I. IDENTIFICATION

PROVINCE: ................................................
REG/CITY*: ................................................
SUB DISTRICT: .................................................
VILLAGE/TOWN*: ............................................... 
CENSUS BLOCK NUMBER: ............................................

II. RECAPITULATION OF CONTROL CARD

TOTAL NUMBER OF HOUSEHOLDS: .........................
TOTAL NUMBER OF DOCUMENTS: .....................................
TOTAL NUMBER OF HOUSEHOLD MEMBERS: .........................

 III. ENUMERATION PARTICULARS

1. NAME OF ENUMERATOR: Listing Enumerator:
   ENUMERATOR 1: ..............................................
   ENUMERATOR 2: ..............................................
   ENUMERATOR 3: ..............................................

2. DATE OF ENUMERATION: .................................
   up to .........................................................

3. SIGNATURE: ..............................................

4. NAME OF TEAM COORDINATOR (KORTIM): ..............

5. DATE OF EDITING: ........................................

6. SIGNATURE: ..............................................

7. NAME OF EDITOR IN BPS OF REG/CITY: ....................

8. DATE OF EDITING: ........................................

9. SIGNATURE: ..............................................

Notice:
- Use a standard 2B pencil (with logo BPS SP2010) to fill in the questionnaire.
- Use a standard eraser to cleanly erase and correct the answer.
- Keep the document clean and dry and do not fold the document.

* Cross out the unused category
**I. IDENTIFICATION**

**Address:**

An Ordinary household is a group of persons who usually live together in a building or housing unit who make common provision for food and other essentials of living. One household could consist of only one household member.

Please ask about all persons who usually live and eat in this household; adults, children and/or persons who are away for less than 6 months and do not intend to move out of the household.

Record the numbers and names of all household members on the list of household members below.

**List of Household Members**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Usual Residents</th>
<th>Relationship to head of household*</th>
<th>Sex</th>
<th>Total of HH’s member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Relationship to head of household: (code for column 3)

1. Head of household
2. Spouse
3. Child
4. Adopted/step child
5. Son/daughter in law
6. Grandchild
7. Parent/parent in law
8. Other family
9. Housemaid
10. Others

**To Be Included As Household Member (Record the name in the list)**

1. Are there any infants or small children who have not been recorded?
2. Are there any other persons who may not be family members such as housemaids, boarders or friends who usually live here but have not been recorded?
3. Are there any guests or temporary visitors in this household who already leave their house for 6 months and more but have not been recorded?
4. Are there any persons who usually live here, but currently away for less than 6 months who have not been recorded?

**To Be Checked by The Team Coordinator**

- 1. Are the numbers, markings, and letters entered in this questionnaire done correctly and clearly?
- 2. Is the household identification written correctly and clearly?
- 3. Are Q201=Q206 completed for all household members?
- 4. Are age (Q204) filled for all household members?
- 5. For household members age 5 years and over, are Q209+Q211 filled?
- 6. For household members age 10 years and over, are Q215-218 completed?
- 7. Are any ever married women age 10 years and over, (Q203=2, Q215=2, Q218=1)?
- 8. Are there any death (Q33)? If any, are Q302+Q306 completed?
- 9. Are Q309 filled? If yes, are Q207+Q208 completed?

**To Be Excluded As Household Member (Cross out the list)**

1. Are there any persons who have been recorded but have been away for 6 months or more?
2. Are there any persons who have been recorded but have been away and intend to move?
3. Are there any persons who have been recorded but have died during the enumeration period?
4. Are there any children who have been recorded but are currently working/studying and live in other places (ex: rent a room)?

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**Example of the Correct Writing Number, Marking, and Writing Alphabet:**

```
1 2 3 4 5 6 7 8 9 0  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z
```

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**Other Essentials of Living:** One household could consist of only one household member.
II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? (NAME)
- [ ] Head of household
- [ ] Spouse
- [ ] Child
- [ ] Adopted child/stepchild
- [ ] Son/daughter in-law
- [ ] Housemaid
- [ ] Others
- [ ] Cross out the unused category

202. What is the relationship of (NAME) to head of household?
- [ ] 1. Head of household
- [ ] 2. Spouse
- [ ] 3. Child
- [ ] 4. Adopted child/stepchild
- [ ] 5. Son/daughter in-law
- [ ] 6. Grandchild
- [ ] 7. Parent/parent-in-law
- [ ] 8. Other family
- [ ] 9. Housemaid
- [ ] 10. Others

