

ER QR HHN CF QRTYP

Specimen for Reference

Address : \_\_\_\_\_

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  Occupied (as usual residence)
  - 2  Occupied (not as usual residence)
  - 3  Unoccupied (residential/vessel)
  - 4  Unoccupied (non-residential)
  - 9  N.A. (Q1=7, 8, 9)
- (Stop)

**Q3 How many households are living here?**

\_\_\_\_\_

**Part 2 : HOUSEHOLD INFORMATION**

- H1 Result of final visit**
- 1  Enumerated (never request e-Questionnaire)
  - 2  Enumerated (as usual residence)
  - 3  Enumerated by e-Questionnaire ONLY
  - 4  Enumerated (request e-Questionnaire with field follow-up)
  - 7  Non-contacted
  - 8  Others
  - 9  N.A. (Q2=3, 4, 9)
- (Stop)

- H2 Type of household**
- 1  Domestic
  - 2  Collective
  - 9  N.A. (H1= 3, 7, 8, 9)

- H3a How many members are there in this household?**  
Please remember to include and exclude those persons listed in the Prompt Book. (Show Prompt Book)  
May I have their names, please? (Record answer in P0)  
May I know who is the head of this household? (Household head is the person acknowledged as such by other members of the household)(Record answer in P1)

- H3b How many members of this household were here at 3 a.m. on 14 July?**

- H4 Apart from the above members, were there any other persons (e.g. visitors) who were here at 3 a.m. on 14 July?**  
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? ⇨ Does your household have any rooms shared with other households? (Repeat for : kitchens, bathrooms / toilets, bedrooms, other rooms, cocklofts and bedspaces)

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

	living / dining rooms	kitchens	bathrooms / toilets	bedrooms	other rooms	cocklofts	bedspaces
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 payment or loan repayment → H8a
  - 2  Owner-occupier, without mortgage payment and loan repayment → H8b
- If 'Rented' ⇨
- 3  Sole tenant
  - 4  Co-tenant
  - 5  Main tenant
  - 6  Sub-tenant
  - 7  Provided by employer (including staff quarters)
- H9b
- If 'Others' ⇨ 8  Rent free → H10b      9  N.A.

- H8a Who owns this unit of quarters?**  
⇨ Are there any other co-owners? → H9a
- May choose both '1' & '2'
- 1  Member of this household (Person serial no.: \_\_\_\_\_)
- (Also record answer in P1)

- H8b Who owns this unit of quarters?**  
⇨ Are there any other co-owners? → H10a
- 2  Not member of this household
  - 9  N.A.

- H9a (Record answer in 'Answer box for H9' below)**
- (i) How much is the mortgage or loan payment for this unit of quarters in July? Please include all payments on first mortgage, second mortgage and other loans. (Show Prompt Book)
  - (ii) Apart from the above amount, are there other loan payments? e.g. payments on special loan schemes offered by the government or employer. If 'Yes' ⇨ How much is the amount paid in July?
  - (iii) How much of the above total payment is paid by non-household member(s)?
  - (iv) For how many years will the longest mortgage or loan period of this unit of quarters still last? → H10a

- H9b (Record answer in 'Answer box for H9' below)**
- What is the amount of rent your household has to pay for this accommodation in July? Please exclude electricity, water, gas and telephone fees. → H10b

**Answer box for H9**

H9a(i) HK\$ \_\_\_\_\_

H9a(ii) HK\$ \_\_\_\_\_

H9a(iii) HK\$ \_\_\_\_\_

H9a(iv) year 0 1 2 3 4 5 6 7 8 9

	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"/>

H9b HK\$ \_\_\_\_\_ → \_\_\_\_\_, \_\_\_\_\_

- H10a What is the average amount of rates, Government rent and management fee per month? → 'Part 3 : PERSONAL INFORMATION'**

- H10b Do you have to pay rates, Government rent and management fee?**  
If 'Yes' ⇨ What is the average amount per month?
- HK\$ \_\_\_\_\_ (per month)      \_\_\_\_\_, \_\_\_\_\_

