

REPUBLIC OF ZAMBIA

## 2010 CENSUS OF POPULATION AND HOUSING

**CENTRAL STATISTICAL OFFICE**

| IDENTIFICATION            |             |              |              |              |              |              |              |              |              |              |              |  |              |  |  |  |  |  |
|---------------------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|--------------|--|--|--|--|--|
| Province                  | <div></div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |              |  |              |  |  |  |  |  |
| District                  | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
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| Constituency              | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
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| Ward                      | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
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| Region                    |             | Rural        |              |              |              |              | <div>1</div> | Urban        |              |              |              |  | <div>2</div> |  |  |  |  |  |
| CSA No.                   | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
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| SEA No.                   | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
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| Census Building No. (CBN) | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
|                           | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
| Housing Unit No. (HUN)    | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
|                           | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
| Household No. (HHN)       | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
|                           | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
| Village/Locality Name     |             |              |              |              |              |              |              |              |              |              |              |  |              |  |  |  |  |  |
| Residential Address       |             |              |              |              |              |              |              |              |              |              |              |  |              |  |  |  |  |  |
| Chief's Area              | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |
|                           | <div></div> | <div>0</div> | <div>1</div> | <div>2</div> | <div>3</div> | <div>4</div> | <div>5</div> | <div>6</div> | <div>7</div> | <div>8</div> | <div>9</div> |  |              |  |  |  |  |  |

**INTERVIEW STATUS**

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

| HOUSEHOLD SUMMARY COUNT |                      |                      |        |                      |                      |
|-------------------------|----------------------|----------------------|--------|----------------------|----------------------|
| Usual members present   |                      | Usual members absent |        | Visitors             |                      |
| Male                    | <input type="text"/> | <input type="text"/> | Male   | <input type="text"/> | <input type="text"/> |
| Female                  | <input type="text"/> | <input type="text"/> | Female | <input type="text"/> | <input type="text"/> |
| Total                   | <input type="text"/> | <input type="text"/> | Total  | <input type="text"/> | <input type="text"/> |

| INSTITUTIONAL               |                       | Summary Count        |                      |
|-----------------------------|-----------------------|----------------------|----------------------|
| Type of Collective Quarters |                       | Male                 | Female               |
| Hotels/Motels/Lodges        | Police Cells          | <input type="text"/> | <input type="text"/> |
| Hostel/Guest House/Inn      | Refugee Camps         | <input type="text"/> | <input type="text"/> |
| Hospital                    | Not Applicable        | <input type="text"/> | <input type="text"/> |
| Learning Institution        | Other (specify below) | <input type="text"/> | <input type="text"/> |
| Prison                      | <div></div>           | <input type="text"/> | <input type="text"/> |
| Total                       |                       | <input type="text"/> | <input type="text"/> |

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

[illegible]

ENUMERATOR

Name \_\_\_\_\_ Date \_\_\_\_\_

**SUPERVISOR**  
Name \_\_\_\_\_ Date \_\_\_\_\_

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12345678(90)