203. Is (NAME) male or female?
- [ ] 1. Male
- [ ] 2. Female

204. On what day, month and year was (NAME) born?
- Date: [ ] [ ] [ ]
- Month: [ ]
- Year: [ ] [ ] [ ]

205. What is (NAME)'s place of birth?
- a. Prov/State*): [ ] [ ] [ ]
- b. Reg/City *): [ ] [ ] [ ]

206. What is (NAME)'s religion?
- [ ] 1. Moslem
- [ ] 2. Christian
- [ ] 3. Catholic
- [ ] 4. Hindu
- [ ] 5. Buddhist
- [ ] 6. Khonghucu
- [ ] 7. Others (specify)

207. Does (NAME) have difficulties in:
- a. Seeing even when wearing glasses?:
- b. Hearing even when using hearing aids?:
- c. Walking or climbing stairs?:
- d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?:
- e. Self-caring?:

208. What is (NAME)'s citizenship and ethnicity?
- a. Indonesian, specify ethnicity:
- b. Foreigner, specify country of citizenship:

209. In which regency/city and province did (NAME) live 5 years ago (MAY 2005)?
- a. Prov/State*): [ ] [ ] [ ]
- b. Reg/City *): [ ] [ ] [ ]

210. What language does (NAME) usually speak at home?
- [ ] [ ] [ ] [ ]

211. Does (NAME) know how to speak Indonesian?
- [ ] 1. Yes
- [ ] 2. No

212. What is the schooling status of (NAME)?
- [ ] 1. Never/not yet attended school
- [ ] 2. Attending school
- [ ] 3. No longer attending school

213. What is (NAME)'s highest level of education completed?
- [ ] 1. Never/not yet completed prim 3/6
- [ ] 2. Primary School
- [ ] 3. Junior High School
- [ ] 4. Senior High School
- [ ] 5. Vocational High School
- [ ] 6. Diploma I
- [ ] 7. Diploma II/IV
- [ ] 8. Diploma I/IV Undergraduate
- [ ] 9. Postgraduate

214. Does (NAME) know how to read and write?
- a. Latin characters:
- b. Others characters:
- [ ] 1. Yes
- [ ] 2. No

215. What is (NAME)'s marital status?
- [ ] 1. Single
- [ ] 2. Married
- [ ] 3. Divorced
- [ ] 4. Widowed

216. Activities during the previous week:
- a. Was (NAME) working/carrying out activities? [ ]
- b. Did (NAME) have permanent job but temporarily not working? [ ]
- c. Was (NAME) seeking work? [ ]
- d. Was (NAME) available for work? [ ]

217. What was the type of main industry of (NAME) during previous week?
( Specify as completely as possible, for example: rice and grain crop agriculture, driver in the textile industry, driver in the government office, teacher in the state junior high school, motorcycle taxi, doctor in the health center, etc.)

218. What is (NAME)'s status of employment (main job) during previous week?
- [ ] 1. Self employed
- [ ] 2. Self employed assisted by unpaid temporary employees
- [ ] 3. Employee assisted by paid permanent employees
- [ ] 4. Employee
- [ ] 5. Casual worker
- [ ] 6. Unpaid family worker

219. Has (NAME) ever had a live birth?
- [ ] 1. Yes
- [ ] 2. No

220. How many children does (NAME) have?
- a. living in this household
- b. living elsewhere
- c. have died

221. Has (NAME) ever had a live birth since 1 January 2009?
- [ ] 1. Yes
- [ ] 2. No
II. INDIvidual characteristics

201. Name of household member? (NAME) [ ] [ ] [ ] [ ] [ ] [ ]

202. What is the relationship of (NAME) to head of household?
   1. Head of household
   2. Spouse
   3. Child
   4. Adopted child/stepchild
   5. Son/daughter-in-law
   6. Grandchild
   7. Parent/parent-in-law
   8. Other family

203. Is (NAME) male or female?
   1. Male
   2. Female

204. On what day, month and year was (NAME) born?
   Date [ ] [ ] [ ], Month [ ] [ ] , Year [ ] [ ] [ ]

205. What is (NAME)’s place of birth? Filed by Team Coordinator
   a. Prov/State *): [ ] [ ] [ ] [ ] [ ] [ ]
   b. Reg/City (*): [ ] [ ] [ ] [ ] [ ] [ ]

206. What is (NAME)’s religion?
   1. Moslem
   2. Christian
   3. Catholic
   4. Hindu
   5. Buddhist
   6. Khonghucu
   7. Others (specify)

