

2023 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.	SELECTED HOUSEHOLD SEQ. NO. {SAK.AGS23-DSRT BLOCK V COLUMN (1)}		<input type="text"/>
9.	NAME OF HOUSEHOLD HEAD		
10.	RESPONSE STATUS	1. COMPLETED 2. REFUSED 3. HH NOT FOUND	CONTINUE TO FILL OUT ENUMERATION DESCRIPTION , THEN STOP <input type="text"/>
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

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}
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 (9) ≥ 05}

ENUMERATOR DETAILS AND SURVEY TIME		
1.	A. NAME OF INTERVIEWER:	DATE OF INTERVIEW:
	B. CODE AND CONTACT NUMBER OF ENUMERATOR:	
2.	A. NAME OF SUPERVISOR:	DATE OF CHECKING:
	B. CODE AND CONTACT NUMBER OF SUPERVISOR	

LIST OF HOUSEHOLD MEMBER

Seq. No.	Name of Household Member (Includes Household Head)	Relationship to Household Head (fill in the code)	Sex (Put a tick mark in the suitable box)	Nationality (Put a tick mark in the suitable box, and if NAME is a foreign citizen, write down his/her nationality) CODE IS FILLED BY SUPERVISOR	Place of Birth {The residence of NAME's birth mother when delivered NAME}		Month and Year of Birth	Age Now (year)
					Province/Country (Write it down) CODE IS FILLED BY SUPERVISOR	District (Kabupaten/Kota) (Write it down and cross out the unnecessary) CODE IS FILLED BY SUPERVISOR		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1		0 1	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. Indonesian <input type="checkbox"/> 2. Foreign Citizen.....		District (Kabupaten/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.....		District (Kabupaten/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.....		District (Kabupaten/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.....		District (Kabupaten/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.....		District (Kabupaten/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.....		District (Kabupaten/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.....		District (Kabupaten/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):

- Is there another person like domestic assistant, driver, gardener, baby sitter/parent caregiver, or alike who usually lives in this house?
- Is there another person who usually lives here but is away for less than a year?
- Is there a child/baby who has not been listed?
- 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?
- 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?
- 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?
- 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 → Add into the list | <input type="checkbox"/> 2. NO |
| <input type="checkbox"/> 1. YES → Add into the list | <input type="checkbox"/> 2. NO |
| <input type="checkbox"/> 1. YES → Add into the list | <input type="checkbox"/> 2. NO |
| <input type="checkbox"/> 1. YES → Add into the list | <input type="checkbox"/> 2. NO |
| <input type="checkbox"/> 1. YES → Remove from the list | <input type="checkbox"/> 2. NO |
| <input type="checkbox"/> 1. YES → Remove from the list | <input type="checkbox"/> 2. NO |
| <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>	Seq. No. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		
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>	Seq. No. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		
3.a	Personal Identity Number	<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0;"></div>		
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>(A child attending kindergarten/early childhood education at the present is considered never attended school)</i>	<input type="checkbox"/> 1. Not yet in 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 <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>	FILLED BY SUPERVISOR <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
6.c	When did (NAME) graduate from his/her highest level of education?	MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>		
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: 1. 2. 3.	FILLED BY SUPERVISOR <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Training Method <input type="checkbox"/> 1. Online <input type="checkbox"/> 2. Offline <input type="checkbox"/> 3. Hybrid	Funding Source: <input type="checkbox"/> 1. Government, specify: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> 3. Own-cost <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 4. Others, <input type="checkbox"/> 2. Company/employer
		FILLED BY SUPERVISOR <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<input type="checkbox"/> 1. Online <input type="checkbox"/> 2. Offline <input type="checkbox"/> 3. Hybrid	<input type="checkbox"/> 1. Government, specify: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> 3. Own-cost <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 4. Others, <input type="checkbox"/> 2. Company/employer
		FILLED BY SUPERVISOR <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<input type="checkbox"/> 1. Online <input type="checkbox"/> 2. Offline <input type="checkbox"/> 3. Hybrid	<input type="checkbox"/> 1. Government, specify: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> 3. Own-cost <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <input type="checkbox"/> 4. Others, <input type="checkbox"/> 2. Company/employer
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 year, has (NAME) ever attended internship?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 7		
6.j	Did (NAME) receive a certificate from his/her internship?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		

