

<p>5. Location of residence five years ago (Dec.15, 1985) — Filled only by those born before Dec. 15, 1985</p>	<p>Same as present residence <input type="checkbox"/></p> <p>Same as present village/li <input type="checkbox"/></p> <p>Different from present town/township but same as present county/city <input type="checkbox"/></p> <p>Different from present county/city but same as present Taiwan-Fukien Area <input type="checkbox"/></p> <p>Different from present county/city but same as other province/municipality <input type="checkbox"/></p> <p>Foreign country <input type="checkbox"/></p> <p style="text-align: right;">County City</p>	<p>Same as present residence <input type="checkbox"/></p> <p>Same as present village/li <input type="checkbox"/></p> <p>Different from present town/township but same as present county/city <input type="checkbox"/></p> <p>Different from present county/city but same as present Taiwan-Fukien Area <input type="checkbox"/></p> <p>Different from present county/city but same as other province/municipality <input type="checkbox"/></p> <p>Foreign country <input type="checkbox"/></p> <p style="text-align: right;">County City</p>
<p>Second digit</p> <p>First digit</p>	<p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/></p> <p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>6. Marital status</p>	<p>Single <input type="checkbox"/> Currently married or cohabited <input type="checkbox"/> Divorced or separated <input type="checkbox"/> Widowed <input type="checkbox"/></p>	<p>Single <input type="checkbox"/> Currently married or cohabited <input type="checkbox"/> Divorced or separated <input type="checkbox"/> Widowed <input type="checkbox"/></p>
<p>7. Education —The junior high school includes the vocational junior high school and the normal school.</p> <p>The vocational senior high school includes education for the first three years at the five-year junior college.</p>	<p>Attending school <input type="checkbox"/> Graduated <input type="checkbox"/> Having passed qualification test <input type="checkbox"/> Unschooling <input type="checkbox"/></p> <p>Primary school <input type="checkbox"/> Junior high school <input type="checkbox"/> Senior high school <input type="checkbox"/> Illiterate <input type="checkbox"/> Self-taught <input type="checkbox"/></p> <p>Vocational senior high school <input type="checkbox"/> Junior college <input type="checkbox"/> College/university <input type="checkbox"/> Graduate school <input type="checkbox"/> Day-care center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Infants and others <input type="checkbox"/></p> <p style="text-align: center;">Course Department Institute</p>	<p>Attending school <input type="checkbox"/> Graduated <input type="checkbox"/> Having passed qualification test <input type="checkbox"/> Unschooling <input type="checkbox"/></p> <p>Primary school <input type="checkbox"/> Junior high school <input type="checkbox"/> Senior high school <input type="checkbox"/> Illiterate <input type="checkbox"/> Self-taught <input type="checkbox"/></p> <p>Vocational senior high school <input type="checkbox"/> Junior college <input type="checkbox"/> College/university <input type="checkbox"/> Graduate school <input type="checkbox"/> Day-care center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Infants and others <input type="checkbox"/></p> <p style="text-align: center;">Course Department Institute</p>
<p>Second digit</p> <p>First digit</p>	<p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p> <p>0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></p>
<p>8. Any adverse health condition with you? —The multi-disability refers to two or more than two disabilities occurring to one person without cause-effect relationship among them. —Lack of self-care capability refers to the condition that a person is not disabled but needs someone else to take care of his/her eating, clothing, housing and walking.</p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes</p> <p>Multi-disability <input type="checkbox"/> Sighting difficulty <input type="checkbox"/> Hearing difficulty <input type="checkbox"/> Speaking difficulty <input type="checkbox"/> Physical disability <input type="checkbox"/> Retardation <input type="checkbox"/></p> <p>Loss of key organ's functions <input type="checkbox"/> Facial damages <input type="checkbox"/> Permanent unconsciousness or Alzheimer's disease <input type="checkbox"/> Lack of self-care capability <input type="checkbox"/> Autism <input type="checkbox"/> Others <input type="checkbox"/></p>	<p><input type="checkbox"/> No. <input type="checkbox"/> Yes</p> <p>Multi-disability <input type="checkbox"/> Sighting difficulty <input type="checkbox"/> Hearing difficulty <input type="checkbox"/> Speaking difficulty <input type="checkbox"/> Physical disability <input type="checkbox"/> Retardation <input type="checkbox"/></p> <p>Loss of key organ's functions <input type="checkbox"/> Facial damages <input type="checkbox"/> Permanent unconsciousness or Alzheimer's disease <input type="checkbox"/> Lack of self-care capability <input type="checkbox"/> Autism <input type="checkbox"/> Others <input type="checkbox"/></p>

