

Book serial
Number

Book _____ of _____



REPUBLIC OF NAMIBIA

CENTRAL BUREAU OF STATISTICS
National Planning Commission

Confidential
Statistical Act 66 of 1976

4/07/11



FORM A

2011 NAMIBIA POPULATION AND HOUSING CENSUS Household/Institution Questionnaire

Household types

100 Conventional household

Institutional

- 201 Boarding school/ Tertiary education hostels
- 202 Convents/ Seminaries hostels/ Monasteries
- 203 Military/ army barracks
- 204 Prison
- 205 Police colleges/ Mobile units
- 206 Employment hostels
- 207 Nurses homes/ hostels
- 208 Rehabilitation centres
- 209 Old age homes
- 210 Person in temporary waiting shelters Orphanage shelters
- 211 Safe Homes
- 212 Relocation camps (Internally displaced persons)
- 213 Maternity waiting shelters
- 214 Person in temporary waiting shelters
- 215 Refugee camps
- 216 Other, specify

Region:

Constituency:

EA Number:

Name of Institution.....

SAMPLE

	Name	Code
REGION:	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
CONSTITUENCY :	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
EA CODE:		<input style="width: 60px; height: 20px;" type="text"/>
HOUSEHOLD TYPE:		<input style="width: 60px; height: 20px;" type="text"/>

POPULATION SUMMARY

DWELLING UNIT NUMBER	HOUSEHOLD NUMBER	TOTAL POPULATION		
		TOTAL	FEMALE	MALE
TOTAL				

Field Staff	INTERVIEWER
Name & Number <input style="width: 40px; height: 20px;" type="text"/>
Date started	___ / ___ / ___
Date ended	___ / ___ / ___
Signature
	EDITOR/ CODER
Name & Number <input style="width: 40px; height: 20px;" type="text"/>
Date checked	___ / ___ / ___
Signature
	SUPERVISOR
Name & Number <input style="width: 40px; height: 20px;" type="text"/>
Date coded/edited	___ / ___ / ___
Signature



Republic of Namibia
Namibia 2011 Population and Housing Census
Form A: Household/Institution Questionnaire



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Name of main respondent / Head of institution

Locality(Town/Village/Settlement)

Form Number

A	REGION Code	CONSTITUENCY Code	U/R	EA CODE	DU NUMBER	Household type	HH NUMBER	QUESTIONNAIRE NUMBER	of									
B	FOR ALL PERSONS IN THE HOUSEHOLD/ INSTITUTION																	
Person Line Number	What are the names of all the persons who spent the night of 28 August 2011 in this household/ institution? <i>FOR HOUSEHOLD, START WITH THE HEAD OF THE HOUSEHOLD. List the names and surnames of all persons including those who were on night shift on the reference night.</i> <i>FOR INSTITUTION LIST ALL NAMES OF PERSONS IN THE INSTITUTION</i>	Relationship What is (NAME)'s relationship to the head of household? 01 Head 02 Spouse 03 Son/Daughter of head/ spouse 04 Son/Daughter in law of head/spouse 05 Grand child of head/spouse 06 Parent of head/spouse 07 Other relative of head/ spouse 08 Domestic worker non-relative 09 Other non-relative 99 Don't know	Sex Is (NAME) female or male? F=Female M=Male	Age How old was (NAME) at his/her last birthday? <i>If less than one year enter 00, if 95 years and above enter 95</i> <i>enter 99 for Don't know</i>	Line Number of Mother Did (NAME)'s biological mother spend the night of 28 August 2011 in this household? <i>If Yes, enter mother's line number from B1</i> <i>If No, enter 00</i>	Usual Member of Household Is (NAME) a usual member of this household? 1 Yes 2 No	Marital Status What is (NAME)'s marital status? 01 Never married 02 Married with certificate 03 Married traditionally 04 Consensual union 05 Divorced 06 Widowed 07 Separated 99 Don't know	Citizenship What is (NAME)'s citizenship? Enter codes from code list 1	Birth Certificate Does (NAME) hold a Namibian Birth Certificate? 1 Yes 2 No 9 Don't know	Birth Place Where was (NAME)'s mother usually living when (NAME) was born? <i>If in Namibia write region, constituency and locality or if outside Namibia write the country name in the space provided below.</i> <i>The Coder will enter the codes from codelist 2 in the boxes provided</i>	Usual Residence Where does (NAME) usually live? <i>If in Namibia write region, constituency and locality or if outside Namibia write the country name in the space provided below.</i> <i>The Coder will enter the codes from codelist 2 in the boxes provided</i>	Duration of Residence For how long has (NAME) been living at this place? Complete in full years, if less than one year enter 00	Previous Residence Where did (NAME) usually live since September 2010? <i>If in Namibia write Region, constituency and locality or if outside Namibia write the country name in the space provided below.</i> <i>The Coder will enter the codes from codelist 2 in the boxes provided</i>	Orphanhood Is (NAME)'s biological mother alive? 1 Yes 2 No 9 Don't know	Disability Does (NAME) have any type of long term disability or limitation? 00 No disability 01 Blindness 02 Visual impairment 03 Deafness 04 Hearing difficulties 05 Mute/ Dumb 06 Speech impairment 07 Physical impairment-upper limbs 08 Physical impairment-lower limbs 09 Mental disability 10 Autism 11 Autism 12 Other, specify 99 Don't know	ICT:For persons 3 years and above Because of the disability does (NAME) have any difficulties in engaging in any learning and/or economic activity? 1 Yes 2 No 9 Don't know	B19 Did (NAME) get service or use the following items within the last One month? 00 Radio 01 TV 02 Computer 03 Telephone (fixed) 04 Telephone (mobile) 05 Newspaper (daily) 06 Newspaper (weekly) 07 Internet (daily) 08 Internet (weekly) 09 Internet (monthly) 99 Don't know	
	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18

