

**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"/>
2	Regency/City*)		<input type="text"/>
3	District		<input type="text"/>
4	Village/Sub-district*)		<input type="text"/>
5	Village/sub-district classification	1. Urban 2. Rural	<input type="text"/>
6	a. census block number		
	b. census sub-block number (segment number)		
7	Sample code number		<input type="text"/>
8	Sample serial number household		<input type="text"/>
II. KEY INFORMATION ON HOUSEHOLD			
1	Name of head of household		
2	Total household member	0-4 years	<input type="text"/>
		5-9 years	<input type="text"/>
		10+ years	<input type="text"/>
		Total household members	<input type="text"/>
III. OFFICER INFORMATION			
1	Census taker code	<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 (art)	Relation with head of household (krt)	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/lava tory 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:

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

Name & serial number of household member informant: .....		<input type="text"/>	
<b>V. HOUSING AND SETTLEMENT</b>			
<b>V.A. HOUSE OWNERSHIP</b>			
1. Status of house ownership: (in accordance with VSEN2007.K form, Block VI R.1): 1. Own property → [R3.a] 2. Lease → [R.2.a] 3. Rent → [R.2.b] 4. Free rent → 5. Official house 6. Parents/relatives/siblings' house 7. Others <b>[if R.1 = 4 to 7, proceed to R.4]</b>		<input type="text"/>	
2. a. If lease, lease value per year: Rp. .... <b>[Proceed to R.4]</b> .....			
b. If rent, rent value per month: Rp. .... <b>[Proceed to R.4]</b>			
3. a. If own property, how the building is acquired? 1. Purchased from developer (national housing, real estate) 2. Purchased from Cooperative/Foundation 3. New house from individual 4. Second house 5. Build by using own financing 6. Build by using individual loan 7. Build by using bank/cooperative loan Others (official house, heritage, grant, etc.) → R.3.e <b>[R.3.c]</b>		<input type="text"/>	
b. Self-build house, is it constructed through mutual cooperation? 1. Yes                      2. No  <b>Proceed to R.3.e</b>		<input type="text"/>	
c. What payment method is used? 1. Cash → [R.3.e] 2. House loan installment 3. Non-house loan installment 4. Others <b>[R.3.e]</b>		<input type="text"/>	
3. d. In the event of house loan installment, how long is the term of loan repayment?  1. Loan contract ..... Years 2. Realization ..... years 3. Is it fully repaid?            1. Yes    2. No e. Method of land acquisition: 1. Purchased along with the house 2. Land only            4. Rent 3. Heritage/grant    5. Use third party's land 6. Others f. Land certificate: 1. Issued by BPN/Agrarian Office 2. Sale and purchase deed issued by PPAT 3. Girik    4. Others    5. No certificate <b>[If R.3.f = 2, 3, 4 or 5, proceed to R.4]</b> g. In the event of certificate issued by BPN/Agrarian Office, the legal status of the land: 1. Property right    3. Right to use 2. Right to build 4. How long have you lived in this house/residence? 1. < 1 year            3. 4-5 years 2. 1-3 years            4. > 5 years  <b>[If R.1 = 1, proceed to R.7]</b> 5. If the status of ownership of the house is not own property, have you already owned your own house? 1. Yes → [R.7]    2. No 6. If you have not owned your own house, what is your plan for the next 3 years? 1. To purchase house using house loan 2. To purchase house using non-house loan 3. To purchase house in cash 4. To build own house            5. Lease/Rent 6. No plan			
<b>V.B. PHYSICAL CONDITION OF BUILDING</b>			
7. Type of physical building: 1. Non-platform house 2. Platform house 3. Floating house → [R.9]		<input type="text"/>	