7	In August 2018 (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 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>
8.a	Does (NAME) have difficulty seeing?	<input type="checkbox"/> 1. Yes, cannot see at all <input type="checkbox"/> 2. Yes, severe	<input type="checkbox"/> 3. Yes, slight <input type="checkbox"/> 4. No
8.b	Does (NAME) have difficulty hearing?	<input type="checkbox"/> 5. Yes, cannot hear at all <input type="checkbox"/> 6. Yes, severe	<input type="checkbox"/> 7. Yes, slight <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"/> 2. Yes, severe	<input type="checkbox"/> 3. Yes, slight <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"/> 6. Yes, severe	<input type="checkbox"/> 7. Yes, slight <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"/> 2. Yes, severe	<input type="checkbox"/> 3. Yes, slight <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"/> 6. Yes, often	<input type="checkbox"/> 7. Yes, slight <input type="checkbox"/> 8. No
9.a	In the past week, did (NAME) work at least an hour? (Work is an activity to generate income/profit that carried out for at least an hour in the past week)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 12.a <input type="checkbox"/> 2. No
9.b	In the past week, did (NAME) run business or do activities to generate earnings?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 12.a <input type="checkbox"/> 2. No
9.c	In the past week, did (NAME) help to run the family's or other people's business or activity? (Paid or unpaid, e.g., helped parents look after a shop, helped parents in the farm, etc.)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 12.a <input type="checkbox"/> 2. No
10.	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	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 31.a
11.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	
11.b	Did (NAME) still get paid when she/he was absent from work?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
11.c	How long has (NAME) been absent from work?	<input type="checkbox"/> 1. 0-3 month (s) → CONTINUE TO NO. 12.a <input type="checkbox"/> 2. More than 3 months	
11.d	Is there any guarantee that (NAME) could return to his/her current workplace or business?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Not sure <input type="checkbox"/> 4. Don't know

(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 (Q.10 = 1) then fill out the job that NAME was absent)

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19.b	Did (NAME) use internet in his/her main job? (Includes using whatsapp, facebook, instagram, twitter and other social media)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 20					
19.c	Was the internet used for: 1. Communicating 2. Promoting 3. Selling goods/service via email/ social media (Instagram, Facebook, Twitter, LINE, WhatsApp, Telegram, etc) 4. Selling goods/Service via website/ e-commerce apps (Tokopedia, Bukalapak, Olx, etc) 5. 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					
20.	For whom did (NAME) work?	<input type="checkbox"/> 1. Government → CONTINUE TO NO. 22.a <input type="checkbox"/> 2. International/NonProfit Organisation <input type="checkbox"/> 3. Corporation (PT, CV, UD, Koperasi, Firms, BUMN/BUMD) <input type="checkbox"/> 4. Self-Employment <input type="checkbox"/> 5. Household <input type="checkbox"/> 6. Cannot be classified into Code 1 – 5, specify: <input type="checkbox"/> 7. Don't know					
21.	Does (NAME)'s workplace have a balance sheet?	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes, a simple balance sheet (for personal reason/ retribution payment) <input type="checkbox"/> 3. Yes, a complete balance sheet (profit and loss account) <input type="checkbox"/> 4. Don't know					
22.a	Where was (NAME)'s workplace located?	<input type="checkbox"/> 1. (NAME)'s house → CONTINUE TO NO. 23.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:.....					
<p>IF THE ANSWER TO QUESTION NO. 22.a = 3 AND NAME'S RELATIONSHIP TO THE HOUSEHOLD HEAD = 9 (DOMESTIC ASSISTANT) OR 10 (DRIVER/GARDENER), THEN CONTINUE TO QUESTION NO. 23.a</p>							
22.b	In the past week, where did (NAME) work at this main job? - For traveling salesman, select the location where he/she usually starts selling his/her merchandise. - For driver/motorcycle taxis 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. - For journalist and courier, select the location where his/her office is.	<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)* : *) strike-through the unnecessary <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>				
22.c	Was (NAME) take a round trip from home to his/her workplace regularly?	<input type="checkbox"/> 1. Yes, every day (take a round trip daily) <input type="checkbox"/> 2. Yes, every week (take a round trip weekly, e.g., once or twice a week) <input type="checkbox"/> 3. Yes, every month (take a round trip more than a week and less than a year) <input type="checkbox"/> 4. No					
22.d	What was the main mode of transportation (NAME) used to his/her workplace? (Select one of transportation modes with the furthest distance or the longest time)	<input type="checkbox"/> 1. Car (private/official/employee bus) <input type="checkbox"/> 2. Motorcycle (private/official) <input type="checkbox"/> 3. Other private vehicle (bicycle/scooter) <input type="checkbox"/> 4. Public Transportation (e.g., rickshaw, motorcycle taxi (nononline), paid pickup vehicle, omprengan, taxi, city transportation, public bus, commuter line/train) <input type="checkbox"/> 5. Online Transportation (Gojek, Grab, Maxim, etc either car or motorcycle) <input type="checkbox"/> 6. On foot/using no transportation					