207. Does (NAME) have difficulties in:
   a. Seeing even when wearing glasses?.. [ ] [ ] [ ] [ ]
   b. Hearing even when using hearing aids?......................... [ ] [ ] [ ] [ ]
   c. Walking or climbing stairs?.............. [ ] [ ] [ ] [ ] [ ] [ ]
   d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?............. [ ] [ ] [ ] [ ] [ ] [ ]
   e. Self-caring?................................. [ ] [ ] [ ] [ ] [ ] [ ]

208. What is (NAME)’s citizenship and ethnicity
   a. Indonesian, specify ethnicity Filed by Team Coordinator
   b. Foreigner, specify country of citizenship Filed by Team Coordinator

FOR PERSON AGE 5 YEARS AND OLDER

209. In which regency/city and province did (NAME) live 5 years ago (MAY 2005)?
   a. Prov/State*): [ ] [ ] [ ] [ ] [ ] [ ]
   b. Reg/City *): [ ] [ ] [ ] [ ] [ ] [ ]

210. What language does (NAME) usually speak at home? Filed by Team Coordinator

211. Does (NAME) know how to speak Indonesian?
   1. Yes
   2. No

212. What is the schooling status of (NAME)?
   1. Never/not yet attend. school to Q214
   2. Attending school
   3. No longer attending school

213. What is (NAME)’s highest level of education completed?
   1. Never/Abt not complete prim school
   2. Primary School
   3. Junior High School
   4. Senior High School
   5. Vocational High School
   6. Diploma I
   7. Diploma II
   8. Undergraduate
   9. Postgraduate

214. Does (NAME) know how to read and write:
   a. Latin characters
   b. Others characters
   1. Yes
   2. No

*) Cross out the unused category

FOR PERSON AGE 10 YEARS AND OLDER

215. What is (NAME)’s marital status?
   1. Single
   2. Married
   3. Divorced
   4. Widowed

216. Activities during the previous week:
   a. Was (NAME) working/carrying out activities?
      1. Yes to Q217
      2. No
   b. Did (NAME) have permanent job but temporarily not working?
      1. Yes to Q217
      2. No
   c. Was (NAME) seeking work?
      1. Yes to Q219
      2. No
   d. Was (NAME) available for work?
      1. Yes to Q219
      2. No

217. What was the type of main industry of (NAME) during previous week?
   (Specify as completely as possible, for example: rice and grain crop agriculture, driver in the textile industry, driver in the government office, teacher in the state junior high school, motorcycle taxi, doctor in the health center, etc.)

Filled by Team Coordinator in the field
   01. Agriculture, rice, com, other grains
   02. Agriculture, horticulture (vegetables, fruits, etc.)
   03. Agriculture, estate (palm, tea, tobacco, rubber, etc)
   04. Agriculture, fishery (fishing, fish cultivation, etc)
   05. Agriculture, animal husbandary (animals farming, dairy, etc)
   06. Agriculture, other (forestry, hunting, etc)
   07. Mining and quarrying
   08. Manufacturing
   09. Electricity and gas
   10. Construction (buildings, roads, bridges, etc)
   11. Trade (wholesale and retail)
   12. Hotel and restaurant
   13. Transportation and storage
   14. Information and communication
   15. Finance and insurance
   16. Educational services
   17. Health services
   18. Other services (government, private and individual)
   19. Others (real estate, water supply, etc)

218. What is (NAME)’s status of employment (main job) during previous week?
   1. Self employed
   2. Self employed assisted by unpaid temporary employees
   3. Employee assisted by paid permanent employees
   4. Employee
   5. Casual worker
   6. Unpaid family worker

FOR EVER-MARRIED WOMEN 10 YEARS OF AGE AND OLDER

219. Has (NAME) ever had a live birth?
   1. Yes to the next HH’s member
   2. No

220. How many children does (NAME) have?
   a. living in this household
   b. living elsewhere
   c. have died

221. Has (NAME) ever had a live birth since 1 January 2009?
   1. Yes
   2. No
### II. INDIVIDUAL CHARACTERISTICS

#### 201. Name of household member? *(NAME)*  
- [ ] Head of household
- [ ] Spouse
- [ ] Child
- [ ] Adopted child/stepchild
- [ ] Son/daughter in-law
- [ ] Others

