

ER	QR	HHN	CF	QRTYP
<p>Address: _____</p>				

If this is a continuation form → Go to 'Part 3 : PERSONAL INFORMATION'

May I have your contact telephone number, please? _____

Part 1 : QUARTERS INFORMATION

Q1 Present status of quarters (vs assignment)

- 1 Same (in assignment list)
- 2 Unlisted / Attached
- 3 Split
- 4 Unsheltered accommodation
- 5 Merged (enumerated)
- 6 Vessel ⇄ Licence number : _____
- 7 Merged (not enumerated)
- 8 Demolished / Construction in progress → (Stop)
- 9 Vacant land

Q2 Occupancy of quarters

1 <input type="checkbox"/> Occupied (as usual residence)	3 <input type="checkbox"/> Unoccupied (residential / vessel)
2 <input type="checkbox"/> Occupied (not as usual residence)	4 <input type="checkbox"/> Unoccupied (non-residential)
	9 <input type="checkbox"/> N.A. (Q1= 7, 8, 9)

Q3 How many households are living here?

Part 2 : HOUSEHOLD INFORMATION

H1 Result of final visit

1 <input type="checkbox"/> Enumerated	7 <input type="checkbox"/> Non-contacted
9 <input type="checkbox"/> N.A. (Q2= 3, 4, 9)	8 <input type="checkbox"/> Others

H2 Type of household

1 <input type="checkbox"/> Domestic	2 <input type="checkbox"/> Collective	9 <input type="checkbox"/> N.A. (H1=7, 8, 9)
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H3a May I know who is the head of this household? (Household head is the person acknowledged as such by other members of the household) May I have your name, please? (Record answer in P0) How many members are there in this household? _____ Please remember to include and exclude those persons listed in the Prompt Book. (Show Prompt Book)

H3b May I also have their names, please? (Record answer in P0) How many members of this household were here at 3 a.m. on 14 March? _____

H4 Apart from the above members, were there any other persons (e.g. visitors) who were here at 3 a.m. on 14 March? Please include persons listed in the Prompt Book. (Show Prompt Book)

If 'Yes' ⇄ How many? _____

May I also have their names, please? (Record answer in P0)

H5 Total number of persons (H3a+H4)

	0	1	2	3	4	5	6	7	8	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Q1= 'Vessel' or H2= 'Collective' → 'Part 3 : PERSONAL INFORMATION'

H6 Is this unit of quarters solely occupied by this household?

If 'Yes' ⇄ How many living/dining rooms, kitchens, bathrooms/toilets, bedrooms and other rooms are there in this unit of quarters?

If 'No' ⇄ Which part of this unit of quarters is occupied by this household? How many living/dining rooms are for the exclusive use by your household in this unit of quarters? If 'No room for your exclusive use' ⇄ Does your household have any rooms shared with other households? (Repeat for : kitchens, bathrooms/toilets, bedrooms, other rooms, cocklofts and bedspaces)

1 <input type="checkbox"/> Whole quarters	5 <input type="checkbox"/> Accommodation in non-residential quarters with no area partitioned off for living purpose
2 <input type="checkbox"/> Rooms / Cubicles	6 <input type="checkbox"/> Unsheltered accommodation
3 <input type="checkbox"/> Cocklofts	9 <input type="checkbox"/> N.A.
4 <input type="checkbox"/> Bedspaces	

living / dining rooms	kitchens	bathrooms / toilets	bedrooms	other rooms	cocklofts	bedspaces
0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>

H7 Is this accommodation owned or rented by this household?

If 'Owned' ⇄ Is there an outstanding mortgage or loan?

- 1 Owner-occupier, with mortgage or loan → H8a
- 2 Owner-occupier, without mortgage and loan → H8b

If 'Rented' ⇄

- 3 Sole tenant
- 4 Co-tenant
- 5 Main tenant
- 6 Sub-tenant
- 7 Provided by employer (including staff quarters) → H9a

If 'Others' ⇄ 8 Rent free → 'Part 3 : PERSONAL INFORMATION' 9 N.A.

H8a Who owns this unit of quarters? May choose both '1' & '2'
 ⇄ Are there any other co-owners? 1 Member of this household (Person serial no.: _____) → H9b

H8b Who owns this unit of quarters? (Record answer in P1)
 ⇄ Are there any other co-owners? 2 Not member of this household → 'Part 3 : PERSONAL INFORMATION' 9 N.A.

