

ER QR HHN CF QRTYP

Address: _____

If this is a continuation form → Go to 'Part 3 : PERSONAL INFORMATION'
May I have your name and contact telephone number, please?

Name: _____ Tel. No.: _____

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 Usually with persons living

2 Occasionally with persons living

3 Can be used as residence but currently unoccupied

4 Non-residential use only → (Stop)

Q3 How many households are living here?

Part 2 : HOUSEHOLD INFORMATION

H1 Result of final visit

1 Enumerated (never registered e-Questionnaire)

2 Enumerated (registered e-Questionnaire with field follow-up)

3 Non-contacted

4 Enumerated (registered e-Questionnaire with field follow-up)

5 Others → (Stop)

H2 Type of household

1 Domestic

2 Collective

H3 (Show Prompt Book) How many members are there in this household? Please remember to include and exclude those persons listed in the Prompt Book.

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

⇒ May I know who the head of this household is? (Record answer in P1) (Household head is the person acknowledged as such by other members of the household)

H4 (Show Prompt Book) Apart from the above persons, were there any other persons (e.g. visitors) who were here at 3 a.m. on 30 June? Please include persons listed in the Prompt Book.

If 'Yes' ⇒ How many? _____

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

H5 Total number of persons (H3 + H4)

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

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

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

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

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

living / dining room	kitchens	bathrooms / toilets	bedrooms	other rooms	cocklofts	bedspaces
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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? May choose both '1' & '2'

⇒ Are there any other co-owners? 1 Member of this household (Person serial no.: _____) (Also record answer in P1)

⇒ H9a

H8b Who owns this unit of quarters? May choose both '1' & '2'

⇒ Are there any other co-owners? 2 Not member of this household

⇒ H10a

3 N.A.

H9a (Record answer in 'Answer box for H9' below)

(i) (Show Prompt Book) How much is the mortgage or loan payment for this unit of quarters in June? Please include all payments on first mortgage, second mortgage, payments on special loan schemes offered by the government or employer and other loans.

(ii) How much of the above payment is paid by non-household member(s) directly to the financial institution(s)?

(iii) 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)

(Show Prompt Book) What is the amount of rent your household has to pay for this accommodation in June? Please exclude electricity, water, gas and telephone fees. → H10b

Answer box for H9

H9a(i) HK\$ _____

H9a(ii) HK\$ _____

H9a(iii) Less than _____

H9b HK\$ _____

H10a In the April to June quarter, what is the amount of rates and Government rent? In June, what is the amount of management fee? → 'Part 3 : PERSONAL INFORMATION'

H10b Do you have to pay rates, Government rent and management fee? If 'Yes' ⇒ In the April to June quarter, what is the amount of rates and Government rent? In June, what is the amount of management fee?

