



### 2022 Census of Population and Housing Questionnaire

IDENTIFICATION																															
PROVINCE _____ DISTRICT _____ CONSTITUENCY _____ WARD _____ RURAL/URBAN (RURAL = 1. URBAN = 2) _____ EA _____ CENSUS BUILDING NUMBER (CBN) _____ HOUSING UNIT NUMBER (HUN) _____ HOUSEHOLD NUMBER (HHN) _____ TYPE OF HOUSEHOLD (USUAL HOUSEHOLD = 1. HOMELESS HOUSEHOLD = 2) _____	<table border="1" style="margin: auto;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table>																														
What is the village or locality name? _____ What is the residential address/village name? _____ What is the name of the Chief/Chieftainess? _____	<table border="1" style="margin: auto;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table>																														

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

**INTRODUCTION AND CONSENT**

Greetings,  
 My name is \_\_\_\_\_. I am working with the Zambia Statistics Agency as an enumerator. As you may know, the Government of the Republic of Zambia through the Zambia Statistics Agency is conducting a Census of Population and Housing which happens once in ten (10) years. I have come to collect information about your household that will help the Government plan for the provision of services to the public such as health, education and agriculture among others. The information will be kept strictly confidential and will not be shared with any unauthorized persons.  
 May I proceed to interview your household?"

**SECTION P: SOCIO DEMOGRAPHIC CHARACTERISTICS**

PID	USUAL RESIDENTS AND VISITORS	MEMBERSHIP STATUS	SEX	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	AGE	FOR AGES 10 YEARS AND OLDER	EVER MARRIED
							MARITAL STATUS	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 but are absent and are expected to be absent from 18th August to 7th September, 2022. 3) are visitors who plan to stay with the household beyond 7th September 2022 and have not been counted elsewhere.  Start with the head of the household and be sure to include newly born babies.	INDICATE THE MEMBERSHIP STATUS 1=Usual member present 2=Usual member Absent 3=Visitor	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 (WIFE/HUSBAND/ LIVING TOGETHER) 03 = OWN SON/DAUGHTER 04 = STEP SON/DAUGHTER 05 = FOSTER OR ADOPTED SON/ DAUGHTER 06 = SON/DAUGHTER IN LAW 07 = BROTHER/SISTER 08 = BROTHER/SISTER IN LAW 09 = COUSIN 10 = NEPHEW/NIECE 11 = GRAND SON/DAUGHTER 12 = PARENT 13 = PARENT IN LAW 14 = AUNT/UNCLE 15 = GRAND PARENT 16 = OTHER RELATIVE 17 = NOT RELATED	What is (NAME)'s date of birth?	How old was (NAME) at his/her last birth day?  ENTER AGE IN COMPLETED YEARS IF LESS THAN A YEAR '00'  IF P2=2 SKIP TO NEXT PERSON	What is (NAME)'s marital status?  1 = NEVER MARRIED 2 = MONOGAMOUSLY MARRIED 3 = POLYGAMOUSLY MARRIED 4 = DIVORCED 5 = SEPARATED 6 = WIDOWED 7 = COHABITING/LIVING TOGETHER	How old was (NAME) when he/she first got married/started cohabiting/living together?  ENTER AGE IN COMPLETED YEARS
	(P1)	(P2)	(P3)	(P4)	(P5B)	(P5)	(P6)	(P7)
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	DD MM YYYY	IN YEARS	NEVER MARRIED 1 MONO MARRIED 2 POLY MARRIED 3 DIVORCED 4 SEPARATED 5 WIDOWED 6 COHABITING 7	AGE
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ GO TO P8	<input type="text"/>

**SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)**

PID	PLACE OF BIRTH				PERIOD OF ARRIVAL	PLACE OF RESIDENCE					
	IF AGED 1 YEAR OR OLDER										
	Was (NAME) born in Zambia? 1 = YES 2 = NO	In which district was (NAME) born? SELECT THE DISTRICT WHERE THE MOTHER WAS RESIDING AT THE TIME OF BIRTH 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.	In which year did (NAME) arrive in Zambia?	Where was (NAME) residing in August, 2021? 1=SAME DISTRICT AS CURRENT LOCATION 2=DIFFERENT DISTRICT FROM CURRENT LOCATION 3=OUTSIDE ZAMBIA	In which District was (NAME) residing in August, 2021? 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, 2021? 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)	(P17)	
	YES 1 NO 2 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	RU 1 UR 2 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	SAME DIST 1 DIFF DIST 2 OUT ZAM 3 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	RU 1 UR 2 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	YEARS MONTHS [ ] [ ] [ ] [ ] [ ] [ ]	
01	YES 1 NO 2 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	RU 1 UR 2 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	SAME DIST 1 DIFF DIST 2 OUT ZAM 3 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	RU 1 UR 2 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	YEARS MONTHS [ ] [ ] [ ] [ ] [ ] [ ]	
02	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
03	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
04	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
05	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
06	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
07	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
08	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
09	1 ↓ GO TO P11	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P13	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	1 ↓ GO TO P17	[ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	

**SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)**

PID	NATIONALITY		PURPOSE OF STAY	RELIGION	CHRISTIAN DENOMINATION	ETHNICITY	LANGUAGE OF COMMUNICATION
	What is (NAME)'s citizenship? 1. ZAMBIAN 2. ZAMBIAN-DUAL NATIONALITY 3. NON-ZAMBIAN 4. UNKNOWN/ DON'T KNOW	What is the name of the country/ other country of which (NAME) is a citizen?  WRITE COUNTRY NAME AND RECORD CODE FOR COUNTRY.  IF P18=2, SKIP TO P21	What is the main purpose of (NAME)'s stay in Zambia? 1= EMPLOYMENT 2 = FAMILY REASON 3 = EDUCATION/TRAINING 4 = REFUGEE 5 = ASYLUM SEEKER 6 = BUSINESS 7 = TOURISM 8 = IN TRANSIT 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 = NON-RELIGIOUS 10 = OTHER RELIGIOUS GROUPS _____ (SPECIFY)  IF 2 TO 10 SKIP TO P23	What is (NAME)'s christian denomination? 1 = ANGLICAN 2 = APOSTOLIC FAITH MISSION 3 = BAPTIST 4 = BRETHERN IN CHRIST 5 = CATHOLIC 6 = CHRISTIAN MISSIONS IN MANY LANDS (CMML) 7 = CHURCH OF CHRIST 8 = EPISCOPAL 9 = EVANGELICAL CHURCH IN ZAMBIA 10 = JEHOVAH'S WITNESS (WATCHTOWER) 11 = LATTER-DAY SAINTS 12 = LUTHERAN 13 = METHODIST 14 = NEW APOSTOLIC 15 = ORTHODOX 16 = PENTECOSTAL 17 = PRESBYTERIAN 18 = REFORMED CHURCH IN ZAMBIA (RCZ/DUTCH) 19 = RESTORATION 20 = SALVATION ARMY 21 = SEVENTH-DAY ADVENTIST 22 = WESLEYAN 23 = UNITED CHURCH OF ZAMBIA 24 = NONE 88 = OTHER (SPECIFY)	What is (NAME)'s ethnicity?  WRITE ETHNICITY NAME AND RECORD CODE FOR ETHNICITY.  PERSONS WITHOUT ZAMBIAN ETHNICITY, INDICATE COUNTRY OF ORIGIN	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'
	(P18)	(P19)	(P20)	(P21)	(P22)	(P23)	(P24)
01	Z Z-DN N-Z DK 1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	1 2 3 4 ↓ ↓ ↓ ↓ P21 P20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

