.	11g.
	Status in family	Sex (1)Male (2)Female	Age	Literate (1) Yes (2) No	Attending school (1)Yes (2)No	Working (1)Yes (2) No	Highest education (1) Not finished primary (2) Finished primary (3) Finished junior secondary (4) Finished senior secondary (5) Finished college (6) Finished university
1	Head						
2	Spouse						
3	Child						
4	Child						

11	11a.	11b.	11c.	11d.	11e.	11f.	11g.
5	Child						
6	Child						
7	Child						
8	Child						
9	Child						

12. Occupation that provides the most income in	:	
family		
13. Does the family routinely accept transfers (in	:	 Code: (1) Yes
cash or in kind) from outside the family?		(2) No

D. Family Consumption Pattern

D. Tahing Consumption Lattern		
14. Did most members of the family eat at least twice a day in the last month?	:	Code: (1) Yes (2) No
15. Did most members of the family consume meat (beef/chicken/etc) at least once a week in the last month?	:	Code: (1) Yes (2) No
16. Did most members of the family consume fish (excluding salted fish) at least once a week in the last month?	:	Code: (1) Yes (2) No
17. Did most members of the family consume egg at least once a week in the last month?	:	Code: (1) Yes (2) No

E1. Family Health

E1. Family Health		
18. Where did an ill family member go for treatment during the past year?		
(a) Hospital	(a)	
(b) Public health center	(b)	
(c) Private clinic	(c)	
(d) Private physician practice	(d)	Code: (1) Yes (2) No
(e) Nurse/midwife	(e)	
(f) Over the counter medicines	(f)	
(g) Alternative healer	(g)	
(h) Others, specify:	(h)	
19. The main source of funds to go to formal health facilities.		Code: (1) Out-of-pocket (2) Poor family health card (3) Government health insurance (4) Borrow (5) Reimbursed by employer

	(6) Others, specify:
20. If the couple is still of reproductive age, do they use contraceptive measures?	 Code: (1) Yes (2) No
21. If yes, type:	 Code: (1)IUD (2)Injection (3)Condom (4)MOW/MOP (5)Pill (6)Implant
22. Was there any child death during the past three years?	 Code: (1) Yes (2) No
23. Is there any infant younger than five years old?	 Code: (1) Yes (2) No

E2. If the family has an infant

E2. If the family has an infant		
24. Did the mother receive routine prenatal treatment (minimum 4 times)?		Code: (1) Yes (2) No
25. Did the mother receive postnatal treatment up to 40 days after the birth?		Code: (1) Yes (2) No
26. Who assisted the last child delivery?		Code: (1) Doctor (2) Housewife (3) Traditional midwife (4) Others, specify:
27. Types of immunization received by the youngest child:		
(a) BCG	(a)	
(b) DPT	(b)	Code: (1) Yes (2) No
(c)Polio	(c)	. , , , , ,
(d) Measles	(d)	
(e) Hepatitis B	(e)	

F. House Condition and Facility

28. House ownership status	Code: (1) Own (2)Rent (3)Official (4)Borrow (5)Live-in (6)Others, specify:		
29. Are there any other families living in the same house?			
30. If yes, how many families are living in the house?	families		
31. How many persons (including respondent's family) are living in this house?	persons		
32. House area	m ²		
33. Type of floor	Code: (1)Ceramics (2) Tile (3) Cement (4) Wood (5) Bamboo (6) Dirt (7)Others, specify:		

34. Bathroom	 Code: (1) Personal (2) Public (3) River (4) Sea (5) Others, specify:
35. Lavatory	 Code: (1) Private (2) Public (3) River (4) Garden (5)Sea (6) Others, specify:
36. Source of drinking water	 Code: (1) Bottled water (2) Purified water/tapwater (3) Protected well (4) Unprotected well (5) River/rainwater (6) Others, specify:
37. If drinking from a well, tools used to extract water	 Code: (1)Electric pump (2)Manual pump (3)Bucket
38. Is the drinking water boiled?	 Code: (1) Yes (2) No
39. Source of light	 Code: (1) State Electricity (2) Generator (3)Kerosene lamp (4) Torch/candle (5) Others, specify:
40. If using state electricity, type of connection	 Code: (1) Own connection (2) Connect from another house
41. Source of cooking fuel	 Code: (1) Gas (2) Kerosene (3) Wood/Charcoal (4) Others, specify:

G. Ownership of Durable Goods

Good	Number
Electronic goods (unit):	
42. Radio	424
43. Tape Recorder	3
44. B/W TV	44
45. Color TV	45
46. Video/VCD/DVD	46
47. Telephone	47
48. Cellular phone	48
49. Refrigerator	49
50. Satellite-dish	50
51. Computer	51

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52. Sewing machine	52
53. Fan	53
54. AC	54
55. Others, specify:	55
House (unit)	
56. House	56
Vehicle (unit):	
57. Bicycle	57
58. Motorcycle	58
59. Car	59
60. Boat	60
61. Motorboat	61
62. Delman	62
63. Rickshaw	63
64. Others, specify:	64
Land (m ²):	
65. Garden	65
66. Fields	66
67. Garden in front of house	67
68. Pool	68
Farm animals (number):	
69. Cow/horse	69
70. Sheep/pig	70
71. Chicken/duck/goose	71
72. Others, specify:	72

H. Clothing, Credit and Savings

73. Did the family buy new clothes in the past year?	 Code: (1) Yes every member
	(2) Yes some members
	(3) No
74. Do family members have different clothing for	Code:
different activities?	 (1) Yes every member
	(2) Yes some members
	(3) No
75. Did the family take out credit (money or goods)	
from a formal institution (banks/cooperative) in the past 3 years?	 Code: (1) Yes (2) No
76. Did the family mortgage any asset in the past 3	
years?	 Code: (1) Yes (2) No
77. Did the family have to sell any assets to pay debt in	
the past year?	Code: (1) Yes (2) No
78. Does the family have any savings in formal institution (bank/cooperative)?	 Code: (1) Yes (2) No

I. Politics and Security:

79. Did any eligible family member vote in the last general election?	 Code: (1) Yes every member (2) Yes some members (3) No
80. Did any adult family member participate in community activities in the past year?	 Code: (1) Yes every member (2) Yes some members (3) No
81. Did any family member become a victim of crime	Code: (1) Yes
in the past year?	 (2) No
82. If yes, type of crime	
83. If yes, crime scene	 Code: (1) In the village (2) Outside the village

