



Singapore Longitudinal EARly Development Study

**Singapore Longitudinal Early Development Study
(SG LEADS)**

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Household Information Form

2018 Wave I

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Household ID: _____

Household Information

Now we would like to know something about your household members

“Household Members” include:

1. **Family members who live in this household unit and are related through blood/marriage/adoption;**
2. **Family members who currently do not live in the household unit (for a short-term absence for not more than 3 months) because of temporary commitments (e.g. schooling, serving in the army, work, or other reasons);**
3. **Other relatives and non-relatives (such as foreign domestic workers) who live in the household unit.**

Concepts:

1. **Primary Caregiver (PCG) takes primary responsibility for the child(ren).**
2. **Head of Household is the person generally acknowledged as such by other members of the household. The head is normally the main income earner, the oldest, the owner-occupier of the house or the person who manages the affairs of the household.**

Order to fill out the form:

1. **Fill out PCG information first.**
2. **If PCG is NOT the Head of Household, fill out Head of Household information on the second page.**
3. **Please fill in the information following the order “family members → other relative dweller → non-relative dweller”. If all the members are non-relatives, then follow the order of age (from old to young).**

Coding

A2. Relationship to PCG	A8. Nationality	A9. Residency status in Singapore	A10. Race
1. Spouse/Partner 2. Child 3. Mother 4. Father 5. Mother-in-law 6. Father-in-law 7. Other relatives, please specify _____ 8. Domestic helper 9. Other non-relative, please specify _____	1. Singaporean 2. Malaysian 3. Chinese, please specify _____ 3.1 People's Republic of China 3.2 Hong Kong 3.3 Taiwan 3.4 Macau 4. Indian 5. Indonesian 6. Filipino 7. Vietnamese 8. Other nationality, please specify _____ 9. Dual/multiple citizenship, please specify _____	1. Citizen by birth 2. Citizen by conversion 3. Singapore permanent resident 4. Employment Pass or S Pass 5. Work permit 6. Long-term visit pass 7. Dependent pass 8. Student pass	1. Chinese 2. Malay 3. Indian 4. Indonesian 5. Filipino 6. Vietnamese 7. Thai 8. Others, please specify _____

A11. Country/Region of birth	A13. Institution/Reason for absence	A14. Education level	A15. Employment status
1. Singapore 2. Malaysia 3. People's Republic of China 4. India 5. Indonesia 6. Philippine 7. Vietnam 8. Others, please specify _____	1. Military 2. Jail 3. Educational facility 4. Work 5. Health facility 6. Other Institution, please specify _____ 999 Not applicable	0. No formal schooling/Pre-Primary 1. Primary 2. Secondary ('O' / 'N' level) 3. Post-secondary (non-tertiary): General & Vocational ('A' level) 4. Polytechnic diploma 5. Professional qualification and other diploma 6. Bachelor's or Equivalent 7. Postgraduate diploma/certificate (excluding Master's and Doctorate) 8. Master's and Doctorate or Equivalent	1. Working 2. Student (full-time) 3. National Service 4. Homemaker/Housewife 5. Retired (record previous occupation) _____ 6. Unemployed (able to work) (record previous occupation) _____ 7. Unemployed (unable to work) due to disability or other medical conditions (record previous occupation, if any) _____ 8. Others, please specify _____ 999 Not applicable (too young to work)

Section A: Household Member Information Form

A1. Serial number of household member	A2. Relationship to PCG	A3. Gender 1 male 2 female	A4. Birth year	A5. Marital Status 1 Never married 2 Currently Married 3 Divorced 4 Separated 5 Widowed 6 Cohabitation	A6. How many years has this person been married to the current spouse? 999 Not applicable	A7. Number of marriage this person has ever had 999 Not applicable	A8. Nationality	A9. Residency status in Singapore	A10. Race	A11. Country/ Region of birth	A12. Number of years in Singapore in total	A13. Institutional unit / reason for absence 999 Not applicable	A14. Education level	A15. Present employment status 999 Not applicable	A16. Present occupation
01	PCG	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	Head of Household (If PCG is not the head of household)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A18. When did the head of household move into this (house/apartment)?

____/ ____ (month/year)

A19. When did you move into this (house/apartment)?

____/ ____ (month/year)

A20. Has anyone moved into this household in the past 12 months?

1. Yes → **GO TO A21**
2. No → **GO TO A22**

A21. Who moved in? (ENTER SERIAL NUMBERS)

a. Serial number	b. When did he/she move out (MM/YYYY)	c. For what reason *

A21c. Code for reason of move-in
1. Marriage
2. New born
3. To take care of child(ren)
4. For other reasons, specify _____

A22. Has anyone moved out of this household in the past 12 months?

1. Yes → **GO TO A23**
2. No → **STOP**

A23. Who moved out? (ENTER AGE AND RELATION TO PCG)

Serial number	a. Relation to PCG *	b. Birth year	c. When did he/she move out (month/year)	d. For what reason **
16		_ _ _ _ _	_ _ / _ _ _ _ _	_
17		_ _ _ _ _	_ _ / _ _ _ _ _	_
18		_ _ _ _ _	_ _ / _ _ _ _ _	_

A23a. Relationship to PCG	A23d. Code for reason of move-out
1. Spouse 2. Child 3. Mother 4. Father 5. Mother-in-law 6. Father-in-law 7. Other relatives, specify _____ 8. Domestic helper 9. Other non-relatives, specify _____	1. Marriage 2. Decease 3. Jail 4. Military 5. Education 6. Work 7. Health 8. Other reasons, specify _____