



BPS-STATISTIC INDONESIA



SAK.AGS24-AK

2024 NATIONAL LABOUR FORCE SURVEY

CONFIDENTIAL

AUGUST

HOUSEHOLD DESCRIPTION			
1.	PROVINCE		<input type="text"/>
2.	DISTRICT (KABUPATEN/KOTA) ^{*)}		<input type="text"/>
3.	SUB-DISTRICT		<input type="text"/>
4.	VILLAGE (DESA/KELURAHAN) ^{*)}		<input type="text"/>
5.	URBAN/RURAL CLASSIFICATION	URBAN - 1 RURAL - 2	<input type="text"/>
6.	CENSUS BLOCK NO.		<input type="text"/>
7.	SAMPLE CODE		<input type="text"/>
8.	HOUSEHOLD SAMPLE SEQ. NUMBER. {SAK.AGS24-DSRT BLOCK V COLUMN (1)}		<input type="text"/>
9.	NAME OF HOUSEHOLD HEAD		
10.	RESPONSE STATUS	1. COMPLETED	} CONTINUE TO FILL OUT ENUMERATION DESCRIPTION , THEN STOP <input type="text"/>
		2. REFUSED	
		3. HH NOT FOUND	
11.	NAME AND SEQ. NO. OF MAIN INFORMANT		<input type="text"/>
12.	CELLPHONE NO. OF MAIN INFORMANT		<input type="text"/>
13.	HOUSEHOLD ADDRESS		

^{*)} Strike-through the unnecessary

START TIME :

SUMMARY

1.	TOTAL NUMBER OF HOUSEHOLD MEMBER (S) {COPY IT FROM THE LAST SEQUENCE NUMBER OF HOUSEHOLD MEMBER IN THE LIST OF HOUSEHOLD MEMBER AT COLUMN (1) WHOSE INFORMATION AT COLUMN (2) IS COMPLETED}	<input type="text"/>
2.	TOTAL NUMBER OF HOUSEHOLD MEMBER (S) AGED 5 YEARS AND ABOVE {COPY IT FROM THE NUMBER OF FILLED BOXES IN THE LIST OF HOUSEHOLD MEMBER AT COLUMN (10) ≥ 05}	<input type="text"/>

ENUMERATOR DETAILS AND SURVEY TIME

1.	A. NAME OF INTERVIEWER:	DATE OF INTERVIEW:	SIGNATURE:

2.	B. CODE AND CONTACT NUMBER OF INTERVIEWER:	DATE OF CHECKING:	SIGNATURE:

2.	A. NAME OF SUPERVISOR:	DATE OF CHECKING:	SIGNATURE:

2.	B. CODE AND CONTACT NUMBER OF SUPERVISOR:		
		

LIST OF HOUSEHOLD MEMBER

Seg. No.	Name of Household Member <i>(Includes household head)</i>	Relationship to Household Head <i>(Fill in the code)</i>	Sex <i>(Put a tick mark in the suitable box)</i>	Nationality <i>(Put a tick mark in the suitable box, and if NAME is a foreign citizen, write down his/her nationality)</i> CODE IS FILLED BY SUPERVISOR	Place of Birth <i>{The residence of NAME's birth mother when delivered NAME}</i>			Month and Year of Birth	Age Now <i>(year)</i>	Seq. No. Of Biological Mother <i>(Write '00' if the biological mother is not a member of the household)</i>
					Place of Birth	Province/Country <i>(Write it down)</i> CODE IS FILLED BY SUPERVISOR	District (Kabupaten/Kota) <i>(Write it down and cross out the unnecessary-)</i> CODE IS FILLED BY SUPERVISOR			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1		0 1	<input type="checkbox"/> 1.Male <input type="checkbox"/> 2.Female	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Foreign citizen	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Abroad	.....	District (Kab/Kota) ¹⁾	Month - Year ..... - .....	.....	.....
2			<input type="checkbox"/> 1.Male <input type="checkbox"/> 2.Female	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Foreign citizen	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Abroad	.....	District (Kab/Kota) ¹⁾	Month - Year ..... - .....	.....	.....
3			<input type="checkbox"/> 1.Male <input type="checkbox"/> 2.Female	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Foreign citizen	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Abroad	.....	District (Kab/Kota) ¹⁾	Month - Year ..... - .....	.....	.....
4			<input type="checkbox"/> 1.Male <input type="checkbox"/> 2.Female	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Foreign citizen	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Abroad	.....	District (Kab/Kota) ¹⁾	Month - Year ..... - .....	.....	.....
5			<input type="checkbox"/> 1.Male <input type="checkbox"/> 2.Female	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Foreign citizen	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Abroad	.....	District (Kab/Kota) ¹⁾	Month - Year ..... - .....	.....	.....
6			<input type="checkbox"/> 1.Male <input type="checkbox"/> 2.Female	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Foreign citizen	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Abroad	.....	District (Kab/Kota) ¹⁾	Month - Year ..... - .....	.....	.....
7			<input type="checkbox"/> 1.Male <input type="checkbox"/> 2.Female	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Foreign citizen	<input type="checkbox"/> 1.Indonesian <input type="checkbox"/> 2.Abroad	.....	District (Kab/Kota) ¹⁾	Month - Year ..... - .....	.....	.....

