INSTITUT NATIONAL DE LA STATISTIQUE ET DE LA DEMOGRAPHIE

BUREAU CENTRAL DU RECENSEMENT

RECENSEMENT GENERAL DE LA POPULATION ET DE L'HABITATION
1996

DECRET N°..

CAHIER DE RECENSEMENT

NUMERO CAHIER

NOMBRE DE CAHIERS

CADRE A REMPLIR PAR LE CONTROLEUR

I. IDENTIFICATION

1-PROVINCE : ....

2.DEPARTEMENT/VII LE COMMUNALE : ....

3. COMMUNE / ARRONDISSEMENT......................

4. ZONE DE DENOMBREMENT N°: ....

5.VILLAGE/SECTEUR : ....

6. ZONE DE CONTROLE N°: ....

II. TABLEAU RECAPITULATIF DU CAHIER

STATUT DE RESIDENCE	MASCULIN	FEMININ	ENSEMBLE
1. RESIDENT PRESENT (RP)			
2. RESIDENT ABSENT (RA)			
SOUS TOTAL (1+2)			
3. VISITEUR (VIS)			
4. EMIGRES (EM)			
TOTAL RECENSE (1+2+3+4)			

Nom de l'agent recenseur :.....................Date de dénombrement ....

Nom du contrôleur : ....Date de contrôle : ....

Nom de l'agent de codification : ....Date de codification : ....

Nom de l'agent de saisie : ....Date de saisie : ....

OBSERVATIONS
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....
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TABLEAU RECAPITULATIF

A REMPLIR AU FUR ET A MESURE DU DENOMBREMENT
DE LA POPULATION

N° de concession	N° de Ménage	Nom du Chef de Ménage	RP		RA		EM		VIS	
			M	F	M	F	M	F	M	F
TOTAL										

FEUILLE DE MENAGE

Numéro de la feuille .... ☐☐☐
Nombre total de feuilles .... ☐☐

I. IDENTIFICATION

1. N° Concession .... ☐☐☐

2. N° Ménage (dans la ZD) .... ☐☐

3. Type de ménage :   1- Ordinaire
                        2- Collectif

4. Langue couramment parlée dans le ménage .... ☐☐

II. TABLEAU RECAPITULATIF DU MENAGE

STATUT DE RESIDENCE	MASCULIN	FEMININ	ENSEMBLE
1. Résidents Présents (RP)			
2. Résidents Absents (RA)			
3. Visiteurs (VIS)			
4. Emigrés (EM)			
TOTAL RECENSE (1+2+3+4)			

III. CARACTERISTIQUES DE L'HABITATION

ZONE D'HABITATION	TYPE D'HABITAT	NATURE DES MURS	NATURE DU TOIT	NATURE DU SOL	MODE PRINCIPAL D'ECLAIRAGE	MODE PRINCIPAL D'APPROVISIONNEMENT EN EAU	TYPE D'AISANCE	MODE D'EVACUATION DES ORDURES	MODE D'EVACUATION DES EAUX USEES	SOURCE PRINCIPALE D'ENERGIE POUR LA CUISINE	STATUT D'OCCUPATION	NOMBRE DE PIECES OCCUPEES PAR LE MENAGE
H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	H12	H13
1. Zone lotie	1. Immeuble à appartements	1. Dur	1. Béton	1. Carrelage	1. Electricité	1. Eau courante	1. Chasse d'eau avec fosse septique	1. Poubelle	1. Cour	1. Electricité	1. Propriétaire	Compter uniquement le salon, les chambres à coucher y compris ceux des dépendances
	2. Villa	2. Semi-Dur	2.Tôle	2. Ciment	2. Lampe à Gaz	2. Borne fontaine		2. Tas d'immondices	2. Rue	2. Gaz	2. Location vente	
2. Zone non lotie	3. Maison individuelle simple	3. Banco Amélioré	3. Tuiles	3. Terre battue	3. Lampe à Pétrole	3. Pompe (forage)	2. Latrine à fosse ventilée	3. Fossés	3. Puits	3. Pétrole	3. Location simple	
	4. Bâtiment à plusieurs logements (non immeuble)	4. Banco	4. Terre battue	4. Sable	4. Lampe Torche	4. Puits busé	3. Latrine ordinaire	4. Bac	4. Caniveaux	4. Charbon de bois	4. Hébergé gratuitement	
	5. Cases	5. Paille	5. Chaume	5. Autres	5. Lampe à Huile	5. Puits ordinaire	4. Nature	5. Rue	5. Fosse septique	5. Bois (foyer amélioré)	5. Autres	☐☐
	6. Autres	6. Autres	6.Autres		6. Bougie	6. Rivière, Marigot, barrage	5. Autres	6. Autres	6. Autres	6. Bois (foyer simple)		
					7. Bois/Paille	7. Autres				7. Autre		
					8. Autres					8. Non concerné		

IV. DECES DES 12 DERNIERS MOIS

Y - a - t - il eu des personnes décédées dans votre ménage au cours des 12 derniers mois ? 1. Oui 2. Non				
Si oui combien ? ☐☐				
N°	Nom et prénoms	Sexe	Age au décès	
		Masculin	Feminin	Age	Code
1		1	2		▮
2		1	2		▮
3		1	2		▮
4		1	2		▮
5		1	2		▮
6		1	2		▮
7		1	2		▮

V. CARACTERISTIQUES INDIVIDUELLES

			TOUTE LA POPULATION							TOUT RESIDENT				RESIDENT DE 6 ANS ET PLUS	RESIDENT DE 8 ANS ET PLUS	RESIDENT DE 10 ANS ET PLUS					RESIDENT DE 12 ANS ET PLUS	RESIDENTE FEMME DE 12 ANS ET PLUS		
N° D'ORDRE	NOM ET PRENOM(S)	SEXE	LIEN DE PARENTE AVEC LE CHEF DE MENAGE	STATUT DE RESIDENCE	DATE DE NAISSANCE OU AGE		LIEU DE NAISSANCE	LIEU DE RESIDENCE IL Y A UN AN	NATURE DU PRINCIPAL HANDICAP	SURVIE DES PARENTS		RELIGION	NATIONALITE	NIVEAU D'INSTRUCTION	APTITUDE A LIRE ET A ECRIRE	STATUT D'OCCUPATION	OCCUPATION PRINCIPALE	SITUATION DANS L'OCCUPATION PRINCIPALE	BRANCHE D'ACTIVITE	OCCUPATION SECONDAIRE	ETAT MATRIMONIAL	SURVIE DES ENFANTS		NAISSANCES DES 12 DERNIERS MOIS

Instructions par colonne

P01 — N° D'ORDRE

P02 — NOM ET PRENOM(S) : ENREGISTREZ TOUTES LES PERSONNES DU MENAGE EN COMMENCANT PAR LE CHEF DE MENAGE

P03 — SEXE : ENCERCLEZ LE CODE CORRESPONDANT. 1 = masc. 2 = fem.

P04 — LIEN DE PARENTE : Quel est le lien de parenté de (Nom) avec le chef de ménage? ENCERCLEZ LE CODE CORRESPONDANT. 1 = Chef de ménage. 2 = Epouse. 3 = Fils/Fille. 4 = Frère/Soeur. 5 = Père/Mère. 6 = Cousin/cousine. 7 = Neveu/Nièce. 8 = Autre parent. 9 = sans lien.

P05 — STATUT DE RESIDENCE : ENCERCLEZ LE CODE CORRESPONDANT. 1 RP si la personne réside habituellement dans le ménage et a passé la nuit précédente dans le ménage. 2 RA pour les résidents habitués qui n'ont pas passé la nuit de référence dans le ménage. 3 VIS pour les Visiteurs. 4 EM pour les Emigrés.

P06 — Date de Naissance : Quelle est la date de Naissance de (Nom)? INSCRIVEZ LE MOIS ET L'ANNEE DE NAISSANCE.

P07 — Age : Si la date de naissance est inconnue, quel est l'âge en années révolues de (Nom)?

P08 — LIEU DE NAISSANCE : Où est né (Nom)? INSCRIVEZ LE NOM DE LA PROVINCE ET DU DEPARTEMENT SI LA PERSONNE EST NEE AU BURKINA OU LE NOM DU PAYS SI ELLE EST NEE HORS DU BURKINA.

P09 — LIEU DE RESIDENCE IL Y A UN AN : Dans quels Province et Département ou pays habitait (Nom) - il y a 1 an? INSCRIVEZ LE NOM DE LA PROVINCE ET DU DEPARTEMENT SI LA PERSONNE EST NEE AU BURKINA OU LE NOM DU PAYS SI ELLE EST NEE HORS DU BURKINA.

P10 — NATURE DU PRINCIPAL HANDICAP : 00 Aucun handicap. 01 Paralysé membres supérieurs. 02 Paralysé membres inférieurs. 03 Paralysé membres sup. et inf. 04 Amputé membres sup. 05 Amputé membre inf. 06 Amputé membres sup. et inf. 07 Lèpre. 08 Débile mental. 09 Fou (folle). 10 Aveugle. 11 Sourd. 12 Muet. 13 Sourd-muet. 14 Autres.

P11 — Père : Est-ce que le père de (Nom) est en vie? ENCERCLEZ LE CODE CORRESPONDANT. 1. oui. 2. Non. 3. NSP = ne sait pas.

P12 — Mère : Est-ce que la mère qui a mis (Nom) au monde vit toujours? ENCERCLEZ LE CODE CORRESPONDANT. 1. Oui. 2. Non. 3. NSP = ne sait pas.

P13 — RELIGION : Quelle est la religion de (Nom)? ENCERCLEZ LE CODE CORRESPONDANT. 1 = Animiste. 2 = Musulman. 3 = Catholique. 4 = Protestant. 5 = Autre religion. 6 = Sans religion.

P14 — NATIONALITE : Quelle est la nationalité de (Nom)? ENCERCLEZ LE CODE CORRESPONDANT. 01 = Burkinabè. 02 = Benin. 03 = Côte d'Ivoire. 04 = Ghana. 05 = Mali. 06 = Niger. 07 = Nigeria. 08 = Sénégal. 09 = Togo. 10 = Autres Afrique. 11 = Europe. 12 = Autres.

P15 — NIVEAU D'INSTRUCTION : est ce que (Nom) a fréquenté une école? Si oui, quel est la dernière classe achevée dans la plus haut niveau d'études atteint? ENCERCLEZ LE CODE CORRESPONDANT. 0 = Aucun. 1 CP. 2 CE. 3 CM. 4 Sec. 1er cycle. 5 Sec. 2è cycle. 6. Sup.

P16-P17 — APTITUDE A LIRE ET A ECRIRE : Est-ce que (Nom) sait lire et écrire couramment dans une langue? ENCERCLEZ LE CODE CORRESPONDANT. Etrangère : 0 = Aucun. 1 = Français. 2 = Arabe. 3 = Anglais. 4 = Autres langues étrangères. Nationale : 0 = Aucun. 1 = Mooré. 2 = Dioula. 3 = Fulfuldé. 4 = Autres langues nationales.

P18 — STATUT D'OCCUPATION : Est-ce que (Nom) a travaillé au cours des 7 derniers jours? SI OUI, ENCERCLEZ LE CODE. SI NON, ENCERCLEZ LE CODE CORRESPONDANT ET ALLER A P21. 1. Occupé (OCC). 2. Chomeur (CHO). 3. Quête 1er emploi (QUE). 4. Retraité (RET). 5. Occupé au foyer (FOY). 6. Elève ou Etudiant (ETU). 7. Rentier (REN). 8. Autres inactifs (AUT).

P19 — OCCUPATION PRINCIPALE : Quelle est l'occupation qui a pris à (Nom) le plus de temps au cours des 7 derniers jours? INSCRIRE EN CLAIR DANS LA COLONNE.

P20 — SITUATION DANS L'OCCUPATION PRINCIPALE : Quelle est ou était la situation de (Nom) dans cette occupation? ENCERCLEZ LE CODE CORRESPONDANT. 1. Employeur, patron (EMP). 2. Indépendant (IND). 3. Salarié, employé (SAL). 4. Apprenti (APP). 5. Aide familial (AIF). 6. Coopérative (COP). 7. Autres (AUT).

P21 — BRANCHE D'ACTIVITE : Que fait principalement l'entreprise ou l'établissement au sein de laquelle ou duquel (Nom) travaille ou a travaillé? INSCRIRE EN CLAIR DANS LA COLONNE.

P22 — OCCUPATION SECONDAIRE : Quelle est l'occupation qui prend le plus de temps à (Nom) après l'occupation principale? INSCRIRE EN CLAIR DANS LA COLONNE.

P23 — ETAT MATRIMONIAL : Est-ce que (Nom) vit avec une (des) femme(s) (un homme)? ENCERCLEZ LE CODE CORRESPONDANT. 0 Célibataire. 1 Marié (e) monogame. 2 Marié (e) polygame à 2 Fem. 3 Marié (e) polygame à 3 Fem. 4 Marié (e) polygame à 4 et +. 5 Veuf ou veuve. 6 Divorcé (e) ou séparé (e). 7 Union libre.

P24 — NAISSANCES VIVANTES : Combien d'enfants en tout sont nés vivants de (Nom)? INSCRIVEZ LE NOMBRE DECLARE PAR SEXE.

P25 — ENFANTS SURVIVANTS : Parmi tous ces enfants nés vivants de (Nom), combien sont encore en vie? INSCRIVEZ LE NOMBRE DECLARE PAR SEXE.

P26 — NAISSANCES DES 12 DERNIERS MOIS : Combien d'enfants de (Nom) sont nés vivants au cours des 12 derniers mois? INSCRIVEZ LE NOMBRE DECLARE PAR SEXE.

Codes répétés pour chaque ligne (1 à 10)

Col	Codes
P03 SEXE	1 - Masc. / 2 - Fem.
P04 LIEN	1. C.M. 2. Ep. 3. Fil. 4. Fr./So. 5. Pè./Mè. 6. cous. 7. Neuv. 8. Aut. 9. s. lien
P05 STATUT	1. RP 2. RA 3. VIS 4. EM
P06	MOIS / ANNEE
P11 Père	1. Oui 2. Non 3. NSP
P12 Mère	1. Oui 2. Non 3. NSP
P13 RELIGION	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.
P14 NATIONALITE	01. Bur. 02. BEN. 03. CIV. 04. GHA. 05. MAL. 06. NIG. 07. NIA. 08. SEN. 09. TOG. 10. AFR. 11. EUR. 12. AUT.
P15	0. Aucun 1. CP 2. CE 3. CM 4. Sec. 1er 5. Sec. 2nd 6. Sup.
P16 Etrangère	0. Auc. 1. Fr. 2. Ara. 3. Angl. 4. Aut.
P17 Nationale	0. Auc. 1. Mor. 2. Diou. 3. Ful. 4. Aut.
P18	1. (OCC) 2. (CHO) 3. (QUE) 4. (RET) 5. (FOY) 6. (ETU) 7. (REN) 8. (AUT)
P20	1. (EMP) 2. (IND) 3. (SAL) 4. (APP) 5. (AIF) 6. COP 7. (AUT)
P23	0. Célib. 1. Mar. (1) 2. Mar. (2) 3. Mar. (3) 4. Marié (4+) 5. Veuf (ve) 6. Div. sép. 7. Uni. libre
P24/P25/P26	M / F

BURKINA FASO

Unité - Progrès - Justice

QUATRIEME RECENSEMENT GENERAL DE LA POPULATION ET DE L'HABITATION DE DECEMBRE 2006 (RGPH 2006)

**DECRET N°2005-394/PRES/PM/MEDEV/MFB/MATD/MD/MEBA
portant organisation du Recensement général de la population
et de l'habitation du Burkina Faso de 2006**

NUMERO CAHIER

NOMBRE DE CAHIERS

CAHIER DE RECENSEMENT

Loi N° 040/96/ADP du 8 novembre 1996 portant obligation de réponse et de secret statistique au Burkina Faso
Les renseignements individuels contenus dans ce questionnaire sont confidentiels. Ils sont couverts par le secret statistique et ne doivent
en aucun cas être utilisés à des fins de poursuites judiciaires, de contrôle fiscal et répression économique ou à des fins journalistiques.

CADRE A REMPLIR PAR LE CONTROLEUR

I. IDENTIFICATION

1. REGION ....

2. PROVINCE ....

3. COMMUNE / ARRONDISSEMENT ....

4. VILLAGE / SECTEUR ....

5. TYPE DE LOCALITE....................................
(1 = Urbain ; 2 = Rural)

6. ZC/ZD ....

II. TABLEAU RECAPITULATIF DU CAHIER

STATUT DE RESIDENCE	MASCULIN	FEMININ	ENSEMBLE
1. RESIDENTS PRESENTS (RP)			
2. RESIDENTS ABSENTS (RA)			
SOUS TOTAL (1+2)			
3. VISITEURS (VIS)			
TOTAL RECENSE (1+2+3)			
4. EMIGRES (EM)			

AGENT RECENSEUR	CONTRÔLEUR
NOM_____DATE_____	NOM_____DATE_____
SIGNATURE_____	SIGNATURE_____
CODIFIE PAR :	**SAISI PAR :**
NOM_____ ⌐⌐	NOM_____ ⌐⌐
DATE_____	DATE_____

OBSERVATIONS

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CONFIDENTIEL

TABLEAU RECAPITULATIF
A REMPLIR AU FUR ET A MESURE DU DENOMBREMENT
DE LA POPULATION

N° de concession	N° ménage dans la concession	Nom du chef de Ménage	POPULATION RESIDENTE									VISITEURS			TOTAL RECENSE			EMIGRES		
			RP			RA			TOTAL (RP+RA)											
			M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T

TOTAL																				

QUESTIONNAIRE MENAGE ORDINAIRE

NUMERO DU QUESTIONNAIRE DANS LE MENAGE…..….. ☐☐

NOMBRE DE QUESTIONNAIRE DU MENAGE…….…..…. ☐☐

I – IDENTIFICATION DU MENAGE

M1. REGION .... ☐☐☐

M2. PROVINCE.. ☐☐☐

M3. COMMUNE / ARRONDISSEMENT .... ☐☐☐

M4. VILLAGE / SECTEUR... ☐☐☐☐

M5. TYPE DE LOCALITE .... ☐
(1 = Urbain ; 2 = Rural)

M6. ZC/ZD.. ☐☐☐☐☐

M7. CONCESSION DANS LA ZD.. ☐☐☐☐

M8. MENAGE DANS LA CONCESSION.................................. ☐☐☐

III - CARACTERISTIQUES DE L'HABITATION

ZONE D'HABITATION	TYPE D'HABITAT	STATUT D'OCCUPATION	NOMBRE DE PIECES OCCUPEES PAR LE MENAGE
H1	H2	H3	H4
Zone lotie .... 1 Zone non lotie.... 2	Immeuble à appartements .... 1 Villa.................................... 2 Maison individuelle simple .... 3 Bâtiment à plusieurs logements (non immeuble) .... 4 Case .... 5 Autres 0	Propriétaire .... 1 Location vente .... 2 Location simple............. 3 Hébergé gratuitement ... 4 Autres 0	COMPTEZ UNIQUEMENT LE SALON, LES CHAMBRES À COUCHER Y COMPRIS CEUX DES DEPENDANCES. ☐☐☐

NATURE DES MURS	NATURE DU TOIT	NATURE DU SOL	MODE PRINCIPAL D'ÉCLAIRAGE
H5	H6	H7	H8
Dur.............................1 Semi-dur ....2 Banco ....3 Paille...........................4 Autres...........................0	Béton............................ 1 Tôle .... 2 Tuiles .... 3 Terre battue .... 4 Chaume .... 5 Autres........................... 0	Carrelage ....1 Ciment.......................2 Terre battue...............3 Sable ....4 Autres.........................0	Électricité du réseau ....1 Électricité personnelle (groupe, panneau solaire, batterie) .... 2 Lampe à gaz ....3 Lampe à pétrole ....4 Lampe à huile ....5 Lampe torche ....6 Bougie ....7 Bois/paille......................................8 Autres 0

III - CARACTERISTIQUES DE L'HABITATION (suite)

SOURCE PRINCIPALE D'ENERGIE POUR LA CUISSON	PRINCIPALE SOURCE D'APPROVISIONNE-MENT EN EAU DE BOISSON	TYPE D'AISANCE	MODE D'EVACUATION DES ORDURES
H9	H10	H11	H12
Electricité 1	Eau courante 1	Chasse d'eau personnelle 1	Ramassage privé...1
Gaz 2	Borne fontaine 2	Chasse d'eau en commun 2	Tas d'immondices..2
Pétrole 3	Pompe (forage)................. 3	Latrine simple 3	Fossé 3
Charbon de bois........ 4	Puits busé 4	Latrine ventilée 4	Bac....................... 4
Bois (foyer amélioré) .. 5	Puits ordinaire 5	Brousse/nature 5	Rue 5
Bois (foyer simple) 6	Rivière, marigot, barrage ...6	Autres................................... 0	Autres................... 0
Non concerné............ 7	Autres 0		
Autres 0			

MODE D'EVACUATION DES EAUX USEES	BIENS D'EQUIPEMENT	BIENS D'EQUIPEMENT (MOYENS DE DEPLACEMENT)
H13	H14	H15
Cour 1	**SELON LA REPONSE DU REPONDANT, INSCRIRE LE NOMBRE DE BIENS DANS LA CASE EN REGARD DE CHAQUE MODALITE. NOTER 00 AU CAS OU IL N'Y EN A PAS.**	**SELON LA REPONSE DU REPONDANT, INSCRIRE LE NOMBRE DE BIENS DANS LA CASE EN REGARD DE CHAQUE MODALITE. NOTER 00 AU CAS OU IL N'Y EN A PAS.**
Rue...................... 2	Dans votre ménage, combien de (BIEN) fonctionnel avez-vous ?	Dans votre ménage, combien de (BIEN) fonctionnel avez-vous ?
Puits 3	Radio ....⎿⎽⎽⏌	Bicyclette............................⎿⎽⎽⏌
Caniveau 4	Télévision..................................⎿⎽⎽⏌	Mobylette.............................⎿⎽⎽⏌
Fosse septique 5	Téléphone fixe ....⎿⎽⎽⏌	Voiture.................................⎿⎽⎽⏌
Autres 0	Téléphone cellulaire ....⎿⎽⎽⏌	Pirogue................................⎿⎽⎽⏌
	Réfrigérateur ....⎿⎽⎽⏌	Charrette ....⎿⎽⎽⏌
	Micro-ordinateur ....⎿⎽⎽⏌	Chameau.............................⎿⎽⎽⏌
	Connexion internet..................⎿⎽⎽⏌	Cheval.................................⎿⎽⎽⏌
		Ane ....⎿⎽⎽⏌

VI - TABLEAU RECAPITULATIF DU MENAGE

SEXE	RP (Résidents Présents) (1)	RA (Résidents Absents) (2)	RP + RA (3) = (1) + (2)	VIS (Visiteurs) (4)	TOTAL RECENSES (5) = (3) + (4)	EM (Emigré) (6)
R1. MASCULIN						
R2. FEMININ						
TOTAL						

IV - DECES DES 12 DERNIERS MOIS

D1	Y a-t-il eu des personnes décédées dans votre ménage au cours des 12 derniers mois ?	OUI = 1 NON = 2
D2	Si Oui combien ?	

		TOUTE PERSONNE DECEDEE					SI LA PERSONNE DECEDEE EST UNE FEMME AGEE ENTRE 10 ET 55 ANS, AU MOMENT DE SON DECES ETAIT-ELLE :		
N° d'ordre	NOM ET PRENOMS	SEXE	DATE DE NAISSANCE	DATE DE DECES	AGE AU DECES (en années révolues)	ENCEINTE ?	EN TRAIN D'ACCOUC-HER?	DANS LES DEUX MOIS SUIVANT LA FIN D'UNE GROSSESSE OU UN ACCOUCHEMENT ? (Si Oui, noter le nombre exact de jours)
D3	D4	D5	D6	D7	D8	D9	D10	D11
	....	1. Masc. / 2. Fem.	Mois... / Année	Mois... / Année		1. OUI / 2. NON	1. OUI / 2. NON	1. OUI / 2. NON
	....	1. Masc. / 2. Fem.	Mois... / Année	Mois... / Année		1. OUI / 2. NON	1. OUI / 2. NON	1. OUI / 2. NON
	....	1. Masc. / 2. Fem.	Mois... / Année	Mois... / Année		1. OUI / 2. NON	1. OUI / 2. NON	1. OUI / 2. NON
	....	1. Masc. / 2. Fem.	Mois... / Année	Mois... / Année		1. OUI / 2. NON	1. OUI / 2. NON	1. OUI / 2. NON
	....	1. Masc. / 2. Fem.	Mois... / Année	Mois... / Année		1. OUI / 2. NON	1. OUI / 2. NON	1. OUI / 2. NON
	....	1. Masc. / 2. Fem.	Mois... / Année	Mois... / Année		1. OUI / 2. NON	1. OUI / 2. NON	1. OUI / 2. NON

V - EMIGRATION

E1	Y a-t-il des personnes qui ont émigré dans votre ménage au cours des cinq dernières années ?	OUI = 1 NON = 2
E2	Si oui, combien ?	

