

Appendix 10.1 Agriculture and fisheries schedule for Peninsular Malaysia: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS - WEST MALAYSIA

FORM 3

AGRICULTURE & FISHERIES

										2 L/Os No.			
h	0	1	2	3	4	5	6	7	8	9	h	t	u
t	0	1	2	3	4	5	6	7	8	9			
u	0	1	2	3	4	5	6	7	8	9	3 H/H No.		
	0	1	2	3	4	5	6	7	8	9			

AGRICULTURE

State		AGRICULTURAL LAND OWNED		6(a) Area operated by the household			
Admin. District		4 Does this household own any agricultural land?		Acreage	Area operated		
Census District		Yes <input type="checkbox"/> No <input type="checkbox"/>			Owned	Not owned	Total
Circle		4(a) Area owned solely by the household		Less than 1/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enumeration Block		Acreage		1/4 but less than 1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		4(b) Area owned jointly with other households (proportionate share only)		1/2 but less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Acreage		1 but less than 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5 Does this household operate any agricultural land?		3 but less than 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		5 but less than 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Skip to 8)		10 but less than 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AGRICULTURAL LAND OPERATED		15 but less than 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5		25 but less than 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		50 but less than 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(Skip to 8)		100 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		START INTERVIEW HERE					
1 Name of Head of Household		6 Area operated by the household		7 Does this household operate any land with other households?			
		On land owned		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		On land not owned		(Skip to 8)			
		Total		7(a) Area operated with other households			
				< 1/4 1/4-1/2 1/2-1 1-3 3-5 5-10 10-15 15-25 25-50 50-100 100+			

LIVESTOCK AND POULTRY

8 Does this household keep livestock or poultry?		14 Does this household keep:—	
Yes <input type="checkbox"/> No <input type="checkbox"/>		(a) Hens (for laying and/or slaughter)	
(Skip to 15)		Number	
9 Does this household keep:—		(b) Chicks and cocks	
Pigs		Number	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		Total fowls ((a) + (b))	
10 Buffaloes		(c) Other poultry (ducks, geese, etc.)	
Number		Number	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		Hens	
11 Cattle		Chicks and cocks	
Number		Total	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		Others (ducks, geese, etc.)	
12 Goats		1 - 4	
Number		5 - 9	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		10 - 19	
13 Sheep		20 - 29	
Number		30 - 39	
1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+		40 - 49	
		50 - 99	
		100 - 199	
		200 - 499	
		500 - 999	
		1,000 & over	

FISHERIES

15 Is this household engaged in catching or breeding fish?		18 Type of boat	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Powered boat of	
(Finish)		0 - 4 tons	
		1 2 3+	
		5 - 29 tons	
		1 2 3+	
		30 - 49 tons	
		1 2 3+	
		50 & over tons	
		1 2 3+	
		Non-powered boat	
		<input type="checkbox"/>	
16 Where does this household fish?		19 Inland fishing	
Marine <input type="checkbox"/>		For capture only	
Inland <input type="checkbox"/>		For culture (including capture if any).	
(Skip to 19)		<input type="checkbox"/>	
17 Does this household operate its own boat?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Finish)			

LMS 101/10/10/10

Appendix 10.2 Agriculture schedule for Sabah and Sarawak: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS

FORM 3a

EAST MALAYSIA
AGRICULTURE

State	<p style="text-align: center;">AGRICULTURAL LAND OPERATED</p> <p>4 Does this household operate any agricultural land?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 6)</p> <p>5 Area operated by the household</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">Acreage</td> </tr> <tr> <td>On land owned</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>On land not owned</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Total</td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>		Acreage	On land owned	<input style="width: 50px;" type="text"/>	On land not owned	<input style="width: 50px;" type="text"/>	Total	<input style="width: 50px;" type="text"/>	5(a) Area operated by the household		
		Acreage										
On land owned		<input style="width: 50px;" type="text"/>										
On land not owned		<input style="width: 50px;" type="text"/>										
Total		<input style="width: 50px;" type="text"/>										
Admin. District		Acreage	Area Operated									
Census District			Owned	Not Owned	Total							
Circle	Less than ¼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Enumeration Block	¼ but less than ½	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Locality	½ but less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
START INTERVIEW HERE	1 but less than 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1 Living Quarters Number	3 but less than 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2 Household Number	5 but less than 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3 Name of Head of Household	10 but less than 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	15 but less than 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	25 but less than 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	50 but less than 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	100 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