J. Access to Information:

84. Did adult family members access information		
during the past week from:		
a. Newspapers	(a)	Code: (1) Yes
b. Magazines	(b)	(2) No
c. TV	(c)	
d. Radio	(d)	
e. Internet	(e)	

K. Access to Government Program:

85. Did the family receive assistance from these government programs in the past year:			
a. Rice for the poor b. Health card c. Nutritional supplements d. School scholarships e. Productive credit f. Others 1	(a) (b) (c) (d) (e) (f) (g)	Code: (1) Yes (2) No	

CBMS Indonesia Pilot Project: Family Welfare Census 2005

Month: April

Δ	Δ	d	h	ress
/h.	$\overline{}$	u	u	1 633

1.	Street number/name	:	
2.	Hamlet/neighborhood	:	
3.	Village	:	
4.	Kecamatan	:	
5.	Municipality/Kabupaten	:	
6.	Province	:	
7.	Family number	:	

B. Family Head Characteristics:

8.	Name	:	
9.	Marital status	:	 Code: (1) single (2) married (3) divorced (4) widow/widower
10.	Main occupation	:	

C. Education and Occupation of Family Members:

11	11a.	11b.	11c.	11d.	11e.	11f.	11g.
	Status in family	Sex (1)Male (2)Female	Age	Literate (1) Yes (2) No	Attending school (1) Yes (2) No	Working (1) Yes (2) No	Highest education (1) Not finished primary (2) Finished primary (3) Finished junior secondary (4) Finished senior secondary (5) Finished college (6) Finished university
1	Head						
2	Spouse						
3	Child						
4	Child						
5	Child						

11	11a.	11b.	11c.	11d.	11e.	11f.	11g.
6	Child						
7	Child						
8	Child						
9	Child						

12. Occupation that provides the most income in			
family	•	•••••	••••••
13. Does the family routinely accept transfers (in cash or in kind) from outside the family?	:		Code: (1) Yes (2) No

D. Family Consumption Pattern

D. Tuminy Consumption Luttern		
14. Did most members of the family eat at least twice a day in the last month?	:	 Code: (1) Yes (2) No
15. Did most members of the family consume meat (beef/chicken/etc) at least once a week in the last month?	:	 Code: (1) Yes (2) No
16. Did most members of the family consume fish (excluding salted fish) at least once a week in the last month?	:	 Code: (1) Yes (2) No
17. Did most members of the family consume egg at least once a week in the last month?	:	 Code: (1) Yes (2) No

E1. Family Health

E1. Family Health		
18. Where did an ill family member go for treatment during the past year?		
(a) Hospital	(a)	
(b) Public health center	(b)	
(c) Private clinic	(c)	
(d) Private physician practice	(d)	Code: (1) Yes (2) No
(e) Nurse/midwife	(e)	
(f) Over the counter medicines	(f)	
(g) Alternative healer	(g)	
(h) Others, specify:	(h)	
19. The main source of funds to go to formal health facilities.		Code: (1) Out-of-pocket (2) Poor family health card (3) Government health insurance (4) Borrow (5) Reimbursed by employer (6) Others, specify:
20. If the couple is still of reproductive age, do they use contraceptive measures?		Code: (1) Yes (2) No
21. If yes, type:		Code: (1)IUD (2)Injection (3)Condom

	(4)MOW/MOP (5)Pill (6)Implant
22. Was there any child death during the past three years?	 Code: (1) Yes (2) No
23. Is there any infant younger than five years old?	 Code: (1) Yes (2) No

E2. If the family has an infant

E2. If the family has all illiant		
24. Did the mother receive routine prenatal treatment (minimum 4 times)?		Code: (1) Yes (2) No
25. Did the mother receive postnatal treatment up to 40 days after the birth?		Code: (1) Yes (2) No
26. Who assisted the last child delivery?		Code: (1) Doctor (2) Housewife (3) Traditional midwife (4) Others, specify:
27. Types of immunization received by the youngest child:		
(a) BCG	(a)	
(b) DPT	(b)	Code: (1) Yes (2) No
(c)Polio	(c)	()
(d) Measles	(d)	
(e) Hepatitis B	(e)	

F. House Condition and Facility

28. House ownership status	Code: (1) Own (2)Rent (3)Official (4)Borrow (5)Live-in (6)Others, specify:
29. Are there any other families living in the same house?	
30. If yes, how many families are living in the house?	families
31. How many persons (including respondent's family) are living in this house?	persons
32. House area	m²
33. Type of floor	Code: (1)Ceramics (2) Tile (3) Cement (4) Wood (5) Bamboo (6) Dirt (7)Others, specify:
34. Bathroom	

	(4) Sea (5) Others, specify:
35. Lavatory	 Code: (1) Private (2) Public (3) River (4) Garden (5)Sea (6) Others, specify:
36. Source of drinking water	 Code: (1) Bottled water (2) Purified water/tapwater (3) Protected well (4) Unprotected well (5) River/rainwater (6) Others, specify:
37. If drinking from a well, tools used to extract water	 Code: (1)Electric pump (2)Manual pump (3)Bucket
38. Is the drinking water boiled?	 Code: (1) Yes (2) No
39. Source of light	 Code: (1) State Electricity (2) Generator (3)Kerosene lamp (4) Torch/candle (5) Others, specify:
40. If using state electricity, type of connection	 Code: (1) Own connection (2) Connect from another house
41. Source of cooking fuel	 Code: (1) Gas (2) Kerosene (3) Wood/Charcoal (4) Others, specify:

G. Ownership of Durable Goods

Good	Number
Electronic goods (unit):	
42. Radio	42
43. Tape Recorder	43
44. B/W TV	44
45. Color TV	45
46. Video/VCD/DVD	46
47. Telephone	47
48. Cellular phone	48
49. Refrigerator	49
50. Satellite-dish	50
51. Computer	51
52. Sewing machine	52

l	l		
53. Fan	53		
54. AC	54		
55. Others, specify:	55		
House (unit)			
56. House	56		
Vehicle (unit):			
57. Bicycle	57		
58. Motorcycle	58		
59. Car	59		
60. Boat	60		
61. Motorboat	61		
62. Delman	62		
63. Rickshaw	63		
64. Others, specify:	64		
Land (m²):			
65. Garden	65		
66. Fields	66		
67. Garden in front of house	67		
68. Pool	68		
Farm animals (number):			
69. Cow/horse	69		
70. Sheep/pig	70		
71. Chicken/duck/goose	71		
72. Others, specify:	72		