N° d'ordre	Nom et prénoms	Age	Sexe	Date de départ	Lieu de destination
E3	E4	E5	E6	E7	E8
	....		1. Masc. / 2. Fem.	Mois... / Année	
	....		1. Masc. / 2. Fem.	Mois... / Année	
	....		1. Masc. / 2. Fem.	Mois... / Année	
	....		1. Masc. / 2. Fem.	Mois... / Année	
	....		1. Masc. / 2. Fem.	Mois... / Année	
	....		1. Masc. / 2. Fem.	Mois... / Année	

N° D'ORDRE	NOM ET PRÉNOM(S)	SEXE	LIEN DE PARENTÉ AVEC LE CHEF DE MÉNAGE	STATUT DE RÉSI-DENCE	DATE DE NAISSANCE		ACTE DE NAIS-SANCE	LIEU DE NAISSANCE	LIEU DE RÉSIDENCE IL Y A UN AN	RESIDENCE A L'ETRANGER
					DATE DE NAISSANCE	ÂGE				
	Enregistrez toutes les personnes du ménage en commençant par le chef de ménage	Encerclez le code corres-pondant 1= masculin 2= féminin	Quel est le lien de parenté de (NOM) avec le chef de ménage ? Encerclez le code correspondant 1= Chef de Ménage 2= Époux/Épouse 3= Fils/fille 4= Frère/sœur 5= Père/mère 6= Petit fils/fille 7= Neveu/nièce 8= Oncle/Tante 9= Autre parent 0=Sans lien	Encerclez le code corres-pondant 1= RP RESIDENT PRESENT) 2= RA : RESIDENT ABSENT) 3= VIS : (VISITEUR)	Quelle est la date de naissance de (NOM) ? Inscrivez le mois et l'année de naissance	Si l'année de naissance est inconnue Quel est l'âge en années révolues de (NOM) ?	(Nom) possède-t-il/elle un acte de naissance ? 1=Oui 2=Non 3=Ne Sait Pas(NSP)	Dans quelles Commune et Province du pays est né(e) (Nom) ? Inscrivez le nom de la Commune et de la Province si la personne est née au Burkina Faso ou le nom du pays si elle est née hors du Burkina	Dans quelles Commune et Province du pays habitait (Nom) ? Inscrivez le nom de la Commune et de la Province si la personne résidait au Burkina Faso ou le nom du pays si elle résidait hors du Burkina	Est-ce que (NOM) a résidé dans un autre pays de 1996 à 2006 Encerclez le code corres-pondant 0= Non 1= CI (Oui, Cote d'Ivoire) 2= AP (Oui, Autre pays)
P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11
1		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
2		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
3		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
4		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
5		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
6		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
7		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
8		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
9		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP
0		1. Masc. 2. Fem.	1. C.M. / 6. Pet. Fil. / 2. Ép. / 7. Nev./Niè. / 3. Fil. / 8. Onc/Tan / 4. Fr./So / 9. Autr. / 5. Pè./Mè. / 0. S/lien.	1. RP 2. RA 3. VIS	Mois ANNEE		1. Oui 2. Non 3. NSP			0. NON 1. CI 2. AP

II. CARACTERISTIQUES INDIVIDUELLES

P O P U L A T I O N					RÉSIDENT DE 3 ANS ET		
DUREE DE LA VENUE OU DU RETOUR	MOTIF DE LA VENUE OU DU RETOUR	NATURE DU HANDICAP	RELIGION	NATIONALITÉ	FRÉQUENTA-TION SCOLAIRE	NIVEAU D'INSTRUCTION	APTITUDE À LIRE ET À ÉCRIRE
Depuis combien de temps (NOM) est-il venu ou revenu pour la première fois au Burkina ? (en années révolues)	Pourquoi (NOM) est-il venu ou revenu pour la première fois au Burkina ? **Encerclez le code corres-pondant** 1= Crise socio-politique 2= Expulsé Situation irrégulière 3= Raison d'études 4= Retour volontaire 5= Autres	(NOM) souffre t'il/elle d'un handicap quelconque ? **Encerclez le code corres-pondant** 0 = Aucun handicap 1 = Hand. memb. sup 2 = Hand. memb. inf 3 = Déficience mentale 4 = Aveugle 5 = Sourd/Muet 6 = Autres	Quelle est la religion de (Nom) ? **Encerclez le code corres-pondant** 1 = Animiste 2 = Musulman 3 = Catholique 4 = Protestant 5 = Autre 6 = Sans religion	Quelle est la nationalité de (NOM) ? **Préciser le pays**	(NOM) a-t-il déjà fréquenté ou fréquente t-il actuellement l'école ? **Encerclez le code corres-pondant** 0 = non, n'a jamais fréquente 1 = oui, a fréquenté 2 = oui, fréquente actuellement	Quelle est la dernière classe achevée ou en train d'être achevée ? **Encerclez le code corres-pondant** 0 = Aucun 1 = Maternelle 2 = CP1 3 = CP2 4 = CE1 5 = CE2 6 = CM1 7 = CM2 8 = Sec.1er cycle 9 = Sec.2ème cycle 10 = Sup.	Est-ce que (NOM) sait lire et écrire couramment dans une langue ? **Préciser la principale langue étrangère parlée et écrite sur la première ligne et la principale langue locale parlée et écrite sur la seconde ligne**
P12	P13	P14	P15	P16	P17	P18	P19
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	
	1. CrPoli 2. ExIrr 3. Etu 4. Ret 5. Aut	0. Aucun 1. Memb. sup 2. Memb. inf 3. Déf. mental 4. Aveugle 5. Srd/muet 6. Aut	1. ANI. 2. MUS. 3. CAT. 4. PRO. 5. AUT. 6. SAN.		0. Jamais 1. A. fréq 2. Fréq. actu	0. AUC. 6. CM1. 1. MAT. 7. CM2 2. CP1. 8. SEC1. 3. CP2 9. SEC2. 4. CE1. 10. SUP. 5. CE2	

PLUS	RÉSIDENT DE 5 ANS ET PLUS				RÉSIDENT DE 12 ANS ET PLUS	RÉSIDENTE FEMME DE 10 ANS ET PLUS			RÉSIDENT DE 0 A 30 ANS	
LANGUE PARLEE	PARTICIPATION A L'ACTIVITE ECONOMIQUE				ÉTAT MATRIMONIAL	SURVIE DES ENFANTS		NAISSANCES DES 12 DERNIERS MOIS (depuis Décembre 2005)	SURVIE ET RÉSIDENCE DES PARENTS BIOLOGIQUES	
	SITUATION PAR RAPPORT A L'OCCUPATION	QUESTIONS A POSER UNIQUEMENT AUX ACTIFS (Code 1 ou 2 est encerclé à P21)				ENFANTS NÉS VIVANTS	ENFANTS ENCORE EN VIE		SURVIE DU PÈRE	SURVIE DE LA MÈRE
		OCCUPATION PRINCIPALE	SITUATION DANS L'OCCUPATION PRINCIPALE	BRANCHE D'ACTIVITÉ						
Quelle est la principale langue couramment parlée par (NOM) ?	Est-ce que (NOM) a travaillé au moins 3 jours durant les 7 derniers jours (OCC) ou a travaillé et a perdu son emploi (CHO) ? **Si oui, encerclez le code 1 ou 2. Si non, encerclez le code correspondant ;** 1 = Occupé (OCC) 2 = Chômeur (CHO) 3 = En quête du 1er emploi (QUE) 4 = Retraité (RET) 5 = Occupé au foyer (FOY) 6 = Elève ou étudiant (ETU) 7 = Rentier (REN) 8 = Autres inactifs (AUT)	Quelle est l'occupation qui a pris à (NOM) le plus de temps au cours de ces 3 jours ? **pour les chômeurs (CHO)** : Quelle était l'occupation de (NOM) ? **Inscrivez en clair dans la colonne**	Quelle est (ou était) la situation de (NOM) dans cette occupation ? **Encerclez le code correspondant** 1 = Employeur, patron (EMP) 2 = Indépendant (IND) 3 = Salarié, employé (SAL) 4 = Apprenti (APP) 5 = Aide familial (AIF) 6 = Autres (AUT)	Que fait principalement l'entreprise ou l'établissement au sein de laquelle ou duquel (NOM) travaille ou a travaillé ?	Est-ce que (NOM) vit avec une (des) femme(s) (un homme) ? **Encerclez le code correspondant** 0 = Célibataire (Céli.) 1 = Marié 1 fem(Mar. 1F) 2 = Marié 2 fem(Mar. 2F) 3 = Marié 3 fem(Mar. 3F) 4 = Marié 4 fem et plus 5 = Veuf ou Veuve(Veu/ve) 6 = Divorcé(e) ou séparé(e) (Div/Sép) 7 = Union Libre (Uni.libr)	Combien d'enfants en tout sont nés vivants de (NOM) ? **Inscrivez le nombre déclaré par sexe**	Parmi tous ces enfants nés vivants de (NOM), combien sont encore en vie ? **Inscrivez le nombre déclaré par sexe**	Combien d'enfants de (NOM) sont nés au cours des 12 derniers mois ? **Inscrivez le nombre déclaré par sexe**	Est-ce que le père/mère biologique de (NOM) vit dans le ménage ? **Inscrivez le code correspondant à la réponse donnée dans la case prévue à cet effet** 1 = Vit dans le ménage 2 = Ne vit pas dans le ménage mais vit au Burkina Faso 3 = Vit ailleurs hors du Burkina Faso 4 = Décédé(e) 5 = Ne sait pas	
P20	P21	P22	P23	P24	P25	P26	P27	P28	P29	P30
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐
☐☐	1. OCC 5. FOY / 2. CHO. 6. ETU / 3. QUE. 7. REN / 4. RET. 8. AUT		1. EMP / 2. IND / 3. SAL / 4. APP / 5. AIF / 6. AUT		0. Céli. 4. Mar.4F +. / 1. Mar.1F. 5. Veu/ve. / 2. Mar.2F. 6. Div.Sép. / 3. Mar.3F 7. Uni.libr.	M ☐☐ / F ☐☐	M ☐☐☐ / F ☐☐☐	M ☐ / F ☐	☐	☐

(90) 12345678

SAMPLE

ETHIOPIA CENTRAL STATISTICAL AGENCY
2007 Population and Housing Census
LONG FORM

BATCH HEADER FORM NUMBER

0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

INSTRUCTIONS:

Please mark boxes like this ▨

DO NOT USE RED INK.

IF THIS IS A CONTINUATION BOOKLET FOR THIS HOUSEHOLD MARK THIS BOX ▯

SECTION 2 - TYPE OF RESIDENCE AND HOUSING IDENTIFICATION

Type of Residence	
Conventional household	1
Hotel\Hostel	2
Orphanage	3
Boarding School/College/University	4
Correctional facility	5
Other Collective Quarters	6
Pastoralists *(wandering in search of water and grass)*	7
Homeless	8

Housing Serial No.

| 0 1 2 3 4 5 6 7 8 9 |
| 0 1 2 3 4 5 6 7 8 9 |
| 0 1 2 3 4 5 6 7 8 9 |

Household Serial No.

| 0 1 2 3 4 5 6 7 8 9 |
| 0 1 2 3 4 5 6 7 8 9 |
| 0 1 2 3 4 5 6 7 8 9 |

SECTION 3 - DETAILS OF PERSONS IN THE HOUSEHOLD

1. Serial No. of Household Member	2. List of all persons in the household in chronological order of age. List all persons in the household in the following order:- Head, Wife or husband, Unmarried children living in the household in age order, Married children and their family members who live in the household, Other relatives, Members who are not related, Visitors	3. Residence status (Resident Present / Resident Absent / Visitor)	4. What is the relationship of (NAME) to the head of the household? (Head / Wife/husband / Son/daughter of head & spouse / Son/daughter of head / Son/daughter of spouse / Parent/parent-in-law / Brother/sister or Brother/sister-in-law / Niece/nephew / Grandchild / Other relative / Non relative)	5. What is (NAME's) sex? (Male / Female)	6. What is (NAME's) age? (Record in completed years - if less than one year code 00, if more or equal to 97 code 97)	7. What is (NAME's) religion? (Orthodox / Protestant / Catholic / Muslim/Islam / Traditionalist / Other)	8. What is (NAME's) mother tongue?	9. Does (NAME) speak additional language? If so, code the most frequently used additional language.
					EXAMPLE: NAME is 37 3 → 0 1 2 ▮ 4 5 6 7 8 9 ; 7 → 0 1 2 3 4 5 6 ▮ 8 9			
1		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
2		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
3		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
4		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
5		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
6		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
7		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
8		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

Upper Section

Serial Number of Household member	10. What is (NAME's) ethnic group?	DISABILITY STATUS			14. What is the number of years (NAME) has continuously lived in this place?	Only for codes 0-7 in Q14		AGE UNDER 18 ONLY		AGE 5 & ABOVE
		11. Does (NAME) have any physical or mental difficulties? If No, go to Q14	12. If Yes, what type of difficulty/problem?	13. What is/was the cause of (NAME's) disability?		15. Was (NAME's) previous address Urban or Rural?	16. To which zone does this area belong?	17. Is (NAME's) biological MOTHER alive?	18. Is (NAME's) biological FATHER alive?	19. Is (NAME) literate?

Q12 difficulty types: Blind, Seeing difficulty, Deaf, Hearing difficulty, Unable to speak, Speaking difficulty, Deaf & unable to speak, Non-function upper limbs, Non-function lower limbs, Stand/walk/sit problem, Body move problem, Learning difficulties, Mental problem, Other (1–14)

Q13 causes: Car accident, Other accident, Polio, Hanson disease, Other (Postnatal), Prenatal, War/mines, Not known (1–8)

Q14 years: Below 1 year, 1 year, 2 years, 3 years, 4 years, 5 - 6 years, 7 - 9 years, 10 years and above, Since birth (0–8)

Household members 1–8, each with response grids:
- Q10: 0 1 2 3 4 5 6 7 8 9 (two rows)
- Q11: Yes 1 / No 2
- Q12: 1 2 3 4 5 6 7 8 9 10 11 12 13 14
- Q13: 1 2 3 4 5 6 7 8
- Q14: 0 1 2 3 4 5 6 7 8
- Q15: URBAN 1 / RURAL 2
- Q16: 0 1 2 3 4 5 6 7 8 9 (two rows)
- Q17: Yes 1 / No 2
- Q18: Yes 1 / No 2
- Q19: Yes 1 / No 2

Lower Section

AGE 5 & ABOVE continued | AGE 10 & ABOVE

Serial Number of Household member	20. Is (NAME) currently attending school? Please enter the grade. If attended school in the past, code "97"; if (NAME) never attended school, code "98" and go to Q22.	21. What is the highest grade (NAME) completed?	22. Has (NAME) engaged in productive activity for at least 4 hours during the last 7 days?	23. Is (NAME) available to work during the coming month? If Yes, code 1, if No, code reason	24. Was (NAME) engaged in productive activity during most of the last 12 months? If Yes, code 1; if not, code the main reason.	For those engaged in productive activity and those unemployed but with work experience (coded 1 and 2 in Q24)	
						25. What was the main occupation?	26. What was the major product or service of the organisation?

Q22 codes: Yes →Q24, Has job but not worked →Q24, No (1, 2, 3)

Q23 codes: Available, Personal/Family affair, Student/Training, Homemaking, Disabled, Injury/Illness, Too young, Old age/Pensioner/Remittance, Other (1–9)

Q24 codes: Engaged in productive activity, Unemployed with work experience, Unemployed without work experience, Student/Training, Homemaking, Disabled, Injury/Illness, Too young, Old age/Pensioner/Remittance, Begging, Other (1–11)

Household members 1–8, each with response grids:
- Q20: 0 1 2 3 4 5 6 7 8 9 (two rows)
- Q21: 0 1 2 3 4 5 6 7 8 9 (two rows)
- Q22: 1 2 3
- Q23: 1 2 3 4 5 6 7 8 9
- Q24: 1 2 3 4 5 6 7 8 9 10 11
- Q25: 0 1 2 3 4 5 6 7 8 9 (two rows)
- Q26: 0 1 2 3 4 5 6 7 8 9 (two rows)

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AGE 10 & ABOVE continued

FOR WOMEN OF AGE 10 AND ABOVE

Serial Number of Household member

27. What was (NAME's) employment status in the main job?
1. Employee - Government
2. Employee - Government parastatal
3. Employee - Private organisation
4. Employee - NGO/ International org.
5. Employee - Domestic
6. Employee - others
7. Self employed
8. Unpaid family worker
9. Employer
10. Apprentice
11. Member of co-operative
12. Other

28. What is (NAME's) current marital status?
1. Never married
2. Married
3. Divorced
4. Separated
5. Widowed
6. Cohabiting/ Living together

29. How many children have you borne who are now living with you?
MALE | FEMALE

30. How many children have you borne who are now living ELSEWHERE?
MALE | FEMALE

(Rows 1–8 each contain employment-status options 1–12, marital-status options 1–6, and bubble grids 0–9 for MALE and FEMALE columns under questions 29 and 30.)

FOR WOMEN OF AGE 10 AND ABOVE

Serial Number of Household member

31. Did you have children who have died?
If yes, record how many died, if No, record "0"
MALE | FEMALE

32. Did (NAME) have any live births during the past 12 months (since May 9, 2006)?
If yes, record number of children, if No, record "0"

(Rows 1–8 each contain bubble grids 0–9 for MALE, FEMALE, and question 32.)

SECTION 4 - DEATHS IN THE HOUSEHOLD

1. Did a death occur in the household since May 9, 2006?
If Yes, record number of deaths in the box on the right and further details below, if No, record "0"
(bubble grid 0–9)

2. Name of deceased	3. Sex of deceased	4. Age at death	ONLY FOR WOMEN AGE 12-49
			5. Did (NAME) die during pregnancy, childbirth or within 2 months after childbirth?
	Male 1 / Female 2	(bubble grid 0–9)	Yes 1 / No 2
	Male 1 / Female 2	(bubble grid 0–9)	Yes 1 / No 2
	Male 1 / Female 2	(bubble grid 0–9)	Yes 1 / No 2
	Male 1 / Female 2	(bubble grid 0–9)	Yes 1 / No 2
	Male 1 / Female 2	(bubble grid 0–9)	Yes 1 / No 2
	Male 1 / Female 2	(bubble grid 0–9)	Yes 1 / No 2

SECTION 5 - INFORMATION ON HOUSING UNIT

1 Will housing unit information be collected?

Yes	1
No	2

2 What is the type of housing unit?

Conventional	1
Improvised	2
Mobile	3
Other - specify below	8

3 How many years ago was this housing unit built?

Less than 5 years	1
5 - 9 years	2
10 - 14 years	3
15 - 19 years	4
20 years or more	5

4 How many ROOMS are in the housing unit?

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

5 What is the type of TENURE of the housing unit?

Owner occupied	1
Rent free	2
Rented from Kebele	3
Rented from agency of rented houses	4
Rented from other organisation	5
Rented from private household	6
Occupied difference in rent	7

6 Do domestic animals spend the night in the room(s) where members spend the night?

Yes	1
No	2

7 What is the major material used for the construction of the WALL of the housing unit?

Wood and mud	1
Wood and thatch/Wood only	2
Stone and mud	3
Stone and cement	4
Plastered hollow blocks	5
Unplastered hollow blocks	6
Bricks	7
Corrugated iron	8
Reed/Bamboo	9
Other - specify below	88

8 What is the major material used for the construction of the major part of the CEILING of the housing unit?

None	1
Fabrics	2
Bamboo/Reed	3
Chip wood/Hardboard	4
Parquet or polished wood	5
Wood planks	6
Concrete/Cement	7
Polythene sheet "Madaberia"	8
Other - specify below	88

9 What type of BATHING facility does the housing unit have?

No bathing facility	1
Bathtub private	2
Bathtub shared	3
Shower private	4
Shower shared	5
Other - specify below	8

10 What is the major material used for the construction of the major part of the ROOF of the housing unit?

Corrugated iron sheet	1
Concrete or cement	2
Thatch	3
Wood and mud	4
Bamboo or reed	5
Plastic/Shera	6
Asbestos	7
Other - specify below	8

11 What is the major material used for the construction of the major part of the FLOOR of the housing unit?

Mud	1
Bamboo/Reed	2
Wood planks	3
Parquet or polished wood	4
Cement screed/Cement screed not applied	5
Plastic tiles	6
Cement tile/Brick tile	7
Ceramic/Marble tiles	8
Other - specify below	88

12 What type of FUEL is used for cooking in the housing unit?

	YES	NO
Electricity	1	2
Gas/cylinder	1	2
Kerosene	1	2
Charcoal	1	2
Firewood/Leaves/Sawdust	1	2
Dung/manure	1	2
Bio-gas	1	2
Other - specify below	1	

13 What type of KITCHEN does the housing unit have?

No kitchen	1
A room used for traditional kitchen inside the housing unit private	2
A room used for traditional kitchen inside the housing unit shared	3
A room used for traditional kitchen outside the housing unit private	4
A room used for traditional kitchen outside the housing unit shared	5
A room used for modern kitchen inside the housing unit	6
A room used for modern kitchen outside the housing unit	7
Other - specify below	8

14 What is the main source of DRINKING WATER for the members of this housing unit?

Tap inside the house	1
Tap in compound, private	2
Tap in compound, shared	3
Tap outside compound/From private tap, public tap, other organisation/ (bought or free of charge)	4
Protected well or spring	5
Unprotected well or spring	6
River/Lake/Pond	7

15 How does the housing unit dispose of SOLID WASTE?

Collected by Municipality (Public Dump)	1
Collected by private establishments/individuals	2
Dumped in street/Open space	3
Dumped in river	4
Burned/Buried solid waste	5
Other - specify below	8

16 What type of TOILET facility does the housing unit have?

No toilet facility	1
Flush toilet - private	2
Flush toilet - shared	3
VIP Latrine private	4
VIP Latrine shared	5
Pit Latrine private	6
Pit Latrine shared	7
Other - specify below	8

17 What type of LIGHTING does the housing unit have?

Electricity/Meter private	1
Electricity/Meter shared	2
Electricity from generator (No Meter)	3
Solar energy	4
Lantern	5
Bio-gas	6
Kerosene	7
Candle/Wax candle	8
Firewood	9

18 Does the housing unit have:

	YES	NO
Radio	1	2
Fixed Telephone/Wireless Telephone	1	2
Television	1	2

VALIDATION

Enumerator Name

Enumerator Signature

Date

SUPERVISOR VALIDATION

Supervisor Name

Supervisor Signature

Date

1234567890
SAMPLE
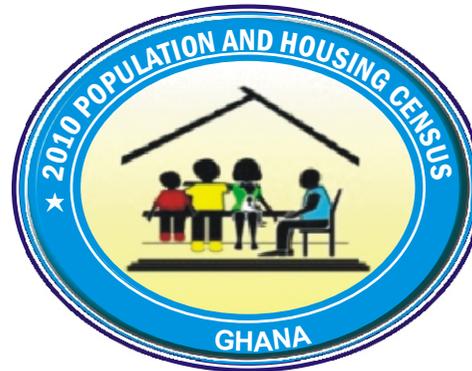
2010 POPULATION AND HOUSING
CENSUS

You count. So get counted!

Enumerator...

Signature...

Phone No...

Date...

Supervisor...

Signature...

Phone No...

Date...