LIVESTOCK AND POULTRY

<p>1 Living Quarters Number</p> <p>2 Household Number</p> <p>3 Name of Head of Household</p>	<p>6 Does this household keep livestock?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 12)</p>	<p>12 Does this household keep poultry?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> (Finish)</p>																																																			
	<p>7 Does this household keep:- Pigs</p> <p style="text-align: right;">Number</p> <p>1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+</p>	<p>Hens (for laying and/or slaughter)</p> <p style="text-align: right;">Number</p> <p>Chicks and cocks</p> <p style="text-align: right;">Number</p> <p>Total Fowls</p> <p>Other Poultry (ducks, geese, etc.)</p> <p style="text-align: right;">Number</p>																																																			
	<p>8 Buffaloes</p> <p style="text-align: right;">Number</p> <p>1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+</p>	<table border="1"> <tr> <td rowspan="2" style="text-align: center;">Number</td> <td colspan="2" style="text-align: center;">Fowls</td> <td rowspan="2" style="text-align: center;">Others (Ducks, Geese, etc.)</td> </tr> <tr> <td style="text-align: center;">Hens</td> <td style="text-align: center;">Chicks & Cocks</td> <td style="text-align: center;">Total</td> </tr> <tr> <td>1 - 4</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5 - 9</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>10 - 19</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>20 - 29</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>30 - 39</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>40 - 49</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>50 - 99</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>100 - 199</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>200 - 499</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>500 - 999</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>1000 & over</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Number	Fowls		Others (Ducks, Geese, etc.)	Hens	Chicks & Cocks	Total	1 - 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 - 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 - 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 - 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 - 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 - 199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	200 - 499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	500 - 999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000 & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number	Fowls		Others (Ducks, Geese, etc.)																																																	
		Hens	Chicks & Cocks		Total																																																
	1 - 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
	5 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
10 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
20 - 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
30 - 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
40 - 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
50 - 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
100 - 199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
200 - 499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
500 - 999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
1000 & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
<p>9 Cattle</p> <p style="text-align: right;">Number</p> <p>1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+</p>																																																					
<p>10 Goats</p> <p style="text-align: right;">Number</p> <p>1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+</p>																																																					
<p>11 Sheep</p> <p style="text-align: right;">Number</p> <p>1 2 3 4 5 6 7-9 10-19 20-49 50-99 100+</p>																																																					

Appendix 10.3 Living quarters schedule: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS OF MALAYSIA

FORM 2

Start Interview here

LIVING QUARTERS

Hundreds	0	1	2	3	4	5	6	7	8	9	8 L/Os No		
Tens	0	1	2	3	4	5	6	7	8	9	h	t	u
Units	0	1	2	3	4	5	6	7	8	9			

