



POPULATION AND HOUSING CENSUS MALAYSIA 2000

DOCUMENT 2b

LIVING QUARTERS (LQ), HOUSEHOLD (HH)
AND PERSON PARTICULARS

CONTROL PARTICULARS		IDENTIFICATION PARTICULARS <small>(PLEASE FILL UP BEFORE STARTING FIELD WORK)</small>	
K1	ADDRESS		
K2	LQ NUMBER <input style="width: 40px;" type="text"/>	K5	HOUSEHOLD NUMBER <small>(For the second HH and thereafter, cancel Part A and begin with Part B)</small> <input style="width: 40px;" type="text"/>
K3	<input style="width: 40px;" type="text"/> WHAT IS THE TOTAL NUMBER OF PERSONS WHO USUALLY LIVE IN THIS LIVING QUARTERS?	} <small>For Household 02 and thereafter cancel K3 and K4.</small>	(1) STATE <input style="width: 40px;" type="text"/>
K4	<input style="width: 40px;" type="text"/> HOW MANY HOUSEHOLDS LIVE IN THIS LIVING QUARTERS?		(2) ADMINISTRATIVE DISTRICT / JAJAHAN <input style="width: 40px;" type="text"/>
<small>Household is a group of persons who : - Usually live together and - Make common provisions for food and other essentials of living</small>			(3) CENSUS DISTRICT NUMBER <input style="width: 40px;" type="text"/>
			(4) CENSUS CIRCLE NUMBER <input style="width: 40px;" type="text"/>
			(5) ENUMERATION BLOCK NUMBER <input style="width: 40px;" type="text"/>

A. LIVING QUARTERS PARTICULARS - Mark in one of the boxes to Questions A1 - A4 and A6 - A9
- Write the number of bedrooms inside the box that is provided for Question A5

