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
……..……	……..	……..……	……..	……
……..	……..	……..	……..	

II. RECAPITULATION OF CONTROL CARD

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

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: ……..	☐	……up to……	……
ENUMERATOR 2: ……..	☐	……up to……	……
ENUMERATOR 3: ……..	☐	……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

CONFIDENTIAL **SP2010-C1**

REPUBLIC OF INDONESIA

2010 POPULATION CENSUS

COMPLETE ENUMERATION FOR HOUSEHOLD AND POPULATION

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Set ☐☐ from ☐☐ set

SP2010-C1(LP) ☐ pages

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

NUMBER: 1 2 3 4 5 6 7 8 9 0 MARKING: ✓ ✗ ALPHABETIC: 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

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.
☐☐	☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐

ADDRESS: ☐☐☐

Serial no. of HH's member

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

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

207. Does (NAME) have difficulties in:

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

208. What is *(NAME)*'s citizenship and ethnicity

a. *Indonesian, specify ethnicity*

Filled by Team Coordinator

b. *Foreigner, specify country of citizenship*

Filled 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)**?

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.
- 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:

	1. Yes	2. No
a. Latin characters	1	2
b. Others characters	1	2

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
2. No
} to Q219

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

Serial no. of HH's member

II. INDIVIDUAL CHARACTERISTICS

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

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- 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

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 *):

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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:

	1. No	2. Some	3. Total
a. Seeing even when wearing glasses?..	1	2	3
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c. Walking or climbing stairs?.....	1	2	3
d. Remembering or concentrating or having difficulty in communicating with others because of a physical or mental health condition?.....	1	2	3
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208. What is *(NAME)*'s citizenship and ethnicity

a. *Indonesian, specify ethnicity*

Filled by Team Coordinator

b. *Foreigner, specify country of citizenship*

Filled 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)**?

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

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

- 1. Never/not yet attend. school → to Q214
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213. What is *(NAME)*'s highest level of education completed?

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FOR PERSON AGE 10 YEARS AND OLDER

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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

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FOR EVER-MARRIED WOMEN 10 YEARS OF AGE AND OLDER

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FOR PERSON AGE 10 YEARS AND OLDER

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FOR PERSON AGE 5 YEARS AND OLDER

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FOR PERSON AGE 10 YEARS AND OLDER

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} to Q219

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

Serial no. of HH's member

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

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

207. Does (NAME) have difficulties in:

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

208. What is *(NAME)*'s citizenship and ethnicity

a. *Indonesian, specify ethnicity*

Filled by Team Coordinator

b. *Foreigner, specify country of citizenship*

Filled 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)**?

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.
- 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:

	1. Yes	2. No
a. Latin characters	1	2
b. Others characters	1	2

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
- 2. No

} to Q219

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

*) Cross out the unused category

Serial Number :

III. MORTALITY

301. 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**

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

IV. HOUSING UNIT CHARACTERISTICS

401. What is the primary floor material?

- 1. Ceramic/marble/granite
- 2. Tiles/terrazzo
- 3. Cement/bricks
- 4. Wood/board
- 5. Bamboo
- 6. Dirt/soil/ground
- 7. Others

402. Floor area of this living quarter?

[ ][ ][ ][ ] m^2

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. Electricity
- 2. LPG/National Gas
- 3. Kerosene
- 4. Charcoal
- 5. Wood
- 6. Others
- 7. None

405. What is the main source of drinking water?

- 01. Bottled water
- 02. In-house piped water system
- 03. Piped water outside dweling/retail
- 04. Pumped water
- 05. Protected well
- 06. Unprotected well
- 07. Protected spring
- 08. Unprotected spring
- 09. 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 → **To Q408**

407. What kind of excreta disposal does the toilet use?

- 1. With septic tank
- 2. Without septic tank
- 3. No disposal facility

408. What kind of telephone does this household have?

- 1. Land line telephone
- 2. Cellular telephone
- 3. Land line and celular telephone
- 4. No telephone

409. Is there any household member who accessed the internet **during the last 3 months**?

- 1. Yes
- 2. No

410. What is the ownership status of this dwelling/living quarter?

- 1. Owned
- 2. Rented
- 3. Leased
- 4. Others

} **STOP**

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

- 1. Yes
- 2. No → **STOP**

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.)