**FOR PERSON AGE 10 YEARS AND OLDER**

#### 215. What is *(NAME)*’s marital status?  
- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Widowed

#### 216. Activities during the previous week:

- a. Was *(NAME)* working/carrying out activities?  
  - [ ] Yes
  - [ ] No

- b. Did *(NAME)* have permanent job but temporarily not working?  
  - [ ] Yes
  - [ ] No

- c. Was *(NAME)* seeking work?  
  - [ ] Yes
  - [ ] No

- d. Was *(NAME)* available for work?  
  - [ ] Yes
  - [ ] No

#### 217. What was the type of main industry of *(NAME)* during previous week?  
(Specify as completely as possible, for example: rice and grain crop agriculture, driver in the textile industry, driver in the government office, teacher in the state junior high school, motorcycle taxi, doctor in the health center, etc.)

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#### 202. What is the relationship of *(NAME)* to head of household?
- [ ] Head of household
- [ ] Spouse
- [ ] Child
- [ ] Adopted child/stepchild
- [ ] Son/daughter in-law
- [ ] Others

**FOR PERSON AGE 5 YEARS AND OLDER**

#### 205. What is *(NAME)*’s place of birth?  
- a. Prov/State *):
- b. Reg/City *):

#### 206. What is *(NAME)*’s religion?
- [ ] Moslem
- [ ] Christian
- [ ] Catholic
- [ ] Hindu
- [ ] Khonghucu
- [ ] Buddhist
- [ ] Others (specify)

#### 207. Does *(NAME)* have difficulties in:

- a. Seeing even when wearing glasses? *
- b. Hearing even when using hearing aids? *
- c. Walking or climbing stairs? *
- d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition? *
- e. Selfcaring? *

#### 208. What is *(NAME)*’s citizenship and ethnicity?
- a. Indonesian, specify ethnicity
- b. Foreigner, specify country of citizenship

**FOR PERSON AGE 5 YEARS AND OLDER**

#### 209. In which regency/city and province did *(NAME)* live 5 years ago (MAY 2005)?
- a. Prov/State *):
- b. Reg/City *):

#### 210. What language does *(NAME)* usually speak at home?

#### 211. Does *(NAME)* know how to speak Indonesian?
- [ ] Yes
- [ ] No

#### 212. What is the schooling status of *(NAME)*?
- [ ] Never/not yet attend. school
- [ ] Attending school
- [ ] No longer attending school

#### 213. What is *(NAME)*’s highest level of education completed?
- [ ] Never/not yet completed primary school
- [ ] 6th grade
- [ ] 7th to 9th grade
- [ ] High School
- [ ] Junior High School
- [ ] Senior High School
- [ ] Vocational High School

#### 214. Does *(NAME)* know how to read and write?
- a. Latin characters
- b. Others characters

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*) Cross out the unused category
II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? (NAME) [Enter Name]

202. What is the relationship of (NAME) to head of household?
   1. Head of household
   2. Spouse
   3. Child
   4. Adopted child/stepchild
   5. Son/daughter in-law
   6. Others

203. Is (NAME) male or female?
   1. Male
   2. Female

204. On what day, month and year was (NAME) born?

205. What is (NAME)’s place of birth?
   a. Prov/State*): [Enter Province/State]
   b. Reg/City*): [Enter Region/City]

206. What is (NAME)’s religion?
   1. Moslem
   2. Christian
   3. Catholic
   4. Hindu
   5. Buddhist
   6. Khonghucu
   7. Others (specify)

207. Does (NAME) have difficulties in:
   a. Seeing even when wearing glasses?...
   b. Hearing even when using hearing aids?...
   c. Walking or climbing stairs?...
   d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?...
   e. Self-caring?...

208. What is (NAME)’s citizenship and ethnicity?
   a. Indonesian, specify ethnicity
   b. Foreigner, specify country of citizenship

209. In which regency/city and province did (NAME) live 5 years ago (MAY 2005)?
   a. Prov/State*): [Enter Province/State]
   b. Reg/City*): [Enter Region/City]

210. What language does (NAME) usually speak at home?

211. Does (NAME) know how to speak Indonesian?
   1. Yes
   2. No

212. What is the schooling status of (NAME)?
   1. Never/not yet attended school
   2. Attending school
   3. No longer attending school

213. What is (NAME)’s highest level of education completed?
   1. Never/not attended primary school
   2. Primary School
   3. Junior High School
   4. Senior High School
   5. Vocational High School
   6. Diploma IV/Undergraduate
   7. Diploma III/Academy
   8. Diploma II
   9. Postgraduate
   10. Graduated

