



REPUBLIC OF INDONESIA  
BPS-STATISTICS INDONESIA

**SPPLH12.RT**

## PRO ENVIRONMENTAL BEHAVIOUR SURVEY 2012

**CONFIDENTIAL**

I. IDENTIFICATION			
1	Province		<input type="text"/> <input type="text"/>
2	Regency/Municipality *)		<input type="text"/> <input type="text"/>
3	District		<input type="text"/> <input type="text"/> <input type="text"/>
4	Village/Kelurahan*)		<input type="text"/> <input type="text"/> <input type="text"/>
5	Area Classification	1. <i>Urban</i> 2. <i>Rural</i>	<input type="checkbox"/>
6	Census Blok Number		
7	Sample Code Number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	Household Sample Serial Number		<input type="text"/> <input type="text"/>
9	Name of the Head of Household		
10	Address		
11	Source of Information	1. Name :	List Number of Household Member <input type="checkbox"/>
		2. Signature :	

II. SUMMARY (Completed after finish filling up Block IV)			
1	Number of household members		<input type="text"/> <input type="text"/>
2	Number of household member above 5 years old age		<input type="text"/> <input type="text"/>
3	Number of household member above 10 years old age		<input type="text"/> <input type="text"/>

III. ENUMERATING CHARACTERISTICS			
Detail	Enumerator		Supervisor
1. Name	.....		.....
2. NIP/NIMS	<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"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Position	1. Staff of Province 2. Staff of Municipality	3. Statistics Coordinator <input type="checkbox"/> 4. Statistic Partner <input type="checkbox"/>	1. Staff of Province 2. Staff of Municipality 3. Statistics Coordinator <input type="checkbox"/> 4. Statistic Partner <input type="checkbox"/>
4. Mobile Phone Number	.....		.....
5. Date of Enumeration/Supervising	Date <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/>	
6. Signature			

\*) Cross out inapplicable category

## IV. HOUSEHOLD MEMBER CHARACTERISTICS

No.	Name of household member <i>(Write anybody who usually live and eat in this household, adult, children, baby)</i>	Relation to the head of household  [Code]	Sex 1. Male 2. Female	Age <i>(years)</i>	Marital status  [Code]	Household members above 5 years old age						Household members above 5 years old age			
						Level of education attainment  [Code]	Whether [NAME] ever attended environmental training for the last 3 years?  1. Ever attended 2. Never attended 9. Do not know	If column (8) = 1 type of training attended  [Code]	The most activity done during previous week  [Code]	If column (10) ≠ 0 The most common of transportation used to support main activities		Whether [NAME] smokes during previous week?  1. Yes 2. No Column (16)	Type of cigarettes consume in the previous week  1. Filter 2. Nonfilter 3. Filter and Nonfilter	Number of cigarettes consume in the previous week	Behaviour [NAME] on trasing waste in the house  1. In the rubbish can 2. Anywhere
										Type of transportation  [Code]	If column (11) = 3,4 Type of fuel used  [Code]				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1		1	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

**Code for Column (3):  
Relation to the Head of Household**

1. Head of household
2. Wife/Husband
3. Children
4. Son/daughter in-law
5. Grandchildren
6. Parent/in-law
7. Other family
8. House maid
9. Other

**Code for Column (6):  
Marital Status**

1. Single
2. Married
3. Divorced
4. Widowed

**Code for Column (7):  
Level of Education attainment**

00. Not completed
01. Primary school
02. Paket A
03. Junior High School
04. Paket B
05. Senior High School
06. Paket C
07. D1/D2
08. D3/bachelor
09. D4/S1
10. S2/S3

**Code for Column (9):  
Type of education ever completed  
(Sum the answer code)**

1. Waste management
2. Water conservation
4. Energy conservation/Alternate energy
8. Deforestation
16. Wildlife conservation
99. Do not know

**Code for Column (10):  
The most activity done during previous week**

0. Not working
1. Working
2. Attending school
3. Taking care household
4. Other

**Code for Column (11):  
Type of Transportation**

0. Without vehicle
1. Bicycle
2. Pedicab/gig
3. Motorcycle
4. Car
5. Public car
6. Train
7. Other motorize public transportation
8. Other

**Code for Column (12):  
Type of Fuel**

1. Diesel fuel
2. Gasoline premium
3. Gasoline pertamax
4. Biofuel
5. Gas fuel

## V. DWELLING CONSTRUCTION

### 1. Dwelling ownership status :

1. Own property                      5. Official house  
 2. Rent                                      6. Family property  
 3. Lease                                      7. Other  
 4. Free lease

