



REPUBLIC OF INDONESIA

2010 POPULATION CENSUS

CONTROL CARD

SP2010-KBC1

SP2010-C1(LP) in this Census Block yes
 no

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.

Example of Marking and Writing Number:



1 2 3 4 5 6 7 8 9 0

I. IDENTIFICATION

PROVINCE	REG/CITY*	SUB DISTRICT	VILLAGE/TOWN*	CENSUS BLOCK NUMBER
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II. RECAPITULATION OF CONTROL CARD

TOTAL NUMBER OF HOUSEHOLDS	TOTAL NUMBER OF DOCUMENTS	TOTAL NUMBER OF HOUSEHOLD MEMBERS
.....
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TO BE CHECKED BY THE TEAM COORDINATOR (KORTIM)

Put (√) in the circle when an item has been checked

1. Is the identification on KBC1 written exactly the same with C1?
2. Is total number of document written on KBC1 the same with total number of C1 documents?
3. Is total number of household written on KBC1 the same with total number of household in C1 documents?
4. Are the C1 documents arranged starting from the the lowest serial number of household until the biggest serial number of household?

III. ENUMERATION PARTICULARS

1. NAME OF ENUMERATOR	Listing Enumerator	2. DATE OF ENUMERATION	3. SIGNATURE
ENUMERATOR 1:	<input type="checkbox"/> up to.....
ENUMERATOR 2:	<input type="checkbox"/> up to.....
ENUMERATOR 3:	<input type="checkbox"/> up to.....
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
.....	

* Cross out the unused category



REPUBLIC OF INDONESIA
2010 POPULATION CENSUS

COMPLETE ENUMERATION FOR HOUSEHOLD AND POPULATION

- 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.

Set from set
 SP2010-C1(LP) pages

EXAMPLE OF THE CORRECT WRITING NUMBER, MARKING, AND WRITING ALPHABETIC:

NUMBER: 1234567890

MARKING:

ALPHABETIC: ABCDEFGHIJKLMNOPQRSTUVWXYZ

I. IDENTIFICATION

Prov	Reg/City	Sub District	Village	Census Block No.	Local Adm. Unit Serial No.	Physical Building No.	Census Building No.	HH's Serial No.
<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"/>
ADDRESS:								
<input type="text"/>								
<input type="text"/>								

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.

No.	LIST OF HOUSEHOLD MEMBERS <i>Name of Usual Residents</i>	Relationship to head of household*	Sex <i>(Put (✓) in the appropriate column)</i>	
			Male	Female
(1)	(2)	(3)	(4)	(5)
001		I		

Serial number of the main source of information

Total

Total of HH's member

- *) 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 | 0. 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?

NOT TO BE INCLUDED AS HOUSEHOLD MEMBER (Cross out from 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 currently working/studying and live in other places (ex: rent a room)?

TO BE CHECKED BY THE TEAM COORDINATOR
Put (✓) in the circle when an item has been checked

- 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 – Q208 completed for all household members?
- 4. Is age (Q204) filled for all household members?
- 5. For household members age 5 years and over (Q204 ≥ 5), are Q209 – Q214 filled?
- 6. For household members age 10 years and over (Q204 ≥ 10), are Q215 – Q218 completed?
- 7. Are there any ever married women age 10 years and over ((Q203 = 2), (Q215 = 2/3/4), (Q204 ≥ 10))? If any, are Q219 – Q221 filled?
- 8. Are there any deaths (Q301=1)? If any, are Q302 – Q306 completed?
- 9. Are Q306=1? If yes, are Q307 – Q308 completed?

ENUMERATOR NAME

ENUMERATOR CODE

DATE OF ENUMERATION
 2010

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
0. Others

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

204. On what day, month and year was (NAME) born?
Date Month Year
Age years
Hints: January=01, February=02, March=03, April=04, ..., December=12

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

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?
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/not yet compltd prim. sch.
2. Primary School
3. Junior High School
4. Senior High School
5. Vocational High School
6. Diploma I/II
7. Dipl. III/Academy
8. Dipl. IV/Undergraduate
9. Postgraduate

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

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?
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.)