<p>A1 TYPE OF LIVING QUARTERS <small>(OBSERVATION QUESTION)</small></p> <p>i) BUILT OR CONVERTED FOR LIVING <u>Housing Unit</u></p> <p><u>House</u></p> <p>01 <input type="checkbox"/> Detached</p> <p>02 <input type="checkbox"/> Semi-detached</p> <p>03 <input type="checkbox"/> Terrace, Row or Link, Townhouse</p> <p>04 <input type="checkbox"/> Longhouse (Sabah & Sarawak only)</p> <p><u>Flat / Apartment / Condominium / Shophouse</u></p> <p>05 <input type="checkbox"/> Flat / Apartment / Condominium</p> <p>06 <input type="checkbox"/> Shophouse / Office</p> <p><u>Room (with direct access)</u></p> <p>07 <input type="checkbox"/> In Shophouse, Office; In / Attached to House, Factory, Mill etc.</p> <p><u>Improvised / Temporary Hut</u></p> <p>08 <input type="checkbox"/> Improvised / Temporary Hut, etc.</p> <p><u>Others</u></p> <p>09 <input type="checkbox"/> Others (e.g. mobile unit) <small>(Specify)</small></p> <p><u>Collective Living Quarters</u></p> <p>10 <input type="checkbox"/> Hotel, Lodging House, Rest House, etc.</p> <p>11 <input type="checkbox"/> Medical Institution (e.g. Hospital, etc.</p> <p>12 <input type="checkbox"/> Educational Institution (e.g. Hostel)</p> <p>13 <input type="checkbox"/> Charitable or Social Welfare Institution</p> <p>14 <input type="checkbox"/> Religious Home <small>(Specify)</small></p> <p>15 <input type="checkbox"/> Prison, Detention Centre etc.</p> <p>16 <input type="checkbox"/> Labour Camp</p> <p>17 <input type="checkbox"/> Others <small>(Specify)</small></p> <p>(ii) NOT INTENDED FOR LIVING BUT USED AS SUCH ON CENSUS DAY</p> <p>18 <input type="checkbox"/> In a permanent building (e.g. office, school, shop, mosque, etc.)</p> <p>19 <input type="checkbox"/> Others <small>(Specify)</small></p>	<p>A2 CONSTRUCTION MATERIAL OF OUTER WALLS <small>(OBSERVATION QUESTION)</small></p> <p>1 <input type="checkbox"/> Brick</p> <p>2 <input type="checkbox"/> Plank</p> <p>3 <input type="checkbox"/> Brick and Plank</p> <p>4 <input type="checkbox"/> Others <small>(Specify)</small></p> <hr/> <p>A3 OCCUPIED OR VACANT LIVING QUARTERS</p> <p><u>Occupied</u></p> <p>1 <input type="checkbox"/> Occupied</p> <p><u>Vacant</u></p> <p>2 <input type="checkbox"/> Newly completed / for rent or sale</p> <p>3 <input type="checkbox"/> For repair / renovation</p> <p>4 <input type="checkbox"/> Holiday Resort</p> <p>5 <input type="checkbox"/> Seasonal Workers Quarters</p> <p>6 <input type="checkbox"/> Dilapidated</p> <p>7 <input type="checkbox"/> Others <small>(Specify)</small></p> <p style="text-align: right;"><small>(END INTERVIEW FOR THIS LQ)</small></p>	<p>A6 DRINKING WATER SUPPLY FACILITY</p> <p>1 <input type="checkbox"/> Treated piped water</p> <p>2 <input type="checkbox"/> Other sources <small>(Specify)</small></p> <hr/> <p>A7 ELECTRICITY SUPPLY FACILITY</p> <p><u>Supplied</u></p> <p>1 <input type="checkbox"/> 24 hours a day</p> <p>2 <input type="checkbox"/> Less than 24 hours a day</p> <p><u>Not Supplied</u></p> <p>3 <input type="checkbox"/> Self-owned generator</p> <p>4 <input type="checkbox"/> None</p>
<p style="text-align: right; margin-right: 20px;">GO TO PART B <small>(Questions B1 - B6, B11 only)</small></p>	<p>A4 OWNER OF THIS LIVING QUARTERS</p> <p>1 <input type="checkbox"/> Individual Owner</p> <p>2 <input type="checkbox"/> Government / Statutory Body</p> <p>3 <input type="checkbox"/> Private</p> <p>4 <input type="checkbox"/> Others <small>(Specify)</small></p>	<p>A8 TYPE OF TOILET FACILITY</p> <p>1 <input type="checkbox"/> Flush System</p> <p>2 <input type="checkbox"/> Pour flush</p> <p>3 <input type="checkbox"/> Pit</p> <p>4 <input type="checkbox"/> Enclosed space over water</p> <p>5 <input type="checkbox"/> None</p>
	<p>A5 NUMBER OF BEDROOMS</p> <p style="text-align: center;"><input style="width: 40px;" type="text"/></p>	<p>A9 DOES THE GARBAGE COLLECTION FACILITY REACH YOUR LIVING QUARTERS / AREA?</p> <p>1 <input type="checkbox"/> Yes, to this living quarters</p> <p>2 <input type="checkbox"/> Yes, to this area</p> <p>3 <input type="checkbox"/> None</p>

B. HOUSEHOLD PARTICULARS · Mark inside the relevant box for Questions B2, B6 - B10

- **Households** - A Household consists of related and / or unrelated persons who usually live together and make common provisions for food and other essentials of living.
- **Head of Household** - The Head of Household is any one of the household members who USUALLY LIVES in the Living Quarters and is regarded as head by the other household members.