# Specimen for Reference

## Part 3 : PERSONAL INFORMATION

### SECTION A : Applicable to all persons

<b>P0</b> Name / Identification of person		
<b>P1</b> Person serial number	0 1 2 3 4 5 6 7 8 9	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"/>
	Record whether household head	Record whether owner of the flat
	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No
<b>P2</b> What is your relationship to _____? (More than one household head → record the relationship with the head with the smallest serial number)	01 02 03 04 05 06 07 08 09	01 02 03 04 05 06 07 08 09
(01) Ownself      (04) Father/Mother      (07)-(15) Others : Please specify (02) Spouse      (05) Brother/Sister (03) Son/Daughter      (06) Live-in domestic helper/Chauffeur/Gardener	<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"/>
<b>P3</b> Spouse's serial number	0 1 2 3 4 5 6 7 8 9	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"/>
<b>P4</b> Mother's or father's serial number	0 1 2 3 4 5 6 7 8 9	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"/>
<b>P5</b> Sex	1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female
<b>P6</b> In what month and year were you born?  <i>If born in July or reporting date of birth in Chinese reckoning</i> ↳ Have you passed your birthday on 14 July?  (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"/>	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"/>	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"/>	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"/>
	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"/>	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"/>
	1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not passed      9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not passed      9 <input type="checkbox"/> N.A.
<b>P7</b> Where is your usual accommodation in HK at present? (Show Prompt Book) (1) Here → P8 (2) Another accommodation in HK → (Stop) (3) Accommodation in HK not fixed → P8	1 <input type="checkbox"/> → P8 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P8	1 <input type="checkbox"/> → P8 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P8
<b>P8</b> Where were you born? (11) Hong Kong → P9a      (34)-(89) Others → P9c (31) The mainland of China      (99) N.A. (32) Macao      → P9b (33) Taiwan	0 1 2 3 4 5 6 7 8 9	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"/>
<b>P9a</b> Which ethnic group(s) do you belong to? 'Chinese' only → P10b ; Otherwise → P10a	(i) 0 1 2 3 4 5 6 7 8 9	(i) 0 1 2 3 4 5 6 7 8 9
<b>P9b</b> Which ethnic group(s) do you belong to? 'Chinese' only → P10d ; Otherwise → P10c	<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"/>
<b>P9c</b> Which ethnic group(s) do you belong to? → P10c  (Record a maximum of two ethnic groups only) (Show Prompt Book) Asian → (01) Chinese      (04) Japanese      (07) Indian (02) Filipino      (05) Nepalese      (08) Pakistani (03) Indonesian      (06) Thai      (09)-(19) Others (21) White      (31) Black      (89) Others      (99) N.A.	(ii) 0 1 2 3 4 5 6 7 8 9	(ii) 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"/>
<b>P10a</b> What is your nationality? If 'Chinese' ↳ <b>P10b</b> Where is your place of domicile? If 'HK', record '11' If 'Not HK', record '31' → P11a If 'Other nationalities' → P11b	HK / Not HK	HK / Not HK
	0 1 2 3 4 5 6 7 8 9	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"/>
<b>P10c</b> What is your nationality? If 'Chinese' ↳ <b>P10d</b> Where is your place of domicile? If 'HK', record '11' If 'Not HK', record '31' → P11b		
<b>P11a</b> For how many years have you been living in HK? → P13a Excluding any period of absence from HK for 6 consecutive months or more.	0 1 2 3 4 5 6 7 8 9	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"/>
<b>P11b</b> 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=89, 01-06) → P12 '7 years and over' (code=07-50) → P13a	(89) < 1 year      (07) 7 - < 8 years (01) 1 - < 2 years      (08) 8 - < 9 years (02) 2 - < 3 years      : :      (50) 50 years and over (06) 6 - < 7 years      (99) N.A.	(89) < 1 year      (07) 7 - < 8 years (01) 1 - < 2 years      (08) 8 - < 9 years (02) 2 - < 3 years      : :      (50) 50 years and over (06) 6 - < 7 years      (99) N.A.
<b>P12</b> Are you a Hong Kong Permanent Resident, Hong Kong Non-permanent Resident or visitor? (Show Prompt Book) (1) Hong Kong Permanent Resident → P13a      (3) Visitor → P18 (2) Hong Kong Non-permanent Resident → P13b      (9) N.A.	1 <input type="checkbox"/> → P13a      3 <input type="checkbox"/> → P18 2 <input type="checkbox"/> → P13b      9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> → P13a      3 <input type="checkbox"/> → P18 2 <input type="checkbox"/> → P13b      9 <input type="checkbox"/> N.A.