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

| 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? | P13 What is (NAME'S) predominant language of communication? | P14 Where was (NAME) residing last October 2009? | P15 How long has (NAME) been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? |                           | P16 Is (NAME) disabled in any way? | P17 What is (NAME'S) disability?                                                                                                             | P18 What is the cause of (NAME'S) disability?                                                      | P19 Is (NAME) an albino? | P20 Is (NAME'S) biological mother alive? | P21 If alive (NAME'S) biological mother live in this house-hold? | P22 Is (NAME'S) biological father alive? | P23 If alive (NAME'S) biological father live in this house-hold? | P24 Does (NAME) have a birth certificate? | P25 Can (NAME) read and write in any language? | P26 Has (NAME) ever attended school? | P27 Is (NAME) currently attending school? |
| 1                       | Same as Head of Household       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | YEARS MONTHS              | Yes No <b>Go to P19</b>            | Blind Partially sighted Deaf and Dumb Deaf Dumb Mental illness Intellectual Speech impairment Physically handicapped Mentally retarded Other | Congenital/pre-natal Disease/Illness Injury/Accident Spousal violence Other violence Unknown Other | Yes No                   | Yes No Don't know                        | Yes No                                                           | Yes No Don't know                        | Yes No                                                           | Yes seen Yes not seen No Don't know       | Yes No                                         | Yes No <b>Go to P31</b>              | Yes No                                    |
| 2                       | Same as Head of Household       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | Same as Head of Household | 1 2                                | 1 2 3 4 5 6 7 8 9 10 11                                                                                                                      | 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       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | Same as Head of Household | 1 2                                | 1 2 3 4 5 6 7 8 9 10 11                                                                                                                      | 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       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | Same as Head of Household | 1 2                                | 1 2 3 4 5 6 7 8 9 10 11                                                                                                                      | 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       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | Same as Head of Household | 1 2                                | 1 2 3 4 5 6 7 8 9 10 11                                                                                                                      | 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       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | Same as Head of Household | 1 2                                | 1 2 3 4 5 6 7 8 9 10 11                                                                                                                      | 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       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | Same as Head of Household | 1 2                                | 1 2 3 4 5 6 7 8 9 10 11                                                                                                                      | 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       | Same as Head of Household                                   | Same as Head of Household                        | Same as Head of Household                                                                 | Same as Head of Household | 1 2                                | 1 2 3 4 5 6 7 8 9 10 11                                                                                                                      | 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 |                                                              |         |                                                                               |         |                                                                                                                                          |         |                                                                                                                                                    |         |                                                                           |         |                                                                                  |         |                                                                                                                                             |         |
|-----------------------------------------|---------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------|---------|-------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Person Number                           |         | P28 What is the highest level of education that (NAME) has completed? | P29 What is the highest professional or vocational qualification (NAME) has completed?<br>None<br>Certificate<br>Diploma<br>Bachelors Degree<br>Masters Degree<br>PhD |         |         |         |         |         | P30 What is (NAME'S) field of study?<br><br>Write field of study and enter code. |                                         | P31 What did (NAME) do in the last 7 days?<br><br>Enter code |         | P32 What was (NAME'S) employment status in the last 7 days?<br><br>Enter code |         | P33 What kind of work did (NAME) do in his/her main job or business during the last 7 days?<br><br>Write main occupation and enter code. |         | P34 What kind of business/service is mainly carried out by (NAME'S) employer/establishment/business?<br><br>Write name of industry and enter code. |         | P35 What was (NAME) mainly doing in the last 12 months?<br><br>Enter code |         | P36 What was (NAME'S) employment status in the last 12 months?<br><br>Enter code |         | P37 What kind of work did (NAME) do in his/her main job or business during the last 12 months?<br><br>Write main occupation and enter code. |         |
| [1]                                     | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |
| [2]                                     | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |
| [3]                                     | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |
| [4]                                     | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |
| [5]                                     | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |
| [6]                                     | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |
| [7]                                     | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |
| [00]                                    | [ ] [ ] | [ ] [ ]                                                               | [1][2][3][4][5][6]                                                                                                                                                    | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ]                                 | [ ] [ ]                                                      | [ ] [ ] | [ ] [ ]                                                                       | [ ] [ ] | [ ] [ ]                                                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ] | [ ] [ ]                                                                   | [ ] [ ] | [ ] [ ]                                                                          | [ ] [ ] | [ ] [ ]                                                                                                                                     | [ ] [ ] |