CHECK THE ANSWER TO QUESTION NO. 13.a (EMPLOYMENT STATUS):
IF THE ANSWER TO QUESTION NO. 13.a = 4, 5, OR 6, THEN CONTINUE TO QUESTION NO. 23.a
IF THE ANSWER TO QUESTION NO. 13.a = 1, 2, 3, OR 7, THEN CONTINUE TO QUESTION NO. 27.a

23.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	<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> <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>	<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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<input type="checkbox"/> 3. Yes	<input type="checkbox"/> 4. No																												
23.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																											
23.c	What was net total earnings/salary (NAME) received per month, either in money or in goods, since he/she started working at this main job?	Rp. <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>																											
24.	Did (NAME)'s workplace provide: a. Health insurance? b. Employment injury security? c. Death security? (NO. 24.d-24.i ARE FILLED ONLY IF NO. 13.a = 4) d. Old-age security? e. Pension security? f. Job loss security? g. Annual leave/maternity leave without deduction in wage/salary? h. Sick leave/menstrual break without deduction in wage/salary? i. Province/District minimum wage?	<table style="width:100%;"> <tr> <td><input type="checkbox"/> 1. Yes</td> <td><input type="checkbox"/> 2. No</td> <td><input type="checkbox"/> 3. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 4. Yes</td> <td><input type="checkbox"/> 5. No</td> <td><input type="checkbox"/> 6. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 1. Yes</td> <td><input type="checkbox"/> 2. No</td> <td><input type="checkbox"/> 3. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 4. Yes</td> <td><input type="checkbox"/> 5. No</td> <td><input type="checkbox"/> 6. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 1. Yes</td> <td><input type="checkbox"/> 2. No</td> <td><input type="checkbox"/> 3. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 4. Yes</td> <td><input type="checkbox"/> 5. No</td> <td><input type="checkbox"/> 6. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 1. Yes</td> <td><input type="checkbox"/> 2. No</td> <td><input type="checkbox"/> 3. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 4. Yes</td> <td><input type="checkbox"/> 5. No</td> <td><input type="checkbox"/> 6. Don't know</td> </tr> <tr> <td><input type="checkbox"/> 1. Yes</td> <td><input type="checkbox"/> 2. No</td> <td><input type="checkbox"/> 3. Don't know</td> </tr> </table>	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know	<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know
<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know																											
<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know																											
<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know																											
<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know																											
<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know																											
<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know																											
<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know																											
<input type="checkbox"/> 4. Yes	<input type="checkbox"/> 5. No	<input type="checkbox"/> 6. Don't know																											
<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	<input type="checkbox"/> 3. Don't know																											
25.a	Did (NAME) have a job agreement/contract/decreree? <i>(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)</i>	<input type="checkbox"/> 1. Yes, a written contract with no specific end date → CONTINUE TO NO. 26 <input type="checkbox"/> 2. Yes, a written contract with specific end date <input type="checkbox"/> 3. Yes, a verbal agreement <input type="checkbox"/> 4. No <input type="checkbox"/> 5. Don't know → CONTINUE TO NO. 26																											
25.b	How long was the contract/agreement?	<input type="checkbox"/> 1. < 1 YEAR <input type="checkbox"/> 2. ≥ 1 YEAR																											
26.	Was (NAME) a member of a labour union? <i>(e.g.: Korpri, KSPSI, FSBDSI, SBSI, SPNI, etc)</i>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know																											
IF (NAME) AGED 5 TO 17 YEARS → CONTINUE TO NO. 27.a IF (NAME) AGED 18 YEARS OR ABOVE → CONTINUE TO NO. 28.a																													
27.a	In the past 12 months, has (NAME) ever experienced any situation that was harmful to his/her health due to this main job?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																											
27.b	Did (NAME) work at dangerous or unhealthy place?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																											
27.c	Has (NAME) ever verbally or physically abused at his/her workplace?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																											
ALL JOBS																													
28.a	In the past week, did (NAME) have more than one job?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No																											
IF THE ANSWER TO QUESTION NO. 28.a =2 (ONLY HAS ONE JOB), SO THE ANSWERS TO QUESTIONS NO 28.b AND 28.c ARE SIMILAR TO THE ANSWERS TO QUESTIONS NO.18.a AND 18.b																													
28.b	In the past week, how many hours did (NAME) work each day at all jobs (excludes break time)? <i>(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</i>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>FRI</th> <th>TOTAL</th> </tr> <tr> <td>... Hour(s)</td> <td>... Hour(s)</td> <td>...Hour (s)</td> <td>...Hour (s)</td> <td>... Hour (s)</td> <td>...Hour (s)</td> <td>...Hour (s)</td> <td>...Hour (s)</td> </tr> </table>	MON	TUE	WED	THU	FRI	SAT	FRI	TOTAL	... Hour(s)	... Hour(s)	...Hour (s)	...Hour (s)	... Hour (s)	...Hour (s)	...Hour (s)	...Hour (s)											
MON	TUE	WED	THU	FRI	SAT	FRI	TOTAL																						
... Hour(s)	... Hour(s)	...Hour (s)	...Hour (s)	... Hour (s)	...Hour (s)	...Hour (s)	...Hour (s)																						
28.c	How many hours does (NAME) usually work per week at all jobs?	<input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> HOUR (S)																											
29.a	Does (NAME) want to increase his/her hours worked?	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 29.c <input type="checkbox"/> 2. No																											
29.b	Why does (NAME) not want to increase his/her hours worked?	<input type="checkbox"/> 1. His/her current hours worked has been sufficient <input type="checkbox"/> 2. He/she does other activities (taking care household/going to school) <input type="checkbox"/> 3. Illness/health issue <input type="checkbox"/> 4. Others, specify.....																											
29.c	Is (NAME) ready/willing to increase his/her hours worked in the next two weeks?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 31.a																											

