

1970 POPULATION AND HOUSING CENSUS OF MALAYSIA

Start Interview here

Hundreds <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 Tens <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 Units <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9	8 L/Qs No h t u <input type="text"/> <input type="text"/> <input type="text"/>
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LIVING QUARTERS

1	State										
2	Admin. District										
2A	Census District										
3	Circle Number										
4	Enumeration Block Number										
5	Address										
6	Number of households in this living quarters. See column 6 of the houselisting book.										
7	Number of persons in this living quarters. See column 8 of the houselisting book.										
Mark in line below											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Males</th> <th style="width: 20%;">Females</th> <th colspan="3" style="text-align: center;">Persons</th> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="text"/></td> <td style="border: 1px solid black; text-align: center;"><input type="text"/></td> <td style="border: 1px solid black; text-align: center;">h</td> <td style="border: 1px solid black; text-align: center;">t</td> <td style="border: 1px solid black; text-align: center;">u</td> </tr> </table> <p style="text-align: center;">(Mark in lines below)</p>	Males	Females	Persons			<input type="text"/>	<input type="text"/>	h	t	u
Males	Females	Persons									
<input type="text"/>	<input type="text"/>	h	t	u							

LIVING QUARTERS	
9 Built or converted for living/sleeping <input type="checkbox"/>	(Skip to 11)
Not intended for l/s but used for these purposes at time of census <input type="checkbox"/>	
10 In a perm. building, e.g. office, school, shop, mosque <input type="checkbox"/>	1 <input type="text"/>
A living space, e.g. court yard, open verandah <input type="checkbox"/>	2 <input type="text"/>
A natural shelter (Finish) <input type="checkbox"/>	3 <input type="text"/>
11 Are the L.Q.'s Private <input type="checkbox"/>	
Non-private (Skip to 13) <input type="checkbox"/>	
Mobile (Finish) <input type="checkbox"/>	
12 House/Bungalow	
Detached <input type="checkbox"/>	4 <input type="text"/>
Semi-detached <input type="checkbox"/>	5 <input type="text"/>
Terrace, Row Flat or Room <input type="checkbox"/>	6 <input type="text"/>
In/Attached to House <input type="checkbox"/>	7 <input type="text"/>
In Shophouse <input type="checkbox"/>	8 <input type="text"/>
In Housing Block <input type="checkbox"/>	9 <input type="text"/>
Other <input type="checkbox"/>	10 <input type="text"/>
Labour Line <input type="checkbox"/>	11 <input type="text"/>
Makeshift, Improvised Hut, etc. (Skip to 14) <input type="checkbox"/>	12 <input type="text"/>
13 Non-Private—Hotel, lodging house, rest house, etc. <input type="checkbox"/>	13 <input type="text"/>
Hospital <input type="checkbox"/>	14 <input type="text"/>
Educational, charitable, or religious institution <input type="checkbox"/>	15 <input type="text"/>
Temporary labour camp <input type="checkbox"/>	16 <input type="text"/>
Other (Finish) <input type="checkbox"/>	17 <input type="text"/>
FOUNDATION	
14 Raised off the ground? Yes <input type="checkbox"/> No <input type="checkbox"/>	(Skip to 16)
15 Supports of	
Wood <input type="checkbox"/>	Brick/Concrete <input type="checkbox"/>
	Iron/Steel <input type="checkbox"/>
	Other <input type="checkbox"/>
WALLS	
16 Brick <input type="checkbox"/>	Concrete <input type="checkbox"/>
Plank only <input type="checkbox"/>	Attap etc. <input type="checkbox"/>
	Other <input type="checkbox"/>
	Brick & Plank <input type="checkbox"/>
	Zinc, Corr. Iron <input type="checkbox"/>
ROOF	
17 Tiles <input type="checkbox"/>	
Attap, bamboo, etc. <input type="checkbox"/>	
Zinc/Corr. Iron Sheets <input type="checkbox"/>	
Asbestos Sheets <input type="checkbox"/>	
Concrete <input type="checkbox"/>	
Other <input type="checkbox"/>	