Rates and Government rent: Nil

HK\$ _____ (second quarter) N.A. _____

Management fee: Nil

HK\$ _____ (June) N.A. _____

PART 3 : PERSONAL INFORMATION

SECTION A

<p>P0 Name / Identification of person</p>																																																																																																																		
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<p>P2 What is your relationship to _____ (name / identification of household head)? (If more than one household head → record the relationship with the head with the smallest serial number) (01) Ownself (03) Son / Daughter (05) Brother / Sister (06)-(13),(15) Others : Please specify (02) Spouse (04) Father / Mother (14) Live-in domestic helper / Chauffeur / Gardener</p>		<table border="1"> <tr> <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> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	01	02	03	04	05	06	07	08	09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																					
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<p>P6 In what year and month were you born? If reporting date of birth in Chinese reckoning ⇒ Have you passed your birthday on 30 June? (If reporting age only, please refer to the method of deriving year and month of birth in the Enumerator Manual and Coding Manual)</p>		<table border="1"> <tr> <td>18</td><td>19</td><td>20</td> <td colspan="8">Year</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td colspan="8"></td> </tr> <tr> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td> <td colspan="4">Month</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td colspan="4"></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>1</td><td colspan="4">Passed</td><td colspan="4">9</td><td>N.A.</td> </tr> <tr> <td>2</td><td colspan="9">Not Passed</td> </tr> </table>	18	19	20	Year								<input type="text"/>	<input type="text"/>	<input type="text"/>									0	1	2	3	4	5	6	7	8	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	02	03	04	05	06	Month				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	Passed				9				N.A.	2	Not Passed								
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<p>P7 (Show Prompt Book) Where is your usual accommodation in HK at present? (1) Here → P8 (3) No fixed accommodation in HK → P8 (2) Another accommodation in HK → (Stop)</p>		<p>1 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8 2 <input type="checkbox"/> → (Stop)</p>																																																																																																																
<p>P8 Where were you born? (01) Hong Kong → P9a (11) The mainland of China (31)-(89) Others → P9c (12) Macao → P9b (13) Taiwan</p>		<table border="1"> <tr> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	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"/>																																																																																		
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<p>P9a (Show Prompt Book) Which ethnic group(s) do you belong to? 'Chinese' only → P10b ; otherwise → P10a</p>		<p>(i) <input style="width: 100%; height: 20px;" type="text"/></p>																																																																																																																
<p>P9b (Show Prompt Book) Which ethnic group(s) do you belong to? 'Chinese' only → P10d ; otherwise → P10c</p>		<table border="1"> <tr> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	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"/>																																																																																		
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<p>P9c (Show Prompt Book) Which ethnic group(s) do you belong to? → P10c (For a person belonging to more than one ethnic group, record two major ethnic groups and specify other ethnic groups, where appropriate, in the box(ii).) Asian → (01) Chinese (44) Indonesian (48) Pakistani (59) Other Asian: please specify (41) Bangladeshi (45) Japanese (49) Sri-Lankan (42) Filipino (46) Korean (50) Thai (43) Indian (47) Nepalese (51) Vietnamese (69) White (89) Black (92) Others: please specify (99) N.A.</p>		<p>(ii) <input style="width: 100%; height: 20px;" type="text"/></p> <table border="1"> <tr> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	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"/>																																																																																		
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<p>P10a What is your nationality? If 'Chinese' ⇒ P10b Where is your place of domicile? → P11a If 'HK', record '01'; if 'Not HK', record '11' If 'Other nationalities' → P11b</p>		<p style="text-align: center;">HK / Not HK</p>																																																																																																																
<p>P10c What is your nationality? If 'Chinese' ⇒ P10d Where is your place of domicile? → P11b If 'HK', record '01'; if 'Not HK', record '11'</p>		<table border="1"> <tr> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	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"/>																																																																																		
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<p>P11a For how many years have you been living in HK? → P13a Excluding any period of absence from HK for 6 consecutive months or more.</p>		<table border="1"> <tr> <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><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	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"/>																																																																																		
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<p>P11b 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 = 01 - 07) → P12 '7 years and over' (code = 08 - 51) → P13a</p>		<p>(01) < 1 year (08) 7 - < 8 years (02) 1 - < 2 years (09) 8 - < 9 years (03) 2 - < 3 years : : : : (51) 50 years and over (07) 6 - < 7 years</p>																																																																																																																
<p>P12 (Show Prompt Book) Are you a Hong Kong Permanent Resident, Hong Kong Non-permanent Resident or visitor? If 'Visitor' ⇒ Are you holding Two-way Permit or other travel document? (1) Hong Kong Permanent Resident → P13a (3) Visitor holding Two-way Permit from the mainland of China → P13a (2) Hong Kong Non-permanent Resident → P13b (4) Visitor holding other travel document → P18 (9) N.A.</p>		<p>1 <input type="checkbox"/> → P13a 3 <input type="checkbox"/> → P13a 2 <input type="checkbox"/> → P13b 4 <input type="checkbox"/> → P18 9 <input type="checkbox"/> N.A.</p>																																																																																																																

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P4	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
P5	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
P6	<p>18 19 20 Year</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>01 02 03 04 05 06 Month</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>07 08 09 10 11 12 99</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not Passed 9 <input type="checkbox"/> N.A.</p>	<p>18 19 20 Year</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>01 02 03 04 05 06 Month</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>07 08 09 10 11 12 99</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not Passed 9 <input type="checkbox"/> N.A.</p>	<p>18 19 20 Year</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>01 02 03 04 05 06 Month</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>07 08 09 10 11 12 99</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not Passed 9 <input type="checkbox"/> N.A.</p>	<p>18 19 20 Year</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>01 02 03 04 05 06 Month</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>07 08 09 10 11 12 99</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not Passed 9 <input type="checkbox"/> N.A.</p>
P7	<p>1 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8</p> <p>2 <input type="checkbox"/> → (Stop)</p>	<p>1 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8</p> <p>2 <input type="checkbox"/> → (Stop)</p>	<p>1 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8</p> <p>2 <input type="checkbox"/> → (Stop)</p>	<p>1 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8</p> <p>2 <input type="checkbox"/> → (Stop)</p>
P8	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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P9b	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
P9c	(ii) <input style="border: 1px solid pink;" type="text"/>	(ii) <input style="border: 1px solid pink;" type="text"/>	(ii) <input style="border: 1px solid pink;" type="text"/>	(ii) <input style="border: 1px solid pink;" type="text"/>
P10a	HK / Not HK	HK / Not HK	HK / Not HK	HK / Not HK
P10b				
P10c	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
P10d				
P11a	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 1 2 3 4 5 6 7 8 9</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
P11b	<p>(01) < 1 year (08) 7 - < 8 years (02) 1 - < 2 years (09) 8 - < 9 years (03) 2 - < 3 years : : : : (51) 50 years and over (07) 6 - < 7 years</p>	<p>(01) < 1 year (08) 7 - < 8 years (02) 1 - < 2 years (09) 8 - < 9 years (03) 2 - < 3 years : : : : (51) 50 years and over (07) 6 - < 7 years</p>	<p>(01) < 1 year (08) 7 - < 8 years (02) 1 - < 2 years (09) 8 - < 9 years (03) 2 - < 3 years : : : : (51) 50 years and over (07) 6 - < 7 years</p>	<p>(01) < 1 year (08) 7 - < 8 years (02) 1 - < 2 years (09) 8 - < 9 years (03) 2 - < 3 years : : : : (51) 50 years and over (07) 6 - < 7 years</p>
P12	<p>1 <input type="checkbox"/> → P13a 3 <input type="checkbox"/> → P13a</p> <p>2 <input type="checkbox"/> → P13b 4 <input type="checkbox"/> → P18</p> <p>9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> → P13a 3 <input type="checkbox"/> → P13a</p> <p>2 <input type="checkbox"/> → P13b 4 <input type="checkbox"/> → P18</p> <p>9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> → P13a 3 <input type="checkbox"/> → P13a</p> <p>2 <input type="checkbox"/> → P13b 4 <input type="checkbox"/> → P18</p> <p>9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> → P13a 3 <input type="checkbox"/> → P13a</p> <p>2 <input type="checkbox"/> → P13b 4 <input type="checkbox"/> → P18</p> <p>9 <input type="checkbox"/> N.A.</p>