Note: B3, B6, B7, Section G and H are only applicable to Conventional households (100), ELSE DO NOT ASK THESE QUESTIONS

For "Other-specify" please write in the COMMENT BOX on the last page



Republic of Namibia
Namibia 2011 Population and Housing Census
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Form Number

Person Line Number	C ECD		D EDUCATION - For all persons 5 years and above				E LABOUR FORCE - For all persons 8 years and above					F FERTILITY - For females aged 12 to 64 years													
	For all persons aged 0-4 years		Can (NAME) read and write a message in any language with understanding?	Has (NAME) ever attended school?	What is (NAME)'s highest grade/standard or level of education completed?	During the last 7 days prior to Census Night, did (NAME) work for at least one hour for pay, profit, or family gain?					Ask only if coded 01 or 02 in E1, else go to F					How many live births have you had?	How many of your own children were with you on the night of 28 August 2011?	How many of your own children were elsewhere on the night of 28 August 2011?	How many of your own children are no longer alive?	How old were you when you had your first live birth?	These questions refer to the last live birth				
	Is (NAME) attending ECD?	1 Edu-care(Daycare, creche, kindergarten) 2 Pre-primary 3 No 9 Don't know	1 Never attended 2 Attending Pre-Primary 3 Attending adult education programme 4 Attending school 5 Left school 9 Don't know	1 Never completed? 2 Attending 3 Attending 4 Attending school 5 Left school 9 Don't know	Enter code from codelist 3	01 Yes, worked 02 Has a job (on leave/break) 03 Unemployed (actively looking for work) 04 Unemployed (not actively looking for work) 05 No jobs available 06 Student (full time) 07 Homemaker 08 Income recipient 09 Retired pensioner 10 Old age pensioner 11 Unable to work (ill) 12 Unable to work (severe disability) 13 Other, specify 99 Don't know					Occupation	Industry	Describe the type of work in the space provided.	Code for E2	Briefly describe the main goods produced and/or services offered in the space provided.						Code for E3	01 Subistence/ Communal farmer (with paid employees) 02 Subistence/Communal farmer (without paid employees) 03 Commercial farmer (with paid employees) 04 Other Employer (with paid employees) 05 Own account worker (without paid employees) 06 Employee (Commercial farms) 07 Employee (Commercial farms) 08 Employee (Government) 09 Employee (Parastatal) 10 Employee (Private) 11 Unpaid family worker (Subsistence/Communal) 12 Other unpaid family worker 13 Other, specify 99 Don't know	F1	F2	F3
B1	C1	D1	D2	D3	E1	E2	E2	E3	E3	E4	F1	F2	F3	F4	F5	F6	F7	F8	F9						
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 99					<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> M <input type="checkbox"/> Y	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M						

