



**SINGAPORE CENSUS OF POPULATION, 1990
SAMPLE SCHEDULE FOR INDIVIDUALS
(THE CENSUS ACT, CHAPTER 35)**



CONFIDENTIAL

RN

SN

1 Name:		
2 Singapore NRIC/FIN:	3 Age:	
4 Did you take part in sports/exercise activities in the last 7 days?		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
If Yes, specify main sports activity: _____		
5 Did you take part in arts activities in the last 7 days?		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
If Yes, which activities?		
1 <input type="checkbox"/> Music	2 <input type="checkbox"/> Dance	3 <input type="checkbox"/> Drama
4 <input type="checkbox"/> Painting/ drawing	5 <input type="checkbox"/> Creative writing	6 <input type="checkbox"/> Other, specify _____
6 Did you watch arts events in the last 7 days?		
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
If Yes, which events?		
1 <input type="checkbox"/> Music	2 <input type="checkbox"/> Dance	3 <input type="checkbox"/> Drama
4 <input type="checkbox"/> Art exhibition	5 <input type="checkbox"/> Museum exhibition	6 <input type="checkbox"/> Other, specify _____
7 Please tick any other activities you engaged in during the last 7 days.		
1 <input type="checkbox"/> Watching sports events	2 <input type="checkbox"/> Viewing television/ video programmes	3 <input type="checkbox"/> Listening to music
4 <input type="checkbox"/> Reading	5 <input type="checkbox"/> Going to film shows	6 <input type="checkbox"/> Visiting parks/ places of interest
7 <input type="checkbox"/> Meeting friends/ relatives	8 <input type="checkbox"/> Window shopping	9 <input type="checkbox"/> Other, specify _____

8 How many hours do you normally have for leisure activities in a week?

1 0-9 hours

2 10-19 hours

3 20-29 hours

4 30-39 hours

5 40 hours or more

9 Did you do any voluntary social activities in the past 6 months?

1 Yes

2 No

If Yes,

i. What type of activities did you do?

1 Community

2 Welfare

3 Cultural or recreational

4 Religious

5 Other, specify _____

ii. How often do you perform voluntary work?

1 Weekly

2 Monthly

3 Occasionally

10 The following questions should be answered by every respondent with a religion.

a) Were you born into this religion?

1 Yes

2 No

If No,

i. When were you converted?

(Age in years)

ii. What was your previous religion?

1 No religion

2 Buddhism

3 Chinese Traditional Beliefs/Taoism

4 Islam

5 Hinduism

6 Sikhism

7 Christianity, specify denomination _____

8 Other religion, specify _____

b) How often do you carry out religious practices/activities

	Daily	Weekly	Monthly	Occasionally	Not at all
i. at home?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

ii. at temple/church/mosque?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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11 This question is applicable to every person below 12 years old and should be answered by his/her Parent/Guardian.

a) Is the child taken care of in his/her own home?

1 Yes

2 No

b) Who normally looks after the child in the day for at least 4 hours daily?

1 Parent

2 Grandparent

3 Elder Sister/
Brother

4 Other Relative

5 Maid

6 Baby-Sitter

7 Child Care Centre

8 Left on own

9 Other,
specify _____

I confirm that the information provided in this Schedule is correct and complete.

Name _____

Signature _____

Date _____



**SINGAPORE CENSUS OF POPULATION, 1990
HOUSEHOLD SCHEDULE
(THE CENSUS ACT, CHAPTER 35)**

CONFIDENTIAL

RN	OM	HS

ADDRESS : _____

S()

TEL NO. : _____ TYPE OF HOUSE : _____

SN	HH No.	Status	Relationship	Tenancy	Identification Type			Identification No.
Name								
Date of Birth		Sex	Marital Status	SP SN	PA SN	Ethnic/Dialect Group		Citizenship
SN	HH No.	Status	Relationship	Tenancy	Identification Type			Identification No.
Name								
Date of Birth		Sex	Marital Status	SP SN	PA SN	Ethnic/Dialect Group		Citizenship
SN	HH No.	Status	Relationship	Tenancy	Identification Type			Identification No.
Name								
Date of Birth		Sex	Marital Status	SP SN	PA SN	Ethnic/Dialect Group		Citizenship
SN	HH No.	Status	Relationship	Tenancy	Identification Type			Identification No.
Name								
Date of Birth		Sex	Marital Status	SP SN	PA SN	Ethnic/Dialect Group		Citizenship
SN	HH No.	Status	Relationship	Tenancy	Identification Type			Identification No.
Name								
Date of Birth		Sex	Marital Status	SP SN	PA SN	Ethnic/Dialect Group		Citizenship
SN	HH No.	Status	Relationship	Tenancy	Identification Type			Identification No.
Name								
Date of Birth		Sex	Marital Status	SP SN	PA SN	Ethnic/Dialect Group		Citizenship

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FOR MEMBERS WHO HAVE MOVED OUT (Status code 3)

S/N	Name	NEW ADDRESS IN SINGAPORE			
		Main or Blk No.	Street Name	Unit No.	Postal District

FOR MEMBERS LIVING ABROAD (Status code 5,6 and 9)

S/N	Name	Year left Singapore to live abroad	Reason for living abroad 1. Studying 2. Working 3. Migrated 4. Other, specify	Country presently in

Name of Informant(s)



**SINGAPORE CENSUS OF POPULATION, 1990
OVERSEAS HOUSEHOLD SCHEDULE
(THE CENSUS ACT, CHAPTER 35)**



Name:			
Type of Singapore document held		Singapore NRIC/Birth Certificate No.	
Date of Birth	Sex	Ethnic/Dialect Group	Citizenship
Marital Status 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Widowed			
What is your relationship to the head of household? 1 <input type="checkbox"/> Head 3 <input type="checkbox"/> Son or Daughter 5 <input type="checkbox"/> Other Relative, (please specify) _____ 2 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Father or Mother 6 <input type="checkbox"/> Others, (please specify) _____			
Country presently in		Year left Singapore to live abroad	
Reason for living abroad 1 <input type="checkbox"/> Studying 2 <input type="checkbox"/> Working 3 <input type="checkbox"/> Other, (specify) _____			

Name:			
Type of Singapore document held		Singapore NRIC/Birth Certificate No.	
Date of Birth	Sex	Ethnic/Dialect Group	Citizenship
Marital Status 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Widowed			
What is your relationship to the head of household? 1 <input type="checkbox"/> Head 3 <input type="checkbox"/> Son or Daughter 5 <input type="checkbox"/> Other Relative, (please specify) _____ 2 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Father or Mother 6 <input type="checkbox"/> Others, (please specify) _____			
Country presently in		Year left Singapore to live abroad	
Reason for living abroad 1 <input type="checkbox"/> Studying 2 <input type="checkbox"/> Working 3 <input type="checkbox"/> Other, (specify) _____			