

12345678 (90)


**BATCH HEADER  
FORM NUMBER**

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


**ETHIOPIA CENTRAL STATISTICAL AGENCY**  
**2007 Population and Housing Census**
**LONG FORM**
**INSTRUCTIONS:**

Please mark boxes like this   
**DO NOT USE RED INK.**

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

**SECTION 2 - TYPE OF RESIDENCE AND HOUSING IDENTIFICATION**
**Type of Residence**

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

**Housing Serial No.**

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

**Household Serial No.**

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

**SECTION 3 - DETAILS OF PERSONS IN THE HOUSEHOLD**

1. Serial No. of Household Member	2. List of all persons in the household in chronological order of age  List all persons in the household in the following order:- Head Wife or husband Unmarried children living in the household in age order Married children and their family members who live in the household Other relatives Members who are not related Visitors	3. Residence status	4. What is the relationship of (NAME) to the head of the household?	5. What is (NAME's) sex?	6. What is (NAME's) age?  (Record in completed years - if less than one year code 00, if more or equal to 97 code 97)	7. What is (NAME's) religion?	8. What is (NAME's) mother tongue?	9. Does (NAME) speak additional language? If so, code the most frequently used additional language.	
									Male
1		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2	3 7	0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
2		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2		0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
3		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2		0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
4		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2		0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
5		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2		0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
6		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2		0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
7		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2		0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
8		1 2 3	1 2 3 4 5 6 7 8 9 10 11	1 2		0 1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

Serial Number of Household member	10. What is (NAME's) ethnic group?	DISABILITY STATUS												14. What is the number of years (NAME) has continuously lived in this place?	Only for codes 0-7 in Q14								AGE UNDER 18 ONLY	AGE 5 & ABOVE								
		11. Does (NAME) have any physical or mental difficulties? If No, go to Q14	12. If Yes, what type of difficulty/problem?	Blind	Seeing difficulty	Deaf	Hearing difficulty	Unable to speak	Speaking difficulty	Deaf & unable to speak	Non-function upper limbs	Non-function lower limbs	Standy/walks problem		Body move problem	Learning difficulties	Mental problem	Other	Car accident	Other accident	Polio	Hansen disease			Other (Postnatal)	Prenatal	Warmines	Not Known	15. Was (NAME's) previous address Urban or Rural?	16. To which zone does this area belong?	17. Is (NAME's) biological MOTHER alive?	18. Is (NAME's) biological FATHER alive?
1		<input type="checkbox"/> 0 <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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Yes <input type="checkbox"/> 1	<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"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> URBAN <input type="checkbox"/> 1	<input type="checkbox"/> RURAL <input type="checkbox"/> 2	<input type="checkbox"/> 0 <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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Yes <input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> 1	
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Serial Number of Household member	AGE 5 & ABOVE continued												AGE 10 & ABOVE												For those engaged in productive activity and those unemployed but with work experience (coded 1 and 2 in Q24)							
	20. Is (NAME) currently attending school? Please enter the grade	21. What is the highest grade (NAME) completed?	22. Has (NAME) engaged in productive activity for at least 4 hours during the last 7 days?	23. Is (NAME) available to work during the coming month? If Yes, code 1, if No, code reason	24. Was (NAME) engaged in productive activity during most of the last 12 months? If Yes, code 1; if not, code the main reason.	25. What was the main occupation?				26. What was the major product or service of the organisation?																						
If attended school in the past, code "97"; if (NAME) never attended school, code "98" and go to Q22.		Yes -Q24 Has job but not worked → Q24	No	Available Personal/Family affair Student/Training Homemaking Disabled Injury/Illness Too young Old age/Pensioner/Remittance Other	Engaged in productive activity Unemployed with work experience Unemployed without work experience Student/Training Homemaking Disabled Injury/Illness Too young Old age/Pensioner/Remittance Begging Other	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	0 <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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	0 <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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	0 <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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	0 <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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	0 <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"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
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Serial Number of Household member	AGE 10 & ABOVE continued												FOR WOMEN OF AGE 10 AND ABOVE												30. How many children have you borne who are now living ELSEWHERE?																																														
	Employee - Government	Employee - Private	Employee - Government organisation	Employee - NGO/ International org.	Employee - Domestic	Employee - others	Self employed	Unpaid family worker	Employer	Apprentice	Member of co-operative	Other	Never married	Married	Divorced	Separated	Cohabiting/ Living together	MALE						FEMALE						MALE						FEMALE																																			
1	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
2	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9										
3	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9										
4	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9										
5	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9																				
6	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9																				
7	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9																				
8	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9																				

