



2020 Census of Population and Housing Questionnaire

IDENTIFICATION				
PROVINCE _____				
DISTRICT _____				
CONSTITUENCY _____				
WARD _____				
RURAL/URBAN (RURAL = 1. URBAN = 2)				
SEA				
CENSUS BUILDING NUMBER (CBN)				
HOUSING UNIT NUMBER (HUN)				
HOUSEHOLD NUMBER (HHN)				
What is the village or locality name? _____				
What is the residential address/village name? _____				
What is the name of the Chief/Chieftainess? _____				

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER NAME	_____	_____	_____	INTERVIEWER NUMBER _____
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS _____
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NON-CONTACT (OCCUPIED) 3 VACANT 4 NON RESIDENTIAL 5 REFUSED 6 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD _____

PERSONNEL	NAME	DATE COMPLETED	SIGNATURE
ENUMERATOR	_____	_____	_____
SUPERVISOR	_____	_____	_____

SECTION P1: SOCIO DEMOGRAPHIC CHARACTERISTICS

PID	USUAL RESIDENTS	SEX	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	MEMBERSHIP STATUS	FOR AGES 10 YEARS AND OLDER	FOR EVER MARRIED
							AGE AT FIRST MARRIAGE
	Please give me the names of the persons who: 1) usually live in your household and are present, 2) usually live in your household and are absent 3) or visitors who stayed here last night, starting with the head of household. (Be sure to include newly born babies)	Is (NAME) male or female? 1 = MALE 2 = FEMALE	What is the relationship of (NAME) to the head of the household? 01 = HEAD 02 = SPOUSE 03 = OWN SON/DAUGHTER 04 = STEP SON/DAUGHTER 05 = SON/DAUGHTER IN LAW 06 = BROTHER/SISTER 07 = BROTHER/SISTER IN LAW 08 = COUSIN 09 = NEPHEW/NIECE 10 = GRAND SON/DAUGHTER 11 = PARENT 12 = PARENT IN LAW 13 = AUNT/UNCLE 14 = GRAND PARENT 15 = OTHER RELATIVE 16 = NOT RELATED	How old was (NAME) at his/her last birth day? In completed Years, If less than a year enter '00'	Is (NAME) a usual member who spent the last night in the household or a usual member who spent the last night elsewhere or a visitor who spent the last night with the household? 1=Usual member present 2=Usual member Absent 3=Visitor	What is (NAME)'s marital status? 1 = NEVER MARRIED 2 = MONOGAMOUSLY MARRIED 3 = POLYGAMOUSLY MARRIED 4 = DIVORCED 5 = SEPARATED 6 = WIDOWED 7 = COHABITING	How old was (NAME) when he/she first got married or started cohabiting? Enter Age in Completed Years
	(P1)	(P2)	(P3)	(P4)	(P5)	(P6)	(P7)
01		M F 1 2	<input type="text"/> <input type="text"/>	IN YEARS <input type="text"/> <input type="text"/>	<input type="text"/>	NEVER MARRIED 1 ↓ GO TO P8 MONO MARRIED 2 POLY MARRIED 3 DIVORCE 4 SEPARATE 5 WIDOW 6 COHABIT 7	AGE <input type="text"/> <input type="text"/>
02		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>
03		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>
04		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>
05		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>
06		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>
07		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>
08		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>
09		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	1 ↓ GO TO P8 2 3 4 5 6 7	<input type="text"/> <input type="text"/>