H. Clothing, Credit and Savings

73. Did the family buy new clothes in the past year?	Code:
	 (1) Yes every member
	(2) Yes some members
	(3) No
74. Do family members have different clothing for	Code:
different activities?	 (1) Yes every member
	(2) Yes some members
	(3) No
75. Did the family take out credit (money or goods)	
from a formal institution (banks/cooperative) in the	 Code: (1) Yes (2)
past 3 years?	No
76. Did the family mortgage any asset in the past 3	
years?	 Code: (1) Yes (2)
	No
77. Did the family have to sell any assets to pay debt in	Code: (1) Yes (2)
the past year?	No
	 110
78. Does the family have any savings in formal	Code: (1) Yes (2)
institution (bank/cooperative)?	 No

I. Politics and Security:

79. Did any eligible family member vote in the last general election?	 Code: (1) Yes every member (2) Yes some members (3) No
80. Did any adult family member participate in community activities in the past year?	 Code: (1) Yes every member (2) Yes some members (3) No
81. Did any family member become a victim of crime	Code: (1) Yes
in the past year?	 (2) No
82. If yes, type of crime	
83. If yes, crime scene	 Code: (1) In the village (2) Outside the village

J. Access to Information:

84. Did adult family members access information		
during the past week from:		
a. Newspapers	(a)	Code: (1) Yes
b. Magazines	(b)	(2) No
c. TV	(c)	
d. Radio	(d)	
e. Internet	(e)	

K. Access to Government Program:

85. Did the family receive assistance from these government programs in the past year:		
 a. Rice for the poor b. Health card c. Nutritional supplements d. School scholarships e. Productive credit f. Others 1 g. Others 2 	(a) (b) (c) (d) (e) (f) (g)	Code: (1) Yes (2) No

DATA COLLECTION COMMUNITY BASED MONITORING SYSTEM (CBMS) KOTA PEKALONGAN 2008

FAMILY QUESTIONNAIRE

Kecamatan (subdistrict)	: South / North	/ East / West *)	Pekalongan
Kelurahan^	:		
RT/RW^^	:		
Name of head of family	:		
Name of Respondent	:		
Full Home Address	: J1		No
House serial number (per RT)	:		
Family serial number (per RT)	:		
Possess Family Card?	1. Yes	2. No	
Name of enumerator	:		
Date of data collection	:		
^ A village level administrative area usu ^^ A RT, or a neighborhood unit, is the s. households. A RW is a unit of local adm *) Strike out options which are not need	mallest unit of local ad inistration consisting o	lministration consist	

Regional Planning and Development Body (Bappeda) Kota Pekalongan Government Central Java Province

	I. CHARACTERISTICS OF THE HEAD AND MEMBERS OF FAMILY										
K1	K2	К3	K4	K5	К6	<i>K</i> 7	K8	К9	K10	K11	
		Status/ relationship to head of family	Gender	Place of birth	Date of birth	Marital Status	Able to read and write Indonesian	For family member Highest level of education completed	s aged 5 and over If still at s	chool	
No	Name	Code K3: 1. Head of the family 2. Husband 3. Wife 4. Child 5. Son or daughter in-law 6. Grandchild 7. Parent 8. Parent-in-law 9. Other family 10. Domestic help 11. Other	Code K4: 1. Male 2. Female	Code K5: 1. In this subdistrict 2. Outside this subdistrict, in Pekalongan 3. In another city, Central Java 4. In another province 5. Overseas 6. Unknown	Completed with the date, month, and year of birth (date/month/ye ar). If date and month are not known, write 99.	Code K7: 1. Unmarried 2. Married 3. Divorced 4. Widowed	Code K8: 1. Yes 2. No	Code K9: 1. Not yet attendingt/did not attend school 2. Did not complete primary school/equivalent 3. Completed primary school/equivalent 4. Did not complete junior high school/equivalent 5. Completed junior high school/equivalent 6. Did not complete senior high school 7. Completed senior high school/equivalent 8. Completed senior high school/equivalent 9. Completed 1yr/2yr/3yr Diploma 9. Completed 4yr Diploma/Undergraduate degree 10. Completed Postgraduate degree 11. Completed Doctorate degree	Level of education Code K10: 1. Early childhood education/ playgroup 2. Preschool/equival ent 3. Primary school/equivalent 4. Junior high school/equivalent 5. Senior high school/equivalent 6. lyr/2yr/3yr Diploma 7. 4 year Diploma/Underg raduate degree 8. Postgraduate degree 9. Doctorate degree	Class/grade Completed with the class/grade currently taken	
1.					/						
2.					/						
3.					/						
4.					/						
5.					/						

<i>K1</i>	K2	K12	K13	K14	1	K15	K16	K17	K18	K19	K20	K21
		For fa	For family members 5 years and older				For women aged	For women aged 10 years and older who have been married				If disabled,
		Activities performed in the last week	If the response to K12 is 1, 3 or 7 (work or other), write the code for the main work	or 3 (work), what is the	Religion	Total number of children who were born alive	Total number of children alive now	have they been on hajj?	Elderly?	Has a disability ?	what type of disability?	
No	Name	Code K12: 1. Work 2. School 3. Work & study 4. Seeking work 5. School and seeking work 6. Unemployed 7. Other		permanent staff ^a 4. Paid worker/em 5. Unpaid worker <u>Code K14.2 :</u>	sted by non- ssisted by	Code K15: 1. Islam 2. Christian 3. Catholic 4. Hindu 5. Buddhist 6. Konghucu 7. Other			Code K18: 1. Yes 2. No	Code K19: 1. Yes 2. No	Code K20: 1. Yes 2. No	Code K21: 1. Physical disability 2. Mental disability 3. Blind 4. Deaf 5. Mute 6. Paralysis
1.												
2.												
3.												
4.												
5.												
6.												
7.												