Code of Column(3): Relationship to Household Head

- | | | | | | |
|--------------------|----------------------------|-------------------------|--------------------------|------------------------|------------|
| 01. Household head | 03. Child (biological) | 05. Son/daughter-in-law | 07. Parent/parent-in-law | 09. Domestic assistant | 11. Others |
| 02. Spouse | 04. Child (non-biological) | 06. Grandchild | 08. Other relatives | 10. Driver/gardener | |

HOUSEHOLD MEMBER VERIFICATION (FILLED BY ENUMERATOR):

- | | | |
|---|--|--------------------------------|
| 1). Is there another person like domestic assistant, driver, gardener, baby sitter/parent caregiver, or alike who usually lives in this house? | <input type="checkbox"/> 1. YES → Add into the list | <input type="checkbox"/> 2. NO |
| 2). Is there another person who usually lives here but is away for less than a year? | <input type="checkbox"/> 1. YES → Add into the list | <input type="checkbox"/> 2. NO |
| 3). Is there a child/baby who has not been listed? | <input type="checkbox"/> 1. YES → Add into the list | <input type="checkbox"/> 2. NO |
| 4). Is there another person who is studying at primary/junior high/senior high school or equivalent and living in another residence (e.g. boarding school) who has not been listed? | <input type="checkbox"/> 1. YES → Add into the list | <input type="checkbox"/> 2. NO |
| 5). Is there a household member (includes household head) in the list who works and lives in another place, and does not return home regularly at least once a week? | <input type="checkbox"/> 1. YES → Remove from the list | <input type="checkbox"/> 2. NO |
| 6). Is there a household member in the list who is away for a year or more or less than a year but intends to live in a new residence? | <input type="checkbox"/> 1. YES → Remove from the list | <input type="checkbox"/> 2. NO |
| 7). Is there a household member in the list who is studying a Diploma/Undergraduate programme and living in another residence? | <input type="checkbox"/> 1. YES → Remove from the list | <input type="checkbox"/> 2. NO |

FOR HOUSEHOLD MEMBER AGED 5 YEARS AND ABOVE

1.	NAME AND SEQ. NO. OF HOUSEHOLD MEMBER <i>(Copy the name and seq. number from the list of household member on page 2)</i>		Seg. No <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
2.	NAME AND SEQ. NO. OF MAIN INFORMANT <i>(Copy the name and seq. number from the list of household member on page 2)</i>		Seg. No <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
3.a	Single Identity Number	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>		
3.b	What is the main reason that (NAME)'s Personal Identity Number is not filled out ?	<input type="checkbox"/> 1. The document is lost/damaged <input type="checkbox"/> 2. Don't have any document <input type="checkbox"/> 3. The document is in another place <input type="checkbox"/> 4. Others, specify.....		
4.	What is (NAME)'s marital status?	<input type="checkbox"/> 1. Not married <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Widowed		
5.	Is (NAME) going to school? <i>(Children who are currently in kindergarten/early childhood education are considered as not yet attending school)</i>	<input type="checkbox"/> 1. Not yet attending school → CONTINUE TO NO. 6.d <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. No		
6.a	What is (NAME)'s highest level of education?	<input type="checkbox"/> 1. Below primary school → CONTINUE TO NO.6.d <input type="checkbox"/> 2. Primary school or equivalent → CONTINUE TO NO.6.c <input type="checkbox"/> 3. Junior high school or equivalent → CONTINUE TO NO.6.c <input type="checkbox"/> 4. Senior high school or equivalent <input type="checkbox"/> 5. Vocational school <input type="checkbox"/> 9. Bachelor degree <input type="checkbox"/> 6. Madrasah school <input type="checkbox"/> 10. Master degree <input type="checkbox"/> 7. Diploma I/II/III <input type="checkbox"/> 11. Applied master degree <input type="checkbox"/> 8. Diploma IV <input type="checkbox"/> 12. Doctoral degree		
6.b	Education administrator and major of (NAME)'s highest education: <i>(Put a tick mark (v) in one of the administrator options and specify the education major/field of study, e.g., Science, Social Sciences, Accounting, Economics, Information Technology, or other majors in accordance with the major that (NAME) attained)</i>	Administrator <input type="checkbox"/> 1. Public <input type="checkbox"/> 2. Private <input type="checkbox"/> 3. Government Affiliated <input type="checkbox"/> 4. Don't know	Field of study	FILLED BY SUPERVISOR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
6.c	When did (NAME) graduate from his/her highest level of education?	MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
6.d	Has (NAME) ever attended any workshop/course/training?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO.6.h		
6.e	Did (NAME) receive a certificate from the workshop/course/training he/she attended?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
6.f	Was the workshop/course/training held in the past year?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 6.h		
6.g	Specify the workshop/course/training that (NAME) attended in the past year: (MENTION THE TOP THREE)	FILLED BY SUPERVISOR	Training method: <input type="checkbox"/> 1. Online <input type="checkbox"/> 2. Offline <input type="checkbox"/> 3. Hybrid	Funding source: (MULTIPLE ANSWERS ALLOWED) <input type="checkbox"/> A. Government, specify:..... <input type="checkbox"/> B. Company/employer <input type="checkbox"/> C. Own-cost <input type="checkbox"/> D. Others,
	1.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 1. Online <input type="checkbox"/> 2. Offline <input type="checkbox"/> 3. Hybrid	<input type="checkbox"/> A. Government, specify:..... <input type="checkbox"/> B. Company/employer <input type="checkbox"/> C. Own-cost <input type="checkbox"/> D. Others,
	2.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 1. Online <input type="checkbox"/> 2. Offline <input type="checkbox"/> 3. Hybrid	<input type="checkbox"/> A. Government, specify:..... <input type="checkbox"/> B. Company/employer <input type="checkbox"/> C. Own-cost <input type="checkbox"/> D. Others,
	3.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	<input type="checkbox"/> 1. Online <input type="checkbox"/> 2. Offline <input type="checkbox"/> 3. Hybrid	<input type="checkbox"/> A. Government, specify:..... <input type="checkbox"/> B. Company/employer <input type="checkbox"/> C. Own-cost <input type="checkbox"/> D. Others,
6.h	Is (NAME) currently attending any workshop/course/training (not necessarily certified)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		