<input type="checkbox"/> Taiwan-Fukien area <input type="checkbox"/> Other provinces/municipalities <input type="checkbox"/> U. S. A. <input type="checkbox"/> Japan <input type="checkbox"/> Southeast Asian countries (districts) <input type="checkbox"/> Other countries (districts)	<input type="checkbox"/> Taiwan-Fukien area <input type="checkbox"/> Other provinces/municipalities <input type="checkbox"/> U. S. A. <input type="checkbox"/> Japan <input type="checkbox"/> Southeast Asian countries (districts) <input type="checkbox"/> Other countries (districts)	<input type="checkbox"/> Taiwan-Fukien area <input type="checkbox"/> Other provinces/municipalities <input type="checkbox"/> U. S. A. <input type="checkbox"/> Japan <input type="checkbox"/> Southeast Asian countries (districts) <input type="checkbox"/> Other countries (districts)
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<p>Single <input type="checkbox"/></p> <p>Currently married or cohabited <input type="checkbox"/></p> <p>Divorced or separated <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p>	<p>Single <input type="checkbox"/></p> <p>Currently married or cohabited <input type="checkbox"/></p> <p>Divorced or separated <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p>	<p>Single <input type="checkbox"/></p> <p>Currently married or cohabited <input type="checkbox"/></p> <p>Divorced or separated <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p>
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<p>No. <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Multi-disability <input type="checkbox"/></p> <p>Sighting difficulty <input type="checkbox"/></p> <p>Hearing difficulty <input type="checkbox"/></p> <p>Speaking difficulty <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>Retardation <input type="checkbox"/></p> <p>Loss of key organ's functions <input type="checkbox"/></p> <p>Facial damages <input type="checkbox"/></p> <p>Permanent unconsciousness or alzheimer's disease <input type="checkbox"/></p> <p>Lack of self-care capability <input type="checkbox"/></p> <p>Autism <input type="checkbox"/></p> <p>Others <input type="checkbox"/></p>	<p>No. <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Multi-disability <input type="checkbox"/></p> <p>Sighting difficulty <input type="checkbox"/></p> <p>Hearing difficulty <input type="checkbox"/></p> <p>Speaking difficulty <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>Retardation <input type="checkbox"/></p> <p>Loss of key organ's functions <input type="checkbox"/></p> <p>Facial damages <input type="checkbox"/></p> <p>Permanent unconsciousness or alzheimer's disease <input type="checkbox"/></p> <p>Lack of self-care capability <input type="checkbox"/></p> <p>Autism <input type="checkbox"/></p> <p>Others <input type="checkbox"/></p>	<p>No. <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Multi-disability <input type="checkbox"/></p> <p>Sighting difficulty <input type="checkbox"/></p> <p>Hearing difficulty <input type="checkbox"/></p> <p>Speaking difficulty <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>Retardation <input type="checkbox"/></p> <p>Loss of key organ's functions <input type="checkbox"/></p> <p>Facial damages <input type="checkbox"/></p> <p>Permanent unconsciousness or alzheimer's disease <input type="checkbox"/></p> <p>Lack of self-care capability <input type="checkbox"/></p> <p>Autism <input type="checkbox"/></p> <p>Others <input type="checkbox"/></p>

TAIWAN-FUKIEN AREA OF THE REPUBLIC OF CHINA (FORM 1)

- The census law and relevant statistic regulations require that this schedule be filled out with facts, and stipulate that anyone evading or refusing the census or providing inaccurate answers be subject to penalty in accordance with law.
- Data collected in the schedule exclusively serve the purpose of statistical analysis. Information on individuals should be kept confidential. Anyone who makes unauthorized release will be punished in accordance with law.
- The schedule shall be filled with a 2-B pencil. In case that an error occurs, the relevant mark shall be completely erased before the correct answer can be entered.
- Where a rectangular box is provided, please mark a broad, dark horizontal line within the box such as .

Third digit	0	1	2							
	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Second digit	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"/>
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This is no. <input type="text"/> of <input type="text"/> sheet(s) of census schedule filled by the household.											
Ordinal number of the schedule	Third digit	0	1	2	3	4	5	6	7	8	9
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Type of household	<input type="checkbox"/> Ordinary		<input type="checkbox"/> Non-ordinary								