P13a (Show Prompt Book) In the first half of 2011 , i.e. from 1 January 2011 to 30 June 2011 , what were the respective amounts of time you spent in Hong Kong, the mainland of China, Macao and other places? → P14a		(i) Hong Kong: 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"/>
P13b (Show Prompt Book) In the first half of 2011 , i.e. from 1 January 2011 to 30 June 2011 , what were the respective amounts of time you spent in Hong Kong, the mainland of China, Macao and other places? → P14b		(ii) The mainland of China: 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"/>
P14a (Show Prompt Book) In the second half of 2011 , i.e. from 1 July 2011 to 31 December 2011 , what is the total amount of time you expect to spend in Hong Kong? <i>If both P13a(i) and P14a = '1' → P16; otherwise → P15a</i>		(iii) Macao: 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"/>
P14b (Show Prompt Book) In the second half of 2011 , i.e. from 1 July 2011 to 31 December 2011 , what is the total amount of time you expect to spend in Hong Kong? <i>If both P13b(i) and P14b = '1' → P17; otherwise → P15b</i>		(iv) Other places: 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"/>
P15a Why do you usually NOT stay in Hong Kong? → P16		1 <input type="checkbox"/> 6 months 7 <input type="checkbox"/> < 1 month 2 <input type="checkbox"/> 5 - < 6 months 8 <input type="checkbox"/> Complete absence from HK 3 <input type="checkbox"/> 4 - < 5 months 4 <input type="checkbox"/> 3 - < 4 months 5 <input type="checkbox"/> 2 - < 3 months 6 <input type="checkbox"/> 1 - < 2 months 9 <input type="checkbox"/> N.A.
P15b Why do you usually NOT stay in Hong Kong? → P17		1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.
(1) Working (3) Retirement (5) Others (2) Studying (4) Looking after family members / Engaged in household duty (9) N.A.		
P16 Where were you at 3 a.m. on 30 June ? (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.		1 <input type="checkbox"/> 3 <input type="checkbox"/> → P19 2 <input type="checkbox"/> 4 <input type="checkbox"/> → P19 9 <input type="checkbox"/> N.A.
P17 Where were you at 3 a.m. on 30 June ? (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.		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.
P18 Where were you at 3 a.m. on 30 June ? (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.		1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/> → (Stop) 9 <input type="checkbox"/> N.A.

SECTION B

P19 (Show Prompt Book) What is your marital status at present? (1) Never married (2) Now married (3) Widowed (4) Divorced (5) Separated <i>If Q1 = 'Vessel' → P21</i>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
P20a What was your address 5 years ago , i.e. June 2006 ? <i>For children born on or after 1 July 2006, put down '(9) N.A.' → P23</i> (1) Here → P21 (2) Not here <i>If 'Other place in HK' ⇒ May I have the address? → P20b</i> <i>If 'Other place outside HK' ⇒ (Please specify name of country or territory in the space for address.) → P21</i> (9) N.A.		1 <input type="checkbox"/> → P21 2 <input type="checkbox"/> 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT
P20b (Show Prompt Book) What type of housing was it? (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		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.
P21 What language / dialect do you usually speak at home? <i>If '(91) Mute person' → P23</i> (01) Cantonese (15) Sze Yap (31) English (11) Putonghua (Mandarin) (Toi Shan, San Wui, (45) Japanese (12) Hakka Hoi Ping, Yan Ping) (41)-(44),(46)-(92) Others: please specify (13) Chiu Chau (16) Shanghainese (14) Fukien (19) Other Chinese dialects (99) N.A.		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"/> <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"/> <i>If '(91) Mute person' → P23</i>
P22 Can you hold a short conversation in other languages / dialects? <i>If 'Yes' ⇒ What are they? Any others?</i> <i>(Record a maximum of three languages / dialects only)</i> <i>(Excluding language / dialect selected in P21)</i> (01) Cantonese (15) Sze Yap (31) English (11) Putonghua (Mandarin) (Toi Shan, San Wui, (45) Japanese (12) Hakka Hoi Ping, Yan Ping) (41)-(44),(46)-(92) Others: please specify (13) Chiu Chau (16) Shanghainese (14) Fukien (19) Other Chinese dialects (99) N.A.		(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"/> <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"/> (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"/> <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"/> (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"/> <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"/>

