Notice:
• Use a 2B pencil (BPS SP2010) to put a mark on the appropriate answer.
• Use a soft eraser to clean and 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

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>REG/CITY*</th>
<th>SUB DISTRICT</th>
<th>VILLAGE/TOWN*</th>
<th>CENSUS BLOCK NUMBER</th>
</tr>
</thead>
</table>

II. RECAPITULATION OF CONTROL CARD

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF HOUSEHOLD</th>
<th>TOTAL NUMBER OF DOCUMENT</th>
</tr>
</thead>
</table>

TO BE CHECKED BY THE TEAM COORDINATOR (KORTIM):
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 lowest serial number of household until the biggest serial number of household?

III. ENUMERATOR INFORMATION

1. NAME OF ENUMERATOR
   ENUMERATOR 1: .................................................................
   ENUMERATOR 2: .................................................................
   ENUMERATOR 3: .................................................................

2. DATE OF ENUMERATION

3. SIGNATURE

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
**2010 POPULATION CENSUS**

**COMPLETE ENUMERATION FOR HOUSEHOLD AND POPULATION**

---

**I. IDENTIFICATION**

<table>
<thead>
<tr>
<th>Prov</th>
<th>Reg/City</th>
<th>Sub District</th>
<th>Village</th>
<th>Census Block No.</th>
<th>Local Adm. Unit Serial No.</th>
<th>Physical Building No.</th>
<th>Census Building No.</th>
<th>HH Serial No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDRESS:**

---

An Ordinary household is a group of persons who usually live together in a building or housing unit who make common provision for food and other essentials of living. One household could consist of only one household member.

- Please ask about all persons who usually live and eat in this household: adults, children and/or persons who are away for less than 6 months and do not intend to move out of the household.
- Record the numbers and names of all household members on the list of household members below.

**LIST OF HOUSEHOLD MEMBERS**

<table>
<thead>
<tr>
<th>No.</th>
<th>LIST OF HOUSEHOLD MEMBERS</th>
<th>Relationship to head of household</th>
<th>Sex (Give check &quot;X&quot; in the appropriate column)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Head of household</td>
<td>2. Spouse</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Son/daughter in law</td>
<td>6. Grandchild</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Parent/parent in law</td>
<td>8. Other family</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOT INCLUDED HOUSEHOLD MEMBER (Cross out for the list)**

- 1. Are there any persons who have been recorded but have been away for 6 months or more?
- 2. Are there any persons who have been recorded but have been away and intend to move?
- 3. Are there any persons who have been recorded but have died during the enumeration period?
- 4. Are there any children who have been recorded but currently working/studying and live in other places (ex: rent a room)?

**INCLUDED HOUSEHOLD MEMBER (Record the name in the list)**

- 1. Are there any infants or small children who have not been recorded?
- 2. Are there any other persons who may not be family members such as housemaids, boarders or friends who usually live there but have not been recorded?
- 3. Are there any guests or temporary visitors in this household who already leave their house for 6 months and more but have not been recorded?
- 4. Are there any persons who usually live here, but currently away for less than 6 months who have not been recorded?

**TO BE CHECKED BY THE TEAM COORDINATOR**

---

**ENUMERATOR NAME**

---

**DATE OF ENUMERATION**

---

**SERIAL NUMBER:**

---
### 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
- [ ] Others

#### 203. Is (NAME) male or female?
- [ ] 1. Male
- [ ] 2. Female

#### 204. On what day, month and year was (NAME) born?
- Date: __________
- Month: __________
- Year: __________

#### 205. What is (NAME)'s place of birth?
- Prov/State *: ____________________________
- Reg/City *: ____________________________

#### 206. What is (NAME)'s religion?
- [ ] 1. Muslim
- [ ] 2. Christian
- [ ] 3. Catholic
- [ ] 4. Hindu
- [ ] 5. Buddhist
- [ ] 6. Khmer
- [ ] 7. Others (specify) __________________

#### 207. Does (NAME) have difficulties in:
- [ ] 1. Seeing even when wearing glasses...
- [ ] 2. Hearing even when using hearing aids...
- [ ] 3. Walking or climbing stairs...
- [ ] 4. Remembering or concentrating or have difficulty communicating with others because of a physical or mental illness...
- [ ] 5. Take care of his/her self...