B1	B2	B3	B4	B5	B6	B7
<p>Give the names of persons who usually live together as members of this household on CENSUS DAY.</p> <p>(Do not include persons who live in separate living quarters and who return to this living quarters during weekends / holidays only.)</p> <p>PLEASE REFER TO NOTE PROVIDED BELOW ON THIS PAGE.</p> <p>Start with Head of Household followed by :</p> <ul style="list-style-type: none"> - Spouse of Head - Unmarried children - Married children and their families - Father / mother of Head or spouse of Head - Brother / sisters of Head or spouse of Head - Other relatives - Others (e.g. servant, tenant, boarder) 	<p>Besides the names of persons mentioned in Question B1, did you miss out / are unsure of including any other person who eats and lives together in this Household?</p> <ul style="list-style-type: none"> - baby, young children - old people - student(s) in primary / secondary school hostel - servant - tenant, boarder - usual household member who is temporarily away <p><input type="checkbox"/> Yes (Please list their names in B1 and complete columns B3 until B6)</p> <p><input type="checkbox"/> No (Ask Question B3 and thereafter)</p>	<p>Relationship to Head of Household</p>	<p>Sex</p> <p style="text-align: center;">M - Male F - Female</p>	<p>Person Number (3 digit)</p>	<p>Is any member of this household handicapped?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p style="text-align: center;">↓</p> <p>Type of handicap</p> <ul style="list-style-type: none"> 1 - Sight 2 - Hearing 3 - Speech 4 - Limbs 5 - Mental 6 - Others <p>(Fill in the respective handicap code for the relevant member only; transfer the code(s) to Question C30 for the respective person)</p> <p>(Multiple answers accepted)</p>	<p>Are the following items available for use by the members of this Household.</p> <p style="text-align: center;">Mark X in the relevant boxes</p> <p>(Multiple answers accepted)</p> <p>Motorcar</p> <p><input type="checkbox"/> 1 unit</p> <p><input type="checkbox"/> 2 units</p> <p><input type="checkbox"/> 3 units or more</p> <p>Motorcycle / Scooter</p> <p><input type="checkbox"/> 1 unit</p> <p><input type="checkbox"/> 2 units or more</p> <p>Bicycle</p> <p><input type="checkbox"/> Bicycle</p> <p>Others</p> <p><input type="checkbox"/> Air-Conditioner</p> <p><input type="checkbox"/> Washing Machine</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Microwave</p> <p><input type="checkbox"/> Radio / Hi-fi</p> <p><input type="checkbox"/> Television</p> <p><input type="checkbox"/> Video / VCD / DVD</p> <p><input type="checkbox"/> Fixed Telephone Line</p> <p><input type="checkbox"/> Mobile phone</p> <p><input type="checkbox"/> Personal Computer (PC)</p> <p><input type="checkbox"/> Internet Subscription</p> <p>None of the items mentioned above</p> <p><input type="checkbox"/></p>
		HEAD				

B8

(a) Does any member of this HOUSEHOLD own this living quarters?

1 Yes → (Go to B11)

2 No

↓

(b) Does any member of this household own any other living quarters in Malaysia?

1 Yes

2 No

B9

Is this household paying rent for this living quarters?

1 Yes, furnished

2 Yes, not furnished

3 None → (Go to B11)

B10

How much is the current monthly rental payment?

1 Less than RM 100

2 RM 100-249

3 RM 250-499

4 RM 500-749

5 RM 750-999

6 RM 1000 and more

B11

SUMMARY
(No. of usual household members)

(From Question B1 and B4)

Male	Female	Total
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

NOTE FOR QUESTION B1

- Do not forget to include :
 - (i) Babies born on or before Census Day and still living on Census Day.
 - (ii) Boarders, lodgers, visitors, maids, elderly persons, relatives who usually live in this household.
 - (iii) Usual members who are temporarily away because of work, study, on leave, on vacation (in and outside Malaysia) etc.
 - (iv) Students (primary and secondary schools) not living with parents but in hostels (in Malaysia) although for more than 6 months in the year 2000.
 - (v) Any person staying / will be staying in hospital for less than 6 months in the year 2000.
 - (vi) Those who passed away after Census Day.
- Do not include :
 - (i) Babies born after Census Day.
 - (ii) Those who passed away before Census Day.
 - (iii) Malaysian students who have been / will be living overseas for 6 months or more in the year 2000.
 - (iv) Students (college / university) in Malaysia who do not live with parents for a period of 6 months or more in the year 2000.
 - (v) Malaysians working overseas for a period of 6 months or more in the year 2000.