P13a	(i) Hong Kong: 1 2 3 4 5 6 7 8 9	(i) Hong Kong: 1 2 3 4 5 6 7 8 9	(i) Hong Kong: 1 2 3 4 5 6 7 8 9	(i) Hong Kong: 1 2 3 4 5 6 7 8 9
	(ii) The mainland of China: 1 2 3 4 5 6 7 8 9	(ii) The mainland of China: 1 2 3 4 5 6 7 8 9	(ii) The mainland of China: 1 2 3 4 5 6 7 8 9	(ii) The mainland of China: 1 2 3 4 5 6 7 8 9
P13b	(iii) Macao: 1 2 3 4 5 6 7 8 9	(iii) Macao: 1 2 3 4 5 6 7 8 9	(iii) Macao: 1 2 3 4 5 6 7 8 9	(iii) Macao: 1 2 3 4 5 6 7 8 9
	(iv) Other places: 1 2 3 4 5 6 7 8 9	(iv) Other places: 1 2 3 4 5 6 7 8 9	(iv) Other places: 1 2 3 4 5 6 7 8 9	(iv) Other places: 1 2 3 4 5 6 7 8 9
P14a	1 <input type="checkbox"/> 6 months 7 <input type="checkbox"/> < 1 month 2 <input type="checkbox"/> 5 - < 6 months 8 <input type="checkbox"/> Complete absence from HK 3 <input type="checkbox"/> 4 - < 5 months	1 <input type="checkbox"/> 6 months 7 <input type="checkbox"/> < 1 month 2 <input type="checkbox"/> 5 - < 6 months 8 <input type="checkbox"/> Complete absence from HK 3 <input type="checkbox"/> 4 - < 5 months	1 <input type="checkbox"/> 6 months 7 <input type="checkbox"/> < 1 month 2 <input type="checkbox"/> 5 - < 6 months 8 <input type="checkbox"/> Complete absence from HK 3 <input type="checkbox"/> 4 - < 5 months	1 <input type="checkbox"/> 6 months 7 <input type="checkbox"/> < 1 month 2 <input type="checkbox"/> 5 - < 6 months 8 <input type="checkbox"/> Complete absence from HK 3 <input type="checkbox"/> 4 - < 5 months
P14b	4 <input type="checkbox"/> 3 - < 4 months 5 <input type="checkbox"/> 2 - < 3 months 6 <input type="checkbox"/> 1 - < 2 months 9 <input type="checkbox"/> N.A.	4 <input type="checkbox"/> 3 - < 4 months 5 <input type="checkbox"/> 2 - < 3 months 6 <input type="checkbox"/> 1 - < 2 months 9 <input type="checkbox"/> N.A.	4 <input type="checkbox"/> 3 - < 4 months 5 <input type="checkbox"/> 2 - < 3 months 6 <input type="checkbox"/> 1 - < 2 months 9 <input type="checkbox"/> N.A.	4 <input type="checkbox"/> 3 - < 4 months 5 <input type="checkbox"/> 2 - < 3 months 6 <input type="checkbox"/> 1 - < 2 months 9 <input type="checkbox"/> N.A.
P15a	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>
P15b	2 <input type="checkbox"/> 4 <input type="checkbox"/>	2 <input type="checkbox"/> 4 <input type="checkbox"/>	2 <input type="checkbox"/> 4 <input type="checkbox"/>	2 <input type="checkbox"/> 4 <input type="checkbox"/>
	9 <input type="checkbox"/> N.A.	9 <input type="checkbox"/> N.A.	9 <input type="checkbox"/> N.A.	9 <input type="checkbox"/> N.A.
P16	1 <input type="checkbox"/> 3 <input type="checkbox"/> → P19 2 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> → P19 2 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> → P19 2 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> → P19 2 <input type="checkbox"/> 4 <input type="checkbox"/>
P17	1 <input type="checkbox"/> } → P19 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } → (Stop) 4 <input type="checkbox"/> } 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> } → P19 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } → (Stop) 4 <input type="checkbox"/> } 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> } → P19 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } → (Stop) 4 <input type="checkbox"/> } 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> } → P19 2 <input type="checkbox"/> } 3 <input type="checkbox"/> } → (Stop) 4 <input type="checkbox"/> } 9 <input type="checkbox"/> N.A.
P18	1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> → (Stop) 2 <input type="checkbox"/> 4 <input type="checkbox"/>
	9 <input type="checkbox"/> N.A.	9 <input type="checkbox"/> N.A.	9 <input type="checkbox"/> N.A.	9 <input type="checkbox"/> N.A.

P19	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	If Q1 = 'Vessel' → P21	If Q1 = 'Vessel' → P21	If Q1 = 'Vessel' → P21	If Q1 = 'Vessel' → P21
P20a	1 <input type="checkbox"/> → P21 2 <input type="checkbox"/> 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT	1 <input type="checkbox"/> → P21 2 <input type="checkbox"/> 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT	1 <input type="checkbox"/> → P21 2 <input type="checkbox"/> 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT	1 <input type="checkbox"/> → P21 2 <input type="checkbox"/> 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT
P20b	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.	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.	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.	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.
P21	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"/>	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"/>	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"/>	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 '(91) Mute person' → P23	If '(91) Mute person' → P23	If '(91) Mute person' → P23	If '(91) Mute person' → P23
P22	(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"/>	(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"/>	(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"/>	(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"/>
	(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"/>	(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"/>	(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"/>	(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"/>
	(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"/>	(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"/>	(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"/>	(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"/>

P23 (Show Prompt Book) In the first half of 2011, have you attended a school or educational institution?