- Filled by Team Coordinator in the field
01. Agriculture, rice, corn, 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. 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 -> to the next HH's member

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

II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? (**NAME**)

202. What is the relationship of (**NAME**) to head of household?

1. Head of household 6. Grandchild
 2. Spouse 7. Parent/parent in-law
 3. Child 8. Other family
 4. Adopted child/stepchild 9. Housemaid
 5. Son/daughter in-law 0. Others

203. Is (**NAME**) male or female?

1. Male 2. Female

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

Date	Month	Year	0	<input type="radio"/>	<input type="radio"/>	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="radio"/>	<input type="radio"/>	1
<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="radio"/>	<input type="radio"/>	2
<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="radio"/>	<input type="radio"/>	3
<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="radio"/>	<input type="radio"/>	4
<input type="text"/>	<input type="text"/>	<input type="text"/>	5	<input type="radio"/>	<input type="radio"/>	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	6	<input type="radio"/>	<input type="radio"/>	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	7	<input type="radio"/>	<input type="radio"/>	7
<input type="text"/>	<input type="text"/>	<input type="text"/>	8	<input type="radio"/>	<input type="radio"/>	8
<input type="text"/>	<input type="text"/>	<input type="text"/>	9	<input type="radio"/>	<input type="radio"/>	9

Age years

marking →

Hints: January=01, February=02, March=03, April=04, ..., December=12

205. What is (**NAME**)'s place of birth? Filled by Team Coordinator

a. Prov/State *):

b. Reg/City *):

206. What is (**NAME**)'s religion?

1. Moslem 5. Buddhist
 2. Christian 6. Khonghucu
 3. Catholic 7. Others (specify)
 4. Hindu

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

	1. No	2. Some	3. Total
a. Seeing even when wearing glasses?..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hearing even when using hearing aids?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Walking or climbing stairs?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Self-caring?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

208. What is (**NAME**)'s citizenship and ethnicity Filled by Team Coordinator

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**)? Filled by Team Coordinator

a. Prov/State*):

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

211. Does (**NAME**) know how to speak Indonesian?

1. Yes 2. No

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 4. Senior High School 9. Postgraduate
 5. Vocational High School

214. Does (**NAME**) know how to read and write:

a. Latin characters 1. Yes 2. No

b. Others characters

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

Working/carrying out activities are doing activities to earn/help others to earn wages/salaries/profit at least one hour.

b. Did (**Name**) have permanent job but temporarily not working? 1. Yes → to Q217
 2. No

For example: waiting for harvesting, holidays, illness, etc.

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, corn, 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)
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FOR EVER-MARRIED WOMEN 10 YEARS OF AGE AND OLDER

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 1. Yes 2. No

*) Cross out the unused category

II. INDIVIDUAL CHARACTERISTICS

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 5. Son/daughter in-law 0. Others

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

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

Date Month Year 0 0
 1 1
 2 2
 3 3
 4 4
 5 5
 6 6
 7 7
 8 8
 9 9

Age years
marking →

Hints: January=01, February=02, March=03, April=04, ..., December=12

205. What is (*NAME*)'s place of birth? Filled by Team Coordinator

a. Prov/State *):

b. Reg/City *):

206. What is (*NAME*)'s religion?

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 2. Christian 6. Khonghucu
 3. Catholic 7. Others (specify)
 4. Hindu

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

	1. No	2. Some	3. Total
a. Seeing even when wearing glasses?..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hearing even when using hearing aids?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Walking or climbing stairs?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Self-caring?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

208. What is (*NAME*)'s citizenship and ethnicity Filled by Team Coordinator

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**)? Filled by Team Coordinator

a. Prov/State*):

b. Reg/City *):

210. What language does (*NAME*) usually speak at home? Filled 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/not yet compltd prim. sch. 6. Diploma I/II
 2. Primary School 7. Dipl. III/Academy
 3. Junior High School 8. Dipl. IV/Undergraduate
 4. Senior High School 9. Postgraduate
 5. Vocational High School

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

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
Working/carrying out activities are doing activities to earn/help others to earn wages/salaries/profit at least one hour.

b. Did (*Name*) have permanent job but temporarily not working? 1. Yes → to Q217
 2. No
For example: waiting for harvesting, holidays, illness, etc.