Serial Number of Household member	FOR WOMEN OF AGE 10 AND ABOVE																														
	31. Did you have children who have died?  If yes, record how many died, if No, record "0"																														
	MALE						FEMALE																								
1	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
2	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
3	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
4	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
5	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
6	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
7	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
8	0	1	2	3	4	5	6	7	8	9		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

Serial Number of Household member	SECTION 4 - DEATHS IN THE HOUSEHOLD																							
	1. Did a death occur in the household since May 9, 2006?  If Yes, record number of deaths in the box on the right and further details below, if No, record "0"																							
	MALE						FEMALE																	
1	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9
2	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9
3	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9
4	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9
5	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9
6	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9
7	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9
8	Male	1	0	1	2	3	4	5	6	7	8	9	Female	2	0	1	2	3	4	5	6	7	8	9

ONLY FOR WOMEN AGE  
12-49

5. Did (NAME) die during pregnancy, childbirth or within 2 months after childbirth?

SECTION 5 - INFORMATION ON HOUSING UNIT							
1 Will housing unit information be collected?		7 What is the major material used for the construction of the WALL of the housing unit?		10 What is the major material used for the construction of the major part of the ROOF of the housing unit?		13 What type of KITCHEN does the housing unit have?	
Yes	1	Wood and mud	1	Corrugated iron sheet	1	No kitchen	1
No	2	Wood and thatch/Wood only	2	Concrete or cement	2	A room used for traditional kitchen inside the housing unit private	2
2 What is the type of housing unit?		Stone and mud	3	Thatch	3	A room used for traditional kitchen inside the housing unit shared	3
Conventional		Stone and cement	4	Wood and mud	4	A room used for traditional kitchen outside the housing unit private	4
Improvised		Plastered hollow blocks	5	Bamboo or reed	5	A room used for traditional kitchen outside the housing unit shared	5
Mobile		Unplastered hollow blocks	6	Plastic/Shera	6	A room used for modern kitchen inside the housing unit	6
Other - specify below		Bricks	7	Asbestos	7	A room used for modern kitchen outside the housing unit	7
		Corrugated iron	8	Other - specify below	8	Other - specify below	8
3 How many years ago was this housing unit built?		8		11 What is the major material used for the construction of the major part of the FLOOR of the housing unit?		14 What is the main source of DRINKING WATER for the members of this housing unit?	
Less than 5 years		1		Mud	1	Tap inside the house	1
5 - 9 years		2		Bamboo/Reed	2	Tap in compound, private	2
10 - 14 years		3		Wood planks	3	Tap in compound, shared	3
15 - 19 years		4		Parquet or polished wood	4	Tap outside compound/From private tap, public tap, other organisation/ (bought or free of charge)	4
20 years or more		5		Cement screed/Cement screed not applied	5	Protected well or spring	5
4 How many ROOMS are in the housing unit?		9		Plastic tiles	6	Unprotected well or spring	6
		9		Cement tile/Brick tile	7	River/Lake/Pond	7
5 What is the type of TENURE of the housing unit?		8		Ceramic/Marble tiles	8		
Owner occupied		1		Other - specify below	8		
Rent free		2		12 What type of FUEL is used for cooking in the housing unit?		15 How does the housing unit dispose of SOLID WASTE?	
Rented from Kebele		3		YES	NO	Collected by Municipality (Public Dump)	1
Rented from agency of rented houses		4		Electricity	1	Collected by private establishments/individuals	2
Rented from other organisation		5		Gas/cylinder	2	Dumped in street/Open space	3
Rented from private household		6		Kerosene	1	Dumped in river	4
Occupied difference in rent		7		Charcoal	2	Burned/Buried solid waste	5
6 Do domestic animals spend the night in the room(s) where members spend the night?		8		Firewood/Leaves/Sawdust	1	Other - specify below	8
Yes		1		Dung/manure	2		
No		2		Bio-gas	1		
				Other - specify below	1		



VALIDATION	
Enumerator Name	
Enumerator Signature	
Date	

SUPERVISOR VALIDATION		
Supervisor Name	Supervisor Signature	Date