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

PID	PLACE OF BIRTH				PLACE OF RESIDENCE				
	Was (NAME) born in Zambia? 1 = YES 2 = NO	In which District was (NAME) born? WRITE DISTRICT NAME AND RECORD CODE FOR DISTRICT.	Was this part of the district rural or urban at the time of birth? 1 = RURAL 2 = URBAN	In which country was (NAME) born? WRITE COUNTRY NAME AND RECORD CODE FOR COUNTRY.	Where was (NAME) residing in August, 2019? 1=SAME DISTRICT AS CURRENT LOCATION 2=DIFFERENT DISTRICT FROM CURRENT LOCATION 3=OUTSIDE ZAMBIA	In which District was (NAME) residing in August 2019? WRITE DISTRICT NAME AND RECORD CODE FOR DISTRICT.	Was this part of the district rural or urban? 1 = RURAL 2 = URBAN	In which Country was (NAME) residing in August 2019? WRITE COUNTRY NAME AND RECORD CODE FOR COUNTRY.	How long has (NAME) been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE).
	(P8)	(P9)	(P10)	(P11)	(P12)	(P13)	(P14)	(P15)	(P16)
01	YES 1 NO 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	RU 1 UR 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	SAME DIST 1 DIFF DIST 2 OUT ZAM 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	RU 1 UR 2 GO TO P17	<div> <div></div> <div></div> </div>	YEARS MONTHS <div> <div></div> <div></div> </div>
02	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
03	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
04	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
05	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
06	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
07	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
08	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
09	1 2 GO TO P11	<div> <div></div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P12	<div> <div></div> <div></div> <div></div> </div>	1 2 3 GO TO P17 GO TO P15	<div> <div></div> <div></div> <div></div> </div>	1 2 GO TO P17	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

PID	NATIONALITY		PURPOSE OF STAY	RELIGION	ETHNICITY	LANGUAGE OF COMMUNICATION
	What is (NAME)'s Nationality? 1. ZAMBIAN 2. NON-ZAMBIAN	What is the name of the country of which (NAME) is a citizen? WRITE COUNTRY NAME AND RECORD CODE FOR COUNTRY.	What is the main purpose of (NAME)'s stay in Zambia? 1= EMPLOYMENT 2 = FAMILY FORMATION / REUNIFICATION 3 = EDUCATION/TRAINING 4 = SETTLEMENT 5 = REFUGEE 6 = ASYLUM 7 = INVESTOR 8 = TOURIST 9 = OTHER (SPECIFY) _____	What is (NAME)'s religion? 1 = CHRISTIANITY 2 = ISLAM 3 = JUDAISM 4 = HINDUISM 5 = BUDDHISM 6 = BAHAI FAITH 7 = SIKHISM 8 = AFRICAN TRADITIONAL RELIGION 9 = CHINESE TRADITIONAL RELIGION 10 = NON-RELIGIOUS 11 = OTHER RELIGIOUS GROUPS	What is (NAME)'s ethnicity? WRITE ETHNICITY NAME AND RECORD CODE FOR ETHNICITY.	What is (NAME)'s predominant language of communication at home? WRITE LANGUAGE AND RECORD CODE FOR LANGUAGE. IF UNABLE TO SPEAK OR HEARING IMPAIRED AND MUTE, CODE '75' (NOT APPLICABLE). FOR BABIES NOT YET ABLE TO SPEAK ENTER CODE '74' FOR SIGN LANGUAGE ENTER CODE '73'
	(P17)	(P18)	(P19)	(P20)	(P21)	(P22)
01	Z N-Z 1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	1 2 ↓ GO TO P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

	ACTIVITY LIMITATIONS							SURVIVORSHIP OF BIOLOGICAL PARENTS		BIRTH REGISTRATION		NRC
PID	FOR AGES 5 +						ALBINISM			FOR AGES 0 - 47		AGES 16 +
	SEEING	HEARING	WALKING	COGNITION	SELF CARE	COMMUNICATION						
	Does (NAME) have difficulty seeing, even if wearing glasses? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO IT AT ALL	Does (NAME) have difficulty hearing, even if using a hearing aid? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO IT AT ALL	Does (NAME) have difficulty walking or climbing steps? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO IT AT ALL	Does (NAME) have any difficulty remembering or concentrating? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO IT AT ALL	Does (NAME) have difficulty with selfcare such as washing (bathing) all over or dressing? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO IT AT ALL	Using the usual (customary) language, does (NAME) have difficulty communicating, e.g. understanding or being understood? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO IT AT ALL	Is (NAME) an albino? 1 = YES 2 = NO	Is (NAME)'s biological mother alive? 1 = YES 2 = NO 8 = DON'T KNOW	Is (NAME)'s biological father alive? 1 = YES 2 = NO 8 = DON'T KNOW	(NAME) have a birth certificate? 1 = YES SEEN 2 = YES, BUT NOT SEEN 3 = NO 8 = DON'T KNOW IF 1 OR 2, SKIP TO P34	Has (NAME)'s birth been registered with the civil authority? 1 = YES 2 = NO 8 = DON'T KNOW	Do you have a Green Zambian National Registration Card? 1 = YES 2 = NO
	(P23)	(P24)	(P25)	(P26)	(P27)	(P28)	(P29)	(P30)	(P31)	(P32)	(P33)	(P34)
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N 1 2	Y N DK 1 2 8	Y N DK 1 2 8	<input type="checkbox"/>	Y N DK 1 2 8	Y N 1 2
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 8	1 2 8	<input type="checkbox"/>	1 2 8	1 2