 $^{^{1}}$ Businesspeople who are helped by one or more workers who are not permanent, or unpaid (for example, members of their family) 2 Businesspeople who are helped by one more permanent or paid workers

	II. OVERCOMING	POVERTY	
	A. FAMILY IN	ICOME	
1.	Type of work providing the family's main and largest source of income	See Enclosure (work codes)	
2.	Does the family have an additional income source?	1. Yes 2. No	
3.	Type of work and sector providing the additional income source	See Encolusre (work codes)	
4.	Does the family regularly receive money/objects from sources outside family members?	1. Yes 2. No	
5.	In general, how has the total family income (in Rupiah) changed over the last six months?	 Increased Stayed the same Decreased 	
6.	What has the family done in facing recent increases in the prices of basic necessities (If more than one answer, order by priority: 1 = first priority; 12 = the last priority)	 Decreased the quality of food consumed Decreased the quantity of food consumed Decreased spending on services and recreation Decreased spending on clothing Decreased spending on transport Used savings Sold family possessions/assets Borrowed money from other sources Increased use of self-produced goods Removed children from school Pawned belongings Other (specify) Did not do 1-12 	Priority: 1 2 3 4 5 6 7 8 9 10 11 12 13
	B. FAMILY MEMBERS'	CONSUMPTION	
1.	How many times a day do family members eat?	1. Once 2. Twice 3. Three times or more	
2.	How often do family members eat meat (beef/chicken/goat/buffalo/similar)?	1. More than once a week 2. Once a week 3. More than once a month 4. Once a month 5. More than once a year 6. Once a year at most	
3.	How often do family members eat eggs?	 More than once a week Once a week More than once a month Once a month More than once a year Once a year at most 	

4.	How often do family members eat fish (other than dried salted fish)?	1. More than once a week 2. Once a week 3. More than once a month 4. Once a month 5. More than once a year 6. Once a year at most	
5.	How often do family members drink milk?	1. More than once a week 2. Once a week 3. More than once a month 4. Once a month 5. More than once a year 6. Once a year at most	_
	C. ACCESS TO GOVERNM	ENT PROGRAMS	
1.	Has the family ever received the following government programs since 2005? (a) Raskin³ (b) Jamkesmas (public health insurance)/Kartu sehat (health card)/JPKM (community health insurance) (c) Scholarship⁴ (BKM)/ payments from BOS⁵ (d) Additional food (e) Rolling borrowings/capital (f) BLT⁴ 2005 (g) BLT 2008 (h) Plesterisasi³ (i) Jambanisasi³ (j) Sumurisasi⁴ (k) House restorations (l) Work/skills training	(a) 1. Yes 2. No (b) 1. Yes 2. No (c) 1. Yes 2. No (d) 1. Yes 2. No (e) 1. Yes 2. No (f) 1. Yes 2. No (g) 1. Yes 2. No (h) 1. Yes 2. No (i) 1. Yes 2. No (j) 1. Yes 2. No (k) 1. Yes 2. No (l) 1. Yes 2. No	(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m)
	(m) Other, specify		
	III. FAMILY HE	ALTH	
	A. FAMILY MEMBER		
1.	Have any family members been ill in the last month?	1. Yes 2. No	
2.	Place of treatment if a family member was been ill in the last year:		

³ Raskin is a subsidized rice program for poor families, rice for the poor.

5

⁴ BKM (*Bantuan Khusus Murid*) is a program providing cash payments to poor students. It is intended to compensate for the rise in fuel prices.

for the rise in fuel prices.

⁵ BOS (*Bantuan Operasional Sekolah*), or School Operational Aid, is a government program that provides schools with funds for operational costs such as equipment, aid for students who cannot afford fees and transport, writing materials, and extracurricular activities.

⁶ BLT (Bantuan Langsung Tunai) is a direct cash transfer program for the poor run by the Indonesian Government.

Plesterisasi is a government aid program providing funds to poor families for house reparations.

⁸ Provision of washing, bathing and toilet facilities

⁹ Provision of a well

1	1	i	i i
•	(a) Public hospital	(a) 1. Yes 2. No	(a)
	(b) Private hospital	(b) 1. Yes 2. No	(b)
	(c) Puskesmas ¹⁰ /Pustu ¹¹	(c) 1. Yes 2. No	(c)
	(d) Clinic	(d) 1. Yes 2. No	(d)
	(e) General practioner	(e) 1. Yes 2. No	(e)
	(f) Midwife/nurse/medical aide	(f) 1. Yes 2. No	(f)
	(g) Posyandu ¹² /Polindes ¹³	(g) 1. Yes 2. No	(g)
	(h) Traditional medicine/traditional doctor (shaman)	(h) 1. Yes 2. No	(h)
	(i) Non-prescription medication/roadside stall or	(i) 1. Yes 2. No	(i)
	drug store	(j) 1. Yes 2. No	(j)
	(j) Other, specify:		
3.	Source of payment for treatment at health service	Personal Health insurance	
		3. Health Insurance for Poor	
		People/JPKM	
		4. Reimbursed by employer/company	
		5. Aid/borrowings	
		6. Other,specify	
4.	a. If there is a couple of childbearing age, do they currently use contraception?	1. Yes 2. No	
	b. If yes, what type of contraception is used?	1. Pill	
		2. Intra-uterine contraception mechanisms/ IUD/ spiral	
		3. Family Planning injection	
		4. Implant	
		5. Condom	
		6. Sponge/diaphram 7. Tubes tied/Female sterilization	
		8. Vasectomy/Male sterilization	
		9. <i>Other, specify</i>	
5.	Has an infant died in the last three years?	1. Yes 2. No	
6.	a. Does the family currently have a child under five		a
	years?	(a) 1. Yes 2. No	b.
	b. If yes, how many?	(b) children	
	B. MATERNAL AND CH		
7	Only for families with child) f more than one child under five in the family, question	•	t child
1.	Did the mother receive routine treatment from	1. Never	i Chila
1.	medical/health staff during the last birth?	2. Once	
		3. Twice	
		4. Three times	
		5. Four or more times	

Pusat kesehatan masyarakat, community health center
Puskesmas pembantu, secondary community health center
Integrated health service post
Pondok bersalin desa, village maternity post

