QUESTIONNAIRE OF
POPULATION AND HOUSING CENSUS OF MALAYSIA 2020

Number		Question
	A. RESPONDENT INFORMATION	
1	**A1**	Name of respondent
2	**A2**	Telephone number
		(i) Home
3		(ii) H/P
4		(iii) Office
5	**A3**	E-mail
	B. FULL ADDRESS	
6	**B1**	House / Unit / Lot Number
	B2	Level Number
	B3	Block Number
	B4	Building / Apartment / Condominium
	B5	Road / Mile / Street / Parit
	B6	Housing estate / Village / Desa / Precinct
	B7	Town
	B8	Postcode
	B9	State

Number		Question
	C. LIVING QUARTERS	
7	**C1**	The type of Living Quarters
		(a) Housing unit
8		(b) Not intended for living but used as such on Census Day.
9	**C2**	Is this Living Quarters occupied or vacant?
	C3	How many rooms are there in this Living Quarters?
10		(a) Number of rooms
11		(b) Number of bedrooms
12	**C4**	What is the distance of this Living Quarters to the paved road?
13	**C5**	Does this area have access to the following public transportation?
14	**C6**	Does this area have access to the following facilities?
15	**C7**	Does this area have public sports and recreational facilities?
16	**C8**	What are the facilities available in this Living Quarters?
		(a) Water supply
17		(b) Drinking water
18		(c) Electricity supply
19		(d) Garbage collection
		(i) Does this area implement 3R (Reduce, Reuse, Recycle) Programme?
20		(ii) Is there any garbage collection services in this Living Quarters / area?
21		(iii) What is your satisfaction level regarding the garbage collection services in this Living Quarters / area?
22		(iv) What is the reason for your dissatisfaction?
23		(e) Security
		(i) Does this Living Quarters / area equipped with a closed-circuit television (CCTV)?
24		(ii) Does this Living Quarters / area have the following security controls?

Number		Question
	D. HOUSEHOLD	
25	**D1**	List the names of persons WHO USUALLY LIVE together as member of this Household on CENSUS DAY
26	**D2**	Relationship to Head of Household
27	**D3**	Sex
28	**D4**	What is the ownership status of this Living Quarters?
29	**D5**	How did you acquire this Living Quarters?
30	**D6**	Does any member in this Household own this Living Quarters?
31	**D7**	Does any member in this Household pay rent for this Living Quarters?
32	**D8**	How much is the current monthly rent for this Living Quarters?
33	**D9**	How much is the estimated gross monthly income received by this Household from various sources?
34	**D10**	(a) Are there any members of this Household involved in agriculture activity?
35		(b) If Yes, what are the agriculture activities?
		1) Crops 2) Livestock
		3) Fishery 4) Forest
		5) Agro-based industry
36		(c) How much is the annual income received for the past12 months from theagriculture activity?
37	**D11**	(a) Does any member in this Household feel safe:
38		(b) In the previous month, has crime ever happened at your Living Quarters / area?

Number		Question
	E. PERSON PARTICULARS	
39	**E1**	(a) Do you / this person have any identification document?
40		(b) If Yes, what is your / this person's identification number?
41	**E2**	What is your / this person's full name?
42	**E3**	How are you / this person related to the Head of Household?
43	**E4**	What is your / this person's sex?
44	**E5**	(a) When is your / this person's date of birth?
45		(b) What is your / this person's age?
46	**E6**	What is your / this person's marital status?
47	**E7**	What was your / this person's age at first marriage?
48	**E8**	What is your / this person's ethnic group?
49	**E9**	What is your / this person's religion?
50	**E10**	Where was your / this person's place of birth?
51	**E11**	(a) Are you / this person a Malaysian citizen?
52		(b) What is your / this person's citizenship?
53		(c) What is your / this person's residence status?
54	**E12**	Where was your / this person's usual place of residence one (1) year ago?
55	**E13**	Where was your / this person's usual place of residence five (5) years ago?
56	**E14**	(a) Do you / this person able to read, write or count?
57		(b) Have you / this person ever been to School / College / Polytechnic / University?
58		(c) What is the reason(s) for you / this person not attending school? (Multiple answers accepted)
59	**E15**	What are your / this person's highest level of education attained / currently studying?
60	**E16**	What is the highest certificate you / this person have obtained?
61	**E17**	Where did you / this person obtain his / her certificate / diploma / degree?
62	**E18**	(a) What is your / this person's main field of study for the highest certificate obtained?
63		(b) Please specify briefly your / this person's main field of study

Number		Question
64	**E19**	Have you / this person ever worked at least one (1) hour within the last seven (7) days?
65	**E20**	Do you / this person have any work to return to?
66	**E21**	Did you / this person look for a job during the last seven (7) days?
67	**E22**	What is the MAIN reason for you / this person not looking for job?
68	**E23**	(a) What is your / this person's occupation?
69		(b) What is your / this person's occupation category?
70		(c) What is your / this person's duties / nature of work in detail?
71	**E24**	(a) What is the name of your / this person’s employer / company? (If related)
72		(b) What is the main activity of your / this person's employer / company?
73		(c) Please specify briefly the main activity.
74		(d) Where is your / this person's usual place of work?
75	**E25**	What is your / this person's employment status?
76	**E26**	(a) In the previous week, what is your / this person's mode of transportation to work? (Multiple answers accepted)
77		(b) What is the distance from your / this person's Living Quarters to his / her workplace?
	E27	(a) What is the level of your / this person's difficulty
78		(i) Seeing even though wearing glasses?
79		(ii) Hearing even though using a hearing aid?
80		(iii) Walking or climbing steps?
81		(iv) Remembering or concentrating?
82		(v) Self-care such as bathing and dressing?
83		(vi) Communicating using usual (customary) language (e.g.: understanding or being understood)
84		(b) Are you / this person a disabled person?
85		(c) What is the special education received by you / this person?
86	**E28**	(a) Have you / this person ever given birth?
87		(b) How many children ever born alive? (If none, record “00”)
88		(c) How many of children are still alive? (If none, record “00”)

Number		Question
	F. HEALTH AND FITNESS	
89	**F1**	In the previous month, what was your / this person's level of health?
90	**F2**	Are you / this person currently being diagnosed with any of these diseases?
91	**F3**	In the previous month, how many times did you / this person get any service / treatment at health facilities?
92	**F4**	In the previous month, how much did you / this person spend on medical expenses?
93	**F5**	Do you / this person currently covered by any of the following health insurance?
94	**F6**	What type of exercises or sports activity do you / this person often do? (Multiple answers accepted)
	G. SOCIAL RELATIONS	
95	**G1**	Do you / this person have the following social media accounts?
96	**G2**	Where do you / this person have access to internet?
97	**G3**	In the last seven (7) days, did you / this person eat together? If Yes, state the number of times.
98	**G4**	In the previous month, how often did you / this person interact with his / her neighbours?
	H. HOUSING	
99	**H1**	Do you / this person own another Living Quarters in Malaysia?
100	**H2**	(a) Do you / this person plan to own Living Quarters in Malaysia in the future?
101		Quarters?
102	**H3**	(a) What type of Living Quarters do you / this person prefer to own?
103		(b) What is the price of Living Quarters affordable by you / this person?
104		(c) Where is the preferred location of Living Quarters for you / this person?
	I. SENIOR CITIZEN	
105	**I1**	In the previous month, what activities you / this person often did?
106	**I2**	What is your / this person's source of income?
107	**I3**	Do you / this person have any children living at the location as follows?
108	**I4**	In the previous month, did you / this person experience any of the following situations?