### 2. a. Land area

Length :    m      Area :     m<sup>2</sup>  
 Width :    m

b. Land area that is not covered by cement/building :     m<sup>2</sup>

### 3. a. Toilet facilities :

1. Private toilet                      3. Public toilet  
 2. Share toilet                      4. Not available → continue to 3.d [R3.d]

### b. Type of closed used :

1. Swan neck                      3. Dry latrine  
 2. Gradient plumbing              4. Not using

### c. If R3.b = 1 (swan neck), whether equipped with "flush"?

1. Yes                                      2. No

### d. Toilet waste water facilities :

1. Septic tank                      4. Hole  
 2. Pond/rice field                      5. Shore/open field/yard  
 3. River/lake/sea                      6. Do not know

### 4. In sunny day, whether fully utilized sun light?

1. Yes, mostly  
 2. Yes, little bit  
 3. Not at all

### 5. Whether household posses or nurture plant (for example : fruit, vegetable, tuber, medical plant, decorated plants, other)?

1. Yes                                      2. No

### 6. Type of water absorbtion around the house?

- a. Absorbtion well                      1. Yes    2. No  
 b. Biopory holes                      1. Yes    2. No  
 c. Park                                      1. Yes    2. No  
 d. Others: .....                      1. Yes    2. No

  
  
  


## VI. ENERGY UTILITIES

### 7. Type of cooking fuel :

1. Electricity                      6. Charcoal  
 2. City gas/LPG                      7. Wood  
 3. Biogas                                      8. Other  
 4. Kerosene                                      9. Not cooking → [R9]  
 5. Coal

Primary

a.

Alternate

b.

### 8. Whether closing the cooking equipment while cooking?

1. Yes                                      2. No

### 9. a. Source of main light :

1. Electricity from PLN                      3. Oil lamp  
 2. Electricity from non-PLN                      4. Other } [R14]

### b. If electricity from PLN (R9.a=1), installed electric power is :

1. 450 watt                                      4. 2.200 watt  
 2. 900 watt                                      5. > 2.200 watt  
 3. 1.300 watt                                      6. Without meter

10. a. Number of lamp installed in the house :   unit  
 b. Number of lamp with **energy saver** installed :   unit  
 c. Number of lamp with **light on** during the day :   unit  
 d. Number of lamp with **light off** during night before sleeps :   unit

### 11. Electronic appliances and behavioural use :

Electronic appliances	Unit	If column (2) ≠ 0, Whether still keeping equipments on when it is not being used?		
		1. Never	2. Sometimes	3. Often
(1)	(2)	(3)		
a. Television		1	2	3
b. AC		1	2	3
c. Fan/Exhaust fan		1	2	3
d. Computer/Laptop		1	2	3
e. Radio/tape/DVD		1	2	3
f. Water pump		1	2	3
g. Iron				
h. Refrigerator				
i. Dispenser				
j. Magic com/Rice cooker				
k. Washing machine				

### 12. If equipped with an AC (R11.b kol. (2) ≠ 0), Whether keep the temperature below 25°C during the previous month :

1. Never                                      3. Yes, Often  
 2. Yes, Sometimes

### 13. a. Effort of reducing electricity consumption during the previous year

1. Yes                                      2. No → [R14]

### b. Type of effort :

(the answer option no need to be read)

1. Replace electronic equipment/ lamp with the low consumption equipment                      1. Yes    2. No  
 2. Turn off unused electronic equipment/ lamp which was not being used                      1. Yes    2. No  
 3. Reducing the frequently used of electronic equipment                      1. Yes    2. No  
 4. Others: .....                      1. Yes    2. No





### c. The main reason in reducing electricity consumption : (the answer option no need to be read)

1. Cost reduction  
 2. Environmental consideration  
 3. Others: .....

## VII. WASTE MANAGEMENT

### 14. a. Waste treatment :

1. Recycle                                      1. Yes    2. No  
 2. Being made into fertilizer                      1. Yes    2. No  
 3. Transported to waste treatment                      1. Yes    2. No  
 4. Sold to waste consolidator                      1. Yes    2. No  
 5. Burried                                      1. Yes    2. No  
 6. Burned                                      1. Yes    2. No  
 7. Throw to the sea/river/canal                      1. Yes    2. No  
 8. Throw anywhere                      1. Yes    2. No  
 9. Others: .....                      1. Yes    2. No









### b. The most common/often of waste treatment (Filled with code from 1-9 to R.14.a with code "1")

15. Whether conducting waste classification which are easily and not easily decay :  
 1. Never 3. Yes, Often  
 2. Yes, Sometimes

16. **The most common/often** of waste treatment with hazardous and poisonous materials (for example : battery, used can, etc):  
**(do not read answer option)**  
 1. Recycle  
 2. Transported to waste treatment  
 3. Sold to waste consolidator  
 4. Buried  
 5. Burned  
 6. Throw to sea/river/canal  
 7. Throw anywhere  
 8. Others: .....