6.i	In the past three years, has (NAME) participated in an Internship/Field Work Practice (PKL) Program	Status: (MULTIPLE ANSWERS ALLOWED) <input type="checkbox"/> A. Yes, during school/ being a student <input type="checkbox"/> B. Yes, during school/ being a university student <input type="checkbox"/> C. Yes, when not attending school/ college <input type="checkbox"/> C. No → CONTINUE TO NO. 6.j	Manager/Sponsor: (MULTIPLE ANSWERS ALLOWED) <input type="checkbox"/> A. School <input type="checkbox"/> B. University <input type="checkbox"/> C. Ministry of Education, Culture, Research, and Technology <input type="checkbox"/> D. Others	Receive a certificate: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No								
6.j	In the past three years, has (NAME) ever participate in a Student Exchange Program?	<input type="checkbox"/> A. Yes, during school/ being a student <input type="checkbox"/> B. Yes, during school/ being a university student <input type="checkbox"/> C. No → CONTINUE TO NO. 6.k	<input type="checkbox"/> A. School <input type="checkbox"/> B. University <input type="checkbox"/> C. Ministry of Education, Culture, Research, and Technology <input type="checkbox"/> D. Others	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No								
6.k	In the past three years, has (NAME) ever participate in a Community Service Program?	<input type="checkbox"/> A. Yes, during school/ being a student <input type="checkbox"/> B. Yes, during school/ being a university student <input type="checkbox"/> C. No → CONTINUE TO NO. 7	<input type="checkbox"/> A. School <input type="checkbox"/> B. University <input type="checkbox"/> C. Ministry of Education, Culture, Research, and Technology <input type="checkbox"/> D. Others	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No								
7.	In August 2019 (five years ago), where did (NAME) live?	<input type="checkbox"/> 1. In the same district as (NAME)'s current residence <input type="checkbox"/> 2. In different district from (NAME)'s current residence, specify: Province : District (Kabupaten/Kota*) : *) <i>strike-through the unnecessary</i> <input type="checkbox"/> 3. Abroad, specify: Country :		FILLED BY SUPERVISOR <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
8.a	Does (NAME) have difficulty seeing?	<input type="checkbox"/> 1. Yes, cannot see at all <input type="checkbox"/> 3. Yes, slight <input type="checkbox"/> 2. Yes, severe <input type="checkbox"/> 4. No										
8.b	Does (NAME) have difficulty hearing?	<input type="checkbox"/> 5. Yes, cannot hear at all <input type="checkbox"/> 7. Yes, slight <input type="checkbox"/> 6. Yes, severe <input type="checkbox"/> 8. No										
8.c	Does (NAME) have difficulty walking/climbing stairs?	<input type="checkbox"/> 1. Yes, cannot walk at all <input type="checkbox"/> 3. Yes, slight <input type="checkbox"/> 2. Yes, severe <input type="checkbox"/> 4. No										
8.d	Does (NAME) have difficulty using or moving fingers/hands?	<input type="checkbox"/> 5. Yes, cannot move at all <input type="checkbox"/> 7. Yes, slight <input type="checkbox"/> 6. Yes, severe <input type="checkbox"/> 8. No										
8.e	Does (NAME) have difficulty speaking and/or understanding or communicating with other people?	<input type="checkbox"/> 1. Yes, cannot communicate at all <input type="checkbox"/> 3. Yes, slight <input type="checkbox"/> 2. Yes, severe <input type="checkbox"/> 4. No										
8.f	Does (NAME) have other difficulties/disorders? (e.g., difficulty remembering or concentrating, taking care of yourself, or behavioral/emotional disorders, etc)	<input type="checkbox"/> 5. Yes, always <input type="checkbox"/> 7. Yes, slight <input type="checkbox"/> 6. Yes, often <input type="checkbox"/> 8. No										
9.a	In the past month, did (NAME) own/have access to a mobile phone/smartphone (cell phone/smartphone)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No										
9.b	In the past month, did (NAME) use the following digital technologies? 1. Computer (PC, notebook, laptop, tablet atau PDA) 2. Smartphone/Handphone (HP) 3. Other digital technology (digital camera, voice recorder, calculator, health digital tools, etc) 4. Internet (Includes using WhatsApp, Facebook, Instagram, X/Twitter, and other social media platforms.)	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1. Yes</td> <td><input type="checkbox"/> 2. No</td> </tr> <tr> <td><input type="checkbox"/> 3. Yes</td> <td><input type="checkbox"/> 4. No</td> </tr> <tr> <td><input type="checkbox"/> 1. Yes</td> <td><input type="checkbox"/> 2. No</td> </tr> <tr> <td><input type="checkbox"/> 3. Yes</td> <td><input type="checkbox"/> 4. No</td> </tr> </table> → CONTINUE TO NO.10.a			<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Yes	<input type="checkbox"/> 4. No	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Yes	<input type="checkbox"/> 4. No
<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No											
<input type="checkbox"/> 3. Yes	<input type="checkbox"/> 4. No											
<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No											
<input type="checkbox"/> 3. Yes	<input type="checkbox"/> 4. No											

