

No. S 59

**CENSUS ACT
(CHAPTER 78)**

(Section 6)

CENSUS RULES, 2001

In exercise of the powers conferred upon him by section 6 of the Census Act (Chapter 78), the Minister of Foreign Affairs with the approval of His Majesty the Sultan and Yang Di-Pertuan of Brunei Darussalam hereby makes the following Rules —

Citation and commencement.

1. These Rules may be cited as the Census Rules, 2001 and shall come into force on the 11th. day of June, 2001.

Census officers to obtain particulars for census.

2. Census officers shall obtain information concerning the particulars prescribed in Appendix I of these Rules for the purposes of taking census of the population and housing throughout Brunei Darussalam in accordance with the provisions of the Act and any Rules made thereunder.

Forms of Schedules.

3. The information concerning the particulars prescribed in Appendix I of these Rules shall be obtained by using the appropriate forms of schedules prescribed in Appendix II to these Rules.

APPENDIX I

Matters in respect of which particulars are required.

A. LIVING QUARTERS CHARACTERISTICS.

- A 01. Type of living quarters
- A 02. Owner of living quarters
- A 03. Main construction material of outer walls
- A 04. Main construction material of roof

- A 05. Number of bedrooms
- A 06. Type of toilet facility
- A 07. Type of lighting
- A 08. Type of water supply
- A 09. Main method of garbage removal/disposal
- A 10. Method by which this living quarters was owned and the relevant year
- A 11. Main method of financing the construction/purchase of this living quarters

B. HOUSEHOLD CHARACTERISTICS.

- B 01. Type of household
- B 02. Type of cooking fuel
- B 03. Occupancy status of living quarters
- B 04. Is this household paying housing rental ?
- B 05. Monthly rental paid

C. HOUSEHOLD EQUIPMENT.

- C 01. Number of transport equipment owned
- C 02. Does this household own a computer ?
- C 03. Number of computers owned
- C 04. Are any of these computers connected to the Internet ?
- C 05. Number of household equipment owned

D(a). PERSONAL CHARACTERISTICS. (For all household members.)

- D 01. Name

- D 02. Colour and No. of Brunei Darussalam I.C.
- D 03. Gender
- D 04. a. Age at last birthday
 - b. Date of birth
- D 05. Relationship to the head of household
- D 06. Marital status
- D 07. Religion
- D 08. Race
- D 09. Residential status
- D 10. Citizenship
- D 11. Country of birth
- D 12. Year of first arrival in Brunei Darussalam
- D 13. Place of usual residence in Brunei Darussalam
- D 14. Place of residence 5 years ago (in August, 1996)
- D(b). **LITERACY, EDUCATION, RECREATION AND HEALTH.** (For household member aged 3 years and over.)
 - D 15. Is the person able to read and write with understanding (literate) ?
 - D 16. Languages that the person is able to read and write
 - D 17. Language/dialect that the person uses in conversation on a day-to-day basis
 - D 18. Is this person still studying full-time ?
 - D 19. Level of education being attended
 - D 20. Name of school/college/university being attended
 - D 21. Highest level of education/qualification attained

- D 22. Field of qualification (for degree, diploma and certificate only)
- D 23. Does the person know how to use a computer ?
- D 24. Did the person use a computer last week ?
- D 25. Does the person know how to use the Internet ?
- D 26. Did the person use the Internet last week ?
- D 27. Was the person involved in sports activities during the last 6 months ?
- D 28. Please specify three kinds of sports activities that the person was involved in during the last 6 months according to priority
- D 29. Has the person ever received medical/health service last month ?
- D 30. Where did the person receive the medical/health service ?
- D 31. Is the person a smoker ?

D(c). WOMAN FERTILITY. (For married women.)

- D 32. Age at first marriage
- D 33. Number of children born alive
- D 34. Number of children still alive
- D 35. Number of children dead
- D 36. Month and year of birth of the last child
- D 37. Is the last-born child still alive ?

D(d). ECONOMIC ACTIVITY. (For household members aged 15 years and over.)