H9a What is the amount of rent your household has to pay for this accommodation in March? Please exclude electricity, water, gas and telephone fees. (Show Prompt Book)

(i) \$ _____

⇄ Do you have to pay rates, Government rent and management fee? If 'Yes' ⇄ What is the average amount per month? (iii) \$ _____ (per month)

H9b How much is the mortgage or loan payment for this unit of quarters in March? Please include all payments on first mortgage, second mortgage and other loans. (Show Prompt Book)

(i) Total payment \$ _____

⇄ Do you have to pay rates, Government rent and management fee? If 'Yes' ⇄ How much is the amount paid in March? \$ _____

⇄ How much of the above total payment is paid by non-household member(s)? (ii) \$ _____

⇄ What is the average amount of rates, Government rent and management fee per month? (iii) \$ _____ (per month)

⇄ For how many years will the longest mortgage or loan period of this unit of quarters still last? years

→ 'Part 3 : PERSONAL INFORMATION'

(i)	(ii)	(iii)	years
0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

PART 3 : PERSONAL INFORMATION

SECTION A : Applicable to all persons

Specimen for Reference

P0 Name		
P1 Person serial number	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Owner 2 <input type="checkbox"/> Not owner	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Owner 2 <input type="checkbox"/> Not owner
P2 What is your relationship to the head of household? (01) Head (05) Brother / Sister (02) Spouse (06) Live-in domestic helper / (03) Son / Daughter Chauffeur / Gardener (04) Father / Mother (07)-(15) Others : Please specify	01 02 03 04 05 06 07 08 09 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 11 12 13 14 15 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Owner 2 <input type="checkbox"/> Not owner	01 02 03 04 05 06 07 08 09 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 11 12 13 14 15 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Owner 2 <input type="checkbox"/> Not owner
P3 Spouse's serial number	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P4 Mother's or father's serial number	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P5 Sex	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
P6 In what month and year were you born? If born in March or reporting date of birth in Chinese reckoning Have you passed your birthday on 14 March? (If reporting age only, please refer to the method of deriving year and month of birth in the Enumerator Manual and Coding Manual)	18 19 20 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 02 03 04 05 06 Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 07 08 09 10 11 12 99 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not passed 9 <input type="checkbox"/> N.A.	18 19 20 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 02 03 04 05 06 Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 07 08 09 10 11 12 99 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not passed 9 <input type="checkbox"/> N.A.
P7 In the past 6 months, what was the total amount of time you spent in HK? (1) 3 months or more → P9 (2) 1 month to less than 3 months (3) Less than 1 month (4) Complete absence from HK	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8 4 <input type="checkbox"/> → P8	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8 4 <input type="checkbox"/> → P8
P8 In the coming 6 months, what is the total amount of time you will spend in HK? (1) 3 months or more → P9 (2) 1 month to less than 3 months (3) Less than 1 month (4) Complete absence from HK	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P10 3 <input type="checkbox"/> → P10 4 <input type="checkbox"/> → P10 (9) N.A.	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P10 3 <input type="checkbox"/> → P10 4 <input type="checkbox"/> → P10 (9) N.A.
P9 Where is your usual accommodation in HK at present? (Show Prompt Book) (1) Here → P14 (2) Another accommodation in HK → (Stop) (3) Accommodation in HK not fixed → P14	1 <input type="checkbox"/> → P14 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P14 (9) N.A.	1 <input type="checkbox"/> → P14 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P14 (9) N.A.
P10 Where is your usual accommodation in HK at present? (Show Prompt Book) (1) Here → P11 (2) Another accommodation in HK → (Stop) (3) Accommodation in HK not fixed → P11	1 <input type="checkbox"/> → P11 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P11 (9) N.A.	1 <input type="checkbox"/> → P11 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P11 (9) N.A.
P11 Do you usually stay in the mainland of China or Macau?	1 <input type="checkbox"/> Yes → P12 2 <input type="checkbox"/> No → P13a (9) N.A.	1 <input type="checkbox"/> Yes → P12 2 <input type="checkbox"/> No → P13a (9) N.A.
P12 Are you a two-way permit holder from the mainland of China?	1 <input type="checkbox"/> Yes → (Stop) 2 <input type="checkbox"/> No → P13b (9) N.A.	1 <input type="checkbox"/> Yes → (Stop) 2 <input type="checkbox"/> No → P13b (9) N.A.
P13a Why do you usually NOT stay in HK? → P14	1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.
P13b Why do you usually stay there? (1) Working (4) Looking after family members/ (2) Studying Engaged in household duty (3) Retirement (5) Others (9) N.A.	1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.
P14 Where were you born? (11) Hong Kong (34)-(89) Others → P15b (31) The mainland of China (32) Macau (33) Taiwan	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P15a Which ethnic group do you belong to? (Show Prompt Book) If 'Chinese' → P16a 'Not Chinese' → P16b	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.
P15b Which ethnic group do you belong to? → P16b (Show Prompt Book)	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.	0 1 2 3 4 5 6 7 8 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.