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

	FOR AGES 5 YEARS AND OLDER		FOR AGES 2 YEARS AND OLDER				FOR AGES 25 YEARS AND OLDER	
PID	LITERACY		SCHOOL ATTENDANCE				FIELD OF STUDY	
	Can (NAME) read and write in any language? 1 = YES 2 = NO	Has (NAME) ever attended school? 1 = YES 2 = NO	Is (NAME) currently attending school? 1 = YES 2 = NO	What is the grade/level (NAME) is currently attending? ENTER THE GRADE/LEVEL	What is the highest grade/level (NAME) has completed? ENTER THE GRADE/LEVEL IF GRADE IS LESS THAN 12, SKIP TO P41	What is the field of study for the highest professional qualification (NAME) has completed? WRITE FIELD OF STUDY AND ENTER CODE FOR FIELD OF STUDY	What is the highest vocational qualification (NAME) has completed? WRITE FIELD OF STUDY AND ENTER CODE FOR FIELD OF STUDY	
	(P35)	(P36)	(P37)	(P38)	(P39)	(P40)	(P41)	
01	Y N 1 2	Y N 1 2 ↓ GO TO P41	Y N 1 2 ↓ GO TO P39	<div><div></div><div></div></div>	GRADE <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
02	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
03	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
04	1 2	1 2 ↓ GO TO P40	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
05	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
06	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
07	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
08	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
09	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	
10	1 2	1 2 ↓ GO TO P41	1 2 ↓ GO TO P39	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

		IF AGE 10 YEARS AND OLDER																			
PID	WORK IN LAST 7 DAYS	JOB SEARCH IN LAST 30 DAYS		AVAILABILITY FOR WORK	EMPLOYMENT STATUS							OCCUPATION	INDUSTRY								
	What did (NAME) mainly do in the last 7 days (even if for one hour)? 01 = Work for a wage/salary/other form of income 02 = Run a non-farm business 03 = Help in a household or family job or business 04 = Currently not working, but has a paid job 05 = Currently not working, but has business. 06 = Work as an apprentice/intern/trainee with pay. 07 = Work on a farm to produce goods for sale. 08 = Work on a farm to produce for own consumption/use 09 = Work as an apprentice/intern/trainee without pay 10 = Work as a Volunteer 11 = In School (Full Time) 12 = Homemaker 13 = None	In the last 30 days did (NAME) do any-thing to find a paid job or start own business? 1 = YES 2 = NO		If the job or business opportunity had been available could (NAME) have started last week or in the next 2 weeks? 1 = YES, LAST WEEK 2 = YES, NEXT 2 WEEKS 3 = NO	In the main job or business that (NAME) has, is he/she... 1 = Working for someone else for pay? 2 = Working as a paid apprentice? 3 = Working as an intern? 4 = Domestic paid worker? 5 = Employer? 6 = Own account worker? 7 = Contributing family worker?							What kind of work did (NAME) do in his/her main job or business? SELECT OCCUPATION	What kind of business/ service was mainly carried out by (NAME's) employer/establishment/ business? SELECT INDUSTRY								
(1)	(P42)	(P43)		(P44)	(P45)							(P46)	(P47)								
01	WK NON- HLP PAID BUSI- APP WRK FARM APPR WORK SCH HOM NONE FARM BUSI JOB NESS FARM OWN NO PAY VOLUNT 01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	Y N 1 2	YES YES NO LAST NEXT 1 2 3 GO TO P48	WORK APPR INT DOME EMPL OWN CONTR ING ENTIC ERN STIC OYER USE WRK F WRK 01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
02	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
03	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
04	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
05	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
06	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
07	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
08	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
09	01 02 03 04 05 06 07 08 09 10 11 12 13 GO TO P45	1 2	1 2 3 GO TO P48	01 02 03 04 05 06 07	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>												
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SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