CONDITION	
18 Sound <input type="checkbox"/>	Deteriorating <input type="checkbox"/>
	Dilapidated <input type="checkbox"/>
OCCUPANCY	
19 Occupied <input type="checkbox"/>	Vacant <input type="checkbox"/>
(Skip to 21)	
20 Reason for being vacant	
Seasonal Wk. Qt. <input type="checkbox"/>	
Temp. Abs. <input type="checkbox"/>	
Holiday House <input type="checkbox"/>	
Sale/Rent <input type="checkbox"/>	
Unfit for living <input type="checkbox"/>	
Other (incl. not kn.) (Finish) <input type="checkbox"/>	
PERIOD OF CONST.	
21 0-4 <input type="checkbox"/>	10-29 <input type="checkbox"/>
5-9 <input type="checkbox"/>	30+ <input type="checkbox"/>
	Not known <input type="checkbox"/>
OWNERSHIP	
22 Govt. <input type="checkbox"/>	Non Govt. <input type="checkbox"/>
WATER SUPPLY	
23 Piped Water? Yes <input type="checkbox"/> No <input type="checkbox"/>	(Skip to 26)
24 Inside L.Q. <input type="checkbox"/>	Outside L.Q. <input type="checkbox"/>
(Skip to 27)	
25 Within 100 yards <input type="checkbox"/>	
Beyond 100 yards (Skip to 27) <input type="checkbox"/>	
26 Well or pump <input type="checkbox"/>	
River <input type="checkbox"/>	
Parit, drain, canal <input type="checkbox"/>	
Other <input type="checkbox"/>	
27 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
LIGHTING	
28 Electr. <input type="checkbox"/>	No Electr. <input type="checkbox"/>
	(Skip to 30)
29 Public supply <input type="checkbox"/>	Private Gen. Plant <input type="checkbox"/>
(Skip to 31)	
30 Pressure/Gas lamp <input type="checkbox"/>	Oil Lamp <input type="checkbox"/>
	Other <input type="checkbox"/>
ROOMS	
31 Number	
t <input type="text"/>	u <input type="text"/>
u <input type="text"/>	t <input type="text"/>

TOILET FACILITIES	
32 Flush <input type="checkbox"/>	
Bucket <input type="checkbox"/>	
Pit <input type="checkbox"/>	
Over River/Sea <input type="checkbox"/>	
None (Skip to 35) <input type="checkbox"/>	
33 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/>	(Skip to 35)
34 Units	
1 <input type="text"/>	2 <input type="text"/>
	3 <input type="text"/>
	4 <input type="text"/>
	5+ <input type="text"/>
BATHING FACILITIES	
35 Separate bathroom or enclosed Bathing Space? Yes <input type="checkbox"/> No <input type="checkbox"/>	(Skip to 38)
36 Piped water to bathroom? Yes <input type="checkbox"/> No <input type="checkbox"/>	
37 Built-in	
Long bath <input type="checkbox"/>	
Tank <input type="checkbox"/>	
Shower <input type="checkbox"/>	
Hand basin <input type="checkbox"/>	
Moveable jar, cont. <input type="checkbox"/>	
Pipe only (Skip to 39) <input type="checkbox"/>	
38 Pipe inside L.Q. <input type="checkbox"/>	
Pipe outside L.Q. <input type="checkbox"/>	
Well or pump <input type="checkbox"/>	
River <input type="checkbox"/>	
Parit, drain, canal <input type="checkbox"/>	
Other <input type="checkbox"/>	
39 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
COOKING FACILITIES	
40 Separate kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/>	(Skip to 42)
41 Area set aside for cooking? Yes <input type="checkbox"/> No <input type="checkbox"/>	(Skip to 43)
42 Exclusive to this L.Q.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
VEHICLES/SCOOTERS	
43 Veh. <input type="text"/>	0 <input type="text"/>
MC <input type="text"/>	1 <input type="text"/>
SC <input type="text"/>	2 <input type="text"/>
	3 <input type="text"/>
	4+ <input type="text"/>

Mark number of Households here → 0 1 2 3 4 5 6 7 8 9

Mark Total Persons here →

Hundreds	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Tens	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9
Units	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9

