

REPUBLIC OF BENIN

MINISTRY OF GOVERNMENTAL COORDINATION, PLANNING AND
DEVELOPMENT

NATIONAL CENSUS COMMITTEE

NATIONAL INSTITUTE OF STATISTICS AND ECONOMIC ANALYSIS (INSAE)

DEPARTMENT OF DEMOGRAPHIC STUDIES

THIRD GENERAL POPULATION AND
HOUSING CENSUS, FEBRUARY 2002

Pursuant to Decree 99-459 of 22 September 1999 on organization of the Third General Population and Housing Census and composition of the National Census Committee, this census is compulsory for all persons within the national territory.

CONFIDENTIAL

HOUSEHOLD QUESTIONNAIRE
DOCUMENT RGPH 3 No. 1

The individual information contained in this questionnaire is confidential, and is covered by statistical secrecy. The results will be published in anonymous form pursuant to article 25 of Law 99-014 of 29 January 1999 on the creation, organization and operations of the National Statistics Council.

LOCATION

1. Department
2. Commune (municipality)
3. Arrondissement
4. ZD (Enumeration Zone) Number
5. Village or urban neighbourhood
6. Locality or Settlement
7. Building number
8. Household number
9. Type of household:
 1. Ordinary
 2. Collective
10. Name of head of the household or of the establishment.

SUMMARY TABLE

SEX	Present residents (A)	Absent residents (B)	Present + absent residents (C)	Visitors (D)	Total persons surveyed (C + D)
Male					
Female					
Total					

FARMING ACTIVITY

12. Is at least one member of your household farming for his/her own account?

1. YES

2. NO

If yes, specify where the farm is located.

DEPARTMENT

COMMUNE

ARRONDISSEMENT

VILLAGE/NEIGHBOURHOOD

CERTIFICATION OF CENSUS TAKER

Surname and given names

Date of visit to household

OBSERVATIONS AND SIGNATURE

CERTIFICATION OF TEAM LEADER

Surname and given names

Date of visit to household

OBSERVATIONS AND SIGNATURE

Household form number.

Number of forms used in this household.

CODED BY:

NAME

DATE

CHECKED BY:

NAME

DATE

DATA ENTERED BY:

NAME

DATE

[*Translator’s note:* the following 3 pages represent a continuous spreadsheet that has been cut into 3 separate sheets. Where the columns are split, I have “reassembled” them as well as I could.]

We would now like some information on you and on the persons who normally live in your household, or who are living with you at this time.

ALL PERSONS

(Column 1) SERIAL NUMBER

(Column 2)

SURNAME AND GIVEN NAMES. Record the members of the household in the following order:

- Head of household (CM).
- Unmarried children of the CM, whose mother is no longer in the household, from youngest to eldest.
- Wives of the CM, followed by their unmarried children.
- Unmarried children of the CM, followed by their wife (wives) and their living children.
- Other relatives of the CM, with their spouse (spouses) and children, if any.
- Domestic servants and their family members, if any.
- Visitors.

(Column 3)

FAMILY RELATIONSHIP

What is the family relationship of (name) to the CM?

1. CM: Head of Household
2. EP: Wife of CM
3. ENF: Child of CM
4. PAR: Father or mother of CM
5. BPAR: Parents-in-law of CM
6. PENF: Grandchildren of the CM
7. EPC: Adopted or foster children.
8. Other relatives.
0. No family relationship

No. de noyau [“Unit/core number”??]

(Column 4)

SEX

(Name). Is this person male or female?

- M
- F

(Column 5)

DATE OF BIRTH.

In what month and in what year was (name) born? Record the declared month and year of birth in the boxes.

(Column 6)

AGE . What is the age of (name)? Record the age, in whole years, 00 if less than one year, and 98 if 98 years or older.

(Column 7)

PLACE OF BIRTH. Record the Department/Commune for Benin, and the country for foreigners.

(Column 8)

ETHNIC GROUP OR NATIONALITY. To what ethnic group does (name) belong? Enter FON, MINA, DENDI etc. for Beninese, and country for foreigners.

(Column 9)

RELIGION

1. VOD: Voodoo
2. CAT: Catholic
3. PRM: Protestant Methodist
4. APR: Other Protestant
5. CEL: *Céleste* (“Heavenly Christian”)
6. ISL: Islam
7. ACH: Other Christian
8. ATR: Other traditional
9. ARE: Other religion
10. 0: None

(Column 10)

TYPE OF HANDICAP

1. Blind
2. Deaf
3. Mute
4. Visually impaired
4. Mentally handicapped
5. Lower limbs
6. Upper limbs
7. Other handicap
8. No handicap.

Record the codes for the three principal handicaps declared.

(Column 11)

RESIDENCE STATUS

1. RP: Present Resident
2. RA: Absent Resident
3. VIS: Visitor

RESIDENTS ONLY

(Column 12) TIME IN CURRENT RESIDENCE. Record in full years. If less than one year, enter 00. If since birth, enter 98.

(Column 13) PREVIOUS PLACE OF RESIDENCE. Enter Department/Commune for Benin and country for foreigners

(Columns 14/15) FATHER LIVING

MOTHER LIVING

1. PRM: Present in the household
2. PRC: Living in the commune
3. PRAB: Living elsewhere in Benin
4. PRE: Living outside Benin
5. DEC: Deceased
6. NSP: Don't know

RESIDENTS AGE 3 YEARS AND OLDER

(Column 16) PRESCHOOL AND SCHOOL ATTENDANCE

1. FA: Currently attending
2. AF: Attended formerly
3. JF: Never attended

(Column 17)

LAST GRADE ATTENDED. Current grade for those still in school, or last grade attended for those no longer in school.

