



Authorization code
No. 101001
No. 101002

2025 POPULATION AND HOUSING CENSUS

Population and Housing Census

Let's do it together!



1st pilot Survey



- ◆ This census is **conducted** under the authority of **Article 5-3** of the Statistics Act. According to **Article 32 of the Act**, all residents are **required to participate**.
- ◆ All responses will be **kept confidential** in accordance with **Article 33 of the Statistics Act** and will be used for **statistical purposes** only.

How to fill in the Census Table

- Please keep your writing within the box metropolitan city
- Write the numbers aligning to the right For example, March 2nd would read (MM) (DD)
- Please mark ● for the selected questions. ① Male ② Female

◆ Participate online or by phone.



Website
www.census.go.kr



Direct telephone number (inquiries)
080-000-2025 (toll free)

Secure access code



All residents of this household, as of **12:00 a.m., November 1, 2022**, will be surveyed regardless of family ties and/or resident registration.



Persons included in the census

- Persons who reside in dormitories or welfare facilities (excluding caretakers and their household members)
- ※ Persons who use welfare facilities but come in the morning and go back home in the afternoon are excluded from the census.



Provide the facility name, dong (building number), and ho (unit number) of your current address.

Facility name	Dong (building number)	Ho (unit number)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please refer to the Population and Housing Census website (www.census.go.kr) for any questions you may have when filling out the survey form or call **080-000-2025** (toll-free).

Area below is to be filled out by census enumerators.

si (city) / do (province)	si (city) / gun (county) / gu (district)	eup (town) / myeon (township) / dong (neighborhood)	Enumeration district number	Location number	Household number	Household member No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name/ Gender	<p>1 <input type="text"/></p> <p>2 ① Male ② Female</p>
Date of birth	<p>3 When is your birth date?</p> <p>• Enter birth date as indicated on resident registration</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> DD</p>
Nationality	<p>4 What was your nationality at time of birth? What is your current nationality?</p> <p>• Korean Chinese should be entered as Chinese (of Korean descent).</p> <p>4-1 Nationality (at time of birth) 4-2 Current nationality</p> <p>① Republic of Korea ① Republic of Korea</p> <p>② Name of country: <input type="text"/> ② Name of country: <input type="text"/></p>
◆ Question 5 is for respondents who answered at least one foreign national in question 4 .	
Year/ month of entry (into Korea)	<p>5 When did you first enter the Republic of Korea for the purpose of residence, occupation, education, etc?</p> <p>• Excludes short term trips and other such stays.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM</p>
Place of birth	<p>6 Where is your place of birth?</p> <p>• Refers to your mother's address at the time of your birth.</p> <p>① Current residence ② Different residence within the same si/gun/gu ③ Different si/gun/gu ④ North Korea or a foreign country</p> <p>→ For different si/gun/gu, identify the name of the administrative district.</p> <p>• For North Korea, write North Korea. For foreign countries, write the name of the country.</p> <p>• <input type="text"/> Special City · Metropolitan City · Do <input type="text"/> Si·Gun·Gu</p> <p>• North Korea or foreign country name <input type="text"/></p>
Religion	<p>7 Does this person have a religion?</p> <p>• If 「9. Others」, please write the specific name of religion.</p> <p>① Yes</p> <p>→ If yes, what is his or her religion?</p> <p>1. Buddhism 4. Won Buddhism 7. Daesun Jinrihoe 2. Christianity(Protestantism) 5. Confucianism 8. Daejonggyo 3. Christianity(Catholic) 6. Cheondogyo 9. Others <input type="text"/></p> <p>② No</p>

8 How much formal education have you received?

- Formal education refers to education approved by the Minister of Education.
- GED recipients are acknowledged to have received formal education (GED: General Education Diploma).
- For children below elementary school age, mark 「①Has not received (preschool included)」.