I. POPULATION PANEL

Male <input type="checkbox"/> <input style="width: 100px; height: 20px; border: 1px solid black;" value="3"/> Female <input type="checkbox"/> <input style="width: 100px; height: 20px; border: 1px solid black;" value=""/>	Male <input type="checkbox"/> <input style="width: 100px; height: 20px; border: 1px solid black;" value="4"/> Female <input type="checkbox"/> <input style="width: 100px; height: 20px; border: 1px solid black;" value=""/>	Male <input type="checkbox"/> <input style="width: 100px; height: 20px; border: 1px solid black;" value="5"/> Female <input type="checkbox"/> <input style="width: 100px; height: 20px; border: 1px solid black;" value=""/>																		
Head of household <input type="checkbox"/> Parent of spouse <input type="checkbox"/> Grand-parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Child's (inc. child spouse of daughter) <input type="checkbox"/> Brother/ sister <input type="checkbox"/> Other relative <input type="checkbox"/> Employee <input type="checkbox"/> Lodger <input type="checkbox"/>	Head of household <input type="checkbox"/> Parent of spouse <input type="checkbox"/> Grand-parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Child's (inc. child spouse of daughter) <input type="checkbox"/> Brother/ sister <input type="checkbox"/> Other relative <input type="checkbox"/> Employee <input type="checkbox"/> Lodger <input type="checkbox"/>	Head of household <input type="checkbox"/> Parent of spouse <input type="checkbox"/> Grand-parent <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Child's (inc. child spouse of daughter) <input type="checkbox"/> Brother/ sister <input type="checkbox"/> Other relative <input type="checkbox"/> Employee <input type="checkbox"/> Lodger <input type="checkbox"/>																		
<input type="checkbox"/> Before 1912 <input type="checkbox"/> After 1912 (inclusive) <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">year</td><td style="text-align: center;">month</td><td style="text-align: center;">day</td></tr> </table>				year	month	day	<input type="checkbox"/> Before 1912 <input type="checkbox"/> After 1912 (inclusive) <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">year</td><td style="text-align: center;">month</td><td style="text-align: center;">day</td></tr> </table>				year	month	day	<input type="checkbox"/> Before 1912 <input type="checkbox"/> After 1912 (inclusive) <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">year</td><td style="text-align: center;">month</td><td style="text-align: center;">day</td></tr> </table>				year	month	day
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9.	Economic characteristics (filled only by those born before Dec. 15, 1975) For those having a job or seeking for a job again, please continue to questions (3), (4) and (5).	(1) During the standard week (from Dec.9 through 15 of 1990), do you have a job? It is defined that you have a job in the standard week when you engage in a paid work or if you are an unpaid worker doing a job for 15 hours or more in a business firm run by your family. Doing a part-time work by a student is considered as having a job.	1	<input type="checkbox"/> Holding a job <input type="checkbox"/> Being a serviceman on active duty <input type="checkbox"/> Holding no job with causes below Seeking for job for first time <input type="checkbox"/> Seeking for job again <input type="checkbox"/> Attending school <input type="checkbox"/> House-keeping <input type="checkbox"/> Disability <input type="checkbox"/> Being invalid or aged <input type="checkbox"/> Being jailed or detained <input type="checkbox"/> Unwilling to work <input type="checkbox"/> Others <input type="checkbox"/>	2	<input type="checkbox"/> Holding a job <input type="checkbox"/> Being a serviceman on active duty <input type="checkbox"/> Holding no job with causes below Seeking for job for first time <input type="checkbox"/> Seeking for job again <input type="checkbox"/> Attending school <input type="checkbox"/> House-keeping <input type="checkbox"/> Disability <input type="checkbox"/> Being invalid or aged <input type="checkbox"/> Being jailed or detained <input type="checkbox"/> Unwilling to work <input type="checkbox"/> Others <input type="checkbox"/>	3	<input type="checkbox"/> Holding a job <input type="checkbox"/> Being a serviceman on active duty <input type="checkbox"/> Holding no job with causes below Seeking for job for first time <input type="checkbox"/> Seeking for job again <input type="checkbox"/> Attending school <input type="checkbox"/> House-keeping <input type="checkbox"/> Disability <input type="checkbox"/> Being invalid or aged <input type="checkbox"/> Being jailed or detained <input type="checkbox"/> Unwilling to work <input type="checkbox"/> Others <input type="checkbox"/>		
		(2) Are you the main breadwinner of the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
		(3) Industry	Name of establishment you worked for							
			Main products/services of the establishment							
		(4) Occupation	Kind of work							
	Main position or job title									
(5) Employment status	Employer <input type="checkbox"/>	Own-account operator <input type="checkbox"/>	Employee of private firm <input type="checkbox"/>	Government employee <input type="checkbox"/>	Unpaid worker of firm run by his family <input type="checkbox"/>	Employer <input type="checkbox"/>	Own-account operator <input type="checkbox"/>	Employee of private firm <input type="checkbox"/>	Government employee <input type="checkbox"/>	Unpaid worker of firm run by his family <input type="checkbox"/>
10.	Location of the establishment you work for or location of the school where you study Filled only by those born before Dec. 15, 1984 The school where you study may be the regular school or the cram school where you prepare yourself for entering a school at the next higher level. For students working a part-time job after class, please fill in the location of the establishment your work for, rather than the location of the school where you study.	<input type="checkbox"/> Job-holder, serviceman or student <input type="checkbox"/> Person without job or not studying in school At present residence <input type="checkbox"/> At present town/township <input type="checkbox"/> Away from present town/township <input type="checkbox"/> Away from Taiwan-Fukien area <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/>	<input type="checkbox"/> Job-holder, serviceman or student <input type="checkbox"/> Person without job or not studying in school At present residence <input type="checkbox"/> At present town/township <input type="checkbox"/> Away from present town/township <input type="checkbox"/> Away from Taiwan-Fukien area <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/>	<input type="checkbox"/> Job-holder, serviceman or student <input type="checkbox"/> Person without job or not studying in school At present residence <input type="checkbox"/> At present town/township <input type="checkbox"/> Away from present town/township <input type="checkbox"/> Away from Taiwan-Fukien area <input type="checkbox"/> County <input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/>						
11.	Main sources of your financial support Filled only by those born before Dec. 15, 1925. (Single choice only, with multiple choices prohibited.)	<input type="checkbox"/> One's own savings <input type="checkbox"/> One's own earnings <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other relatives and friends <input type="checkbox"/> Pension and insurance payment <input type="checkbox"/> Social relief <input type="checkbox"/> Others	<input type="checkbox"/> One's own savings <input type="checkbox"/> One's own earnings <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other relatives and friends <input type="checkbox"/> Pension and insurance payment <input type="checkbox"/> Social relief <input type="checkbox"/> Others	<input type="checkbox"/> One's own savings <input type="checkbox"/> One's own earnings <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other relatives and friends <input type="checkbox"/> Pension and insurance payment <input type="checkbox"/> Social relief <input type="checkbox"/> Others						
10.	Location of work/Location of study	Third digit: 0-9 Second digit: 0-9 First digit: 0-9	(3) Industry	Third digit: 0-9 Second digit: 0-9 First digit: 0-9						
10.	Location of work/Location of study	Third digit: 0-9 Second digit: 0-9 First digit: 0-9	(3) Industry	Third digit: 0-9 Second digit: 0-9 First digit: 0-9						
10.	Location of work/Location of study	Third digit: 0-9 Second digit: 0-9 First digit: 0-9	(3) Industry	Third digit: 0-9 Second digit: 0-9 First digit: 0-9						
10.	Location of work/Location of study	Third digit: 0-9 Second digit: 0-9 First digit: 0-9	(3) Industry	Third digit: 0-9 Second digit: 0-9 First digit: 0-9						
10.	Location of work/Location of study	Third digit: 0-9 Second digit: 0-9 First digit: 0-9	(3) Industry	Third digit: 0-9 Second digit: 0-9 First digit: 0-9						