PHC 1A

REPUBLIC OF GHANA
GHANA STATISTICAL SERVICE

Quest. ID □□□□ - □□ - □

STRUC. NO (A10) HH NO (A11) Q. NO

(HOUSEHOLD POPULATION)

2010 POPULATION & HOUSING CENSUS

PLEASE PRINT CAREFULLY AND AVOID CONTACT WITH THE EDGES AS SHOWN:

□□□□ - □□□□

Shade Circles Like This--> ●

Not Like This--> ⊗ ✓

REPUBLIC OF GHANA

A01 Region Name

A02 District Name

A03 District Type

A04 Sub-District

A05 Locality Name

A06b NHIS/ECG/VRA/Other Number

A06a Detailed Address of House/ Compound

A06c HH Contact Phone Number 1

A06d HH Contact Phone Number 2

GEOGRAPHICAL INFORMATION & HOUSEHOLD	INTERVIEW DATES AND NUMBER OF VISITS

A07 Enumeration Area Code

Region	District	District Type	Sub District	EA Number	A08 EA Type	A09 Locality Code

A13 Date Started

□□ / □□ / □□□□

DD MM YYYY

A14 Date Completed

□□ / □□ / □□□□

DD MM YYYY

A10 Structure number of house/compound

A15a Total number of visits □

A15b Form □ of □

A11 Household number within house/compound

HOUSEHOLD MEMBERS SUMMARY

A12 Type of residence

○ 1 Occupied housing unit

○ 2 Vacant housing unit

IF 2, GO TO SECTION H

A17 Status A		A18 Status B		A19 Status C		A20 Status "A" + "B"	
M	F	M	F	M	F	M	F

0946072211

A16a: HOUSEHOLD ROSTER

Usual members and visitors present on census night:

A--Usual member(s) present on census night; B--Visitor(s) present on census night

PERSON ID	FULL NAME	RELATIONSHIP TO HEAD	REL. CODE	SEX	STATUS
0 1				○ M ○ F	○ A ○ B
0 2				○ M ○ F	○ A ○ B
0 3				○ M ○ F	○ A ○ B
0 4				○ M ○ F	○ A ○ B
0 5				○ M ○ F	○ A ○ B
0 6				○ M ○ F	○ A ○ B
0 7				○ M ○ F	○ A ○ B
0 8				○ M ○ F	○ A ○ B
0 9				○ M ○ F	○ A ○ B
1 0				○ M ○ F	○ A ○ B

RELATIONSHIP CODES

01 Head
02 Spouse (Wife/Husband)
03 Child (Son/Daughter)
04 Parent/Parent in-law
05 Son/Daughter in-law
06 Grandchild
07 Brother/Sister
08 Step child
09 Foster child
10 Other relative
11 Non-relative

REGION AND COUNTRY CODES

01 Western
02 Central
03 Greater Accra
04 Volta
05 Eastern
06 Ashanti
07 Brong Ahafo
08 Northern
09 Upper East
10 Upper West
11 Nigeria
12 Liberia

13 Sierra Leone
14 Gambia
15 Togo
16 Burkina Faso
17 Cote d'Ivoire
18 Other ECOWAS states
19 Africa, Other than ECOWAS
20 Europe
21 Americas (North, South/ Caribbean)
22 Asia
23 Oceania

CODES FOR ACTIVITY ABROAD (E02 ON PAGE 3)

1 Employed

2 Unemployed

3 Student

4 Other (Specify)

1283072216

A16b How many of your USUAL household members were absent on census night? ☐☐

IF 00, GO TO SECTION E

LINE NO.	FULL NAME	RELATIONSHIP TO HEAD	CODE	SEX	AGE	DESTINATION Town/Village	Region/Country CODE	MONTHS ABSENT
0 1			☐☐	○ M ○ F	☐☐		☐☐	☐☐
0 2			☐☐	○ M ○ F	☐☐		☐☐	☐☐
0 3			☐☐	○ M ○ F	☐☐		☐☐	☐☐
0 4			☐☐	○ M ○ F	☐☐		☐☐	☐☐
0 5			☐☐	○ M ○ F	☐☐		☐☐	☐☐
0 6			☐☐	○ M ○ F	☐☐		☐☐	☐☐

EMIGRATION OUTSIDE THE COUNTRY
ANSWER FOR ALL FORMER HOUSEHOLD MEMBERS 15 YEARS AND OLDER WHO HAVE BEEN LIVING CONTINUOUSLY FOR 6 MONTHS OR MORE OUTSIDE GHANA (OR INTENDS TO DO SO)

E01: Has any former member of this household been living continuously for 6 months or more outside Ghana?   Yes ○   No ○   **IF NO, GO TO P00**

E02: RECORD THE FOLLOWING INFORMATION ON FORMER HOUSEHOLD MEMBERS LIVING OUTSIDE GHANA

LINE NO.	FULL NAME	RELATIONSHIP TO HEAD	CODE	SEX	AGE	DESTINATION COUNTRY NAME	CODE	YEAR OF DEPARTURE	ACTIVITY ABROAD (SEE PAGE 2) CODE	OTHER (SPECIFY)
0 1			☐☐	○ M ○ F	☐☐		☐☐	☐☐☐☐	☐	
0 2			☐☐	○ M ○ F	☐☐		☐☐	☐☐☐☐	☐	
0 3			☐☐	○ M ○ F	☐☐		☐☐	☐☐☐☐	☐	
0 4			☐☐	○ M ○ F	☐☐		☐☐	☐☐☐☐	☐	
0 5			☐☐	○ M ○ F	☐☐		☐☐	☐☐☐☐	☐	
0 6			☐☐	○ M ○ F	☐☐		☐☐	☐☐☐☐	☐	

PERSON ID	P00 NAME of member **PLEASE COPY FROM THE ROSTER IN A16a**	P01 **DATE OF BIRTH** What is [NAME]'s date of birth? **REFER TO HISTORICAL CALENDAR OF EVENTS IF DATE OF BIRTH IS NOT KNOWN AND ESTIMATE YEAR OF BIRTH** **(SEE APPENDIX 1 OF EMUMERATOR'S MANUAL)**			P02 **AGE** How old is [NAME], in completed years? **FILL IN ACTUAL AGE IF 00-98** **IF 99 OR OLDER, FILL 99**	P03 **NATIONALITY** What is [NAME]'s Nationality? 01 Ghanaian by birth 11 Other ECOWAS National 02 Dual Nationality 12 African, other than ECOWAS 03 Ghanaian by naturalisation 13 European 04 Nigerian 14 American (North, South/ Caribbean) 05 Liberian 15 Asian 06 Sierra Leonean 16 Oceanian (incl. Australian and New Zealander) 07 Gambian 08 Togolese 09 Burkinabe 10 Ivorian **IF 03 - 16, GO TO P06**	P04 **ETHNICITY** To which ethnic group does [NAME] belong? **REFER TO APPENDIX 3 FOR CODE LIST**	
	FULL NAME	**DATE OF BIRTH**					**ETHNIC GROUP**	**CODE**
		DAY	**MONTH**	**YEAR**				
0 1		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 2		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 3		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 4		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 5		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 6		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 7		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 8		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
0 9		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐
1 0		☐☐	/ ☐☐	/ ☐☐☐☐	☐☐	☐☐		☐☐

0260072210

PERSON ID	BIRTHPLACE		P07 LIVING IN THIS VILLAGE /TOWN	P08 NUMBER OF YEARS LIVED IN THIS VILLAGE/TOWN	P09 RELIGION What is [NAME]'s religious affiliation?		P10 MARITAL STATUS What is [NAME]'s current marital status?
	P05 Was [NAME] born in this village/ town?	**P06** In what region or country was [NAME] born?	Has [NAME] been living in this village or town since birth?	For how long has [NAME] been living in this village or town?			**ANSWER FOR PERSONS 12 YEARS AND OLDER**

BIRTHPLACE region/country codes (P06):
01 Western
02 Central
03 Greater Accra
04 Volta
05 Eastern
06 Ashanti
07 Brong Ahafo
08 Northern
09 Upper East
10 Upper West
11 Nigeria
12 Liberia
13 Sierra Leone
14 Gambia
15 Togo
16 Burkina Faso
17 Cote d'Ivoire
18 Other ECOWAS States
19 Africa, Other than ECOWAS
20 Europe
21 Americas (North, South/ Caribbean)
22 Asia
23 Oceania

P05: **IF YES, GO TO P07**

P06: **GO TO P08**

P07: **IF YES, GO TO P09**

P09 RELIGION:
1 No Religion
2 Catholic
3 Protestant (Anglican, Lutheran, Presbyterian, Methodist, etc)
4 Pentecostal/Charismatic
5 Other Christian
6 Islam
7 Ahmadi
8 Traditionalist
9 Other (Specify)

CODE | OTHER (SPECIFY)

P10 MARITAL STATUS:
1 Never married
2 Informal/consensual union/ living together
3 Married
4 Separated
5 Divorced
6 Widowed

PERSON ID	P05 YES	P05 NO	P06	P07 YES	P07 NO	P08	P09 CODE	P10
0 1	○	○	☐☐	○	○	☐☐	☐	☐
0 2	○	○	☐☐	○	○	☐☐	☐	☐
0 3	○	○	☐☐	○	○	☐☐	☐	☐
0 4	○	○	☐☐	○	○	☐☐	☐	☐
0 5	○	○	☐☐	○	○	☐☐	☐	☐
0 6	○	○	☐☐	○	○	☐☐	☐	☐
0 7	○	○	☐☐	○	○	☐☐	☐	☐
0 8	○	○	☐☐	○	○	☐☐	☐	☐
0 9	○	○	☐☐	○	○	☐☐	☐	☐
1 0	○	○	☐☐	○	○	☐☐	☐	☐

3983072215

PERSON ID	LITERACY: ANSWER FOR PERSONS 11 YEARS AND OLDER		FULL TIME EDUCATION: ANSWER FOR PERSONS 3 YEARS AND OLDER		
	P11 In what language can [NAME] read and write? 1 None (not literate) 2 English only 3 Ghanaian language only 4 English and Ghanaian language 5 English and French 6 English, French and Ghanaian language 7 Other (Specify)		**P12a** Has [NAME] ever attended school or is [NAME] attending school now? **IF NEVER, GO TO P13a** N E V E R / N O W / P A S T	**P12b** What is the highest level of schooling [NAME] is attending now/attended in the past? 01 Nursery 02 Kindergarten 03 Primary 04 JSS/JHS 05 Middle 06 SSS/SHS 07 Secondary 08 Voc/technical/commercial 09 Post middle/secondary certificate (teacher training/college of education, agric, nursing, etc) 10 Post secondary Diploma (University diploma, HND, teacher training/college of education diploma, etc) 11 Bachelor degree 12 Post graduate (Cert., Diploma, Masters, PHD, etc)	**P12c** HIGHEST EDUCATIONAL GRADE COMPLETED FOR THOSE CURRENTLY ATTENDING SCHOOL OR ATTENDED IN THE PAST What is the highest grade (form/class/level) [NAME] has completed at that level of schooling? **IF 0 - 8, RECORD ACTUAL GRADE** **IF 9 OR MORE, CODE 9**
	CODE	**OTHER (SPECIFY)**			
0 1	☐		O O O	☐☐	☐
0 2	☐		O O O	☐☐	☐
0 3	☐		O O O	☐☐	☐
0 4	☐		O O O	☐☐	☐
0 5	☐		O O O	☐☐	☐
0 6	☐		O O O	☐☐	☐
0 7	☐		O O O	☐☐	☐
0 8	☐		O O O	☐☐	☐
0 9	☐		O O O	☐☐	☐
1 0	☐		O O O	☐☐	☐

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ECONOMIC ACTIVITY--P13-P17: SHOULD BE RELATED TO THE PAST 7 DAYS PRECEDING CENSUS NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS OR OLDER)

PERSON ID	P13a During the 7 days before census night, did [NAME] engage in any activity for pay (cash or kind) or profit or family gain for at least one hour? **(THIS INCLUDES HELPING IN THE FAMILY BUSINESS/ FARM, TRADING, STREET VENDING, ETC)** **IF YES, GO TO P14**		P13b How was [NAME] mainly engaged? 1 Did not work but had job to go back to (GO TO P14) 2 Worked before, seeking work and available for work (GO TO P14) 3 Seeking work for the first time and available for work (GO TO P18) 4 Did voluntary work without pay (GO TO P14) 5 Did not work and not seeking work	P13c Why did [NAME] not seek work? 1 Did home duties (household chores/ full time homemaker) 2 In full time education /student 3 Pensioner/Retired 4 Disabled/too sick to work 5 Too old/too young 6 Other **GO TO P18**	P14 OCCUPATION IF YES IN P13a; ASK: What kind of work did [NAME] mainly do? IF P13b = 1, ASK: What kind of work did [NAME] do before the break period? IF P13b = 2 OR 4, ASK: What kind of work did [NAME] do previously?	
	YES	NO			DETAILED DESCRIPTION OF OCCUPATION	OCCUPATION CODE
0 1	○	○	☐	☐		☐☐☐☐
0 2	○	○	☐	☐		☐☐☐☐
0 3	○	○	☐	☐		☐☐☐☐
0 4	○	○	☐	☐		☐☐☐☐
0 5	○	○	☐	☐		☐☐☐☐
0 6	○	○	☐	☐		☐☐☐☐
0 7	○	○	☐	☐		☐☐☐☐
0 8	○	○	☐	☐		☐☐☐☐
0 9	○	○	☐	☐		☐☐☐☐
1 0	○	○	☐	☐		☐☐☐☐

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ECONOMIC ACTIVITY--P13-P17: SHOULD BE RELATED TO THE PAST 7 DAYS PRECEDING CENSUS NIGHT (ANSWER ONLY FOR PERSONS AGED 5 YEARS OR OLDER)

Quest. ID ☐☐☐☐ - ☐☐ - ☐

PERSON ID	P15 NAME & PHYSICAL LOCATION What is the name and physical location of the establishment where [NAME] currently works/ previously worked?	P15a INDUSTRY What is the main product or service of the establishment where [NAME] works/worked?		P16 EMPLOYMENT STATUS What was [NAME]'s employment status in that establishment/ industry? 1 Employee 2 Self employed without employees 3 Self employed with employees 4 Casual worker 5 Contributing family worker 6 Apprentice 7 Domestic employee (househelp) 8 Other	P17 EMPLOYMENT SECTOR In what sector was [NAME] mainly working? 1 Public (Government) 2 Private Formal 3 Private Informal 4 Semi-Public/Parastatal 5 NGO (Local and International) 6 International Organisation
	NAME AND LOCATION OF ESTABLISHMENT	**MAIN PRODUCT OR SERVICE**	**CODE**		
0 1			☐☐☐☐	☐	☐☐
0 2			☐☐☐☐	☐	☐☐
0 3			☐☐☐☐	☐	☐☐
0 4			☐☐☐☐	☐	☐☐
0 5			☐☐☐☐	☐	☐☐
0 6			☐☐☐☐	☐	☐☐
0 7			☐☐☐☐	☐	☐☐
0 8			☐☐☐☐	☐	☐☐
0 9			☐☐☐☐	☐	☐☐
1 0			☐☐☐☐	☐	☐☐

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P18: DISABILITY (ANSWER FOR ALL PERSONS)

Does [NAME] have any serious disablilty that limits his/her full participation in life activities (such as mobility, work, social life, etc)?

ASK ALL QUESTIONS

INFORMATION COMMUNICATION TECHNOLOGY (ICT): ANSWER FOR PERSONS AGED 12 YEARS AND OLDER

PERSON ID	a: Sight		b: Hearing		c: Speech		d: Physical		e: Intellect		f: Emotional		g: Other		If YES IN g (OTHER), SPECIFY	P19a Does [NAME] own a mobile phone?		P19b Does [NAME] use internet facility (at home, internet cafe, on phone, other mobile device?)	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		YES	NO	YES	NO
0 1	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 2	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 3	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 4	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 5	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 6	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 7	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 8	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
0 9	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○
1 0	○	○	○	○	○	○	○	○	○	○	○	○	○	○		○	○	○	○

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	FERTILITY: CHILDREN EVER BORN AND CHILDREN SURVIVING (ANSWER FOR FEMALES 12 YEARS AND OLDER. IF FEMALE UNDER 12 YEARS OR MALE, GO TO NEXT MEMBER OF HOUSEHOLD)		NUMBER OF CHILDREN BORN ALIVE IN THE PAST 12 MONTHS (ANSWER ONLY FOR FEMALES 12-54 YEARS OLD)

PERSON ID	P20a CHILDREN EVER BORN How many children has [NAME] ever born alive?		P20b CHILDREN SURVIVING How many children ever born alive to [NAME] are still surviving (living with you or elsewhere)?		P20c CHILDREN BORN IN THE PAST 12 MONTHS How many children has [NAME] born alive in the past 12 months?	
	MALE	FEMALE	MALE	FEMALE	BOY	GIRL
0 1	☐☐	☐☐	☐☐	☐☐	☐	☐
0 2	☐☐	☐☐	☐☐	☐☐	☐	☐
0 3	☐☐	☐☐	☐☐	☐☐	☐	☐
0 4	☐☐	☐☐	☐☐	☐☐	☐	☐
0 5	☐☐	☐☐	☐☐	☐☐	☐	☐
0 6	☐☐	☐☐	☐☐	☐☐	☐	☐
0 7	☐☐	☐☐	☐☐	☐☐	☐	☐
0 8	☐☐	☐☐	☐☐	☐☐	☐	☐
0 9	☐☐	☐☐	☐☐	☐☐	☐	☐
1 0	☐☐	☐☐	☐☐	☐☐	☐	☐

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M: MORTALITY

M01 Has any member of this household died in the past 12 months? ○ Yes ○ No   **IF NO, GO TO C01**

M02 RECORD THE FOLLOWING INFORMATION FOR EACH MEMBER WHO DIED DURING THE PAST 12 MONTHS

LINE NO	A Name of deceased	B Sex of deceased	C Age at death	D Was the death due to accident, violence, homicide or suicide?	E **FOR ONLY FEMALES 12 - 54 YEARS OLD** Did the death occur whilst pregnant, during delivery, or within 6 weeks after the end of a pregnancy or child birth?
1		○ Male ○ Female	☐☐	○ Yes ○ No	○ Yes ○ No
2		○ Male ○ Female	☐☐	○ Yes ○ No	○ Yes ○ No
3		○ Male ○ Female	☐☐	○ Yes ○ No	○ Yes ○ No
4		○ Male ○ Female	☐☐	○ Yes ○ No	○ Yes ○ No
5		○ Male ○ Female	☐☐	○ Yes ○ No	○ Yes ○ No
6		○ Male ○ Female	☐☐	○ Yes ○ No	○ Yes ○ No

C: INFORMATION COMMUNICATION TECHNOLOGY (ICT)

C01 Does the household have a fixed telephone line at home?		**C02** Does the household or any member of the household own a desktop or laptop computer?	
	○ Yes ○ No		○ Yes ○ No

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G: AGRICULTURAL ACTIVITY

G01 Does any member of your household cultivate crops or tree plant, rear livestock or breed fish for sale or family gain?

a Crop farming (EXCLUDE BACKYARD GARDENING)		b Tree growing		c Livestock rearing		d Fish farming		**IF a, b, c & d = NO, GO TO SECTION H (i.e. NO HOUSEHOLD MEMBER ENGAGED IN AGRICULTURAL ACTIVITY)**
YES	NO	YES	NO	YES	NO	YES	NO	
○	○	○	○	○	○	○	○	

G02 How many household members cultivate crops or tree plant, rear livestock or breed fish for sale or family gain?   Male ☐☐   Female ☐☐

G03: CROP FARMING AND/ OR TREE PLANTING (THOSE WHO ANSWERED YES IN G01a and/ or G01b) (SEE APPENDIX 5 FOR CROP/ TREE CODES)

Line No.	A Type of Crop and Tree Planting	B Crop Code	C Farm Size	D Measurement Unit	E Type of Cropping	**MEASUREMENT UNIT (Q. G03D)**	**TYPE OF CROPPING (Q. G03E)**
1		☐☐ ☐☐ ☐☐	☐☐	☐	☐		
2		☐☐ ☐☐ ☐☐	☐☐	☐	☐	1 Acre	1 Mixed Cropping
3		☐☐ ☐☐ ☐☐	☐☐	☐	☐	2 Hectare 3 Pole	2 Inter Cropping 3 Mono Cropping
4		☐☐ ☐☐ ☐☐	☐☐	☐	☐	4 Rope	
5		☐☐ ☐☐ ☐☐	☐☐	☐	☐	5 Plot	
6		☐☐ ☐☐ ☐☐	☐☐	☐	☐		

G04: LIVESTOCK AND/OR FISHERIES (IF YES, IN G01c or G01d), ASK:
What type(s) and number of livestock/fishery is your household currently rearing? **(SEE APPENDIX 5 FOR LIVESTOCK/FISHERIES CODES)**

Line No.	A Types of Livestock/Fisheries	B Livestock/ Fishery Code	C Number
1		☐☐	☐☐☐☐☐
2		☐☐	☐☐☐☐☐
3		☐☐	☐☐☐☐☐
4		☐☐	☐☐☐☐☐

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H: HOUSING CONDITIONS (FOR VACANT HOUSING UNIT FILL ONLY H01, H02 AND H04)

H01: TYPE OF DWELLING □□

In what type of dwelling does the household live?

01 Separate house
02 Semi-detached house
03 Flat/Apartment
04 Compound house (rooms)
05 Huts/Buildings (same compound)
06 Huts/Buildings (different compounds)
07 Tent
08 Improvised home (kiosk, container)
09 Living quarters attached to office/shop
10 Uncompleted building
11 Other (Specify)

H02: OUTER WALL □□

What is the main material of the outer walls of this dwelling?

01 Mud bricks/earth
02 Wood
03 Metal sheet/slate/asbestos
04 Stone
05 Burnt bricks
06 Cement blocks/concrete
07 Landcrete
08 Bamboo
09 Palm leaves/Thatch (grass)/Raffia
10 Other (Specify)

H03: FLOOR □

What is the main material of the floor of this dwelling?

1 Earth/Mud
2 Cement/Concrete
3 Stone
4 Burnt bricks
5 Wood
6 Vinyl tiles
7 Ceramic/Porcelain/Granite/Marble tiles
8 Terrazzo/Terrazzo tiles
9 Other (Specify)

H04: ROOF □

What is the main material used for the roof?

1 Mud/Mud bricks/Earth
2 Wood
3 Metal sheet
4 Slate/Asbestos
5 Cement/Concrete
6 Roofing Tiles
7 Bamboo
8 Thatch/Palm leaves or Raffia
9 Other (Specify)

H05: TENURE/HOLDING ARRANGEMENT □

What is the present holding/tenancy arrangement of this dwelling?

1 Owner occupied
2 Renting
3 Rent-free
4 Perching
5 Squatting
6 Other (Specify)

H06: OWNERSHIP TYPE □

Who owns the dwelling?
1 Owned by household member
2 Being purchased (e.g. Mortgage)
3 Relative not household member
4 Other private individual
5 Private employer
6 Other private agency
7 Public/Government ownership
8 Other (Specify)

H07: ROOMS

H07a: How many rooms does this household occupy? □□

(COUNT LIVING, DINING, BEDROOMS BUT NOT BATHROOMS, TOILET & KITCHEN)

H07b: How many of the rooms are used for sleeping? □□

IF MORE THAN 1, GO TO H08

H07: ROOMS--Cont.

H07c: Does the household share this sleeping room with other households?   ○ Yes   ○ No

IF NO, GO TO H08

H07d: How many households, including your household, share this sleeping room? □□

H08: LIGHTING □□

What is the main source of lighting for your dwelling?

01 Electricity (mains)
02 Electricity (private generator)
03 Kerosene lamp
04 Gas lamp
05 Solar energy
06 Candle
07 Flashlight/Torch
08 Firewood
09 Crop residue
10 Other (Specify)

H09: WATER SUPPLY

H09a: What is the main source of drinking water for the household? □□

01 Pipe-borne inside dwelling
02 Pipe-borne outside dwelling
03 Public tap/Standpipe
04 Borehole/Pump/Tube well
05 Protected well
06 Rain water
07 Protected spring
08 Bottled water
09 Sachet water
10 Tanker supply/Vendor provided
11 Unprotected well
12 Unprotected spring
13 River/Stream
14 Dugout/Pond/Lake/Dam/Canal
15 Other (Specify)

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H09: WATER SUPPLY--Cont.

H09b: What is the main source of water used by your household for other domestic purposes such as cooking and washing? ☐☐

01 Pipe-borne inside dwelling
02 Pipe-borne outside dwelling
03 Public tap/Standpipe
04 Borehole/Pump/Tubewell
05 Protected well
06 Rain water
07 Protected spring
08 Tanker supply/Vendor provided
09 Unprotected well
10 Unprotected spring
11 River/Stream
12 Dugout/Pond/Lake/Dam/Canal
13 Other (Specify)

[   ]

H10: COOKING FUEL

What is the main source of cooking fuel for this household? ☐☐

01 None, no cooking
02 Wood
03 Gas
04 Electricity
05 Kerosene
06 Charcoal
07 Crop residue
08 Saw dust
09 Animal waste
10 Other (Specify)

[   ]

H11: COOKING SPACE (KITCHEN)

What type of cooking space does this household use? ☐

1 No cooking
2 Separate room for exclusive use of household
3 Separate room shared with other household(s)
4 Enclosure without roof
5 Structure with roof but without walls
6 Bedroom/Hall/Living room
7 Veranda
8 Open space in compound
9 Other (Specify)

[   ]

H12: BATHING FACILITIES

What type of bathing facility is used by this household? ☐

1 Own bathroom for exclusive use
2 Shared separate bathroom in same house
3 Private open cubicle
4 Shared open cubicle
5 Public bath house
6 Bathroom in another house
7 Open space around house
8 In a river, pond, lake or dam
9 Other (Specify)

[   ]

H13a: TOILET FACILITIES

What type of toilet facility is usually used by the household? ☐

1 No facility(eg bush/beach/field) (GO TO H14)
2 W.C.
3 Pit latrine
4 KVIP
5 Bucket/Pan
6 Public toilet(eg WC,KVIP,Pit,Pan) (GO TO H14)
7 Other (Specify)

[   ]

H13b: TOILET FACILITIES--Cont.

Do you share this toilet facility with other households? ☐

1 Yes, with other household(s) in same house
2 Yes, with other household(s) in different house
3 Yes, with other household(s) and located in different house
   (GO TO H14) house
4 No (GO TO H14)

H13c: TOILET FACILITIES--Cont.

How many households including your household use this toilet facility? ☐☐

H14: SOLID WASTE DISPOSAL

How does the household dispose of rubbish (refuse)? ☐

1 Collected
2 Burned by household
3 Public dump (Container)
4 Public dump (Open space)
5 Dumped indiscriminately
6 Buried by household
7 Other (Specify)

[   ]

H15: LIQUID WASTE DISPOSAL

How does your household dispose of liquid waste? ☐

1 Through the sewage system
2 Through drainage system into a gutter
3 Through drainage into a pit (soak away)
4 Thrown onto the street/outside
5 Thrown into gutter
6 Thrown onto compound
7 Other (Specify)

[   ]

Final draft approved by CTC on 24 August 2006

FORM A HOUSELIST

Royal Government of Cambodia
General Population Census of Cambodia, 2008

Page Number…………..

Total Number of pages used for the EA…..