<p>1 State</p> <p>2 Admin. District</p> <p>2A Census District</p> <p>3 Circle Number</p> <p>4 Enumeration Block Number</p> <p>5 Address</p> <p>6 Number of households in this living quarters See column 6 of the houselisting book</p> <p>7 Number of persons in this living quarters See column 8 of the houselisting book</p> <p>Males Females Persons h t u (Mark in lines below)</p>	<p>9 Built or converted for living/sleeping (Skip to 11) Not intended for l/s but used for these purposes at time of census</p> <p>10 In a perm. building e.g. office, school, shop, mosque A living space, e.g. court yard, open verandah A natural shelter (Finish)</p> <p>11 Are the L.Q.'s Private Non-private (Skip to 13) Mobile (Finish)</p> <p>12 House/Bungalow Detached Semi-detached Terrace, Row Flat or Room In/Attached to House In Shophouse In Housing Block Other Labour Line Makeshift, Improved Hut, etc (Skip to 14)</p> <p>13 Non-Private—Hotel, lodging house, rest house, etc Hospital Educational, charitable, or religious institution Temporary labour camp Other (Finish)</p> <p>FOUNDATION</p> <p>14 Raised off the ground? Yes No (Skip to 16)</p> <p>15 Supports of Wood Brick/Concrete Iron/Steel Other</p> <p>WALLS</p> <p>16 Brick Concrete Brick & Plank Plank only Atap etc Zinc/Corr. Iron Other</p> <p>ROOF</p> <p>17 Tiles Atap, bamboo, etc Zinc/Corr. Iron Sheets Asbestos Sheets Concrete Other</p>	<p>18 CONDITION Sound Deteriorating Dilapidated</p> <p>OCCUPANCY</p> <p>19 Occupied Vacant (Skip to 21)</p> <p>20 Reason for being vacant Seasonal Wk. Qt. Temp. Abs. Holiday House Sale/Rent Unfit for living Other (incl. not kn.) (Finish)</p> <p>PERIOD OF CONST.</p> <p>21 0-4 10-29 5-9 30+ Not known</p> <p>OWNERSHIP</p> <p>22 Govt. Non Govt.</p> <p>WATER SUPPLY</p> <p>23 Piped Water? Yes No (Skip to 26)</p> <p>24 Inside L.Q. Outside L.Q. (Skip to 27)</p> <p>25 Within 100 yards Beyond 100 yards (Skip to 27)</p> <p>26 Well or pump River Part. drain. canal Other</p> <p>27 Exclusive to this L.Q.? Yes No</p> <p>LIGHTING</p> <p>28 Electr. No Electr. (Skip to 30)</p> <p>29 Public supply Private Gen. Plant (Skip to 31)</p> <p>30 Pressure/Gas lamp Oil Lamp Other</p> <p>ROOMS</p> <p>31 Number t u t u 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9</p>	<p>32 TOILET FACILITIES Flush Bucket Pit Over River/Sea None (Skip to 35)</p> <p>33 Exclusive to this L.Q.? Yes No (Skip to 35)</p> <p>34 Units 1 2 3 4 5+</p> <p>BATHING FACILITIES</p> <p>35 Separate bathroom or enclosed Bathing Space? Yes No (Skip to 38)</p> <p>36 Piped water to bathroom? Yes No</p> <p>37 Built in Long bath Tank Shower Hand basin Moveable jar, cont. Pipe only (Skip to 39)</p> <p>38 Pipe inside L.Q. Pipe outside L.Q. Well or pump River Part. drain. canal Other</p> <p>39 Exclusive to this L.Q.? Yes No</p> <p>COOKING FACILITIES</p> <p>40 Separate kitchen? Yes No (Skip to 42)</p> <p>41 Area set aside for cooking? Yes No (Skip to 43)</p> <p>42 Exclusive to this L.Q.? Yes No</p> <p>VEHICLES/SCOOTERS</p> <p>43 Veh. MC SC 0 1 2 3 4+ 0 1 2 3 4+</p>
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Mark number of Households here