C. PERSON PARTICULARS

- Mark **X** in one of the boxes for Questions C3, C4, C7, C9, C10(a), C12, C14 - C18, C20 - C24, C25(c), C27 - C28
 - Write the number or code in the boxes for Questions C1, C5-C6, C8, C10(b) & (c), C11, C13, C29(a) & (b), C30
 - Write the number or words on the dotted lines.

PART C TO BE FILLED FOR EACH PERSON WITH A GIVEN PERSON NUMBER IN B5.

_____ member from a total of _____ household members.

C1 PERSON NUMBER
 (Obtain from column B5)

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C8 WHICH ETHNIC GROUP OR DIALECT GROUP DO YOU BELONG TO?
 (Refer to code card - Document 4)

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C13 FOR NON-MALAYSIAN CITIZEN, PLEASE SPECIFY COUNTRY
 (Refer to code card - Document 4)

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(Write Country) _____

C2 NAME (Corresponding to C1)

C9 WHAT IS YOUR RELIGION?

- 1 Islam
- 2 Christianity
- 3 Hinduism
- 4 Buddhism
- 5 Confucianism / Taoism, Other Traditional Chinese Religion
- 6 Tribal / Folk Religion
- 7 Others (Specify) _____
- 8 No Religion

C14 WHERE WAS YOUR USUAL PLACE OF RESIDENCE 5 YEARS AGO (i.e IN 1995)?
 [For children aged less than 5 years (i.e. born after 1995) record mother's usual residence at time of his/her birth]

- 1 This house as in Question K1
- 2 Different house (Give full address)
 - (a) Name Of Street / Housing Estate

 - (b) Name of Town / Village

 - (c) Mukim / District (Kelantan) / Sub-District (Sarawak)

 - (d) Administrative District / Jajahan (Kelantan)

 - (e) State / Country

C3 RELATIONSHIP TO HEAD OF HOUSEHOLD
 (Obtain from column B3)

- 01 Head of Household
- 02 Spouse of Head
- 03 Unmarried child of Head
- 04 Married child of Head
- 05 Daughter-in-law / Son-in-law of Head
- 06 Grandchild of Head
- 07 Father / Mother of Head or spouse of Head
- 08 Brother / sister of Head or spouse of Head
- 09 Other relatives of Head or spouse of Head
- 10 Others who are not related to Head or spouse of Head

C10 BIRTHPLACE

(a) Where were you born?

- 1 Malaysia → [Go to C10 (b)]
- 2 Outside Malaysia → [Go to C10 (c)]

(b) State of birth?
 (Refer to code card - Document 4)

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→ (Go to C12)

(Specify State) _____

(c) Country of birth?
 (Refer to code card - Document 4)

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(Specify Country) _____

C14.1	C14.2	C14.3	For Office Use Only
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C4 SEX (Obtain from column B4)

- 1 Male
- 2 Female

C5 WHAT IS YOUR DATE OF BIRTH?

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Date Month Year

(If no information for C5, ask C6)

C11 YEAR OF FIRST ARRIVAL IN MALAYSIA
 (For those born outside Malaysia)

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C15 HAVE YOU EVER BEEN TO SCHOOL / COLLEGE / POLYTECHNIC / UNIVERSITY?
 (Including Pre-school)

- 1 Yes, currently schooling (full time)
- 2 Yes, currently schooling (part time)
- 3 Completed schooling
- 4 No, too young → (END INTERVIEW FOR THIS PERSON)
- 5 Never attended school → (Go to C17)

C6 HOW OLD ARE YOU?
 (In completed years)
 (If age is less than 1 year write "00"
 If age is 99 years or more write "99")

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C12 CITIZENSHIP / RESIDENCE STATUS

Malaysian Citizen

- 1 Malaysian Citizen → (Go to C14)

Non-Malaysian Citizen

- 2 Permanent Resident
- 3 Expatriate
- 4 Foreign Visitor
- 5 Foreign Student
- 6 Foreign Worker
- 7 Others (specify) _____

C16 WHAT IS THE HIGHEST LEVEL OF EDUCATION ATTAINED / CURRENTLY STUDYING?