STRICTLY CONFIDENTIAL

Identification Particulars

	Khet / Krong	Srok / Khand	Khum / Sangkat	Phum	Enumeration Area No.
Name					
Code					

Building / Structure and Household Particulars

Line No.	Building/ Structure Number	Predominant Construction Material of Building / Structure*			Purpose of Building/Structure 1. Residence 2. Residence & Shop 3. Residence & workshop 4. Residence & any other establishment (specify) (Enter Code)	Household No.	Particulars of Head of Household		Number of Persons Usually living in the Household			Remarks
		Wall	**Roof**	**Floor**			**Name**	**Sex** 1 = Male 2 = Female (Enter Code)	**Males**	**Females**	**Persons**	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

(**Count the number of entries and give total)   **Total | Total

*KEY TO CODES

Wall Material (Column 3)
1. Bamboo / Thatch / Grass / Reeds
2. Earth
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron / Aluminium / Other metal sheets
6. Asbestos cement sheets
7. Salvaged / Improvised materials
8. Other (specify)

Roof Material (Column 4)
1. Bamboo / Thatch / Grass
2. Tiles
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron / Aluminium / Other metal sheets
6. Asbestos cement sheets
7. Plastic / Synthetic material sheets
8. Other (specify)

Floor Material (Column 5)
1. Earth / Clay
2. Wood / Bamboo planks
3. Concrete / Brick / Stone
4. Polished stone
5. Parquet / Polished wood
6. Mosaic / Ceramic tiles
7. Other (specify)

Name of Enumerator : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_____ / _____ / _____
Signature   Day   Month   Year

Name of Supervisor : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_____ / _____ / _____
Signature   Day   Month   Year

1

Royal Government of Cambodia
General Population Census of Cambodia, 2008

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FORM B HOUSEHOLD QUESTIONNAIRE PART 1

Identification Particulars

	Khet / Krong	Srok / Khand	Khum / Sangkat	Phum	Enumeration Area No.	Building No.	Household No.	Name of Head of Household
Name								
Code								

Population Particulars

Statement 1.1 : Usual Members Present on Census Night

Type of Household/ Population *(Give appropriate code in the box below)*	Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)
1 = Normal or Regular Household	**1**	**2**	**3**	**4**
2 = Institutional Household*	1			
3 = Homeless Household*	2			
4 = Boat Population*	3			
5 = Transient Population*	4			
(Specify location)	5			
	6			
	7			
	8			
	9			
	0			

Statement 1.2 : Visitors Present on Census Night

Sl. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)	Usual Residence Within Cambodia Give name of district and write name of province within brackets	Outside Cambodia Give name of country
1	**2**	**3**	**4**	**5**	**6**
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

Statement 1.3 : Usual Members Absent on Census Night

SL. No.	Full Name	Relationship to Head of Household (Write in words)	Sex 1 = Male 2 = Female (Enter code)	Age	Location on Census Night Within Cambodia Give name of district and write name of province within brackets	Outside Cambodia Give name of country	How long Absent (in completed months). Write 0 for less than 1 month
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1							
2							
3							
4							
5							

Total No. of Persons in Statement 1.1	

Total No. of Persons in Statement 1.2	

Total No. of Persons in Statements 1.1 & 1.2	

	Number of Form B used for the Household

Enumerator: _____ _____ ____ / ____ / ____
Name   Signature   Day Month Year

Supervisor : _____ _____ ____ / ____ / ____
Name   Signature   Day Month Year

* In these cases, fill-in only Identification Particulars

Population Particulars in Statements 1.1,1.2 and 1.3 are not be collected in these cases

2

FORM B HOUSEHOLD QUESTIONNAIRE PART 2 : INDIVIDUAL PARTICULARS

	For all persons										
Sl. No.	Full Name of the person	Relationship	Sex	Age	Marital status	Mother Tongue	Religion	Birth Place	Previous Residence	Duration of Stay	Reason for Migration
1	2	3	4	5	6	7	8	9	10	11	12
	Names of Usual Members Present and Visitors *(Please refer to Statements 1.1 and 1.2 in Part 1)*	Relationship to Head of Household *(Enter Code from the list below)*	1: Male 2: Female *(Enter Code)*	Age in completed years 00: Less than 1 year 01: 1 year 02: 2 years .... 97: 97 years 98: 98 years and over	1: Never Married 2: Married (i.e. currently married) 3: Widowed 4: Divorced 5: Separated (Enter Code)	Mother Tongue 1: Khmer 2: Vietnamese 3: Chinese 4: Lao 5: Thai 6: French 7: English 8: Other (Specify)	Religion 1: Buddhism 2: Islam 3: Christianity 4: Other (Specify)	Place of Birth of the person if in this village, enter code 1. If in another village, give name of the district of that village and write name of province within brackets. If outside Cambodia, write name of the country.	Where has the person been living before ? If always lived in this village, enter code 1 and skip to col. 13 If in another village, give name of the district of that village and write name of province within brackets If outside Cambodia, write name of the country	How long has the person lived in this village? (Enter Code from the list below)	Give reason for change of residence, if present residence is different from previous residence. (Enter Code from the list below)
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

Codes for column 3
Relationship to Head of Household
1: Head
2: Wife / Husband
3: Son / Daughter
4: Father / Mother
5: Grand child
6: Other Relative
7: Non-Relative

Codes for column 11
Duration of Stay
00: less than 1 year
01: 1 year to less than 2 years
02: 2 years to less 3 years
03: 3 years to less than 4 years
04: 4 years to less than 5 years
…………………………..
10: 10 years to less than 11 years
…………………………….
20: 20 years to less than 21 years
………………………………
97: 97 years to less than 98 years
98 : 98 years and over

Codes for column 12
Reason for Migration
01: Transfer of work place
02: In search of employment
03: Education
04: Marriage
05: Family moved
06: Lost land / lost home
07: Natural calamities
08: Insecurity
09: Repatriation or return after displacement
10: Orphaned
11: Visiting only
12: Other (specify)

								For All Persons								For Employed Persons and Students Only (Codes 1 or 5 in col. 16)
Literacy		Full Time Education		Physical/Mental Disability, if any		Main Activity	Employment Period	Occupation		Employment Status	Industry, Trade or Service		Sector of Employment	Secondary economic activity (For all Codes 1 to 8 in Col 16)		Place of Work or Schooling
13		**14**		**15**		**16**	**17**	**18**		**19**	**20**		**21**	**22**		**23**
(a) Can the person read and write with understanding in Khmer language ? 1: Yes 2: No (Enter Code)	(b) Can this person read and write with under-standing in any other language? If so which language? (Enter code from list below)	(a) Has the person attended School/ Educational Institution ? 1: Never 2: Now 3: Past (Enter Code)	(b) What is the highest grade completed ? (Enter Code from list below)	If the person is physically/ mentally disabled give appropriate code number from the list below. Otherwise enter dash (-)		Main activity of the person during last year (Enter Code from list below)	Number of months employed in the last 12 months	Name of Occupation		Employment Status/Class (Enter Code from list below)	Nature of Industry, Trade or Service		Sector in which Employed (Enter Code from list below)	In terms of contribution to income or subsistence, what was the second most important economic activity of this individual over the last year (Enter code from list below)		1: Working at Home 2: Working or schooling in the same district 3: Working or schooling in another district, 4: Working or schooling across the border of the country (Enter code) If in another district, give name of the district and write name of province within brackets. If in another country write the name of the
				(a) Since birth	(b) After birth											Code	Name of District/ Province/Country	country

Codes for column 13(b)
Literacy in any other language
1: No other language
2: Vietnamese
3: Chinese
4: Lao
5: Thai
6: French
7: English
8: Other (Specify)

Codes for column 14(b)
What is the Highest Grade Completed ?
For Never in 14(a) put dash (-) in 14(b)
For Now or Past in 14(a) , Code as follows:-
00: No class completed
01: Class 1 completed
02: Class 2 completed

11: Class 11 completed
12: Class 12 completed
13: Lower Secondary diploma holder
14: Secondary School/Baccalaureate holder
15: Technical/vocational pre-secondary diploma/certificate
16: Technical/vocational post-secondary diploma/certificate
17: Undergraduate
18: Graduate
19: Post graduate and above
20: Other (specify)

Codes for column 15
Type of disability
1: In seeing
2: In speech
3: In hearing
4: In movement
5: Mental

Codes for Column 16
Main Activity During last Year
1 : Employed (Fill in cols. 17 to 23)
2 : Unemployed (Employed any time before)
(Fill in cols. 17 to 21 for last employment, fill in Col. 22 and put dash (-) in col. 23)
3 : Unemployed (Never employed any time before)
4 : Home maker
5 : Student (Put dash (-) in cols 17 to 21 and fill in cols 22&23)
6 : Dependent
7 : Rent-receiver, Retired or other income recipient
8 : Other (Specify)
(For codes 3, 4, 6,7 & 8 put dash (-) in Cols. 17 to 21 fill in Col. 22 and put dash (-) in Col. 23)

Codes for Column 19
Employment Status/ Class
1 : Employer
2 : Paid employee
3 : Own-account worker
4 : Unpaid family worker
5 : Other (Specify)

Codes for column 21
Sector of employment
1. Government
2. State owned enterprise
3. Cambodian enterprise (Private)
4. Foreign enterprise
5. Non profit institution
6. Household sector
7. Embassies, International institutions, and foreign aid and development agencies
8. Other, specify...................

Codes for Column 22
Secondary economic activity
01. None
   Farming (growing crops)
02. Unpaid Employment (Self-employed or employed in family enterprise)
03. Paid Employment (Wage labourer)
   Livestock farming
04. Unpaid Employment (Self-employed or employed in family enterprise)
05. Paid Employment (Wage labourer)
   Other Activities
06. Fishing
07. Other household -based production or services
08. Construction
09. Wholesale or retail trade
10. Transport
11. Other paid employment (services like teaching, cooking, child care, medical, etc.)

4

FORM B HOUSEHOLD QUESTIONNAIRE PART 3 : FERTILITY INFORMATION OF FEMALES AGED 15 AND OVER LISTED IN COLUMN 2 OF PART 2

Sl. No.	Full Name of woman	Sl. No. in col.1 of Part 2	FERTILITY INFORMATION								
			Number of Children Born (Give number in two digits like 01, 02,………10, 11. If None, write 00)						Particulars of Birth in the last 12 months to women aged 15-49 years		
			How many Children have been born alive to the woman ?		How many of them are living ?		How many of them have died ?		Any child born alive to the woman during the last 12 months ? (Give actual number like 1,2 under the appropriate column. If none write 0) (If no child was born to the woman in the last 12 months, skip to part 4)		State who assisted her during the delivery (Enter Code from list below)
(1)	(2)	(3)	(4)		(5)		(6)		(7)		(8)
			(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female	Male	Female	
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

Codes for Column 8
1. Doctor
2. Nurse
3. Midwife
4. Traditional Birth Attendant (TBA)
5. Other
6. None

5

FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : HOUSING CONDITIONS AND FACILITIES (Part 4 need not be filled in for institutional and homeless households and for boat and transient population)

(Enter Code in the box below)

On what basis does the household occupy this dwelling?	Main Source of light	Main Cooking Fuel	Toilet facility within premises	Main Source of drinking water supply	Location of Drinking water source:	No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)
1	**2**	**3**	**4**	**5**	**6**	**7**
1 : Owner occupied 2 : Rent 3 : Not owner, but rent free 4 : Other (specify)	1 : City power 2 : Generator 3 : Both city power and generator 4 : Kerosene 5 : Candle 6 : Battery 7 : Other (specify)	1 : Firewood 2 : Charcoal 3 : Kerosene 4 : Liquefied Petroleum Gas (LPG) 5 : Electricity 6 : None 7 : Other (specify)	1 : Not available If available give one of the codes 2 to 5: 2 : Connected to sewerage 3 : Septic tank 4 : Pit latrine 5 : Other type of toilet (specify)......	1 : Piped water 2 : Tube / pipe well 3: Protected dug well 4 : Unprotected dug well 5 : Rain 6 : Spring, river, stream, lake/pond 7 : Bought 8 : Other (specify)...........	1: Within the premises 2: Near the premises 3: Away	1 : One Room 2 : Two Rooms 3 : Three Rooms 4 : Four Rooms 5 : Five Rooms 6 : Six Rooms 7 : Seven Rooms 8 : Eight Rooms and above
(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)

INFORMATION ON OWNERSHIP OF SOME FACILITIES BY THE HOUSEHOLD (Under each item write "00" in the square if not available, or give the actual number if available)

Radio/ Transistor	Television	Telephone (Fixed)	Cell phone	Personal Computer	Bicycle	Motorcycle	Car/Van	Boat	Tractor	
8	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	
									(a) Big tractor	**(b)** Hand tractor (Koyaon)

State whether the household accesses the Internet

At home	Outside home
18	**19**
1: Yes 2: No	1: Yes 2: No
(Enter Code)	(Enter Code)

6

FORM B HOUSEHOLD QUESTIONNAIRE PART 5 : DEATH IN HOUSEHOLD

Deaths in Household in the last 12 months : Total Number of Deaths ☐☐

				PARTICULARS OF THE DECEASED				
Sl. No.	Name of Deceased	Sex 1: Male 2: Female (Enter Code)	Relationship to Head of Household (Use Code given for col.3 of Par 2)	Age at Death Write the age in total years completed at the time of death 00: less than one year 01: 1 year to less than 2 years 02: 2 year to less than 3 years . . 97:97 year to less than 98 years 98: 98 year and over	What was the cause of death ? (Enter Code from list below)	For woman aged 15-49 years who died		
						Did the woman die while pregnant, during delivery or within 42 days after giving birth ? 1: Yes 2: No	If 'yes ' in column 7 (a)	
							State where the death took place. (Enter Code from the list below)	State who attended on her before death . (Enter Code from the the list below)
1	2	3	4	5	6	7(a)	7(b)	7(c)
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								

Codes for col. 6		
Cause of Death		
ILLNESS	**ACCIDENT**	**NOT KNOWN**
01: Fever	12: Land mine	16: Don't know
02: Diarrhoea	13: Road Accident	
03: Tuberculosis	14: Drowning	
04: Heart disease	15: Other accident	
05: Dengue fever		
06: Malaria		
07: Tetanus		
08: HIV/AIDS		
09: Pregnancy complication		
10: Delivery complication		
11: Other illness		

Codes for Col. 7(b)
Place of Death
1: Hospital
2: Health Center
3: Home
4: Other

Codes for col. 7(c)
Attended by:
1: Doctor
2: Nurse
3: Midwife
4: Traditional Birth Attendant (TBA)
5: Other (Specify)…..
6: None

7

LIBERIA 2008 POPULATION AND HOUSING CENSUS

IF INSTITUTION, WRITE NAME:...

COUNTY: ☐ ☐ DISTRICT: ☐ ☐ TOWNSHIP/CLAN: ☐☐

LOCALITY NAME _____ STREET ADDRESS_____ STRUCTURE NO: ☐☐

HOUSEHOLD SIZE: MALES: ☐☐ FEMALE: ☐☐ TOTAL: ☐☐

SECTION 1: POPULATION

N O	NAME - What is the name of the head of this Household? - Names of persons who usually live here? - Any babies, old people or PWD You did not list? - Names of persons temporarily return within 2 months. - Names of persons staying here with no usual place of residence elsewhere - Names of persons not usually residents but who have been staying here more than 2 months.	RELA-TIONSHIP What is...'s relationship to the head of the House hold?	SEX What is...'s sex?	AGE (COMP-LETED YEARS) How old is...'s? (Record age in completed years if under 1 record '00'. For 98 and over record '98'.	RELI-GION What is...'s religion?	MAR-ITAL STATUS What is...'s marital status?	ETHNIC AFFI-LIA-TION What is...'s Ethnic Affilia-tion?	PLACE OF BIRTH Where was ..' born? (Record county code or country if outside Liberia)	CITIZEN-SHIP What is...'s citizen-ship?	LENGTH OF RESI-DENCE How long has.. been living in Liberia in comple-ted years?	DISPLACEMENT Has....been displaced by war since 1990? If No or DK, Skip to P13	Has..... been resettled?	PARENTAL SURVIVORSHIP Is.... mother alive?	Is..... father alive?	DISABILITY Does..... have any form of disability? If No, Skip to P18	Type of disability?	What is the cause of...'s disability?	LITERACY Can....... read and write in any language?	SCHOOL ATTEN-DANCE Has....... ever attended school? If Never Skip to P21	HIGHEST LEVEL ATTENDED What is the highest level that .... Attained?	ECO-NOMIC ACTIVITY What was.. doing mainly, during past one year (12 months)?	OCCU-PATION What type of work did ... do?	INDUS-TRY What kind of business or industry did ...' work in?	WORK STATUS What work status did...' Have at the work place?	FEMALES Total children ever born if none record '0'		
			1 M 2 F								Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2			Yes=1 No=2	1 Yes 2 No						M	F	M
	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
0																											

SECTION 2: HOUSING FACILITIES

WHAT TYPE OF HOUSING UNIT DOES THIS HOUSEHOLD OCCUPY?	HOW WAS THIS DWELLING ACQUIRED?	HOW MANY ROOMS DOES THE HOUSEHOLD OCCUPY?	MAIN CONSTRUCTION MATERIALS OF DWELLING UNITS OUTER WALLS	ROOF	FLOOR	WHAT IS YOUR MAIN SOURCE OF WATER SUPPLY FOR DRINKING?	WHAT IS YOUR MAIN SOURCE OF FUEL FOR LIGHTING?	WHAT IS YOUR MAIN SOURCE OF FUEL SUPPLY FOR COOKING?	WHAT TYPE OF HUMAN WASTE DISPOSAL IS USED BY HH MEMBERS?
☐	☐☐	☐☐	☐	☐	☐	☐	☐	☐	☐
H01	H02	H03	H04	H05	H06	H07	H08	H09	H10
1. Conventional Permanent 2. Conventional Semi Permanent 3. Temporary 4. Other (Specify)	OWNER 1 Purchased 2 Constructed 3 Inherited PROVIDED/RENTED 4 Government 5 NHC 6 Private Company 7 Private Individual 8 Squatter 9 Other (Specify)		1 Stone, Concrete 2 Cement Blocks 3 Clay Bricks 4 Zinc or Iron 5 Wood or Board 6 Mud Bricks 7 Mud (Sticks) 8 Reed, Bamboo, Grass or Mat 9 Other (Specify)	1 Concrete 2 Tiles 3 Asbestos 4 Zinc or Iron 5 Bamboo, Leaves or Thatch 6 Other (Specify)	1 Cement 2 Tiles, Marble 3 Wood 4 Mud 5 Other	1 Pipe or Pump indoors 2 Pipe or Pump outdoors 3 Public Tap 4 Closed Well or Closed Spring 5 Open Well or Spring 6 River, Lake or Stream 7 Water Vendors 8 Other (Specify)	1 Electricity-Own Generator 2 Electricity-Power Supplier 3 Kerosene 4 Candle 5 Palm Oil Lamp 6 Wood 7 Other (Specify)	1 Electricity 2 Gas 3 Kerosene 4 Charcoal 5 Wood 6 Other (Specify)	1 Flush toilet for HU only 2 Flush shared with other HU 3 Covered pit latrine outside building 4 Open, ditch 5 Bush 6 Other (Specify)

SECTION 3: OWNERSHIP OF AMENITIES

DOES YOUR HOUSEHOLD OWN ANY OF THE FOLLOWING ITEMS?
(Include items only if they are in working conditions) (1 - Yes, 2- No)

RADIO	TELEVISION	CELL PHONE	MOTOR CYCLE	VEHICLE	REFRIGERATOR
Q1	Q2	Q3	Q4	Q5	Q6
☐	☐	☐	☐	☐	☐

SECTION 4: AGRICULTURE

DOES ANY MEMBER OF THE HOUSEHOLD DO AGRICULTURAL OR LIVESTOCK FARMING?
(1 - Yes. 2- No) IF A1=1, ASK A1-12, AND IF A1=2, GO TO D1

HOUSEHOLD	RICE	CASSAVA	PLANTAIN	RUBBER	PALM OIL	COFFEE	COCOA	COCONUT	SUGARCANE	LIVESTOCK	POULTRY	FISHERY
A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
☐ IF A1= "2" SKIP TO D1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION 5

HOW MANY DEATHS OCCUR HOUSEHOLD IN THE LAST (1 APRIL 2007 - MARCH)

D1
☐

If one or more, answer quest D2, D3, D4 & D5, OTHERWIS INTERVIEW

PAGE: _____ OF _____

LIBERIA 2008 POPULATION AND HOUSING CENSUS

.... COUNTY: [ ][ ]   DISTRICT: [ ][ ]   TOWNSHIP/CLAN: [ ][ ]   EA: [ ][ ]   LOCALITY: [ ][ ]

...RESS _____   STRUCTURE NO: [ ][ ]   HOUSEHOLD NO: [ ][ ]   POPULATION TYPE: [ ][ ]

[ ]   TOTAL: [ ][ ]

SECTION 1: POPULATION

								PERSONS 5 YEARS & OVER				PERSONS 6 YEARS AND OVER				FEMALES AGED 12 YEARS AND OVER									FEMALES 12-49 YEARS				
LENGTH OF RESI-DENCE	DISPLACEMENT		RESETTLEMENT	PARENTAL SURVIVORSHIP		DISABILITY			LITERACY	SCHOOL ATTEN-DANCE	HIGHEST LEVEL ATTENDED	ECO-NOMIC ACTIVITY	OCCU-PATION	INDUS-TRY	WORK STATUS							HOW MANY CHILDREN HAVE BEEN BORN ALIVE TO... WHO ARE?					NO OF BIRTH (LAST 12 MONTHS)		
How long has... been living in Liberia in completed years?	**10 YEARS AND OVER** Has...been displaced by war since 1990? If No or DK, Skip to P13	Has..... been resettled?	Is..... mother alive?	**10 - 24 YEARS** Is..... mother alive?	Is..... father alive?	Does..... have any form of disability? If No, Skip to P18	Type of disability?	What is the cause of...'s disability?	Can....... read and write in any language?	Has...... ever attended school? If Never Skip to P21	What is the highest level that .... Attained?	What was .. doing mainly, during past one year (12 months)?	What type of work did ... do?	What kind of business or industry did ...' work in?	What work status did...' Have at the work place?		Total children ever born if none record '0'		Living in this household (Record as given) '0' No child		Living else-where Record as given) '0' No child		Dead (Record as given) '0' No child	Sex M=1, F=2	Is the child alive? YES=1, NO=2			
	Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2 DK=3		Yes=1 No=2			1 Yes 2 No							M	F	M	F	M	F	M	F					
P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27	P28	P29	P30	P31	P32	P33	P34	P35	P36	P37	P38

SECTION 2: HOUSING FACILITIES

...W MANY ...S DOES THE ...SEHOLD ...CCUPY?	MAIN CONSTRUCTION MATERIALS OF DWELLING UNITS			WHAT IS YOUR MAIN SOURCE OF WATER SUPPLY FOR DRINKING?	WHAT IS YOUR MAIN SOURCE OF FUEL FOR LIGHTING?	WHAT IS YOUR MAIN SOURCE OF FUEL SUPPLY FOR COOKING?	WHAT TYPE OF HUMAN WASTE DISPOSAL IS USED BY HH MEMBERS?	WHAT IS THE DISTANCE FROM HOME TO THE NEAREST		
	OUTER WALLS	ROOF	FLOOR					HEALTH FACILITY?	PRIMARY SCHOOL?	SOURCE OF WATER?
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
H03	H04	H05	H06	H07	H08	H09	H10	H11	H12	H13
	1 Stone, Concrete 2 Cement Blocks 3 Clay Bricks 4 Zinc or Iron 5 Wood or Board 6 Mud Bricks 7 Mud (Sticks) 8 Reed, Bamboo, Grass or Mat 9 Other (Specify)	1 Concrete 2 Tiles 3 Asbestos 4 Zinc or Iron 5 Bamboo, Leaves or Thatch 6 Other (Specify)	1 Cement 2 Tiles, Marble 3 Wood 4 Mud 5 Other	1 Pipe or Pump indoors 2 Pipe or Pump outdoors 3 Public Tap 4 Closed Well or Closed Spring 5 Open Well or Spring 6 River, Lake or Stream 7 Water Vendors 8 Other (Specify)	1 Electricity-Own Generator 2 Electricity-Power Supplier 3 Kerosene 4 Candle 5 Palm Oil Lamp 6 Wood 7 Other (Specify)	1 Electricity 2 Gas 3 Kerosene 4 Charcoal 5 Wood 6 Other (Specify)	1 Flush toilet for HU only 2 Flush shared with other HU 3 Covered pit latrine outside building 4 Open, ditch 5 Bush 6 Other (Specify)	1 On Premises 2 < ¼ mile 3 ¼ mile < 1 mile 4 1 mile < 5 miles 5 5 miles & above	1 On Premises 2 < ¼ mile 3 ¼ mile < 1 mile 4 1 mile < 5 miles 5 5 miles & above	1 On Premises 2 < ¼ mile 3 ¼ mile < 1 mile 4 1 mile < 5 miles 5 5 miles & above

SECTION 4: AGRICULTURE

DOES ANY MEMBER OF THE HOUSEHOLD DO AGRICULTURAL OR LIVESTOCK FARMING? (1 - Yes 2- No) IF A1=1, ASK A1-12, AND IF A1=2, GO TO TO D1												
HOUSEHOLD	RICE	CASSAVA	PLANTAIN	RUBBER	PALM OIL	COFFEE	COCOA	COCONUT	SUGARCANE	LIVESTOCK	POULTRY	FISHERY
A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
[ ] IF A1= "2" SKIP TO D1	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

SECTION 5: DEATHS IN THE HOUSEHOLD

HOW MANY DEATHS OCCURRED IN THIS HOUSEHOLD IN THE LAST 12 MONTHS (1 APRIL 2007 - MARCH 2008)	NAME OF DECEASED	SEX M=1 F=2	IF FEMALE 10-49, WAS.....'S DEATH DURING PREGNANCY OR WITHIN 42 DAYS AFTER CHILD BIRTH? YES=1 NO=2	AGE AT DEATH Completed Years
D1	D2	D3	D4	D5
[ ]	1			
	2			
If one or more, answer questions D2, D3, D4 & D5,OTHERWISE END THE INTERVIEW	3			
	4			

PAGE: _____ OF _____

III RECENSEAMENTO GERAL DA POPULAÇÃO E HABITAÇÃO, 2007
BOLETIM DO AGREGADO FAMILIAR

INSTRUÇÕES GERAIS DE PREENCHIMENTO:

• Para cada agregado familiar use 1 Boletim de Agregado Familiar. Se no agregado houver mais de 9 pessoas use o número de Boletins que forem necessários.

• Quem responde ao Boletim? Todas as pessoas adultas. As informações sobre características da habitação, mortalidade, assim como sobre os menores e as pessoas ausentes serão fornecidas pelo chefe do agregado familiar ou por outro membro adulto.

• Como preencher o Boletim? Nas perguntas onde há espaço como este |_|, assinale uma Xis |X| conforme o caso. Não esqueça que cada pergunta deve ter só uma resposta, excepto a P9, P10, P33 a P36, F1, F2 e G6.

• Nas perguntas que requerem uma resposta numérica, deverá escrever assim |1|2|, se o número for 12, |0|5| se for 5.