Note: B3, B6, B7, Section G and H are only applicable to Conventional households (100), ELSE DO NOT ASK THESE QUESTIONS
 For "Other-specify" please write in the COMMENT BOX on the last page



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Namibia 2011 Population and Housing Census
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Form Number

A REGION Code CONSTITUENCY Code U/R EA CODE DU NUMBER Household type HH NUMBER QUESTIONNAIRE NUMBER of 																	
G MORTALITY, Deaths in the household <i>The questions below refers to deaths in the last 12 months (September 2010 to August 2011)</i>							H HOUSING CHARACTERISTICS - To be completed for each household (If more than one questionnaire used complete this section on the last questionnaire)										
G1	G2	G3	G4	G5	G6	G7	H1	H2	H3	H4	H5 What is the MAIN material used for the...?			H7 What is the household's MAIN source of energy for...?			
How many deaths occurred in this household in the last 12 months? <i>(September 2010 - August 2011)</i> Enter number of deaths, if none, enter 00, and go to Section H	What is the Name of the deceased household member? <i>List all names and surnames of persons who died in this household</i>	Was the death registered? (Death Certificate) 1 Yes 2 No 9 Don't know	Was the person female or male? F= Female M= Male	How old was the person when he/she died? Age in complete years <i>If less than one year enter 00, if 85 years and above enter 99</i>	What was the cause of his/her death? 1 Illness 2 Accident 3 Murder 4 Suicide 5 Pregnancy related 6 Other, specify 9 Don't know	Maternal Deaths (FOR FEMALES 12 - 54 YEARS) Did she die... 1 While pregnant 2 During childbirth 3 Within 2 months after child birth 4 Other, specify 9 Don't know	What is the Type of housing unit 01 Detached House 02 Semi-Detached/Townhouse 03 Apartment/Flat 04 Guest flat 05 Part commercial/Industrial 06 Mobile home (Caravan, tent) 07 Single quarters 08 Traditional dwelling 09 Improvised housing unit (shack) 10 Other, specify	What is the Tenure status 01 Owner occupied with mortgage 02 Owner occupied without mortgage 03 Rented (government) 04 Rented (local authority) 05 Rented (parastatal) 06 Rented (private firm) 07 Rented (individual) 08 Occupied rent free 09 Other, specify	How many dwelling units does this household occupy? <i>(Rooms that are used for sleeping purposes excludes bathrooms, toilets, steps and verandas)</i>	How many sleeping rooms are available for this household? <i>(Rooms that are used for sleeping purposes excludes bathrooms, toilets, steps and verandas)</i>	H5 Outer walls 01 Cement blocks/Bricks/Stones 02 Burnt bricks/ Face bricks 03 Bricks 04 Corrugated iron /Zinc 05 Prefabricated materials 06 Wood poles/sticks or grass/reeds 07 Sticks with mud/clay and/or cow dung 09 Tin 09 Other, specify	H6 Roof 01 Corrugated iron sheet 02 Asbestos sheet 03 Bricks 04 Concrete 05 Thatch/grass 06 Slate 07 Wood covered with melthod 08 Sticks with mud and cow dung 09 Tin 10 Other, specify	H7 Floor 01 Sand/Earth 02 Cement 03 Mud/clay 04 Wood 05 Concrete 06 Tiles (ceramic/wood/ plastic) 07 Other, specify	H8 Cooking Lighting Heating 01 Electricity from mains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 02 Electricity from generator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Gas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Paraffin/ Kerosene <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Wood/ Charcoal from wood <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Charcoal-coal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Candles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Animal dung <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Solar energy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Other, specify <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
1.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05			<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 02 <input type="checkbox"/> 06 <input type="checkbox"/> 03 <input type="checkbox"/> 07 <input type="checkbox"/> 04				
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3.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05			<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 02 <input type="checkbox"/> 06 <input type="checkbox"/> 03 <input type="checkbox"/> 07 <input type="checkbox"/> 04				