<p>8. a. Type of physical building:</p> <p>1. <i>Single non-storey building</i></p> <p>2. <i>Single multi-storey building</i></p> <p>3. <i>Double non-storey building</i></p> <p>4. <i>Double multi-storey building</i></p> <p>5. <i>Multiple non-storey building</i></p> <p>6. <i>Multiple multi-storey building/apartment/flat</i></p>	<input type="checkbox"/>	<p>11. c. Does the house have a bathroom?</p> <p>1. <i>Yes</i>                      2. <i>No</i></p>	<input type="checkbox"/>																																													
<p>b. Building function:</p> <p>1. <i>Regular residence</i></p> <p>2. <i>Combination residence</i></p> <p>c. If <b>R.7 = 1</b>, building area ..... m2</p>	<input type="checkbox"/>  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>12. How long it takes to obtain potable water (back and forth)</p> <p>1. &lt; 5 minutes              4. &lt; 5 minutes</p> <p>2. 5-29 minutes              5. ≥ 90 minutes</p> <p>3. 30-59 minutes</p>	<input type="checkbox"/>																																													
<p>9. Type of the largest ceiling area:</p> <p>1. <i>Concrete</i>                      5. <i>Asbestos</i></p> <p>2. <i>Gypsum</i>                      6. <i>Others</i></p> <p>3. <i>Wood/plywood</i>              7. <i>None</i></p> <p>4. <i>Asbestos</i></p>	<input type="checkbox"/>	<p>13. Potable water quality: [Fill code 1 if “Yes”, code” if “No”]</p> <p>a. Clear/transparent              d. Foamy</p> <p>b. Colored                              e. Odorous</p> <p>c. Flavored</p>																																														
<p>10. Building condition</p> <p>1. <i>Good</i>                              3. <i>Damaged</i></p> <p>2. <i>Fair</i>                              4. <i>Heavily damaged</i></p>	<input type="checkbox"/>	<p>14. Does the potable water is boiled first before drank?</p> <p>1. <i>Yes</i>    2. <i>No</i></p>	<input type="checkbox"/>																																													
V.C. BUILDING FACILITIES AND EQUIPMENT																																																
<p>11. a. Total room: ..... rooms</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<p>15. Water source for bathing/washing/toilet:</p> <p>1. <i>Bottled water</i>                      8. <i>Unprotected spring</i></p> <p>2. <i>Retail Tap Water</i>                      9. <i>River/lake water → R. 17</i></p> <p>3. <i>Meter tap water</i>                      10. <i>Rainwater</i></p> <p>4. <i>Drill/pump well</i>                      11. <i>Others</i></p> <p>5. <i>Protected well</i></p> <p>6. <i>Unprotected well</i></p> <p>7. <i>Protected spring</i></p>																																														
<p>b. Room condition according to its function:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Room function</th> <th>Total</th> <th colspan="3">If column 2 ≠ 0, How many room is available?</th> </tr> <tr> <th></th> <th></th> <th>Sufficiently ventilated</th> <th>Sufficient natural light</th> <th>Use air conditioner (AC)</th> </tr> <tr> <th>(1)</th> <th>(2)</th> <th>(3)</th> <th>(4)</th> <th>(5)</th> </tr> </thead> <tbody> <tr> <td>1. Bedroom</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Family room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Guest room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Dining room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Mix room</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Kitchen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td style="background-color: black;"></td> </tr> </tbody> </table>	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"/>			<p>16. How many water used for household purposes in average (drinking, bathing, washing and cooking) on one day?</p> <p>1. 0-50 liter                      5. 401-500 liter</p> <p>2. 51-100 liter                      6. 501-1000 liter</p> <p>3. 101-200 liter                      7. &gt; 1000 liter</p> <p>4. 201-400 liter</p>	<input type="checkbox"/>
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<p>17. a. Does this household use firewood as fuel within last month?</p> <p>1. <i>Yes</i>    2. <i>No</i> → [R.19.a]</p>		<p>b. Since when this household begin to use firewood as fuel?</p> <p>Month: ... Year: ... Month Year</p>																																														
<p>c. Method to collect firewood:</p> <p>1. <i>Buy</i>                      4. <i>Provided</i></p> <p>2. <i>Self collected</i>              5. <i>Others</i></p>																																																

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"/>
<b>V.D. ENVIRONMENTAL CONDITION</b>		28. Water condition in the sewer/gutter around the house:  1. Uninterrupted flow      3. Slow flow 2. Flooded      4. No sewer	<input type="checkbox"/>
21. Residential house/building location:  1. New settlement      3. Old settlement 2. Development of old settlement      4. Others	<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"/>
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"/>	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"/> <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"/>		

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