	_							T	
2	Who helped with t	he birth of t	he last cl	nild?)bstetrician			
					2. G	2. General Practioner			
					3. N	1 idwife			
					4. N	4. Medical Aide			
					5. N	urse			
						raditional doc	tor/birthing		
						orkers			
					7. 6	ther, specify .			
3			received:						
	(a) BCG (Tubero				(a)		2. No	a	
	(b) DPT (Dipthe	ria, Whoopi	ing Coug	h, Tetanus)	(b)		2. No	b	
	(c) Polio				(c)	1. Yes	2. No	c	
	(d) Measles				(d)	1. Yes	2. No	d	
	(e) Hepatitis B				(e)	1. Yes	2. No	e	
4	Where did the chil	d last receiv	e its imn	nunization?					
	(a) Pediatrician				(a)	1. Yes	2. No	a	
	(b) General Prac	ctioner			(b)	1. Yes	2. No	b	
	(c) Hospital				(c)	1. Yes	2. No	c	
	(d) Puskesmas				(d)	1. Yes	2. No	d	
	(e) Posyandu				(e)	1. Yes	2. No	e	
	(f) Midwife				(f)		2. No	f	
5	a. Has the child b	oon takan ta	a Posvo	ndu in the le		1. Yes	2. No		
)	6 months?	cen taken te	a i Osya	iidu iii tiic ia	(u)	1. Tes	2. NO	a	
	b. If yes, how ma	ny times?			(b)		timas	b.	
					()	•••••	times	0	
	c. If yes, what ser visit?	vices were	accessed	in the last	(c)				
	(1) Weighing				(1)	1 17	2 W	1	
	(2) Immunization	on			. ,		2. No	1	
	(3) PMT ¹⁴ /vitar		hydration	colution	` ′		2. No	2	
	(4) Treatment	iiiiis/orar ic	iryuratioi	i solution			2. No	3	
	(5) Consultation				` ′		2. No	4	
	(3) Consultation	11			(5)	1. Yes	2. No	5	
6	a. Was the child b	reastfed?			(a)	1. Yes 2.	No		
	b. If yes,								
	(1) Length of time	e the child v	vas given	breastmilk	(1)		months	1	
	exclusively								
	(2) Breastmilk +	formula mi	lk or add	itional food	(2)		months	2	
			C. DEA	THS IN T	THE FAN	AILY			
	(On	ly for fami	lies who l	had a famil	y member	who died afte	r 1998)		
							For women who d	•	
		Year of		Age a	t death		or above, when occur		
NT.	Name of the	death	Gender			Cause of	1. During pregnar		
No	deceased	(Complet e with 4	1. M 2. F			death (code K7)	2. During		
		numbers)		Years	Months	(0000 117)	childbirth/miscara 3. After childbirth		
							4. Other time	1	
<i>K1</i>	К2	К3	K4	K5	К6	K7	K8		
1.									
		1		1	ı	1	1		

_

¹⁴ PMT (pemberian makanan tambahan) is a program providing additional nutritious food for school children.

2.			
3.			
Code	K7 Cause of death: 1. Traffic accident		
	2. Non-traffic accident 3. Non-accidental		
		CONDUCTOR	
	D. ENVIRONMENTAL		
1.	Location of house/ place of residence:	1. Village	
		2. Housing complex 3. Other	
2.	a. Is the house located on the side of a river?	3. Other	
2.		1. Yes 2. No	
	b. Is the house located next to the ocean?	1. Yes 2. No	
	c. Is the house located in an area prone to floods?	1. Yes 2. No	
	d. Is the house located in an area prone to landslides?	1. Yes 2. No	
	e. Is the house located in an area prone to flooding?		
		1. Yes 2. No	
	f. Is the house located in an area prone to other natural disasters? (Specify:)?	1. Yes 2. No	
3.	a. The house is on a:	1. Highway	
		2. Local road	
		3. Lane/pathway	
	4. Other,		
	b. Width of the road/lane/pathway b meters		
	c. Type of road/lane/pathway surface:	 Asphalt Cement/paving/concrete 	
		3. Gravel/rock hardened	
		4. Soil/sand	
		5. Other,	
	d. If the house is not on a highway, how far is it:	d. (1)meters	
	(1) to a highway passed by public transport	(2) meters	
<u></u>	(2) to a highway not passed by public transport	` '	
4.	Waste canals for waste/bath/kitchen/washing water	 Closed canal Open canal 	
		3. No canal available	
5.	Condition of water drains/canals around the house	1. Flowing smoothly	
		2. Blocked	
		3. Delayed flow	
		4. No drain available	
6.	Waste disposal method	1. Collection by local government workers	
		2. Collection by workers paid by residents	
		3. Disposed of themselves at a waste disposal site	
		4. Piled up	
		5. Made into compost	
		6. Burnt	
		7. Thrown into water canals/river	