| ONLY FOR PERSONS AGED 12 YEARS AND OLDER |         |                                                                                                                                                    |                                                                                                                                 |         |         |         |         |                                                                                                          |         | FEMALES 12 YEARS AND OLDER                                                                                |         |                                                                                                     |         |           |         |                                                                                       |         |                                                                                                                                |         | FEMALES 12 - 49 YEARS OLD |         |                                                     |         |                                 |         |         |         |         |         | PERSONS 16 YEARS+ |         |
|------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|----------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------|---------|-----------|---------|---------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------|---------|-----------------------------------------------------|---------|---------------------------------|---------|---------|---------|---------|---------|-------------------|---------|
| Person Number                            |         | P38 What kind of business/service is mainly carried out by (NAME'S) employer/establishment/business?<br><br>Write name of industry and enter code. | P39 What is (NAME'S) marital status?<br>Never married<br>Go to P41<br>Married<br>Divorced<br>Separated<br>Widowed<br>Cohabiting |         |         |         |         | P40 How old was (NAME) when he/she first got married or started cohabiting?<br><br>Age at first marriage |         | P41 Have you ever had a live birth (including babies who died after birth)?<br><br>Yes<br>No<br>Go to P49 |         | Of the children born to you alive how many are....?<br>P42 Living with you<br>P43 Living elsewhere? |         | P44 Dead? |         | P45 Did you have any live births in the last 12 months?<br><br>Yes<br>No<br>Go to P49 |         | Of the children born to you alive in the last 12 months how many are....?<br>P46 Living with you now?<br>P47 Living elsewhere? |         | P48 Dead?                 |         | P49 Do you have a Green National Registration card? |         | P50 Are you a registered voter? |         |         |         |         |         |                   |         |
| [1]                                      | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |
| [2]                                      | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |
| [3]                                      | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |
| [4]                                      | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |
| [5]                                      | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |
| [6]                                      | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |
| [7]                                      | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |
| [00]                                     | [ ] [ ] | [ ] [ ]                                                                                                                                            | [ ] [ ]                                                                                                                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]                                                                                                  | [ ] [ ] | [ ] [ ]                                                                                                   | [ ] [ ] | [ ] [ ]                                                                                             | [ ] [ ] | [ ] [ ]   | [ ] [ ] | [ ] [ ]                                                                               | [ ] [ ] | [ ] [ ]                                                                                                                        | [ ] [ ] | [ ] [ ]                   | [ ] [ ] | [ ] [ ]                                             | [ ] [ ] | [ ] [ ]                         | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ] | [ ] [ ]           | [ ] [ ] |

