

National Labor Force Survey of 2010

Information on Household

[February 2010]**Confidential****0210**

I. LOCATION IDENTIFICATION			
1	Province		□□
2	District/City *)		□□
3	Sub-district		□□□
4	Village/kelurahan *)		□□□
5	Village/kelurahan classification	Urban -1 Rural	□
6	a. Census block number		
	b. Census sub-block number		
7	Sample code number		□□□□□□
8	Household sample sequential number		□□
9	Name of the head of household		

II. SUMMARY		
1	Total household members (HM)	□□
2	Total household members (HM) age 10 years and up	□□

III. OFFICIAL INFORMATION			
1	Census Code:	□□□□	
2	Census Taker Name: _____	Census Date: _____	Signature: _____
3	Team Coordinator (TC) name: _____	Verification Date: _____	Signature: _____

*) Cross out as necessary

IV. HOUSEHOLD MEMBER INFORMATION						
No	Name of household member	Relation to head of household (code)	Gender Male -1 Female -2	Age (year)	Only for HM age 10 years up	
					Marital status (code)	School participation (code)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Column (3) Code
Relation to head of household

- | | |
|------------------------|-------------------|
| 1. Head of household | 6. Parents/in-law |
| 2. Spouse | 7. Other family |
| 3. Child | 8. Housemaid |
| 4. Son/daughter in-law | 9. Other |
| 5. Grandchild | |

Column (6) Code
Marital status

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

Column (7) Code
School participation

1. No/never in school
2. Attending school
3. No longer in school

1. After recording all household members on Column (2) and (3), check again whether there are other household members, including lived-in housemaids, driver, gardeners, babysitters/parents and the like who live in the house. If yes, enter their names into the list.
2. Ask if there are missed names, including newborn babies and household members who are on travel. If yes, enter their names into the list.
3. For household members who are on travel for less than six months but with a purpose of moving or will leave the house for six months or more are not considered as household members, and the names should be excluded from the list.
4. Re-sort the number on Column (1).

V. INFORMATION FROM HOUSEHOLD MEMBERS AGE 10 YEARS UP

Name: _____ HM Sequential Number: _____ ☐☐
 Information provider: _____ ☐☐

V.A EDUCATION

1. a. The highest education completed:

No/never in school	1 -> Q1.d
No/not yet finish primary school	2 -> Q1.d
Primary school/ <i>Ibtidaiyah</i>	3 -> Q1.c
Junior high school/ <i>Tsnawiyah</i>	4 -> Q1.c
Vocational junior high school	5 -> Q1.c
Senior high school/ <i>Aliyah</i>	6
Vocational senior high school	7
Diploma I/II Program	8
Diploma III Program	9
Diploma IV/S1 Program	10
S2/S3 Program	11
- b. Field of study: _____ Filled by TC: ☐☐
- c. Year of graduation: _____ ☐☐☐☐
- d. Ever participated in work training and received **certificate**?

Yes	1	No	2 -> V.B Sub-Block
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- e. Describe 2 main work trainings: Filled by TC

1. _____	<input type="checkbox"/> <input type="checkbox"/>
2. _____	<input type="checkbox"/> <input type="checkbox"/>

V.B. ACTIVITIES FROM THE PREVIOUS WEEK

2. a. Did you engage in any of the following activities in the past one week?

	Yes	No
1. Worked	1	2
2. Attend school	1	2
3. Housekeeping	1	2
4. Other activity, beside private activity	1	2

IF ACTIVITY 1 TO 4 HAVE CODE "2", GO TO Q3
 - b. If you answered "Yes" to the above questions, which activity used the most time in the past one week?

1 -> Q4	2	3	4
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(If Q2.a.1 = 1, continue to Q4)
 3. Do you have job/ business, but temporary did not work¹ during the past one week?

Yes	1	No	2
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 4. Are you looking for work?

Yes	1	No	2
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 5. Are you preparing for a business in the past one week?

Yes	1	No	2
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(If Q2.a.1 = 2 and Q3 = 2, continue to V.E sub-block)
- Q6 to Q15 ARE ONLY FOR WORKING HOUSEHOLD MEMBER (Q2.a.1 = 1 or Q3 = 1)**
6. a. Total work days in the past one week: _____ days ☐
 b. Total daily work hours from **all jobs** from the past one week:

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	
								<input type="checkbox"/> <input type="checkbox"/>

V.C. PRIMARY WORK

7. Type of industry/line of business of workplace in the past one week: _____ (*specify*) Filled by TC: ☐☐☐☐
8. Type of work/job position of the main work in the past one week: _____ (*specify*) Filled by TC: ☐☐☐☐
9. Total work hours from main work in the past one week: _____ hours ☐☐
10. a. Job status/position of the main work in the past one week:

Self-employed	1 -> Q11.a
Self-employed with temporary/unpaid workers	2 -> Q13
Self-employed with permanent workers	3
Worker/employee/laborer	4 -> Q12
Freelance worker in agriculture sector	5 -> Q11.a
Freelance worker in non-agriculture sector	6 -> Q11.a
Unpaid/family worker	7 -> Q14.a
- b. Total paid worker/employee/laborer:

1-4 people	1	5-19 people	2	>20 people	3
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(Continue to Q13)
11. a. Net income from the past one month:

Rp _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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- b. Total work days required for Q11.a: _____ days ☐☐
(If Q10.a = 1 -> Q13 OR Q10.a = 5 or 6 -> Q14.a)
12. Total monthly **net salary/wage** generally received from main work:

a. In cash: Rp _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. In goods: Rp _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. Period of working at the current job?