	FOR FEMALES 10 YEARS AND OLDER								FOR FEMALES AGED 10 TO 50 YEARS				
PID	LIFETIME FERTILITY								CURRENT FERTILITY				
	Have you ever had a live birth (Including babies who died after birth)?	How old were you when you had your first live birth?	Of the children born to you alive, how many males/females are.....						What is the date of birth of your last child born alive?	What is the sex of your last child born alive? 1 = MALE 2 = FEMALE	Is the last child alive? 1 = YES 2 = NO		
			Living with you?		Living elsewhere?		Dead?						
(1)	(P48)	(P49)	(P50)		(P51)		(P52)		(P53)			(P54)	(P55)
	Y N 1 2 ↓ NEXT PERSON	AGE [][]	MALE [][]	FEMALE [][]	MALE [][]	FEMALE [][]	MALE [][]	FEMALE [][]	DD [][]	MM [][]	YYYY [][][][]	M F 1 2	Y N 1 2
01	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
02	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
03	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
04	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
05	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
06	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
07	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
08	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
09	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2
10	1 2 ↓ NEXT PERSON	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][][][]	1 2	1 2

SECTION H: HOUSING AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H01	TYPE OF HOUSING	TRADITIONAL 01 IMPROVED TRADITIONAL 02 MIXED 03 CONVENTIONAL FLAT 04 CONVENTIONAL HOUSE 05 MOBILE 06 PART OF COMMERCIAL BUILDING 07 IMPROVISED/MAKESHIFT 08 COLLECTIVE/INSTITUTIONAL QUARTERS 09 UNINTENDED 10 OTHER 96	
H02	What is the <u>main</u> type of material used for the roof?	THATCH/PALM LEAF 01 METAL/IRON SHEETS 02 ASBESTOS 03 RUSTIC MAT/PALM/B 04 WOOD/CARDBOARD 05 TILES (CERAMIC/HARVEY/CEMENT ROOFING SHINGLES/MUD/CLAY) 06 OTHER 96	
H03	What are the walls of this housing unit mainly made of?	BURNT BRICKS 01 MUD BRICKS 02 COMPRESSED CEMENT/ BRICKS/CONCRETE BLOCKS/ SLAB/STONE WITH LIME /CEMENT BLOCKS 03 ASBESTOS/HARDBOARD/ WOOD/IRON SHEETS 04 POLE AND DAGGA/MUD/GRASS 05 OTHER 96	
H04	What is the floor of this housing unit mainly made of?	MUD 01 CONCRETE/CEMENT 02 TILES(MARBLE/TERRAZZO/WOOD) 03 WOOD (NOT WOODEN TILES) 04 OTHER 96	
H05	Is this housing unit(s) occupied by one or more households?	SINGLE HOUSEHOLD 1 ONE HOUSEHOLD IN SEVERAL HOUSING UNITS 2 TWO OR MORE HOUSEHOLDS IN ONE HOUSING UNIT 3 VACANT 4 NON-RESIDENTIAL 5 NON-CONTACT 6	→ H07A → H07A → END → END → END
H06	How many households occupy this housing unit?	NO. OF HOUSEHOLDS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H07A	What is the main source of water supply for household use?	PIPED WATER INTO THE HOUSING UNIT 01 PIPED WATER OUTSIDE HOUSING UNIT WITHIN STAND/PLOT 02 PIPED TO NEIGHBOUR 03 COMMUNAL TAP 04 PROTECTED BOREHOLE 05 UNPROTECTED BOREHOLE 06 PROTECTED WELL 07 UNPROTECTED WELL 08 PROTECTED SPRING 09 UNPROTECTED SPRING 10 SURFACE WATER (RIVER/DAM/STREAM/LAKE/POND/CANAL) 11 RAINWATER 12 WATER KIOSK 13 WATER VENDOR 14 TANKER TRUCK 15 MINERAL/BOTTLED WATER 16 CART WITH SMALL TANK 17 OTHER TAP 18 OTHER 96	
H07B	What is the main source of water supply for drinking?	PIPED WATER INTO THE HOUSING UNIT 01 PIPED WATER OUTSIDE HOUSING UNIT WITHIN STAND/PLOT 02 PIPED TO NEIGHBOUR 03 COMMUNAL TAP 04 PROTECTED BOREHOLE 05 UNPROTECTED BOREHOLE 06 PROTECTED WELL 07 UNPROTECTED WELL 08 PROTECTED SPRING 09 UNPROTECTED SPRING 10 SURFACE WATER (RIVER/DAM/STREAM/LAKE/POND/CANAL) 11 RAINWATER 12 WATER KIOSK 13 WATER VENDOR 14 TANKER TRUCK 15 MINERAL/BOTTLED WATER 16 CART WITH SMALL TANK 17 OTHER TAP 18 OTHER 96	
H08	How many rooms, living rooms and bedrooms does this housing unit have, excluding passage ways, verandahs, lobbies, bathrooms and toilet rooms?	TOTAL ROOMS <input type="text"/> <input type="text"/> LIVING ROOMS <input type="text"/> <input type="text"/> BEDROOMS <input type="text"/> <input type="text"/>	
H09	How many persons usually sleep in the housing unit(s)?	NO. OF PERSONS <input type="text"/> <input type="text"/>	
H10	Does this housing unit have a kitchen?	YES 1 NO 2	
H11	What is the main source of energy for lighting for this household?	ELECTRICITY (GRID) 01 WOOD 02 CANDLE 03 PARAFFIN 04 COAL 05 SOLAR 06 BIO FUEL 07 DIESEL 08 PETROL 09 GRASS/STRAW/SHRUBS 10 CROP RESIDUES 11 OTHER 12 NONE 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