RESIDENTS AGE 6 YEARS AND OLDER

(Column 18) LITERACY

1. AF: Can read, write and understand French only.
2. SLN: Can read in national language.
3. ALN: Can read, write and understand the national language only.
4. AFLN: Can read, write and understand French and the national language
5. AUT: Can read, write and understand another language only.
6. NLE: Can neither read nor write.

(Column 19) OCCUPATIONAL STATUS

0. OCSI: Employed in the informal sector
1. OCFE: Employed in the formal government sector
2. OCFP: Employed in the formal private sector
3. CT: Looking for work
4. CHO: Unemployed
5. MEN: Homemaker
6. ET: Pupil, student
7. RET: Retired
8. RENT: Independent income
9. AINA: Other inactive

(Column 20) CURRENT OCCUPATION.

What is the current or past occupation of (name)?

(Column 21) WORKING STATUS

0. Employer
1. Independent
2. Permanent employee
3. Temporary employee
4. Member of a cooperative
5. Family helper
6. Apprentice
9. Other

(Column 22) SECTOR OF ACTIVITY. Describe the type of activity of the establishment where (name) works or has worked.

RESIDENTS AGE 10 YEARS AND OLDER

(Column 23) MARITAL STATUS

0. Single.
1. M1: Monogamous marriage
2. M2: Polygamous marriage (2 wives)
3. M3: Polygamous marriage (3 wives)
4. M4: Polygamous marriage (4 wives or more)
5. D: Divorced
6. V: Widowed
7. S: Separated
8. UL: Cohabitation/common-law

FEMALE RESIDENTS AGE 10 YEARS AND OLDER

(Column 24) LIVE-BORN CHILDREN. How many live-born children have you had? Record the declared number, by sex, in the boxes below.

(Column 25) LIVING CHILDREN. How many living children do you have now? Record the declared number, by sex, in the boxes below.

(Column 27) CHILDREN BORN SINCE 1 Jan 2001
How many live births have you had since 1 Jan 2001? (Column 26)
How many are still living?

DEATHS SINCE 1 Jan 2001

(28) Has any person in your household died since 1 Jan 2001? 1. Yes 2. No (go to 40)

(Column 29) ORDER NUMBER

(Column 30) SURNAME AND GIVEN NAMES

(Column 31) SEX

Male, Female

(Column 32) DATE OF BIRTH

Month, Year

(Column 33) DATE OF DEATH

Month, Year

(Column 34) AGE AT DEATH

Number of

1. Days
2. Months
3. Years

(Column 35) PLACE OF BURIAL

1. Home
2. Cemetery
3. Other

(Column 36) MARITAL STATUS AT DEATH OF PERSONS AGED 10 YEARS AND OLDER [See codes for column23)

MATERNAL MORTALITY FOR WOMEN BETWEEN 10 AND 55 YEARS

(37) Did she die of pregnancy-related problems? 1. Yes 2. No

(38) Did she die in childbirth? 1. Yes 2. No

(39) Did she die within 42 days after childbirth? 1. Yes 2. No

CHARACTERISTICS OF THE DWELLING

TYPE OF CONSTRUCTION (40)

1. Detached house
2. Row house
3. Villa (self-contained unit)
4. Apartment building
5. Traditional hut
9. Other

CONCESSION (41)

1. Yes
2. No

TYPE OF USE (42)

1. Dwelling
2. Mixed

OCCUPANCY STATUS (43)

1. Owner-occupied, with property title
2. Owner-occupied, without property title
3. Family ownership
4. Housed free by the State
5. Housed free by a private party
6. Tenant
9. Other

TOTAL NUMBER OF ROOMS OCCUPIED (44)

Enter the total number of rooms occupied by the household within the dwelling

Write the number in the box.

ROOF (45)

(Main construction)

1. Sheet-metal
2. Tile
3. Earth
4. Straw
5. Slate/slab
6. Wood/board
7. Palm fronds/bamboo
9. Other

WALLS (46)

(Main construction)

1. Brick
2. Stone
3. Bamboo/palm
4. Earth
5. Semidurable
6. Wood/board
9. Other

FLOOR (47)

(Main construction)

1. Cement
2. Wood/board
3. Earth/sand
4. Tile
5. Bamboo, palm
9. Other

SOURCE OF LIGHTING (48)

1. Petroleum
2. SBEE Electricity
3. Solar energy
4. Community power generator
5. Private power generator
6. Gas
7. Other oil
9. Other

DRINKING WATER SUPPLY (49)

1. House connection to the SBEE water network
2. SBEE water from elsewhere
3. Public fountains/standpipe
4. Village pump or borehole with manual pump
5. Tank truck
6. Protected well/conduit
7. Unprotected well
8. River/pond/marsh
9. Other

TOILET FACILITIES (50)

1. Ventilated pit privy
2. Unventilated pit privy
3. Flush toilet
4. Sewer pipe
5. Suspended/elevated privy
6. Bucket latrine

7. No toilet/in nature
9. Other

WASTEWATER EVACUATION (51)

1. Closed gutter
2. Open gutter
3. Septic tank
4. Cesspool
5. Sewer
6. In the yard
7. In nature/outdoors
9. Other

GARBAGE DISPOSAL (52)

1. Public removal service
2. Private removal service/NGO
3. Burial
4. Incineration
5. In nature/outdoors
9. Other

MOST COMMONLY USED COOKING FUEL (53)

1. Petroleum
2. [Illegible – possibly “*bouse*”, cow dung]
3. SBEE electricity
4. Gas
5. Charcoal
9. Other