

ER	QR	HHN	CF	QRTYP
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 <input type="checkbox"/> Occupied (as usual residence)	3 <input type="checkbox"/> Unoccupied (residential / vessel)
2 <input type="checkbox"/> Occupied (not as usual residence)	4 <input type="checkbox"/> Unoccupied (non-residential)
	9 <input type="checkbox"/> N.A. (Q1= 7, 8, 9)

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

**Part 2 : HOUSEHOLD INFORMATION**

**H1** Result of final visit

1 <input type="checkbox"/> Enumerated	7 <input type="checkbox"/> Non-contacted
9 <input type="checkbox"/> N.A. (Q2= 3, 4, 9)	8 <input type="checkbox"/> Others

**H2** Type of household

1 <input type="checkbox"/> Domestic	2 <input type="checkbox"/> Collective	9 <input type="checkbox"/> N.A. (H1=7, 8, 9)
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**H3a** May I know who is the head of this household? (Household head is the person acknowledged as such by other members of the household)  
May I have your name, please? (Record answer in P0)  
How many members are there in this household? \_\_\_\_\_  
Please remember to include and exclude those persons listed in the Prompt Book. (Show Prompt Book)

**H3b** May I also have their names, please? (Record answer in P0)  
How many members of this household were here at 3 a.m. on 14 March?  
\_\_\_\_\_

**H4** Apart from the above members, were there any other persons (e.g. visitors) who were here at 3 a.m. on 14 March?  
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?  
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 rooms	kitchens	bathrooms / toilets	bedrooms	other rooms	cocklofts	bedspaces
0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <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 or loan → H8a  
2  Owner-occupier, without mortgage and loan → H8b

If 'Rented' ⇄  
3  Sole tenant  
4  Co-tenant  
5  Main tenant  
6  Sub-tenant  
7  Provided by employer (including staff quarters) → H9a

If 'Others' ⇄ 8  Rent free → 'Part 3 : PERSONAL INFORMATION' 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 → H9b (Person serial no.: \_\_\_\_\_)

**H8b** Who owns this unit of quarters? (Record answer in P1)  
⇄ Are there any other co-owners? 2  Not member of this household → 'Part 3 : PERSONAL INFORMATION' 9  N.A.

**H9a** What is the amount of rent your household has to pay for this accommodation in March? Please exclude electricity, water, gas and telephone fees.  
(i) \$ \_\_\_\_\_

**H9b** How much is the mortgage or loan payment for this unit of quarters in March? Please include all payments on first mortgage, second mortgage and other loans. (Show Prompt Book)  
\$ \_\_\_\_\_

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

⇄ How much is the amount paid in March? (i) Total payment \$ \_\_\_\_\_

⇄ How much of the above total payment is paid by non-household member(s)? (ii) \$ \_\_\_\_\_

⇄ What is the average amount of rates, Government rent and management fee per month? (iii) \$ \_\_\_\_\_ (per month)

⇄ For how many years will the longest mortgage or loan period of this unit of quarters still last? years

→ 'Part 3 : PERSONAL INFORMATION'

