



REPUBLIC OF INDONESIA

2010 POPULATION CENSUS

CONTROL CARD

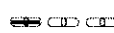
SP2010-KBC1

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

Notice :

- Use a 2B pencil (BPS SP2010) to put a mark on the appropriate answer.
- Use a soft eraser to cleanly erase and modify an 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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○ ○	○ ○	○ ○ ○	○ ○ ○	○ ○ ○
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○ ○	○ ○	○ ○ ○	○ ○ ○	○ ○ ○

II. RECAPITULATION OF CONTROL CARD

TOTAL NUMBER OF HOUSEHOLD	TOTAL NUMBER OF DOCUMENT
.....
□ □ □	□ □ □
○ ○ ○	○ ○ ○
○ ○ ○	○ ○ ○
○ ○ ○	○ ○ ○
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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. ENUMERATOR INFORMATION

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 category not used

II. PERSONAL 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 Kortim

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?.....	<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 have difficulty communicating by others because of a physical or mental?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Take care of his/her-self?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

a. Indonesian, specify ethnicity Filled by Kortim

b. Foreigner, specify country of citizenship Filled by Kortim

FOR PERSON AGE 5 YEARS AND OLDER

209. In which regency/city and province did (NAME) live 5 years ago (MAY 2005)? Filled by Kortim

a. Prov/State*):

b. Reg/City *):

210. What language does (NAME) usually speak at home?

Filled by Kortim

211. Is (NAME) able 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 compitd 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. Is (NAME) able 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. (NAME)'s activities during previous week:

a. 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. Does he/she have permanent job but temporarily not working? 1. Yes → to Q217 2. No

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

c. Seeking work? 1. Yes → to Q219 2. No

d. 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 textile industry, driver in government office, teacher in state junior high school, motorcycle taxi, doctor in health center, etc.)

Filled by Kortim 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 member

220. How many of (NAME)'s children?

	Sons	Daughters
a. living in this household	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. living elsewhere	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. have died	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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

1. Yes 2. No

*) Cross out category not used

III. MORTALITY

<p>301. Have there been any deaths in this household since 1 January 2009?</p> <p style="text-align: center;"> <input type="radio"/> 1. Yes, how many: <input type="radio"/> 1 person <input type="radio"/> 2. No → to Q401 <input type="radio"/> 2 persons Record here if more than 3 → <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> persons → Use additional SP2010-C1 questionnaire </p>			
<p>302. Record the names of the deceased</p> <p style="text-align: right;">(NAME) →</p>			
<p>303. Sex of the deceased (NAME)?</p>	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female
<p>304. In which month and year did (NAME) die?</p> <p><i>Hints: January=01, February=02, March=03, April=04, ..., December=12</i></p>	Month Year <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input type="radio"/> 2009 <input type="radio"/> 2010	Month Year <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input type="radio"/> 2009 <input type="radio"/> 2010	Month Year <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input type="radio"/> 2009 <input type="radio"/> 2010
<p>305. How old was (NAME) when he/she died?</p> <p><i>(Put 00 if age less than 1 year. Enter best estimate if the exact age is not known)</i></p>	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> years	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> years	<input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> years
<p>306. SEE Q303 and Q305</p> <p><i>Was (NAME) a women aged 10 years and older? If "No", skip to other (NAME) or to Q401.</i></p>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<p>307. Did (NAME) die during pregnancy or delivery or childbirth within 2 months after pregnancy?</p> <p><i>If "No", skip to other (NAME) or to Q401.</i></p>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No → to Q401	<input type="radio"/> 1. Yes <input type="radio"/> 2. No → to Q401	<input type="radio"/> 1. Yes <input type="radio"/> 2. No → to Q401
<p>308. If Q307="Ya", Did (NAME) die during:</p> <p><i>Skip to other (NAME) or Q401.</i></p>	<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	<input type="radio"/> 1. Pregnancy <input type="radio"/> 2. Childbirth <input type="radio"/> 3. Two months after pregnancy

IV. HOUSING CHARACTERISTICS

<p>401. What is the primary floor material?</p> <p> <input type="radio"/> 1. Ceramic/marble/granite <input type="radio"/> 5. Bamboo <input type="radio"/> 2. Tiles/terrazzo <input type="radio"/> 6. Dirt/earth <input type="radio"/> 3. Cement/bricks <input type="radio"/> 7. Others <input type="radio"/> 4. Wood/board </p>	<p>406. What type of toilet facility?</p> <p> <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 </p>
<p>402. Floor area of this living quarter?</p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> m²</p>	<p>407. What kind of excreta disposal does the toilet use?</p> <p> <input type="radio"/> 1. With septic tank <input type="radio"/> 2. Without septic tank <input type="radio"/> 3. No disposal facility </p>
<p>403. What is the primary source of lighting?</p> <p> <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 </p>	<p>408. What kind of telephone does this household have?</p> <p> <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 </p>
<p>404. What is the main source of energy for cooking?</p> <p> <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 </p>	<p>409. Is there any household member who accessed the internet during the last 3 months?</p> <p> <input type="radio"/> 1. Yes <input type="radio"/> 2. No </p>
<p>405. What is the main source of drinking water?</p> <p> <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 </p>	<p>410. What is the ownership status of this dwelling/living quarter?</p> <p> <input type="radio"/> 1. Owned <input type="radio"/> 2. Rented <input type="radio"/> 3. Leased <input type="radio"/> 4. Others </p> <p style="text-align: right;">} STOP</p>
	<p>411. Does this household have proof of land ownership of this dwelling unit?</p> <p> <input type="radio"/> 1. Yes <input type="radio"/> 2. No → STOP </p>
	<p>412. What kind of proof of land ownership of this dwelling unit?</p> <p> <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.) </p>