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, corn, 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. 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 → to the next HH's member

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

II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? (**NAME**)

202. What is the relationship of (**NAME**) to head of household?
 1. Head of household 6. Grandchild
 2. Spouse 7. Parent/parent in-law
 3. Child 8. Other family
 4. Adopted child/stepchild 9. Housemaid
 5. Son/daughter in-law 0. Others

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

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

Date	Month	Year							
<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"/>
			Age	<input type="text"/>	<input type="text"/>	years			

marking →

Hints: January=01, February=02, March=03, April=04, ..., December=12

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

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

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

	1. No	2. Some	3. Total
a. Seeing even when wearing glasses?..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hearing even when using hearing aids?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Walking or climbing stairs?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Self-caring?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

208. What is (**NAME**)'s citizenship and ethnicity Filled by Team Coordinator
a. Indonesian, specify ethnicity
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FOR PERSON AGE 5 YEARS AND OLDER

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

210. What language does (**NAME**) usually speak at home? Filled 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/not yet compltd prim. sch. 6. Diploma I/II
 2. Primary School 7. Dipl. III/Academy
 3. Junior High School 8. Dipl. IV/Undergraduate
 4. Senior High School 9. Postgraduate
 5. Vocational High School

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

b. Others characters

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

Working/carrying out activities are doing activities to earn/help others to earn wages/salaries/profit at least one hour.

b. Did (**Name**) have permanent job but temporarily not working?
 1. Yes → **to Q217**
 2. No

For example: waiting for harvesting, holidays, illness, etc.

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, corn, 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
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 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. 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 → **to the next HH's member**

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

5

Serial Number :

II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? *(NAME)*

202. What is the relationship of *(NAME)* to head of household?

<input type="radio"/> 1. Head of household	<input type="radio"/> 6. Grandchild
<input type="radio"/> 2. Spouse	<input type="radio"/> 7. Parent/parent-in-law
<input type="radio"/> 3. Child	<input type="radio"/> 8. Other family
<input type="radio"/> 4. Adopted child/stepchild	<input type="radio"/> 9. Housemaid
<input type="radio"/> 5. Son/daughter-in-law	<input type="radio"/> 0. Others

203. Is *(NAME)* male or female?

1. Male 2. Female

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

Date Month 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"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
---	---	---	---	---	---

Age years

marking →

Hints: January=01, February=02, March=03, April=04, ..., December=12

205. What is *(NAME)*'s place of birth? Filled by Team Coordinator

a. Prov/State *):

b. Reg/City *):

206. What is *(NAME)*'s religion?

<input type="radio"/> 1. Moslem	<input type="radio"/> 5. Buddhist
<input type="radio"/> 2. Christian	<input type="radio"/> 6. Khonghucu
<input type="radio"/> 3. Catholic	<input type="radio"/> 7. Others (specify)
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207. Does *(NAME)* have difficulties in:

	1. No	2. Some	3. Total
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c. Walking or climbing stairs?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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e. Self-caring?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

208. What is *(NAME)*'s citizenship and ethnicity Filled by Team Coordinator

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)? Filled by Team Coordinator

a. Prov/State*):

b. Reg/City *):

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

211. Does *(NAME)* know how to speak Indonesian?

1. Yes 2. No

212. What is the schooling status of *(NAME)*?

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 3. No longer attending school

213. What is *(NAME)*'s highest level of education completed?

<input type="radio"/> 1. Never/not yet compltd prim. sch.	<input type="radio"/> 6. Diploma I/II
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<input type="radio"/> 4. Senior High School	<input type="radio"/> 9. Postgraduate
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214. Does *(NAME)* know how to read and write:

	1. Yes	2. No
a. Latin characters	<input type="radio"/>	<input type="radio"/>
b. Others characters	<input type="radio"/>	<input type="radio"/>

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

Working/carrying out activities are doing activities to earn/help others to earn wages/salaries/profit at least one hour.

b. Did *(Name)* have permanent job but temporarily not working? 1. Yes → to Q217
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For example: waiting for harvesting, holidays, illness, etc.