<p>P16a What is your place of domicile? If 'HK', record '11' → P18a 'Not HK', record '31' → P17</p>	<p>HK / Not HK</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>HK / Not HK</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>P16b What is your nationality? If 'Chinese' ⇨ What is your place of domicile? If 'HK', record '11' → P18a 'Not HK', record '31' → P17</p>	<p>If '(11) place of domicile is HK' → P18a</p>	<p>If '(11) place of domicile is HK' → P18a</p>
<p>P17 Why do you usually stay in HK? (01) Business (long term) (06) Attending meeting (short term) (02) Working (long term) (07) Business (short term) → P21 (03) Residence → P18b (08) Sightseeing (04) Studying (09) Visiting relatives / friends (05) Family union (10) Others (99) N.A.</p>	<p>01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> → P21 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10 <input type="checkbox"/> 99 <input type="checkbox"/> N.A.</p>	<p>01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> → P21 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10 <input type="checkbox"/> 99 <input type="checkbox"/> N.A.</p>
<p>P18a For how many years have you been living in HK? → P19 Excluding any period of absence from HK for 6 consecutive months or more.</p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>P18b For how many years have you been living in HK? Excluding any period of absence from HK for 6 consecutive months or more. If 'less than 7 years' (code=88, 01-06) → P20 '7 years and over' (code=07-20) → P19</p>	<p>(88) < 1 year (07) 7 - < 8 years (01) 1 - < 2 years (08) 8 - < 9 years (02) 2 - < 3 years : : (03) 3 - < 4 years : : (04) 4 - < 5 years : : (05) 5 - < 6 years : : (06) 6 - < 7 years (20) 20 years and over (99) N.A.</p>	<p>(88) < 1 year (07) 7 - < 8 years (01) 1 - < 2 years (08) 8 - < 9 years (02) 2 - < 3 years : : (03) 3 - < 4 years : : (04) 4 - < 5 years : : (05) 5 - < 6 years : : (06) 6 - < 7 years (20) 20 years and over (99) N.A.</p>
<p>P19 Where were you at 3 a.m. on 14 March? → P22 (1) Here or place not for accommodation in HK (2) Other accommodation in HK (4) Other countries or territories (3) The mainland of China or Macau (9) N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> → P22 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> → P22 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>
<p>P20 Where were you at 3 a.m. on 14 March? (1) Here or place not for accommodation in HK (2) Other accommodation in HK (4) Other countries or territories (3) The mainland of China or Macau (9) N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>
<p>P21 Where were you at 3 a.m. on 14 March? → (Stop) (1) Here or place not for accommodation in HK (2) Other accommodation in HK (4) Other countries or territories (3) The mainland of China or Macau (9) N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>

SECTION B : No need to complete for persons given a "Stop" indicator in the skipping questions **P9, P10, P12, P20** or **P21** of Section A

<p>P22 What is your marital status at present? (Show Prompt Book) If Q1 = 'Vessel' → P24</p>	<p>1 <input type="checkbox"/> Never married 3 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Now married 4 <input type="checkbox"/> Divorced / Separated</p> <p>If Q1 = 'Vessel' → P24</p>	<p>1 <input type="checkbox"/> Never married 3 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Now married 4 <input type="checkbox"/> Divorced / Separated</p> <p>If Q1 = 'Vessel' → P24</p>
<p>P23a What was your address 5 years ago (i.e. March 1996)? For children born on or after 14 March 1996, put down '(9) N.A.' → P26 (1) Here → P24 (2) Not here If 'Other place in HK' ⇨ May I have the address? → P23b If 'Other place outside HK' ⇨ (Please specify name of country or territory in the space for address.) → P24 (9) N.A.</p>	<p>1 <input type="checkbox"/> Here → P24 2 <input type="checkbox"/> Not here 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT</p>	<p>1 <input type="checkbox"/> Here → P24 2 <input type="checkbox"/> Not here 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT</p>
<p>P23b What type of housing was it? (Show Prompt Book) (1) Public rental housing (4) Private residential flats (rented) (7) Others (2) Subsidized sale flats (5) Private residential flats (others) (9) N.A. (3) Private residential flats (owned) (6) Temporary housing</p>	<p>1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> Others: 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> Others: 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>
<p>P24 What language / dialect do you usually speak at home? If '(88) Mute person' → P26 (01) Cantonese (05) Putonghua (34) English (02) Chiu Chau (06) Fukien (41) Japanese (03) Sze Yap (07) Shanghainese (42)-(91) Others: please specify (04) Hakka (08) Other Chinese dialects (99) N.A.</p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>If '(88) Mute person' → P26</p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>If '(88) Mute person' → P26</p>
<p>P25 Can you hold a short conversation in other languages / dialects? If 'Yes' ⇨ What are they? Any others? (Record a maximum of three languages / dialects only) (01) Cantonese (07) Shanghainese (02) Chiu Chau (08) Other Chinese dialects (03) Sze Yap (34) English (04) Hakka (41) Japanese (05) Putonghua (42)-(91) Others: please specify (06) Fukien (99) N.A.</p>	<p>(i) 0 1 2 3 4 5 6 7 8 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(ii) 0 1 2 3 4 5 6 7 8 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(iii) 0 1 2 3 4 5 6 7 8 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>(i) 0 1 2 3 4 5 6 7 8 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(ii) 0 1 2 3 4 5 6 7 8 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>(iii) 0 1 2 3 4 5 6 7 8 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