IV. ECONOMY A. CONDITION OF HOUSE AND ITS FACILITIES 1. Status of house ownership 2. Inheritance not yet divided 3. Rental/contracted 4. Government housing 5. Loaned/owned by other family members 6. Used and owned by another family members 6. Used and owned by another family 6. Used and owned by another family 6. Used and owned by another family 7. Type of material of the largest area of roofing 7. Type of material of the largest wall area IV. ECONOMY A. CONDITION OF HOUSE AND ITS FACILITIES 1. Own thenselves 2. Inheritance not yet divided 3. Rental/contracted 4. I. Yes 2. No 6. Used and owned by another family members 6. Used and owned by another family 6. Used (William) 7. It is a complete family 7. Used (William) 7. Used (William) 7. Other specify			8. Thrown at random			
A. CONDITION OF HOUSE AND ITS FACILITIES 1. Status of house ownership 2. Inheritance not yet divided 3. Renal/contracted 4. Government housing 5. Loaned/owned by other family members 6. Used and owned by another family members 6. Used and owned by another family members 7. Loaned/owned by another family members 8. Loaned/owned by another family members 9. Loaned/owned by another family members 9. Loaned/owned by another family members 9. Loaned/owned by another family members 1. Loaned			9. Other,			
1. Status of house ownership 2. Inheritance not yet divided 3. Rental/contracted 4. Government housing 5. Loaned/owned by other family members 6. Used and owned by another family members 6. Used and owned by another family members 7. Loaned/owned by another family members 8. If yes, how many families live in the house (including the respondent's family)? 2. C. How many people live in the house in total (including the respondent family)? 3. a. Size of the house and land: 3. a. Size of house b. Size of land 4. a. Number of rooms in the house b. Type and number of rooms by function (1) Bedroom (2) Family room (3) Lounge room (4) Dining room (5) Kitchen (6) Bathroom/Toilet (7) Other (7) Other (7) Other (8) Type of material of the largest area of flooring (8) Ramboo (9) Ramboo (1) Ramboo (2) Ramboo (3) Ramboo (4) Ramboo		IV. ECONOMY				
2. Inheritance not yet divided 3. Rental/contracted 4. Government housing 5. Loaned/owned by other family members 6. Used and owned by another family members 6. Used and owned by another family 6. Used and owned by another family 7. Type of material of the largest area of roofing 7. Type of material of the largest wall area 2. Inheritance not yet divided 3. Rental/contracted 4. Government housing 5. Loaned/owned by other family members 6. Used and owned by another family members 6. Used and owned by another family 6. Used owned by another family 6. Us		A. CONDITION OF HOUSE A	ND ITS FACILITIES			
3. Rental/contracted 4. Government housing 5. Loaned/owned by other family members 6. Used and owned by another family members 7. Type of material of the largest area of fooling a. Does another family live in the house? a. Does another family live in the house? a. Does another family live in the house? a. Does another family live in the house a. Does another family live in the house b. If yes, how many families live in the house c. How many people live in the house in total (including the respondent family)? c. How many people live in the house in total (including the respondent family)? c. How many people live in the house in total (including the respondent family)? c. How many people live in the house in total (including the respondent family)? c. How many people live in the house in total (including the respondent family)? c. How many people live in the house in total (including the respondent family)? a. If yes 2. No b. If yes 2. No a. If yes 2. No b. If yes 2. No a. If yes 2. No b. If yes 2. No a. If yes 2. No b. If yes 2. No a. If yes 2. No b. If yes 2. No a. If yes 2. No a. If yes 2. No b. If yes 2. No b. If yes 2. No a. If yes 2. No a. If yes 2. No a. If yes 2. No b. If yes 2. No a. If yes	1.	Status of house ownership	1. Own themselves			
4. Government housing 5. Loamed/owned by other family members 6. Used and owned by another family members 6. Used and owned by another family 6. Used and owned by another family 6. Used and owned by another family 7. Itype of material of the largest area of roofing 7. Type of material of the largest wall area 7. Type of material of the largest wall area 7. Itype of material of the largest wall area 7. Itype of material of the largest wall area 7. Itype of material of the largest wall area 1. Ves 2. No			2. Inheritance not yet divided			
a. Does another family live in the house? a. Does another family live in the house? b. If yes, how many families live in the house (including the respondent's family)? c. How many people live in the house in total (including the respondent family)? The size of the house and land: a. Size of house b. Size of land 4. a. Number of rooms in the house b. Type and number of rooms by function (1) Bedroom (2) Family room (3) Lounge room (4) Dining room (5) Kitchen (6) Bathroom/Toilet (7) Other			3. Rental/contracted			
a. Does another family live in the house? a. I. Yes 2. No			4. Government housing			
a. Does another family live in the house? a. 1. Yes 2. No						
b. If yes, how many families live in the house (including the respondent's family)? c. How many people live in the house in total (including the respondent family)? The size of the house and land: a. Size of house b. Size of land 4. a. Number of rooms in the house b. Type and number of rooms by function (1) Bedroom (2) Family room (3) Lounge room (4) Dining room (5) Kitchen (6) Bathroom/Toilet (7) Other			· ·			
2. (including the respondent's family)? b		a. Does another family live in the house?	a. 1. Yes 2. No			
(including the respondent family)? The size of the house and land: a. Size of house b. Size of land 4. a. Number of rooms in the house b. Type and number of rooms by function (1) Bedroom (2) Family room (3) Lounge room (4) Dining room (5) Kitchen (6) Bathroom/Toilet (7) Other (7) Other (7) Type of material of the largest area of roofing 6. Type of material of the largest area of roofing 7. Type of material of the largest wall area (including the respondent is minimal. a	2.		b families			
3.			cpeople			
a. Size of house b. Size of land b		The size of the house and land:	2			
4. a. Number of rooms in the house b. Type and number of rooms by function (1) Bedroom (2) Family room (3) Lounge room (4) Dining room (5) Kitchen (6) Bathroom/Toilet (7) Other	3.	a. Size of house				
b. Type and number of rooms by function (1) Bedroom (2) Family room (3) Lounge room (4) Dining room (5) Kitchen (6) Bathroom/Toilet (7) Other		b. Size of land	b m ²			
(1) Bedroom (1)	4.	a. Number of rooms in the house	a rooms			
(2) Family room (2)		b. Type and number of rooms by function	b. Total (write 0 if there is none)			
(3) Lounge room (4) Dining room (5) Kitchen (6) Bathroom/Toilet (7) Other		(1) Bedroom	(1) rooms	1		
(4) Dining room (4)		(2) Family room	(2) rooms	2		
(5) Kitchen (5)		(3) Lounge room	(3) rooms	3		
(6) Bathroom/Toilet (6)		(4) Dining room	(4) rooms	4		
(7) Other		(5) Kitchen	(5) rooms	5		
5. Type of material of the largest area of flooring 1. Marble/ceramic/terazzo 2. Floortiles 3. Plaster/cement 4. Timber 5. Bamboo 6. Earth 7. Other, specify		(6) Bathroom/Toilet	(6) rooms	6		
2. Floortiles 3. Plaster/cement 4. Timber 5. Bamboo 6. Earth 7. Other, specify		(7) Other	(7) rooms	7		
3. Plaster/cement 4. Timber 5. Bamboo 6. Earth 7. Other, specify	5.	Type of material of the <u>largest</u> area of flooring	1. Marble/ceramic/terazzo			
4. Timber 5. Bamboo 6. Earth 7. Other, specify			2. Floortiles			
5. Bamboo 6. Earth 7. Other, specify 6. Type of material of the largest area of roofing 1. Concrete/concrete slab 2. Roof tiles 3. Shingles 4. Asbestos 5. Iron sheeting 6. Other, specify 7. Type of material of the largest wall area 1. Brick 2. Timber 3. Bamboo			3. Plaster/cement			
6. Earth 7. Other, specify			4. Timber			
7. Other, specify			5. Bamboo			
6. Type of material of the largest area of roofing 1. Concrete/concrete slab 2. Roof tiles 3. Shingles 4. Asbestos 5. Iron sheeting 6. Other, specify			6. Earth			
2. Roof tiles 3. Shingles 4. Asbestos 5. Iron sheeting 6. Other, specify			7. Other, specify			
3. Shingles 4. Asbestos 5. Iron sheeting 6. Other, specify	6.	Type of material of the largest area of roofing	1. Concrete/concrete slab			
4. Asbestos 5. Iron sheeting 6. Other, specify			2. Roof tiles			
5. Iron sheeting 6. Other, specify			3. Shingles			
7. Type of material of the largest wall area 1. Brick 2. Timber 3. Bamboo			4. Asbestos			
7. Type of material of the largest wall area 1. Brick 2. Timber 3. Bamboo			5. Iron sheeting			
2. Timber 3. Bamboo			6. Other, specify			
2. Timber 3. Bamboo	7.	Type of material of the largest wall area	1. Brick			
			2. Timber			
4. Other, specify			3. Bamboo			
			4. Other, specify			