# Specimen for Reference

<p><b>P13a</b> In the past 6 months, had you stayed in HK for more than 5 months?</p> <p>Yes (code for HK = 05) → P16          No ⇨ (Show Prompt Book)          If code for HK = 88, 89, 01 or 02 → P14a          If code for HK = 03 or 04 → P16</p>	<p style="text-align: center;"><b>More than 5 months in HK?</b> Yes / No</p> <p>(i) Hong Kong: 88 89 01 02 03 04 05 99  <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) Mainland of China: 88 89 01 02 03 04 05 99  <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) Macao: 88 89 01 02 03 04 05 99  <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>(iv) Other places: 88 89 01 02 03 04 05 99  <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 style="text-align: center;"><b>More than 5 months in HK?</b> Yes / No</p> <p>(i) Hong Kong: 88 89 01 02 03 04 05 99  <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) Mainland of China: 88 89 01 02 03 04 05 99  <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) Macao: 88 89 01 02 03 04 05 99  <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>(iv) Other places: 88 89 01 02 03 04 05 99  <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><b>P13b</b> In the past 6 months, had you stayed in HK for more than 5 months?</p> <p>Yes (code for HK = 05) → P17          No ⇨ (Show Prompt Book)          If code for HK = 88, 89, 01 or 02 → P14b          If code for HK = 03 or 04 → P17</p>		
<p><b>P14a</b> In the coming 6 months, what is the total amount of time you will spend in HK? (Show Prompt Book)</p> <p>'3 months or more' (code=03 - 05) → P16          'Less than 3 months/Complete absence from HK' (code=88, 89, 01 or 02) → P15a</p>	<p>88 <input type="checkbox"/> Complete absence from HK          89 <input type="checkbox"/> &lt; 1 month          01 <input type="checkbox"/> 1 - &lt; 2 months          02 <input type="checkbox"/> 2 - &lt; 3 months          03 <input type="checkbox"/> 3 - &lt; 4 months          04 <input type="checkbox"/> 4 - &lt; 5 months          05 <input type="checkbox"/> 5 months or more    99 <input type="checkbox"/> N.A.</p>	<p>88 <input type="checkbox"/> Complete absence from HK          89 <input type="checkbox"/> &lt; 1 month          01 <input type="checkbox"/> 1 - &lt; 2 months          02 <input type="checkbox"/> 2 - &lt; 3 months          03 <input type="checkbox"/> 3 - &lt; 4 months          04 <input type="checkbox"/> 4 - &lt; 5 months          05 <input type="checkbox"/> 5 months or more    99 <input type="checkbox"/> N.A.</p>
<p><b>P14b</b> In the coming 6 months, what is the total amount of time you will spend in HK? (Show Prompt Book)</p> <p>'3 months or more' (code=03 - 05) → P17          'Less than 3 months/Complete absence from HK' (code=88, 89, 01 or 02) → P15b</p>		
<p><b>P15a</b> Why do you usually NOT stay in HK? → P16</p>	<p>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.</p>	<p>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.</p>
<p><b>P15b</b> Why do you usually NOT stay in HK? → P17</p> <p>(1) Working                      (4) Looking after family members/          (2) Studying                      Engaged in household duty          (3) Retirement                      (5) Others                      (9) N.A.</p>		
<p><b>P16</b> Where were you at 3 a.m. on 14 July?</p> <p>(1) Here or place not for accommodation in HK    (3) The mainland of China or Macao → P19          (2) Other accommodation in HK    (4) Other countries or territories    (9) N.A.</p>	<p>1 <input type="checkbox"/>                      3 <input type="checkbox"/> → P19          2 <input type="checkbox"/>                      4 <input type="checkbox"/> → P19          9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/>                      3 <input type="checkbox"/> → P19          2 <input type="checkbox"/>                      4 <input type="checkbox"/> → P19          9 <input type="checkbox"/> N.A.</p>
<p><b>P17</b> Where were you at 3 a.m. on 14 July?</p> <p>(1) Here or place not for accommodation in HK    ] → P19          (2) Other accommodation in HK    ]          (3) The mainland of China or Macao    ] → (Stop)          (4) Other countries or territories    ]    (9) N.A.</p>	<p>1 <input type="checkbox"/> ] → P19          2 <input type="checkbox"/> ] → P19          3 <input type="checkbox"/> ] → (Stop)          4 <input type="checkbox"/> ] → (Stop)    9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> ] → P19          2 <input type="checkbox"/> ] → P19          3 <input type="checkbox"/> ] → (Stop)          4 <input type="checkbox"/> ] → (Stop)    9 <input type="checkbox"/> N.A.</p>
<p><b>P18</b> Where were you at 3 a.m. on 14 July?</p> <p>(1) Here or place not for accommodation in HK    (3) The mainland of China or Macao → (Stop)          (2) Other accommodation in HK    (4) Other countries or territories    (9) N.A.</p>	<p>1 <input type="checkbox"/>                      3 <input type="checkbox"/> → (Stop)          2 <input type="checkbox"/>                      4 <input type="checkbox"/> → (Stop)          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"/> → (Stop)          9 <input type="checkbox"/> N.A.</p>