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 2. No

d. Was *(Name)* available for work? 1. Yes } to Q219
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(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

<input type="radio"/> 01. Agriculture, rice, corn, other grains
<input type="radio"/> 02. Agriculture, horticulture (vegetables, fruits, etc.)
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<input type="radio"/> 1. Self employed
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<input type="radio"/> 3. Employer assisted by paid permanent employees
<input type="radio"/> 4. Employee
<input type="radio"/> 5. Casual worker
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FOR EVER-MARRIED WOMEN 10 YEARS OF AGE AND OLDER

219. Has *(NAME)* ever had a live birth?

1. Yes 2. No → to the next HH's member

220. How many children does *(NAME)* have?

a. living in this household	<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"/>
b. living elsewhere	<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"/>
c. have died	<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"/>

221. Has *(NAME)* ever had a live birth since 1 January 2009?

1. Yes 2. No

*) Cross out the unused category

II. INDIVIDUAL CHARACTERISTICS

201. Name of household member? (**NAME**)

202. What is the relationship of (**NAME**) to head of household?
 1. Head of household 6. Grandchild
 2. Spouse 7. Parent/parent in-law
 3. Child 8. Other family
 4. Adopted child/stepchild 9. Housemaid
 5. Son/daughter in-law 0. Others

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

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

Date	Month	Year	0	<input type="radio"/>	<input type="radio"/>	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="radio"/>	<input type="radio"/>	1
<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="radio"/>	<input type="radio"/>	2
<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="radio"/>	<input type="radio"/>	3
<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="radio"/>	<input type="radio"/>	4
<input type="text"/>	<input type="text"/>	<input type="text"/>	5	<input type="radio"/>	<input type="radio"/>	5
<input type="text"/>	<input type="text"/>	<input type="text"/>	6	<input type="radio"/>	<input type="radio"/>	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	7	<input type="radio"/>	<input type="radio"/>	7
<input type="text"/>	<input type="text"/>	<input type="text"/>	8	<input type="radio"/>	<input type="radio"/>	8
<input type="text"/>	<input type="text"/>	<input type="text"/>	9	<input type="radio"/>	<input type="radio"/>	9

Age years

marking →

Hints: January=01, February=02, March=03, April=04, ..., December=12

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208. What is (**NAME**)'s citizenship and ethnicity Filled by Team Coordinator
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FOR PERSON AGE 5 YEARS AND OLDER

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 1. Yes 2. No

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 1. Never/not yet attend. school → to Q214
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 4. Senior High School 9. Postgraduate
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214. Does (**NAME**) know how to read and write:
a. Latin characters 1. Yes 2. No

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FOR PERSON AGE 10 YEARS AND OLDER

215. What is (**NAME**)'s marital status?
 1. Single
 2. Married
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216. Activities during the previous week:
a. Was (**Name**) working/carrying out activities?
 1. Yes → to Q217
 2. No
Working/carrying out activities are doing activities to earn/help others to earn wages/salaries/profit at least one hour.

b. Did (**Name**) have permanent job but temporarily not working?
 1. Yes → to Q217
 2. No
For example: waiting for harvesting, holidays, illness, etc.

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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, corn, other grains
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FOR EVER-MARRIED WOMEN 10 YEARS OF AGE AND OLDER

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

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

III. MORTALITY

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

1. Yes, how many: 1 person 2. No → to Q401
 2 persons
 3 persons
 Record here if more than 3 → persons → Use additional SP2010-C1 questionnaire