<p>MR If P7=2 or P8=2, transcribe the code of P19; otherwise, mark 'X'. <input type="checkbox"/></p>	<p><input type="checkbox"/></p>
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| <p>P26 Are you attending a school or educational institution?</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; padding: 5px;"> <p style="text-align: center;">Yes</p> <p style="text-align: center;">↓</p> <p>(i) In what class/level are you studying? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course')</p> <p>(ii) What is your major field of study? (For persons studying preparatory, primary or secondary education course, record '01')</p> <p>(iii) Is it a full time, part time or distance-learning course?</p> <p style="margin-left: 20px;">(1) Full time → P27a</p> <p style="margin-left: 20px;">(2) Part time → P27b</p> <p style="margin-left: 20px;">(3) Distance-learning course → P27b</p> </td> <td style="width:50%; border: none; padding: 5px;"> <p style="text-align: center;">No</p> <p style="text-align: center;">↓</p> <p>(i) What was the highest class/level you attained? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course')</p> <p style="text-align: center;"><i>If 'no schooling', record '01'</i></p> <p style="text-align: center;">→ P30</p> <p>(ii) What was your major field of study? (For persons who had attained preparatory, primary or secondary education, record '01')</p> <p>(iii) Did you complete that class / level?</p> <p style="margin-left: 20px;">(4) Completed → P30</p> <p style="margin-left: 20px;">(5) Not completed → P27b</p> </td> </tr> </table> | <p style="text-align: center;">Yes</p> <p style="text-align: center;">↓</p> <p>(i) In what class/level are you studying? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course')</p> <p>(ii) What is your major field of study? 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padding: 5px;"> <p>(iii) Attendance</p> <p>1 <input type="checkbox"/> Full time → P27a</p> <p>2 <input type="checkbox"/> Part time → P27b</p> <p>3 <input type="checkbox"/> Distance-learning course → P27b</p> <p>4 <input type="checkbox"/> Completed → P30</p> <p>5 <input type="checkbox"/> Not completed → P27b</p> <p style="text-align: right;">9 <input type="checkbox"/> N.A.</p> </td> <td style="border: none; padding: 5px;"> <p>(iii) Attendance</p> <p>1 <input type="checkbox"/> Full time → P27a</p> <p>2 <input type="checkbox"/> Part time → P27b</p> <p>3 <input type="checkbox"/> Distance-learning course → P27b</p> <p>4 <input type="checkbox"/> Completed → P30</p> <p>5 <input type="checkbox"/> Not completed → P27b</p> <p style="text-align: right;">9 <input type="checkbox"/> N.A.</p> </td> </tr> </table> | <p>Yes / No</p> | <p>Yes / No</p> | <p>(i) Class / Level</p> <table style="width:100%; border: none;"> <tr><td style="text-align: center;">0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | 0 | 1 | 2 | 3
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(For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course') <i>If 'no schooling', record '01'</i> → P28</p> <p>(ii) What was the major field of study in the highest class/level of education you have completed? 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<p style="text-align: center;">Yes</p> <p style="text-align: center;">↓</p> <p>(i) In what class/level are you studying? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course')</p> <p>(ii) What is your major field of study? (For persons studying preparatory, primary or secondary education course, record '01')</p> <p>(iii) Is it a full time, part time or distance-learning course?