**SECTION B : No need to complete for persons given a "Stop" indicator in the skipping questions P7, P17 or P18 of Section A**

<p><b>P19</b> What is your marital status at present? (Show Prompt Book)</p> <p>(1) Never married                      (3) Widowed                      (5) Separated          (2) Now married                      (4) Divorced</p> <p>If Q1 = 'Vessel' → P21</p>	<p>1 <input type="checkbox"/>                      3 <input type="checkbox"/>                      5 <input type="checkbox"/>          2 <input type="checkbox"/>                      4 <input type="checkbox"/></p> <p>If Q1 = 'Vessel' → P21</p>	<p>1 <input type="checkbox"/>                      3 <input type="checkbox"/>                      5 <input type="checkbox"/>          2 <input type="checkbox"/>                      4 <input type="checkbox"/></p> <p>If Q1 = 'Vessel' → P21</p>
<p><b>P20a</b> What was your address 5 years ago (i.e. July 2001)?          For children born on or after 14 July 2001, put down '(9) N.A.' → P23</p> <p>(1) Here → P21          (2) Not here          If 'Other place in HK' ⇨ May I have the address? → P20b          If 'Other place outside HK' ⇨ (Please specify name of country or territory in the space for address.) → P21          (9) N.A.</p>	<p>1 <input type="checkbox"/> Here → P21          2 <input type="checkbox"/> Not here                      9 <input type="checkbox"/> N.A.</p> <p>Address : _____          _____          _____          District : _____          _____          _____          HK / KLN / NT</p>	<p>1 <input type="checkbox"/> Here → P21          2 <input type="checkbox"/> Not here                      9 <input type="checkbox"/> N.A.</p> <p>Address : _____          _____          _____          District : _____          _____          _____          HK / KLN / NT</p>
<p><b>P20b</b> What type of housing was it? (Show Prompt Book)</p> <p>(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><b>P21</b> What language / dialect do you usually speak at home?          If '(88) Mute person' → P23</p> <p>(01) Cantonese                      (07) Shanghainese          (02) Chiu Chau                      (08) Other Chinese dialects          (03) Sze Yap                      (34) English          (04) Hakka                      (41) Japanese          (05) Putonghua (Mandarin)    (42)-(91) Others: please specify          (06) Fukien                      (99) N.A.</p>	<p>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>If '(88) Mute person' → P23</p>	<p>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>If '(88) Mute person' → P23</p>
<p><b>P22</b> Can you hold a short conversation in other languages / dialects?          If 'Yes' ⇨ What are they?          Any others?</p> <p>(Record a maximum of three languages / dialects only)</p> <p>(01) Cantonese                      (07) Shanghainese          (02) Chiu Chau                      (08) Other Chinese dialects          (03) Sze Yap                      (34) English          (04) Hakka                      (41) Japanese          (05) Putonghua (Mandarin)    (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>