- ① Has not received (children below school age included)
 - ② Elementary school
 - ③ Middle school
 - ④ High school
 - ⑤ 2 or 3 year college
 - ⑥ University
 - ⑦ Master's program (graduate school)
 - ⑧ PhD program (graduate school)
- 1. Graduated
 - 2. Attending
 - 3. Coursework completed
 - 4. Leave of absence
 - 5. Dropped out

◆ Question 9 is only for respondents who chose ⑤~⑧ on question 8 regarding level of education.

9 What was your certificate/degree/diploma at the end of your formal education(end of formal education includes Graduated, Attending, Coursework completed, Leave of absence, Dropped out)?

- ① Education
- ② Arts and humanities
- ③ Social science, journalism, communications
- ④ Business, public administration and law
- ⑤ Natural science, mathematics/statistics
- ⑥ Information communications technology
- ⑦ Engineering, manufacturing and construction
- ⑧ Agriculture, forestry and fisheries, veterinary medicine
- ⑨ Health & welfare
- ⑩ Services

◆ This section is concerning only children born on or before October 31, 2022 to those in their final year of elementary school.

10 Who was the primary caregiver for this child on weekdays (9 am ~ 6 pm) over the past week? Where was the child usually cared for?

- For kids in elementary school, your response should refer to the people with whom he/she spent most of his/her time after school.
- If two or more, **mark the main two.**

- ① Parents of the child
- ② Grandparents of the child (paternal, maternal)
- ③ Other family members, relatives or in-laws
- ④ Domestic helper, babysitter (childcare provider)
- ⑤ Alone or with another child
- ⑥ Daycare center
- ⑦ Kindergarten
- ⑧ Regional childcare center
- ⑨ After-school/childcare programs in elementary school
- ⑩ Private learning facilities (art class, physical activities, play schools, English kindergartens, etc.)
- ⑪ Other

◆ All household members age 5 and older (born on or before October 31, 2017) shall respond.

Limitations on activities

11 Do you have any of the following conditions due to health issues?

11-1 Poor vision (despite wearing glasses)

- ① Yes ② No

11-2 Difficulty hearing (despite using a hearing aid)

- ① Yes ② No

11-3 Difficulty walking or climbing stairs

- ① Yes ② No

11-4 Difficulty remembering or concentrating

- ① Yes ② No

11-5 Difficulty getting dressed/undressed, bathing, eating on your own

- ① Yes ② No

11-6 Difficulty communicating with others

- ① Yes ② No

11-7 How long have you had any of the conditions listed above?

• If two or more of the above conditions apply, base your response on the condition that has lasted the longest.

- ① Less than 6 months ② 6 months or more

Care for persons with activity limitations

12 Do you need nursing or other special care due to having at least one of the conditions listed in question 11?

- ① Need care

→ Where or by whom is the care provided during the day (9 am ~ 6 pm)?

- | | |
|---|---|
| 1. Spouse of this person | 5. Home-visiting caregivers |
| 2. Children of this person and/or their spouses | 6. Weekday care facility |
| 3. Grandparents of this person | 7. Requires a caregiver but does not have one |
| 4. Other family members, relatives or in-laws | 8. Other <input type="text"/> |

- ② Does not need

◆ All household members age 12 and older (born on or before October 31st, 2010) shall respond.

Going to work/
School

13 Do you regularly go to school or work (worksite, workplace)?

- If you are both working and attending school, indicate **the activity that takes most of your time**.
- Walking (to work/school) is also included.
- If attending private learning facilities (entrance exam prep courses, technical classes, etc.), mark 「② Go to school」.

- ① Go to work ② Go to school ③ No → go to question 17

Location of workplace/
school

14 Where is your work/school located?

① Within the same eup-myeon-dong you live in

② In another eup-myeon-dong

→ Name the administrative district to which you commute.

- Special City·Metropolitan City·Do Si·Gun·Gu Eup·Myeon·Dong

• If you are unsure of the administrative district, give the building name.