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

## HOUSING CHARACTERISTICS

|                                                                                                                    |                                                                                                                                                                                                                                                         |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>H1 Type of housing unit</b>                                                                                     | Traditional<br>Mixed<br>Conventional flat<br>Conventional house<br>Mobile<br>Part of commercial building<br>Improvised/Makeshift<br>Collective/institutional quarters<br>Unintended<br>Other                                                            | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]<br>[ 7 ]<br>[ 8 ]<br>[ 9 ]<br>[ 96 ]           |
| <b>H4 What is the floor of this housing unit mainly made of?</b>                                                   | Concrete<br>Cement<br>Brick<br>Tiles<br>Mud<br>Wood (not wooden tiles)<br>Marble<br>Terrazzo<br>Other                                                                                                                                                   | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]<br>[ 7 ]<br>[ 8 ]<br>[ 96 ]                    |
| <b>H5 Type of Occupancy?</b>                                                                                       | Single household<br>One household in several housing units<br>Shared<br>Vacant<br>Non-contact<br>Non-residential                                                                                                                                        | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]<br>→ <b>End</b>                                |
| <b>H6 (If shared) what is the number of households?</b>                                                            |                                                                                                                                                                                                                                                         | [ ]                                                                                               |
| <b>H7 How many living rooms and bedrooms does this housing unit have?</b>                                          | <b>LIVING</b><br><b>BEDROOMS</b>                                                                                                                                                                                                                        | [ ] [ ]<br>[ ] [ ]                                                                                |
| <b>H8 How many persons usually sleep in the housing units?</b>                                                     |                                                                                                                                                                                                                                                         | [ ] [ ]                                                                                           |
| <b>H9 Does this housing unit have a kitchen?</b>                                                                   | Yes<br>No                                                                                                                                                                                                                                               | [ 1 ] [ 2 ]                                                                                       |
| <b>H10 What is the main source of water supply for... Household use Drinking</b>                                   | Piped water inside the housing unit<br>Piped water outside housing unit within stand/plot<br>Communal tap<br>Protected well<br>Protected borehole<br>Unprotected well<br>Unprotected borehole<br>River/Dam/Stream<br>Rain Water Tank<br>Other           | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]<br>[ 7 ]<br>[ 8 ]<br>[ 9 ]<br>[ 96 ]           |
| <b>HH1 What is the main source of energy used for...</b>                                                           | Light-<br>ing<br>Cook-<br>ing<br>Heat-<br>ing                                                                                                                                                                                                           | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]<br>[ 7 ]<br>[ 8 ]<br>[ 9 ]<br>[ 10 ]<br>[ 96 ] |
| <b>HH2 How is the household refuse disposed?</b>                                                                   | Regularly collected<br>Irregularly collected<br>Burnt<br>Roadside dumping<br>Burying/pit<br>Other                                                                                                                                                       | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]                                                |
| <b>HH3 Does your household have?</b>                                                                               | A Radio<br>A Television<br>A Refrigerator<br>A Telephone<br>A Bicycle<br>A Motor vehicle<br>An internet facility<br>A Computer/laptop<br>A Motorcycle<br>A Plough<br>A Boat/Canoe<br>A Scoth Car<br>A Donkey<br>A Mobile Phone<br>Oxen<br>A Wheelbarrow | Yes<br>No                                                                                         |
| <b>HH4 What is the main type of toilet used by members of this household?</b>                                      | Flush Private connected to water sewer system<br>Flush Private connected to stand alone soak away<br>Flush Communal<br>Pit Latrine<br>Ventilated Improved Pit Latrine (VIP)<br>Bucket<br>Other<br>No toilet facility                                    | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]<br>[ 7 ]<br>[ 8 ]<br>→ <b>HH7</b>              |
| <b>HH5 Is this toilet inside or outside this housing unit?</b>                                                     | Inside<br>Outside                                                                                                                                                                                                                                       | [ 1 ]<br>[ 2 ]                                                                                    |
| <b>HH6 Is this toilet exclusively used by members of this household?</b>                                           | Yes<br>No                                                                                                                                                                                                                                               | [ 1 ]<br>[ 2 ]                                                                                    |
| <b>HH7 Is this housing unit owned by any member of this household?</b>                                             | Yes<br>No                                                                                                                                                                                                                                               | [ 1 ]<br>[ 2 ] → <b>HH9</b>                                                                       |
| <b>HH8 How was this housing unit acquired?</b>                                                                     | Purchased<br>Mortgage<br>Freely<br>Inherited<br>Self built<br>Other                                                                                                                                                                                     | [ 1 ]<br>[ 2 ]<br>[ 3 ]<br>[ 4 ]<br>[ 5 ]<br>[ 6 ]<br>→ <b>A1</b>                                 |
| <b>HH9 Is this housing unit provided free by the employer, friend or relative of any member of this household?</b> | Yes, Employer<br>Yes, By friend or relative<br>No                                                                                                                                                                                                       | [ 1 ] → <b>HH11</b><br>[ 2 ] → <b>A1</b><br>[ 3 ]                                                 |
| <b>HH10 Is this housing unit rented from the employer of any member of this household?</b>                         | Yes<br>No                                                                                                                                                                                                                                               | [ 1 ] → <b>HH12</b><br>[ 2 ]                                                                      |