## Specimen for Reference

	Yes / No	Yes / No
<p><b>P23</b> In the first half of 2006, were you attending a school or educational institution? (Show Prompt Book)</p> <p style="text-align: center;">Yes / No</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Yes</p> <p>(i) In what class / level were you studying?</p> <p><i>For programmes of craft / post-secondary or higher level, state local, non-local or distance-learning</i></p> <p>For local: please give school name</p> <p>Otherwise → P23(iv)</p> <p>(ii) Will you study the full time course in the next academic year?</p> <p>(1) Yes (2) No (3) Uncertain (9) N.A.</p> <p>(iii) What was your major field of study? (in the first half of 2006)</p> <p>(iv) Was it a full time, part time or distance-learning course? (in the first half of 2006)</p> <p>(1) Full time → P24a (including AM &amp; PM session) (2) Part time → P24b (3) Distance-learning course → P24b</p> </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p style="text-align: center;">No</p> <p>(i) What was the highest class / level you attained?</p> <p><i>If 'no schooling', record '01' → P27</i></p> <p><i>For programmes of craft / post-secondary or higher level, state local, non-local or distance-learning</i></p> <p>For local: please give school name</p> <p>Otherwise → P23(iv)</p> <p>(ii) Skip, mark '9' N.A.</p> <p>(iii) What was your major field of study?</p> <p>(iv) Did you complete that class / level?</p> <p>(4) Completed → P27 (5) Not completed → P24b</p> </div> </div>	<p style="text-align: center;">Yes / No</p> <p>(i) Class / Level: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;">Local / Non-local / Distance-learning</p> <p>Name of school: _____</p> <p>(ii) Study the full time course?</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>(iii) Field of education: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p>(iv) School attendance</p> <p>1 <input type="checkbox"/> → P24a    4 <input type="checkbox"/> → P27 2 <input type="checkbox"/> → P24b    5 <input type="checkbox"/> → P24b 3 <input type="checkbox"/> → P24b    9 <input type="checkbox"/> N.A.</p>	<p style="text-align: center;">Yes / No</p> <p>(i) Class / Level: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;">Local / Non-local / Distance-learning</p> <p>Name of school: _____</p> <p>(ii) Study the full time course?</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>(iii) Field of education: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p>(iv) School attendance</p> <p>1 <input type="checkbox"/> → P24a    4 <input type="checkbox"/> → P27 2 <input type="checkbox"/> → P24b    5 <input type="checkbox"/> → P24b 3 <input type="checkbox"/> → P24b    9 <input type="checkbox"/> N.A.</p>
<p><b>P24a</b> (i) What was the highest class / level of education you have completed at that time? <i>If 'no schooling', record '01' → P25</i></p> <p><i>For programmes of craft / post-secondary or higher level, state local, non-local or distance-learning</i></p> <p>For local: please give school name</p> <p>(ii) What was the major field of study in the highest class / level of education you have completed?</p> <p><i>For persons who had completed preparatory, primary, secondary education course or project Yi-jin, record '99' → P25</i></p>	<p>(i) Class / Level: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;">Local / Non-local / Distance-learning</p> <p>Name of school: _____</p> <p>(ii) Field of education: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p>	<p>(i) Class / Level: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;">Local / Non-local / Distance-learning</p> <p>Name of school: _____</p> <p>(ii) Field of education: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p>