- Building name:

<p>15 What mode of transportation do you use to go to work/school (worksite, workplace)?</p> <ul style="list-style-type: none"> If more than one mode of transportation are used, identify the two main modes. 「① walking」 only refers to commuting to work/school on foot without the use of transportation. <p>① Walking ④ Truck ⑦ Express/intercity bus ⑩ Taxi ② Bicycle ⑤ City bus, town bus ⑧ Subway ⑪ Motorcycle ③ Passenger car, van ⑥ Commuter bus (for school/work) ⑨ Train ⑫ Other <input type="text"/></p>	Mode of transportation used				
<p>16 What is the average time spent commuting to work/school from home?</p> <ul style="list-style-type: none"> Commute time should include regular stops made on the way to work/school. <p style="text-align: right;"><input type="text"/> hours <input style="width: 40px;" type="text"/> minutes</p>	Commute time				
<p>◆ All persons age 15 and older (born on or before October 31, 2007) shall respond.</p>					
<p>17 Have you worked at least one hour over the past week to earn income?</p> <ul style="list-style-type: none"> Economic activity includes odd jobs, part-time work as well as helping family businesses. <p>① Mainly worked ② Worked while performing other activities such as housework and academics (school, private learning facilities) ③ Employed but taking time off due to vacation, etc. ④ Have not worked → go to question 23</p>	Type of economic activity				
<p>18 What is your status at your main place of work (paid employment)?</p> <ul style="list-style-type: none"> Freelancers refer to 「② Self-employed without employees」 <p>① Wage earner (receive monthly salary or other forms of financial compensation) ② Self-employed without employees ③ Self-employed with employee(s) ④ Unpaid family worker (assists family business without compensation)</p>	Employment status				
<p>19 Where was your primary work location?</p> <ul style="list-style-type: none"> 「① Place of work」 is also applicable for insurance agents and other workers who go to an office in the morning to receive instructions, then work outside the office. 「② Own home」 or 「③ Others' home」 refers to place of work within a residence. If forced to work from home due to COVID-19, work location should be the place you usually worked at prior to COVID-19 and not 「② Own home」. 「④ Street」 refers to door-to-door sales/service and street vendors. <p>① Workplace (building and land) ⑤ Outdoor work area ② Own home ⑥ Mode of transportation ③ Home of others ⑦ Other <input style="width: 300px;" type="text"/> ④ Street</p>	Work location				
<p>20 What is the name of your workplace (business)?</p> <ul style="list-style-type: none"> If the workplace has no name, enter the type of goods and/or services offered that can help identify the type of industry. Describe in detail the type of business conducted (refer to example). <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Workplace (business) name</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="padding: 5px;">Type of business</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p>Eg. Workplace (business) name: Tonggye Electronics Suwon Factory Type of business: manufacturing of household refrigerators</p>	Workplace (business) name		Type of business		Industry
Workplace (business) name					
Type of business					