• Nas perguntas em que há necessidade de escrever palavras, por exemplo, o nome das pessoas, endereço da habitação, etc., escreva o mais legível possível, utilizando letras MAIÚSCULAS.

PESSOAS A INSCREVER NA SECÇÃO C DO BOLETIM;

• Todas as pessoas do agregado familiar, isto é, as que vivem habitualmente no domicílio do recenseamento (Residentes), quer estejam ou não presentes.

• Todas as pessoas que não vivem habitualmente no agregado familiar (Visitantes), mas que aí passaram a noite de 31 de Julho para o dia 1 de Agosto de 2007.

• As pessoas que faleceram depois das 0 (zero) horas do dia 1 de Agosto de 2007, mas que residiam neste agregado.

PESSOAS A NÃO INSCREVER NO BOLETIM;

• Todas as pessoas nascidas no dia 1 de Agosto de 2007 ou depois.

• Todas as pessoas falecidas antes do dia 1 de Agosto de 2007.

Académica, Lda.

SECÇÃO A: LOCALIZAÇÃO GEOGRÁFICA DA HABITAÇÃO

A1. PROVÍNCIA _____ |__|__|

A2. DISTRITO _____ |__|__|

A3. POSTO ADMINISTRATIVO _____ |__|__|

A4. ÁREA URBANA.............1 |__| | **A4. ÁREA RURAL.............2** |__|

A5. Localidade/Município/Vila |__|__| | **A5. Localidade** _____ |__|__|

Nome _____ | **A7. Nº da Á.Enumeração.............** |__|__|

A6. Bairro _____ |__|__| | **A10. Nome da Aldeia/Povoação**

A7. Nº da Á. Enumeração... |__|__| | _____

A8. Unidade Comunal.............. |__|__| | **A11. Nome da Zona/Bairro**

 | _____ |__|__|

A9. Nº do Quarteirão......... |__|__|

A12. Nº da casa................. |__|__|__| | **A12. Nº da casa.............................** |__|__|__|

A13. Nº de agregados nesta casa...... |__| | **A13. Nº de agregados nesta casa.............** |__|

A14. Nº deste agregado familiar....... |__| | **A14. Nº deste agregado familiar.............** |__|

RECENSEADOR: Escreva o endereço da casa que pode ser usado pelo Instituto Nacional de Estatística (INE) para localizar e identificar o agregado familiar.

A15. Endereço da casa:
Rua:_____
Nº._____ Andar:_____ Flat:_____
Descrição:_____

SECÇÃO B:
Preencher depois da entrevista

B1. Nome do chefe de agregado familiar ou da convivência:
_____

B2. Número de pessoas neste agregado familiar (só População Residente)

B2.1 Masculino: |__|__| **B2.2 Feminino:** |__|__| **B2.3 Total:** |__|__|

B3. Nº de visitas: 1 |__| **2** |__| **3** |__| **4** |__|

B4 DECLARAÇÃO: Declaro que a informação deste Boletim é verdadeira e correcta

Recenseador Nº |__|__|__|
Nome (letra legível):_____
Assinatura:_____
Data: |__|__|-|_0_|_8_|2007

Controlador Nº |__|__|__|
Nome (letra legível):_____
Assinatura:_____
Data: |__|__|-|_0_|_8_|2007

INTRODUÇÃO: Bom dia. Meu nome é (NOME), trabalho para o Recenseamento e aqui está a minha identificação, (mostre o documento de identificação). Estamos a realizar o III Recenseamento Geral da População e Habitação e tenho de solicitar alguns dados estatísticos.

SECÇÃO C:
Nomes das Pessoas

C1. Diga-me os nomes de todas as pessoas que vivem habitualmente nesta casa, quer estejam ou não presentes, incluindo as que faleceram depois das 0 horas do dia 1 de Agosto de 2007:

C2. Além destas pessoas, diga-me os nomes de outras pessoas que passaram a noite de 31 de Julho para o dia 1 de Agosto de 2007 nesta casa:

RECENSEADOR: Escreva o nome próprio e apelido de cada pessoa no espaço em baixo. Ao fazer a listagem comece pelo Chefe do Agregado Familiar e depois o marido/esposa, filhos e finalmente os restantes membros. Não se esqueça dos BEBÉS

1. _____ R V
2. _____ R V
3. _____ R V
4. _____ R V
5. _____ R V
6. _____ R V
7. _____ R V
8. _____ R V
9. _____ R V

RECENSEADOR: Passe à página seguinte e faça as perguntas sobre população

SECÇÃO D: PERGUNTAS SOBRE A POPULAÇÃO

RECENSEADOR: Faça as perguntas à todas as pessoas listadas na Secção C.

Coluna 1

P1. Pessoa Nº |___|___| (da Secção C)
Nome:

P2. Qual é a relação de parentesco com o chefe do agregado familiar?
1 |___| Chefe

P3. Indique o Sexo
1 |___| Masculino   2 |___| Feminino

P4. Quantos anos tem?
|___|___|___| Escreva anos já completados

P5. Diga se as zero horas do dia 1 de Agosto de 2007, neste agregado familiar era:
1 |___| Residente presente
2 |___| Residente ausente   3 |___| Visitante

P6. Diga se é:
1 |___| Negro(a)   4 |___| Indiano(a)
2 |___| Mestiço(a) 5 |___| Paquistanês(a)
3 |___| Branco(a)   6 |___| Outra

P7. Onde nasceu?
Província: |___|___| Uso
Distrito: |___|___| inter
Cidade/Vila: |___|___| no
Estrangeiro:

P8. Qual é a sua nacionalidade?
001 |___| Moçambicana
Estrangeira - Indique qual ➔ |___|___|___| Uso interno

P9. É portador das seguintes deficiências?
1 |___| Nenhuma } Passe a P11
2 |___| Cego
3 |___| Surdo
4 |___| Braço(s) amputado(s)/atrofiado(s)
5 |___| Perna(s) amputada(s)/atrofiada(s)
6 |___| Paralisia
7 |___| Mental
8 |___| Outra

P10. Quais foram as causas da deficiência?
1 |___| À nascença   4 |___| Serviço Militar
2 |___| Doença   5 |___| Acidente de trabalho
3 |___| Minas/Guerra   6 |___| Acidente de viação
                       7 |___| Outras

P11. Qual é a sua religião ou crença?
1 |___| Católica
2 |___| Anglicana
3 |___| Islâmica
4 |___| Zione/Sião
5 |___| Evangélica/Pentecostal
6 |___| Sem religião (ateu, animista, agnóstico, etc.)
7 |___| Outra ➔ |___|___| Uso interno

P12. Tem a mãe biológica viva?
1 |___| Sim   2 |___| Não   3 |___| Não sabe

P13. Tem o pai biológico vivo?
1 |___| Sim   2 |___| Não   3 |___| Não sabe

Coluna 2

SÓ PARA PESSOAS DE 1 A 17 ANOS

P14. Já foi registado(a) no Registo Civil?
1 |___| Sim} Passe a P16   2 |___| Não

P15. Porque razão não foi registado(a)?
1 |___| Fica longe   4 |___| É complicado
2 |___| Não é importante 5 |___| É caro
3 |___| Falta de conhecimento 6 |___| Outra

PARA PESSOAS COM 1 ANO OU MAIS

P16. Onde residia a 1 de Agosto de 2006?
Província: |___|___| Uso
Distrito: |___|___| inter
Cidade/Vila: |___|___| no
Estrangeiro:

SÓ PARA PESSOAS COM 5 ANOS OU MAIS

P17. Onde residia há 5 anos atrás (em 2002)?
Província: |___|___| Uso
Distrito: |___|___| inter
Cidade/Vila: |___|___| no
Estrangeiro:

P18. Diga se: (Em qualquer língua)
1 |___| Sabe ler e escrever
2 |___| Só sabe ler
3 |___| Não sabe ler nem escrever

P19. Sabe falar Português?
1 |___| Sim   2 |___| Não

P20. Em que língua aprendeu a falar?
|___|___| Uso interno

P21a. Que língua fala com mais frequência em casa?
|___|___| Uso interno

P21b. Para além das anteriores, que outra língua usa na comunicação?
|___|___| Uso interno

P22. Diga se:
1 |___| Actualmente está a frequentar uma escola
2 |___| Alguma vez frequentou uma escola
3 |___| Nunca frequentou uma escola } Passe a P26

P23. Indique o nível de ensino que frequenta ou, se não estuda, o mais elevado que frequentou:
1 |___| Alfabetização
2 |___| Ensino Primário do 1º Grau
3 |___| Ensino Primário do 2º Grau
4 |___| Ensino Secundário Geral do 1º Ciclo
5 |___| Ensino Secundário Geral do 2º Ciclo
6 |___| Ensino Técnico Elementar
7 |___| Ensino Técnico Básico
8 |___| Ensino Técnico Médio
9 |___| Curso de Formação de Prof. Primários
10 |___| Superior

P24. Completou o nível indicado na pergunta anterior?
1 |___| Sim   2 |___| Não } Passe a P26

P25. Se concluiu um curso Superior, indique o nível mais elevado: (1 só resposta)
1 |___| Bacharelato   3 |___| Mestrado
2 |___| Licenciatura   4 |___| Doutoramento

Coluna 3

SÓ PARA PESSOAS COM 7 ANOS OU MAIS

P26. Que actividade fez na última semana de Julho deste ano (de 25 a 31)?
1 |___| Trabalhou
2 |___| Não Trabalhou, mas tinha emprego } Passe a P28
3 |___| Ajudou familiares
4 |___| Procurava novo emprego
5 |___| Foi doméstica(o) } Passe a P27
6 |___| Procurava emprego pela 1ª vez
7 |___| Estava nas FADM
8 |___| Foi somente estudante
9 |___| Estava reformado(a)/reserva } Passe a P32
10 |___| Estava incapacitado(a)
11 |___| Outra

P27. Se foi doméstico(a), diga se na última semana de Julho deste ano (de 25 a 31)?
1 |___| Foi a machamba?
2 |___| Produziu ou vendeu produtos?
3 |___| Só cuidou da casa/crianças? } Passe a P32

P28. Qual foi a sua ocupação principal nessa semana ou última vez que trabalhou?
|___|___|___| Uso interno

P29. Que tipo de actividade se realiza no local onde habitualmente trabalha?
|___|___|___| Uso interno

P30. Diga se é Trabalhador:
1 |___| da Administração Pública/Aparelho do Estado
2 |___| das Autarquias Locais
3 |___| de Empresa Pública
4 |___| de Empresa Privada
5 |___| de Cooperativa
6 |___| de Instituição Sem Fins Lucrativos
7 |___| de Casa Particular
8 |___| por Conta Própria com Empregados
9 |___| por Conta Própria sem Empregados
10 |___| Familiar sem Remuneração
11 |___| de Organismos Internacionais/Embaixadas
12 |___| do Censo Geral da População e Habitação

P31. Quantas horas trabalhou por dia na última semana de Julho deste ano (de 25 a 31)?
|___|___|

SÓ PARA PESSOAS DE 12 ANOS OU MAIS DE IDADE

P32. Qual é o seu estado civil?
1 |___| Solteiro(a)   4 |___| Divorciado/Separado(a)
2 |___| Casado(a)   5 |___| Viúvo(a)
3 |___| União marital

SÓ PARA MULHERES DE 12 A 50 ANOS DE IDADE

P33. Quantos filhos nascidos vivos teve?
1 Masculino |___|___| 2 Feminino |___|___|

P34. Quantos filhos vivos tem actualmente?
1 Masculino |___|___| 2 Feminino |___|___|

P35. Quantos filhos nascidos vivos teve, nos últimos 12 meses?
1 Masculino |___| 2 Feminino |___|

P36. Dos filhos nascidos nos últimos 12 meses, quantos estão vivos?
1 Masculino |___| 2 Feminino |___|

RECENSEADOR: Preencha o Boletim nas Perguntas sobre a Habitação. Se houver mais de um agregado familiar na habitação, preencha somente as Perguntas de E1 a E11 para o primeiro agregado familiar.

E1. Tipo de habitação

PARTICULARES:

11 |___| Casa convencional
12 |___| Flat/apartamento
13 |___| Palhota
14 |___| Casa improvisada (barraca, lata, cartão)
15 |___| Casa mista
16 |___| Casa básica (casa comboio)
17 |___| Parte dum edifício comercial
18 |___| Outro:_____

COLECTIVAS:

21 |___| Unidade hospitalar
22 |___| Hotel, Pensão
23 |___| Quartel, Campo militar
24 |___| Internato, Seminário, Colégio, Lar
25 |___| Unidade prisional
26 |___| Outro:_____

SEM CASA:

27 |___| Pessoas sem casa

RECENSEADOR: Se marcou de 21 a 27, termine a entrevista e passe à última página do Boletim..

E2. Esta casa está:

1 |___| Ocupada) Passe a E4
2 |___| Desocupada

E3. Porque razão a casa está desocupada?:

1 |___| Está a venda
2 |___| Está em aluguer
3 |___| Está em construção)Termine a entrevista
4 |___| É de uso ocasional
5 |___| Outra

E4. A casa é:

1 |___| Própria
2 |___| Alugada
3 |___| Cedida, emprestada temporariamente
4 |___| Outro

E5. A casa é construída com paredes de:

1 |___| Bloco de cimento
2 |___| Bloco de tijolo
3 |___| Madeira/zinco
4 |___| Bloco de adobe
5 |___| Caniço/paus/bambú/palmeira
6 |___| Paus maticados (pau a pique)
7 |___| Lata/cartão/papel/saco/casca
8 |___| Outros

E6. A casa é coberta de:

1 |___| Laje de betão (cimento)
2 |___| Telha
3 |___| Chapa de lusalite
4 |___| Chapa de zinco
5 |___| Capim/colmo/palmeira
6 |___| Outros

RECENSEADOR: Se na Pergunta E2 marcou "Desocupada", termine a entrevista e passe à última página do Boletim..

E7. O pavimento da casa é de: (sem contar com a cozinha e casa de banho)

1 |___| Madeira/parquet
2 |___| Mármore/granulito
3 |___| Cimento
4 |___| Mosaico/tijoleira
5 |___| Adobe (terra batida)
6 |___| Sem nada
7 |___| Outros

E8a. Quantas divisões tem a casa: (sem contar com a cozinha e casa de banho)

|___|___|

E8b. Dessas divisões, quantas usa para dormir?

|___|___|

E9. Qual é a principal fonte de água que se usa para beber neste agregado familiar?

1 |___| Água canalizada dentro de casa
2 |___| Água canalizada fora de casa/quintal
3 |___| Água de fontenário
4 |___| Água de poço/furo protegido com bomba manual
5 |___| Água de poço sem bomba
6 |___| Água do rio/lago/lagoa
7 |___| Água da chuva
8 |___| Água mineral/Água engarrafada
9 |___| Outra

E10. A casa tem?

1 |___| Retrete ligada a fossa séptica
2 |___| Latrina melhorada
3 |___| Latrina tradicional melhorada
4 |___| Latrina não melhorada
5 |___| Não tem retrete/latrina

E11. Indique a principal fonte de energia que usa para iluminação desta casa?

1 |___| Electricidade   5 |___| Velas
2 |___| Gerador/Placa solar   6 |___| Baterias
3 |___| Gás   7 |___| Lenha
4 |___| Petróleo/Parafina/   8 |___| Outras
      Querosene

F1. O agregado familiar tem? (Admite mais do que uma resposta)

1 |___| Rádio   5 |___| Carro
2 |___| TV   6 |___| Motorizada
3 |___| Telefone Fixo 7 |___| Bicicleta
4 |___| Computador   8 |___| Nenhum destes bens

RECENSEADOR: Obtenha informação sobre o uso de tecnologias de informação e comunicação.

F2. Nos últimos 12 meses, quantos membros deste agregado familiar usaram?: Independentemente do local do uso (ex. serviço, internet café, casa, etc).

1 |___| Computador |___|___|
2 |___| Internet |___|___|

F3. Quantas pessoas deste agregado familiar têm telefone celular?

|___|___|___|

RECENSEADOR: Obtenha informação sobre actividade agropecuária e piscícola.

G1. Algum membro deste agregado familiar pratica actividade agrícola por conta própria?

1 |___| Sim   2 |___| Não

G2. Este agregado familiar tem tanques de aquacultura?

1 |___| Sim → |___|___|
2 |___| Não

G3. Algum membro deste agregado familiar pratica a pesca artesanal?

1 |___| Sim   2 |___| Não

G4. Este agregado familiar possui cajueiros?

1 |___| Sim → |___|___|
2 |___| Não

G5. Este agregado familiar possui coqueiros?

1 |___| Sim → |___|___|
2 |___| Não

G6. Quantos destes animais o agregado familiar cria?

G6.1 Vacas/Bois		___	___	___	
G6.2 Cabritos		___	___	___	
G6.3 Ovelhas/Carneiros		___	___	___	
G6.4 Porcos		___	___	___	
G6.5 Galinhas		___	___	___	
G6.6 Patos		___	___	___	

RECENSEADOR: Na página seguinte, obtenha informação sobre pessoas falecidas no agregado familiar. Não se esqueça das CRIANÇAS FALECIDAS.

H1. Neste agregado familiar, faleceu alguém nos últimos 12 meses? (1 de Agosto de 2006 a 31 de Julho de 2007)

1. |___| Sim } Passe a H 2
2. |___| Não (Para ter a certeza: Pergunte se nesse período não faleceu nenhum recém nascido ou bebé)

H2. Se Sim, especifique:

Nome das pessoas falecidas	Sexo 1 = Masc. 2 = Fem.	Idade	Só para Mulheres de 12-50 anos		
			A morte foi durante a gravidez? (1=Sim, 2=Não)	A morte foi durante o parto? (1=Sim, 2=Não)	A morte foi 2 meses após o fim da gravidez ou parto (1=Sim, 2=Não)
	|__|	|__|__|	|__|	|__|	|__|
	|__|	|__|__|	|__|	|__|	|__|
	|__|	|__|__|	|__|	|__|	|__|
	|__|	|__|__|	|__|	|__|	|__|
	|__|	|__|__|	|__|	|__|	|__|

RECENSEADOR: Antes de prosseguir com o próximo agregado familiar certifique se:

1. Há informações nas Secções A e B (perguntas de A1 a B4) da primeira página do Boletim,
2. Os nomes de todos os membros do agregado familiar estão escritos na Secção C, na primeira página do Boletim,
3. Recolheu toda informação sobre o Agregado Familiar ou a Convivência, bem como sobre a Habitação,
4. A informação é clara e legível,
5. Você assinou o Boletim,
6. Afixou a etiqueta de Casa Recenseada ou Casa não Recenseada

**AGRADEÇA A COLABORAÇÃO DOS RECENSEADOS E
PROSSIGA COM O PRÓXIMO AGREGADO OU CONVIVÊNCIA**

Equivalências para Pergunta 23 (Nível de Ensino que frequenta ou que frequentou)

Recenseamento de 2007	Antigo Sistema	Sistema Colonial
1. Alfabetização	Alfabetização	
2. Ensino Primário do 1º Grau (1ª/5ª Cl.)	Ensino Primário (Pré/4ª Classe)	Ensino Primário (Pré/4ª Classe)
3. Ensino Primário do 2º Grau (6ª/7ª Cl.)	Ensino Secundário / Ciclo Preparat. (5ª/6ª)	Liceu 1º Ciclo/Ciclo Preparatório
4. Ensino Sec. Geral do 1º Ciclo (8ª/10ª Cl.)	Ensino Secundário (7ª/9ª Classe)	Liceu 2º Ciclo
5. Ensino Sec. Geral do 2º " (11ª/12ª Cl.)	Ensino Pré-Universitário (10ª/11ª Classe)	Liceu 3º Ciclo
6. Ensino Técnico Elementar	Ensino Técnico Elementar	Ensino Técnico Elementar (Artes/Ofícios)
7. Ensino Técnico Básico	Ensino Técnico Básico	Ensino Comercial/Industrial
8. Ensino Técnico Médio	Ensino Técnico Médio	Instituto Comercial/Industrial
9. Curso de Formação de Prof. Primários	Curso de Formação de Prof. Primários	Curso de Formação de Prof. Primários
10. Superior	Superior	Superior

Observações:

_____
_____
_____

REPUBLIC OF MALAWI
NATIONAL STATISTICAL OFFICE
2008 Population and Housing Census Questionnaire

CONFIDENTIAL: The Census is being conducted under the 1967 Statistics Act. The information will be strictly confidential and used for statistical purposes only.

MARK HERE IF MORE THAN ONE QUESTIONNAIRE

Questionnaire: `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9` of _____

SECTION L - LOCALIZATION AND IDENTIFICATION OF THE HOUSEHOLD

Region `0 1 2 3 4 5 6 7 8 9`

District `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

Village or Place `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

TA, STA or Town `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

Control Centre No. `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

Enumeration Area `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

Urban or Rural — Urban `1` Rural `2`

Household Number `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

Number of dwelling units to household `0 1 2 3 4 5 6 7 8 9`

Type of Household

Regular	1
Hospital/Hotel/Lodge	2
Other Collective	3
Homeless	0

SECTION P - QUESTIONS ON POPULATION FOR ALL MEMBERS OF THE HOUSEHOLD

P1. Number of the person and NAME

P2. What is (NAME'S) relationship with the head of household? — Head of Household / Wife/Husband / Son/Daughter / Other relative / Non relative (1 2 3 4 5)

P3. Is (NAME) male or female? — Male / Female (1 2)

P4. In what month and year was (NAME) born?
EXAMPLE: NAME was born in May 1969
`0 5` / `6` / `9`

P5. How old was (NAME) at his/her last birthday?
Enter age in completed years ("00" for children less than one year)
EXAMPLE: NAME is 37
`3` / `7`

P6. Where was (NAME) born?
Code region and district **OR** code the foreign country code

P7. What is (NAME'S) nationality?
Malawian: Record "000"
Foreigner: Record the country code

TOTAL ENUMERATED

MALE `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

FEMALE `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

TOTAL `0 1 2 3 4 5 6 7 8 9` / `0 1 2 3 4 5 6 7 8 9`

SAMPLE

123456(78)

123456(78)

SAMPLE

FOR ALL MEMBERS OF THE HOUSEHOLD		ONLY FOR USUAL RESIDENTS						ONLY FOR RESIDENTS LESS THAN 18 YEARS OLD				ONLY FOR RESIDENTS AGED 3 YEARS OR OLDER	

P8. What is the situation of residence of (NAME)? *If visitor (3) go to the next person*

P9. What is (NAME'S) religion?

P10. What is (NAME'S) tribe?

P11. Where was (NAME) residing previously?

P12. How long has (NAME) been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?

P13. Does (NAME) have difficulty or problems in the following? If yes, what are the causes?
- Type of disability
- Causes

P14. PARENTAL SURVIVORSHIP AND RESIDENCE
- Is (NAME'S) natural mother alive?
- If alive does (NAME'S) natural mother live in this house-hold?
- Is (NAME'S) natural father alive?
- If alive does (NAME'S) natural father live in this house-hold?

P15. Does (NAME) have a birth certificate?

P16. Can (NAME) read and write in the following languages?

P17. Has (NAME) ever attended school or literacy program? → Go to P20

Column labels:
- Person Number
- Present Resident / Absent Resident / Visitor
- Christian / Muslim / Other / No religion
- Code tribe
- Code region and district **OR** code the foreign country
- (Record "000" if less than 1 year) (Record his/her age if the residence has not changed since birth)
- None / Seeing / Hearing / Speaking / Walking/Climbing / Learning/Concentrating / Mental / Other
- Congenital / Disease/Illness / Injury/Accident / Not known / Other
- Yes / No / Don't know
- Yes / No
- Yes / No / Don't know
- Yes / No
- Yes, seen / Yes, but not seen / No / Don't know
- None / English / Chichewa / Other
- Has never attended / Has ever attended / Is currently attending

Each of the 8 person rows (Person Number 1–8) contains the following response grids:

P8	P9	P10	P11	P12	P13 Type of disability	P13 Causes	P14	P15	P16	P17
1 2 3	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	1. 0 1 2 3 4 5 6 8 / 2. 0 1 2 3 4 5 6 8 / 3. 0 1 2 3 4 5 6 8	1 2 3 4 8	1 2 3 / 1 2 / 1 2 3 / 1 2	1 2 3 4	0 1 2 4 Record the SUM of codes marked 0 1 2 3 4 5 6 7	0 1 2

(This grid pattern repeats identically for Person Numbers 1 through 8.)

| ONLY FOR RESIDENTS AGED 3 YEARS OR OLDER | | ONLY FOR RESIDENTS AGED 6 YEARS OR OLDER | | | | | | ONLY FOR RESIDENTS WHO ARE CURRENTLY WORKING OR HAVE EVER WORKED | |

P18. What is the highest level of school or literacy program (NAME) attended or is attending? And how many years of school did he/she complete at that level?

P19. What is the highest qualification (NAME) attained?

P20. Aside from his/her own housework, did (NAME) work during the last 7 days? → Go to P25

P21. Why did (NAME) not work during the last 7 days? → Go to P25 / Go to P23

P22. Did (NAME) do one of the following activities during the last 7 days? → Go to P25

P23. Is (NAME) available to work? → Go to P28

P24. Has (NAME) been seeking work during the last 7 days? → Go to P28

P25. What was (NAME'S) main occupation during the last 7 days or the last time he/she worked? *Write main occupation.*

P26. What is (NAME'S) status in the occupation?