(i)	(ii)	(iii)	years
0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

**PART 3 : PERSONAL INFORMATION**

**SECTION A : Applicable to all persons**

Specimen for Reference

<b>P0</b> Name		
<b>P1</b> Person serial number	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"/> <input type="text"/> 1 <input type="checkbox"/> Owner      2 <input type="checkbox"/> Not owner	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"/> <input type="text"/> 1 <input type="checkbox"/> Owner      2 <input type="checkbox"/> Not owner
<b>P2</b> What is your relationship to the head of household? (01) Head (05) Brother / Sister (02) Spouse (06) Live-in domestic helper / (03) Son / Daughter Chauffeur / Gardener (04) Father / Mother (07)-(15) Others : Please specify	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"/> 10 11 12 13 14 15 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Owner      2 <input type="checkbox"/> Not owner	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"/> 10 11 12 13 14 15 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Owner      2 <input type="checkbox"/> Not owner
<b>P3</b> Spouse's serial number	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"/> 1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female	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"/> 1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female
<b>P4</b> Mother's or father's serial number	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"/> 1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female	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"/> 1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female
<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?  If born in March or reporting date of birth in Chinese reckoning Have you passed your birthday on 14 March? (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"/> 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"/> 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"/> 1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not passed      9 <input type="checkbox"/> N.A.	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"/> 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"/> 1 <input type="checkbox"/> Passed 2 <input type="checkbox"/> Not passed      9 <input type="checkbox"/> N.A.
<b>P7</b> In the past 6 months, what was the total amount of time you spent in HK? (1) 3 months or more → P9 (2) 1 month to less than 3 months (3) Less than 1 month (4) Complete absence from HK	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8 4 <input type="checkbox"/> → P8	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P8 3 <input type="checkbox"/> → P8 4 <input type="checkbox"/> → P8
<b>P8</b> In the coming 6 months, what is the total amount of time you will spend in HK? (1) 3 months or more → P9 (2) 1 month to less than 3 months (3) Less than 1 month (4) Complete absence from HK	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P10 3 <input type="checkbox"/> → P10 4 <input type="checkbox"/> → P10 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> → P9 2 <input type="checkbox"/> → P10 3 <input type="checkbox"/> → P10 4 <input type="checkbox"/> → P10 9 <input type="checkbox"/> N.A.
<b>P9</b> Where is your usual accommodation in HK at present? (Show Prompt Book) (1) Here → P14 (2) Another accommodation in HK → (Stop) (3) Accommodation in HK not fixed → P14	1 <input type="checkbox"/> → P14 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P14 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> → P14 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P14 9 <input type="checkbox"/> N.A.
<b>P10</b> Where is your usual accommodation in HK at present? (Show Prompt Book) (1) Here → P11 (2) Another accommodation in HK → (Stop) (3) Accommodation in HK not fixed → P11	1 <input type="checkbox"/> → P11 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P11 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> → P11 2 <input type="checkbox"/> → (Stop) 3 <input type="checkbox"/> → P11 9 <input type="checkbox"/> N.A.
<b>P11</b> Do you usually stay in the mainland of China or Macau?	1 <input type="checkbox"/> Yes → P12 2 <input type="checkbox"/> No → P13a 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → P12 2 <input type="checkbox"/> No → P13a 9 <input type="checkbox"/> N.A.
<b>P12</b> Are you a two-way permit holder from the mainland of China?	1 <input type="checkbox"/> Yes → (Stop) 2 <input type="checkbox"/> No → P13b 9 <input type="checkbox"/> N.A.	1 <input type="checkbox"/> Yes → (Stop) 2 <input type="checkbox"/> No → P13b 9 <input type="checkbox"/> N.A.
<b>P13a</b> Why do you usually NOT stay in HK? → P14	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.	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.
<b>P13b</b> Why do you usually stay there? (1) Working (4) Looking after family members/ (2) Studying Engaged in household duty (3) Retirement (5) Others (9) N.A.	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.	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.
<b>P14</b> Where were you born? (11) Hong Kong (34)-(89) Others → P15b (31) The mainland of China (32) Macau (33) Taiwan	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"/> 1 <input type="checkbox"/> Owner      2 <input type="checkbox"/> Not owner	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"/> 1 <input type="checkbox"/> Owner      2 <input type="checkbox"/> Not owner
<b>P15a</b> Which ethnic group do you belong to? (Show Prompt Book) If 'Chinese' → P16a 'Not Chinese' → P16b	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"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.	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"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.
<b>P15b</b> Which ethnic group do you belong to? → P16b (Show Prompt Book)	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"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.	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"/> (01) Chinese (05) Korean (02) Filipino (06) Thai (03) Indonesian (07) Indian (04) Japanese (08) Pakistani (09)-(59) Others: (99) N.A.