Occupation	<p>21 Please state your department and position (role) at your workplace. Describe in detail your work responsibilities.</p> <ul style="list-style-type: none"> If no position or department exists, state the location where you work in the 'work department' space. <table border="1" data-bbox="304 271 935 477"> <tr> <td>Work department</td> <td></td> </tr> <tr> <td>Position(role)</td> <td></td> </tr> <tr> <td>Work you perform</td> <td></td> </tr> </table> <p>Eg. Work department: Tonggye Cosmetics Gangnam BranchPosition (role): sales Work you perform: cosmetics sales</p>	Work department		Position(role)		Work you perform	
Work department							
Position(role)							
Work you perform							
Period worked in current occupation	<p>22 How long have you been doing this work you indicated in question 21?</p> <ul style="list-style-type: none"> Period worked in current occupation includes time in prior workplaces if same work was performed. <p> <input type="radio"/> 1 Less than 6 months <input type="radio"/> 5 5yrs ~ less than 10yrs <input type="radio"/> 2 6 months ~ less than 1yr <input type="radio"/> 6 10yrs ~ less than 15yrs <input type="radio"/> 3 1yr ~ less than 3yrs <input type="radio"/> 7 15yrs ~ less than 20yrs <input type="radio"/> 4 3yrs ~ less than 5yrs <input type="radio"/> 8 20yrs or more </p>						
Marital status	<p>23 What is your marital status?</p> <p> <input type="radio"/> 1 Not married → go to question 30 <input type="radio"/> 3 Widowed <input type="radio"/> 2 Have spouse <input type="radio"/> 4 Divorced/Separated </p>						
Date married	<p>24 When were you married?</p> <ul style="list-style-type: none"> If remarried, enter the date of your first marriage. <p> <input type="radio"/> 1 Solar calendar <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="radio"/> 2 Lunar calendar </p>						
<p>◆ This section is only for women age 15 and older (born on or before October 31, 2007) whose marital status is <input type="radio"/> 2 Have spouse, <input type="radio"/> 3 Widowed, or <input type="radio"/> 4 Divorced/Separated. For men, move to question 30.</p>							
Number of children	<p>25 Have you ever given birth to a child?</p> <ul style="list-style-type: none"> Includes only those children born to you. Includes deceased children. <p> <input type="radio"/> 1 Yes Male <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/> <input type="radio"/> 2 No → go to question 27 </p>						
Period of childbirth	<p>26 Of the children born to you, what is the year/month of birth of your first and last child?</p> <ul style="list-style-type: none"> Includes deceased children. <p> <input type="radio"/> First child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM <input type="radio"/> Last child <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> MM </p>						
Planned number of future children	<p>27 Do you plan to have more children?</p> <ul style="list-style-type: none"> Includes pregnancies Response should be based on plans for future children and not personal desire. <p> <input type="radio"/> 1 Yes <input type="text"/> <input type="text"/> persons <input type="radio"/> 2 No </p>						

◆ **This section is only for women age 20 or older (born on or before October 31, 2002) whose marital status is ② Have spouse, ③ Widowed, or ④ Divorced/Separated.**

28 Where were you employed before getting married?

• If you were employed multiple times, base your answer on your last job before marriage.

- ① Yes
- ② No → go to question **30**

Employment prior to marriage

29 For persons with prior work experience: Have you ever quit your job?

- ① Yes

→ What was the main reason you quit?

- | | |
|-------------------------------|--|
| 1. Marriage | 4. Kid's education (school age children) |
| 2. Pregnancy, childbirth | 5. Need to care for family members (parents, etc.) |
| 3. Child rearing(preschooler) | 6. Other <input type="text"/> |

- ② No

Career interruption

◆ **All household members age 20 or older (born on or before October 31, 2002) shall respond.**

30 Mark all groups or clubs in which you have directly participated at least once over the past year.

- Includes online participation.
- Does not include groups/clubs where only dues were paid.

- ① Social groups (environmental, volunteering, human rights, etc.)
- ② Employment groups (workers unions, occupational groups, etc.)
- ③ Cultural groups (leisure, sports, etc.)
- ④ Political groups (party activities, etc.)
- ⑤ Religious groups
- ⑥ Community groups (apartment complex residents group, etc.)
- ⑦ Fellowship groups (alumni/hometown associations, etc.)
- ⑧ Education groups (parents/teachers associations, etc.)
- ⑨ Other
- ⑩ None

Social activities

31 How do you cover living expenses?

• If more than two, indicate **the main two**.

- ① Your job and business
- ② Your spouse's job and business
- ③ Financial assets (deposits, savings, stocks, funds, bonds, etc.)
- ④ Public pension (national pension, government employee pension, specific post office pension, private school pension, military pension, etc.)
- ⑤ Personal pension (bank, insurance, etc.)
- ⑥ Real assets such as real estate (income from sales/rent, etc.)
- ⑦ Assistance from children
- ⑧ Assistance from parents
- ⑨ National/provincial government aid
- ⑩ Other

Income source for living expenses

All questions have been answered

Let's do it together



2025 POPULATION AND HOUSING CENSUS

Population and Housing Census

1st pilot Survey

Please enter the respondent's name and contact number.

※Contact numbers will only be used to ask additional questions or to verify responses in the census. .

Name of respondent	Reachable contact number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Thank you for participating
in the Census.
**Commissioner of
Statistics Korea**