17. Common treatment to used stuffs (for example : cloth, furniture, etc)?  
 1. Throw anywhere 3. Gave to others  
 2. Sold 4. Reused later

### VIII. WATER UTILITIES

18. Main source of water used: **[Filled up the code of water resource]**

Type of water sources	Water utility				
	Drinking	Cooking	Shower	Washing Clothes	Washing Vehicles
(1)	(2)	(3)	(4)	(5)	(6)
01. Bottled water/refilled water					
02. Official tap water					
03. Unofficial tap water					
04. Artesian/Pump well					
05. Protected well					
06. Unprotected well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Protected spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. Unprotected spring					
09. River					
10. Reservoir/Lake					
11. Rain water					

19. Whether reused brown water for other functionality during **the previous week?**  
 1. Never 3. Yes, Often  
 2. Yes, Sometimes

20. Shower facility which is commonly used by most member of family :  
 1. Shower 3. Bathtub  
 2. Water dipper 4. Others : .....

21. Whether using plumbing as water installation?  
 1. Yes 2. No → **[R26]**

22. How is water being used for washing?  
**(Filled with code "1" if using flowing water and code "2" when using tray)**  
 a. Dishes   
 b. Vegetable/fruit

23. a. How cloths were washed?  
 1. Using washing machine single tube  
 2. Using washing machine double tube  
 3. Without machine  
 4. Laundry → **[R24]**

b. While washing, whether rinse the cloths using flowing water?  
 1. Yes → **[R24]** 2. No

c. How many time cloths being rinse : ..... time

24. Did you ever let the water flows without being used?  
 1. Never 3. Yes, Often  
 2. Yes, Sometimes

25. a. Whether conducting effort in reducing water consumption during **the previous year?**  
 1. Yes 2. No → **[R26]**

b. Type of effort conducted :  
**(do not read the answer option)**  
 1. Using/replace low water consumption equipment 1. Yes 2. No   
 2. Fixing broken water installation 1. Yes 2. No   
 3. Turn off the water knob 1. Yes 2. No   
 4. Reducing the water consumption volume 1. Yes 2. No

c. Main reason to reduce water consumption:  
**(do not read the answer option)**  
 1. Reducing cost  
 2. Environmental consideration  
 3. Others: .....

### IX. TRANSPORTATION UTILITIES

26. a. Number of motorcycle posses during **the previous month** ..... unit

b. **If possessing motorcycle (R26.a ≠ 0),**  
 How the motorcycle was being used during **the previous month:**  
 1. Solo 2. Shared

27. a. Number of cars posses during **the previous month** ..... unit

b. **If possessing cars (R27.a ≠ 0),**  
 How the cars was being used during **the previous month:**  
 1. Solo 2. Shared

### IF POSSESSED/USED MOTORIZED VEHICLE [R26.a ≠ 0 atau R27.a ≠ 0]

28. a. Whether conducting emission test during **the previous year?**  
 1. Yes 9. Not yet the due date  
 2. No

b. Whether routinely conducting machine service during **the previous year?**  
 1. Yes 9. Not yet the due date  
 2. No

c. Whether checked the tire pressure during **the previous month?**  
 1. Yes 2. No

29. a. Whether conducting effort in reducing vehicle being used during **the previous year?**  
 1. Yes 2. No → **[R30]**

b. Type of effort being conducted:  
**(do not read the answer options)**  
 1. Using public transportation 1. Yes 2.No   
 2. Take a walk/using bicycle 1. Yes 2.No   
 3. Sharing transportation 1. Yes 2.No   
 4. Others: ..... 1. Yes 2.No

c. The main reason to reduce the motorized vehicle being used:  
**(do not read the answer option)**  
 1. Cost reduction  
 2. Environmental consideration  
 3. Others: .....



### XIII. NOTES