<p><b>P16a</b> What is your place of domicile? If 'HK', record '11' → <b>P18a</b> 'Not HK', record '31' → <b>P17</b></p> <p><b>P16b</b> What is your nationality? If 'Chinese' ⇨ What is your place of domicile? If 'HK', record '11' → <b>P18a</b> 'Not HK', record '31' → <b>P17</b></p>	<p><b>HK / Not HK</b></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>If '(11) place of domicile is HK' → <b>P18a</b></p>	<p><b>HK / Not HK</b></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>If '(11) place of domicile is HK' → <b>P18a</b></p>
<p><b>P17</b> Why do you usually stay in HK? (01) Business (long term) (06) Attending meeting (short term) (02) Working (long term) (07) Business (short term) → <b>P21</b> (03) Residence → <b>P18b</b> (08) Sightseeing → <b>P21</b> (04) Studying (09) Visiting relatives / friends (05) Family union (10) Others (99) N.A.</p>	<p>01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10 <input type="checkbox"/> 99 <input type="checkbox"/> N.A.</p>	<p>01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10 <input type="checkbox"/> 99 <input type="checkbox"/> N.A.</p>
<p><b>P18a</b> For how many years have you been living in HK? → <b>P19</b> Excluding any period of absence from HK for 6 consecutive months or more.</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><b>P18b</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=88, 01-06) → <b>P20</b> '7 years and over' (code=07-20) → <b>P19</b></p>	<p>(88) &lt; 1 year (07) 7 - &lt; 8 years (01) 1 - &lt; 2 years (08) 8 - &lt; 9 years (02) 2 - &lt; 3 years : : (03) 3 - &lt; 4 years : : (04) 4 - &lt; 5 years : : (05) 5 - &lt; 6 years : : (06) 6 - &lt; 7 years (20) 20 years and over (99) N.A.</p>	<p>(88) &lt; 1 year (07) 7 - &lt; 8 years (01) 1 - &lt; 2 years (08) 8 - &lt; 9 years (02) 2 - &lt; 3 years : : (03) 3 - &lt; 4 years : : (04) 4 - &lt; 5 years : : (05) 5 - &lt; 6 years : : (06) 6 - &lt; 7 years (20) 20 years and over (99) N.A.</p>
<p><b>P19</b> Where were you at 3 a.m. on 14 March? → <b>P22</b> (1) Here or place not for accommodation in HK (2) Other accommodation in HK (4) Other countries or territories (3) The mainland of China or Macau (9) N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>
<p><b>P20</b> Where were you at 3 a.m. on 14 March? (1) Here or place not for accommodation in HK (2) Other accommodation in HK (4) Other countries or territories (3) The mainland of China or Macau (9) N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>
<p><b>P21</b> Where were you at 3 a.m. on 14 March? → <b>(Stop)</b> (1) Here or place not for accommodation in HK (2) Other accommodation in HK (4) Other countries or territories (3) The mainland of China or Macau (9) N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>

**SECTION B** : No need to complete for persons given a "Stop" indicator in the skipping questions **P9, P10, P12, P20** or **P21** of Section A

<p><b>P22</b> What is your marital status at present? (Show Prompt Book) If Q1 = 'Vessel' → <b>P24</b></p>	<p>1 <input type="checkbox"/> Never married 3 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Now married 4 <input type="checkbox"/> Divorced / Separated</p> <p>If Q1 = 'Vessel' → <b>P24</b></p>	<p>1 <input type="checkbox"/> Never married 3 <input type="checkbox"/> Widowed 2 <input type="checkbox"/> Now married 4 <input type="checkbox"/> Divorced / Separated</p> <p>If Q1 = 'Vessel' → <b>P24</b></p>
<p><b>P23a</b> What was your address 5 years ago (i.e. March 1996)? For children born on or after 14 March 1996, put down '(9) N.A.' → <b>P26</b> (1) Here → <b>P24</b> (2) Not here If 'Other place in HK' ⇨ May I have the address? → <b>P23b</b> If 'Other place outside HK' ⇨ (Please specify name of country or territory in the space for address.) → <b>P24</b> (9) N.A.</p>	<p>1 <input type="checkbox"/> Here → <b>P24</b> 2 <input type="checkbox"/> Not here 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT</p>	<p>1 <input type="checkbox"/> Here → <b>P24</b> 2 <input type="checkbox"/> Not here 9 <input type="checkbox"/> N.A. Address : _____ District : _____ HK / KLN / NT</p>
<p><b>P23b</b> What type of housing was it? (Show Prompt Book) (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>P24</b> What language / dialect do you usually speak at home? If '(88) Mute person' → <b>P26</b> (01) Cantonese (05) Putonghua (34) English (02) Chiu Chau (06) Fukien (41) Japanese (03) Sze Yap (07) Shanghainese (42)-(91) Others: please specify (04) Hakka (08) Other Chinese dialects (99) N.A.</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>If '(88) Mute person' → <b>P26</b></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>If '(88) Mute person' → <b>P26</b></p>
<p><b>P25</b> Can you hold a short conversation in other languages / dialects? If 'Yes' ⇨ What are they? Any others? (Record a maximum of three languages / dialects only) (01) Cantonese (07) Shanghainese (02) Chiu Chau (08) Other Chinese dialects (03) Sze Yap (34) English (04) Hakka (41) Japanese (05) Putonghua (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>

