



V.SEN2007.MP
1 set is made
for Provincial BPS

[LOGO] *BADAN PUSAT STATISTIK*

NATIONAL SOCIO-ECONOMIC SURVEY OF 2007

KEY INFORMATION ON HOUSING AND SETTLEMENT

[JULY 2007]

CONFIDENTIAL

I. LOCATION INFORMATION			
1	Province		<input type="text"/> <input type="text"/>
2	Regency/City*)		<input type="text"/> <input type="text"/>
3	District		<input type="text"/> <input type="text"/> <input type="text"/>
4	Village/Sub-district*)		<input type="text"/> <input type="text"/> <input type="text"/>
5	Village/sub-district classification	1. <i>Urban</i> 2. <i>Rural</i>	<input type="checkbox"/>
6	a. census block number		
	b. census sub-block number (segment number)		
7	Sample code number		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	Sample serial number household		<input type="text"/> <input type="text"/>
II. KEY INFORMATION ON HOUSEHOLD			
1	Name of head of household		
2	Total household member	0-4 years	<input type="checkbox"/>
		5-9 years	<input type="checkbox"/>
		10+ years	<input type="text"/> <input type="text"/>
		Total household members	<input type="text"/> <input type="text"/>
III. OFFICER INFORMATION			
1	Census taker code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2.	Census taker's name:	Date of survey:	Signature:
3.	Team coordinator's name:	Date of examination:	Signature:

*) delete as applicable

IV. HOUSEHOLD MEMBER INFORMATION

(Copied from VSEN2007.K, Block IV A Column (1) to (5))					Is biological father/mother still alive? 1. Yes 2. No 3. Do not know	Art above 5 years (within the last 3 months)			Art above 10 years	
Serial No	Name of household member (<i>art</i>)	Relation with head of household (<i>krt</i>)	Sex 1. M 2. F	Age (Year)		Does he/she usually take a bath in this house bathroom? 1. Yes 2. No. 3. Have none	Does he/she usually use toilet/latrine/lavatory of this house to defecate? 1. Yes 2. No. 3. Have none	Does he/she usually sleep in the bedroom of this house? 1. Yes 2. No. 3. Have none	Does he/she smoke within the last 1 month? 1. Yes, inside the house 1. Yes, outside the house 2. No	Does he/she use hair/body spray within the last 3 months? 1. Yes 2. No
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01						Father mother				
02										
03										
04										
05										
06										
07										
08										
09										
10										

Codes in Column 3

Relation with head of household:

- | | | |
|-----------------------------|----------------------------------|---------------------------|
| <i>1. Head of household</i> | <i>4. Children-in-law</i> | <i>7. Other relatives</i> |
| <i>2. Wife/husband</i> | <i>5. Grandchildren</i> | <i>8. Housemaid</i> |
| <i>3. Children</i> | <i>6. Parents/Parents-in-law</i> | <i>9. Others</i> |

8. a. Type of physical building:

1. *Single non-storey building*
2. *Single multi-storey building*
3. *Double non-storey building*
4. *Double multi-storey building*
5. *Multiple non-storey building*
6. *Multiple multi-storey building/apartment/flat*

b. Building function:

1. Regular residence
2. Combination residence

c. If **R.7 = 1**, building area
..... m2

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9. Type of the largest ceiling area:

1. *Concrete*
2. *Gypsum*
3. *Wood/plywood*
4. *Asbestos*
5. *Asbestos*
6. *Others*
7. *None*

10. Building condition

1. *Good*
2. *Fair*
3. *Damaged*
4. *Heavily damaged*

V.C. BUILDING FACILITIES AND EQUIPMENT

11. a. Total room: rooms

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b. Room condition according to its function:

Room function	Total	If column 2 ≠ 0, How many room is available?		
		Sufficiently ventilated	Sufficient natural light	Use air conditioner (AC)
(1)	(2)	(3)	(4)	(5)
1. Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Family room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Guest room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mix room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11. c. Does the house have a bathroom?

1. Yes
2. No

12. How long it takes to obtain potable water (back and forth)

1. < 5 minutes
2. 5-29 minutes
3. 30-59 minutes
4. < 5 minutes
5. ≥ 90 minutes

13. Potable water quality:
[Fill code 1 if "Yes", code" if "No"]

- a. Clear/transparent
- b. Colored
- c. Flavored
- d. Foamy
- e. Odorous

14. Does the potable water is boiled first before drank?

1. Yes
2. No

15. Water source for bathing/washing/toilet:

1. *Bottled water*
2. *Retail Tap Water*
3. *Meter tap water*
4. *Drill/pump well*
5. *Protected well*
6. *Unprotected well*
7. *Protected spring*
8. *Unprotected spring*
9. *River/lake water → R. 17*
10. *Rainwater*
11. *Others*

16. How many water used for household purposes in average (drinking, bathing, washing and cooking) on one day?

1. 0-50 liter
2. 51-100 liter
3. 101-200 liter
4. 201-400 liter
5. 401-500 liter
6. 501-1000 liter
7. > 1000 liter

17. a. Does this household use firewood as fuel within last month?

1. Yes
2. No → [R.19.a]

b. Since when this household begin to use firewood as fuel?