Column headers P18: Preschool / Literacy Program / Primary / Secondary / University / Other tertiary — Level: 0 1 2 3 4 5; No of years: 0 1 2 3 4 5 6 7 8

Column headers P19: None / PSLC / JCE / MSCE/GCE / A level / Diploma / Degree / Masters / PhD — 0 1 2 3 4 5 6 7 8

Column headers P20: Yes No — 1 2

Column headers P21: Homeworker / Non-worker (Never worked) / On leave, but has job / Retired / Student / Other — 0 1 2 3 4 5

Column headers P22: Farming/Rearing animals/Fishing / Production/Services/Selling / Houseworker at someone's house / Homeworker at own house / None — 1 2 3 4 5

Column headers P23: Yes No — 1 2

Column headers P24: No / Yes, 1st job / Yes, new job — 0 1 2

Column headers P26: Employer / Self-employed / Public service / Private sector / Family farm/business / Other — 1 2 3 4 5 6

Person Number	P18 Level	P18 No of years	P19	P20	P21	P22	P23	P24	P26
1	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6
2	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6
3	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6
4	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6
5	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6
6	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6
7	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6
8	0 1 2 3 4 5	0 1 2 3 4 5 6 7 8	0 1 2 3 4 5 6 7 8	1 2	0 1 2 3 4 5	1 2 3 4 5	1 2	0 1 2	1 2 3 4 5 6

| ONLY FOR RESIDENTS WHO ARE CURRENTLY WORKING OR HAVE EVER WORKED | ONLY FOR RESIDENTS AGED 12 YEARS OR OLDER | ONLY FOR WOMEN AGED 12 YEARS OR OLDER | | | |

P27. What is the main product, service or activity of (NAME'S) place of work?

P28. What is (NAME'S) marital status? *If never married* → Go to P30 — Never married / Married / Divorced/Separated / Widowed — 1 2 3 4

P29. How old was (NAME) when he/she first got married? *Age at first marriage*

P30. How many children were born alive to (NAME)?

P31. Among those children, how many are still alive? *Write number of boys and girls here*

P32. How many live births during the last 12 months?

P33. Among those children born in the last 12 months, how many are still alive?

Person Number	P28	P29	P30 (Male / Female)	P31 (Male / Female)	P32 (Male / Female)	P33 (Male / Female)
1	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2
2	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2
3	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2
4	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2
5	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2
6	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2
7	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2
8	1 2 3 4	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 3 4 5 6 7 8 9 / Female 0 1 2 3 4 5 6 7 8 9	Male 0 1 2 / Female 0 1 2	Male 0 1 2 / Female 0 1 2

ENUMERATOR: GO TO THE NEXT PAGE TO CONTINUE WITH THE LIST OF THE HOUSEHOLD'S MEMBERS. IF THE PERSON IS THE LAST MEMBER OF THE HOUSEHOLD, PROCEED TO SECTION D

SECTION D: DWELLING UNIT CHARACTERISTICS

D01. TYPE OF DWELLING STRUCTURE

Permanent	1
Semi-permanent	2
Traditional	3

D02. TENURE OF THE DWELLING UNIT

Owner/Family occupied	1
Rented	2
Other	3

D03. MAIN MATERIAL OF THE ROOF What is the main material used for the roof?

Grass thatch	1
Iron sheets	2
Iron/Tiles	3
Asbestos	4
Cement	5
Other	8

D04. MAIN MATERIAL OF THE WALL What is the main material used for the wall?

Burnt bricks	1
Unburnt bricks	2
Concrete	3
Mud/Wattle/Dung	4
Reeds/Straw	5
Wood/Planks	6
Other	8

D05. MAIN MATERIAL OF THE FLOOR What is the main material of the floor?

Earth/Sand	1	Ceramic tiles	8
Dung	2	Cement	9
Wood planks	3	Bricks	10
Palm/Bamboo	4	Other	11
Broken bricks	5		
Parquet or polished wood	6		
Vinyl or Asphalt strips	7		

D06. NUMBER OF ROOMS. How many rooms do the dwelling units have, excluding bathrooms, toilets, storerooms and garage?

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

D07. NUMBER OF ROOMS FOR SLEEPING How many of these rooms are used for sleeping?

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

D08. NUMBER OF OCCUPANTS. How many persons usually sleep in the dwelling units?

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

D09. MAIN SOURCE OF WATER What is the main source of drinking water for members of the household?

SEASON	Dry	Wet
Piped into dwelling	1	1
Piped into yard/plot	2	2
Community stand pipe	3	3
Unprotected well	4	4
Protected well	5	5
Borehole	6	6
Spring	7	7
River/Stream	8	8
Pond/Lake	9	9
Dam	10	10
Rain water	11	11
Tanker truck/Bowser	12	12
Bottled water	13	13
Other	14	14

D10. TYPE OF TOILET What kind of toilet facility do the household members use?

Flush toilet	1
Traditional pit toilet	2
Ventilated improved pit (VIP) latrine	3
No facility	4
Other	5

D11. MAIN SOURCE OF ENERGY FOR LIGHTING What is the source of energy the household mainly use for lighting?

Electricity	1
Paraffin	2
Candles	3
Firewood	4
Other	5

D12. MAIN SOURCE OF ENERGY FOR COOKING. What is the source of energy the household mainly use for cooking?

Electricity	1
Paraffin	2
Gas	3
Charcoal	4
Firewood	5
Straw	6
Other	7

D13-D22 ASSETS OF THE HOUSEHOLD IN FUNCTIONING CONDITION Do the household have the following?

		Yes	No
D13	Radio	1	2
D14	Television	1	2
D15	Refrigerator/deep freezer	1	2
D16	Cooker/hot plate	1	2
D17	Bicycle	1	2
D18	Motorcycle	1	2
D19	Car or truck	1	2
D20	Telephone	1	2
D21	Ox-cart	1	2
D22	ITN	1	2

SECTION E - EMIGRATION

Collect information on members of the household who have emigrated during the last 10 years.

E1. Did any member of the household leave Malawi during the last 10 years (from 1998 to 2008)? Yes 1 No 2 → Go to SECTION M

E2. If yes, provide the following information

Sex	Age	Destination	Year of Departure	Activity Abroad	
Male 1	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Mines 1	Official Business 4
Female 2	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Farms 2	Medical 5
		0 1 2 3 4 5 6 7 8 9		Student 3	Other 8
Male 1	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Mines 1	Official Business 4
Female 2	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Farms 2	Medical 5
		0 1 2 3 4 5 6 7 8 9		Student 3	Other 8
Male 1	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Mines 1	Official Business 4
Female 2	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Farms 2	Medical 5
		0 1 2 3 4 5 6 7 8 9		Student 3	Other 8
Male 1	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Mines 1	Official Business 4
Female 2	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	Farms 2	Medical 5
		0 1 2 3 4 5 6 7 8 9		Student 3	Other 8

E3. Did the household receive remittances (cash or goods) during the last 5 years (from 2003 to 2008) from any of the members who have emigrated?

0	No	→ Go to SECTION M
1	Yes, remittances - money	
2	Yes, remittances - goods	
3	Don't know	→ Go to SECTION M

E4. How regular were these remittances (cash or goods)?

1	Quite regular
2	Somewhat regular
3	From time to time
4	Rarely

SECTION M: MORTALITY

Please record information on the deaths that occured in the household during the last 12 months. Do not forget the children.

M1. Is there any member of the household who died during the last 12 months? Yes 1 No 2 *(If No, go to MM)*

M2. Specify the sex and age of the deceased — If death of Woman aged 12-49 was the death...

Death No.	Sex	Age at death *Age in completed years. (Record 00 if less than 1 year)*	due to accident? injury? suicide? violence?	while pregnant?	during childbirth?	during the 6 weeks period following the termination of pregnancy, irrespective of the way the pregnancy was terminated?
1	Male 1	0 1 2 3 4 5 6 7 8 9	Yes 1	Yes 1	Yes 1	Yes 1
	Female 2	0 1 2 3 4 5 6 7 8 9	No 2	No 2	No 2	No 2
2	Male 1	0 1 2 3 4 5 6 7 8 9	Yes 1	Yes 1	Yes 1	Yes 1
	Female 2	0 1 2 3 4 5 6 7 8 9	No 2	No 2	No 2	No 2
3	Male 1	0 1 2 3 4 5 6 7 8 9	Yes 1	Yes 1	Yes 1	Yes 1
	Female 2	0 1 2 3 4 5 6 7 8 9	No 2	No 2	No 2	No 2
4	Male 1	0 1 2 3 4 5 6 7 8 9	Yes 1	Yes 1	Yes 1	Yes 1
	Female 2	0 1 2 3 4 5 6 7 8 9	No 2	No 2	No 2	No 2
5	Male 1	0 1 2 3 4 5 6 7 8 9	Yes 1	Yes 1	Yes 1	Yes 1
	Female 2	0 1 2 3 4 5 6 7 8 9	No 2	No 2	No 2	No 2
6	Male 1	0 1 2 3 4 5 6 7 8 9	Yes 1	Yes 1	Yes 1	Yes 1
	Female 2	0 1 2 3 4 5 6 7 8 9	No 2	No 2	No 2	No 2

SECTION MM: MATERNAL MORTALITY

Only for woman aged 12 years and above if the spouse of the head of the household or if head of the household herself.

MM1. How many sisters (of the same natural mother) aged 12 years or older does she have, including those who died?

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9

MM2. Among those sisters aged 12 years or older, how many are dead?

0 1 2 3 4 5 6 7 8 9

Death No.	Age at death *Age in completed years. (Record 00 if less than 1 year)*	Did she die during pregnancy, delivery or within 2 months of the end of pregnancy or childbirth?
1	0 1 2 3 4 5 6 7 8 9	Yes 1
	0 1 2 3 4 5 6 7 8 9	No 2
2	0 1 2 3 4 5 6 7 8 9	Yes 1
	0 1 2 3 4 5 6 7 8 9	No 2
3	0 1 2 3 4 5 6 7 8 9	Yes 1
	0 1 2 3 4 5 6 7 8 9	No 2
4	0 1 2 3 4 5 6 7 8 9	Yes 1
	0 1 2 3 4 5 6 7 8 9	No 2
5	0 1 2 3 4 5 6 7 8 9	Yes 1
	0 1 2 3 4 5 6 7 8 9	No 2
6	0 1 2 3 4 5 6 7 8 9	Yes 1
	0 1 2 3 4 5 6 7 8 9	No 2

SECTION S - TABLE OF SUMMARY TO BE FILLED IN AFTER COMPLETING THE INTERVIEW

ENUMERATOR

_____   _____
Signature   Date

FIELD SUPERVISOR

_____   _____
Signature   Date

CONTROL CENTER SUPERVISOR

_____   _____
Signature   Date

IF THE HOUSEHOLD CONTINUES ON THE NEXT QUESTIONNAIRE, MARK THIS BOX 1

(Unofficial Translation)

Questions in this schedule should be asked to the Household head or to a Household (HH) member who is able to answer. Answers should be marked by circling the number corresponding to the appropriate answer.

NATIONAL POPULATION CENSUS 2011 - NEPAL (Schedule 1) Contact Telephone No. .... Total page ...... of page ......

District .... V.D.C./Municipality .... Ward No........Enumeration Area No.......Village/Settlement/Tole ....

.... House No. .... Household No. ....

First and Last Name of Household Head : ....

Sex of Household Head : 1. Male 2. Female

Household Members	Total	Male	Female
Usually live			
Absent (within country)			
Absent (abroad)			

Household Information

1. What is the type of the house occupied by the household ?
1. Own   2. Rented   3. Institutional   4. Others ....

2. What is the structure of the house ?

2.1 Foun-dation :	1. Mud bonded bricks/stone 2. Cement bonded bricks/stone 3. Concrete with pillar 4. Wooden pillar 5. Other	2.4 No. of Floor ....
2.2 Outer Wall :	1. Mud bonded bricks/stone 2.Cement bonded bricks/stone 3. Wood/planks 4. Bamboo 5. Unbaked bricks 6. Other	2.5 How old is the house ? ....
2.3 Roof:	1. Straw/thatch 2.Galvanized iron 3. Tile/slate 4. Concrete/cement 5. Wood/planks 6. Earth/Mud 7. Other....	

3. What is the main source of drinking water in your household ?
1. Tap/pipe 2. Tubewell/Hand pump 3. Covered Well/Kuwa 4. Uncovered Well/Kuwa
5. Spout water   6. River/Stream   7. Other ....

4. What is the usual type of fuel used for cooking in your household ?
1. Wood 2. Kerosene 3. LP Gas 4. Cow Dung 5. Biogas 6. Electricity 7. Other ....

5. What is the usual source of lighting in your household ?
1. Electricity   2. Kerosene   3. Biogas   4. Solar   5. Other ....

6. What type of toilet facility are you using in your household ?
1. Flush (Public Sewarage)   2. Flush (Septic Tank)   3. Ordinary   4. No Toilet

7. Do you have following facilities in your household ? (Multiple response is possible)
1. Radio   2. TV   3. Cable TV 4. Computer   5. Internet   6. Telephone
7. Mobile Phone   8. Motor   9. Motorcycle 10. Bicycle   11. Other type of vehicle
12. Refrigerator   13. None

8. Does any female member of the HH own house in any part of Nepal ? 1. Yes 2. No → 11

9. Does any female member of the HH own land in any part of Nepal ?   1. Yes 2. No → 11

10. Please tell us the area of land owned by female member ?

Unit	Bigha	Katha	Dhur	Ropani	Anna	Paisa
Area						

11. Were there any deaths occured during the last 12 months in your household ?
1. Yes, Number : ....   2. No ↓ 13

12. Please give use the description of deceased persons.

S.N.	Sex	Cause of death	Age at death	if deceased woman was 15-49 years of age, Condition at the time of death
1	1. Male 2. Female	....	.... yr.	1. Pregnant 2. Delivery 3. Deaths during 6 weeks of delivery
2	1. Male 2. Female	....	.... yr.	1. Pregnant 2. Delivery 3. Deaths during 6 weeks of delivery

13. Are any persons absent from the household living in other countries?
1. Yes   2. No → Personal Information 3. Don't Know → Personal Information

14. Give description of persons absent and living in other countries

S.N.	Sex	Age at leaving (yr.)	Passed level of edu. *	Absent duration (yr.)	Absent reason/ purpose **	Destination country
1	1. Male 2. Female					
2	1. Male 2. Female					
3	1. Male 2. Female					
4	1. Male 2. Female					

* Code for passed level of education (5 yrs. & above only) : passed level but illiterate, SLC, Intermediate, Diploma, PhD, should be given proper code.
** Code for reason/purpose: 1. Business   2. Personal Service 3. Institutional Service 4. Study   5. Conflict   6. Dependent   7. Other   8. Don't Know

Personal Information

S.N.	Please give the first, middle and last name of the persons who usually live in your household (starting from the head of the household)	What is the relationship of household head to (Name)?	What is the sex of (Name)?	What is the age of (Name) ? (Write down Completed year, enter "00" if less than one year)	What is the Caste/ Ethnicity of (Name) ?	For persons 10 years and above — What is the marital status of (Name) ?	Only for married persons — What was the age at first marriage of (Name)?	What is the Religion of (Name) ?	What is the Mother Tongue and Second Language of (Name) ?	Which Country's Citizen is (Name) ?	What is the Physical and mental disability of (Name)?	For persons 5 years and above — Can (Name) read and write?	Is (Name) currently attend-ing school/ college?	What is the Level of Education of (Name) ?
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01	First Name : .... Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year		1. Never Married→9 2. Once married 3. Multiple spouse 4. Re-married 5. Widow/widower 6. Divorced 7. Separated	..... Year		1. Mother Tongue .... 2. Second Lang.	1. Nepal 2. India 3. China 4. Other	1. Not disable 2. Physical disable 3. Blind and low vision 4. Deaf & hard of hearing 5. Deaf-Blind 6. Speech problem 7. Mental Illness 8. Intellectual disable 9. Multiple disable	1. Read & write 2. Read Only 3. Can't Read & Write	1. Yes 2. No	1. Pass level .... 2. Major Sub. (above SLC)
02	First Name : .... Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year		1. Never Married→9 2. Once married 3. Multiple spouse 4. Re-married 5. Widow/widower 6. Divorced 7. Separated	..... Year		1. Mother Tongue .... 2. Second Lang.	1. Nepal 2. India 3. China 4. Other	1. Not disable 2. Physical disable 3. Blind and low vision 4. Deaf & hard of hearing 5. Deaf-Blind 6. Speech problem 7. Mental Illness 8. Intellectual disable 9. Multiple disable	1. Read & write 2. Read Only 3. Can't Read & Write	1. Yes 2. No	1. Pass level .... 2. Major Sub. (above SLC)
03	First Name : .... Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year		1. Never Married→9 2. Once married 3. Multiple spouse 4. Re-married 5. Widow/widower 6. Divorced 7. Separated	..... Year		1. Mother Tongue .... 2. Second Lang.	1. Nepal 2. India 3. China 4. Other	1. Not disable 2. Physical disable 3. Blind and low vision 4. Deaf & hard of hearing 5. Deaf-Blind 6. Speech problem 7. Mental Illness 8. Intellectual disable 9. Multiple disable	1. Read & write 2. Read Only 3. Can't Read & Write	1. Yes 2. No	1. Pass level .... 2. Major Sub. (above SLC)
04	First Name : .... Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year		1. Never Married→9 2. Once married 3. Multiple spouse 4. Re-married 5. Widow/widower 6. Divorced 7. Separated	..... Year		1. Mother Tongue .... 2. Second Lang.	1. Nepal 2. India 3. China 4. Other	1. Not disable 2. Physical disable 3. Blind and low vision 4. Deaf & hard of hearing 5. Deaf-Blind 6. Speech problem 7. Mental Illness 8. Intellectual disable 9. Multiple disable	1. Read & write 2. Read Only 3. Can't Read & Write	1. Yes 2. No	1. Pass level .... 2. Major Sub. (above SLC)
05	First Name : .... Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year		1. Never Married→9 2. Once married 3. Multiple spouse 4. Re-married 5. Widow/widower 6. Divorced 7. Separated	..... Year		1. Mother Tongue .... 2. Second Lang.	1. Nepal 2. India 3. China 4. Other	1. Not disable 2. Physical disable 3. Blind and low vision 4. Deaf & hard of hearing 5. Deaf-Blind 6. Speech problem 7. Mental Illness 8. Intellectual disable 9. Multiple disable	1. Read & write 2. Read Only 3. Can't Read & Write	1. Yes 2. No	1. Pass level .... 2. Major Sub. (above SLC)
06	First Name : .... Last Name :	1. Household Head 2. Spouse 3. Son/Dau.-in-law 4. Dau./Son-in-law 5. Parent 6. Father/Mother-in-law 7. Brother/sister 8. Grandson/G.D. 9. HH worker 10. Other ..	1. Male 2. Female	..... Year		1. Never Married→9 2. Once married 3. Multiple spouse 4. Re-married 5. Widow/widower 6. Divorced 7. Separated	..... Year		1. Mother Tongue .... 2. Second Lang.	1. Nepal 2. India 3. China 4. Other	1. Not disable 2. Physical disable 3. Blind and low vision 4. Deaf & hard of hearing 5. Deaf-Blind 6. Speech problem 7. Mental Illness 8. Intellectual disable 9. Multiple disable	1. Read & write 2. Read Only 3. Can't Read & Write	1. Yes 2. No	1. Pass level .... 2. Major Sub. (above SLC)

THE CENTRAL CENSUS STEERING COMMITTEE

POPULATION AND HOUSING CENSUS QUESTIONNAIRE

TIME : 00.00 A.M. APRIL 01, 2009

(LONG FORM)

ALL INFORMATION HEREIN WILL BE KEPT STRICTLY CONFIDENTIAL

SAMPLE DIGITS TO FILL INTO BOX | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

PLACE "X" INTO THE SMALL BOX TO INDICATE THE RESPECTIVE ANSWER   ☒

IDENTIFICATION

PROVINCE/CITY: _____

DISTRICT/QUARTER/TOWN/PROVINCIAL CITY: _____

COMMUNE/WARD/DISTRICT TOWN:_____

ENUMERATION AREA (EA) NUMBER:..

NAME OF EA: _____

URBAN/RURAL (URBAN = 1; RURAL = 2): ....

HOUSEHOLD NUMBER: ....

FULL NAME OF HOUSEHOLD HEAD: _____

ADDRESS OF THE HOUSEHOLD: _____

RESULTS

NUMBER OF USUAL RESIDENTS IN THIS SET OF QUESTIONNAIRE:..

NUMBER OF MALES:..

NUMBER OF FEMALES: ....

THIS IS SET ☐ IN ☐ SETS OF THE HOUSEHOLD

CERTIFICATION

	FULL NAME	SIGNATURE
HOUSEHOLD HEAD/RESPONDENT	_____	_____
ENUMERATOR	_____	_____
TEAM SUPERVISOR	_____	_____

PART I: POPULATION INFORMATION

QUESTION/FILTER — NAME AND SERIAL NUMBER	SERIAL N° **1**	
1. FULL NAME OF EACH PERSON USUALLY RESIDING IN THE HOUSEHOLD, STARTING WITH THE HOUSEHOLD HEAD. APPLICATION OF INTERVIEW PROCESS FOR DETERMINATION OF USUAL RESIDENTS	_____ _____	_____ _____
2. What is [NAME]'s relationship to household head?	HOUSEHOLD HEAD .... 1 ☐ SPOUSE .... 2 ☐ NATURAL CHILD .... 3 ☐ GRANDCHILD .... 4 ☐ PARENT .... 5 ☐ OTHER RELATIVE .... 6 ☐	SPOUSE .... 2 ☐ NATURAL CHILD .... 3 ☐ GRANDCHILD .... 4 ☐ PARENT .... 5 ☐ OTHER RELATIVE .... 6 ☐
3. Is [NAME] male or female?	MALE .. 1 ☐ FEMALE..2 ☐	MALE .. 1 ☐ FEMALE..2 ☐
4. In what solar month and year was [NAME] born?	MONTH ☐☐ YEAR ☐☐☐☐ Q6 ← NOT STATED YEAR .9999 ☐	MONTH ☐☐ YEAR ☐☐☐☐ Q6 ← NOT STATED YEAR .9999 ☐
5. What is [NAME]'s age as of his/her last birthday? (IF AGE IS 95 YEARS OR MORE, WRITE '95')	AGE ☐☐	AGE ☐☐
6. To what ethnic group does [NAME] belong?	KINH................................. 1 ☐ OTHER ETHNIC GROUP 2 ☐ _____ ☐☐ NAME OF ETHNIC GROUP	KINH................................. 1 ☐ OTHER ETHNIC GROUP 2 ☐ _____ ☐☐ NAME OF ETHNIC GROUP
7. Does [NAME] follow any faith/religion? IF YES: What is [NAME]'s faith/religion?	YES .... 1 ☐ _____ ☐☐ NAME OF RELIGION NO.................................... 2 ☐	YES .... 1 ☐ _____ ☐☐ NAME OF RELIGION NO.................................... 2 ☐
8. CHECK: IF THE RESPONDENT WAS BORN BEFORE 4/2004 (5 YEARS AND OVER) → Q 9; OTHERWISE → ASK THE NEXT		
9. Where did [NAME] reside, five years ago (on 1/4/2004)?	SAME COMMUNE/WARD........1 ☐ ANOTHER COMMUNE/WARD IN SAME DISTRICT/QUARTERN…2 ☐ ANOTHER DISTRICT/QUARTER IN SAME PROVINCE…………..3 ☐ _____ ☐☐☐ NAME OF DISTRICT ANOTHER PROVINCE/CITY…..4 ☐ _____ ☐☐ NAME OF PROVINCE ABROAD............................ ……5 ☐ Q11 ←	SAME COMMUNE/WARD....... 1 ☐ ANOTHER COMMUNE/WARD IN SAME DISTRICT/QUARTERN…2 ☐ ANOTHER DISTRICT/QUARTER IN SAME PROVINCE…………..3 ☐ _____ ☐☐☐ NAME OF DISTRICT ANOTHER PROVINCE/CITY…..4 ☐ _____ ☐☐ NAME OF PROVINCE ABROAD............................ ……5 ☐ Q11 ←

2 ☐☐■☐

SERIAL Nº **3**	SERIAL Nº **4**	SERIAL Nº **5**	SERIAL Nº **6**
_____ _____	_____ _____	_____ _____	_____ _____
SPOUSE .... 2 ☐ NATURAL CHILD .... 3 ☐ GRANDCHILD................. 4 ☐ PARENT .... 5 ☐ OTHER RELATIVE.......... 6 ☐	SPOUSE .... 2 ☐ NATURAL CHILD .... 3 ☐ GRANDCHILD................. 4 ☐ PARENT .... 5 ☐ OTHER RELATIVE.......... 6 ☐	SPOUSE .... 2 ☐ NATURAL CHILD .... 3 ☐ GRANDCHILD................. 4 ☐ PARENT .... 5 ☐ OTHER RELATIVE........... 6 ☐	SPOUSE .... 2 ☐ NATURAL CHILD .... 3 ☐ GRANDCHILD................. 4 ☐ PARENT .... 5 ☐ OTHER RELATIVE.......... 6 ☐
MALE .. 1 ☐ FEMALE..2 ☐	MALE .. 1 ☐ FEMALE..2 ☐	MALE .. 1 ☐ FEMALE..2 ☐	MALE .. 1 ☐ FEMALE..2 ☐
⌐ MONTH ☐☐ YEAR ☐☐☐☐ Q6 ← NOT STATED YEAR . 9999 ☐	MONTH ☐☐ YEAR ☐☐☐☐ Q6 ← NOT STATED YEAR . 9999 ☐	MONTH ☐☐ YEAR ☐☐☐☐ Q6 ← NOT STATED YEAR . 9999 ☐	MONTH ☐☐ YEAR ☐☐☐☐ Q6 ← NOT STATED YEAR . 9999 ☐
AGE ☐☐	AGE ☐☐	AGE ☐☐	AGE ☐☐
KINH .... 1 ☐ OTHER ETHNIC GROUP 2 ☐ _____ ☐☐ NAME OF ETHNIC GROUP	KINH .... 1 ☐ OTHER ETHNIC GROUP 2 ☐ _____ ☐☐ NAME OF ETHNIC GROUP	KINH................................. 1 ☐ OTHER ETHNIC GROUP 2 ☐ _____ ☐☐ NAME OF ETHNIC GROUP	KINH................................. 1 ☐ OTHER ETHNIC GROUP 2 ☐ _____ ☐☐ NAME OF ETHNIC GROUP
YES................................. 1 ☐ _____ ☐☐ NAME OF RELIGION NO .... 2 ☐	YES................................. 1 ☐ _____ ☐☐ NAME OF RELIGION NO................................... 2 ☐	YES................................. 1 ☐ _____ ☐☐ NAME OF RELIGION NO................................... 2 ☐	YES................................. 1 ☐ _____ ☐☐ NAME OF RELIGION NO................................... 2 ☐