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							H9 What is the household's MAIN source of water for cooking and drinking 01 Piped water inside <input type="checkbox"/> 01 02 Piped water outside <input type="checkbox"/> 02 03 Public Pipe <input type="checkbox"/> 03 04 Borehole/Borehole with tank covered <input type="checkbox"/> 04 05 Borehole with open tank <input type="checkbox"/> 05 06 River/Dam/Stream <input type="checkbox"/> 06 07 Canal <input type="checkbox"/> 07 08 Well Protected <input type="checkbox"/> 08 09 Well Unprotected <input type="checkbox"/> 09 10 Other, specify <input type="checkbox"/> 10	H10 What is the household's MAIN toilet facility? 01 Private flush connected to main sewer <input type="checkbox"/> 01 02 Shared flush connected to main sewer <input type="checkbox"/> 02 03 Private flush connected to septic/cesspool <input type="checkbox"/> 03 04 Shared flush connected to septic/cesspool <input type="checkbox"/> 04 05 Pit Latrine with Ventilation pipe <input type="checkbox"/> 05 06 Covered Pit Latrine without Ventilation pipe <input type="checkbox"/> 06 07 Uncovered Pit Latrine without Ventilation pipe <input type="checkbox"/> 07 08 Bucket toilet <input type="checkbox"/> 08 09 No toilet facility <input type="checkbox"/> 09 10 Other, specify <input type="checkbox"/> 10	H11 How does this household dispose of waste/ garbage? 1 Regularly collected <input type="checkbox"/> 1 2 Irregularly collected <input type="checkbox"/> 2 3 Burning <input type="checkbox"/> 3 4 Roadside Dumping <input type="checkbox"/> 4 5 Rubbish Pit <input type="checkbox"/> 5 6 Other, specify <input type="checkbox"/> 6	H12 Household assets <i>mark(X) for assets in the household</i> 01 Car <input type="checkbox"/> 01 10 Computer/Laptop <input type="checkbox"/> 10 02 Jet/ Plane <input type="checkbox"/> 02 11 Refrigerator/ Freezer <input type="checkbox"/> 11 03 Motorbike <input type="checkbox"/> 03 12 Stove <input type="checkbox"/> 12 04 Bicycle <input type="checkbox"/> 04 13 Microwave <input type="checkbox"/> 13 05 Radio <input type="checkbox"/> 05 14 Truck <input type="checkbox"/> 14 06 Television <input type="checkbox"/> 06 15 Boat <input type="checkbox"/> 15 07 Telephone (fixed) <input type="checkbox"/> 07 16 Pick-up truck <input type="checkbox"/> 16 08 Telephone (mobile) <input type="checkbox"/> 08 17 Bus <input type="checkbox"/> 17 09 Animal-drawn cart <input type="checkbox"/> 09 18 Home internet connectivity <input type="checkbox"/> 18	H13 What is the MAIN language spoken in this household? (see code list 6) <input type="checkbox"/> <input type="checkbox"/>						
							H15 Has this household engaged in its own account agricultural activity in the past 12 months? 1 Yes <input type="checkbox"/> 1 2 No <input type="checkbox"/> 2	H16 If Yes in H15, indicate the type of own account agricultural activity <i>Mark (X) for all applicable</i> 1 Livestock <input type="checkbox"/> 1 2 Crop <input type="checkbox"/> 2 3 Poultry <input type="checkbox"/> 3 4 Agro-processing <input type="checkbox"/> 4 5 Horticulture <input type="checkbox"/> 5 6 Other, specify <input type="checkbox"/> 6	H17 Under which agricultural farming sector are the household agricultural activities in H16 performed? 1 Communal/Subsistence sector 2 Commercial sector 3 Emerging sector 4 Small scale sector	H18 Emigrants How many members of this household have migrated to another country since 2001? <input type="checkbox"/> <input type="checkbox"/> <i>if none enter 00</i>	H14 What is the household's MAIN source of income? 01 Farming <input type="checkbox"/> 01 02 Business activities non-farming <input type="checkbox"/> 02 03 Wages and salaries <input type="checkbox"/> 03 04 Old-age pension <input type="checkbox"/> 04 05 Cash remittance <input type="checkbox"/> 05 06 Retirement fund <input type="checkbox"/> 06 07 Orphan's grant <input type="checkbox"/> 07 08 Disability grant <input type="checkbox"/> 08 09 Other, specify <input type="checkbox"/> 09						
											<i>If 00 end interview, else continue to Form C</i>						

Note: B3, B6, B7, Section G and H are only applicable to Conventional households (100), ELSE DO NOT ASK THESE QUESTIONS
 For "Other-specify" please write in the COMMENT BOX on the last page