<p style="text-align: center;">Yes ↓</p> <p>(i) In what class / level were you studying? <i>For programmes of craft / post-secondary or higher level, state Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes</i> <i>For local:</i> <input type="text"/> please give school name</p> <p><i>Otherwise → P23(iv)</i></p> <p>(ii) Will you study full time course in the next academic year? (1) Yes (2) No (3) Uncertain (9) N.A.</p> <p>(iii) In the first half of 2011, what was your major field of study?</p> <p>(iv) Was it a full time, part time or distance-learning course? (In the first half of 2011) (1) Full time → P24a (including AM & PM session) (2) Part time → P24b (3) Distance-learning course → P24b</p>	<p style="text-align: center;">No ↓</p> <p>(i) What was the highest class / level you attained? <i>If 'no schooling', record '01' → P27</i> <i>For programmes of craft / post-secondary or higher level, state Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes</i> <i>For local:</i> <input type="text"/> please give school name</p> <p><i>Otherwise → P23(iv)</i></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? (4) Completed → P27 (5) Not completed → P24b</p>
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Yes / No

(i) Class / Level: _____
0 1 2 3 4 5 6 7 8 9

Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes Name of school:

(ii) Study the full time course?
1 2 3 9

(iii) Field of education: _____
0 1 2 3 4 5 6 7 8 9

(iv) School attendance
1 → P24a 4 → P27
2 → P24b 5 → P24b
3 → P24b 9 N.A.

P24a (i) What was the highest class / level of education you have completed at that time?
If 'no schooling', record '01' → P25
For persons who had completed pre-primary, primary, secondary education course or project Yi-jin, record '02-33' → P25
*For programmes of craft / post-secondary or higher level, state **Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes***
For local: please give school name

(ii) What was the major field of study in the highest class / level of education you have completed? → P25

P24b (i) What was the highest class / level of education you have completed at that time?
If 'no schooling', record '01' → P27
For persons who had completed pre-primary, primary, secondary education course or project Yi-jin, record '02-33' → P27
*For programmes of craft / post-secondary or higher level, state **Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes***
For local: please give school name

(ii) What was the major field of study in the highest class / level of education you have completed? → P27

(i) Class / Level: _____
0 1 2 3 4 5 6 7 8 9

Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes Name of school:

(ii) Field of education: _____
0 1 2 3 4 5 6 7 8 9

P25 (Show Prompt Book) In the first half of 2011, where was your school / educational institution?
If place of study is in
(01) Hong Kong
If the school name was provided in P23
(copy the school name from P23)
 please give street name with house number or estate name of the school
If the school name was not provided in P23
 please give school name and street name with house number or estate name of the school

If place of study is in the mainland of China
(04) Shenzhen Area (12) Macao
(05) Donggua / Huizhou / Jiangmen / Panyu / Shunde / Zhongshan / Zhuhai Area (13) Taiwan
(06) Guangzhou Area (14) Canada
(07) Other areas in Guangdong Province (15) Australia
(08) Shanghai (16) U.K.
(09) Beijing (17) U.S.A. → P27
(10) Fujian Province (18) Other countries or territories
(11) Other Provinces (99) N.A.

01 Hong Kong

04 <input type="checkbox"/>	12 <input type="checkbox"/>
05 <input type="checkbox"/>	13 <input type="checkbox"/>
06 <input type="checkbox"/>	14 <input type="checkbox"/>
07 <input type="checkbox"/>	15 <input type="checkbox"/>
08 <input type="checkbox"/>	16 <input type="checkbox"/>
09 <input type="checkbox"/>	17 <input type="checkbox"/>
10 <input type="checkbox"/>	18 <input type="checkbox"/>
11 <input type="checkbox"/>	

99 N.A.
 Name of school:

Address : _____
_____ HK / KLN / NT

TPU-SB

DC-CA-DN

P26 What were the modes of transport you usually use to go to school / educational institution? (In the first half of 2011)
If more than one → Please give one with longest distance travelled first.

(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 – (including Disneyland Resort Line / Island Line / Kwun Tong Line / Tseung Kwan O Line / Tsuen Wan Line / Tung Chung Line)	(16) Tram
(07) MTR – Airport Express	(17) Peak tram
(08) MTR – (including East Rail Line / Ma On Shan Rail Line)	(18) School bus / School van
(09) MTR – West Rail Line	(19) Bicycle
(10) MTR – Light Rail	(20) On foot only
	(21) Others: please specify
	(99) N.A.