- D 38. Activity status of the person
- D 39. Occupation status of the person
- D 40. Main occupation of the person

- D 41. Name and address of employer/company of the person
- D 42. Industry
- D 43. Gross monthly income from main occupation
- D 44. Bonus received in the last 12 months
- D 45. What was the occupation of the person's father when the person was 15 years old ?
- D 46.
 - a. Occupation/business activity of the person as a sideline, if any
 - b. Gross monthly income from occupation/business activity as a sideline
- D 47. Gross monthly income from:
 - a. House/building rental
 - b. Retirement pension from previous full-time employment
 - c. Social welfare benefits
 - d. Student allowance/scholarship
 - e. Others, specify

APPENDIX II
Forms of schedules

Made this 2nd. day of July, 2001.

BY COMMAND

HIS ROYAL HIGHNESS PRINCE MOHAMED BOLKIAH
IBNI AL-MARHUM SULTAN HAJI OMAR 'ALI SAIFUDDIEN
SA'ADUL KHAIRI WADDIEN
Minister of Foreign Affairs,
Brunei Darussalam.

ALL INFORMATION
IS KEPT CONFIDENTIAL

SCHEDULE 1



DEPARTMENT OF ECONOMIC PLANNING AND DEVELOPMENT
PRIME MINISTER'S DEPARTMENT
BRUNEI DARUSSALAM

POPULATION AND HOUSING CENSUS 2001
HOUSING SCHEDULE

Census District	Mukim
Kampung / Locality	Enumeration Area
Living Quarters No.	Household No.
Number of household members who spent the night of 21 / 22 August 2001 (Census Night) in this living quarters. (Please record their names and information in Schedule 2.)	
Name of Head of Household :	
Address of Living Quarters :	
Postal Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Lot / EDR / TOL No. :	
Telephone :	House : Office : Mobile :

DATE AND TIME TO FILL IN SCHEDULE 1 AND SCHEDULE 2					
Visit Number	Date	Time		Duration (Minutes)	Outcome of Visit
		From	To		
First Visit					
Second Visit					
Third Visit					

A. LIVING QUARTERS CHARACTERISTICS.

(Please mark ✓ the boxes beside the appropriate codes and fill in the spaces provided.)

A 01, A 03 and A 04 : These living quarters characteristics are determined by observation only.					
A 01. Type of living quarters			A 02. Owner of living quarters		
Detached	1	<input type="checkbox"/>	Semi-detached	2	<input type="checkbox"/>
Terrace	3	<input type="checkbox"/>	Collective	4	<input type="checkbox"/>
Flat	5	<input type="checkbox"/>	Shophouse	6	<input type="checkbox"/>
Long house	7	<input type="checkbox"/>	Labour line	8	<input type="checkbox"/>
Others, specify	9	<input type="checkbox"/>			<input type="checkbox"/>
			Owner-occupier	1	<input type="checkbox"/>
			Private individual (nonoccupier)	2	<input type="checkbox"/>
			Government	3	<input type="checkbox"/>
			Company / Corporation / Association	4	<input type="checkbox"/>
			Others, specify	5	<input type="checkbox"/>

Continued on the next page ...

A. LIVING QUARTERS CHARACTERISTICS (continued).(Please mark the boxes beside the appropriate codes and fill in the spaces provided.)