PID	ACTIVITY LIMITATIONS						ALBINISM	SURVIVORSHIP OF BIOLOGICAL PARENTS			BIRTH REGISTRATION		NRC	PASSPORT
	FOR AGES 5 AND OLDER							FOR AGES 0 - 49 YEARS			FOR AGES 16 YEARS AND ABOVE			
	SEEING	HEARING	WALKING	COGNITION	SELFCARE	COMMUNICATION		FOR PERSONS BORN IN ZAMBIA						
	Does (NAME) have difficulty seeing, even if wearing glasses? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT SEE 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 HEAR 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 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, (for example understanding or being understood by others)? 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO IT AT ALL	Is (NAME) a person with albinism? 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	Does (NAME) have a birth certificate? 1 = YES SEEN ZAMBIAN 2 = YES SEEN NON-ZAMBIAN 3 = YES ZAMBIAN, BUT NOT SEEN 4 = YES NON-ZAMBIAN, BUT NOT SEEN 5 = NO 8 = DON'T KNOW IF 1, 2, 3 OR 4, SKIP TO P36	Has (NAME)'s birth been registered with the Department of National Registration, Passports and Citizenship (DNRPC)? 1 = YES 2 = NO 8 = DON'T KNOW	Does (NAME) have a Zambian National Registration Card? 1 = YES GREEN CARD 2 = YES PINK CARD 3 = YES BLUE CARD 4 = NO CARD 8 = DON'T KNOW	Does (NAME) have a valid passport? 1 = YES SEEN ZAMBIAN 2 = YES SEEN NON-ZAMBIAN 3 = YES ZAMBIAN, BUT NOT SEEN 4 = YES NON-ZAMBIAN, BUT NOT SEEN 5 = NO 8 = DON'T KNOW	
	(P25)	(P26)	(P27)	(P28)	(P29)	(P30)	(P31)	(P32)	(P33)	(P34)	(P35)	(P36)	(P36B)	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

PID	FOR AGES 3 YEARS AND OLDER		FOR AGES 2 YEARS AND OLDER			FOR AGES 10 YEARS AND OLDER		
	LITERACY		GENERAL AND HIGHER EDUCATION			TECHNICAL AND VOCATIONAL TRAINING		FIELD OF STUDY
	Can (NAME) read and write in any language? 1 = YES 2 = NO	Has (NAME) ever attended school? 1 = YES 2 = NO  SELECT 'YES' IF ATTENDED NURSERY, PRIMARY, SECONDARY OR HIGHER EDUCATION  IF A PERSON HAS ATTENDED ONLY VOCATIONAL TRAINING, SELECT 'NO'.	Is (NAME) currently attending school? 1 = YES- GOVERNMENT SCHOOL 2 = YES- COMMUNITY SCHOOL 3 = YES- PRIVATE SCHOOL 4 = YES-MISSION OR FAITH-BASED SCHOOL (GRANT AIDED) 5= YES ATTENDING SCHOOL OUTSIDE THE COUNTRY 6 = NO <u>IF 5, SKIP TO P41.</u>	What is the grade (NAME) is currently attending? ENTER THE GRADE  SEE CODES BELOW	What is the highest grade (NAME) has completed? ENTER THE GRADE  SEE CODES BELOW  IF GRADE 14-19 SKIP TO P44	Has (NAME) ever attended technical or vocational training? 1 = YES 2 = NO	What is the highest grade of technical or vocational grade (NAME) has completed? ENTER THE GRADE  SEE CODES BELOW  IF CODE 6 or 7 SKIP TO P45	What is the field of study for the highest qualification (NAME) has completed?  WRITE FIELD OF STUDY AND ENTER CODE FOR FIELD OF STUDY
	(P37)	(P38)	(P39)	(P40)	(P41)	(P42)	(P43)	(P44)
01	Y N 1 2	Y N 1 2 ↓ P42	<input type="text"/>	<input type="text"/>	GRADE <input type="text"/>	Y N 1 2 ↓ P45	<input type="text"/>	<input type="text"/>
02	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
03	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
04	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
05	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
06	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
07	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
08	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
09	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>
10	1 2	1 2 ↓ P42	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 ↓ P45	<input type="text"/>	<input type="text"/>