(i) _____
0 1 2 3 4 5 6 7 8 9

(ii) _____
0 1 2 3 4 5 6 7 8 9

(iii) _____
0 1 2 3 4 5 6 7 8 9

	Yes / No	Yes / No	Yes / No	Yes / No	
P23	(i) Class / Level: 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"/>	(i) Class / Level: 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"/>	(i) Class / Level: 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"/>	(i) Class / Level: 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"/>	
	Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes Name of school: <input type="text"/>	Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes Name of school: <input type="text"/>	Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes Name of school: <input type="text"/>	Local / Non-local (distance-learning / jointly-organised) / Other non-local programmes Name of school: <input type="text"/>	
	(ii) Study the full time course? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	(ii) Study the full time course? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	(ii) Study the full time course? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	(ii) Study the full time course? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/>	
	(iii) Field of education: 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"/>	(iii) Field of education: 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"/>	(iii) Field of education: 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"/>	(iii) Field of education: 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"/>	
P24a	(iv) School attendance 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.	(iv) School attendance 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.	(iv) School attendance 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.	(iv) School attendance 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.	
	P24b	(i) Class / Level: 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"/>	(i) Class / Level: 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"/>	(i) Class / Level: 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"/>	(i) Class / Level: 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"/>
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P25		01 <input type="checkbox"/> Hong Kong 04 <input type="checkbox"/> 12 <input type="checkbox"/> 05 <input type="checkbox"/> 13 <input type="checkbox"/> 06 <input type="checkbox"/> 14 <input type="checkbox"/> 07 <input type="checkbox"/> 15 <input type="checkbox"/> → P27 08 <input type="checkbox"/> 16 <input type="checkbox"/> 09 <input type="checkbox"/> 17 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 11 <input type="checkbox"/> 99 <input type="checkbox"/> N.A. Name of school: <input type="text"/>	01 <input type="checkbox"/> Hong Kong 04 <input type="checkbox"/> 12 <input type="checkbox"/> 05 <input type="checkbox"/> 13 <input type="checkbox"/> 06 <input type="checkbox"/> 14 <input type="checkbox"/> 07 <input type="checkbox"/> 15 <input type="checkbox"/> → P27 08 <input type="checkbox"/> 16 <input type="checkbox"/> 09 <input type="checkbox"/> 17 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 11 <input type="checkbox"/> 99 <input type="checkbox"/> N.A. Name of school: <input type="text"/>	01 <input type="checkbox"/> Hong Kong 04 <input type="checkbox"/> 12 <input type="checkbox"/> 05 <input type="checkbox"/> 13 <input type="checkbox"/> 06 <input type="checkbox"/> 14 <input type="checkbox"/> 07 <input type="checkbox"/> 15 <input type="checkbox"/> → P27 08 <input type="checkbox"/> 16 <input type="checkbox"/> 09 <input type="checkbox"/> 17 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 11 <input type="checkbox"/> 99 <input type="checkbox"/> N.A. Name of school: <input type="text"/>	01 <input type="checkbox"/> Hong Kong 04 <input type="checkbox"/> 12 <input type="checkbox"/> 05 <input type="checkbox"/> 13 <input type="checkbox"/> 06 <input type="checkbox"/> 14 <input type="checkbox"/> 07 <input type="checkbox"/> 15 <input type="checkbox"/> → P27 08 <input type="checkbox"/> 16 <input type="checkbox"/> 09 <input type="checkbox"/> 17 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 11 <input type="checkbox"/> 99 <input type="checkbox"/> N.A. Name of school: <input type="text"/>
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SECTION C : No need to complete for persons born on or after 1 July 1996