A 03. Main construction material of outer walls Brick / Cement 1 <input type="checkbox"/> Wood 2 <input type="checkbox"/> Cement / Wood 3 <input type="checkbox"/> Others 4 <input type="checkbox"/>		A 04. Main construction material of roof Metal 1 <input type="checkbox"/> Tiles 2 <input type="checkbox"/> Cement 3 <input type="checkbox"/> Zinc 4 <input type="checkbox"/> Others 5 <input type="checkbox"/>	
A 05. Number of bedrooms (including amah's quarters) : _____ bedrooms.			
A 06. Type of toilet facility Septic tank 1 <input type="checkbox"/> River latrine 2 <input type="checkbox"/> Hole latrine 3 <input type="checkbox"/> Others 4 <input type="checkbox"/>		A 07. Type of lighting Electricity 1 <input type="checkbox"/> Generator 2 <input type="checkbox"/> Gasoline 3 <input type="checkbox"/> Others 4 <input type="checkbox"/>	
A 08. Type of water supply Piped water 1 <input type="checkbox"/> Well / Spring 2 <input type="checkbox"/> River 3 <input type="checkbox"/> Others 4 <input type="checkbox"/>			
A 09. Main method of garbage removal / disposal Government 1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Self 3 <input type="checkbox"/>			
A 10 - A 11 : Questions for the living quarters occupied by the owner only.			
A 10. Method by which this living quarters was owned and the relevant year. Constructed (completed) 1 <input type="checkbox"/> Year _____ Bought 2 <input type="checkbox"/> Year _____ Housing Scheme 3 <input type="checkbox"/> Year _____ Others 4 <input type="checkbox"/> Year _____			
A 11. Main method of financing the construction / purchase of this living quarters. Government loan 1 <input type="checkbox"/> Bank loan 2 <input type="checkbox"/> Employer loan 3 <input type="checkbox"/> Resettlement Scheme 4 <input type="checkbox"/> Own financing 5 <input type="checkbox"/> Others 6 <input type="checkbox"/>			

B. HOUSEHOLD CHARACTERISTICS. (For every household in this living quarters, except institutional.)

B 01. Type of household		QUESTION B01 IS FOR OFFICE USE ONLY	
One-person 1 <input type="checkbox"/>	Nuclear 2 <input type="checkbox"/>	Extended 3 <input type="checkbox"/>	Composite 4 <input type="checkbox"/>
B 02. Type of cooking fuel. (Please mark more than one box, if applicable.) a. Cylinder gas (LPG) <input type="checkbox"/> b. Electricity <input type="checkbox"/> c. Piped gas <input type="checkbox"/> d. Gasoline <input type="checkbox"/> e. Wood / Charcoal <input type="checkbox"/> f. Others <input type="checkbox"/>			
B 03. Occupancy status of living quarters Owner-occupier 1 <input type="checkbox"/> Rented 2 <input type="checkbox"/> Provided by Government 3 <input type="checkbox"/> Provided by employer (non-Government) 4 <input type="checkbox"/> Others, specify _____ 5 <input type="checkbox"/>		B 04. Is this household paying housing rental ? Yes, with furniture 1 <input type="checkbox"/> Yes, without furniture 2 <input type="checkbox"/> No 3 <input type="checkbox"/> → C 01	
		B 05. Monthly rental paid : B\$ <input type="text"/> <input type="text"/> <input type="text"/>	

C. HOUSEHOLD EQUIPMENT.

C 01. Number of transport equipment owned : a. Motorcar _____ b. Motorcycle / Scooter _____ c. Boat _____		
C 02. Does this household own a computer ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> → C 05		
C 03. Number of computers owned : a. Desktop computer _____ b. Laptop computer _____ c. Palmtop computer _____		
C 04. Is any of these computers connected to the Internet ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>		
C 05. Number of household equipment owned : a. Telephone _____ b. Mobile telephone _____ c. Pager _____ d. Television _____ e. VCD / DVD player _____ f. Decoder (Krisal) _____ g. Astro _____ h. Air-conditioner _____ i. Freezer _____		

ALL INFORMATION IS KEPT CONFIDENTIAL	POPULATION AND HOUSING CENSUS 2001 POPULATION SCHEDULE				
Census District	Mukim	Kampung / Locality	Enumeration Area	Living Quarters No.	Household No.

D (a). PERSONAL CHARACTERISTICS. (For all household members.)