		T	
8.	Bathroom facilities	1. Own bathroom	
		2. Public bathroom	
		3. River/spring	
		4. Other, specify	
9.	Toilet facilities	1. Own toilet	
		2. Public toilet	
		3. River	
		4. <i>Other, specify</i>	
10.	a. Primary source of drinking water	1. Packaged bottled drinking	
10.	a. Timaly source of diffixing water	water	
		2. Refillable bottled drinking	
		water	
		3. PDAM ¹⁵ /tap	
		4. Protected well/bore	
		5. Unprotected well6. River water/rain water	
		7. Other, specify	
	b. If the response to no. 11a is 4 (<i>protected well</i>) or 5	1. Electric pump	
	(unprotected well), the equipment used to draw	2. Hand pump	
	water is:	3. Bucket	
		3. Bucket	
	c. If the response to no. 11a is not 1 or 2, is water	1 V 2 V-	
	boiled before it is consumed?	1. Yes 2. No	
11.	a. Primary source of lighting	1. National electricity service	
		(PLN)	
		2. Non-National electricity service	
		(generator set)	
		3. Petromax	
		4. Wall lamp/oil lamp	
		5. Other, specify	
	b. If sourced from the <i>national electricity service</i>	1. Self-connected	
	(PLN) (1) the type of connection is:	2. Distributed from another house	
		- proceed to question 12.	
	c. If the national electricity service is self-connected	1. 450 Watts	
	(1), what voltage is connected?	2. 900 Watts	
	<u> </u>	3. 1,300 Watts	
		4. 2,200 Watts	
		5. > 2,200 Watts, specify	
12	Does the house have a telephone competion (non-	2. 2,200 mails, specify	
12.	Does the house have a telephone connection (non-cell phone)?	1. Yes 2. No	
13.	Main type of fuel used for cooking	1 Floatricity	
13.	wiam type of fuel used for cooking	1. Electricity 2. Gas/LPG	
		3. Kerosene	
		4. Firewood	
		5. Coal	
		6. Other, specify	
	B. OWNERSHIP OF VALU	JABLE OBJECTS	
1.	Ownership of valuable items	Туре	Total
	a. Land size	(1) Area of the garden	(1)m ²
	•	•	•

¹⁵ PDAM (*Perusahaan Daerah Air Minum*) is a government owned drinking water company at the local level.

	(2) Area of ricefields	(2)m ²
	(3) area of land/yard	(3)m ² (4) m ²
	(4) area of fishpond/pond	(4)m ²
b. House (total size, including what is currently occupied)		unit
c. Electronic/household equipment (units)	(1) Radio	(1)
	(2) Tape recorder	(2)
	(3) Radio/tape	(3)
	(4) Radio/tape/audio player	(4)
	(5) Black and white television	(5)
	(6) Color television	(6)
	$a. \leq 14 inch$	a
	b. 17 inch	b
	c. 21 inch $d. \geq 29 \text{ inch}$	c
	(7) Video/VCD/DVD Player	d (7)
	(8) Cell phone/Portable phone (9) Fridge	(8)
	, ,	(9)
	(10) Air conditioning (11) Fan	(10)
	, , ,	(11)
	(12) Computer/laptop	(12)
	(13) Pay/cable television	(13)
	(14) Satellite dish	(14)
	(15) Gas oven	(15)
	(16) Microwave	(16)
	(17) Rice Cooker/Magic Jar	(17)
1 To a constitution of the	(18)Water dispenser	(18)
d. In general electronic/household equipment is obtained by:	(1) Cash purchase (2) Purchase on credit	
	(3) Gift	
e. Vehicles (units)	(1) Bicycle	(1)
	(2) Motorbike	(2)
	(3) Car	(3)
	(4) Boat/dugout	(4)
	(5) Motorboat	(5)
	(6) Horse-drawn carriage	(6)
	(7) Becak	(7)
f. Livestock (animals)	(1) Cows/buffalos/horses	(1)
	(2) Goats/sheep/pigs	(2)
	(3) Poultry (chickens/ducks/ducklings/geese)	(3)
	(4) Other, specify	(4)
C. CLOTHING, BORROW	INGS, AND SAVINGS	

11

		<u></u>	•
1.	Have family members bought any new clothing in the last year?	 Yes, all family members Yes, some family members No 	
2.	Do family members have different sets of clothes for different activities (school, work, at home, parties etc)?	 Yes, all family members Yes, some family members No 	
3.	a. Have any family members borrowed anything from formal finance organizations (banks/ the central bank of Indonesia/cooperations/microcredit organizations)?	1. Yes 2. No	
	b. Do any family members <u>currently</u> have debts to organizations/individuals?	1. Yes 2. No	
	c. If the response to (b) is 'Yes', where was the loan from?(1) Formal bank(2) Roaming/travelling bank	Rank in order: 1- most, 5-least C. (1)	c.1 2 3
	(3) Cooperation(4) Provision of a guarantee/ collateral	(3) (4)	4 5
	(5) Individuals (6) Other:	(5) (6)	6
4.	Has the family sold any assets (TV, livestock, vehicles, land etc) in the last year in order to pay a debt or other urgent expense?	1. Yes 2. No	
5.	Does the family have savings in formal financial institutions (banks/ BPR ¹⁶ / cooperations/microcredit organizations)?	1. Yes 2. No	
	D. FAMILY BUS	INESS	
1.	Does the family own a household-run business (with 1-4 staff), in any of the following industries: a. Batik/handweaving b. Garment making c. Handicrafts d. Household utensils e. Food and drink f. Other, specify	a. 1. Yes 2. No b. 1. Yes 2. No c. 1. Yes 2. No d. 1. Yes 2. No e. 1. Yes 2. No f. 1. Yes 2. No	
2.	Does the family own a small sizes enterprise (with 5-19 staff), in any of the following industries: a. Batik/handweaving b. Garment making c. Handicrafts d. Household utensils e. Food and drink f. Other, specify	a. 1. Yes 2. No b. 1. Yes 2. No c. 1. Yes 2. No d. 1. Yes 2. No e. 1. Yes 2. No f. 1. Yes 2. No	
3.	Does the family own a medium/large sized enterprise (20 or more workers) in any of the following industries: a. Batik/handweaving b. Garment making	a. 1. Yes 2. No b. 1. Yes 2. No c. 1. Yes 2. No	