9.c	In the past month, has (NAME) used the internet for: 1. Communication 2. Accessing information 3. Selling goods/services 4. Purchasing goods/services 5. Internet banking 6. Others, specify:	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No
10.a	In the past week, did (NAME) work at least an hour? <i>(Work is an activity to generate income/profit that carried out for at least an hour in the past week)</i>	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 13.a <input type="checkbox"/> 2. No
10.b	In the past week, did (NAME) run business or do activities to generate earnings?	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 13.a <input type="checkbox"/> 2. No
10.c	In the past week, did (NAME) help to run the family's or other people's business or activity? <i>(Paid or unpaid, e.g., helped parents look after a shop, helped parents in the farm, etc.)</i>	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 13.a <input type="checkbox"/> 2. No
11.	In the past week, did (NAME) actually have a job or business but was absent from work in the past week?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 38.a
12.a	What was the main reason (NAME) were absent from work in the past week?	<input type="checkbox"/> 1. Paid leave <input type="checkbox"/> 2. Illness <input type="checkbox"/> 3. Working hour arrangement/shift system <input type="checkbox"/> 4. Attending a school <input type="checkbox"/> 5. Labour dispute <input type="checkbox"/> 6. Economic downturn (market demand/order amount decline, laid-off by the employer) <input type="checkbox"/> 7. Temporary layoff (bad weather, lack of raw materials, seasonal changes, waiting for the harvest, etc) <input type="checkbox"/> 8. Others, specify.....
12.b	Did (NAME) still get paid when she/he was absent from work?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
12.c	How long has (NAME) been absent from work?	<input type="checkbox"/> 1. 0-3 month (s) → CONTINUE TO NO. 13.a <input type="checkbox"/> 2. More than 3 months
12.d	Is there any guarantee that (NAME) could return to his/her current workplace or business?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 3. Not sure <input type="checkbox"/> 2. No <input type="checkbox"/> 4. Don't know

MAIN JOB

ASKED IF ONE OF THE ANSWERS TO QUESTIONS NO.10.a – 10.c=1 OR NO.11=1

(If (NAME) had one job then fill out that job information. If (NAME) had more than one job in the past week, then fill out the job with the largest number of hours worked. If the hours worked among jobs was similar, then fill out the job with the highest income. If (NAME) was absent from work in the past week (No.11 = 1) then fill out the job that (NAME) was absent).

13.a	What kind of work did (NAME) do at his/her workplace/business? <i>(e.g., hoed and pulled grass; drove a motorcycle taxi; sold a chicken porridge; did construction work; taught a piano lesson; administrative staff; etc)</i>	.....
13.b	What did the output of (NAME)'s workplace/business? <i>(e.g., rice, wooden tables/chairs, passenger services, educational services, government services, construction services, etc.)</i>	.....
13.c	In what field of work was (NAME)'s workplace/business? <i>(e.g., rice farming in own rice fields, provision of food/drinks, online motorcycle taxis, construction companies, music schools, etc.)</i>	.....
14.a	What was (NAME)'s employment status?	<input type="checkbox"/> 1. Own-account worker → CONTINUE TO NO. 14.d <input type="checkbox"/> 2. Employer assisted by temporary/unpaid worker → CONTINUE TO NO. 14.b <input type="checkbox"/> 3. Employer assisted by permanent/paid worker → CONTINUE TO NO. 14.c <input type="checkbox"/> 4. Employee <input type="checkbox"/> 5. Casual worker in agriculture <input type="checkbox"/> 6. Casual worker in non-agriculture <input type="checkbox"/> 7. Unpaid/family worker → CONTINUE TO NO. 17.a
14.b	Was it assisted by temporary and paid workers?	<input type="checkbox"/> 1. Yes } → CONTINUE TO NO. 14.d <input type="checkbox"/> 2. No
14.c	How many paid workers are employed at (NAME)'s workplace/business?	<input type="text"/> <input type="text"/> <input type="text"/> Person (s)
14.d	Has (NAME)'s workplace/business been registered in the licensing system?	<input type="checkbox"/> 1. Yes, since: MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 2. No

22.	How does (NAME)'s workplace handle accounting records?	<input type="checkbox"/> 1. There are no written accounting records <input type="checkbox"/> 2. Yes, there are simplified accounting records (for personal purposes/payment of fees/contributions). <input type="checkbox"/> 3. Yes, there are complete accounting records (profit/loss and balance sheet) <input type="checkbox"/> 4. Don't know
23.a	Where was (NAME)'s workplace located?	<input type="checkbox"/> 1. (NAME)'s house → CONTINUE TO NO. 24.a <input type="checkbox"/> 2. Family's/friend's house <input type="checkbox"/> 6. Traditional market without building <input type="checkbox"/> 3. Employer's/client's house <input type="checkbox"/> 7. Farm/field/forest/sea/lake/pond <input type="checkbox"/> 4. Office/factory/building <input type="checkbox"/> 8. Road/pavement/temporary location <input type="checkbox"/> 5. Mall/shopping centre <input type="checkbox"/> 9. Others, specify:.....

IF THE ANSWER TO QUESTION NO. 23.a = 3 AND NAME'S RELATIONSHIP TO THE HOUSEHOLD HEAD = 9 OR 10, THEN CONTINUE TO QUESTION NO. 24.a

23.b	Does (NAME) take a round trip regularly from home to his/her workplace?	<input type="checkbox"/> 1. Yes, round trip on the same day (≤24 hours), at least once a week. <input type="checkbox"/> 2. Yes, round trip not on the same day (>24 hours), e.g., every two days, every three days, once a week, etc. <input type="checkbox"/> 3. Yes, round trip not in the same week, e.g., every two weeks, every three weeks, once a month, every two months, etc. <input type="checkbox"/> 4. Not routine.
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23.c	In the past week, where did (NAME) work at this main job? <i>-For traveling salesman, select the location where he/she usually starts selling his/her merchandise.</i> <i>-For driver/motorcycle taxi driver, select the location of his/her base/airport/taxi pool/terminal/station, or the location where he/she usually starts to pick up a passenger.</i> <i>-For journalist and courier, select the location where his/her office is.</i>	<input type="checkbox"/> 1. In the same district as (NAME)'s current residence <input type="checkbox"/> 2. In different district from (NAME)'s current residence, specify: Province : District (Kabupaten/Kota*) : *) <i>strike-through the unnecessary</i> <input type="checkbox"/> 3. Abroad, specify: Country :	FILLED BY SUPERVISOR <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				