WEST MALAYSIA

PERSONS		t	u
State			
Admin. District	7 To what community do you belong? 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9		
Census District			
Circle	8 During the last 12 months what did you do most of the time? Empl./S.Empl. Wages Family Worker Look after H. Stu-Child not at school Other Padi Logging/Manuf./Bldg. Commerce Transport. Services Other		
Enumeration Block			
START INTERVIEW HERE			
Living Quarters No.			
Household Number	9 What is your religion? Islam Hindu Christian Buddhist No Religion Other		
Person Number	10 Are you going to school? (excluding adult education and kindergarten) Yes No (Skip to 12)		
1 Name	2 Sex Male Female	11 Have you ever been to school? Yes No (Skip to 14)	
3 Relationship to Head of Household	12 What was the highest level you completed? Primary some years com. all years low. upp. Secondary 1-2 3 4 5 6 6		
4 How old are you? Completed years Months from last Birthday to C. Day	13 Did you pass any of these exams? I.c.e. s.c. h.s.c. none		
5 Age (From I/C Birth Certificate, etc.) Day of Birth Month of Birth Year of Birth	14 Do you have a Malaysian Citizenship? Yes No under 12 (Skip to 16)(Skip to 18)		
6 Chinese Date of Birth Day Moon Month Animal Year	15 Colour of I.C. blue other no I.C. (Skip to 17)		
		16 What citizenship do you have? S'pore Other Foreign Stateless/ Applied/N.S.	
		17 Do you have a Singapore I/C? Yes No	
		18 Born in Malaysia? Yes No Unknown (Skip to 20) (Skip to 22)	
		19 State of birth? Johore Kedah Kelantan Malacca N.Sembilan Pahang Penang Perak Perlis Unknown Selangor Trengg. Sabah Sarawak (Skip to 21)	
		20 Country of birth? S'pore T'land India/Ceylon Pakistan Indonesia Philippines China Other Asian n/s America Oceania Europe Other Unknown	
		21 How long in total have you lived in Malaysia? <1 1 2 3 4 5 6-10 11-20 20 Over	
		22 How long have you lived in this Kampong, Town, etc.? <1 1 2 3 4 5 6-10 11-20 20 Over	
		23 Where did you last live? In this Kampong, Town, etc., since birth Some other place in Malaysia Outside Malaysia Town Other (Skip to 25) (Skip to 25)	
		24 What was the name of the place where you lived before? Kampong, Town..... Mukim..... District..... State.....	

FOR PERSONS 10 YEARS AND OVER

Before asking Qs 25-34 explain that the questions are for the PREVIOUS 7 DAY PERIOD only

25 Did you have a regular job or business? Yes No (Skip to 30)	26 Did you help in a family business or farm? Yes No (Skip to 28)	27 About how many hours per day did you work? 3 or less more than 3 (Skip to 30)	28 Did you earn any money by working or by selling home made goods? Yes No	29 Did you look for work? Yes No	30 Employment status S. E'yer E'yed s&w Family L. for worker 1st job (Skip to 35)	31 Main occupation (use two or more words if possible)	32 Main industry (use two or more words if possible)	33 Work at home? Yes No	34 Name and address of establishment at which working (Excl. adoptions) a Living here b Living somewhere else c Dead d Born dead	35 Degrees, Diplomas, Certificates, Papers Name of qualification and institution from which obtained Field of Study.....	
36 Everyday conversation? Fi. El. Man-Malay Malay darin English Tamil Other langs. Dumb		37 Read a n.p./Letter 38 Write a letter? Yes No Yes No Blind (Skip to 40)		39 What languages can you write? Malay Chinese English Tamil Other		40 Ever been married? 41 How many times? Yes No 1 3 2 4+ (Finish)		42 Present marital status married widowed div/p.s.		43 No. of years married Total Present M's Prev. M's	

FOR EVER-MARRIED WOMEN

44 How many children have you ever given birth to? (Excl. adoptions) a Living here b Living somewhere else c Dead d Born dead
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OFFICE USE ONLY				
L.O. No.	h/h no.	Per No.	Age	Prev. Res.
0 0 0 0 0 0 0 0 0 0				
1 1 1 1 1 1 1 1 1 1				
2 2 2 2 2 2 2 2 2 2				
3 3 3 3 3 3 3 3 3 3				
4 4 4 4 4 4 4 4 4 4				
5 5 5 5 5 5 5 5 5 5				
6 6 6 6 6 6 6 6 6 6				
7 7 7 7 7 7 7 7 7 7				
8 8 8 8 8 8 8 8 8 8				
9 9 9 9 9 9 9 9 9 9				
Occupation	Ind. 100+	Ed.	Fam.	
0 0 0 0 0 0 0 0				
1 1 1 1 1 1 1 1				
2 2 2 2 2 2 2 2				
3 3 3 3 3 3 3 3				
4 4 4 4 4 4 4 4				
5 5 5 5 5 5 5 5				
6 6 6 6 6 6 6 6				
7 7 7 7 7 7 7 7				
8 8 8 8 8 8 8 8				
9 9 9 9 9 9 9 9				
Living a + b				
Born alive a + b + c				

AGRICULTURE & FISHERIES

h										2 L/Qs No.		
0	1	2	3	4	5	6	7	8	9	h	t	u
0	1	2	3	4	5	6	7	8	9			
0	1	2	3	4	5	6	7	8	9			
u										3 H/H No.		
0	1	2	3	4	5	6	7	8	9			