214. Does (NAME) know how to read and write?
   a. Latin characters
   b. Others characters

215. What is (NAME)’s marital status?
   1. Single
   2. Married
   3. Divorced
   4. Widowed

216. Activities during the previous week:
   a. Was (NAME) working/carrying out activities?
      1. Yes
      2. No
   b. Did (NAME) have permanent job but temporarily not working?
      1. Yes
      2. No
   c. Was (NAME) seeking work?
      1. Yes
      2. No
   d. Was (NAME) available for work?
      1. Yes
      2. No

217. What was the type of main industry of (NAME) during previous week?
   (Specify as completely as possible, for example: rice and grain crop agriculture, driver in the textile industry, driver in the government office, teacher in the state junior high school, motorcycle taxi, doctor in the health center, etc.)

218. What is (NAME)’s status of employment (main job) during previous week?
   1. Self employed
   2. Self employed assisted by unpaid temporary employees
   3. Employer assisted by paid permanent employees
   4. Employee
   5. Casual worker
   6. Unpaid family worker

219. Has (NAME) ever had a live birth?
   1. Yes
   2. No

220. How many children does (NAME) have?
   a. living in this household
   b. living elsewhere
   c. have died

221. Has (NAME) ever had a live birth since 1 January 2009?
   1. Yes
   2. No
II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? (NAME)

202. What is the relationship of (NAME) to head of household?
- 1. Head of household
- 2. Spouse
- 3. Child
- 4. Adopted child/stepchild
- 5. Son/daughter-in-law
- 6. Grandchild
- 7. Parent/parent-in-law
- 8. Other family
- 9. Housemaid
- 10. Others

203. Is (NAME) male or female?
- 1. Male
- 2. Female

204. On what day, month and year was (NAME) born?
- Date
- Month
- Year

205. What is (NAME)’s place of birth?
- a. Prov/State (*)
- b. Reg/City (*)

206. What is (NAME)’s religion?
- 01. Moslem
- 02. Christian
- 03. Catholic
- 04. Hindu
- 05. Buddhist
- 06. Khonghucu
- 07. Others (specify)

207. Does (NAME) have difficulties in:
- a. Seeing even when wearing glasses?...............
- b. Hearing even when using hearing aids?...............
- c. Walking or climbing stairs?...............
- d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?...............
- e. Selfcaring?...............

208. What is (NAME)’s citizenship and ethnicity?
- a. Indonesian, specify ethnicity
- b. Foreigner, specify country of citizenship

209. In which regency/city and province did (NAME) live 5 years ago (MAY 2005)?
- a. Prov/State (*)
- b. Reg/City (*)

210. What language does (NAME) usually speak at home?

211. Does (NAME) know how to speak Indonesian?
- 1. Yes
- 2. No

212. What is the schooling status of (NAME)?
- 1. Never/not yet attend. school
- 2. Attending school
- 3. No longer attending school

213. What is (NAME)’s highest level of education completed?
- 1. Never/not yet complete primary school
- 2. Primary School
- 3. Junior High School
- 4. Senior High School
- 5. Vocational High School
- 6. Diploma III
- 7. Academy
- 8. Dipl./Dipl. I
- 9. Postgraduate

214. Does (NAME) know how to read and write:
- a. Latin characters
- b. Others characters

215. What is (NAME)’s marital status?
- 1. Single
- 2. Married
- 3. Divorced
- 4. Widowed

216. Activities during the previous week:
- a. Was (NAME) working/carrying out activities?
- b. Did (NAME) have permanent job but temporarily not working?
- c. Was (NAME) seeking work?
- d. Was (NAME) available for work?

217. What was the type of main industry of (NAME) during previous week?

218. What is (NAME)’s status of employment (main job) during previous week?

219. Has (NAME) ever had a live birth?
- 1. Yes
- 2. No

220. How many children does (NAME) have?
- a. living in this household
- b. living elsewhere
- c. have died

221. Has (NAME) ever had a live birth since 1 January 2009?
- 1. Yes
- 2. No
II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? (NAME)

202. What is the relationship of (NAME) to head of household?
   - 1. Head of household
   - 2. Spouse
   - 3. Child
   - 4. Adopted child/stepchild
   - 5. Son/daughter in-law
   - 6. Others

203. Is (NAME) male or female?
   - 1. Male
   - 2. Female

204. On what day, month and year was (NAME) born?

205. What is (NAME)'s place of birth?
   - a. Prov/State *):
   - b. Reg/City *

206. What is (NAME)'s religion?
   - 1. Moslem
   - 2. Christian
   - 3. Catholic
   - 4. Hindu
   - 5. Buddhist
   - 6. Others (specify)

207. Does (NAME) have difficulties in:
   - a. Seeing even when wearing glasses?...
   - b. Hearing even when using hearing aids?...
   - c. Walking or climbing stairs?...
   - d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?...
   - e. Feeling annoying or stressful?