<p><b>P24b</b> (i) What was the highest class / level of education you have completed at that time? <i>If 'no schooling', record '01' → P27</i></p> <p><i>For programmes of craft / post-secondary or higher level, state local, non-local or distance-learning</i></p> <p>For local: please give school name</p> <p>(ii) What was the major field of study in the highest class / level of education you have completed?</p> <p><i>For persons who had completed preparatory, primary, secondary education course or project Yi-jin, record '99' → P27</i></p>	<p>(i) Class / Level: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;">Local / Non-local / Distance-learning</p> <p>Name of school: _____</p> <p>(ii) Field of education: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p>	<p>(i) Class / Level: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: center;">Local / Non-local / Distance-learning</p> <p>Name of school: _____</p> <p>(ii) Field of education: _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p>
<p><b>P25</b> Where was your school / educational institution? (in the first half of 2006)</p> <p><i>If place of study is in</i></p> <p>(01) Hong Kong</p> <p><i>For programmes of craft / post-secondary or higher level, (copy the school name from P23)</i></p> <p>please give street name with house number or estate name of the school</p> <p>Otherwise, please give school name and street name with house number or estate name of the school</p> <p><i>If place of study is in</i></p> <p>(02) The mainland of China (03) Macao (04) Taiwan (05) Canada (06) Australia (07) U.K. (08) U.S.A. (09) Other countries or territories</p> <p style="text-align: right;">→ P27 (99) N.A.</p>	<p>01 <input type="checkbox"/> Hong Kong</p> <p>02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> → P27 04 <input type="checkbox"/> 07 <input type="checkbox"/> 99 <input type="checkbox"/></p> <p>Name of school: _____</p> <p>Address: _____</p> <p style="text-align: right;">HK / KLN / NT</p>	<p>01 <input type="checkbox"/> Hong Kong</p> <p>02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> → P27 04 <input type="checkbox"/> 07 <input type="checkbox"/> 99 <input type="checkbox"/></p> <p>Name of school: _____</p> <p>Address: _____</p> <p style="text-align: right;">HK / KLN / NT</p>
<p><b>P26</b> What were the modes of transport you usually use to go to school / educational institution? (in the first half of 2006)</p> <p><i>If more than one → Please rank by distance travelled.</i></p> <p>(01) Private car / Passenger van (11) Green minibus (02) Motorcycle (12) Red minibus (03) Goods vehicle / Van (13) Franchised bus (04) Taxi (14) Feeder bus (05) Ferry / Vessel (15) Residential coach service (06) MTR – Local Line (including Tung Chung Line / Disneyland Resort Line) (16) Tram (07) MTR – Airport Express Line (17) Peak tram (08) KCR – East Rail (including Ma On Shan Rail) (18) School bus / School van (09) KCR – West Rail (19) Bicycle (10) Light Rail (20) On foot only (21) Others: please specify (99) N.A.</p>	<p>(i) _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p>(ii) _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p>(iii) _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p>	<p>(i) _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p>(ii) _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p> <p>(iii) _____</p> <p style="text-align: center;">0 1 2 3 4 5 6 7 8 9</p>