H12	What is the main source of energy for cooking?	ELECTRICITY (GRID) 01 GAS 02 WOOD 03 PARAFFIN 04 COW DUNG 05 CHARCOAL 06 COAL 07 SOLAR 08 BIO FUEL 09 DIESEL/PETROL 10 GRASS/STRAW/SHRUBS/AGRICULTURAL CROP 11 OTHER 12																																																																									
H13	What is the main source of energy for Heating?	ELECTRICITY (GRID) 01 GAS 02 WOOD 03 PARAFFIN 04 COW DUNG 05 CHARCOAL 06 COAL 07 SOLAR 08 BIO FUEL 09 DIESEL/PETROL 10 GRASS/STRAW/SHRUBS/AGRICULTURAL CROP 11 OTHER 12 NONE 96																																																																									
H14	Does your household have/own a :	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>BED?</td><td>1</td><td>2</td></tr> <tr><td>Table?</td><td>1</td><td>2</td></tr> <tr><td>Sofa?</td><td>1</td><td>2</td></tr> <tr><td>Radio?</td><td>1</td><td>2</td></tr> <tr><td>Television?</td><td>1</td><td>2</td></tr> <tr><td>Blanket</td><td>1</td><td>2</td></tr> <tr><td>Bicycle?</td><td>1</td><td>2</td></tr> <tr><td>Feature/ordinary mobile phone?</td><td>1</td><td>2</td></tr> <tr><td>Smartphone?</td><td>1</td><td>2</td></tr> <tr><td>Land Phone?</td><td>1</td><td>2</td></tr> <tr><td>Access to internet?</td><td>1</td><td>2</td></tr> <tr><td>Generator?</td><td>1</td><td>2</td></tr> <tr><td>Wheelbarrow?</td><td>1</td><td>2</td></tr> <tr><td>Motor Vehicle?</td><td>1</td><td>2</td></tr> <tr><td>Motorcycle?</td><td>1</td><td>2</td></tr> <tr><td>Scotch Cart?</td><td>1</td><td>2</td></tr> <tr><td>Motorised Boat?</td><td>1</td><td>2</td></tr> <tr><td>Non-motorised Boat?</td><td>1</td><td>2</td></tr> <tr><td>Fishing net</td><td>1</td><td>2</td></tr> <tr><td>Grain Grinder?</td><td>1</td><td>2</td></tr> <tr><td>Plough?</td><td>1</td><td>2</td></tr> <tr><td>Tractor?</td><td>1</td><td>2</td></tr> <tr><td>Hammer Mill?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BED?	1	2	Table?	1	2	Sofa?	1	2	Radio?	1	2	Television?	1	2	Blanket	1	2	Bicycle?	1	2	Feature/ordinary mobile phone?	1	2	Smartphone?	1	2	Land Phone?	1	2	Access to internet?	1	2	Generator?	1	2	Wheelbarrow?	1	2	Motor Vehicle?	1	2	Motorcycle?	1	2	Scotch Cart?	1	2	Motorised Boat?	1	2	Non-motorised Boat?	1	2	Fishing net	1	2	Grain Grinder?	1	2	Plough?	1	2	Tractor?	1	2	Hammer Mill?	1	2	
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Plough?	1	2																																																																									
Tractor?	1	2																																																																									
Hammer Mill?	1	2																																																																									
H15	How is the household refuse (garbage) disposed?	REGULAR COLLECTED 1 IRREGULAR COLLECTED 2 BURNT 3 ROADSIDE DUMPING 4 OTHER DUMPING 5 BURYING/PIT 6 OTHER 7																																																																									
H16	What is the main type of toilet used by members of this household?	FLUSH PRIVATE CONNECTED TO WATER SEWER SYSTEM 1 FLUSH PRIVATE CONNECTED TO STAND-ALONE SOAK AWAY 2 FLUSH COMMUNAL 3 PIT LATRINE 4 VENTILATED IMPROVED PIT 5 BUCKET 6 OTHER 7 NO TOILET 8	→ H19 → H18 → H18 → H19 → H19																																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H17	Is this toilet inside or outside the housing unit?	INSIDE 1 OUTSIDE 2	
H18	Is this toilet exclusively used by members of this household?	YES 1 NO 2	
H19	Is this housing unit owned by any member of this household?	YES 1 NO 2	→ H21
H20	How was this housing unit acquired?	PURCHASED 1 MORTGAGE 2 FREELY 3 INHERITED 4 SELF BUILT 5 OTHER 6	→ A1 → A1 → A1 → A1 → A1 → A1
H21	Is this housing unit provided free by the employer, friend or relative of any member of this household?	YES, BY EMPLOYER 1 YES, BY FRIEND/RELATIVE 2 NO 3	→ H23 → A1
H22	Is this housing unit rented from the employer of any member of this household?	YES 1 NO 2	→ H24
H23	Is this employer: The Central Government? Local Government? Parastatal? Private Organisation? An Individual?	CENTRAL GOVERNMENT 1 LOCAL GOVERNMENT 2 PARASTATAL 3 PRIVATE ORGANISATION 4 INDIVIDUAL 5	→ A1 → A1 → A1 → A1 → A1
H24	Is this housing unit rented from: The Central Government? Local Government? Parastatal? Private Organisation? An Individual?	CENTRAL GOVERNMENT 1 LOCAL GOVERNMENT 2 PARASTATAL 3 PRIVATE ORGANISATION 4 INDIVIDUAL 5	