8. CHECK: IF THE RESPONDENT WAS BORN BEFORE 4/2004 (5 YEARS AND OVER) ⟶ Q 9; OTHERWISE ⟶ ASK THE NEXT

SAME COMMUNE/WARD....... 1 ☐⌐ ANOTHER COMMUNE/WARD IN SAME DISTRICT/QUARTERN…2 ☐ ANOTHER DISTRICT/QUARTER IN SAME PROVINCE……………3 ☐ _____ ☐☐ NAME OF DISTRICT ANOTHER PROVINCE/CITY…..4 ☐ _____ ☐☐ NAME OF PROVINCE ABROAD............................ ……5 ☐ ⌐ Q11 ←	SAME COMMUNE/WARD....... 1 ☐⌐ ANOTHER COMMUNE/WARD IN SAME DISTRICT/QUARTERN…2 ☐ ANOTHER DISTRICT/QUARTER IN SAME PROVINCE……………3 ☐ _____ ☐☐ NAME OF DISTRICT ANOTHER PROVINCE/CITY…..4 ☐ _____ ☐☐ NAME OF PROVINCE ABROAD............................ ……5 ☐ Q11 ←	SAME COMMUNE/WARD....... 1 ☐⌐ ANOTHER COMMUNE/WARD IN SAME DISTRICT/QUARTERN…2 ☐ ANOTHER DISTRICT/QUARTER IN SAME PROVINCE……………3 ☐ _____ ☐☐ NAME OF DISTRICT ANOTHER PROVINCE/CITY…..4 ☐ _____ ☐☐ NAME OF PROVINCE ABROAD ....……5 ☐ Q11 ←	SAME COMMUNE/WARD .... 1 ☐⌐ ANOTHER COMMUNE/WARD IN SAME DISTRICT/QUARTERN…2 ☐ ANOTHER DISTRICT/QUARTER IN SAME PROVINCE……………3 ☐ _____ ☐☐ NAME OF DISTRICT ANOTHER PROVINCE/CITY…..4 ☐ _____ ☐☐ NAME OF PROVINCE ABROAD ....……5 ☐ Q11 ←

3 ☐☐■■

QUESTION/FILTER	NAME AND SERIAL NUMBER _____ **1**	_____ **2**
10. Is the above-mentioned place of usual residence a ward, a district town or a commune, five years ago?	WARD/DISTRICT TOWN 1 ☐ COMMUNE...................... 2 ☐	WARD/DISTRICT TOWN 1 ☐ COMMUNE...................... 2 ☐

11. Has [NAME] has any difficulty as: IF YES: How difficult is it?: a little, very difficulty or been unable.	NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE [...]	NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE [...]
a) Seeing (even if wearing glasses)?	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b) Hearing?	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c) Walking?	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d) Remembering or paying attention to?	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐

QUESTION/FILTER	1	2
12. At present, has [NAME] been attending, ever attended or never attended schools?	ATTENDING.................... 1 ☐ EVER ATTENDED........... 2 ☐ NEVER ATTENDED .... 3 ☐ Q16 ←	ATTENDING.................... 1 ☐ EVER ATTENDED........... 2 ☐ NEVER ATTENDED .... 3 ☐ Q16 ←
13. What is the highest grade of education/training [NAME] is attending or has attained? ABBREVIATION: TRADE VOC. SCHOOL - TRADE VOCATIONAL SCHOOL VOC. SCHOOL - VOCATIONAL SCHOOL	PRE-SCHOOL .... 00 ☐ Q16 ← PRIMARY.............................. 01 ☐ LOWER SECONDARY......... 02 ☐ SHORT TERM TRAINING….03 ☐ HIGHER SECONDARY .... 04 ☐ TRADE VOC. SCHOOL........ 05 ☐ VOC. SCHOOL .... 06 ☐ TRADE COLLEGE............... 07 ☐ COLLEGE .... 08 ☐ UNIVERSITY........................ 09 ☐ MASTER .... 10 ☐ DOCTOR.............................. 11 ☐	PRE-SCHOOL...................... 00 ☐ Q16 ← PRIMARY .... 01 ☐ LOWER SECONDARY .... 02 ☐ SHORT TERM TRAINING….03 ☐ HIGHER SECONDARY........ 04 ☐ TRADE VOC. SCHOOL .... 05 ☐ VOC. SCHOOL.................... 06 ☐ TRADE COLLEGE .... 07 ☐ COLLEGE............................ 08 ☐ UNIVERSITY .... 09 ☐ MASTER.............................. 10 ☐ DOCTOR .... 11 ☐
14. What is the highest grade/year of education/training [NAME] is attending or has completed at the above-mentioned grade? (GRADE IS CONVERTED INTO 12-YEAR GENERAL EDUCATION LEVEL)	GRADE/YEAR ☐☐	GRADE/YEAR ☐☐
15. **CHECK Q 13: IF Q 13 = 1** ➔ **Q 16; OTHERWISE** ➔ **Q 17**		
16. At present, can [NAME] read, write?	YES .... 1 ☐ NO.................................. 2 ☐	YES .... 1 ☐ NO.................................. 2 ☐
17. **IF THE RESPONDENT WAS BORN BEFORE 4/1994 (15 YEARS AND OVER)** ➔ **Q 18; OTHERWISEI** ➔ **ASK THE NEXT**		
18. What is the current marital status of [NAME]?	NEVER MARRIED .... 1 ☐ MARRIED .... 2 ☐ WIDOWED......................... 3 ☐ DIVORCED .... 4 ☐ SEPARATED .... 5 ☐	NEVER MARRIED .... 1 ☐ MARRIED .... 2 ☐ WIDOWED......................... 3 ☐ DIVORCED .... 4 ☐ SEPARATED .... 5 ☐

_____ **3**	_____ **4**	_____ **5**	_____ **6**
WARD/DISTRICT TOWN 1 ☐	WARD/DISTRICT TOWN 1 ☐	WARD/DISTRICT TOWN 1 ☐	WARD/DISTRICT TOWN 1 ☐
COMMUNE .... 2 ☐	COMMUNE .... 2 ☐	COMMUNE .... 2 ☐	COMMUNE .... 2 ☐

NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE […]	NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE […]	NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE […]	NO DIFFICULTY	A LITTLE DIFFICULTY	VERY DIFFICULTY	UNABLE […]
1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐

Col 3	Col 4	Col 5	Col 6
ATTENDING .... 1 ☐	ATTENDING .... 1 ☐	ATTENDING................... 1 ☐	ATTENDING................... 1 ☐
EVER ATTENDED .... 2 ☐	EVER ATTENDED .... 2 ☐	EVER ATTENDED .... 2 ☐	EVER ATTENDED .... 2 ☐
NEVER ATTENDED....... 3 ☐ → Q16	NEVER ATTENDED....... 3 ☐ → Q16	NEVER ATTENDED........ 3 ☐ → Q16	NEVER ATTENDED........ 3 ☐ → Q16
PRE-SCHOOL .... 00 ☐ → Q16	PRE-SCHOOL .... 00 ☐ → Q16	PRE-SCHOOL...................... 00 ☐ → Q16	PRE-SCHOOL .... 00 ☐ → Q16
PRIMARY .... 01 ☐	PRIMARY .... 01 ☐	PRIMARY .... 01 ☐	PRIMARY.............................. 01 ☐
LOWER SECONDARY .... 02 ☐	LOWER SECONDARY......... 02 ☐	LOWER SECONDARY .... 02 ☐	LOWER SECONDARY......... 02 ☐
SHORT TERM TRAINING…. 03 ☐	SHORT TERM TRAINING…. 03 ☐	SHORT TERM TRAINING…. 03 ☐	SHORT TERM TRAINING…. 03 ☐
HIGHER SECONDARY .... 04 ☐	HIGHER SECONDARY........ 04 ☐	HIGHER SECONDARY .... 04 ☐	HIGHER SECONDARY........ 04 ☐
TRADE VOC. SCHOOL .... 05 ☐	TRADE VOC. SCHOOL .... 05 ☐	TRADE VOC. SCHOOL .... 05 ☐	TRADE VOC. SCHOOL........ 05 ☐
VOC. SCHOOL .... 06 ☐	VOC. SCHOOL...................... 06 ☐	VOC. SCHOOL .... 06 ☐	VOC. SCHOOL .... 06 ☐
TRADE COLLEGE ....07 ☐	TRADE COLLEGE .... 07 ☐	TRADE COLLEGE ....07 ☐	TRADE COLLEGE...............07 ☐
COLLEGE ....08 ☐	COLLEGE............................08 ☐	COLLEGE ....08 ☐	COLLEGE ....08 ☐
UNIVERSITY.......................09 ☐	UNIVERSITY .... 09 ☐	UNIVERSITY.......................09 ☐	UNIVERSITY ....09 ☐
MASTER ....10 ☐	MASTER .... 10 ☐	MASTER ....10 ☐	MASTER ....10 ☐
DOCTOR.............................11 ☐	DOCTOR .... 11 ☐	DOCTOR.............................11 ☐	DOCTOR ....11 ☐
GRADE/YEAR ☐☐	GRADE/YEAR ☐☐	GRADE/YEAR ☐☐	GRADE/YEAR ☐☐

15. CHECK Q 13: IF Q 13 = 1 → Q 16; OTHERWISE → Q 17

Col 3	Col 4	Col 5	Col 6
YES................................ 1 ☐	YES................................ 1 ☐	YES................................ 1 ☐	YES................................ 1 ☐
NO .... 2 ☐	NO .... 2 ☐	NO.................................. 2 ☐	NO.................................. 2 ☐

17. IF THE RESPONDENT WAS BORN BEFORE 4/1994 (15 YEARS AND OVER) → Q 18; OTHERWISEI → ASK THE NEXT

Col 3	Col 4	Col 5	Col 6
NEVER MARRIED .... 1 ☐	NEVER MARRIED .... 1 ☐	NEVER MARRIED .... 1 ☐	NEVER MARRIED .... 1 ☐
MARRIED........................... 2 ☐	MARRIED........................... 2 ☐	MARRIED........................... 2 ☐	MARRIED........................... 2 ☐
WIDOWED .... 3 ☐	WIDOWED .... 3 ☐	WIDOWED .... 3 ☐	WIDOWED .... 3 ☐
DIVORCED........................ 4 ☐	DIVORCED........................ 4 ☐	DIVORCED........................ 4 ☐	DIVORCED........................ 4 ☐
SEPARATED .... 5 ☐	SEPARATED .... 5 ☐	SEPARATED .... 5 ☐	SEPARATED .... 5 ☐

QUESTION/FILTER — NAME AND SERIAL NUMBER	_____ 1	_____ 2
19. What is the highest qualification that [NAME] attained? ABBREVIATION: TRADE VOC. SCHOOL - TRADE VOCATIONAL SCHOOL VOC. SCHOOL - VOCATIONAL SCHOOL	NO QUALIFICATION .... 1 ☐ SHORT-TERM TRAINING…...2 ☐ TRADE VOC. SCHOOL......... 3 ☐ VOC. SCHOOL .... 4 ☐ TRADE COLLEGE .... 5 ☐ COLLEGE .... 6 ☐ UNIVERSITY........................ 7 ☐ MASTER .... 8 ☐ DOCTOR............................... 9 ☐	NO QUALIFICATION.............1 ☐ SHORT-TERM TRAINING…...2 ☐ TRADE VOC. SCHOOL ....3 ☐ VOC. SCHOOL......................4 ☐ TRADE COLLEGE ....5 ☐ COLLEGE.............................6 ☐ UNIVERSITY ....7 ☐ MASTER................................8 ☐ DOCTOR ....9 ☐
20. Now, let me ask about the work in **the last 7 days:** During the last 7 days, did you do any work to make profit?	YES ....1 ☐ ➤ Q23a NO....................2 ☐ DO NOT KNOW.3 ☐ ➤ Q31	YES ....1 ☐ ➤ Q23a NO....................2 ☐ DO NOT KNOW.3 ☐ ➤ Q31
21. Did you still receive wage/salary without working ?	YES ....1 ☐ ➤ Q23b NO....................2 ☐	YES ....1 ☐ ➤ Q23b NO....................2 ☐
22. Did you have a job that you will return to work during the next 30 days?	YES ....1 ☐ ➤ Q23b NO....................2 ☐ ➤ Q28	YES ....1 ☐ ➤ Q23b NO....................2 ☐ ➤ Q28
23a. During the last 7 days, what was the main type of work you did and what position did you hold for the mentioned work (IF AVAILABLE)? 23b. During the 7 days before having break from work, what was the main type of work you did and what position did you hold for the mentioned work (IF AVAILABLE)?	_____ ☐☐☐	_____ ☐☐☐
24. With above-mentioned work, are you the contributing family-worker, employee or work as another role?	FAMILY WORKER .... 1 ☐ EMPLOYEE .... 2 ☐ OTHERS .... 3 ☐	FAMILY WORKER ....1 ☐ EMPLOYEE ....2 ☐ OTHERS................................3 ☐

25. Does the establishment where you did the above-mentioned work belong to individual, household of individual production and trade, collective, private, state or foreign investment economic sector?
 	
ABBREVIATION:
 	
HH OF IN. PRO.TRADE – HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE (INCLUDING AGRICULTURE-FORESTRY-FISHERY AND NONE AGRICULTURE-FORESTRY-FISHERY HOUSEHOLDS)
	INDIVIDUAL .... 1 ☐
	     Q31 ◄
	HH OF IN. PRO.TRADE .... 2 ☐
	     Q27 ◄
	COLLECTIVE .... 3 ☐
	PRIVATE .... 4 ☐
	STATE .... 5 ☐
	FOREIGN INVESTMENT ...... 6 ☐
		INDIVIDUAL...........................1 ☐
		     Q31 ◄
		HH OF IN. PRO.TRADE.........2 ☐
		     Q27 ◄
		COLLECTIVE ....3 ☐
		PRIVATE ....4 ☐
		STATE ....5 ☐
		FOREIGN INVESTMENT.......6 ☐

26. What is the name of the establishment where you did the above-mentioned work and the name of its direct supervision organization (IF AVAILABLE)?	_____ _____	_____ _____

_____ **3**	_____ **4**	_____ **5**	_____ **6**
NO QUALIFICATION .... 1 ☐	NO QUALIFICATION.............1 ☐	NO QUALIFICATION .... 1 ☐	NO QUALIFICATION.............1 ☐
SHORT-TERM TRAINING…...2 ☐	SHORT-TERM TRAINING…...2 ☐	SHORT-TERM TRAINING…...2 ☐	SHORT-TERM TRAINING…...2 ☐
TRADE VOC. SCHOOL .... 3 ☐	TRADE VOC. SCHOOL ....3 ☐	TRADE VOC. SCHOOL .... 3 ☐	TRADE VOC. SCHOOL..........3 ☐
VOC. SCHOOL .... 4 ☐	VOC. SCHOOL.....................4 ☐	VOC. SCHOOL .... 4 ☐	VOC. SCHOOL.....................4 ☐
TRADE COLLEGE .... 5 ☐	TRADE COLLEGE ....5 ☐	TRADE COLLEGE .... 5 ☐	TRADE COLLEGE.................5 ☐
COLLEGE .... 6 ☐	COLLEGE.............................6 ☐	COLLEGE .... 6 ☐	COLLEGE.............................6 ☐
UNIVERSITY........................7 ☐	UNIVERSITY ....7 ☐	UNIVERSITY........................7 ☐	UNIVERSITY ....7 ☐
MASTER .... 8 ☐	MASTER ....8 ☐	MASTER .... 8 ☐	MASTER ....8 ☐
DOCTOR.............................9 ☐	DOCTOR ....9 ☐	DOCTOR.............................9 ☐	DOCTOR ....9 ☐
YES................1 ☐ ➔ Q23a	YES.................1 ☐ ➔ Q23a	YES.................1 ☐ ➔ Q23a	YES................1 ☐ ➔ Q23a
NO ....2 ☐	NO ....2 ☐	NO....................2 ☐	NO....................2 ☐
DO NOT KNOW.3 ☐ ➔ Q31	DO NOT KNOW.3 ☐ ➔ Q31	DO NOT KNOW.3 ☐ ➔ Q31	DO NOT KNOW.3 ☐ ➔ Q31
YES.................1 ☐ ➔ Q23b	YES.................1 ☐ ➔ Q23b	YES.................1 ☐ ➔ Q23b	YES.................1 ☐ ➔ Q23b
NO ....2 ☐	NO ....2 ☐	NO....................2 ☐	NO....................2 ☐
YES.................1 ☐ ➔ Q23b	YES.................1 ☐ ➔ Q23b	YES.................1 ☐ ➔ Q23b	YES.................1 ☐ ➔ Q23b
NO ....2 ☐ ➔ Q28	NO ....2 ☐ ➔ Q28	NO....................2 ☐ ➔ Q28	NO....................2 ☐ ➔ Q28
_____ _____	_____ _____	_____ _____	_____ _____
☐☐☐	☐☐☐	⌐ ☐☐☐	☐☐☐
FAMILY WORKER .... 1 ☐	FAMILY WORKER.................1 ☐	FAMILY WORKER .... 1 ☐	FAMILY WORKER.................1 ☐
EMPLOYEE........................... 2 ☐	EMPLOYEE ....2 ☐	EMPLOYEE........................... 2 ☐	EMPLOYEE ....2 ☐
OTHERS .... 3 ☐	OTHERS...............................3 ☐	OTHERS .... 3 ☐	OTHERS ....3 ☐
INDIVIDUAL .... 1 ☐	INDIVIDUAL...........................1 ☐	INDIVIDUAL .... 1 ☐	INDIVIDUAL...........................1 ☐
Q31 ⬅	Q31 ⬅	Q31 ⬅	Q31 ⬅
HH OF IN. PRO.TRADE .... 2 ☐	HH OF IN. PRO.TRADE........2 ☐	HH OF IN. PRO.TRADE .... 2 ☐	HH OF IN. PRO.TRADE.........2 ☐
⌐ Q27 ⬅	Q27 ⬅	Q27 ⬅	⌐ Q27 ⬅
COLLECTIVE .... 3 ☐	COLLECTIVE ....3 ☐	COLLECTIVE .... 3 ☐	COLLECTIVE.........................3 ☐
PRIVATE............................... 4 ☐	PRIVATE ....4 ☐	PRIVATE .... 4 ☐	PRIVATE...............................4 ☐
STATE................................... 5 ☐	STATE ....5 ☐	STATE .... 5 ☐	STATE ....5 ☐
FOREIGN INVESTMENT ...... 6 ☐	FOREIGN INVESTMENT ....6 ☐	FOREIGN INVESTMENT....... 6 ☐	FOREIGN INVESTMENT.......6 ☐
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

QUESTION/FILTER	NAME AND SERIAL NUMBER _____ **1**	_____ **2**
27. What are the main responsibilities/products of the establishment where you did the above - mentioned work?	_____ _____ _____ ▢▢▢ Q31 ←	_____ _____ _____ ▢▢▢ Q31 ←
28. During the last 30 days, did you look for any work?	YES .... 1 ▢ NO .... 2 ▢ ➤ Q30	YES .... 1 ▢ NO .... 2 ▢ ➤ Q30
29. During the last 7 days, would you be available for work if you have found a suitable work	YES .... 1 ▢ ➤ Q31 NO .... 2 ▢	YES .... 1 ▢ ➤ Q31 NO .... 2 ▢
30. IF Q 28 = 2: Why didn't you look for work? IF Q 29 = 2: Why wasn't you available for work?	NO SUITABLE WORK/ DON'T KNOW WHERE .... 1 ▢ ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT .... 2 ▢ BAD WEATHER/ OFF SEASON .... 3 ▢ ATTENDING SCHOOL .... 4 ▢ HOUSEWORK .... 5 ▢ DISABLED .... 6 ▢ NOT WILLING TO WORK ..... 7 ▢ OTHER _____ 8 ▢ (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE .... 1 ▢ ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT .... 2 ▢ BAD WEATHER/ OFF SEASON .... 3 ▢ ATTENDING SCHOOL .... 4 ▢ HOUSEWORK .... 5 ▢ DISABLED .... 6 ▢ NOT WILLING TO WORK ...... 7 ▢ OTHER _____ 8 ▢ (SPECIFY)
31. CHECK: IF RESPONDENT IS FEMALE BORN FROM 4/1959 TO 3/1994 (FROM 15 TO 49 YEARS OF AGE) ➤ Q 32; OTHERWISE ➤ ASK THE NEXT		
32. Have you ever given birth?	YES .... 1 ▢ NO .... 2 ▢ THE NEXT ←	YES .... 1 ▢ NO .... 2 ▢ THE NEXT ←
33a. How many children to whom you have given birth are currently living with you in this household?	CHILDREN IN THE SAME HOUSEHOLD ▢▢	CHILDREN IN THE SAME HOUSEHOLD ▢▢
33b. How many children to whom you have given birth aren't currently living with you in this household (living elsewhere)?	CHILDREN IN OTHER HOUSEHOLD ▢▢	CHILDREN IN OTHER HOUSEHOLD ▢▢
33c. Have you ever given birth to a boy or a girl who was born alive but later died? IF YES, ASK NUMBER OF DEAD CHILD(REN).	CHILDREN DEAD ▢▢	CHILDREN DEAD ▢▢
34a. In what solar month and year have you given the last birth?	MONTH ▢▢ YEAR ▢▢▢	MONTH ▢▢ YEAR ▢▢▢
34b. How many sons and daughters have you given in the last birth?	SON(S) ▢ DAUGHTER(S) ▢	SON(S) ▢ DAUGHTER(S) ▢

_____ 3	_____ 4	_____ 5	_____ 6
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____ Q31 ← [ ][ ][ ]	_____ Q31 ← [ ][ ][ ]	_____ Q31 ← [ ][ ][ ]	_____ Q31 ← [ ][ ][ ]
YES..................1 [ ]	YES...................1 [ ]	YES...................1 [ ]	YES...................1 [ ]
NO ....2 [ ] ➤Q30	NO ....2 [ ] ➤Q30	NO.....................2 [ ] ➤Q30	NO......................2 [ ] ➤Q30
YES..................1 [ ] ➤Q31	YES...................1 [ ] ➤Q31	YES...................1 [ ] ➤Q31	YES...................1 [ ] ➤Q31
NO ....2 [ ]	NO ....2 [ ]	NO.....................2 [ ]	NO......................2 [ ]
NO SUITABLE WORK/ DON'T KNOW WHERE.......... 1 [ ]	NO SUITABLE WORK/ DON'T KNOW WHERE .... 1 [ ]	NO SUITABLE WORK/ DON'T KNOW WHERE.......... 1 [ ]	NO SUITABLE WORK/ DON'T KNOW WHERE .... 1 [ ]
ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT .... 2 [ ]	ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT.................................2 [ ]	ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT .... 2 [ ]	ILLNESS/PERSONAL MATTER/ WAIT FOR JOB APPLICATION'S RESULT.................................2 [ ]
BAD WEATHER/ OFF SEASON .... 3 [ ]	BAD WEATHER/ OFF SEASON........................3 [ ]	BAD WEATHER/ OFF SEASON .... 3 [ ]	BAD WEATHER/ OFF SEASON.........................3 [ ]
ATTENDING SCHOOL .... 4 [ ]	ATTENDING SCHOOL...........4 [ ]	ATTENDING SCHOOL .... 4 [ ]	ATTENDING SCHOOL...........4 [ ]
HOUSEWORK .... 5 [ ]	HOUSEWORK.......................5 [ ]	HOUSEWORK .... 5 [ ]	HOUSEWORK.......................5 [ ]
DISABLED.............................. 6 [ ]	DISABLED ....6 [ ]	DISABLED.............................. 6 [ ]	DISABLED ....6 [ ]
NOT WILLING TO WORK ..... 7 [ ]	NOT WILLING TO WORK......7 [ ]	NOT WILLING TO WORK...... 7 [ ]	NOT WILLING TO WORK ......7 [ ]
OTHER _____ 8 [ ] (SPECIFY)	OTHER _____ 8 [ ] (SPECIFY)	OTHER _____ 8 [ ] (SPECIFY)	OTHER _____ 8 [ ] (SPECIFY)

31. CHECK: IF RESPONDENT IS FEMALE BORN FROM 4/1959 TO 3/1994 (FROM 15 TO 49 YEARS OF AGE) ➤ Q 32; OTHERWISE ➤ ASK THE NEXT

YES................................. 1 [ ]	YES................................. 1 [ ]	YES................................. 1 [ ]	YES................................. 1 [ ]
NO .... 2 [ ] THE NEXT ←	NO .... 2 [ ] THE NEXT ←	NO.................................. 2 [ ] THE NEXT ←	NO.................................. 2 [ ] THE NEXT ←
CHILDREN IN THE SAME HOUSEHOLD [ ][ ]	CHILDREN IN THE SAME HOUSEHOLD [ ][ ]	CHILDREN IN THE SAME HOUSEHOLD [ ][ ]	CHILDREN IN THE SAME HOUSEHOLD [ ][ ]
CHILDREN IN OTHER HOUSEHOLD [ ][ ]	CHILDREN IN OTHER HOUSEHOLD [ ][ ]	CHILDREN IN OTHER HOUSEHOLD [ ][ ]	CHILDREN IN OTHER HOUSEHOLD [ ][ ]
CHILDREN DEAD [ ][ ]	CHILDREN DEAD [ ][ ]	CHILDREN DEAD [ ][ ]	CHILDREN DEAD [ ][ ]
MONTH [ ][ ] YEAR [ ][ ][ ]	MONTH [ ][ ] YEAR [ ][ ][ ]	MONTH [ ][ ] YEAR [ ][ ][ ]	MONTH [ ][ ] YEAR [ ][ ][ ]
SON(S) [ ] DAUGHTER(S) [ ]	SON(S) [ ] DAUGHTER(S) [ ]	SON(S) [ ] DAUGHTER(S) [ ]	SON(S) [ ] DAUGHTER(S) [ ]

