

LIVING QUARTERS			START INTERVIEW HERE	
1. State:			Living Quarters Number	
2. Administrative District			10. Ethnic Group, Community or Dialect of Head of Household	
3. Census District			TYPE OF LIVING QUARTERS	
4. Circle Number			CONSTRUCTION MATERIAL OF ROOF	
5. Enumeration Block Number			LIGHTING	
6. Address/Locality (Sabah & Sarawak)			TOILET FACILITIES	
7. Number of Households in this Living Quarters			BATHING FACILITIES	
(See column 6 of the House-Listing Book)			COOKING FACILITIES	
(Mark the appropriate box below)			ROOM	
8. Number of Persons in this Living Quarters			WATER SUPPLY	
(See column 8 of the House-Listing Book)			OWNERSHIP	
Males	Females	Total	CONSTRUCTION MATERIAL OF OUTER WALLS	
h	i	u	25. What is the source of drinking water used?	
0	1	2	26. Shared with other L.Q.s?	
3	4	5	27. What kind of lighting is used?	
6	7	8	28. Public Supply	
9	0	1	29. What kind of toilet facilities is used?	
2	3	4	30. Shared with other L.Q.s?	
5	6	7	31. Units	
8	9	0	32. Water used for bathing	
1	2	3	33. Does this L.Q. have a bathroom or enclosed bathing space?	
4	5	6	34. Shared with other L.Q.s?	
7	8	9	35. Facilities installed	
0	1	2	36. Does this L.Q. have a separate kitchen?	
3	4	5	37. Does this L.Q. have an area set aside for cooking?	
6	7	8	38. No. of rooms:	
9	0	1	39. In what year was this L.Q. built?	
2	3	4	40. Was this L.Q. built by:	
5	6	7	Indiv. Govt. Pr. Dev. Sta. Body	
8	9	0	Govt./Sta. Body with Pr. Dev. Other Unknown	
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		
3	4	5		
6	7	8		
9	0	1		
2	3	4		
5	6	7		
8	9	0		
1	2	3		
4	5	6		
7	8	9		
0	1	2		

HOUSEHOLD

Each of these forms is to be filled in for one Household.

[illegible]

1980 POPULATION AND HOUSING CENSUS, MALAYSIA

Form 4a

PERSONS

1980 POPULATION AND HOUSING CENSUS, MALAYSIA

Write ethnic code in the boxes provided
and write the ethnic group along the
line provided.

t	u
---	---

State	
Administrative District	
Census District	
Circle Number	
Enumeration Block	
Locality (Sabah/Sarawak)	

START INTERVIEW HERE

Living Quarters No.	
Household Number	
Person Number	

1. Name :													
2. Sex :	male <input type="checkbox"/> female <input type="checkbox"/>												
3. Relationship to Head of Household :	<table border="1"><tr><td>01</td><td>02</td><td>03</td><td>04</td></tr><tr><td>05</td><td>06</td><td>07</td><td>08</td></tr><tr><td>09</td><td>10</td><td>11</td><td></td></tr></table>	01	02	03	04	05	06	07	08	09	10	11	
01	02	03	04										
05	06	07	08										
09	10	11											

4. How old are you?	completed years <table border="1"><tr><td>t</td><td>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>u</td><td>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></table>	t	0	1	2	3	4	5	6	7	8	9	u	0	1	2	3	4	5	6	7	8	9
t	0	1	2	3	4	5	6	7	8	9													
u	0	1	2	3	4	5	6	7	8	9													
	month from last birthday to Census Day																						

5. What is your date of birth?	before 11th <table border="1"><tr><td>Day</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td></tr><tr><td>Month</td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td></tr></table>	Day	01	02	03	04	05	06	07	08	09	10	11	12	Month	01	02	03	04	05	06	07	08	09	10	11	12
Day	01	02	03	04	05	06	07	08	09	10	11	12															
Month	01	02	03	04	05	06	07	08	09	10	11	12															
	11th/after 11th																										

6. What is your Chinese date of birth?	<table border="1"><tr><td>t</td><td>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>u</td><td>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></table>	t	0	1	2	3	4	5	6	7	8	9	u	0	1	2	3	4	5	6	7	8	9
t	0	1	2	3	4	5	6	7	8	9													
u	0	1	2	3	4	5	6	7	8	9													
Day _____ Month _____ Year _____																							

FOR PERSONS 10 YEARS OF AGE AND OVER

25. Did you work for pay or profit, at least 1 day during the last 7 days?	yes <input type="checkbox"/> no <input type="checkbox"/> (skip to 31) if yes
--	---

26. Did you help in a family farm or business at least 1 day during the last 7 days?	yes <input type="checkbox"/> no <input type="checkbox"/> (skip to 28) if yes
--	---

27. How many hours per day did you work?	3 hrs. or less <input type="checkbox"/> more than 3 hours <input type="checkbox"/> (skip to 29) if less (skip to 31) if more
--	---

28. Do you have any employment/work on farm, enterprise or other family enterprise to return to?	yes <input type="checkbox"/> no <input type="checkbox"/> (skip to 31) if yes
--	---