SECTION A: AGRICULTURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
A1	Since 1st October 2019, did any member of this household grow any of the following?		YES NO	
	Maize	MAIZE	1 2	
	Sorghum	SORGHUM	1 2	
	Rice	RICE	1 2	
	Millet	MILLET	1 2	
	Sunflower	SUNFLOWER	1 2	
	Groundnuts	GROUNDNUTS	1 2	
	Soya Beans	SOYA BEANS	1 2	
	Seed Cotton	SEED COTTON	1 2	
	Irish Potatoes	IRISH POTATOES	1 2	
	Virginia Tobacco	VIRGINIA TOBACCO	1 2	
	Burley Tobacco	BURLEY TOBACCO	1 2	
	Mixed Beans	MIXED BEANS	1 2	
	Bambara Nuts	BAMBARA NUTS	1 2	
	Cowpeas	COWPEAS	1 2	
	Velvet Beans	VELVET BEANS	1 2	
	Coffee	COFFEE	1 2	
	Sweet Potato	SWEET POTATO	1 2	
	Cassava	CASSAVA	1 2	
	Kenaf	KENAF	1 2	
	Barley	BARLEY	1 2	
	Wheat	WHEAT	1 2	
	Hay Grass	HAY GR.	1 2	
	Cashew Nuts	CASHEW NUTS	1 2	
	Paprika	PAPRIKA	1 2	
	Pineapples	PINEAPPLES	1 2	
	Popcorn	POPCORN	1 2	
	Sugarcane	SUGARCANE	1 2	
	Vegetables	VEGETABLES	1 2	
	Fruits (orchard)	FRUITS	1 2	
	Other	OTHER	1 2	
A2	Since 1st October 2019, did any member of this household raise/practise any of the following?		YES NO	
	Cattle	CATTLE	1 2	
	Goats	GOATS	1 2	
	Sheep	SHEEP	1 2	
	Pigs	PIGS	1 2	
	Donkeys	DONKEYS	1 2	
	Horses	HORSES	1 2	
	Dogs	DOGS	1 2	
	Cats	CATS	1 2	
	Game ranching	GAME RANCHING	1 2	
	Bee Keeping	BEE KEEPING	1 2	
	Other	OTHER	1 2	
A3	Since 1st October 2019, did any member of this household raise any of the following?		YES NO	
	Village Chickens?	VILLAGE CHICKENS	1 2	
	Broiler Chickens?	BROILER CHICKENS	1 2	
	Layer Chickens?	LAYER CHICKENS	1 2	
	Other Exotic Chickens?	OTHER EXOTIC CHICKENS	1 2	
	Ducks?	DUCKS	1 2	
	Guinea Fowls?	GUINEA FOWLS	1 2	
	Geese?	GEESE	1 2	
	Turkeys?	TURKEYS	1 2	
	Quails?	QUAILS	1 2	
	Rabbits?	RABBITS	1 2	
	Pigeons?	PIGEONS	1 2	
	Other?	OTHER	1 2	
A4	Since 1st October 2019, did any member of this household grow fish using the following fish farming facilities?		YES NO	
	Ponds	PONDS	1 2	
	Cages	CAGES	1 2	
	Tanks	TANKS	1 2	
	Pens	PENS	1 2	
	Dams (private)	DAMS	1 2	
	Weirs	WEIRS	1 2	
	Raceways	RACEWAYS	1 2	