IF NO.23.b (ROUND-TRIP JOURNEY HOME-OFFICE) = 2,3 AND 4, CONTINUE TO NO.24.a

23.d	What modes of transportation does (NAME) usually use to commute to work? 1. Car (private/official/employee bus) 2. Motorcycle (private/official) 3. Other private vehicles (bicycle/scooter/boat) 4. Public transportation (pedicab, motorcycle taxi (non-online), paid shuttle vehicles, taxi, city transportation, public/city bus, train) 5. Online transportation (Gojek, Grab, Maxim, etc., whether motorcycle or car) 6. Others (tractor, three-wheeler (tossa), garbage truck not privately owned, etc.)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No
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F ALL OF NO.23.d.1 - 23.d.6 ARE CODED AS 2 OR 4 (NO), CONTINUE TO NO.24.a

23.e	What was the main mode of transportation (NAME) used to his/her workplace? <i>(Select one of transportation modes with the furthest distance or the longest time)</i>	<input type="checkbox"/> 1. Car (private/official/employee bus) <input type="checkbox"/> 2. Motorcycle (private/official) <input type="checkbox"/> 3. Other private vehicles (bicycle/scooter/boat) <input type="checkbox"/> 4. Public transportation (pedicab, motorcycle taxi (non-online), paid shuttle vehicles, taxi, city transportation, public/city bus, train) <input type="checkbox"/> 5. Online transportation (Gojek, Grab, Maxim, etc., whether motorcycle or car) <input type="checkbox"/> 6. Others, specify.....
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**CHECK THE ANSWER TO QUESTION NO. 14.a (EMPLOYMENT STATUS):
IF THE ANSWER TO QUESTION NO. 14.a = 4, 5, OR 6, THEN CONTINUE TO QUESTION NO. 24.a
IF THE ANSWER TO QUESTION NO. 14.a = 1, 2, 3, OR 7, THEN CONTINUE TO QUESTION NO. 29.a**

24.a	At his/her main job, was NAME paid in the form of: 1. Wage/salary in money 2. Payment per output 3. Commission 4. Service fee 5. Payment in goods 6. Payment in food or accomodation 7. Bulk payment 8. Other cash payments	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No
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24.b	How was (NAME) paid at this main job?	<input type="checkbox"/> 1. Monthly <input type="checkbox"/> 3. Daily <input type="checkbox"/> 5. Others, specify: <input type="checkbox"/> 2. Weekly <input type="checkbox"/> 4. Hourly
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QUESTION NO.24.c IS ASKED IF QUESTION NO.14.a (EMPLOYMENT STATUS) = 4 AND NO.17.a (YEAR OF FIRST WORK IN THE MAIN JOB NOW) = AUGUST 2014 OR AFTER

24.c	How much was the first net salary/wage (in cash and kind) that (NAME) received per month when starting this main job?	Rp. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
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25. **Did (NAME)'s workplace provide:**

a. Health insurance? 1. Yes 2. No 3. Don't know

b. Employment injury security? 4. Yes 5. No 6. Don't know

c. Death security? 1. Yes 2. No 3. Don't know

(NO. 25.d-25.i ARE FILLED ONLY IF NO. 14.a = 4)

d. Old-age security? 4. Yes 5. No 6. Don't know

e. Pension security? 1. Yes 2. No 3. Don't know

f. Job loss security? 4. Yes 5. No 6. Don't know

g. Annual leave/maternity leave without deduction in wage/salary? 1. Yes 2. No 3. Don't know

h. Sick leave/menstrual break without deduction in wage/salary? 4. Yes 5. No 6. Don't know

i. Province/District minimum wage? 1. Yes 2. No 3. Don't know

26.a **Did (NAME) have a job agreement/contract/deed?**

(Example:
- A written contract without specific end date: civil servant/army/police, permanent employee, etc
- A written contract with specific time: outsourcing, a contract period less than five years, etc)

1. Yes, a written contract with no specific end date → CONTINUE TO NO. 27

2. Yes, a written contract with specific end date → CONTINUE TO NO. 27

3. Yes, a verbal agreement

4. No

5. Don't know } → CONTINUE TO NO.27

26.b **How long was the contract/agreement?**

1. < 1 YEAR 2. ≥ 1 YEAR

27. **Was (NAME) a member of a labour union?**
(e.g.: Korpri, KSPSI, FSBDSI, SBSI, SPNI, etc)

1. Yes 2. No 3. Don't know

IF (NAME) AGED 5 TO 17 YEARS → CONTINUE TO NO.28.a; IF (NAME) AGED 18 YEARS OR ABOVE → CONTINUE TO NO.29

28.a **In the past 12 months, has (NAME) ever experienced any situation that was harmful to his/her health due to this main job?**

1. Yes 2. No

28.b **Did (NAME) work at dangerous or unhealthy place?**

1. Yes 2. No

28.c **Has (NAME) ever verbally or physically abused at his/her workplace?**

1. Yes 2. No

MAIN ADDITIONAL JOB

29. **In the past week, did (NAME) have more than one job?**

1. Yes 2. No → CONTINUE TO NO.35.a

30.a **What kind of work did (NAME) do at his/her main additional job?**
(e.g., hoed and pulled grass; drove a motorcycle taxi; sold a chicken porridge; did construction work; taught a piano lesson; administrative staff; etc)

.....