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¹⁶ BPR (*Bank Perkreditan Rakyat*), or people's credit bank, is a term that may refer to a range of smaller financial institutions. For a full explanation see http://www.bwtp.org/arcm/indonesia/II Organisations/MF Providers/BPRs.htm

	c. Handicrafts	d. 1. Yes	2. No	
	d. Household utensils	e. 1. Yes	2. <i>No</i>	
	e. Food and drink	f. 1. Yes	2. <i>No</i>	
	f. Other, specify			
4.	Does the family own a business providing any of the			
	following services:	a. 1. Yes	2. No	
	a. Beauty salon	b. 1. Yes	2. No	
	b. Mechanic	c. 1. Yes	2. No	
	c. Rentals of VCDs/DVDs	d. 1. Yes	2. No	
	d. Rentals of computers/playstations	e. 1. Yes	2. No	
	e. Rentals of party supplies	f. 1. Yes	2. No	
	f. Tailor	g. 1. Yes	2. No	
	g. Entertainment (karaoke, billiards, cinema etc)	h. 1. Yes	2. No	
	h. Training courses	i. 1. Yes	2. No	
	i. Massage parlours	j. 1. Yes	2. No	
	j. Hotel/Accommodation	j. 1. Tes k. 1. Yes		
	k. Rental houses/rooms	l. 1. Yes		
	Catering			
	m. Other, specify	m. 1. Yes	2. <i>No</i>	
5.	Does the family own any of the following businesses:			
	a. Roadside stall/kiosk	a. 1. Yes	2. No	
		b. 1. Yes	2. No	
	b. Shop	c. 1. Yes		
	c. Minimarket	d. 1. Yes		
	d. Supermarket	e. 1. Yes	2. No	
	e. Restaurant/roadside food stall	f. 1. Yes	2. No	
	f. Other, specify	J. I. Tes	2. 100	
	V. PARTICIPATION IN I	DEVELOPM	IENT	
1.	Are any family members organizers or active in:			
	a. RT/RW			
	b. PKK ¹⁷	(a) Yes	2 .No	
	c. An organization	(b) Yes	2. No	
	(Posyandu/Development/Health/Family Planning)	(c) Yes	2. <i>No</i>	
	d. Neighbourhood youth association	(d) Yes	2. <i>No</i>	
	e. Community empowerment organizations	(e) Yes	2. <i>No</i>	
	f. Badan Keswadayaan Masyarakat (BKM, non-	(f) Yes	2. <i>No</i>	
	profit community organizations)	(g) Yes	2. <i>No</i>	
	g. Non Government Organizations	(h) Yes	2. <i>No</i>	
	h. Community organizations (e.g. Muhammadiyah,			
	NU, Al Irsyad)			
2	Have any family members attended resident	1. Often		
	meetings in the RT/RW in 2008?	2. Once		
		3. Have not	attended	
VI CECUDITY				
VI. SECURITY				

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¹⁷ PKK (*Pemberdayaan dan Kesejahteraan Keluarga*, or Family Empowerment and Welfare) is a movement aiming to improve family welfare. Its activities include education and skills programs, the provision of basic necessities, and health and environmental programs.

1.	Has any family member been a victim of a crime in 2008?	1. Yes 2. No	
2.	If yes, what was the type of crime?		
	(a) Theft	(a) 1. Yes 2. No	
	(b) Pickpocketing	(b) 1. Yes 2. No	
	(c) Mugging	(c) 1. Yes 2. No	
	(d) Damage	(d) 1. Yes 2. No	
	(e) Rape	(e) 1. Yes 2. No	
	(f) Oppression/violence	(f) 1. Yes 2. No	
	(g) Use of narcotics	(g) 1. Yes 2. No	
	(h) Murder	(h) 1. Yes 2. No	
	(i) Other, specify	(i) 1. Yes 2. No	
		(1) 1. 165 2. 140	
3.	If a crime was experienced, where did it occur?		
	a. In the subdistrict	(a) 1. Yes 2. No	
	b. In Kota Pekalongan	(b) 1. Yes 2. No	
	c. Outside Kota Pekalongan	(c) 1. Yes 2. No	
	VII. INFORMATION TECHNOLOGY	Y AND COMMUNICATION	
1.	Do family members access information about current		
	affairs through:		
	(a) Newspapers	(a) 1. Yes 2. No	
	(b) Magazines/tabloids	(b) 1. Yes 2. No	
2.	Newspapers/magazines are obtained by		
	(a). Subscriptions	(a) 1. Yes 2. No	
	(b). Retailers	(b) 1. Yes 2. No	
	(c). Information boards	(c) 1. Yes 2. No	
	(d). Read at work	(d) 1. Yes 2. No	
	(e). Other	(e) 1. Yes 2. No	
3.	Are family members able to operate a computer?	1. Yes,people 2. No	
4.	Have family members ever accessed information		
	from the internet?	1. Yes 2. No	
	If yes, from:	2, 1,6	
	(a). Internet	(a) 1. Yes 2. No	
	(b). Subscribe at home	(b) 1. Yes 2. No	
	(c). At work	(c) 1. Yes 2. No	
	(d). Other	(d) 1. Yes 2. No	
5.	Where have family members obtained information		
	relating to the Kota Pekalongan government's		
	development programs?	(a) 1. Yes 2. No	
	(a) RT/RW/subdistrict officials	(b) 1. Yes 2. No	
	(b) RT/RW/subdistrict Information boards	(c) 1. Yes 2. No	
	(c) Civil servants	(d) 1. Yes 2. No	
	(d) NGOs/community organizations		
	(e) Commnity/religious figures		
	(f) Print media (newspapers, bulletins, etc)		
	(g) Electronic media (websites, radio, etc)	(0)	
	(h) Other, specify	(h) 1. Yes 2. No	