<p><b>MR</b> If <b>P7=2</b> or <b>P8=2</b>, transcribe the code of <b>P19</b>; otherwise, mark 'X'. <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
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**P26** Are you attending a school or educational institution?

**Yes**



(i) In what class/level are you studying? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course')

(ii) What is your major field of study? (For persons studying preparatory, primary or secondary education course, record '01')

(iii) Is it a full time, part time or distance-learning course?  
 (1) Full time → P27a  
 (2) Part time → P27b  
 (3) Distance-learning course → P27b

**No**



(i) What was the highest class/level you attained? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course')

If 'no schooling', record '01' → P30

(ii) What was your major field of study? (For persons who had attained preparatory, primary or secondary education, record '01')

(iii) Did you complete that class / level?  
 (4) Completed → P30  
 (5) Not completed → P27b

**Yes / No**

(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"/>
<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) Major field

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) Attendance

1  Full time → P27a  
 2  Part time → P27b  
 3  Distance-learning course → P27b  
 4  Completed → P30  
 5  Not completed → P27b  
 9  N.A.

**Yes / No**

(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"/>
<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) Major field

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) Attendance

1  Full time → P27a  
 2  Part time → P27b  
 3  Distance-learning course → P27b  
 4  Completed → P30  
 5  Not completed → P27b  
 9  N.A.

**P27a** (i) What was the highest class/level of education you have completed? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course') If 'no schooling', record '01' → P28

(ii) What was the major field of study in the highest class/level of education you have completed? (For persons who had completed preparatory, primary or secondary education course, record '01') → P28

**P27b** (i) What was the highest class/level of education you have completed? (For programmes of first degree or higher level, state 'local institution', 'non-local institution' or 'distance-learning course') If 'no schooling', record '01' → P30

(ii) What was the major field of study in the highest class/level of education you have completed? (For persons who had completed preparatory, primary or secondary education course, record '01') → P30

(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"/>
<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) Major field

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) 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"/>
<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) Major field

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"/>

**P28** Where is your school / educational institution?

If place of study is in

(1) Hong Kong ⇨

Please give school name and street name with house number or estate name.

If place of study is in

(2) The mainland of China

(3) Macau

(4) Taiwan

(5) Other countries or territories

(9) N.A.

→ P30

<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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1  Hong Kong

School: \_\_\_\_\_

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

\_\_\_\_\_ HK / KLN / NT

2  The mainland of China

3  Macau

4  Taiwan

5  Other countries or territories

9  N.A.

→ P30

<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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1  Hong Kong

School: \_\_\_\_\_

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

\_\_\_\_\_ HK / KLN / NT

2  The mainland of China

3  Macau

4  Taiwan

5  Other countries or territories

9  N.A.

→ P30

**P29** What are the modes of transport you usually use to go to school / educational institution?

If more than one ⇨ Please rank by distance travelled.