29. Were you looking for a job or work during the last 7 days?	yes <input type="checkbox"/> no <input type="checkbox"/> (skip to 31) if yes
--	---

30. Why were you not seeking work during the last 7 days?	<table border="1"><tr><td>01</td><td>02</td><td>03</td><td>04</td></tr><tr><td>05</td><td>06</td><td>07</td><td>08</td></tr><tr><td>09</td><td>10</td><td>11</td><td>12</td></tr><tr><td>13</td><td>14</td><td></td><td></td></tr></table> (skip to 35a)	01	02	03	04	05	06	07	08	09	10	11	12	13	14		
01	02	03	04														
05	06	07	08														
09	10	11	12														
13	14																

31. What is your employment status?	em- own b/c. ploy ver wkr unpaid fee worker lookg f.w. 1st job (skip to 35a) if 1st job
-------------------------------------	---

32. What is your principal occupation? (Describe the nature of your work in two or more words)	
---	--

33. What is the name and address of the establishment where you work?	
---	--

34. What are the main activities/products of this establishment?	
--	--

7. To what ethnic group, community or dialect group do you belong?	<table border="1"><tr><td>t</td><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>u</td><td>0</td><td>1</td><td>2</td><td>3</td></tr></table>	t	0	1	2	3	u	0	1	2	3
t	0	1	2	3							
u	0	1	2	3							
8. What is your religion?	Islam <input type="checkbox"/> Chris. <input type="checkbox"/> Hind. <input type="checkbox"/> Buddh. <input type="checkbox"/> Conf./Tao. <input type="checkbox"/> O.T.C.R. <input type="checkbox"/> Tribal/Folk Rel. <input type="checkbox"/> Other Religion <input type="checkbox"/> No Religion <input type="checkbox"/>										
9. What citizenship do you have?	Malay-Singa-Malay <input type="checkbox"/> Indo-sia <input type="checkbox"/> Indo-india <input type="checkbox"/> Phil. <input type="checkbox"/> Thai <input type="checkbox"/> Other <input type="checkbox"/> Un-known <input type="checkbox"/>										
10. What is the colour of your Malaysian Identity Card?	none <input type="checkbox"/> blue <input type="checkbox"/> red <input type="checkbox"/> green <input type="checkbox"/> others <input type="checkbox"/>										
11. Have you ever been to School? (excluding Adult Education & Kindergarten)	currently attending <input type="checkbox"/> completed <input type="checkbox"/> no <input type="checkbox"/> (skip to 14) if no										
12. What was/is the highest level of schooling you completed/are currently attending?	Primary remove/ Secondary F. 1 <input type="checkbox"/> F. 2 <input type="checkbox"/> F. 3 <input type="checkbox"/> F. 4 <input type="checkbox"/> F. 5 lower 6 <input type="checkbox"/> upper 6 <input type="checkbox"/> university/college Vocational F. 4 <input type="checkbox"/> F. 5 <input type="checkbox"/> Tertiary college <input type="checkbox"/>										

13. What is the highest certificate you obtained?	none <input type="checkbox"/> sptl <input type="checkbox"/> sptl/sppl <input type="checkbox"/> spmvl <input type="checkbox"/> sptl/lite <input type="checkbox"/> mcat/lite <input type="checkbox"/> move <input type="checkbox"/> lite <input type="checkbox"/> diploma degree <input type="checkbox"/>
---	---

14. Have you received any vocational training?	currently receiving <input type="checkbox"/> completed <input type="checkbox"/> no <input type="checkbox"/> (skip to 16) if no
--	--

15. What field of vocational training are you currently receiving/have you received?	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr><tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr></table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3	4	5	6	7	8										
9	10	11	12	13	14	15	16										

16. Were you born in Malaysia?	yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/> (skip to 18) if yes (skip to 19) if no
--------------------------------	--

17. In which state were you born?	Johore <input type="checkbox"/> Kedah <input type="checkbox"/> Kelantan <input type="checkbox"/> Malacca <input type="checkbox"/> Sembilan <input type="checkbox"/> Pahang <input type="checkbox"/> Penang <input type="checkbox"/> Perak <input type="checkbox"/> Perlis <input type="checkbox"/> Selangor <input type="checkbox"/> Trengganu <input type="checkbox"/> F. Territory <input type="checkbox"/> Sabah <input type="checkbox"/> Sarawak <input type="checkbox"/> Unknown <input type="checkbox"/>
-----------------------------------	--

18. In which country were you born?	Singapore <input type="checkbox"/> Thailand <input type="checkbox"/> Indonesia <input type="checkbox"/> Philippines <input type="checkbox"/> Vietnam <input type="checkbox"/> China <input type="checkbox"/> I./Pak.B./S.I. <input type="checkbox"/> O.C. <input type="checkbox"/> Un-known <input type="checkbox"/>
-------------------------------------	--

19. How long have you lived in Malaysia? (in years)	<1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 20 <input type="checkbox"/> over <input type="checkbox"/>
---	--

20. How long have you lived in this kampung/town? (in years)	<1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 20 <input type="checkbox"/> over <input type="checkbox"/>
--	--