# 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                      | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
|                                                                                                                                                                                                      |                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>A2 On your holding, which of the following crops did you grow since 1st October 2009?</b>                                                                                                         |                          |                          |                                     |
| Yes                                                                                                                                                                                                  | No                       | Yes                      | No                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Maize                                                                                                                                                                                                | Cotton                   | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sorghum                                                                                                                                                                                              | Burley tobacco           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Millet                                                                                                                                                                                               | Virginia tobacco         | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Rice                                                                                                                                                                                                 | Sunflower                | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Cassava                                                                                                                                                                                              | Soya beans               | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sweet potatoes                                                                                                                                                                                       | Paprika                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Irish potatoes                                                                                                                                                                                       | Sugar cane               | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Groundnuts                                                                                                                                                                                           | Cashew Nuts              | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Mixed beans                                                                                                                                                                                          | Vegetables               | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Cow peas                                                                                                                                                                                             | Orchard                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Wheat                                                                                                                                                                                                |                          | <input type="checkbox"/> | <input type="checkbox"/>            |

  

| A3 On your holding, which of the following livestock/poultry have you raised since 1st October 2009? |                          | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                      |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Cattle                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Goats                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pigs                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sheep                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Donkeys                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chickens                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Poultry                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

  

| A4 Has your agriculture holding included fish farming since 1st October 2009?  |     | Yes                      | No                       |
|--------------------------------------------------------------------------------|-----|--------------------------|--------------------------|
|                                                                                |     | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 Has your agriculture holding included game ranching since 1st October 2009? | Yes | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                | No  | <input type="checkbox"/> | <input type="checkbox"/> |

## 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 <input type="checkbox"/> No <input type="checkbox"/> <b>→ End</b> |                                                                                                                               |                          |
|----------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| M2 Specify the sex of the deceased                                   | M3 Specify the age of the deceased                         | M4 What was the cause of death?                                                                                | If death of Woman aged 12-49              |                                                                       |                                                                                                                               |                          |
|                                                                      | Age in completed years.<br>(Record 00 if less than 1 year) | Accident<br>Injury<br>Suicide<br>Spousal Violence<br>Other Violence<br>Sickness/Disease<br>Witchcraft<br>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? |                          |
| Male <input type="checkbox"/>                                        | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | Yes <input type="checkbox"/> <b>→ End</b> | Yes <input type="checkbox"/> <b>→ End</b>                             | Yes <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> |
| Female <input type="checkbox"/>                                      | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | No <input type="checkbox"/>               | No <input type="checkbox"/>                                           | No <input type="checkbox"/>                                                                                                   | <input type="checkbox"/> |
| Male <input type="checkbox"/>                                        | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | Yes <input type="checkbox"/> <b>→ End</b> | Yes <input type="checkbox"/> <b>→ End</b>                             | Yes <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> |
| Female <input type="checkbox"/>                                      | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | No <input type="checkbox"/>               | No <input type="checkbox"/>                                           | No <input type="checkbox"/>                                                                                                   | <input type="checkbox"/> |
| Male <input type="checkbox"/>                                        | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | Yes <input type="checkbox"/> <b>→ End</b> | Yes <input type="checkbox"/> <b>→ End</b>                             | Yes <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> |
| Female <input type="checkbox"/>                                      | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | No <input type="checkbox"/>               | No <input type="checkbox"/>                                           | No <input type="checkbox"/>                                                                                                   | <input type="checkbox"/> |
| Male <input type="checkbox"/>                                        | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | Yes <input type="checkbox"/> <b>→ End</b> | Yes <input type="checkbox"/> <b>→ End</b>                             | Yes <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> |
| Female <input type="checkbox"/>                                      | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | No <input type="checkbox"/>               | No <input type="checkbox"/>                                           | No <input type="checkbox"/>                                                                                                   | <input type="checkbox"/> |
| Male <input type="checkbox"/>                                        | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | Yes <input type="checkbox"/> <b>→ End</b> | Yes <input type="checkbox"/> <b>→ End</b>                             | Yes <input type="checkbox"/>                                                                                                  | <input type="checkbox"/> |
| Female <input type="checkbox"/>                                      | <input type="text"/>                                       | <input type="checkbox"/>                                                                                       | No <input type="checkbox"/>               | No <input type="checkbox"/>                                           | No <input type="checkbox"/>                                                                                                   | <input type="checkbox"/> |