</p> <p style="margin-left: 20px;">(1) Full time → P27a</p> <p style="margin-left: 20px;">(2) Part time → P27b</p> <p style="margin-left: 20px;">(3) Distance-learning course → P27b</p>	<p style="text-align: center;">No</p> <p style="text-align: center;">↓</p> <p>(i) What was the highest class/level you attained? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course')</p> <p style="text-align: center;"><i>If 'no schooling', record '01'</i></p> <p style="text-align: center;">→ P30</p> <p>(ii) What was your major field of study? (For persons who had attained preparatory, primary or secondary education, record '01')</p> <p>(iii) Did you complete that class / level?</p> <p style="margin-left: 20px;">(4) Completed → P30</p> <p style="margin-left: 20px;">(5) Not completed → P27b</p>																																																																																																																	
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| <p>P28 Where is your school / educational institution?</p> <p><i>If place of study is in</i></p> <p style="margin-left: 20px;">(1) Hong Kong ⇨ Please give school name and street name with house number or estate name.</p> <p><i>If place of study is in</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p style="margin-left: 20px;">(2) The mainland of China</p> <p style="margin-left: 20px;">(3) Macau</p> <p style="margin-left: 20px;">(4) Taiwan</p> <p style="margin-left: 20px;">(5) Other countries or territories</p> <p style="margin-left: 20px;">(9) N.A.</p> </td> <td style="width:50%; border: none; text-align: right; vertical-align: middle;"> <p>→ P30</p> </td> </tr> </table> | <p style="margin-left: 20px;">(2) The mainland of China</p> <p style="margin-left: 20px;">(3) Macau</p> <p style="margin-left: 20px;">(4) Taiwan</p> <p style="margin-left: 20px;">(5) Other countries or territories</p> <p style="margin-left: 20px;">(9) N.A.</p> | <p>→ P30</p> | <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"> <p>Yes / No</p> </td> <td style="width:50%; border: none; text-align: center;"> <p>Yes / No</p> </td> </tr> <tr> <td style="border: none; padding: 5px;"> <p>1 <input type="checkbox"/> Hong Kong</p> <p style="margin-left: 20px;">↓</p> <p>School: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">_____ HK / KLN / NT</p> </td> <td style="border: none; padding: 5px;"> <p>1 <input type="checkbox"/> Hong Kong</p> <p style="margin-left: 20px;">↓</p> <p>School: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">_____ HK / KLN / NT</p> </td> </tr> <tr> <td style="border: none; padding: 5px;"> <p>2 <input type="checkbox"/> The mainland of China</p> <p>3 <input type="checkbox"/> Macau</p> <p>4 <input type="checkbox"/> Taiwan</p> <p>5 <input type="checkbox"/> Other countries or territories</p> <p style="text-align: right;">9 <input type="checkbox"/> N.A.</p> </td> <td style="border: none; padding: 5px;"> <p>2 <input type="checkbox"/> The mainland of China</p> <p>3 <input type="checkbox"/> Macau</p> <p>4 <input type="checkbox"/> Taiwan</p> <p>5 <input type="checkbox"/> Other countries or territories</p> <p style="text-align: right;">9 <input type="checkbox"/> N.A.</p> </td> </tr> </table> | <p>Yes / No</p> | <p>Yes / No</p> | <p>1 <input type="checkbox"/> Hong Kong</p> <p style="margin-left: 20px;">↓</p> <p>School: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">_____ HK / KLN / NT</p> | <p>1 <input type="checkbox"/> Hong Kong</p> <p style="margin-left: 20px;">↓</p> <p>School: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">_____ HK / KLN / NT</p> | <p>2 <input type="checkbox"/> The mainland of China</p> <p>3 <input type="checkbox"/> Macau</p> <p>4 <input type="checkbox"/> Taiwan</p> <p>5 <input type="checkbox"/> Other countries or territories</p> <p style="text-align: right;">9 <input type="checkbox"/> N.A.