

**CENSUS ACT
(CHAPTER 78)
CENSUS RULES**

S 59/01

REVISED EDITION 2003

(1st December 2003)

SUBSIDIARY LEGISLATION

CENSUS RULES

ARRANGEMENT OF RULES

Rule

1. Citation.
2. Census officers to obtain particulars for census.
3. Forms of Schedules.

**APPENDIX I — MATTERS IN RESPECT OF WHICH PARTICULARS
ARE REQUIRED**

APPENDIX II — FORMS OF SCHEDULE

SUBSIDIARY LEGISLATION

Rule under section 6

CENSUS RULES

Commencement : 11th June 2001

Citation.

1. These Rules may be cited as the Census Rules.

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

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- 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. Language 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?

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- 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 3 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

LAWS OF BRUNEI

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Census

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[Subsidiary]

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	<input type="checkbox"/>	Mukim	<input type="checkbox"/>
Kampung/Locality	<input type="checkbox"/>	Enumeration Area	<input type="checkbox"/>
Living Quarters No.	<input type="checkbox"/>	Household No.	<input type="checkbox"/>
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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lot/EDR/ToI 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 besides 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"/>	Owner-occupier
	Terrace	3 <input type="checkbox"/>	Collective	4 <input type="checkbox"/>	Private individual (non-occupier)
	Flat	5 <input type="checkbox"/>	Shophouse	6 <input type="checkbox"/>	Government
	Long house	7 <input type="checkbox"/>	Labour line	8 <input type="checkbox"/>	Company/Corporation/Association
	Others, specify	9 <input type="checkbox"/>	_____		Others, specify _____
					5 <input type="checkbox"/>

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. <input type="checkbox"/> <input type="checkbox"/>			
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 Electrical 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 One-person 1 <input type="checkbox"/> Nuclear 2 <input type="checkbox"/> Extended 3 <input type="checkbox"/> Composite 4 <input type="checkbox"/>		QUESTION B01 IS FOR OFFICE USE ONLY	
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"/> <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 (Kristal) _____ g. Astro _____ h. Air-conditioner _____ i. Freezer _____			

LAWS OF BRUNEI

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Census

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SCHEDULE 2

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)					
D 01. Name * Serial number of household member			D 02. Colour (Y/P/G/O) and No. of Brunei Darussalam I.C. * Colour No.		
D 03. Gender Male 1 Female 2			D 04. a. Age of last birthday _____ years b. Date of birth _____ * Day Month year		
D 05. Relationship to the head of household Head 1 Spouse 2 Child 3 Grandchild 4 Parent 5 Grandparent 6 Adopted child 7 Other relative 8 Domestic helper 9 Not related 0					
D 06. Marital status Single 1 Married 2 Divorced 3 Widowed 4					
D 07. Religion Islam 1 Christianity 2 Buddhism 3 Others 4					
D 08. Race Malay 1 Dusun 2 Murut 3 Others indigenous 4 Chinese 5 Others 6 Others, specify _____					
D 09. Residential status Brunei citizen 1 Permanent resident 2 Temporary resident 3 Others 4					
D 10. Citizenships Brunei Darussalam 01 Permanent resident 00 Other country, specify _____					
D 11. Country of birth Brunei Darussalam 01 * D 13 Other country, specify _____			D 12. Year of first arrival to Brunei Darussalam (For person born outside Brunei Darussalam only). * _____		
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 members aged 3 years and over).					
D 15. Is the person able to read and write with understanding (literate)? Yes 1 No 2 * D 17					
D 16. Languages that the person is able to read and write. (Please mark more than one box, if applicable). a. Malay b. English c. Chinese d. Arabic e. Others Others, specify _____					
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 b. Standard Malay c. Kg. Air (Belandih) d. Kedayan e. Belait f. Tutong g. Dusun h. Murut (Lun Bawang) i. Bisaya j. Iban h. Penan l. Hakka m. Hokkien n. Cantonese o. Hainanse p. Teochew q. Foochow r. Mandarin s. Arabic t. English u. Others Others, specify _____					
D 18. Is the person still studying full-time? Yes 1 No 2 * D 21			D 19. Level of education being attended		
D 20. Name of school/collage/university being attended					

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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 21. Highest level of education/qualification attained	<input type="checkbox"/> <input type="checkbox"/>	D 22. Field of qualification (for degree, diploma and certificate only)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D 23. Does the person know how to use a computer? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> * D 27		D 24. Did the person use a computer last week? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
D 25. Does the person know how to use Internet? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> * D 27		D 26. Did the person use Internet last week? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	
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"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/> 3. _____ <input type="checkbox"/> <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 hospital 3 <input type="checkbox"/> Private clinic 4 <input type="checkbox"/> Others 5 <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 married women).

D 32. Age at first marriage * <input type="checkbox"/> <input type="checkbox"/>	D 33. Number of children born alive * <input type="checkbox"/> <input type="checkbox"/>				
D 34. Number of children still alive * <input type="checkbox"/> <input type="checkbox"/>	D 35. Number of children dead * <input type="checkbox"/> <input type="checkbox"/>				
D 36. Month and year of birth of the last child * <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Month</td><td>Year</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Month	Year	<input type="checkbox"/>	<input type="checkbox"/>	D 37. Is the last-born child alive? Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>
Month	Year				
<input type="checkbox"/>	<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 Housewife 3 <input type="checkbox"/> * D 46 Student 4 <input type="checkbox"/> * D 46 Retired 5 <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). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
D 41. Name and address of employer/company of the person. (Please specify in detail). <input type="checkbox"/>			
D 42. Industry. (Please specify in detail the type of goods or services produced by the person's employer/company). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
D 43. Gross monthly income from main occupation (B\$) (Please also include all allowances received by the person). B\$ _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D 44. Bonus received in the last 12 months (B\$) B\$ _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
D 45. What was the occupation of the person's father when the person was 15 years old? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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). <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
b. Gross monthly income from occupation/business activity as a sideline B\$ _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

[Subsidiary]

D (d). ECONOMIC ACTIVITY. (continued).

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

THIS QUESTIONNAIRE IS THE PROPERTY OF THE DEPARTMENT OF ECONOMIC PLANNING AND DEVELOPMENT, PRIME MINISTERS DEPARTMENT