Location of study	digit										Industry	digit																																	
	First digit	0	1	2	3	4	5	6	7	8		9	Third digit	0	1	2	3	4	5	6	7	8	9	Second digit	0	1	2	3	4	5	6	7	8	9	First digit	0	1	2	3	4	5	6	7	8	9
10. Location of work/ Location of study	Third digit	0	1	2	3	4	5	6	7	8	9	(3)	Third digit	0	1	2	3	4	5	6	7	8	9	Second digit	0	1	2	3	4	5	6	7	8	9	First digit	0	1	2	3	4	5	6	7	8	9
10. Location of work/ Location of study	Third digit	0	1	2	3	4	5	6	7	8	9	(3)	Third digit	0	1	2	3	4	5	6	7	8	9	Second digit	0	1	2	3	4	5	6	7	8	9	First digit	0	1	2	3	4	5	6	7	8	9
10. Location of work/ Location of study	Third digit	0	1	2	3	4	5	6	7	8	9	(3)	Third digit	0	1	2	3	4	5	6	7	8	9	Second digit	0	1	2	3	4	5	6	7	8	9	First digit	0	1	2	3	4	5	6	7	8	9

II . HOUSING PANEL

<p>1. Division of dwelling place</p> <p>Residence <input type="checkbox"/> Other buildings <input type="checkbox"/> Other places <input type="checkbox"/> Stop going to following questions</p>	<p>6. Number of rooms and total floor space</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="margin-left: 10px;">Pin(s) (36 square feet) Floor space added later</div> </div> <p>- Total floor space excludes the space of balconies. Please round the figures.</p> <p>- Rooms exclude bathrooms, kitchens and toilets.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%;">Room(s)</td> <td style="width: 5%;">1</td><td style="width: 5%;">2</td><td style="width: 5%;">3</td><td style="width: 5%;">4</td><td style="width: 5%;">5</td><td style="width: 5%;">6</td><td style="width: 5%;">7</td><td style="width: 5%;">8</td> </tr> <tr> <td rowspan="3">Original floor space</td> <td>Third digit</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td>Second digit</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td>First digit</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td rowspan="2">Floor space added later</td> <td>Second digit</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td>First digit</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>	Room(s)	1	2	3	4	5	6	7	8	Original floor space	Third digit	0	1	2	3	4	5	6	7	8	9	Second digit	0	1	2	3	4	5	6	7	8	9	First digit	0	1	2	3	4	5	6	7	8	9	Floor space added later	Second digit	0	1	2	3	4	5	6	7	8	9	First digit	0	1	2	3	4	5	6	7	8	9
Room(s)	1	2	3	4	5	6	7	8																																																											
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Floor space added later	Second digit	0	1	2	3	4	5	6	7	8	9																																																								
	First digit	0	1	2	3	4	5	6	7	8	9																																																								
<p>2. Type of construction</p> <p>Conventional or rural type <input type="checkbox"/> Single house or duplex <input type="checkbox"/> House adjoining to others with common walls <input type="checkbox"/></p> <p>Apartment of 5 stories or lower <input type="checkbox"/> Apartment of 6 - 12 stories <input type="checkbox"/> Apartment of 13 stories or higher <input type="checkbox"/> Others <input type="checkbox"/></p>	<p>7. Number of occupying households (Go on to questions 8, 9 and 10 for each occupying household.)</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>1 <input type="checkbox"/></div> <div>2 <input type="checkbox"/></div> <div>3 <input type="checkbox"/></div> <div>4 <input type="checkbox"/></div> <div>5 <input type="checkbox"/></div> <div>6 <input type="checkbox"/></div> </div>																																																																		
<p>3. Occupied or not</p> <p>Having occupant(s) <input type="checkbox"/> Not occupied <input type="checkbox"/> No occupant but provided for other non-residential use <input type="checkbox"/> Stop going to following questions</p>	<p>8. Ownership and source of housing</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td rowspan="2" style="width: 15%; vertical-align: middle;">Occupied by owner</td> <td style="width: 15%;">Private housing purchased (built) by owner <input type="checkbox"/></td> <td style="width: 15%;">Public housing purchased (built) by owner <input type="checkbox"/></td> <td style="width: 15%;">Housing inherited or bestowed <input type="checkbox"/></td> <td rowspan="2" style="width: 15%; vertical-align: middle;">Occupied by non-owner</td> <td style="width: 15%;">Government-owned public housing rented by occupier <input type="checkbox"/></td> <td style="width: 15%;">Privately owned public housing rented by occupier <input type="checkbox"/></td> <td style="width: 15%;">Other type of housing rented by occupier <input type="checkbox"/></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Occupied by owner	Private housing purchased (built) by owner <input type="checkbox"/>	Public housing purchased (built) by owner <input type="checkbox"/>	Housing inherited or bestowed <input type="checkbox"/>	Occupied by non-owner	Government-owned public housing rented by occupier <input type="checkbox"/>	Privately owned public housing rented by occupier <input type="checkbox"/>	Other type of housing rented by occupier <input type="checkbox"/>																																																										
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<p>4. Usage of occupied residence</p> <p>Exclusive use for residence <input type="checkbox"/> Part for residence and part for factory <input type="checkbox"/> Part for residence and part for commerce <input type="checkbox"/> Part for residence and part for others <input type="checkbox"/></p>	<p>5. Year of completing construction</p> <table style="width: 100%; text-align: center;"> <tr> <td>1945 or earlier <input type="checkbox"/></td> <td>1946 <input type="checkbox"/></td> <td>1961 <input type="checkbox"/></td> <td>1971 <input type="checkbox"/></td> <td>1981 <input type="checkbox"/></td> </tr> <tr> <td></td> <td>1960 <input type="checkbox"/></td> <td>1970 <input type="checkbox"/></td> <td>1980 <input type="checkbox"/></td> <td>1985 <input type="checkbox"/></td> </tr> <tr> <td></td> <td>1986 <input type="checkbox"/></td> <td>1987 <input type="checkbox"/></td> <td>1988 <input type="checkbox"/></td> <td>1990 <input type="checkbox"/></td> </tr> </table>	1945 or earlier <input type="checkbox"/>	1946 <input type="checkbox"/>	1961 <input type="checkbox"/>	1971 <input type="checkbox"/>	1981 <input type="checkbox"/>		1960 <input type="checkbox"/>	1970 <input type="checkbox"/>	1980 <input type="checkbox"/>	1985 <input type="checkbox"/>		1986 <input type="checkbox"/>	1987 <input type="checkbox"/>	1988 <input type="checkbox"/>	1990 <input type="checkbox"/>																																																			
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<p>Enumerator (signature)</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Remarks</p>																																																																		
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One's own savings <input type="checkbox"/> One's own earnings <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other relatives and friends <input type="checkbox"/> Pension and insurance payment <input type="checkbox"/> Social relief <input type="checkbox"/> Others <input type="checkbox"/>	One's own savings <input type="checkbox"/> One's own earnings <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other relatives and friends <input type="checkbox"/> Pension and insurance payment <input type="checkbox"/> Social relief <input type="checkbox"/> Others <input type="checkbox"/>	One's own savings <input type="checkbox"/> One's own earnings <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other relatives and friends <input type="checkbox"/> Pension and insurance payment <input type="checkbox"/> Social relief <input type="checkbox"/> Others <input type="checkbox"/>	One's own savings <input type="checkbox"/> One's own earnings <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other relatives and friends <input type="checkbox"/> Pension and insurance payment <input type="checkbox"/> Social relief <input type="checkbox"/> Others <input type="checkbox"/>				
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* Note : Please do not stain, fold, roll or water - trench the schedule otherwise the optical sensor can not read the data on it