(01) Private car / Passenger van

(02) Motorcycle

(03) Goods vehicle / Van

(04) Taxi

(05) Ferry / Vessel

(06) Mass Transit Railway (MTR)

(07) East Rail (Kowloon-Canton Railway / KCR)

(08) Light Rail (LR)

(09) Green minibus

(10) Red minibus

(11) Franchised bus

(12) Feeder bus

(13) Residential coach service

(14) Tram

(15) Peak tram

(16) School bus / School van

(17) Bicycle

(18) On foot only

(19) Others

(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"/>

(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"/>

**SECTION C** : No need to complete for persons given a "Stop" indicator in the skipping questions P9, P10, P12, P20 or P21 of Section A or persons born on or after 14 March 1986

<p><b>P30</b> Did you perform any work for pay or profit in the week from 7 March to 13 March? Please include any work of one hour or over.</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>																								
<p><b>P31</b> Did you have a job or business in the week from 7 March to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P38 2 <input type="checkbox"/> No</p>																								
<p><b>P32</b> Did you perform any work without pay in your family's business in the week from 7 March to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P39b 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P39b 2 <input type="checkbox"/> No</p>																								
<p><b>P33</b> Were you readily available for work in the week from 7 March to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P35 2 <input type="checkbox"/> No</p>																								
<p><b>P34</b> Why were you not available? (1) Temporarily sick → P35 (2) Engagement in household duties (3) Attendance at educational institutions (4) Pregnancy (5) Retirement / old age (6) In correctional institutions, psychiatric hospitals, infirmaries and convalescent hospitals → P45b (7) Permanent sickness / disability (8) Other reasons : please specify (9) N.A.</p>	<p>1 <input type="checkbox"/> → P35 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P45b 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> → P45b 7 <input type="checkbox"/> → P45b 8 <input type="checkbox"/> Other reasons: 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> → P35 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P45b 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> → P45b 7 <input type="checkbox"/> → P45b 8 <input type="checkbox"/> Other reasons: 9 <input type="checkbox"/> N.A.</p>																								
<p><b>P35</b> Were you seeking work during the 30-day period from 12 February to 13 March?</p>	<p>1 <input type="checkbox"/> Yes → P37 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes → P37 2 <input type="checkbox"/> No</p>																								
<p><b>P36</b> Why did you not seek work? (1) Believe no work available (2) Wait to take up new job (3) Start business at subsequent date → P45b (4) Expect to return to original job (5) Of independent means (6) Other reasons: please specify (9) N.A.</p>	<p>1 <input type="checkbox"/> → P45b 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> → P45b 5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/> Other reasons: 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> → P45b 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> → P45b 5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/> Other reasons: 9 <input type="checkbox"/> N.A.</p>																								
<p><b>P37</b> What was the main action taken to seek work? → P45b (1) Seek work directly with employer (2) Place or answer advertisements (3) Seek work with private employment agency (4) Seek work with Labour Department / public employment agency (5) Seek work with friends or relatives (6) Check with prospective employers at work place or usual assembly places (7) Others : please specify (9) N.A.</p>	<p>1 <input type="checkbox"/> → P45b 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P45b 4 <input type="checkbox"/> 5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/> → P45b 7 <input type="checkbox"/> Others : 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> → P45b 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P45b 4 <input type="checkbox"/> 5 <input type="checkbox"/> → P45b 6 <input type="checkbox"/> → P45b 7 <input type="checkbox"/> Others : 9 <input type="checkbox"/> N.A.</p>																								
<p><b>P38</b> Were you an employer, self-employed or an employee? (Show Prompt Book) (1) Employee → P39a (2) Outworker → P39a (3) Employer (4) Self-employed (hawker) → P39b (5) Self-employed (others) (6) Unpaid family worker (9) N.A.</p>	<p>1 <input type="checkbox"/> → P39a 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P39b 4 <input type="checkbox"/> → P39b 5 <input type="checkbox"/> → P39b 6 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>	<p>1 <input type="checkbox"/> → P39a 2 <input type="checkbox"/> 3 <input type="checkbox"/> → P39b 4 <input type="checkbox"/> → P39b 5 <input type="checkbox"/> → P39b 6 <input type="checkbox"/> 9 <input type="checkbox"/> N.A.</p>																								
<p><b>P39a</b> What industry was the business establishment which you worked for engaged in? → P40</p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>																				
<p><b>P39b</b> What industry were you engaged in / your family's business engaged in?</p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>																				
<p><b>P40</b> (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) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p> <p>(ii) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p> <p>(iii) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p>													<p>(i) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p> <p>(ii) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p> <p>(iii) <table border="1" style="width: 100%; height: 30px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table></p>												
<p><b>P41</b> Where is your place of work? (Show Prompt Book) (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)      (10) Taiwan (03) Here in this accommodation              (11) Other countries or territories The mainland of China: (04) - Shenzhen Area                              (12) Marine (05) - Dongguan / Panyu / Shunde / Zhongshan / Zhuhai Area → P43 (06) - Guangzhou Area (07) - Other areas in Guangdong Province (08) - Other Provinces (09) Macau (99) N.A.</p>	<p>01 <input type="checkbox"/> Hong Kong (with fixed place of work)     ▼ Address : _____ _____ Building : _____ _____ _____ HK / KLN / NT 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 <input type="checkbox"/> → P43 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 99 <input type="checkbox"/> N.A.</p>	<p>01 <input type="checkbox"/> Hong Kong (with fixed place of work)     ▼ Address : _____ _____ Building : _____ _____ _____ HK / KLN / NT 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 11 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 12 <input type="checkbox"/> → P43 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 99 <input type="checkbox"/> N.A.</p>																								