Month: ... Year: ... Month Year

c. Method to collect firewood:

1. *Buy*
2. *Self collected*
4. *Provided*
5. *Others*

18. a. Does this household plan to replace firewood with other fuel? 1. Yes 2. No	<input type="checkbox"/>	24. a. Is the house located in disaster prone area? 1. Yes 2. No → [R.25]	<input type="checkbox"/>
b. If yes, the type of firewood substitute is: 1. Electricity 4. Coal burner 2. Gas/LPG 5. Wood/coconut charcoal 3. Kerosene 6. Others	<input type="checkbox"/>	b. If Yes, the type of disaster frequently occurred: 1. Flood 5. Typhoon/tornado 2. Landslide 6. Tsunami 3. Fire 7. Volcano eruption 4. Earthquake 8. Others	<input type="checkbox"/>
19. a. Lighting source (adjusted to VSEN2007.K. Block VI R.10): 1. PLN 2. Other than PLN → [R.20]	<input type="checkbox"/>	25. Is there any street lighting in the environment where you live? 1. Yes 2. No	<input type="checkbox"/>
b. If the lighting power is sourced from PLN. how much is the installed electricity power? 1. 450 watt 4. 2200 watt 2. 900 watt 5. > 2200 watt 3. 1300 watt 6. No meter		26. Domestic waste water disposal channel: 1. Opened channel at the yard 2. Closed channel at the yard 3. Opened channel outside the yard 4. Closed channel outside the yard 5. No channel	<input type="checkbox"/>
20. Goods owned in this household: [fill with code 1 if "Yes, code 2 if "No"] a. Gas stove g. Computer b. Radio/tape h. Motor bike c. Television i. Motorized boat d. Video j. Car/motor boat e. Refrigerator k. Parabola antenna f. Telephone/mobile phone		27. Domestic waste water reservoir: 1. Closed reservoir at the yard 2. Opened reservoir at the yard 3. Reservoir outside the yard 4. No reservoir/directly to sewer/river	<input type="checkbox"/>
V.D. ENVIRONMENTAL CONDITION			
21. Residential house/building location: 1. New settlement 3. Old settlement 2. Development of old settlement 4. Others	<input type="checkbox"/>	28. Water condition in the sewer/gutter around the house: 1. Uninterrupted flow 3. Slow flow 2. Flooded 4. No sewer	<input type="checkbox"/>
22. Is the house located: [Fill with code 1 if "Yes, code 2 if "No"] a. On the side of/above a river/lake/dam b. On the side of /in a forest c. On the side of a street/alley/lane If R.22.C = 2, proceed to R.24.a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29. Garbage disposal method: [fill with code 1 if "Yes, code 2 if "No"] a. Transported by sanitation officer/disposed to TPS/TPA b. Piled c. Incinerated d. Disposed to river/gutter e. Disposed anywhere f. Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. If the house is located on the side of a street/alley/lane: a. Street/alley/lane width: ... meter b. Type of road surface: 1. Asphalt 4. Wood/bamboo 2. Cement/paving block 5. Soil/sand 3. Gravel/paved 6. Others	<input type="checkbox"/>	30. This household uses the following within the last month: [Fill with code 1 if "Yes, code 2 if "No"] a. Room spray e. Battery b. Anti-insect spray f. Paint c. Floor cleaner g. Insecticide d. Glass/wood/metal polisher h. Stain remover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

31. a. Is there any household member disturbed by the following pollution type? [fill with code 1 if "Yes, code 2 if "No"]

- | | |
|----------------|--------------------------|
| 1. Smoke | <input type="checkbox"/> |
| 2. Odor | <input type="checkbox"/> |
| 3. Noise/sound | <input type="checkbox"/> |

b. If one of the answers in R.31.a has code 1, the source of pollution: [fill with code 1 if "Yes, code 2 if "No"]

- | | | | |
|------------------|--------------------------|-----------------------|--------------------------|
| 1. Factory | <input type="checkbox"/> | 6. Animal stall | <input type="checkbox"/> |
| 2. Terminal | <input type="checkbox"/> | 7. Sewer/gutter/river | <input type="checkbox"/> |
| 3. Market | <input type="checkbox"/> | 8. Neighbor | <input type="checkbox"/> |
| 4. Workshop | <input type="checkbox"/> | 9. Garbage | <input type="checkbox"/> |
| 5. Motor vehicle | <input type="checkbox"/> | 10. Others | <input type="checkbox"/> |

32. Access to public facilities:

Serial No	Type of Public Facilities	Closest distance from house (Km)	Mode of transportation that can be used (Code)
(1)	(2)	(3)	(4)
1	Route transportation pool	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
2	Public health center/polyclinic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
3	Post office	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
4	Police station	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
5	Traditional market	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
6	Market/supermarket	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
7	Public phone/telecommunication shop	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
8	Internet shop	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
9	Elementary School/equivalent	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10	Junior High School/equivalent	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
11	Senior High School/equivalent	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12	Prayer house	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
13	District office	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
14	Village/sub-district office	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
15	Bank	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
16	Work place of head of household/his/her spouse	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Codes in Column 4: **Mode of transportation that can be used**

- | | |
|---------------------------------|----------------------------------|
| 1. Motorized public vehicle | 4. Non-motorized private vehicle |
| 2. Non-motorized public vehicle | 5. Not using vehicle/walk |
| 3. Motorized private vehicle | |

IV. NOTES