_____ years <input type="checkbox"/> <input type="checkbox"/>	_____ months <input type="checkbox"/> <input type="checkbox"/>
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14. a. Work location in the past one week:

Province: _____	Filled by TC: <input type="checkbox"/> <input type="checkbox"/>
District/City ² : _____	Filled by TC: <input type="checkbox"/> <input type="checkbox"/>
- b. If outside of home district/city, do you commute to work place every day, every week or every month?

Every day	1	Every week	2	Every month	3
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(If Q14.b = 2 or 3, continue to Q15.a)
- c. Distance from house to work place? _____ Km ☐☐☐
- d. Travel time from house to work place:

≤ 30 minutes	1	61 – 120 minutes	3
31 – 60 minutes	2	≥ 120 minutes	4
- e. Type of transportation commonly used for transportation to/from work place?

Public transportation	1	Personal transportation	3
Shared transportation	2	Without transportation	4
15. a. First time working/opening business?

On February 28, 2009 or before?	1 -> Q16
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¹ Temporary not work: if Q3 = 1 then Q10.a cannot have a code of 5, 6 or 7

² Cross-out as necessary, if = Q2 Block I, continue to Q15.a

After March 1, 2009		2 -> <input type="checkbox"/> Month <input type="checkbox"/> Year	
b. Period of looking for work/preparing business?			
Period _____ months		<input type="checkbox"/>	
V.D. ADDITIONAL WORK			
16. Did you have an additional job in the past one week?			
Yes	1	No	2 -> IV.E sub-block
17. Type of industry/line of business of the main additional job: _____ (specify) Filled by TC: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
V.E. JOB SEEKING/BUSINESS PREPARATION ACTIVITIES			
Q18 to Q21 are asked if Q4 = 1 or Q5 = 1			
18. Main reason for seeking job/business preparation:			
Completed school/no longer in school	1		
Livelihood responsibility/support household or family economic	2		
Additional income	3		
Inappropriate current job	4		
Job termination	5		
Business suspension	6		
Other (_____) (specify)	7		
19. What kind of efforts did you make in seeking job/preparing business?			
	Yes	No	
1. Register with Job Fair	1	2	
2. Contact companies/offices	3	4	
3. Apply for advertised job	1	2	
4. Contact families/friends	3	4	
5. Raise capital/equipment	1	2	
6. Seek business location/venue	3	4	
7. Apply for business permit	1	2	
8. Other efforts (_____) specify	3	4	
20. Period of seeking job/preparing business:			
_____ years <input type="checkbox"/>	_____ months <input type="checkbox"/>		
21. Type of job sought/business being prepared:			
Full time work	1 -> Q24		
Part time work	2 -> Q24		
<i>Questioned if Q4 = 2 and Q5 = 2</i>			
22. Main reason of not seeking job/preparing business:			
Felt impossible to find job ³	1		
Have work, but not yet started	2		
Attending school	3		
Housekeeping	4		
Have work/business	5		
Feel sufficient	6 -> Q24		
Unable to work	7 -> Q24		
Other (_____) specify	8		
23.a. If there is a job offer, will you still accept it?			
Yes	1	No	2 -> Q24
b. Are you willing to work overseas?			
Yes	1	No	2

V.F. WORK EXPERIENCE			
24. Have you ever worked/own business before?			
Yes	1	No	2 -> STOP
25. Did you stop/move work after February 28, 2009?			
Yes	1	No	2 -> STOP
26. Main reason of stop working/moved job after February 28, 2009:			
Job termination	1		
No demand/closed business	2		
Unsatisfactory income	3		
Mismatch work environment	4		
Expired work period/contract	5		
Other (_____) specify	6		
27. Type of industry/line of business of the last job prior to stopping/changing job: _____ (specify) Filled by TC: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
28. Last job status/position prior to stopping/changing job:			
Self-employed	1		
Self-employed with temporary/unpaid workers	2		
Self-employed with permanent workers	3		
Worker/employee/laborer	4		
Freelance worker in agriculture sector	5		
Freelance worker in non-agriculture sector	6		
Unpaid/family worker	7		

³ Details 22 code 1: Reasons of not finding job after numerous attempts thus give a feeling of not able to find job, or those due to situation/ condition/ climate/ season cannot get the desired job