<p><b>P42</b> What are the modes of transport you <u>usually</u> use to go to work?</p> <p style="padding-left: 20px;">If more than one ⇨ Please rank by distance travelled.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;">(01) Private car / Passenger van</td> <td style="width: 50%; padding: 2px;">(11) Franchised bus</td> </tr> <tr> <td style="padding: 2px;">(02) Motorcycle</td> <td style="padding: 2px;">(12) Feeder bus</td> </tr> <tr> <td style="padding: 2px;">(03) Goods vehicle / Van</td> <td style="padding: 2px;">(13) Residential coach service</td> </tr> <tr> <td style="padding: 2px;">(04) Taxi</td> <td style="padding: 2px;">(14) Tram</td> </tr> <tr> <td style="padding: 2px;">(05) Ferry / Vessel</td> <td style="padding: 2px;">(15) Peak tram</td> </tr> <tr> <td style="padding: 2px;">(06) Mass Transit Railway (MTR)</td> <td style="padding: 2px;">(16) Company bus / van</td> </tr> <tr> <td style="padding: 2px;">(07) East Rail (Kowloon-Canton Railway / KCR)</td> <td style="padding: 2px;">(17) Bicycle</td> </tr> <tr> <td style="padding: 2px;">(08) Light Rail (LR)</td> <td style="padding: 2px;">(18) On foot only</td> </tr> <tr> <td style="padding: 2px;">(09) Green minibus</td> <td style="padding: 2px;">(19) Others</td> </tr> <tr> <td style="padding: 2px;">(10) Red minibus</td> <td style="padding: 2px;">(99) N.A.</td> </tr> </table>	(01) Private car / Passenger van	(11) Franchised bus	(02) Motorcycle	(12) Feeder bus	(03) Goods vehicle / Van	(13) Residential coach service	(04) Taxi	(14) Tram	(05) Ferry / Vessel	(15) Peak tram	(06) Mass Transit Railway (MTR)	(16) Company bus / van	(07) East Rail (Kowloon-Canton Railway / KCR)	(17) Bicycle	(08) Light Rail (LR)	(18) On foot only	(09) Green minibus	(19) Others	(10) Red minibus	(99) N.A.	<div style="margin-bottom: 10px;">(i)</div> <table style="width: 100%; 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This page is not part of the questionnaire

Census moment: 3 a.m. on 14 March 2001

1. Result of interview

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

# 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 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐
Section B	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐
Section C	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐	1 ☐	2 ☐

3. No. of questionnaires of this household

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Sheet No.

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Total No.

4. No. of MR (Should include no. of MR in continuation form(s))

1 or 2	3 or 4	Total for this household

IND/FU	FE(1)/(2)	FE (3)	CK	CE	CS	MC