CODES FOR P40 AND P41

Nursery	0
Grade 1 (Substandard A)	1
Grade 2 (Substandard B)	2
Grade 3 (Standard 1)	3
Grade 4 (Standard 2)	4
Grade 5 (Standard 3)	5
Grade 6 (Standard 4)	6
Grade 7 (Standard 5)	7
(Standard 6)	8
Grade 8 (Form 1)	9
Grade 9 (Form 2)	10

Grade 10 (Form 3)	11
Grade 11 (Form 4)	12
Grade 12 GCE(O)(Form 5)	13
GCE(A LEVEL) (Form 6)	13
certificate	14
Diploma	15
Bachelors Degree (BA/BSc)	16
Post graduate Diploma	17
Masters Degree (e.g. MA/MSc/ACCA/CIMA)	18
Doctoral Studies (e.g PhD, DBA, LLD)	19
Attending special education	99
None	77

CODES FOR P43

Skills Award	1
Trade Test	2
Craft Certificate	3
Advanced Certificate	4
Diploma	5
Attending	6
Before Completing	7

**SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)**

PID	INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)					
	FOR PERSONS AGED 5 YEARS AND OLDER					
	Does (NAME) own a functional.....			Did (NAME) use internet in the last 3 months?		
	Smartphone?			1 = YES		
	Non-smart phone?			2 = NO		
	Tablet?			8= DON'T KNOW		
	Laptop computer ?					
	I1			I2		
01	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
02	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
03	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
04	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
05	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
06	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
07	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
08	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
09	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			
10	SMARTPHONE	Y	N	Y	N	DK
		1	2	1	2	8
	NON-SMART PHONE	1	2			
	TABLET	1	2			
	LAPTOP	1	2			

SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)  
ECONOMIC ACTIVITY

PID	IF AGE 10 YEARS AND OLDER			AGE 10 YEARS AND OLDER		
	WORK ACTIVITIES IN THE LAST 7 DAYS			JOB SEARCH IN LAST 30 DAYS	AVAILABILITY FOR JOB	
	<p>In the Last 7 days from (DAY) to (DAY/YESTERDAY), did (NAME) do any of the following...?</p> <p>1 = Work for someone else for pay (as employee, labourer, apprentice, intern) 2 = Work in his/her own business activity (non-farm) 3 = Work in (his/her) own/family/household farming or fishing 4 = None of the above</p> <p>READ OUT RESPONSE CATEGORIES</p>	<p>Are the farming or animal products that (NAME) is working on intended...?</p> <p>1 = Only for sale 2 = Mainly for sale 3 = Mainly for family/household consumption 4 = Only for family/household consumption</p> <p>READ OUT RESPONSE CATEGORIES</p>	<p>What is the main farm product that (NAME) is working on?</p> <p>(WRITE MAIN GOODS - e.g. MAIZE, RICE, ORANGES, CABBAGES, CATTLE, SHEEP, GOATS, PIGS, CHICKENS, KAPENTA, BREEM FISH)</p>	<p>In the last 7 days did (NAME)...?</p> <p>1 = Do any (other) activity to generate an income, even for 1 hour (e.g. casual work, odd jobs, make things to sell, provide services for pay, ...) 2 = Have a paid job or business activity, but (were/was) temporarily absent 3 = Help without pay in a family business 4 = Did not do any income generating activity, not even for one hour.</p> <p>READ OUT RESPONSE CATEGORIES</p>	<p>In the last 30 days did (NAME) do anything to find a paid job or start own business?</p> <p>1 = YES 2 = NO</p>	<p>If the job or business opportunity had been available could (NAME) have started last week or in the next 2 weeks?</p> <p>1 = YES, LAST WEEK 2 = YES, NEXT 2 WEEKS 3 = NO # YES IN P49 AND P50 SWP TO P51</p>
(1)	(P45)	(P46)	(P47)	(P48)	(P49)	(P50)
01	<p>1 2 3 4 ↓ ↓ ↓ ↓ P52 P52 P48</p> <p>[ ]</p>	<p>1 2 3 4 ↓ ↓ ↓ ↓ P52 P52</p> <p>[ ]</p>		<p>1 2 3 4 ↓ ↓ ↓ ↓ P52 P52 P52</p> <p>[ ]</p>	<p>Y N 1 2</p>	<p>YES YES NO LAST NEXT 1 2 3</p>
02	<p>1 2 3 4 ↓ ↓ ↓ ↓ P52 P52 P48</p> <p>[ ]</p>	<p>1 2 3 4 ↓ ↓ ↓ ↓ P52 P52</p> <p>[ ]</p>		<p>1 2 3 4 ↓ ↓ ↓ ↓ P52 P52 P52</p> <p>[ ]</p>	<p>1 2</p>	<p>1 2 3</p> <p>[ ]</p>
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PID	INACTIVITY STATUS	EMPLOYMENT STATUS	OCCUPATION	INDUSTRY																																																					
	Which of the following best describes what (NAME) is mainly doing at present? 1 = Taking care of the home/family (e.g. cleaning, cooking, caring for family or household members) 2 = Studying 3 = Doing an unpaid apprenticeship, internship 4 = Farming or fishing to produce food for the family 5 = Doing unpaid voluntary, community, charity work 6 = Retired, pensioner 7 = Long term illness, injury 8 = Disability 9 = Waiting for the season to start 10 = Awaiting recall from a previous job 11 = Other (specify: _____) READ OUT RESPONSE CATEGORIES	In the main job or business that (NAME) has, is he/she... 1 = Working for pay? 2 = Working as a paid apprentice? 3 = Working as a paid intern? 4 = Employer? 5 = Own account worker? 6 = Unpaid family worker?  READ OUT RESPONSE CATEGORIES	What kind of work did (NAME) do in his/her main job or business?  WRITE OCCUPATION AND ENTER CODE	What kind of business/service was mainly carried out by (NAME's) employer/establishment/business?  WRITE INDUSTRY AND ENTER CODE																																																					
(1)	(P51)	(P52)	(P53)	(P54)																																																					
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P55	P55	P55	P55	P55	P55	P55	P55																																																		
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SECTION P: HOUSEHOLD SCHEDULE (POPULATION QUESTIONS)

		FERTILITY											
		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 this child alive? 1 = YES 2 = NO					
		Living with you?	Living elsewhere?	Dead?									
(1)	(P55)	(P56)	(P57)		(P58)		(P59)		(P60)			(P61)	(P62)
	Y N 1 2 ↓ NEXT PERSON	AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	DD	MM	YYYY	M F	Y N
01												1 2	1 2
02												1 2	1 2
03												1 2	1 2
04												1 2	1 2
05												1 2	1 2
06												1 2	1 2
07												1 2	1 2
08												1 2	1 2
09												1 2	1 2
10												1 2	1 2