PART 2: MORTALITY INFORMATION

35. From the 1st of Lunar New Year - Mau Ty (07/02/2008 as solar calendar) to 0:00am on 1/4/2009, were there any adult or infant deaths in your household?	YES .... 1 ☐ NO .... 2 ☐ → PART 3: HOUSING INFORMATION		

QUESTION/FILTER SERIAL NUMBER	THE DECEASED **1**	THE DECEASED **2**	THE DECEASED **3**
36. Let me know about the full name of each deceased person?	_____	_____	_____
37. Is [NAME] male or female?	MALE .... 1 ☐ FEMALE .... 2 ☐	MALE .... 1 ☐ FEMALE .... 2 ☐	MALE .... 1 ☐ FEMALE .... 2 ☐
38. In what solar month and year did [NAME] die?	MONTH ☐☐ YEAR 2008 .... 1 ☐ YEAR 2009 .... 2 ☐	MONTH ☐☐ YEAR 2008 .... 1 ☐ YEAR 2009 .... 2 ☐	MONTH ☐☐ YEAR 2008 .... 1 ☐ YEAR 2009 .... 2 ☐
39. What was solar completed age of [NAME] when he/she died? IF AGE IS LESS THAN 12 MONTHS, WRITE '00' AGE IS ABOVE 95, WRITE '95	SOLAR AGE ☐☐	SOLAR AGE ☐☐	SOLAR AGE ☐☐
40. What is the cause of [NAME]'s death?	DISEASES .... 1 ☐ WORKING ACCIDENT .... 2 ☐ TRAFFIC ACCIDENT .... 3 ☐ OTHER ACCIDENT .... 4 ☐ OTHER _____ 5 ☐ (SPECIFY)	DISEASES .... 1 ☐ WORKING ACCIDENT .... 2 ☐ TRAFFIC ACCIDENT .... 3 ☐ OTHER ACCIDENT .... 4 ☐ OTHER _____ 5 ☐ (SPECIFY)	DISEASES .... 1 ☐ WORKING ACCIDENT .... 2 ☐ TRAFFIC ACCIDENT .... 3 ☐ OTHER ACCIDENT .... 4 ☐ OTHER _____ 5 ☐ (SPECIFY)
41. CHECK Q 37, 39, 40: IF WOMEN AGED 15-49 WHO DIDN'T DIE OF ACCIDENT → Q 42; OTHERWISE, ASK FOR THE NEXT DECEASED.			
42. Did [NAME] die during pregnancy? IF NOT: Did [NAME] die during childbirth? IF NOT: Did [NAME] die after miscarriage/abortion? IF NOT: Did [NAME] die within 42 days of after childbirth/lost pregnancy?	PREGNANCY .... 1 ☐ CHILDBIRTH .... 2 ☐ MISCARRIAGE/ ABORTION .... 3 ☐ 42 DAYS OF AFTER CHILD-BIRTH/LOST PREGNANCY 4 ☐ NO .... 5 ☐	PREGNANCY .... 1 ☐ CHILDBIRTH .... 2 ☐ MISCARRIAGE/ ABORTION .... 3 ☐ 42 DAYS OF AFTER CHILD-BIRTH/LOST PREGNANCY 4 ☐ NO .... 5 ☐	PREGNANCY .... 1 ☐ CHILDBIRTH .... 2 ☐ MISCARRIAGE/ ABORTION .... 3 ☐ 42 DAYS OF AFTER CHILD-BIRTH/LOST PREGNANCY 4 ☐ NO .... 5 ☐

PART 3: HOUSING INFORMATION

QUESTION/FILTER	ANSWER
43. HOUSEHOLD HAS THE DWELLING OR NOT	YES ....1 ☐ NO ....2 ☐ → Q53
44. Is your household sharing the dwelling with others? IF YES : WRITE SHARED INFORMATION OF THE DWELLING INTO THE REPRESENTATIVE HOUSEHOLD	NO .... 1 ☐ YES .... 2 ☐ → THIS IS THE REPRESENTATIVE HH ...... 1 ☐ BE RECORDED WITH OTHER HH .. 2 ☐ ☐☐☐ ← _____ NAME OF HEAD OF REP. HH Q53 ←
45. Is the dwelling of your household the apartment building or the single detached house? COMBINATION OF OBSERVATION TO RECORD	APARTMENT BUILDING ....1 ☐ SINGLE DETACHED HOUSE ....2 ☐
46. How many the following rooms are there in this house/flat: a) dwelling rooms? b) bedrooms, in which?	DWELLING ROOMS ☐☐ BEDROOMS ☐☐
47. How many square meters is the total floor space of the house/ flat?	FLOOR SPACE (m²) ☐☐☐
48. What is the main construction material of the pier (or the pivot or the load-bearing wall)? ⌐	CONCRETE ....1 ☐ BRICK/STONE ....2 ☐ STEEL/IRON/DURABLE WOOD ....3 ☐ WOOD OF LOW QUALITY/BAMBOO.................4 ☐ OTHER_____ 5 ☐ (SPECIFY)
49. What is the main construction material of the roof?	CONCRETE ....1 ☐ TILE (CEMENT, TERRA-COTTA).........................2 ☐ SLAB (CEMENT, METAL) ....3 ☐ LEAF/STRAW/OIL PAPER ....4 ☐ OTHER_____ 5 ☐ (SPECIFY)
50. What is the main construction material of the outer walls?	CONCRETE ....1 ☐ BRICK/STONE ....2 ☐ WOOD/METAL ....3 ☐ CLAY/STRAW ....4 ☐ WATTLE/PLYWOOD ....5 ☐ OTHER_____ 6 ☐ (SPECIFY)
51. What year was the dwelling started using? ⌐	BEFORE 1975..1 ☐ FROM 1975 TO 1999 ....2 ☐ FROM 2000 TO NOW..3 ☐ ¬ **200** ☐ ← NOT STATED ....4 ☐

QUESTION/FILTER	ANSWER
52. To whom does this dwelling belong?	HOUSEHOLD OWNED .... 1 ☐ RENTED/BORROWED FROM THE STATE .... 2 ☐ RENTED/BORROWED FROM THE PRIVATE SECTOR ..... 3 ☐ COLLECTIVE .... 4 ☐ RELIGIOUS ORGANIZATION .... 5 ☐ JOINT STATE AND INDIVIDUAL .... 6 ☐ UNCLEAR OWNERSHIP .... 7 ☐
53. What is the main kind of fuel (energy) your household is using for lighting?	ELECTRICITY .... 1 ☐ ELECTRIC GENERATOR .... 2 ☐ KEROSENE .... 3 ☐ GAS .... 4 ☐ OTHER_____ 5 ☐ (SPECIFY)
54. What is the main kind of fuel (energy) your household is using for cooking?	ELECTRICITY .... 1 ☐ PARAFFIN .... 2 ☐ GAS .... 3 ☐ COAL .... 4 ☐ FIREWOOD .... 5 ☐ OTHER_____ 6 ☐ (SPECIFY) NO USE .... 7 ☐
55. What is the main source of cooking/drinking water of your household?	INDOORS TAP WATER .... 1 ☐ PUBLIC TAP WATER .... 2 ☐ DRILLED WELL .... 3 ☐ PROTECTED DIG WELL .... 4 ☐ UN-PROTECTED DIG WELL .... 5 ☐ PROTECTED SLOT WATER .... 6 ☐ UNPROTECTED SLOT WATER .... 7 ☐ RAIN WATER .... 8 ☐ OTHER_____ 9 ☐ (SPECIFY)
56. What kind of toilet facility is your household using most?	INDOOR FLUSH/SEMI FLUSH TOILET .... 1 ☐ OUTDOOR FLUSH/SEMI FLUSH TOILET .... 2 ☐ OTHER .... 3 ☐ NO TOILET .... 4 ☐
57. At present, is your household using any of the following appliances: Television? Radio/Radio Cassette? Telephone? Computer? Washing machine? Refrigerator? Air condition? Motorcycle or Motorbike?	YES NO TELEVISION ....1.☐..... 2 ☐ RADIO/RADIO CASSETTS ....1.☐..... 2 ☐ TELEPHONE ....1.☐..... 2 ☐ COMPUTER ....1.☐..... 2 ☐ WASHING MACHINE ....1.☐..... 2 ☐ REFRIGERATOR ....1.☐..... 2 ☐ AIR CONDITION ....1.☐..... 2 ☐ MOTORCYCLE/MOTORBIKE ....1.☐..... 2 ☐

REPUBLIC OF ZAMBIA

CENTRAL STATISTICAL OFFICE

2010 CENSUS OF POPULATION AND HOUSING

IDENTIFICATION

Field		
Province	1 2 3 4 5 6 7 8 9	
District	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	
Consti-tuency	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	
Ward	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9	
Region	Rural 1 Urban 2	

CSA No.	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
SEA No.	0 1 2 3 4 5 6 7 8 9
Census Building No. (CBN)	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
Housing Unit No. (HUN)	0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9
Household No. (HHN)	0 1 2 3 4 5 6 7 8 9

Residential Address

Village/Locality Name

Chief's Area 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9 / 0 1 2 3 4 5 6 7 8 9

INTERVIEW STATUS

Completed (occupied)	1
Non-contact (occupied)	2
Not interviewed (vacant)	3
Non residential	4
Refused	5
Other	6

MARK HERE IF MORE THAN ONE QUESTIONNAIRE 1

Questionnaire ☐☐ of ☐☐

SECTION P - QUESTIONS ON POPULATION FOR ALL MEMBERS OF THE HOUSEHOLD

P1 NAMES of usual residents and visitors

P2 Membership status? — Usual member Present (1), Usual member Absent (2), Visitor (3)

P3 What is (NAME'S) relationship to the head of household? — Head of Household (1), Spouse (2), Own Son/Daughter (3), Step Son/Daughter (4), Parent (5), Brother/Sister (6), Nephew/Niece (7), Son/Daughter-in-Law (8), Grandchild (9), Parent-in-Law (10), Cousin (11), Other Relative (12), Unrelated (13)

P4 Is (NAME) male or female? — Male (1), Female (2)

P5 How old was (NAME) at his/her last birthday? *If less than 1 year enter "00"* — In Years

P6 PLACE OF BIRTH Where was (NAME) born? — *Write District/Country name then code*

P7 Was this part of the district rural or urban at the time of birth? — Rural (1), Urban (2), Outside Zambia (3)

P8 Is (NAME) Zambian? If Zambian, code here then skip to P11 — Yes (1), No (2)

P9 If non-Zambian, code here then write name of country

P10 What is the main purpose of your stay in Zambia? — Employment (1), Family formation/reunification (2), Education/training (3), Settlement (4), Refugee/Asylum (5), Investor (6), Tourist (7), Other (8)

P11 What is (NAME'S) religion? — Catholic (1), Protestant (2), Muslim (3), Hindu (4), Buddist (5), Bahai faith (6), Other (7), None (8)

#	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
1	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
2	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
3	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
4	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
5	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
6	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
7	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
8	1 2 3	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2	☐☐	☐☐	1 2 3	1 2	☐☐☐	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8

ENUMERATOR
Name _____ Date _____

SUPERVISOR
Name _____ Date _____

CONFIDENTIAL: The Census is being conducted under the Census & Statistics Act, CAP127 of the laws of Zambia. The information will be strictly confidential and used for statistical purposes only.

SAMPLE

12345678(90)

HOUSEHOLD SUMMARY COUNT

Usual members present	Usual members absent	Visitors
Male	Male	Male
Female	Female	Female
Total	Total	Total

INSTITUTIONAL

Type of Collective Quarters

Hotel/Motel/Lodge	1	Police Cell	6	Other (specify below)	8
Hostel/Guest House/Inn	2	Refugee Camp	7		
Hospital	3				
Learning Institution	4				
Prison	5				

Summary Count

Male	
Female	
Total	

SAMPLE
12345678(90)

FOR ALL MEMBERS PRESENT

ONLY FOR PERSONS LESS THAN 18 YEARS OLD

ONLY FOR PERSONS AGED 5 YEARS AND OLDER

Person Number	P12 What is (NAME'S) ethnicity? *Write and record code for ethnicity*	P13 What is (NAME'S) predominant language of communication? *Write name of predominant language then code*	P14 Where was (NAME) residing in October 2009? *Record code for district or code for foreign country*	P15 How long has (NAME) been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? *YEARS MONTHS*	P16 Is (NAME) disabled in any way? → Go to P19 *Yes No*	P17 What is (NAME'S) disability? *Mark all those that apply* Blind, Partially sighted, Deaf and Dumb, Deaf, Hard of hearing, Dumb, Mental illness, Intellectual, Speech impairment, Physically disabled, Mentally retarded, Other	P18 What is the cause of (NAME'S) disability? *Mark all those that apply* Congenital/pre-natal, Disease/Illness, Injury/Accident, Spousal violence, Other violence, Unknown, Other	P19 Is (NAME) an albino? *Yes No*	P20 Is (NAME'S) biological mother alive? Go to P22 *Yes No Don't know*	P21 Does (NAME'S) biological mother live in this household? *Yes No*	P22 Is (NAME'S) biological father alive? Go to P24 *Yes No Don't know*	P23 Does (NAME'S) biological father live in this household? *Yes No*	P24 Does (NAME) have a birth certificate? *Yes seen, Yes not seen, No, Don't know*	P25 Can (NAME) read and write in any language? *Yes No*	P26 Has (NAME) ever attended school? Go to P29 *Yes No*	P27 Is (NAME) currently attending school? *Yes No*	P28 What highest level of education has (NAME) completed? *Enter code from manual*
1				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	
2				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	
3				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	
4				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	
5				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	
6				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	
7				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	
8				Same as Head of Household	1 2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7	1 2	1 2 8	1 2	1 2 8	1 2	1 2 3 8	1 2	1 2	1 2	

ONLY FOR PERSONS AGED 5 YEARS AND OLDER | ONLY FOR PERSONS AGED 12 YEARS OR OLDER

P29 What is the highest professional or vocational qualification (NAME) has completed?
— None, Certificate, Diploma, Bachelors Degree, Masters Degree, PhD (1 2 3 4 5 6)

P30 What is the field of study for the highest level completed? *Write field of study and enter code.*

P31 What did (NAME) do in the last 7 days?
— Worked - Paid non seasonal, Worked - Unpaid non seasonal, Worked - Paid seasonal, Worked - Unpaid seasonal, On leave, Unpaid work on household holding or business, Unemployed and seeking work, Not seeking work but available for work, Full time housewife/homemaker, Full time student, Not available for work for other reasons (1 2 3 4 5 6 7 8 9 10 11)

P32 What did (NAME) do in the last 12 months? (Go to P36)
— Worked - Paid non seasonal, Worked - Unpaid non seasonal, Worked - Paid seasonal, Worked - Unpaid seasonal, On leave, Unpaid work on household holding or business, Unemployed and seeking work, Not seeking work but available for work, Full time housewife/homemaker, Full time student, Not available for work for other reasons (1 2 3 4 5 6 7 8 9 10 11)

P33 What was (NAME'S) employment status in the last 12 months?
— An employer, An employee, Self employed, An unpaid family worker (1 2 3 4)

P34 What kind of work did (NAME) do in his/her main job or business during the last 12 months? *Write main occupation and enter code.*

Person Number	P29	P30	P31	P32	P33	P34
1	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐
2	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐
3	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐
4	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐
5	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐
6	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐
7	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐
8	1 2 3 4 5 6	☐☐	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4 5 6 7 8 9 10 11	1 2 3 4	☐☐☐

ONLY FOR PERSONS AGED 12 YEARS AND OLDER | FEMALES 12 YEARS AND OLDER | FEMALES 12 - 49 YEARS OLD | PERSONS 16 YEARS+

P35 What kind of business/service was mainly carried out by (NAME'S) employer/establishment/business in the last 12 months? *Write name of industry and enter code.*

P36 What is (NAME'S) marital status?
— Never married (Go to P38), Married, Divorced, Separated, Widowed, Cohabiting (1 2 3 4 5 6)

P37 How old was (NAME) when he/she first got married or started cohabiting? *Age at first marriage*

P38 Have you ever had a live birth (including babies who died after birth? — Yes / No (Go to P46) (1 2)

Of the children born to you alive how many are....?
P39 Living with you now? — Male / Female
P40 Living elsewhere? — Male / Female
P41 Dead? — Male / Female

P42 Did you have any live births in the last 12 months? — Yes / No (Go to P46) (1 2)

Of the children born to you alive in the last 12 months how many are....?
P43 Living with you now? — Male / Female
P44 Living elsewhere? — Male / Female
P45 Dead? — Male / Female

P46 Do you have a Zambian Green National Registration card? — Yes / No (1 2)
P47 Are you a registered voter? — Yes / No (1 2)

Person Number	P35	P36	P37	P38	P39 Male / Female	P40 Male / Female	P41 Male / Female	P42	P43 Male / Female	P44 Male / Female	P45 Male / Female	P46	P47
1	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2
2	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2
3	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2
4	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2
5	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2
6	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2
7	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2
8	☐☐☐	1 2 3 4 5 6	☐☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	☐ ☐	☐ ☐	☐ ☐	1 2	1 2

ENUMERATOR: GO TO THE NEXT PAGE TO CONTINUE WITH THE LIST OF THE HOUSEHOLD'S MEMBERS. IF THE PERSON IS THE LAST MEMBER OF THE HOUSEHOLD, PROCEED TO SECTION D

SECTION H – HOUSING CHARACTERISTICS

H1 Type of housing unit

Traditional	1
Improved traditional	2
Mixed	3
Conventional flat	4
Conventional house	5
Mobile	6
Part of commercial building	7
Improvised/Makeshift	8
Collective/Institutional quarters	9
Unintended	10
Other	96

H2 What is the main type of material used for the roof?

Thatch/Palm Leaf	1
Rustic Mat	2
Palm/Bamboo	3
Wood Planks	4
Cardboard	5
Metal/Iron Sheets	6
Wood	7
Asbestos	8
Ceramic Tiles/Harvey Tiles	9
Cement	10
Roofing Shingles	11
Mud Tiles	12
Other	96

H3 What are the walls of this housing unit mainly made of?

Burnt bricks	1
Mud bricks	2
Compressed mud	3
Compressed cement bricks	4
Concrete blocks/slab	5
Cement blocks	6
Stone	7
Iron sheets	8
Asbestos/hardboard/wood	9
Pole and dagga/mud	10
Grass	11
Other	96

H4 What is the floor of this housing unit mainly made of?

Concrete	1
Cement	2
Brick	3
Tiles	4
Mud	5
Wood (not wooden tiles)	6
Marble	7
Terrazzo	8
Other	96

H5 Type of Occupancy?

Single household	1 / 2 → H8
One household in several housing units	2
Shared	3
Vacant	4
Non-contact	5 → End
Non-residential	6

H6 (If shared) what is the number of households? ☐ ☐

H7 What is the main source of water supply for...

	Household use	Drinking
Piped water inside the housing unit	1	1
Piped water outside housing unit within stand/plot	2	2
Communal tap	3	3
Protected well	4	4
Protected borehole	5	5
Unprotected well	6	6
Unprotected borehole	7	7
River/Dam/Stream	8	8
Rain Water Tank	9	9
Other tap	10	10
Water Kiosk	11	11
Water Vendor	12	12
Mineral/bottled water	13	13
Other	96	96

H8 How many living rooms and bedrooms does this housing unit have? LIVING ☐ ☐ BEDROOMS ☐ ☐

H9 How many persons usually sleep in the housing unit(s)? ☐ ☐

H10 Does this housing unit have a kitchen? Yes 1 No 2

SECTION HH – HOUSEHOLD CHARACTERISTICS

HH1 What is the main source of energy used for...

	Lighting	Cooking	Heating
Electricity	1	1	1
Gas	2	2	2
Wood	3	3	3
Candle	4	4	4
Paraffin	5	5	5
Cowdung	6	6	6
Charcoal	7	7	7
Coal	8	8	8
Solar	9	9	9
Bio fuel	10	10	10
Diesel	11	11	11
None	12	12	12
Other	96	96	96

HH2 Does your household have?

	Yes	No
A Radio	1	2
A Television	1	2
Refrigerator/freezer	1	2
A Telephone	1	2
A Bicycle	1	2
A Motor vehicle	1	2
An Internet facility	1	2
A Computer/Laptop	1	2
A Motorcycle	1	2
A Plough	1	2
A Boat/Canoe	1	2
A Scotch Cart	1	2
A Donkey	1	2
A Mobile Phone	1	2
Oxen	1	2
A Wheelbarrow	1	2

HH3 How is the household refuse disposed?

Regularly collected	1
Irregularly collected	2
Burnt	3
Roadside dumping	4
Other dumping	5
Burying/pit	6
Other	7

HH4 What is the main type of toilet used by members of this household?

Flush Private connected to water sewer system	1
Flush Private connected to stand alone soak away	2
Flush Communal	3
Pit Latrine	4
Ventilated Improved Pit Latrine (VIP)	5
Bucket	6
Other	7
No toilet facility	8 → HH7

HH5 Is this toilet inside or outside this housing unit? Inside 1 Outside 2

HH6 Is this toilet exclusively used by members of this household? Yes 1 No 2

HH7 Is this housing unit owned by any member of this household? Yes 1 No 2 → HH9

HH8 How was this housing unit acquired?

Purchased	1
Mortgage	2
Freely	3
Inherited	4 → A1
Self built	5
Other	6

HH9 Is this housing unit provided free by the employer, friend or relative of any member of this household?

Yes, Employer	1 → HH11
Yes, By friend or relative	2 → A1
No	3

HH10 Is this housing unit rented from the employer of any member of this household? Yes 1 No 2 → HH12

HH11 Is this employer ...

The Central Government?	1
The Local Government?	2
Parastatal?	3
A private Organisation?	4
An individual?	5
All skip to A1	

HH12 Is this housing unit rented from ...

The Central Government?	1
The Local Government?	2
Parastatal?	3
A private Organisation?	4
An individual?	5

SECTION A – AGRICULTURE

A1 Has your household engaged directly in any of the following agricultural activities, that is: crop growing, livestock and poultry raising, fish farming and game ranching since 1st October 2009? Yes 1 No 2 → M1

A2 On your holding, which of the following crops did you grow since 1st October 2009?

	Yes	No		Yes	No
Maize	1	2	Virginia tobacco	1	2
Sorghum	1	2	Sunflower	1	2
Millet	1	2	Soya beans	1	2
Rice	1	2	Paprika	1	2
Cassava	1	2	Sugar cane	1	2
Sweet potatoes	1	2	Cashew Nuts	1	2
Irish potatoes	1	2	Vegetables	1	2
Groundnuts	1	2	Orchard	1	2
Mixed beans	1	2	Coffee	1	2
Cow peas	1	2	Velvet beans	1	2
Wheat	1	2	Bambara nuts	1	2
Cotton	1	2	Pineapple	1	2
Burley tobacco	1	2	Other crop	1	2

A3 On your holding, which of the following livestock/poultry have you raised since 1st October 2009?

	Yes	No
Cattle	1	2
Goats	1	2
Pigs	1	2
Sheep	1	2
Donkeys	1	2
Chickens	1	2
Other Poultry	1	2
Other Livestock	1	2

A4 Has your agriculture holding included fish farming since 1st October 2009? Yes 1 No 2

A5 Has your agriculture holding included game ranching since 1st October 2009? Yes 1 No 2

SECTION M: GENERAL AND MATERNAL DEATHS

Please record information on the deaths that occurred in the household during the last 12 months. Do not forget the children.

M1 Is there any member of the household who died since October 2009? Yes 1 No 2 → End

Death Number	M2 What was the sex of the deceased?	M3 What was the age of the deceased? Age in completed years. (Record 00 if less than 1 year)	M4 What was the cause of death? Accident / Injury / Suicide / Spousal Violence / Other Violence / Sickness/Disease / Witchcraft / Other	M5 Did the death occur while pregnant?	M6 Did the death occur during childbirth?	M7 Did the death occur during the 6 weeks period following the end of pregnancy, irrespective of the way the pregnancy ended?
1	Male 1 / Female 2	☐ ☐	1 2 3 4 5 6 7 8	Yes 1 → End / No 2	Yes 1 → End / No 2	Yes 1 / No 2
2	Male 1 / Female 2	☐ ☐	1 2 3 4 5 6 7 8	Yes 1 → End / No 2	Yes 1 → End / No 2	Yes 1 / No 2
3	Male 1 / Female 2	☐ ☐	1 2 3 4 5 6 7 8	Yes 1 → End / No 2	Yes 1 → End / No 2	Yes 1 / No 2
4	Male 1 / Female 2	☐ ☐	1 2 3 4 5 6 7 8	Yes 1 → End / No 2	Yes 1 → End / No 2	Yes 1 / No 2
5	Male 1 / Female 2	☐ ☐	1 2 3 4 5 6 7 8	Yes 1 → End / No 2	Yes 1 → End / No 2	Yes 1 / No 2
6	Male 1 / Female 2	☐ ☐	1 2 3 4 5 6 7 8	Yes 1 → End / No 2	Yes 1 → End / No 2	Yes 1 / No 2

If death of Woman aged 12-49