#### 208. What is (NAME)'s citizenship and ethnicity?
- a. Indigenous, specify ethnicity ____________________________
- b. Foreigner, specify country of citizenship ____________________________

#### FOR PERSON AGE 5 YEARS AND OLDER:

#### 209. In which regency/city and province did (NAME) live 5 years ago (MAY 2006)?
- Prov/State *: ____________________________
- Reg/City *: ____________________________

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

#### 211. Is (NAME) able to speak Indonesian?
- [ ] 1. Yes
- [ ] 2. No

#### 212. What is the schooling status of (NAME)?
- [ ] 1. Never attended school
- [ ] 2. Attending school
- [ ] 3. No longer attending school

#### 213. What is (NAME)'s highest level of education completed?
- [ ] 1. Never attended
- [ ] 2. Primary School
- [ ] 3. Junior High School
- [ ] 4. Senior High School
- [ ] 5. Vocational High School

#### 214. Is (NAME) able to read and write?
- a. Latin characters ____________________________
- b. Other characters ____________________________

*Cross out category not used*

#### 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
- b. Does he/she have permanent job but temporarily not working?
- [ ] 1. Yes → to Q217
- [ ] 2. No
- c. Seeking work?
- [ ] 1. Yes → to Q219
- [ ] 2. No
- d. Available for work?
- [ ] 1. Yes → to Q219
- [ ] 2. No

#### 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.)

#### FOR EVER MARRIED: WOMEN 16 YEARS OF AGE AND OLDER:

#### 219. Has (NAME) ever had a live birth?
- [ ] 1. Yes → to the next HH member
- [ ] 2. No

#### 220. How many of (NAME)'s children?
- 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 Number: ____________________________
### III. MORTALITY

301. Have there been any deaths in this household since 1 January 2009?
- Yes, how many: 1 person → 1. Yes, how many: 2 persons → 2. No → to Q401
- No → to Q401

302. Record the names of the deceased

<table>
<thead>
<tr>
<th>NAME</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

303. Sex of the deceased (NAME)?
- Male
- Female

304. In which month and year did (NAME) die?
- Month: [____] 2009
- Year: [____]

305. How old was (NAME) when he/she died?
- [____] years

306. Was (NAME) a woman aged 10 years and older? If "No", skip to other (NAME) or to Q401.
- Yes
- No

307. Did (NAME) die during pregnancy or delivery or childbirth within 2 months after pregnancy?
- Yes
- No

308. If Q307="Yes", Did (NAME) die during:
- Pregnancy
- Childbirth
- Two months after pregnancy

### IV. HOUSING CHARACTERISTICS

401. What is the primary floor material?
- Ceramic/marble/granite
- Wood/board
- Bamboo
- LPG/Natural Gas
- Others

402. Floor area of the living quarter?
- [____] m²

403. What is the primary source of lighting?
- State Electricity Company with meter
- Electricity not from the state electricity company

404. What is the main source of energy for cooking?
- Electricity
- LPG/Natural Gas
- Kerosene
- Others

405. What is the primary source of drinking water?
- Bottled water
- In-house piped water system
- Piped water outside dwelling/retail
- Protected well
- Protected spring
- River
- Rain water

406. What type of toilet facility?
- Private toilet
- Shared toilet
- Public toilet
- No toilet facility → To Q408

407. What kind of excreta disposal does the toilet use?
- With septic tank
- Without septic tank
- No disposal facility

408. What kind of telephone does this household have?
- Land line telephone
- Cellular telephone
- No telephone

409. Is there any household member who accessed the internet during the last 3 months?
- Yes
- No

410. What is the ownership status of this dwelling/living quarter?
- Owned
- Rented
- Lease
- Others

411. Does this household have proof of land ownership of this dwelling unit?
- Yes
- No → STOP

412. What kind of proof of land ownership of this dwelling unit?
- Ownership Certificate (SHM) belongs to hh member
- Ownership Certificate (SHM) not belong to hh member
- Other Certificate (SHGB, SHP, SSRS)
- Others (Gurik, Akte Juai Bell Notaris, PPAT, etc.)