<p>P27 (Show Prompt Book) Did you perform any work for pay or profit in the week from 24 June to 30 June? Please include <u>any</u> work of one hour or over.</p>		<p>1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No</p>																		
<p>P28 Did you have a job or business in the week from 24 June to 30 June?</p>		<p>1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.</p>																		
<p>P29 Did you perform any work without pay in your family's business in the week from 24 June to 30 June?</p>		<p>1 <input type="checkbox"/> Yes → P36b 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.</p>																		
<p>P30 Were you readily available for work in the week from 24 June to 30 June? If you have other obligations, such as doing housework or preparing for examinations and not able to work immediately, you are regarded as <u>not readily available for work</u>.</p>		<p>1 <input type="checkbox"/> Yes → P32 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.</p>																		
<p>P31 Why were you not available? (1) <i>Temporarily sickness</i> → P32 (2) <i>Engaged in household duties</i> (3) <i>Attendance at educational institutions</i> (4) <i>Pregnancy</i> (5) <i>Retirement / Old age</i> → P42b (6) <i>In correctional institutions, psychiatric hospitals, infirmaries and convalescent hospitals</i> (7) <i>Permanent sickness / Disability</i> (8) <i>Other reasons: please specify</i> (9) N.A.</p>		<p>1 <input type="checkbox"/> → P32 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> → P42b 4 <input type="checkbox"/> 7 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> Other reasons: 9 <input type="checkbox"/> N.A.</p>																		
<p>P32 Were you seeking work during the 30-day period from 1 June to 30 June?</p>		<p>1 <input type="checkbox"/> Yes → P34 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.</p>																		
<p>P33 Why did you not seek work? (01) <i>Believe no work available</i> (i) <i>Apart from the above reason, please give the most appropriate reason amongst "(02)-(09)".</i> (ii) <i>Have you ever sought any jobs in recent 3 years?</i> ⇒ (02) <i>Wait to take up new job</i> (03) <i>Start business at subsequent date</i> (04) <i>Expect to return to original job</i> (05) <i>Want to take rest / No motive to work / No financial need</i> (06) <i>Engaged in household duties</i> (07) <i>Retirement / Old age</i> (08) <i>Cannot meet job requirement</i> (09) <i>Other reasons: please specify</i> (99) N.A.</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">If answer of (i) is 'Yes', code = '01' 'No', code= answer of (i) → P42b</p>		<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">(i)</th> <th style="width: 50%;">(ii)</th> </tr> <tr> <td>01 <input type="checkbox"/></td> <td>07 <input type="checkbox"/></td> </tr> <tr> <td>02 <input type="checkbox"/></td> <td>08 <input type="checkbox"/></td> </tr> <tr> <td>03 <input type="checkbox"/></td> <td>09 <input type="checkbox"/></td> </tr> <tr> <td>04 <input type="checkbox"/></td> <td>Other reasons:</td> </tr> <tr> <td>05 <input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>06 <input type="checkbox"/></td> <td>_____</td> </tr> </table> <p style="text-align: right;">99 <input type="checkbox"/> N.A.</p>	(i)	(ii)	01 <input type="checkbox"/>	07 <input type="checkbox"/>	02 <input type="checkbox"/>	08 <input type="checkbox"/>	03 <input type="checkbox"/>	09 <input type="checkbox"/>	04 <input type="checkbox"/>	Other reasons:	05 <input type="checkbox"/>	_____	06 <input type="checkbox"/>	_____				
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04 <input type="checkbox"/>	Other reasons:																			
05 <input type="checkbox"/>	_____																			
06 <input type="checkbox"/>	_____																			
<p>P34 What was the main action taken to seek work? (1) <i>Seek work directly with employer</i> (2) <i>Place or answer advertisements</i> (3) <i>Seek work with private employment agency</i> (4) <i>Seek work with Labour Department / public employment agency</i> (5) <i>Seek work with friends or relatives</i> (6) <i>Check with prospective employer at work place or usual assembly places</i> → P42b (7) <i>Search job through Internet recruitment websites</i> (8) <i>Others: please specify</i> (9) N.A.</p>		<table border="1" style="width: 100%;"> <tr> <td>1 <input type="checkbox"/></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td>2 <input type="checkbox"/></td> <td>6 <input type="checkbox"/></td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td>7 <input type="checkbox"/></td> </tr> <tr> <td>4 <input type="checkbox"/></td> <td>8 <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Others: _____</td> </tr> </table> <p style="text-align: right;">9 <input type="checkbox"/> N.A.</p>	1 <input type="checkbox"/>	5 <input type="checkbox"/>	2 <input type="checkbox"/>	6 <input type="checkbox"/>	3 <input type="checkbox"/>	7 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	Others: _____									
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Others: _____																				
<p>P35 (Show Prompt Book) Were you an employer, self-employed or an employee? (1) <i>Employee</i> → P36a (2) <i>Outworker</i> → P36a (3) <i>Employer</i> (4) <i>Self-employed (hawker)</i> → P36b (5) <i>Self-employed (others)</i> → P36b (6) <i>Unpaid family worker</i> (9) N.A.</p>		<table border="1" style="width: 100%;"> <tr> <td>1 <input type="checkbox"/></td> <td>→ P36a</td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>2 <input type="checkbox"/></td> <td></td> <td>4 <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5 <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>6 <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>→ P36b</td> </tr> <tr> <td></td> <td></td> <td>9 <input type="checkbox"/> N.A.</td> </tr> </table>	1 <input type="checkbox"/>	→ P36a	3 <input type="checkbox"/>	2 <input type="checkbox"/>		4 <input type="checkbox"/>			5 <input type="checkbox"/>			6 <input type="checkbox"/>			→ P36b			9 <input type="checkbox"/> N.A.
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		6 <input type="checkbox"/>																		
		→ P36b																		
		9 <input type="checkbox"/> N.A.																		
<p>P36a In what industry was the business establishment you worked for? → P37</p>																				
<p>P36b What industry were you / your family's business engaged in?</p>		<p style="text-align: center;">□ □ □</p>																		
<p>P37 (i) What was the title of your job? (ii) What were the main tasks or duties you had to perform in that job? (iii) What skill, educational or professional qualifications were required by that job?</p>		<p>(i)</p> <p>-----</p> <p>(ii)</p> <p>-----</p> <p>(iii)</p> <p>-----</p> <p style="text-align: center;">□ □ □</p>																		

P27	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No																																																								
P28	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.																																																								
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P30	1 <input type="checkbox"/> Yes → P32 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → P32 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → P32 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → P32 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.A.																																																								
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P38 (Show Prompt Book) Where is your place of work?

(01) Hong Kong (with fixed place of work) ⇒ Please give district, street name with house number and building name. (Need not give floor number and flat number)

(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 Shunde / Zhongshan / Zhuhai Area

(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.

01 Hong Kong (with fixed place of work)

02 06 10 14

03 07 11 15 → P40

04 08 12

05 09 13 99

Address: _____

Building: _____

_____ HK / KLN / NT

P39 What are the modes of transport you usually use to go to work?

If more than one ⇒ Please give one with longest distance travelled first.

(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 – (including Disneyland Resort Line / Island Line / Kwun Tong Line / Tseung Kwan O Line / Tsuen Wan Line / Tung Chung Line) (16) Tram

(07) MTR – Airport Express (17) Peak tram

(08) MTR – (including East Rail Line / Ma On Shan Rail Line) (20) On foot only

(09) MTR – West Rail Line (21) Others: please specify

(10) MTR – Light Rail (99) N.A.