30.b **What was the output of (NAME)'s main additional job?**
(e.g., rice, wooden tables/chairs, passenger services, educational services, government services, construction services, etc.)

.....

30.c **In what field of work was (NAME)'s main additional job?**
(e.g., rice farming in own rice fields, provision of food/drinks, online motorcycle taxis, construction companies, music schools, etc.)

.....

31. **In the past week, how many hours did (NAME) work at the main additional job per day (excludes break time)?**
(Fill the hours worked per day in the available box. If (NAME) was absent from work in the past week, fill zero (0) in each box)

MON	TUE	WED	THU	FRI	SAT	SUN	FRILAH
....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)

32.a **What was (NAME)'s employment status at the main additional job?**

1. Own-account worker → CONTINUE TO NO.32.d

2. Employer assisted by temporary/unpaid worker → CONTINUE TO NO.32.b

3. Employer assisted by permanent/paid worker → CONTINUE TO NO.32.c

4. Employee

5. Casual worker in agriculture

6. Casual worker in non-agriculture } → CONTINUE TO NO.34.a

7. Unpaid/family worker

32.b **Was it assisted by temporary and paid workers?**

1. Yes } → CONTINUE TO NO.32.d

2. No

32.c **How many paid workers are employed at (NAME)'s workplace/business?**

Person (s)

32.d **Has (NAME)'s workplace/business been registered in the licensing system?**

1. Yes, since: MONTH YEAR

2. No

33.a **KBLI code (FILLED BY SUPERVISOR)**

33.b **KBJI code (FILLED BY SUPERVISOR)**

34.a In the past month, did (NAME) use digital technology at his/her main additional job?
 1. Computer (PC, notebook, laptop, tablet atau PDA) 1. Yes 2. No
 2. Smartphone/Handphone (HP) 3. Yes 4. No
 3. Other digital technology (digital camera, voice recorder, calculator, health digital tools, etc) 1. Yes 2. No
 4. Internet (Includes using WhatsApp, Facebook, Instagram, X/Twitter, and other social media platforms.) 3. Yes 4. No → CONTINUE TO NO.35.a

34.b In the past month, has (NAME) used the internet for his/her main additional job to:
 1. Communication 1. Yes 2. No
 2. Promotion 3. Yes 4. No
 3. Accessing information 1. Yes 2. No
 4. Conducting the process of selling goods/services through email/social media (Instagram, Facebook, X/Twitter, etc.)/ instant messaging services (LINE, WhatsApp, Telegram, etc.) 3. Yes 4. No
 5. Conducting the process of selling goods/services through websites/marketplace applications (Tokopedia, Bukalapak, Olx, Shopee, etc.) 1. Yes 2. No
 6. Conducting the process of purchasing goods/services through email/social media (Instagram, Facebook, X/Twitter, etc.)/instant messaging services (LINE, WhatsApp, Telegram, etc.) 3. Yes 4. No
 7. Conducting the process of purchasing goods/services through websites/marketplace applications (Tokopedia, Bukalapak, Olx, Shopee, etc.) 1. Yes 2. No
 8. Internet banking 3. Yes 4. No
 9. Others, specify 1. Yes 2. No

ALL JOBS

IF THE ANSWER TO QUESTION NO. 29a =2 (ONLY HAS ONE JOB), SO THE ANSWERS TO QUESTIONS NO.35.a AND 35.b ARE SIMILAR TO THE ANSWER QUESTION NO.19.a AND 19.b

35.a In the past week, how many hours did (NAME) work each day at all jobs (excludes break time)?
(Fill (NAME)'s total hours worked per day in the available boxes. If (NAME) was absent from work in the past week, then fill 0 (zero) in the each box)

MON	TUE	WED	THU	FRI	SAT	SUN	FRILAH
....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)	....Hour(s)

35.b How many hours does (NAME) usually work per week at all jobs? HOUR (S)

36.a Does (NAME) want to increase his/her hours worked? 1. Yes → CONTINUE TO NO.36.c 2. No

36.b Why does (NAME) not want to increase his/her hours worked?
 1. His/her current hours worked has been sufficient
 2. He/she does other activities (taking care household/going to school)
 3. Illness/health issue
 4. Others, specify..... → CONTINUE TO NO.38.a

36.c Is (NAME) ready/willing to increase his/her hours worked in the next two weeks? 1. Yes 2. No → CONTINUE TO NO.38.a

QUESTION NO.37 IS ASKED IF NO. 35.a<40 AND NO. 35.b≥40

37. Was economic downturn (a decrease in the demand/order being the main reason of (NAME) worked less than 40 hours in the past week? 1. Yes 2. No

JOB SEARCH/BUSINESS PREPARATION

38.a In the past week, did (NAME) seek a job? *(includes waiting for job announcement)* 1. Yes 2. No

38.b In the past week, did (NAME) prepare new business? 1. Yes 2. No

39.a In the past month, did (NAME) actively seek a job? 1. Yes 2. No

39.b In the past month, did (NAME) actively prepare new business? 1. Yes 2. No

IF (NAME) DID NOT SEEK A JOB AND PREPARE NEW BUSINESS IN THE PAST WEEK AND MONTH (NO.38.a=2, NO.38.b=2, NO.39.a=2, AND NO.39.b=2), THEN CONTINUE TO QUESTION NO. 42.a

40. How long did (NAME) seek a job/prepare new business? YEAR MONTH

41.a In the past week/month, did (NAME) apply for a job at public or private job fairs? 1. Yes 2. No