II . HOUSING PANEL

Number of rooms and floor space: Total floor space excludes the space of balconies. Please round the figures. Rooms exclude bathrooms, kitchens and toilets.

Original floor space	Pin(s) (36 square feet)	Floor space added later	Pin(s) (36 square feet)
Room(s)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 and more		
Third digit	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
Second digit	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
First digit	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

Number of occupying households (on to questions 8, 9 and for each occupying household.):

1 2 3 4 5 6 and more

Relationship and source of housing:

Private housing	Public housing	Housing purchased (built) by owner	Housing inherited or bestowed	Occupied by non-owner	Government-owned public housing	Privately owned public housing	Other type of housing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Condition of changing housing

(1) Time of occupying present housing - Please go to questions (2) and (3) if the present housing was occupied ten years or less than 10 years ago.

Less than one year 1-5 years 6-10 years 11-15 years 16-20 years 21 years or more

Please go to question 10

(2) Cause(s) for changing housing - A maximum of three choices may be selected.

Increase in household population <input type="checkbox"/>	Decrease in household population <input type="checkbox"/>	Additional living space needed <input type="checkbox"/>	Additional bedrooms of needed <input type="checkbox"/>	Facilities of schooling <input type="checkbox"/>
Facilities of commuting <input type="checkbox"/>	Better public facilities <input type="checkbox"/>	Poor housing conditions of previous residence <input type="checkbox"/>	Poor surrounding environments of previous residence <input type="checkbox"/>	
	Expiry of lease <input type="checkbox"/>	Exchange for new housing <input type="checkbox"/>	Married <input type="checkbox"/>	Expensive rent <input type="checkbox"/>
				Others <input type="checkbox"/>

(3) Comparison of present housing with previous one in total floor space (excluding balcony)

Larger Smaller The same

Pin(s) (36 square feet): less than 5 5 to less than 10 10 to less than 15 15 to less than 20 20 or more

10. What public facilities or what issues surrounding your residence you consider badly need improvement? - A maximum of three choices may be selected.

Market place too far away <input type="checkbox"/>	Inconvenience to go to primary/middle school <input type="checkbox"/>	Inconvenience in transportation <input type="checkbox"/>	Poor condition in traffic <input type="checkbox"/>	Inefficient parking space <input type="checkbox"/>	Kindergarten <input type="checkbox"/>	Day-care center <input type="checkbox"/>
	Inconvenience to get medical care <input type="checkbox"/>	Drainage/sewage <input type="checkbox"/>	Social security <input type="checkbox"/>	Dirty environments <input type="checkbox"/>	Polluted by noises <input type="checkbox"/>	None <input type="checkbox"/>
Community library <input type="checkbox"/>	Inefficient grass-lands in park <input type="checkbox"/>					

Respondent: _____ (signature)