302. Record the names of the deceased		
(NAME) →		
303. Sex of the deceased (NAME)?	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female
304. In which month and year did (NAME) pass away? <i>Hints: January=01, February=02, March=03, April=04, ..., December=12</i>	Month Year <input type="text"/> <input type="text"/> <input type="radio"/> 2009 <input type="text"/> <input type="text"/> <input type="radio"/> 2010	Month Year <input type="text"/> <input type="text"/> <input type="radio"/> 2009 <input type="text"/> <input type="text"/> <input type="radio"/> 2010
305. How old was (NAME) when he/she passed away? <i>(Put 00 if age less than 1 year. Enter best estimate if the exact age is not known)</i>	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years
306. SEE Q303 and Q305 <i>Was (NAME) a women aged 10 years and older? If "No", skip to other (NAME) or to Q401.</i>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
307. Did (NAME) pass away during pregnancy or delivery or childbirth within 2 months after pregnancy? <i>If "No", skip to other (NAME) or to Q401.</i>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No → to Q401	<input type="radio"/> 1. Yes <input type="radio"/> 2. No → to Q401
308. If Q307="Ya", Did (NAME) pass away during: <i>Skip to other (NAME) or Q401.</i>	<input type="radio"/> 1. Pregnancy <input type="radio"/> 2. Childbirth <input type="radio"/> 3. Two months after pregnancy	<input type="radio"/> 1. Pregnancy <input type="radio"/> 2. Childbirth <input type="radio"/> 3. Two months after pregnancy

IV. HOUSING UNIT CHARACTERISTICS

401. What is the primary floor material? <input type="radio"/> 1. Ceramic/marble/granite <input type="radio"/> 5. Bamboo <input type="radio"/> 2. Tiles/terrazzo <input type="radio"/> 6. Dirt/soil/ground <input type="radio"/> 3. Cement/bricks <input type="radio"/> 7. Others <input type="radio"/> 4. Wood/board	406. What type of toilet facility? <input type="radio"/> 1. Private toilet <input type="radio"/> 2. Shared toilet <input type="radio"/> 3. Public toilet <input type="radio"/> 4. No toilet facility → To Q408
402. Floor area of this living quarter? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ²	407. What kind of excreta disposal does the toilet use? <input type="radio"/> 1. With septic tank <input type="radio"/> 2. Without septic tank <input type="radio"/> 3. No disposal facility
403. What is the primary source of lighting? <input type="radio"/> 1. State Electricity Company with meter <input type="radio"/> 2. State Electricity Company without meter <input type="radio"/> 3. Electricity not from the State Electricity Company <input type="radio"/> 4. No electricity	408. What kind of telephone does this household have? <input type="radio"/> 1. Land line telephone <input type="radio"/> 2. Cellular telephone <input type="radio"/> 3. Land line and celular telephone <input type="radio"/> 4. No telephone
404. What is the main source of energy for cooking? <input type="radio"/> 1. Electricity <input type="radio"/> 5. Wood <input type="radio"/> 2. LPG/National Gas <input type="radio"/> 6. Others <input type="radio"/> 3. Kerosene <input type="radio"/> 7. None <input type="radio"/> 4. Charcoal	409. Is there any household member who accessed the internet during the last 3 months? <input type="radio"/> 1. Yes <input type="radio"/> 2. No
405. What is the main source of drinking water? <input type="radio"/> 01. Bottled water <input type="radio"/> 02. In-house piped water system <input type="radio"/> 03. Piped water outside dwelling/retail <input type="radio"/> 04. Pumped water <input type="radio"/> 05. Protected well <input type="radio"/> 06. Unprotected well <input type="radio"/> 07. Protected spring <input type="radio"/> 08. Unprotected spring <input type="radio"/> 09. River <input type="radio"/> 10. Rain water <input type="radio"/> 11. Others	410. What is the ownership status of this dwelling/living quarter? <input type="radio"/> 1. Owned <input type="radio"/> 2. Rented <input type="radio"/> 3. Leased <input type="radio"/> 4. Others } STOP
411. Does this household have proof of land ownership of this dwelling unit? <input type="radio"/> 1. Yes <input type="radio"/> 2. No → STOP	412. What kind of proof of land ownership of this dwelling unit? <input type="radio"/> 1. Ownership Certificate (SHM) belong to hh member <input type="radio"/> 2. Ownership Certificate (SHM) not belong to hh member <input type="radio"/> 3. Other Certificate (SHGB, SHP, SSRS) <input type="radio"/> 4. Others (Girik, Akte Jual Beli Notaris/ PPAT, etc.)