41.b In the past week/month, did (NAME) contact any companies or update and send his/her CV/bio/business profile? 1. Yes 2. No

41.c	In the past week/month, did (NAME) put an advertisement in printed/digital media or internet?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
41.d	In the past week/month, did (NAME) contact his/her family/relatives to seek a job or prepare new business?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
41.e	In the past week/month, did (NAME) collect fund or seek location or register business license?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
41.f	Were there any efforts besides all questions above (41.a - 41.e)? specify:	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No

QUESTION NO.42.a IS ASKED IF NO.38.a = 2 AND NO.38.b = 2

42.a	In the past week, what was the main reason(NAME) did not seek a job and prepare new business?	<input type="checkbox"/> 1. He/she has already been accepted to work but not started yet <input type="checkbox"/> 2. He/she has already had new business but not started it yet <input type="checkbox"/> 3. He/she was discouraged (felt hopeless to get a job, lack of work experience, skill mismatch, and was considered too young/old by the employer) <input type="checkbox"/> 4. He/she has already had a job/business <input type="checkbox"/> 5. Personal/family responsibilities (took care household/ attended a school) <input type="checkbox"/> 6. Lack of infrastructure (asset, road, transportation, employment services) or had no capital <input type="checkbox"/> 7. Unable to work <input type="checkbox"/> 8. Others, specify:	
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**QUESTION NO. 42.b IS ASKED IF QUESTION NO.39.a = 2 AND NO.39.b = 2
IF QUESTION NO.39.a OR NO.39.b = 1 THEN CONTINUE TO QUESTION NO.43.a**

42.b	In the past month, what was the main reason (NAME) did not seek a job and prepare new business?	<input type="checkbox"/> 1. He/she has already been accepted to work but not started yet <input type="checkbox"/> 2. He/she has already had new business but not start edit yet <input type="checkbox"/> 3. He/she was discouraged (felt hopeless to get a job,lack of work experience, skill mismatch, and was considered too young/old by the employer) <input type="checkbox"/> 4. He/she has already had a job/business) <input type="checkbox"/> 5. Personal/family responsibilities (took care household/went to school) <input type="checkbox"/> 6. Lack of infrastructure (asset, road, transportation, employment services) or had no capital <input type="checkbox"/> 7. Unable to work <input type="checkbox"/> 8. Others, specify:.....		CONTINUE TO NO. 43.a
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42.c	Is (NAME) going to start working or run his/her new business in the next three months?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
42.d	Is (NAME) ready/willing to start the job in the next two weeks?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
43.a	In the past week, if there was a job offer, would (NAME) accept it?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No → CONTINUE TO NO.44
43.b	In the past week, was (NAME) ready/willing to start the job offered?	<input type="checkbox"/> 1. Yes → CONTINUE TO NO.45.a	<input type="checkbox"/> 2. No
43.c	In the next two weeks, is (NAME) ready/willing to start the job offered?	<input type="checkbox"/> 1. Yes → CONTINUE TO NO.45.a	<input type="checkbox"/> 2. No
44.	Does (NAME) want a job?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No

WORK EXPERIENCE

45.a	When did (NAME) start working since graduated from his/her highest level of education?	<input type="checkbox"/> 1. After he/she graduated from the highest level of education → <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td align="center" colspan="2">MONTH</td> <td align="center" colspan="2">YEAR</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		MONTH		YEAR					
MONTH		YEAR									
45.b	Has (NAME) previously ever been working or running a business?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No → CONTINUE TO NO.50.a								
46.a	Did (NAME) stop working at his/her previous job in the past year?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No → CONTINUE TO NO.50.a								

46.b	If YES, when did (NAME) stop working? <i>(If (NAME) has stopped working more than once, then write down the time he/she stopped working from his/her last job)</i>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
47.a	What kind of work did (NAME) do at his/her previous job?	.....
47.b	What did (NAME)'s previous workplace produce/sell/serve?	.....
47.c	In what field of work was (NAME)'s previous workplace?	.....
47.d	What was (NAME)'s employment status at his/her previous job?	<input type="checkbox"/> 1. Own-account worker <input type="checkbox"/> 2. Employer assisted by temporary/unpaid worker <input type="checkbox"/> 3. Employer assisted by permanent/paid worker <input type="checkbox"/> 4. Employee <input type="checkbox"/> 5. Casual worker in agriculture <input type="checkbox"/> 6. Casual worker in non-agriculture <input type="checkbox"/> 7. Unpaid/family worker
48.a	KBLI code (FILLED BY SUPERVISOR)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
48.b	KBJI code (FILLED BY SUPERVISOR)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
49.	What is the main reason (NAME) stopped working?	<input type="checkbox"/> 1. Dismissal by employer <input type="checkbox"/> 2. Company went out of business <input type="checkbox"/> 3. Dissatisfied with payment <input type="checkbox"/> 4. Inconvenience work environment <input type="checkbox"/> 5. End of contract job <input type="checkbox"/> 6. Taking care of household <input type="checkbox"/> 7. Others, specify:

OTHER ACTIVITIES

50.a	In the past week, did (NAME) go to school? (either onsite or online learning)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
50.b	In the past week, did (NAME) manage the household? <i>(e.g., swept the floor, cooked meals, nurtured his/her children, washed clothes, fixed his/her house roof, painted his/her house wall, or others)</i>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
50.c	In the past week, did (NAME) do other activities? <i>(e.g. gathering, exercise, patrol, community service, religious activity, or others)</i>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
50.d	Among three activities mentioned above, which activity took most of (NAME)'s time?	<input type="checkbox"/> 1. Going to school <input type="checkbox"/> 3. Others <input type="checkbox"/> 2. Taking care of household <input type="checkbox"/> 4. None of above

SUPPLEMENT OF KARTU PRAKERJA PROGRAMME
(For household member aged 18 years or above)

51.a	Did (NAME) know about Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → LANJUT KE NO.52.a
51.b	Did (NAME) apply for Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → LANJUT KE NO.52.a
51.c	Why did (NAME) apply for Kartu Prakerja programme?	<input type="checkbox"/> 1.To improve his/her knowledge/skills <input type="checkbox"/> 2.To get a certificate <input type="checkbox"/> 3.To get an incentive <input type="checkbox"/> 4.To fill his/her free time <input type="checkbox"/> 5.To follow his/her friends or to give it a try <input type="checkbox"/> 6.Others, specify:.....