Telephone: () _____

<p>3 a job serviceman on active duty to job with causes below</p> <p>ing House-keeping Disability</p> <p>Unwilling to work Others</p>	<p>3 Holding a job Being a serviceman on active duty Holding no job with causes below</p> <p>Seeking for job for first time Seeking for job again Attending school House-keeping Disability</p> <p>Being invalid or aged Being jailed or detained Unwilling to work Others</p>	<p>4 Holding a job Being a serviceman on active duty Holding no job with causes below</p> <p>Seeking for job for first time Seeking for job again Attending school House-keeping Disability</p> <p>Being invalid or aged Being jailed or detained Unwilling to work Others</p>	<p>5 Holding a job Being a serviceman on active duty Holding no job with causes below</p> <p>Seeking for job for first time Seeking for job again Attending school House-keeping Disability</p> <p>Being invalid or aged Being jailed or detained Unwilling to work Others</p>
<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Employee of firm run by his family Government employee Unpaid worker of firm run by his family</p>	<p>Employer Own-account operator Employee of private firm Government employee Unpaid worker of firm run by his family</p>	<p>Employer Own-account operator Employee of private firm Government employee Unpaid worker of firm run by his family</p>	<p>Employer Own-account operator Employee of private firm Government employee Unpaid worker of firm run by his family</p>
<p>Person without job or not studying in school residence Town/township present town/township Taiwan-Fukien area</p> <p>Town Township</p>	<p>Job-holder, serviceman or student Person without job or not studying in school</p> <p>At present residence At present town/township Away from present town/township Away from Taiwan-Fukien area</p> <p>County City Town Township</p>	<p>Job-holder, serviceman or student Person without job or not studying in school</p> <p>At present residence At present town/township Away from present town/township Away from Taiwan-Fukien area</p> <p>County City Town Township</p>	<p>Job-holder, serviceman or student Person without job or not studying in school</p> <p>At present residence At present town/township Away from present town/township Away from Taiwan-Fukien area</p> <p>County City Town Township</p>
<p>Household Child Other relatives and friends Social relief Others</p>	<p>One's own savings One's own earnings Spouse Child Other relatives and friends Pension and insurance payment Social relief Others</p>	<p>One's own savings One's own earnings Spouse Child Other relatives and friends Pension and insurance payment Social relief Others</p>	<p>One's own savings One's own earnings Spouse Child Other relatives and friends Pension and insurance payment Social relief Others</p>
<p>0 1 2 3 4 5 6 7 8 9</p>	<p>(4) Occupation Third digit Second digit First digit</p>	<p>0 1 2 3 4 5 6 7 8 9</p>	<p>0 1 2 3 4 5 6 7 8 9</p>

• Note : Please do not stain, fold, roll or

中華民國七十九年台閩地區戶口及住宅普查表 (第一種)

• 本表調查事項應依戶口普查法及統計法規定據實答覆，對規避、拒查或妄報者，依法處罰。
• 調查事項專供統計分析用，個別資料絕對保密，不對外提供，若有洩漏依法處罰。
• 本表填寫時務請用2B鉛筆，如有錯誤，請擦拭乾淨再填。
• 凡填寫欄為「」者，請於最適當欄位內劃粗黑之橫線如「—」。

居住地址	縣	鄉鎮市區	村里	鄰	街路	巷弄	號之樓之
編號				指導區	普查區第		戶(住宅)之

標準時刻：
中華民國七十九年
十二月十六日零時正

村里代號	三位	0	1	2	3	4	5	6	7	8	9
指導區	百位	0	1	2	3	4	5	6	7	8	9
	十位	0	1	2	3	4	5	6	7	8	9
	個位	0	1	2	3	4	5	6	7	8	9
普查區	個位	0	1	2	3	4	5	6	7	8	9

戶(住宅)號	百位	0	1	2	3	4	5	6	7	8	9
	十位	0	1	2	3	4	5	6	7	8	9
	個位	0	1	2	3	4	5	6	7	8	9
	子十位	0	1	2	3	4	5	6	7	8	9
號個位	0	1	2	3	4	5	6	7	8	9	

本戶共填普查表 張，本表係第 張											
本表(張數)序號	百位	0	1	2	3	4	5	6	7	8	9
	十位	0	1	2	3	4	5	6	7	8	9
	個位	0	1	2	3	4	5	6	7	8	9
戶別	普通住戶					非普通住戶					