AGRICULTURE

State		AGRICULTURAL LAND OWNED		6(a) Area operated by the household			
Admin. District		4 Does this household own any agricultural land ?		Acreage	Area operated		
Census District		Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 5)			Owned	Not owned	Total
Circle		4(a) Area owned solely by the household		Less than 1/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enumeration Block		Acreage		1/4 but less than 1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<1/4 <input type="checkbox"/> 1/4-1/2 <input type="checkbox"/> 1/2-1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>		1/2 but less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		4(b) Area owned jointly with other households (proportionate share only)		1 but less than 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Acreage		3 but less than 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<1/4 <input type="checkbox"/> 1/4-1/2 <input type="checkbox"/> 1/2-1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>		5 but less than 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AGRICULTURAL LAND OPERATED		10 but less than 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5 Does this household operate any agricultural land ?		15 but less than 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		25 but less than 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Skip to 8)		50 but less than 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		6 Area operated by the household		100 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		On land owned		7 Does this household operate any land with other households ?			
		On land not owned		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Total		(Skip to 8)			
				7(a) Area operated with other households			
				<1/4 <input type="checkbox"/> 1/4-1/2 <input type="checkbox"/> 1/2-1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100+ <input type="checkbox"/>			

START INTERVIEW HERE

1 Name of Head of Household

LIVESTOCK AND POULTRY

8 Does this household keep livestock or poultry ?		14 Does this household keep:—	
Yes <input type="checkbox"/> No <input type="checkbox"/>		(a) Hens (for laying and/or slaughter)	
(Skip to 15)		(b) Chicks and cocks	
9 Does this household keep:—		Total fowls (a) + (b))	
Pigs		(c) Other poultry (ducks, geese, etc.)	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		Number	
10 Buffaloes		Number	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		Number	
11 Cattle		Fowls	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		Hens Chicks and cocks Total	
12 Goats		Others (ducks, geese, etc.)	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		1 - 4	
13 Sheep		5 - 9	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		10 - 19	
		20 - 29	
		30 - 39	
		40 - 49	
		50 - 99	
		100 - 199	
		200 - 499	
		500 - 999	
		1,000 & over	

FISHERIES

15 Is this household engaged in catching or breeding fish ?		18 Type of boat	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Powered boat of	
(Finish)		0 - 4 tons	
16 Where does this household fish ?		5 - 29 tons	
Marine <input type="checkbox"/>		30 - 49 tons	
Inland <input type="checkbox"/>		50 & over tons	
(Skip to 19)		Non-powered boat	
17 Does this household operate its own boat ?		19 Inland fishing	
Yes <input type="checkbox"/> No <input type="checkbox"/>		For capture only	
(Finish)		For culture (including capture if any)-	

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1970 POPULATION AND HOUSING CENSUS

FORM 3a

EAST MALAYSIA
AGRICULTURE

State	AGRICULTURAL LAND OPERATED 4 Does this household operate any agricultural land? Yes <input type="checkbox"/> No <input type="checkbox"/> ↓ (Skip to 6)	5(a) Area operated by the household			
Admin. District		5 Area operated by the household On land owned <input type="text"/> Acreage On land not owned <input type="text"/> Total <input type="text"/>	Acreage Less than ¼ <input type="checkbox"/> ¼ but less than ½ <input type="checkbox"/> ½ but less than 1 <input type="checkbox"/> 1 but less than 3 <input type="checkbox"/> 3 but less than 5 <input type="checkbox"/> 5 but less than 10 <input type="checkbox"/> 10 but less than 15 <input type="checkbox"/> 15 but less than 25 <input type="checkbox"/> 25 but less than 50 <input type="checkbox"/> 50 but less than 100 <input type="checkbox"/> 100 and above <input type="checkbox"/>	Area operated Owned Not Owned Total	
Census District	1 Living Quarters Number <input type="text"/>			2 Household Number <input type="text"/>	3 Name of Head of Household ----- -----
Circle		7 Does this household keep:- Pigs <input type="text"/> Number 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/>	8 Buffaloes <input type="text"/> Number 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/>		
Enumeration Block	10 but less than 15 <input type="checkbox"/> 15 but less than 25 <input type="checkbox"/> 25 but less than 50 <input type="checkbox"/> 50 but less than 100 <input type="checkbox"/> 100 and above <input type="checkbox"/>			100 and above <input type="checkbox"/>	100 and above <input type="checkbox"/>
Locality		100 and above <input type="checkbox"/>	100 and above <input type="checkbox"/>		
START INTERVIEW HERE				100 and above <input type="checkbox"/>	100 and above <input type="checkbox"/>