QUESTION NO. 30 IS ASKED IF NO.28.b<40 AND NO.28.c>=40

30.	Was economic downturn (a decrease in the demand/order being the main reason of (NAME) worked less than 40 hours in the past week?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
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JOB HUNTING/BUSINESS PREPARATION

31.a	In the past week, did (NAME) seek a job? <i>(includes waiting for job announcement)</i>	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
31.b	In the past week, did (NAME) prepare new business?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
32.a	In the past month, did (NAME) actively seek a job?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
32.b	In the past month, did (NAME) actively prepare new business?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No

IF (NAME) DID NOT SEEK A JOB AND PREPARE NEW BUSINESS IN THE PAST WEEK AND MONTH
(NO.31.a=2, NO.31.b=2, NO.32.a=2, AND NO.32.b=2), THEN CONTINUE TO QUESTION NO. 35.a

33.	How long did (NAME) seek a job/prepare new business?	<input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> MONTH
34.a	In the past week/month, did (NAME) apply for a job at public or private job fairs?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
34.b	In the past week/month, did (NAME) contact any companies or update and send his/her CV/bio/business profile?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
34.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
34.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
34.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
34.f	Were there any efforts besides all questions above (34.a-34.e)? specify:	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No

QUESTION NO. 35.a IS ASKED IF NO.31.a = 2 AND NO.31.b = 2

35.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. 35.b IS ASKED IF QUESTION NO.32.a = 2 AND NO.32.b = 2
IF QUESTION NO.32.a OR NO.32.b = 1 THEN CONTINUE TO QUESTION NO.36.a

35.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 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/ 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. 36.a
35.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	
35.d	Is (NAME) ready/willing to start the job in the next two weeks?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	