壹、戶口狀況

1. 姓名及性別	男 1	男 2	男 3	男 4	男 5
• 請勿漏填常住人口	女 <input type="checkbox"/>	女 <input type="checkbox"/>	女 <input type="checkbox"/>	女 <input type="checkbox"/>	女 <input type="checkbox"/>
2. 稱謂(與戶長關係)	戶長 配偶 父母 配偶 祖母 子女 子女 孫 兄弟 其他 受僱人 寄居人 配偶(外孫) 姊妹 親屬 人	戶長 配偶 父母 配偶 祖母 子女 子女 孫 兄弟 其他 受僱人 寄居人 配偶(外孫) 姊妹 親屬 人	戶長 配偶 父母 配偶 祖母 子女 子女 孫 兄弟 其他 受僱人 寄居人 配偶(外孫) 姊妹 親屬 人	戶長 配偶 父母 配偶 祖母 子女 子女 孫 兄弟 其他 受僱人 寄居人 配偶(外孫) 姊妹 親屬 人	戶長 配偶 父母 配偶 祖母 子女 子女 孫 兄弟 其他 受僱人 寄居人 配偶(外孫) 姊妹 親屬 人
3. 出生年月日	民國 年 月 日 十位 個位 月日 12月15日以前 12月16日以後	民國 年 月 日 十位 個位 月日 12月15日以前 12月16日以後	民國 年 月 日 十位 個位 月日 12月15日以前 12月16日以後	民國 年 月 日 十位 個位 月日 12月15日以前 12月16日以後	民國 年 月 日 十位 個位 月日 12月15日以前 12月16日以後
4. 籍別	台閩地區 縣市 省市 他省市 美國 東南亞國家(或地區) 日本 其他國家(或地區)	台閩地區 縣市 省市 他省市 美國 東南亞國家(或地區) 日本 其他國家(或地區)	台閩地區 縣市 省市 他省市 美國 東南亞國家(或地區) 日本 其他國家(或地區)	台閩地區 縣市 省市 他省市 美國 東南亞國家(或地區) 日本 其他國家(或地區)	台閩地區 縣市 省市 他省市 美國 東南亞國家(或地區) 日本 其他國家(或地區)
5. 五年前那一天(民國七十四年十二月十五日)的居住地點	同一住宅 同現住村 同鄉鎮市區 同縣市 不同鄉鎮市區 他省市 國外	同一住宅 同現住村 同鄉鎮市區 同縣市 不同鄉鎮市區 他省市 國外	同一住宅 同現住村 同鄉鎮市區 同縣市 不同鄉鎮市區 他省市 國外	同一住宅 同現住村 同鄉鎮市區 同縣市 不同鄉鎮市區 他省市 國外	同一住宅 同現住村 同鄉鎮市區 同縣市 不同鄉鎮市區 他省市 國外
6. 婚姻狀況	未婚 有配偶或同居 已離婚或分居 配偶死亡	未婚 有配偶或同居 已離婚或分居 配偶死亡	未婚 有配偶或同居 已離婚或分居 配偶死亡	未婚 有配偶或同居 已離婚或分居 配偶死亡	未婚 有配偶或同居 已離婚或分居 配偶死亡
7. 教育狀況	在學 畢業 肄業 肄業及修業 未就學 國小 國中 高中 研究所 托兒所 幼稚園 高職 專科 大學 研究所 托兒所 幼稚園	在學 畢業 肄業 肄業及修業 未就學 國小 國中 高中 研究所 托兒所 幼稚園 高職 專科 大學 研究所 托兒所 幼稚園	在學 畢業 肄業 肄業及修業 未就學 國小 國中 高中 研究所 托兒所 幼稚園 高職 專科 大學 研究所 托兒所 幼稚園	在學 畢業 肄業 肄業及修業 未就學 國小 國中 高中 研究所 托兒所 幼稚園 高職 專科 大學 研究所 托兒所 幼稚園	在學 畢業 肄業 肄業及修業 未就學 國小 國中 高中 研究所 托兒所 幼稚園 高職 專科 大學 研究所 托兒所 幼稚園
8. 你的身體有無特殊不良狀況	無 有 多重障礙 視覺障礙 聽覺障礙 語言障礙 肢體障礙 智能障礙 重要器官失功能 顏面傷殘 植物人 老人痴呆症 自閉症 無能力 其他	無 有 多重障礙 視覺障礙 聽覺障礙 語言障礙 肢體障礙 智能障礙 重要器官失功能 顏面傷殘 植物人 老人痴呆症 自閉症 無能力 其他	無 有 多重障礙 視覺障礙 聽覺障礙 語言障礙 肢體障礙 智能障礙 重要器官失功能 顏面傷殘 植物人 老人痴呆症 自閉症 無能力 其他	無 有 多重障礙 視覺障礙 聽覺障礙 語言障礙 肢體障礙 智能障礙 重要器官失功能 顏面傷殘 植物人 老人痴呆症 自閉症 無能力 其他	無 有 多重障礙 視覺障礙 聽覺障礙 語言障礙 肢體障礙 智能障礙 重要器官失功能 顏面傷殘 植物人 老人痴呆症 自閉症 無能力 其他