(Please mark the boxes beside the appropriate codes and fill in the spaces as well as the boxes marked with provided)

<p>D 01. Name <input checked="" type="checkbox"/> Serial number of household member <input type="checkbox"/></p>	<p>D 02. Colour (Y / P / G / O) and No. of Brunei Darussalam I.C. <input checked="" type="checkbox"/> Colour <input type="checkbox"/> No. <input type="checkbox"/></p>
<p>D 03. Gender Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/></p>	<p>D 04. a. Age at last birthday : _____ years. b. Date of birth <input checked="" type="checkbox"/> Day _____ Month _____ Year _____</p>
<p>D 05. Relationship to the head of household Head 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Grandchild 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Grandparent 6 <input type="checkbox"/> Adopted child 7 <input type="checkbox"/> Other relative 8 <input type="checkbox"/> Domestic helper 9 <input type="checkbox"/> Not related 0 <input type="checkbox"/></p>	
<p>D 06. Marital status Single 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/></p>	
<p>D 07. Religion Islam 1 <input type="checkbox"/> Christianity 2 <input type="checkbox"/> Buddhism 3 <input type="checkbox"/> Others 4 <input type="checkbox"/></p>	
<p>D 08. Race Malay 1 <input type="checkbox"/> Dusun 2 <input type="checkbox"/> Murut 3 <input type="checkbox"/> Other indigenous 4 <input type="checkbox"/> Chinese 5 <input type="checkbox"/> Others 6 <input type="checkbox"/> Others, specify _____</p>	
<p>D 09. Residential status Brunei citizen 1 <input type="checkbox"/> Permanent resident 2 <input type="checkbox"/> Temporary resident 3 <input type="checkbox"/> Others 4 <input type="checkbox"/></p>	
<p>D 10. Citizenship Brunei Darussalam 01 <input type="checkbox"/> Permanent resident 00 <input type="checkbox"/> Other country, specify _____</p>	
<p>D 11. Country of birth Brunei Darussalam 01 <input type="checkbox"/> <input checked="" type="checkbox"/> D 13 Other country, specify _____</p>	<p>D 12. Year of first arrival to Brunei Darussalam (For persons born outside Brunei Darussalam only.) <input checked="" type="checkbox"/></p>
<p>D 13. Place of usual residence in Brunei Darussalam <input type="checkbox"/></p>	<p>D 14. Place of residence 5 years ago (in August 1996) <input type="checkbox"/></p>

D (b). LITERACY, EDUCATION, RECREATION AND HEALTH. (For household members aged 3 years and over.)

<p>D 15. Is the person able to read and write with understanding (literate) ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> <input checked="" type="checkbox"/> D 17</p>	
<p>D 16. Languages that the person is able to read and write. (Please mark more than one box, if applicable.) a. Malay <input type="checkbox"/> b. English <input type="checkbox"/> c. Chinese <input type="checkbox"/> d. Arabic <input type="checkbox"/> e. Others <input type="checkbox"/> Others, specify _____</p>	
<p>D 17. Language / dialect that the person uses in conversation on a day-to-day basis. (Please mark more than one box, if applicable.) a. Brunei Malay <input type="checkbox"/> b. Standard Malay <input type="checkbox"/> c. Kg. Air (Belandh) <input type="checkbox"/> d. Kedayan <input type="checkbox"/> e. Belait <input type="checkbox"/> f. Tutong <input type="checkbox"/> g. Dusun <input type="checkbox"/> h. Murut (Lun Bawang) <input type="checkbox"/> i. Biseya <input type="checkbox"/> j. Iban <input type="checkbox"/> k. Penan <input type="checkbox"/> l. Hakka <input type="checkbox"/> m. Hokkien <input type="checkbox"/> n. Cantonese <input type="checkbox"/> o. Hainanese <input type="checkbox"/> p. Teochew <input type="checkbox"/> q. Foochow <input type="checkbox"/> r. Mandarin <input type="checkbox"/> s. Arabic <input type="checkbox"/> t. English <input type="checkbox"/> u. Others <input type="checkbox"/> Others, specify _____</p>	
<p>D 18. Is the person still studying full-time ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> <input checked="" type="checkbox"/> D 21</p>	<p>D 19. Level of education being attended <input type="checkbox"/></p>
<p>D 20. Name of school / college / university being attended <input type="checkbox"/></p>	
<p>D 21. Highest level of education / qualification attained <input type="checkbox"/></p>	<p>D 22. Field of qualification (for degree, diploma and certificate only). <input type="checkbox"/></p>
<p>D 23. Does the person know how to use a computer ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> <input checked="" type="checkbox"/> D 27</p>	<p>D 24. Did the person use a computer last week ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/></p>
<p>D 25. Does the person know how to use Internet ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> <input checked="" type="checkbox"/> D 27</p>	<p>D 26. Did the person use Internet last week ? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/></p>