LIVESTOCK AND POULTRY

1 Living Quarters Number	2 Household Number	3 Name of Head of Household	6 Does this household keep livestock?	12 Does this household keep poultry?
			Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 12)	Yes <input type="checkbox"/> No <input type="checkbox"/> (Finish)
			7 Does this household keep:- Pigs	Hens (for laying and/or slaughter)
			1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+	Chicks and cocks
			8 Buffaloes	Total Fowls
			1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+	Other Poultry (ducks, geese, etc.)
			9 Cattle	Number
			1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+	Fowls
			10 Goats	Hens Chicks & Cocks Total
			1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+	1 - 4
			11 Sheep	5 - 9
			1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+	10 - 19
				20 - 29
				30 - 39
				40 - 49
				50 - 99
				100 - 199
				200 - 499
				500 - 999
				1000 & over

1970 POPULATION AND HOUSING CENSUS

FORM 5a

EAST MALAYSIA

State	
Admin. District	
Census District	7 To what community do you belong ?
Circle	0 1 2 3 4 5 6 7 8 9
Enumeration Block	8 During the last 12 months what did you do most of the time ?
Locality	Emp'l S Empl Wages Family Worker Look after H. Student Child at play Other
START INTERVIEW HERE	
Living Quarters Number	Logging, timber Com. Building, Fishing, Transport Comm, Rubber, Services, Other Agricul, Other
Household Number	9 What is your religion ?
Person Number	10 Are you going to school ? (excluding adult education and kindergarten)
1 Name	2 Sex
3 Relationship to Head of Household	11 Have you ever been to school ?
4 How old are you ?	12 What was the highest level you completed ?
5 Source	13 Did you pass any of these exams ?
6 Age (from I.C., Birth Certificate, etc.)	14 Are you a Malaysian Citizen ?
7 Year of Birth	15 Colour of I/C.
8 Month of Birth	
9 Day of Birth	
16 What citizenship do you have ?	
17 Country of birth ?	
18 How long in total have you lived in (Sarawak) (Sabah) ?	
19 How long have you lived in this kampong, town, etc. ?	
20 Where did you last live ?	
21 What was the name of the place where you lived before ?	

FOR PERSONS 10 YEARS AND OVER

OFFICE USE ONLY

Before asking Qs 22-31 explain that the questions are for the PREVIOUS 7 DAY PERIOD only		32 Language of everyday conversation ?		L.Q. No.	n/n	Per No.	Fam.	Age
22 Did you have a regular job or business ?	Yes No	Malay Chinese English Iban	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0
23 Did you help in a family business or farm ?	Yes No	Kadazan/ Dusun Bajau Other Lang Dumb	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1
24 About how many hours per day did you work ?	3 or less more than 3	33 Read a n.p./letter ?	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2	2 2 2 2
25 Did you earn any money by working or by selling home made goods ?	Yes No	Yes No Blind	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3	3 3 3 3
26 Did you look for work ?	Yes No	Yes No	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4	4 4 4 4
27 Employment status	S. E'yer E'yed s & w	34 Write a letter ?	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5	5 5 5 5
28 Main occupation (use two or more words if possible)	Family L for Worker 1st job	35 What languages can you write ?	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6	6 6 6 6
29 Main industry (use two or more words if possible)	30 Work at home ?	Malay Chinese English Iban	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7	7 7 7 7
31 Name and address of establishment at which working	Yes No	Kadazan Dusun Bajau Other Lang	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8	8 8 8 8
		36 Ever been married ?	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9	9 9 9 9
		Yes No (Finish)	Previous Residence		Occupation		Ind. 100 +	
			0 0	0 0	0 0	0 0	0 0	0 0
			1 1	1 1	1 1	1 1	1 1	1 1
		37 Present marital status	2 2	2 2	2 2	2 2	2 2	2 2
		married widowed div./p.s.	3 3	3 3	3 3	3 3	3 3	3 3
			4 4	4 4	4 4	4 4	4 4	4 4
		FOR EVER MARRIED WOMEN	5 5	5 5	5 5	5 5	5 5	5 5
			6 6	6 6	6 6	6 6	6 6	6 6
		38 How many children have you ever given birth to ?	7 7	7 7	7 7	7 7	7 7	7 7
		(Excl. adoptions)	8 8	8 8	8 8	8 8	8 8	8 8
			9 9	9 9	9 9	9 9	9 9	9 9
		a Living here	Living a + b		Living a + b		Living a + b	
		b Living somewhere else	0 1 2	3 4 5	6 7 8 9	0 1 2	3 4 5	6 7 8 9
		c Dead	Born alive a + b + c		Born alive a + b + c		Born alive a + b + c	
		d Born dead	0 1 2	3 4 5	6 7 8 9	0 1 2	3 4 5	6 7 8 9
			Total a - d		Total a - d		Total a - d	

LAMBSON PEARSON