• 注意：本表因利用光學辨識儀器，請勿潦草、污損、捲曲或水漬。

9. 經濟特徵 (請民國六十四年十二月十五日前出生者填寫)	1. 標準週(自七十九年十二月九日至十二月十五日)你是否有工作? • 有工作係指於標準週從事有酬工作或十五小時以上無酬家傭工作者 • 學生兼差則視為有工作	1 <input type="checkbox"/> 有工作 <input type="checkbox"/> 現役軍人 無工作者之無工作原因 初等 中等 高等 求學 料理 殘障 久病 受監禁 受收容 不願工作 其他	2 <input type="checkbox"/> 有工作 <input type="checkbox"/> 現役軍人 無工作者之無工作原因 初等 中等 高等 求學 料理 殘障 久病 受監禁 受收容 不願工作 其他	3 <input type="checkbox"/> 有工作 <input type="checkbox"/> 現役軍人 無工作者之無工作原因 初等 中等 高等 求學 料理 殘障 久病 受監禁 受收容 不願工作 其他	4 <input type="checkbox"/> 有工作 <input type="checkbox"/> 現役軍人 無工作者之無工作原因 初等 中等 高等 求學 料理 殘障 久病 受監禁 受收容 不願工作 其他	5 <input type="checkbox"/> 有工作 <input type="checkbox"/> 現役軍人 無工作者之無工作原因 初等 中等 高等 求學 料理 殘障 久病 受監禁 受收容 不願工作 其他
	2. 是否主要家計負責人	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否	<input type="checkbox"/> 是 <input type="checkbox"/> 否
	3. 你的工作場所名稱					
	4. 你辦理何種事務					
	5. 你工作的從業身分	自營 受雇 受政府 無酬 工作者 工作者 工作者 工作者	自營 受雇 受政府 無酬 工作者 工作者 工作者 工作者	自營 受雇 受政府 無酬 工作者 工作者 工作者 工作者	自營 受雇 受政府 無酬 工作者 工作者 工作者 工作者	自營 受雇 受政府 無酬 工作者 工作者 工作者 工作者
10. 你的工作場所或求學地點在何處 • 請民國七十三年十二月十五日前出生者填寫 • 求學包括在學及準備升學者 • 學生利用課餘工作者請填寫工作場所地點	<input type="checkbox"/> 有工作者、軍人或求學者 <input type="checkbox"/> 無工作者或不求學者 現在住處 <input type="checkbox"/> 在現住鄉鎮市區 <input type="checkbox"/> 不在現住鄉鎮市區 <input type="checkbox"/> 非台灣地區	<input type="checkbox"/> 有工作者、軍人或求學者 <input type="checkbox"/> 無工作者或不求學者 現在住處 <input type="checkbox"/> 在現住鄉鎮市區 <input type="checkbox"/> 不在現住鄉鎮市區 <input type="checkbox"/> 非台灣地區	<input type="checkbox"/> 有工作者、軍人或求學者 <input type="checkbox"/> 無工作者或不求學者 現在住處 <input type="checkbox"/> 在現住鄉鎮市區 <input type="checkbox"/> 不在現住鄉鎮市區 <input type="checkbox"/> 非台灣地區	<input type="checkbox"/> 有工作者、軍人或求學者 <input type="checkbox"/> 無工作者或不求學者 現在住處 <input type="checkbox"/> 在現住鄉鎮市區 <input type="checkbox"/> 不在現住鄉鎮市區 <input type="checkbox"/> 非台灣地區	<input type="checkbox"/> 有工作者、軍人或求學者 <input type="checkbox"/> 無工作者或不求學者 現在住處 <input type="checkbox"/> 在現住鄉鎮市區 <input type="checkbox"/> 不在現住鄉鎮市區 <input type="checkbox"/> 非台灣地區	<input type="checkbox"/> 有工作者、軍人或求學者 <input type="checkbox"/> 無工作者或不求學者 現在住處 <input type="checkbox"/> 在現住鄉鎮市區 <input type="checkbox"/> 不在現住鄉鎮市區 <input type="checkbox"/> 非台灣地區
11. 你的生活費用主要來源 • 請民國七十四年十二月十五日前出生者填寫(不得複選)	本人 本人工積蓄所得 配偶 子女 其他親屬或朋友 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 退休金及保險給付 社會救助 其他	本人 本人工積蓄所得 配偶 子女 其他親屬或朋友 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 退休金及保險給付 社會救助 其他	本人 本人工積蓄所得 配偶 子女 其他親屬或朋友 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 退休金及保險給付 社會救助 其他	本人 本人工積蓄所得 配偶 子女 其他親屬或朋友 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 退休金及保險給付 社會救助 其他	本人 本人工積蓄所得 配偶 子女 其他親屬或朋友 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 退休金及保險給付 社會救助 其他	本人 本人工積蓄所得 配偶 子女 其他親屬或朋友 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 退休金及保險給付 社會救助 其他
10. 工求學地點	百位 0 1 2 3 4 5 6 7 8 9 十位 0 1 2 3 4 5 6 7 8 9 個位 0 1 2 3 4 5 6 7 8 9	(3) 百位 0 1 2 3 4 5 6 7 8 9 十位 0 1 2 3 4 5 6 7 8 9 個位 0 1 2 3 4 5 6 7 8 9	(3) 百位 0 1 2 3 4 5 6 7 8 9 十位 0 1 2 3 4 5 6 7 8 9 個位 0 1 2 3 4 5 6 7 8 9	(4) 百位 0 1 2 3 4 5 6 7 8 9 十位 0 1 2 3 4 5 6 7 8 9 個位 0 1 2 3 4 5 6 7 8 9	(4) 百位 0 1 2 3 4 5 6 7 8 9 十位 0 1 2 3 4 5 6 7 8 9 個位 0 1 2 3 4 5 6 7 8 9	(4) 百位 0 1 2 3 4 5 6 7 8 9 十位 0 1 2 3 4 5 6 7 8 9 個位 0 1 2 3 4 5 6 7 8 9

注意：本表因利用光學閱讀直接輸入機器，請勿污損、摺疊、捲曲或水漬。

貳、住宅狀況

1. 居住處所區分 家宅 其他房屋 其他處所 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 第三欄以下免填	6. 住宅居室房間數及總樓地板面積 • 總樓地板面積不含陽台 • 房間數不含浴室 原建築面積 增擴建築面積	9. 換住情形 (1) 貴戶住進現宅的時間 (2) 貴戶換住的主要原因 (3) 貴戶現在實際居住的總樓地板面積與上次的比較
2. 建築類型 傳統農村式 獨院或雙拼式 連棟式 5樓以下公寓 6-12樓公寓 13樓以上公寓 其他	7. 住宅內現住戶數 (每戶請續填 8. 9. 10.)	10. 你認為住宅附近最迫切需要改善的公共設施或問題是什麼
3. 是否有人居住 有人 空閑 無人居住但供其他用途 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 第四欄以下免填	8. 貴戶住宅所有權與來源 自購(建)住宅 自購(建)國宅 繼承或贈與 非自有 租公有國宅 租私有國宅 租非國宅 配住 其他	10. 你認為住宅附近最迫切需要改善的公共設施或問題是什麼
4. 住宅的用途 住宅專用 兼工廠用 兼商業用 兼其他用途		
5. 住宅是何年建造竣工的 (民國) 34年以前 35-49 50-59 60-69 70-74 75 76 77 78 79年		
普查員 (簽名)	指導員 (簽名)	審核員 (簽名)
輔導員 (簽名)	記事欄	申報義務人 (簽名)
		電話號碼 ()