208. What is (NAME)'s citizenship and ethnicity?
   - a. Indonesian, specify ethnicity
   - b. Foreigner, specify country of citizenship
   - c. Others (specify)

209. In which regency/city and province did (NAME) live 5 years ago (MAY 2005)?
   - a. Prov/State *):
   - b. Reg/City *:

210. What language does (NAME) usually speak at home?

211. Does (NAME) know how to speak Indonesian?
   - 1. Yes
   - 2. No

212. What is the schooling status of (NAME)?
   - 1. Never/no longer attend school
   - 2. Attending school
   - 3. No longer attending school

213. What is (NAME)'s highest level of education completed?
   - 1. Never attended primary school
   - 2. Primary School
   - 3. Junior High School
   - 4. Senior High School
   - 5. Vocational High School

214. Does (NAME) know how to read and write?
   - a. Latin characters
   - b. Others characters

215. What is (NAME)'s marital status?
   - 1. Single
   - 2. Married
   - 3. Divorced
   - 4. Widowed

216. Activities during the previous week:
   - a. Was (NAME) working/carrying out activities?
   - b. Did (NAME) have permanent job but temporarily not working?
   - c. Was (NAME) seeking work?
   - d. Was (NAME) available for work?

217. What was the type of main industry of (NAME) during previous weeks?

FOR PERSON AGE 10 YEARS AND OLDER

218. What is (NAME)'s status of employment (main job) during previous week?
   - 1. Self employed
   - 2. Self employed assisted by unpaid temporary employees
   - 3. Employer assisted by paid permanent employees
   - 4. Employee
   - 5. Casual worker
   - 6. Unpaid family worker

FOR EVER-MARRIED WOMEN 10 YEARS OF AGE AND OLDER

219. Has (NAME) ever had a live birth?
   - 1. Yes
   - 2. No

220. How many children does (NAME) have?
   - a. Living in this household
   - b. Living elsewhere
   - c. Have died

221. Has (NAME) ever had a live birth since 1 January 2009?
   - 1. Yes
   - 2. No

*) Cross out the unused category.
IV. HOUSING UNIT CHARACTERISTICS

401. What is the primary floor material?
1. Ceramic/porcelain/stone/wood
2. Tiles/flooring
3. Cement/bricks
4. Wood/woodboard
5. Bamboo
6. Dirt/soil/ground
7. Others

402. Floor area of this living quarter? _______ m²

403. What is the primary source of lighting?
1. State Electricity Company with meter
2. State Electricity Company without meter
3. Electricity not from the State Electricity Company
4. No electricity

404. What is the main source of energy for cooking?
1. State Electricity Company with meter
2. State Electricity Company without meter
3. Electricity not from the State Electricity Company
4. No electricity

405. What is the main source of drinking water?
1. Bottled water
2. In-house piped water system
3. Piped water outside dwelling/retail
4. Pumped water
5. Protected well
6. Unprotected well
7. Protected spring
8. Unprotected spring
9. River
10. Rain water
11. Others

406. What type of toilet facility?
1. Private toilet
2. Shared toilet
3. Public toilet
4. No toilet facility

407. What kind of excreta disposal does the toilet use?
1. Yes
2. No

408. In which month and year did (NAME) pass away?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
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</thead>
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</table>

409. Have there been any deaths in this household since 1 January 2009?

1. Yes, how many:
   - 1 person
   - 2 persons
   - 3 persons

2. No → to Q401

410. Does this household have proof of land ownership of this dwelling unit?

1. Yes
2. No

411. What kind of telephone does this household have?

1. Land line telephone
2. Cellular telephone
3. Land line and cellular telephone
4. No telephone

412. What kind of proof of land ownership of this dwelling unit?

1. Ownership Certificate (SHM) belong to hh member
2. Ownership Certificate (SHM) not belong to hh member
3. Other Certificate (SHGB, SHP, SSRS)
4. Others (Girik, Akte Jual Beli Notaris/ PPAT, etc.)