(i)

0 1 2 3 4 5 6 7 8 9

(ii)

0 1 2 3 4 5 6 7 8 9

(iii)

0 1 2 3 4 5 6 7 8 9

P40 (Show Prompt Book) What were your earnings, including housing allowance, from your main employment in June?

HK \$ _____

Nil N.A.

HK \$

P41 Did you have other employment during the 30-day period from 1 June to 30 June?

1 Yes → P42a

2 No → P43 9 N.A.

P42a What were your earnings from all other employment in June? → P43

P42a HK \$ _____ P42b HK \$ _____

P42b What were your earnings from all employment, including housing allowance and earnings from other employment, in June?

Nil N.A.

HK \$

P43 (Show Prompt Book) Did you have any other cash incomes in June?

For example, rent, dividend and interest, comprehensive social security allowance, old age allowance.

(For other cash income of persons aged below 15, they should be put under other cash income of household head.)

If 'Yes' ⇒ How much?

(i) rent income (from land, properties or vehicles, etc.)

(ii) dividend and interest

(iii) comprehensive social security assistance

(iv) regular / monthly pensions

(v) social security allowance (old age allowance, disability allowance)

(vi) regular contribution (excluding mortgage payment paid directly to the financial institutions) from persons outside the household (local or abroad), education grants (excluding loans), contribution from charities, other social security receipts, etc.

(i) HK \$ _____

Nil HK \$

(ii) HK \$ _____

Nil HK \$

(iii) HK \$ _____

Nil HK \$

(iv) HK \$ _____

Nil HK \$

(v) HK \$ _____

Nil HK \$

(vi) HK \$ _____

Nil HK \$



P38	01 <input type="checkbox"/> Hong Kong (with fixed place of work)	01 <input type="checkbox"/> Hong Kong (with fixed place of work)	01 <input type="checkbox"/> Hong Kong (with fixed place of work)	01 <input type="checkbox"/> Hong Kong (with fixed place of work)
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	Building: _____	Building: _____	Building: _____	Building: _____
_____ HK /KLN / NT	_____ HK /KLN / NT	_____ HK /KLN / NT	_____ HK /KLN / NT	
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P40	HK \$ _____	HK \$ _____	HK \$ _____	HK \$ _____
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P42a P42b	P42a P42b	P42a P42b	P42a P42b	P42a P42b
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<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(v) HK \$ _____	(v) HK \$ _____	(v) HK \$ _____	(v) HK \$ _____	
<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(vi) HK \$ _____	(vi) HK \$ _____	(vi) HK \$ _____	(vi) HK \$ _____	
<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Nil <input type="checkbox"/> HK \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Census reference moment : 3 a.m. on 30 June 2011

[Please mark the appropriate box with 'X' (i.e.)]

1. Result of visit

No. of visits	Date#	Interview started at	Interview ended at	Number of persons enumerated	Result		
					Completed (COM)	Non-contacted (NC)	Incomplete (INC)
1st visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2nd visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3rd visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4th visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5th visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6th visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7th visit	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
SAQ issued	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		1 <input type="checkbox"/>		

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' if the collected information meets the following conditions]

Part I – Quarters Information	Q1 = 7, 8, 9	<input type="checkbox"/>	Q2 = 3, 4	<input type="checkbox"/>	
Part II – Household Information	H1 = 7, 8	<input type="checkbox"/>			
Part III – Personal Information	PSN				
	1	2	3	4	5
Section A : P7 = 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section A : P17 = 3, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section A : P18 = 1, 2, 3, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C (persons born on or after 1 July 1996)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. No. of questionnaires of this household

Sheet No.

Total No.

4. Enumerator's remarks

5. ACE's remarks (Date: ____/____/2011)

Q. No.	PSN	Editing details	Result
			VC <input type="checkbox"/> EF <input type="checkbox"/>
			VC <input type="checkbox"/> EF <input type="checkbox"/>
			VC <input type="checkbox"/> EF <input type="checkbox"/>
			VC <input type="checkbox"/> EF <input type="checkbox"/>
			VC <input type="checkbox"/> EF <input type="checkbox"/>

6. Checker's remarks (Date: ____/____/2011)

	NEC	ATC	ACC
VC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address <input type="checkbox"/> Coding <input type="checkbox"/> Skipping <input type="checkbox"/>			
Q3 <input type="checkbox"/>	H3 <input type="checkbox"/>	H4 <input type="checkbox"/>	H5 <input type="checkbox"/> H6 <input type="checkbox"/>
H7 <input type="checkbox"/>	H9 <input type="checkbox"/>	H10 <input type="checkbox"/>	P7 <input type="checkbox"/> P8 <input type="checkbox"/>
P9 <input type="checkbox"/>	P10 <input type="checkbox"/>	P11 <input type="checkbox"/>	P12 <input type="checkbox"/> P13 <input type="checkbox"/>
P14 <input type="checkbox"/>	P15 <input type="checkbox"/>	P23 <input type="checkbox"/>	P24 <input type="checkbox"/> P36 <input type="checkbox"/>
P37 <input type="checkbox"/>	P40 <input type="checkbox"/>	P42 <input type="checkbox"/>	P43 <input type="checkbox"/>

7. Enumerator/Checker observations

1 2 3 4 5 (Please specify below) 9

8. Other remarks:

IND/FU ACE CE

CK CE

CS

MC

NFC IND/FU