Mark Total Persons here

Appendix 10.5 Individual form for Peninsular Malaysia: Census of Malaysia, 1970

1970 POPULATION AND HOUSING CENSUS

FORM 5

WEST MALAYSIA

PERSONS		t	u
State			
Admin. District			
Census District			
Circle			
Enumeration Block			
START INTERVIEW HERE			
Living Quarters No.			
Household Number			
Person Number			
1 Name		2 Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
3 Relationship to Head of Household		11 Have you ever been to school? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 12)	
4 How old are you? Completed years Months from last Birthday to C. Day		12 What was the highest level you completed? Primary some years com. all years low. upp. Secondary 1-2 3 4 5 6 6	
5 Age (From I/C Birth Certificate, etc.) Day of Birth Month of Birth Year of Birth		13 Did you pass any of these exams? I.c.e. s.c. h.s.c. none	
6 Chinese Date of Birth Day Moon Month Animal Year		14 Do you have a Malaysian Citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/> under 12 (Skip to 16)(Skip to 18)	
		15 Colour of I.C. blue other no I.C. (Skip to 17)	
		16 What citizenship do you have? Other Stateless/ Applied/N S S'pore Foreign	
		17 Do you have a Singapore I/C? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		18 Born in Malaysia? Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known <input type="checkbox"/> (Skip to 20) (Skip to 22)	
		19 State of birth? Johore Kedah Kelantan Malacca N.Sembilan Pahang Penang Perak Perlis Un-known Selangor Trengg. Sabah Sarawak (Skip to 21)	
		20 Country of birth? India/Ceylon Pakistan Philippines S'pore T'land n/s America Europe Other China Asian Oceania Unknown	
		21 How long in total have you lived in Malaysia? Over <1 1 2 3 4 5 6-10 11-20 20	
		22 How long have you lived in this Kampong, Town, etc.? Over <1 1 2 3 4 5 6-10 11-20 20	
		23 Where did you last live? In this Kampong, Town, etc. since birth. Some other place in Malaysia. Outside Malaysia. (Skip to 25) (Skip to 25)	
		24 What was the name of the place where you lived before? Kampong, Town Mukim District State	
FOR PERSONS 10 YEARS AND OVER		OFFICE USE ONLY	
25 Did you have a regular job or business? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 30)		L.Q. No. h/h no. Per No. Age Prev. Res.	
26 Did you help in a family business or farm? Yes <input type="checkbox"/> No <input type="checkbox"/> (Skip to 28)		0 0 0 0 0 0 0 0 0 0	
27 About how many hours per day did you work? 3 or less <input type="checkbox"/> more than 3 <input type="checkbox"/> (Skip to 30)		1 1 1 1 1 1 1 1 1 1	
28 Did you earn any money by working or by selling home made goods? Yes <input type="checkbox"/> No <input type="checkbox"/>		2 2 2 2 2 2 2 2 2 2	
29 Did you look for work? Yes <input type="checkbox"/> No <input type="checkbox"/>		3 3 3 3 3 3 3 3 3 3	
30 Employment status S. Ever E'yed s & w Family L. for worker 1st job (Skip to 35)		4 4 4 4 4 4 4 4 4 4	
31 Main occupation (use two or more words if possible)		5 5 5 5 5 5 5 5 5 5	
32 Main industry (use two or more words if possible) 33 Work at home? Yes <input type="checkbox"/> No <input type="checkbox"/>		6 6 6 6 6 6 6 6 6 6	
34 Name and address of establishment at which working		7 7 7 7 7 7 7 7 7 7	
35 Degrees, Diplomas, Certificates, Papers Name of qualification and institution from which obtained Field of Study		8 8 8 8 8 8 8 8 8 8	
		9 9 9 9 9 9 9 9 9 9	
		Occupation Ind. 100+ Ed. Fam.	
		0 0 0 0 0 0 0 0 0 0	
		1 1 1 1 1 1 1 1 1 1	
		2 2 2 2 2 2 2 2 2 2	
		3 3 3 3 3 3 3 3 3 3	
		4 4 4 4 4 4 4 4 4 4	
		5 5 5 5 5 5 5 5 5 5	
		6 6 6 6 6 6 6 6 6 6	
		7 7 7 7 7 7 7 7 7 7	
		8 8 8 8 8 8 8 8 8 8	
		9 9 9 9 9 9 9 9 9 9	
		FOR EVER-MARRIED WOMEN	
36 Everyday conversation? Malay Malay dan English Tamil Other langs Dumb		0 1 2 3 4 5 6 7 8 9	
37 Read a n.p./Letter 38 Write a letter? Yes No Yes No Blind <input type="checkbox"/> (Skip to 40)		0 1 2 3 4 5 6 7 8 9	
39 What languages can you write? Malay Chinese English Tamil Other		0 1 2 3 4 5 6 7 8 9	
40 Ever been married? Yes <input type="checkbox"/> No <input type="checkbox"/> (Finish)		0 1 2 3 4 5 6 7 8 9	
41 How many times? 1 3 2 4+		0 1 2 3 4 5 6 7 8 9	
42 Present marital status married widowed div/p.s.		0 1 2 3 4 5 6 7 8 9	
43 No. of years married Total Present M Prev. M's		0 1 2 3 4 5 6 7 8 9	
44 How many children have you ever given birth to? (Excl. adoptions)		0 1 2 3 4 5 6 7 8 9	
a Living here b Living somewhere else		0 1 2 3 4 5 6 7 8 9	
c Dead d Born dead		0 1 2 3 4 5 6 7 8 9	
		Living a + b	
		0 1 2 3 4 5 6 7 8 9	
		Born alive a + b + c	
		0 1 2 3 4 5 6 7 8 9	
		Total a-d	