</p> | <p>2 <input type="checkbox"/> The mainland of China</p> <p>3 <input type="checkbox"/> Macau</p> <p>4 <input type="checkbox"/> Taiwan</p> <p>5 <input type="checkbox"/> Other countries or territories</p> <p style="text-align: right;">9 <input type="checkbox"/> N.A.</p> | <p>P29 What are the modes of transport you usually use to go to school / educational institution?</p> <p><i>If more than one</i> ⇨ Please rank by distance travelled.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>(01) Private car / Passenger van</p> <p>(02)
Motorcycle</p> <p>(03) Goods vehicle / Van</p> <p>(04) Taxi</p> <p>(05) Ferry / Vessel</p> <p>(06) Mass Transit Railway (MTR)</p> <p>(07) East Rail (Kowloon-Canton Railway / KCR)</p> <p>(08) Light Rail (LR)</p> <p>(09) Green minibus</p> <p>(10) Red minibus</p> </td> <td style="width:50%; border: none;"> <p>(11) Franchised bus</p> <p>(12) Feeder bus</p> <p>(13) Residential coach service</p> <p>(14) Tram</p> <p>(15) Peak tram</p> <p>(16) School bus / School van</p> <p>(17) Bicycle</p> <p>(18) On foot only</p> <p>(19) Others</p> <p>(99) N.A.</p> </td> </tr> </table> | <p>(01) Private car / Passenger van</p> <p>(02) Motorcycle</p> <p>(03) Goods vehicle / Van</p> <p>(04) Taxi</p> <p>(05) Ferry / Vessel</p> <p>(06) Mass Transit Railway (MTR)</p> <p>(07) East Rail (Kowloon-Canton Railway / KCR)</p> <p>(08) Light Rail (LR)</p> <p>(09) Green minibus</p> <p>(10) Red minibus</p> | <p>(11) Franchised bus</p> <p>(12) Feeder bus</p> <p>(13) Residential coach service</p> <p>(14) Tram</p> <p>(15) Peak tram</p> <p>(16) School bus / School van</p> <p>(17) Bicycle</p> <p>(18) On foot only</p> <p>(19) Others</p> <p>(99) N.A.</p> | <table style="width:100%; 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| <p style="margin-left: 20px;">(2) The mainland of China</p> <p style="margin-left: 20px;">(3) Macau</p> <p style="margin-left: 20px;">(4) Taiwan</p> <p style="margin-left: 20px;">(5) Other countries or territories</p> <p style="margin-left: 20px;">(9) N.A.</p> | <p>→ P30</p> | | | | | | | | |
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| <p>1 <input type="checkbox"/> Hong Kong</p> <p style="margin-left: 20px;">↓</p> <p>School: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">_____ HK / KLN / NT</p> | <p>1 <input type="checkbox"/> Hong Kong</p> <p style="margin-left: 20px;">↓</p> <p>School: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">_____ HK / KLN / NT</p> | | | | | | | | |
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| <p>(01) Private car / Passenger van</p> <p>(02) Motorcycle</p> <p>(03) Goods vehicle / Van</p> <p>(04) Taxi</p> <p>(05) Ferry / Vessel</p> <p>(06) Mass Transit Railway (MTR)</p> <p>(07) East Rail (Kowloon-Canton Railway / KCR)</p> <p>(08) Light Rail (LR)</p> <p>(09) Green minibus</p> <p>(10) Red minibus</p> | <p>(11) Franchised bus</p> <p>(12) Feeder bus</p> <p>(13) Residential coach service</p> <p>(14) Tram</p> <p>(15) Peak tram</p> <p>(16) School bus / School van</p> <p>(17) Bicycle</p> <p>(18) On foot only</p> <p>(19) Others</p> <p>(99) N.A.</p> | | | | | | | | |
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SECTION C : No need to complete for persons given a "Stop" indicator in the skipping questions P9, P10, P12, P20 or P21 of Section A or persons born on or after 14 March 1986

