



**POPULATION AND HOUSING CENSUS MALAYSIA 2000**  
**CENSUS DAY IS 5 JULY 2000**

**DOCUMENT 2b**

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

CONTROL PARTICULARS		IDENTIFICATION PARTICULARS ( PLEASE FILL UP BEFORE STARTING FIELD WORK )	
<b>K1</b> ADDRESS .....			
<b>K2</b> LQ NUMBER	<b>K5</b> HOUSEHOLD NUMBER <i>( For the second HH and thereafter, cancel Part A and begin with Part B )</i>	(1) STATE .....	
<input type="text"/>	<input type="text"/>	( Name and Code ) <input style="width: 40px;" type="text"/>	
<b>K3</b> <input type="text"/>	WHAT IS THE TOTAL NUMBER OF PERSONS WHO USUALLY LIVE IN THIS LIVING QUARTERS? <b>K4</b> <input type="text"/> HOW MANY HOUSEHOLDS LIVE IN THIS LIVING QUARTERS? <i>Household is a group of persons who :                  - Usually live together and                  - Make common provisions for food and other essentials of living</i>	(2) ADMINISTRATIVE DISTRICT / JAJAHAN .....	
<input type="text"/>		( Name and Code ) <input style="width: 40px;" type="text"/>	
		(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 **X** 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><b>A1 TYPE OF LIVING QUARTERS</b> ( OBSERVATION QUESTION )</p> <p>i) BUILT OR CONVERTED FOR LIVING <u>Housing Unit</u></p> <p><b>House</b></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 &amp; Sarawak only )</p> <p><b>Flat / Apartment / Condominium / Shophouse</b></p> <p>05 <input type="checkbox"/> Flat / Apartment / Condominium</p> <p>06 <input type="checkbox"/> Shophouse / Office</p> <p><b>Room ( with direct access )</b></p> <p>07 <input type="checkbox"/> In Shophouse, Office; In / Attached to House, Factory, Mill etc.</p> <p><b>Improvised / Temporary Hut</b></p> <p>08 <input type="checkbox"/> Improvised / Temporary Hut, etc.</p> <p><b>Others</b></p> <p>09 <input type="checkbox"/> Others ( e.g. mobile unit ) (Specify) .....</p> <p><b>Collective Living Quarters</b></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 (Specify) .....</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 (Specify) .....</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 (Specify) .....</p>	<p><b>A2 CONSTRUCTION MATERIAL OF OUTER WALLS</b> ( OBSERVATION QUESTION )</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 (Specify) .....</p>	<p><b>A6 DRINKING WATER SUPPLY FACILITY</b></p> <p>1 <input type="checkbox"/> Treated piped water</p> <p>2 <input type="checkbox"/> Other sources (Specify) .....</p>	<p><b>A7 ELECTRICITY SUPPLY FACILITY</b></p> <p><b>Supplied</b></p> <p>1 <input type="checkbox"/> 24 hours a day</p> <p>2 <input type="checkbox"/> Less than 24 hours a day</p> <p><b>Not Supplied</b></p> <p>3 <input type="checkbox"/> Self-owned generator</p> <p>4 <input type="checkbox"/> None</p>
<p><b>A3 OCCUPIED OR VACANT LIVING QUARTERS</b></p> <p><b>Occupied</b></p> <p>1 <input type="checkbox"/> Occupied</p> <p><b>Vacant</b></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 (Specify) .....</p>		<p>→ ( END INTERVIEW FOR THIS LQ )</p>	
<p><b>A4 OWNER OF THIS LIVING QUARTERS</b></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 (Specify) .....</p>		<p><b>A8 TYPE OF TOILET FACILITY</b></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><b>A5 NUMBER OF BEDROOMS</b></p> <p><input style="width: 40px;" type="text"/></p>		<p><b>A9 DOES THE GARBAGE COLLECTION FACILITY REACH YOUR LIVING QUARTERS / AREA?</b></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>	

GO TO PART B (Questions B1 - B6, B11 only)



## C. PERSON PARTICULARS

- Mark  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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**C2 NAME** (Corresponding to C1)

.....

**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

**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)

**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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**C7 WHAT IS YOUR MARITAL STATUS?**  
(For person aged 10 years and above)

- 1  Never Married
- 2  Married
- 3  Widowed
- 4  Divorced / Permanently separated

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

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.....

**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

**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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(Specify State)

→ (Go to C12)

(c) Country of birth?

(Refer to code card - Document 4)

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(Specify Country)

**C11 YEAR OF FIRST ARRIVAL IN MALAYSIA**

(For those born outside Malaysia)

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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) .....

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

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(Write Country)

**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

.....

**C14.1** **C14.2** **C14.3** For Office Use Only

**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)

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

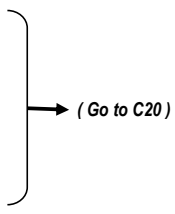
- 1  Pre-school
- 2  Primary School (Standard / Year 1 till 6)
- 3  Lower Secondary (Remove / Form 1 till 3)
- 4  Upper Secondary (Form 4 till 5, GCE O Level)
- 5  Vocational / Technical (Form 4 till 5)
- 6  Trade & Technical Skills Institution
- 7  Post Secondary (Form 6, GCE A Level, Matriculation)
- 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 → (Go to C19)
- 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



**C22 DO YOU HAVE ANY WORK TO RETURN TO?**

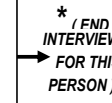
- 1  Yes → (Go to C25)
- 2  No

**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) .....



**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 : .....

.....

For Office Use Only

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

**Within Malaysia**

- 1  Public Institution
- 2  Private Institution

**Overseas**

- 3  Overseas Institution

**C19 WHAT WAS YOUR MAIN FIELD OF STUDY?**

.....  
.....

For Office Use Only

**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

**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

For Office Use Only

**C27 WHAT IS YOUR EMPLOYMENT STATUS?**

- 1  Employer
- 2  Employee
- 3  Self-employed
- 4  Unpaid family worker



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

**C28 HAVE YOU EVER GIVEN BIRTH?**

- 1  Yes → (Go to C29)
- 2  No → (END INTERVIEW FOR THIS PERSON)

(a) Number of children ever born alive?

| |

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

| |

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

| | |

\* 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.