## SECTION H: HOUSING AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H01	TYPE OF HOUSING	HUT ..... 01 STAND ALONE/DETACHED HOUSE ..... 02 SEMI-DETACHED HOUSE ..... 03 TERRACED HOUSE ..... 04 FLAT/APARTMENT ..... 05 MOBILE ..... 06 PART OF COMMERCIAL/ INSTITUTION BUILDING ..... 07 MAKESHIFT ..... 08 COLLECTIVE/INSTITUTIONAL QUARTERS ..... 09 INCOMPLETE RESIDENTIAL BUILDING ..... 10 INCOMPLETE NON-RESIDENTIAL BUILDING ..... 11 OTHER ..... 96 (SPECIFY)(SPECIFY)	
H02	What is the <b>main</b> type of material used for the roof?	GRASS THATCH/PALM LEAF ..... 01 RUSTIC MAT ..... 02 PALM/BAMBOO ..... 03 WOOD PLANKS ..... 04 CARDBOARD ..... 05 METAL/IRON SHEETS ..... 06 WOOD ..... 07 ASBESTOS ..... 08 CERAMIC TILES (e.g HARVEY TILES) ..... 09 CONCRETE ..... 10 ROOFING SHINGLES ..... 11 MUD/CLAY TILES ..... 12 NO ROOF ..... 13 OTHER ..... 96 (SPECIFY)	
H03	What are the walls of this housing unit mainly made of?	POLE AND DAGGA/MUD ..... 01 POLE AND GRASS ..... 02 BURNT MUD BRICK ..... 03 MUD BRICK ..... 04 COMPRESSED MUD BRICK ..... 05 COMPRESSED CEMENT BRICK ..... 06 CONCRETE BLOCK ..... 07 CEMENT BLOCK ..... 08 PAN BRICK ..... 09 PRE-CAST CONCRETE SLAB ..... 10 PREFABRICATED WALL PANELS ..... 11 STONE WITH LIME ..... 12 IRON SHEETS ..... 13 ASBESTOS ..... 14 HARDBOARD/WOOD ..... 15 OTHER ..... 96 (SPECIFY)	
H04	What is the floor of this housing unit mainly made of?	MUD ..... 01 CONCRETE ..... 02 CEMENT SCREED ..... 03 BRICK ..... 04 PVC TILES ..... 05 CERAMIC TILES ..... 06 WOOD (NOT WOODEN TILES) ..... 07 MARBLE ..... 08 TERRAZZO ..... 09 PARQUET ..... 10 OTHER ..... 96 (SPECIFY)	
H05	Is this housing unit occupied by one or more	SINGLE HOUSEHOLD ..... 1 TWO OR MORE HOUSEHOLDS IN ONE HOUSING UNIT ..... 2	→ H07A
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 for drinking for this household?	PIPED WATER INTO THE HOUSING UNIT 01 PIPED WATER OUTSIDE HOUSING UNIT WITHIN STAND/PLOT 02 PIPED TO NEIGHBOUR (NEIGHBOR'S PIPED WATER) 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 OTHER TAP 17 OTHER _____ 96 (SPECIFY)	
H07B	What is the main source of water supply for other purposes such as cooking and handwashing?	PIPED WATER INTO THE HOUSING UNIT 01 PIPED WATER OUTSIDE HOUSING UNIT WITHIN STAND/PLOT 02 PIPED TO NEIGHBOUR (NEIGHBOR'S PIPED WATER) 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 OTHER TAP 17 OTHER _____ 96 (SPECIFY)	
H08	How many rooms does this housing unit have excluding passage ways, verandas, lobbies, bathrooms and toilet rooms?	TOTAL ROOMS <input type="text"/>	
H08A	How many living rooms and bedrooms does this housing unit have?	LIVING ROOMS <input type="text"/> BEDROOMS <input type="text"/>	
H08B	How many rooms are used for sleeping in this household?	ROOMS FOR SLEEPING <input type="text"/>	
H09	How many persons usually sleep in the housing unit, including those that are not part of the household?	NO. OF PERSONS <input type="text"/>	