<p>P30 Did you perform any work for pay or profit in the week from 7 March to 13 March? Please include any work of one hour or over.</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>								
<p>P31 Did you have a job or business in the week from 7 March to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>								
<p>P32 Did you perform any work without pay in your family's business in the week from 7 March to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P39b 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P39b 2 <input type="checkbox"/> No</p>								
<p>P33 Were you readily available for work in the week from 7 March to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No</p>								
<p>P34 Why were you not available? (1) <i>Temporarily sick</i> → P35 (2) <i>Engagement in household duties</i> (3) <i>Attendance at educational institutions</i> (4) <i>Pregnancy</i> (5) <i>Retirement / old age</i> (6) <i>In correctional institutions, psychiatric hospitals, infirmaries and convalescent hospitals</i> → P45b (7) <i>Permanent sickness / disability</i> (8) <i>Other reasons : please specify</i> (9) <i>N.A.</i></p>	<p>1 <input type="checkbox"/> → P35 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P45b 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> → P45b 7 <input type="checkbox"/> 8 <input type="checkbox"/></p> <p>Other reasons: _____ 9 <input type="checkbox"/> <i>N.A.</i></p>	<p>1 <input type="checkbox"/> → P35 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P45b 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> → P45b 7 <input type="checkbox"/> 8 <input type="checkbox"/></p> <p>Other reasons: _____ 9 <input type="checkbox"/> <i>N.A.</i></p>								
<p>P35 Were you seeking work during the 30-day period from 12 February to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P37 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P37 2 <input type="checkbox"/> No</p>								
<p>P36 Why did you not seek work? (1) <i>Believe no work available</i> (2) <i>Wait to take up new job</i> (3) <i>Start business at subsequent date</i> → P45b (4) <i>Expect to return to original job</i> (5) <i>Of independent means</i> (6) <i>Other reasons: please specify</i> (9) <i>N.A.</i></p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> → P45b 3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/> 5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/></p> <p>Other reasons: _____ 9 <input type="checkbox"/> <i>N.A.</i></p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> → P45b 3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/> 5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/></p> <p>Other reasons: _____ 9 <input type="checkbox"/> <i>N.A.</i></p>								
<p>P37 What was the main action taken to seek work? → P45b (1) <i>Seek work directly with employer</i> (2) <i>Place or answer advertisements</i> (3) <i>Seek work with private employment agency</i> (4) <i>Seek work with Labour Department / public employment agency</i> (5) <i>Seek work with friends or relatives</i> (6) <i>Check with prospective employers at work place or usual assembly places</i> (7) <i>Others : please specify</i> (9) <i>N.A.</i></p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> → P45b 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/> 7 <input type="checkbox"/></p> <p>Others : _____ 9 <input type="checkbox"/> <i>N.A.</i></p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> → P45b 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/> 7 <input type="checkbox"/></p> <p>Others : _____ 9 <input type="checkbox"/> <i>N.A.</i></p>								
<p>P38 Were you an employer, self-employed or an employee? (Show Prompt Book) (1) <i>Employee</i> → P39a (2) <i>Outworker</i> → P39a (3) <i>Employer</i> (4) <i>Self-employed (hawker)</i> → P39b (5) <i>Self-employed (others)</i> (6) <i>Unpaid family worker</i> (9) <i>N.A.</i></p>	<p>1 <input type="checkbox"/> → P39a 2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/> → P39b 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>9 <input type="checkbox"/> <i>N.A.</i></p>	<p>1 <input type="checkbox"/> → P39a 2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/> → P39b 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></p> <p>9 <input type="checkbox"/> <i>N.A.</i></p>								
<p>P39a What industry was the business establishment which you worked for engaged in? → P40</p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>P39b What industry were you engaged in / your family's business engaged in?</p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>P40 (i) What was the title of your job? (ii) What were the main tasks or duties you had to perform in that job? (iii) What skill, educational or professional qualifications were required by that job?</p>	<p>(i) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p> <p>(ii) _____</p> <p>(iii) _____</p>					<p>(i) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p> <p>(ii) _____</p> <p>(iii) _____</p>				
<p>P41 Where is your place of work? (Show Prompt Book) (01) <i>Hong Kong (with fixed place of work)</i> ↳ Please give district, street name with house number and building name. (Need not give floor number and flat number) (02) <i>Hong Kong (no fixed place of work)</i> (10) <i>Taiwan</i> (03) <i>Here in this accommodation</i> (11) <i>Other countries or territories</i> <i>The mainland of China:</i> (04) - <i>Shenzhen Area</i> (12) <i>Marine</i> (05) - <i>Dongguan / Panyu / Shunde / Zhongshan / Zhuhai Area</i> → P43 (06) - <i>Guangzhou Area</i> (07) - <i>Other areas in Guangdong Province</i> (08) - <i>Other Provinces</i> (09) <i>Macau</i> (99) <i>N.A.</i></p>	<p>01 <input type="checkbox"/> <i>Hong Kong (with fixed place of work)</i> ↓ Address : _____ _____ Building : _____ _____ _____ HK / KLN / NT</p> <p>02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 <input type="checkbox"/> → P43 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>99 <input type="checkbox"/> <i>N.A.</i></p>	<p>01 <input type="checkbox"/> <i>Hong Kong (with fixed place of work)</i> ↓ Address : _____ _____ Building : _____ _____ _____ HK / KLN / NT</p> <p>02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 <input type="checkbox"/> → P43 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>99 <input type="checkbox"/> <i>N.A.</i></p>								