36.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. 37
36.b	In the past week, was (NAME) ready/willing to start the job offered?	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 38.a <input type="checkbox"/> 2. No
36.c	In the next two weeks, is (NAME) ready/willing to start the job offered?	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 38.a <input type="checkbox"/> 2. No
37.	Does (NAME) want a job?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
WORK EXPERIENCE		
38.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 → MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 2. Before graduated from the highest level of education <input type="checkbox"/> 3. Never did he/she work or start working since graduated from the highest level of education
38.b	Has (NAME) previously ever been working or running a business?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 43.a
39.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. 43.a
39.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"/>
40.a	What kind of work did (NAME) do at his/her previous job?
40.b	What did (NAME)'s previous workplace produce/sell/serve?
40.c	In what field of work was (NAME)'s previous workplace?
40.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
41.a	Code of KBLI (FILLED BY SUPERVISOR)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
41.b	Code of KBJI (FILLED BY SUPERVISOR)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
42.	Why did (NAME) stopped working at that job?	<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		
43.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
43.b	In the past week, did (NAME) take care of household? (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)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
43.c	In the past week, did (NAME) do other activities? (e.g. gathering, exercise, patrol, community service, religious activity, or others)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
43.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
SUPLEMENT OF KARTU PRAKERJA PROGRAMME (For household member aged 18 years or above)		
44.a	Did (NAME) know about Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 45.a
44.b	Did (NAME) apply for Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 45.a
44.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:.....
44.d	Was (NAME) accepted in Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 45.a
44.e	When did (NAME) accept in Kartu Prakerja programme?	<input type="checkbox"/> 1. 2020 <input type="checkbox"/> 3. 2022 <input type="checkbox"/> 2. 2021 <input type="checkbox"/> 4. 2023
44.f	Has (NAME) been working before he/she accepted in Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
44.g	Did (NAME) complete the first training in Kartu Prakerja programme?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → CONTINUE TO NO. 45.a
44.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
44.i	Was Kartu Prakerja programme able to improve (NAME)'s knowledge/skills?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
44.j	Was the incentive received from the programme used for:	<div>1. Fulfilling daily needs? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</div> <div>2. Funding business? <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No</div> <div>3. Paying for debts? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</div> <div>4. Paying for transport/gasoline? <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No</div> <div>5. Purchasing internet package? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</div> <div>6. Attending other training/learning support <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. No</div> <div>7. Others, specify:..... <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</div>
EXPERIENCE OF WORKING ABROAD (For household member aged 15 years or above)		
45.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
45.b	In the last five years (from August 2018 or after), has (NAME) been going abroad to work?	<input type="checkbox"/> 1. Yes → CONTINUE TO NO. 46 <input type="checkbox"/> 2. No → 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)

Seq. No.

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46. What was the last country that (NAME) worked at?
The last country was the first destination country of the last departure from Indonesia

FILLED BY SUPERVISOR

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47. When did (NAME) leave for that country?

MONTH

--	--

YEAR

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A JOB POINTED IN QUESTION NO. 48.a TO 54 IS (NAME)'S FIRST JOB IN THE LAST COUNTRY

48.a What did (NAME) do in the workplace abroad?
e.g., took care of household, cared for his/her children, cared for old people, served customers, operated the electronic production machine

48.b What was the output of (NAME)'s workplace?
e.g., domestic assistant service, child care service, nonmedical nurse for old people, road construction service, food/beverage supply, household electronic

48.c In what field of work was (NAME)'s workplace?
e.g., household activities, food/beverage supplies, construction enterprise, textile industry

49. KBLI Code (FILLED BY SUPERVISOR)

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50. KBJI Code (FILLED BY SUPERVISOR)

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51. How did (NAME) get the job?

- ☐ 1. Job mutation
☐ 2. Registered through domestic government agent
☐ 3. Registered through government agent abroad
☐ 4. Registered through domestic private agent
☐ 5. Registered through private agent abroad
☐ 6. Directly through the employer abroad
☐ 7. Through individual recruiter
☐ 8. Through family members/relatives
☐ 9. Through friends
☐ 10. Others, specify:.....

52. How did (NAME) enter (NAME OF THE LAST COUNTRY) to get the job?

- ☐ 1. Through regular immigration with a work visa
☐ 2. Through regular immigration without a work (e.g., visitor visa)
☐ 3. Through irregular immigration
☐ 4. Don't know

53. What was total (NAME) spent for getting the job in that country?

(Includes recruitment cost: recruiter fee, visa/pasport fee, transportation/accommodation, 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)

Total Cost

(Convert the cost into rupiahs if the respondent mentions it in other currencies)

Rp.

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54. What was average monthly wage/salary (NAME) received in the first year of working?

(Wage/salary recorded was the payment received before it was deducted by the cost to get the job. It includes honorarium, bonus, and uang lembur in money/goods)

Average monthly wage/salary

(Convert the wage/salary in rupiahs if the respondent mentions it in other currencies)

Rp.

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