SECTION M: GENERAL AND MATERNAL DEATHS

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	
M0	Is there any member of the household who died (Including babies who died after birth) since August 2019?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → END	
PLEASE RECORD INFORMATION ON THE DEATHS THAT OCCURRED IN THE HOUSEHOLD DURING THE LAST 12 MONTHS. DO NOT FORGET CHILDREN.				
M1	Please tell me the full name of the person who died.	NAME _____	NAME _____	NAME _____
M2	Was (NAME) male or female?	MALE 1111 1 FEMALE 2 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
M3	How old was (NAME) at the time of death? IN COMPLETED YEARS. IF LESS THAN '1' YEAR ENTER '00'.	YEARS <input type="text"/>	YEARS <input type="text"/>	YEARS <input type="text"/>
M4	When did (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR
M5	Was (NAME)'s death due to an accident, violence, homicide or suicide?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
	CHECK M2: IS MALE OR FEMALE?	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> (END)	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> (END)	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> (END)
	CHECK M3: IS AGE 10-50 YERS?	AGE 10-50 <input type="checkbox"/> AGE LESS THAN 10 AND MORE THAN 50 <input type="checkbox"/> (END)	AGE 10-50 <input type="checkbox"/> AGE LESS THAN 10 AND MORE THAN 50 <input type="checkbox"/> (END)	AGE 10-50 <input type="checkbox"/> AGE LESS THAN 10 AND MORE THAN 50 <input type="checkbox"/> (END)
FOR FEMALES AGED 10 - 50 YEARS				
M6	Did (NAME) die while pregnant?	YES 1 NO 2 END	YES 1 NO 2 END	YES 1 NO 2 END
M7	Did (NAME) die during child birth?	YES 1 NO 2 END	YES 1 NO 2 END	YES 1 NO 2 END
M8	Did (NAME) die during the 6 weeks period following the end of pregnancy, irrespective of the way the pregnancy ended?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