This page is not part of the questionnaire

Census moment: 3 a.m. on 14 March 2001

1. Result of interview

No. of visit	Date#	Interview ended at	Result		
			Please mark the appropriate box with 'X' (i.e. ☒)		
			Completed (COM)	Non-contacted (NC)	Incomplete (INC)
1 st visit	☐☐	☐☐ hr ☐☐ min	1 ☐	2 ☐	3 ☐
2 nd visit	☐☐	☐☐ hr ☐☐ min	1 ☐	2 ☐	3 ☐
3 rd visit	☐☐	☐☐ hr ☐☐ min	1 ☐	2 ☐	3 ☐
4 th visit	☐☐	☐☐ hr ☐☐ min	1 ☐	2 ☐	3 ☐
5 th visit	☐☐	☐☐ hr ☐☐ min	1 ☐	2 ☐	3 ☐
6 th visit	☐☐	☐☐ hr ☐☐ min	1 ☐	2 ☐	3 ☐
7 th visit	☐☐	☐☐ hr ☐☐ min	1 ☐	2 ☐	3 ☐
SAQ issued	☐☐	☐☐ hr ☐☐ min	1 ☐		

Record the day of visit. No need to write down month and year.

2. Information on questionnaire completion [Please mark the appropriate box with 'X' (i.e. ☒)]

Column	1		2		3		4		5		6	
	Completed	Not completed	Completed	Not completed	Completed	Not completed	Completed	Not completed	Completed	Not completed	Completed	Not completed
Section A	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐
Section B	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐
Section C	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐

3. No. of questionnaires of this household

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Sheet No.

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Total No.

4. No. of MR (Should include no. of MR in continuation form(s))

1 or 2	3 or 4	Total for this household

IND/FU	FE(1)/(2)	FE (3)	CK	CE	CS	MC



Census and Statistics Department Hong Kong Special Administrative Region 2001 Population Census

CONFIDENTIAL
WHEN ENTERED WITH DATA

ER	QR	HHN	CF	QRTYP

For office use only			Total no. of HH in LQ	No. of questionnaires for this HH	
IND/FU	CE	CS	[] []	Sheet no.	Total no.
				[] []	[] []

Contact telephone no. : _____

Please see overleaf for the name and certificate of identity card number of the Census Officer who will visit you.

Please fill in the required information for each question below. If it is a multiple choice question, please tick the appropriate box (i.e.).

H1 How many members are there in this household? (Please remember to include new born baby, child, live-in domestic helper or child of other family being taken care of in the household. Please also include other persons as stated in Note 1 in Explanatory Notes.) <div style="text-align: right;">_____ person(s)</div>	H3 Apart from those members included in H1 , were there any other persons (e.g. visitors) who were here at 3 a.m. on 14 March 2001 ? (See Note 2 in Explanatory Notes) If 'Yes' ⇨ How many? _____ person(s)
H2 How many members of this household were here at 3 a.m. on 14 March 2001 ? <div style="text-align: right;">_____ person(s)</div>	H4 Total number of persons (H1 + H3) <div style="text-align: right;">_____ person(s)</div>

PERSONAL INFORMATION : Record below details of members of this household (counted in H1) and other persons (counted in H3).

P1 Person serial number	0 1	0 2	0 3	0 4	0 5	0 6
P2 Name						
P3 Relationship to head of household (See Note 3 in Explanatory Notes) <i>e.g. wife, son, brother, live-in domestic helper</i>	Head					
P4 Sex (Please choose answer) (1) Male..... (2) Female.....	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
P5 Year and month of birth • For example: if a person was born in May 1970, please enter → <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> Year 1 9 7 0 Month 0 5 </div> <div style="text-align: center;"> Year [][][][] Month [][] </div> <div style="text-align: center;"> Year [][][][] Month [][] </div> <div style="text-align: center;"> Year [][][][] Month [][] </div> <div style="text-align: center;"> Year [][][][] Month [][] </div> <div style="text-align: center;"> Year [][][][] Month [][] </div> </div>						
P6 In the past six months, what was the total amount of time spent in HK? (Please choose answer) (1) 3 months or more..... (2) Less than 3 months..	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
P7 In the coming six months, what is the total amount of time that will be spent in HK? (Please choose answer) (1) 3 months or more..... (2) Less than 3 months..	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
P8 Whereabouts at 3 a.m. on 14 March 2001 ? (Please choose answer) (1) Here or place not for accommodation in HK (See Note 4 in Explanatory Notes)..... (2) Other accommodation in HK..... (3) The mainland of China or Macau..... (4) Other countries or territories.....	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
P9 The usual accommodation in HK at present (Please choose answer) (1) Here..... (2) Another accommodation in HK..... (3) Accommodation in HK not fixed.....	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

For office use only			
S1 Present status of quarters <input type="checkbox"/>	S2 Occupancy of quarters <input type="checkbox"/>	S3 Result of final visit <input type="checkbox"/>	Type of HH <input type="checkbox"/>