- 1 Pre-school
- 2 Primary School (Standard / Year 1 till 6)
- 3 Lower Secondary (Remove / Form 1 till 3)
- 4 Upper Secondary (Form 4 till 5, GCE O Level)
- 5 Vocational / Technical (Form 4 till 5)
- 6 Trade & Technical Skills Institution
- 7 Post Secondary (Form 6, GCE A Level, Matriculation)
- 8 Tertiary (Polytechnic / College / University)

(END INTERVIEW FOR PERSON AGED LESS THAN 10 YEARS)

QUESTION C17 - C29 FOR PERSON AGED 10 YEARS AND ABOVE

C17 WHAT IS THE HIGHEST CERTIFICATE / DIPLOMA / DEGREE YOU HAVE ATTAINED?

01 None

02 PMR / SRP / LCE

03 SPM / MCE / SC / GCE O Level

04 STPM / HSC / STA / 4 Thanawi / GCE A Level

05 SPVM / SPM(V) / MCVE

06 Certificate / Diploma in trade or technical skills

07 Certificate (Polytechnic / College)

08 Diploma (Polytechnic / College)

09 Degree / Advanced Diploma

10 Post Graduate Certificate / Diploma

11 Post Graduate Degree

→ (Go to C20)

→ (Go to C19)

C22 DO YOU HAVE ANY WORK TO RETURN TO?

1 Yes → (Go to C25)

2 No

C23 DID YOU LOOK FOR WORK DURING THE LAST 7 DAYS?

1 Yes → * (END INTERVIEW FOR THIS PERSON)

2 No

C24 WHAT IS THE MAIN REASON FOR NOT SEEKING WORK?

01 Believe no suitable job available / bad weather / sick / confinement / will start new job / waiting for answers to job applications / no qualification

02 Housewife

03 Still schooling

04 Going for further studies

05 Handicapped / disabled

06 Not interested

07 Retired / too old

08 Too young

09 Others (Specify) _____

* (END INTERVIEW FOR THIS PERSON)

C26 INDUSTRY

(a) What are the Activities / Services / Products of your place of work? (Describe in a few words)

(b) What is the Name and Address of the your Company / Employer? (If relevant only)

(i) Name of Company / Employer :

(ii) Address of Company / Employer :

| | | | |

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C18 FROM WHERE DID YOU OBTAIN YOUR CERTIFICATE / DIPLOMA / DEGREE?

Within Malaysia

1 Public Institution

2 Private Institution

Overseas

3 Overseas Institution

C27 WHAT IS YOUR EMPLOYMENT STATUS?

1 Employer

2 Employee

3 Self-employed

4 Unpaid family worker

* (END INTERVIEW FOR THIS PERSON)

C19 WHAT WAS YOUR MAIN FIELD OF STUDY?

| | | | |

For Office Use Only

FOR EVER MARRIED WOMAN (SABAH, W.P. LABUAN AND SARAWAK ONLY)

C25 OCCUPATION

(a) What is your occupation?

(b) Please describe your duties / nature of work

(c) In which sector is your occupation :-

1 Government

2 Private

3 Own business

C28 HAVE YOU EVER GIVEN BIRTH?

1 Yes → (Go to C29)

2 No → (END INTERVIEW FOR THIS PERSON)

C29 (a) Number of children ever born alive?

| |

(b) Number of children currently still living? (If none, record "00")

| |

C20 CAN YOU READ AND WRITE IN ANY LANGUAGE?

1 Yes

2 No

C21 DID YOU WORK FOR AT LEAST 1 HOUR DURING THE LAST 7 DAYS? (Work means doing a job for salary / wages or profit or family gain)

1 Yes → (Go to C25)

2 No

C30 HANDICAPPED : Copy code(s) from Question B6 into the box(es) given below (if relevant).

| | |

| | | | |

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* In Sabah, W.P. Labuan and Sarawak, go to Question C28 for ever married woman.

REMINDER : If a Household has more than 7 members, please use the Continuation Person Form.