51.d	Was (NAME) accepted in Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	→ CONTINUE TO NO.52.a
51.e	When did (NAME) accept in Kartu Prakerja programme?	<input type="checkbox"/> 1. 2020 <input type="checkbox"/> 2. 2021	<input type="checkbox"/> 3. 2022 <input type="checkbox"/> 4. 2023	<input type="checkbox"/> 5. 2024
51.f	Has (NAME) been working before he/she accepted in Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
51.g	Did (NAME) complete the first training in Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	→ CONTINUE TO NO.52.a
51.h	Was the training that (NAME) attended in Kartu Prakerja Programme in line with his/her interest?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
51.i	Was Kartu Prakerja programme able to improve (NAME)'s knowledge/skills?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
51.j	Was the incentive received from the programme used for: 1. Fulfilling daily needs? 2. Funding business? 3. Paying for debts? 4. Paying for transport/gasoline? 5. Purchasing internet package? 6. Attending other training/learning support 7. Others, specify:.....	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 1. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 1. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No <input type="checkbox"/> 4. No <input type="checkbox"/> 2. No <input type="checkbox"/> 4. No <input type="checkbox"/> 2. No <input type="checkbox"/> 4. No <input type="checkbox"/> 2. No	

EXPERIENCE OF WORKING ABROAD
(For household member aged 15 years or above)

52.a	Has (NAME) ever worked abroad as an employee?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	→ CONTINUE TO ANOTHER HOUSEHOLD MEMBER/STOP
52.b	In the last five years (from August 2019 or after), has (NAME) been going abroad to work?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	→ CONTINUE TO NO.53 → CONTINUE TO ANOTHER HOUSEHOLD MEMBER/STOP

EXPERIENCE OF WORKING ABROAD INFORMATION

Now, I would like to ask about (NAME)'s last departure to work abroad

NAME AND SEQ. NUMBER OF HOUSEHOLD MEMBER (Copy from the seq.number of household member on page 2)		.....		No. Urut <input type="text"/>
53.	What was the last country that (NAME) worked at? <i>The last country was the first destination country of the last departure from Indonesia</i>	.....	FILLED BY SUPERVISOR <input type="text"/>	
54.	When did (NAME) leave for that country?	MONTH <input type="text"/>	YEAR <input type="text"/>	

**A JOB POINTED IN QUESTION NO.55.a TO 60 IS
(NAME)'S FIRST JOB IN THE LAST COUNTRY**

55.a	What did (NAME) do in the workplace abroad? <i>(e.g., took care of household, cared for his/her children, cared for old people, served customers, operated the electronic production machine)</i>	..... .....
55.b	What was the output of (NAME)'s workplace? <i>(e.g., domestic assistant service, child care service, nonmedical nurse for old people, road construction service, food/beverage supply, household electronic)</i>	..... .....
55.c	In what field of work was (NAME)'s workplace? <i>(e.g., household activities, food/beverage supplies, construction enterprise, textile industry)</i>	..... .....
56.a	KBLI code (FILLED BY SUPERVISOR)	<input type="text"/>
56.b	KBJI code (FILLED BY SUPERVISOR)	<input type="text"/>

57.	How did (NAME) get the job?	<input type="checkbox"/> 1. Job mutation <input type="checkbox"/> 2. Registered through domestic government agent <input type="checkbox"/> 3. Registered through government agent abroad <input type="checkbox"/> 4. Registered through domestic private agent <input type="checkbox"/> 5. Registered through private agent abroad <input type="checkbox"/> 6. Directly through the employer abroad <input type="checkbox"/> 7. Through individual recruiter <input type="checkbox"/> 8. Through family members/relatives <input type="checkbox"/> 9. Through friends <input type="checkbox"/> 10. Others, specify:.....
58.	How did (NAME) enter (NAME OF THE LAST COUNTRY) to get the job?	<input type="checkbox"/> 1. Through regular imigration with a work visa <input type="checkbox"/> 2. Through regular imigration without a work (e.g., visitor visa) <input type="checkbox"/> 3. Through irregular imigration <input type="checkbox"/> 4. Don't know
59.	What was total (NAME) spent for getting the job in that country? <i>(Includes recruitment cost: recruiter fee, visa/pasport fee, transportation/ accomodation, medical/insurance, training/assessment, security permit, direction, agreement, well-being fee, tools, work/stay permit, interest on debt payments for recruitment fees. Also includes all deduction taken from (NAME)'s salary to get the job)</i>	Total Cost <i>(Convert the cost into rupiahs if the respondent mentions it in other currencies)</i> Rp. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
60.	What was average monthly wage/salary (NAME) received in the first year of working? <i>(Wage/salary recorded was the payment received before it was deducted by the cost to get the job. It includes honorary, bonus, and overtime pay in money/ goods)</i>	Average monthly wage/salary <i>(Convert the wage/salary in rupiahs if the respondent mentions it in other currencies)</i> Rp. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

NOTES

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