## Specimen for Reference

<p><b>P38</b> Where is your place of work? (Show Prompt Book)</p> <p>(01) Hong Kong (with fixed place of work)</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">                 Please give district, street name with house number and building name. (Need not give floor number and flat number)             </div> <p>(02) Hong Kong (no fixed place of work) (12) Macao                  (03) Here in this accommodation (13) Taiwan                  The mainland of China: (14) Other countries or territories                  (04) – Shenzhen Area (15) Marine                  (05) – Dongguan/Huizhou/Jiangmen/Panyu/Shunde/Zhongshan/Zhuhai Area → P40                  (06) – Guangzhou Area → P40                  (07) – Other areas in Guangdong Province                  (08) – Shanghai                  (09) – Beijing                  (10) – Fujian Province                  (11) – Other Provinces (99) N.A.</p>	<p>01 <input type="checkbox"/> Hong Kong (with fixed place of work)</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">                 02 <input type="checkbox"/> 06 <input type="checkbox"/> 10 <input type="checkbox"/> 14 <input type="checkbox"/>                  03 <input type="checkbox"/> 07 <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> → P40                  04 <input type="checkbox"/> 08 <input type="checkbox"/> 12 <input type="checkbox"/>                  05 <input type="checkbox"/> 09 <input type="checkbox"/> 13 <input type="checkbox"/> 99 <input type="checkbox"/> </div> <p>Address : _____</p> <p>Building : _____</p> <p style="text-align: right;">HK / KLN / NT</p>	<p>01 <input type="checkbox"/> Hong Kong (with fixed place of work)</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">                 02 <input type="checkbox"/> 06 <input type="checkbox"/> 10 <input type="checkbox"/> 14 <input type="checkbox"/>                  03 <input type="checkbox"/> 07 <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> → P40                  04 <input type="checkbox"/> 08 <input type="checkbox"/> 12 <input type="checkbox"/>                  05 <input type="checkbox"/> 09 <input type="checkbox"/> 13 <input type="checkbox"/> 99 <input type="checkbox"/> </div> <p>Address : _____</p> <p>Building : _____</p> <p style="text-align: right;">HK / KLN / NT</p>																																																																																																																								
<p><b>P39</b> What are the modes of transport you usually use to go to work?</p> <p>If more than one <input type="checkbox"/> Please rank by distance travelled.</p> <p>(01) Private car/Passenger van (11) Green minibus                  (02) Motorcycle (12) Red minibus                  (03) Goods vehicle/Van (13) Franchised bus                  (04) Taxi (14) Feeder bus                  (05) Ferry/Vessel (15) Residential coach service                  (06) MTR – Local Line (including Tung Chung Line/Disneyland Resort Line) (16) Tram                  (07) MTR – Airport Express Line (17) Peak tram                  (08) KCR – East Rail (including Ma On Shan Rail) (18) Company bus/van                  (09) KCR – West Rail (19) Bicycle                  (10) Light Rail (20) On foot only                  (21) Others: please specify                  (99) N.A.</p>	<p>(i) 0 1 2 3 4 5 6 7 8 9</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <p>(ii) 0 1 2 3 4 5 6 7 8 9</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <p>(iii) 0 1 2 3 4 5 6 7 8 9</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>																																																													<p>(i) 0 1 2 3 4 5 6 7 8 9</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <p>(ii) 0 1 2 3 4 5 6 7 8 9</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <p>(iii) 0 1 2 3 4 5 6 7 8 9</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>																																																												
<p><b>P40</b> What were your earnings, including housing allowance, from your main employment in June? (Show Prompt Book)</p>	<p>HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p>HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																																																																																																																								
<p><b>P41</b> Did you have a secondary employment during the 30-day period from 14 June to 13 July?</p>	<p>1 <input type="checkbox"/> Yes → P42a                  2 <input type="checkbox"/> No → P43      9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> Yes → P42a                  2 <input type="checkbox"/> No → P43      9 <input type="checkbox"/> N.A.</p>																																																																																																																								
<p><b>P42a</b> What were your earnings from all other employment in June? → P43</p>	<p>HK\$ _____</p>	<p>HK\$ _____</p>																																																																																																																								
<p><b>P42b</b> What were your earnings from all employment, including housing allowance and earnings from secondary employment, in June?</p>	<p>HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p>HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																																																																																																																								
<p><b>P43</b> Did you have any other cash incomes in June? (Show Prompt Book)</p> <p>If 'Yes' <input type="checkbox"/> How much?</p> <p>(i) rent income (from land, properties or vehicles etc.)</p> <p>(ii) dividend and interest</p> <p>(iii) education grants (excluding loan), regular/monthly pensions, regular contribution from persons outside the household (local or abroad), contribution from charities, old age allowance, disability allowance, comprehensive social security assistance and other social security receipts</p>	<p>(i) HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>(ii) HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>(iii) HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p>(i) HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>(ii) HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>(iii) HK\$ _____</p> <p>HK\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																																																																																																																								

# Specimen for Reference

This page is not part of the questionnaire

Reference moment: 3 a.m. on 14 July 2006

### 1. Result of interview

No. of visit	Date#	Interview started at	Interview ended at	Number of persons enumerated	Result Please mark the appropriate box with 'X' ( i.e. ☒ )		
					Completed (COM)	Non-contacted (NC)	Incomplete (INC)
1 <sup>st</sup> visit	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2 <sup>nd</sup> visit	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3 <sup>rd</sup> visit	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <sup>th</sup> visit	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5 <sup>th</sup> visit	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6 <sup>th</sup> visit	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7 <sup>th</sup> visit	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
SAQ issued	<input type="text"/> <input type="text"/>	<input type="text"/> hr <input type="text"/> min	<input type="text"/> hr <input type="text"/> min		1 <input type="checkbox"/>		

# 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 <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"/>
Section B	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"/>
Section C	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"/>

### 3. No. of questionnaires of this household

--	--

Sheet No.

--	--

Total No.

IND/FU	ACE	CE
--------	-----	----

CK	CE
----	----

CS
----

MC
----