D (b). LITERACY, EDUCATION, RECREATION AND HEALTH (continued).

(Please mark ✓ the boxes beside the appropriate codes and fill in the spaces as well as the boxes marked with ➡ provided.)

D 27. Was the person involved in sports activities during the last 6 months ?	
Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/> ➡ D 29
D 28. Please specify three kinds of sports activities that the person was involved in during the last 6 months according to priority :	
1. _____ <input type="checkbox"/>	2. _____ <input type="checkbox"/> 3. _____ <input type="checkbox"/>
D 29. Has the person ever received medical / health service last month ?	
Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/> ➡ D 31
D 30. Where did the person receive the medical / health service ?	
Government hospital 1 <input type="checkbox"/>	Government health centre / clinic 2 <input type="checkbox"/>
Private clinic 4 <input type="checkbox"/>	Others 5 <input type="checkbox"/>
	Private hospital 3 <input type="checkbox"/>
	Others, specify _____
D 31. Is the person a smoker ?	
Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>

D (c). WOMAN FERTILITY. (For ever-married women.)

D 32. Age at first marriage	➡ <input type="checkbox"/>	D 33. Number of children born alive	➡ <input type="checkbox"/>
D 34. Number of children still alive	➡ <input type="checkbox"/>	D 35. Number of children dead	➡ <input type="checkbox"/>
D 36. Month and year of birth of the last child		D 37. Is the last-born child still alive ?	
Month <input type="checkbox"/> Year <input type="checkbox"/>		Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>

D (d). ECONOMIC ACTIVITY. (For household members aged 15 years and over.)

The following questions D 38 - D 45 refer to the period from 15 to 21 August 2001 (REFERENCE WEEK).	
D 38. Activity status of the person. (Please mark the activity of the person during the REFERENCE WEEK.)	
Working 1 <input type="checkbox"/>	Actively looking for work 2 <input type="checkbox"/> ➡ D 45
Student 4 <input type="checkbox"/> ➡ D 46	Retired 5 <input type="checkbox"/> ➡ D 46
	Housewife 3 <input type="checkbox"/> ➡ D 46
	Others 6 <input type="checkbox"/> ➡ D 46
D 39. Occupation status of the person	
Employee 1 <input type="checkbox"/>	Own account 2 <input type="checkbox"/>
Employer 3 <input type="checkbox"/>	Family worker 4 <input type="checkbox"/>
D 40. Main occupation of the person. (Please specify in detail.)	

D 41. Name and address of employer / company of the person. (Please specify in detail.)	

D 42. Industry. (Please specify in detail the type of goods or services produced by the person's employer / company.)	

D 43. Gross monthly income from main occupation (B\$)	D 44. Bonus received in the last 12 months (B\$)
(Please also include all allowances received by the person.)	
B\$ _____	B\$ _____
D 45. What was the occupation of the person's father when the person was 15 years old ?	

The following questions D 46 - D 47 refer to the economic activity of the person in the last 12 months.	
D 46. a. Occupation / business activity of the person as a sideline, if any. (Please specify in detail.)	

b. Gross monthly income from occupation / business activity as a sideline B\$ _____	

D 47. Gross monthly income from :	
a. House / building rental	B\$ _____
_____	_____
b. Retirement pensions from previous full-time employment	B\$ _____
_____	_____
c. Social welfare benefits	B\$ _____
_____	_____
d. Student allowance / scholarship	B\$ _____
_____	_____
e. Others, specify _____	B\$ _____
_____	_____

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