H10	Does this housing unit have a bathroom?	YES, WITH FIXED BATH OR SHOWER WITHIN HOUSING UNIT 01 YES, WITHOUT FIXED BATH OR SHOWER WITHIN HOUSING UNIT 02 YES, WITH FIXED BATH OR SHOWER OUTSIDE HOUSING UNIT 03 YES, WITHOUT FIXED BATH OR SHOWER OUTSIDE HOUSING UNIT 04 YES, TRADITIONAL/IMPROVISED BATH STRUCTURE 05 NO BATHROOM AVAILABLE 06	
H11	What is the main type of toilet used by members of this household?	FLUSH PRIVATE CONNECTED TO MAIN SEWER SYSTEM 1 FLUSH PRIVATE CONNECTED TO STAND-ALONE SOAK AWAY 2 FLUSH COMMUNAL 3 VENTILATED IMPROVED PIT LATRINE 4 DRY PIT 5 PIT LATRINE WITH SLAB 6 PIT LATRINE WITHOUT SLAB/OPEN PIT 7 BUCKET 8 OTHER _____ 9 (SPECIFY)(SPECIFY) NO TOILET 10	→ H14 → H13 → H13 → H13 → H13 → H14 → H14
H12	Is this toilet inside or outside the housing unit?	INSIDE 1 OUTSIDE 2	
H13	Is this toilet exclusively used by members of this household?	YES 1 NO 2	
H14	Does this housing unit have a kitchen?	YES 1 NO 2	
H15	What is the main source of energy for lighting for this household?	ELECTRICITY (MAIN GRID) 01 ELECTRICITY (HYDRO COMMUNITY SYSTEM) 02 ELECTRICITY (GENERATOR COMMUNITY SYSTEM) 03 ELECTRICITY (COMMUNITY SOLAR SYSTEM) 04 ELECTRICITY (SOLAR HOME SYSTEM) 05 ELECTRICITY (WINDMILL HOME SYSTEM) 06 ELECTRICITY (GENERATOR HOME SYSTEM) 07 FIREWOOD 08 CANDLE 09 SOLAR LANTERN 10 PARAFFIN 11 BIO FUEL 12 TORCH 13 DIESEL 14 GRASS/STRAW/SHRUBS 15 CROP RESIDUES 16 OTHER _____ 17 NONE 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																										
H16	What is the main source of energy for cooking for this household?	ELECTRICITY (MAIN GRID) ..... 01 ELECTRICITY (HYDRO COMMUNITY SYSTEM) ..... 02 ELECTRICITY (GENERATOR COMMUNITY SYSTEM) ..... 03 ELECTRICITY (COMMUNITY SOLAR SYSTEM) ..... 04 ELECTRICITY (SOLAR HOME SYSTEM) ..... 05 ELECTRICITY (WINDMILL HOME SYSTEM) ..... 06 ELECTRICITY (GENERATOR HOME SYSTEM) ..... 07 FIREWOOD ..... 08 PARAFFIN ..... 09 COW DUNG ..... 10 CHARCOAL ..... 11 COAL ..... 12 LIQUEFIED PETROLEUM GAS (LPG) ..... 13 ETHANOL ..... 14 WOOD PELLETS ..... 15 BRIQUETTES ..... 16 BIO GAS ..... 17 GEL FUEL ..... 18 BIO FUEL ..... 19 DIESEL ..... 20 GRASS/STRAW/SHRUBS/ CROP RESIDUES ..... 21 OTHER ..... 22 (SPECIFY) ..... 23 NONE ..... 96																																																																																											
H17	What is the main source of energy for Heating for this household?	ELECTRICITY (MAIN GRID) ..... 01 ELECTRICITY (HYDRO COMMUNITY SYSTEM) ..... 02 ELECTRICITY (GENERATOR COMMUNITY SYSTEM) ..... 03 ELECTRICITY (SOLAR COMMUNITY SYSTEM) ..... 04 ELECTRICITY (SOLAR HOME SYSTEM) ..... 05 ELECTRICITY (WINDMILL HOME SYSTEM) ..... 06 ELECTRICITY (GENERATOR HOME SYSTEM) ..... 07 FIREWOOD ..... 08 PARAFFIN ..... 09 COW DUNG ..... 10 CHARCOAL ..... 11 COAL ..... 12 LIQUEFIED PETROLEUM GAS (LPG) ..... 13 ETHANOL ..... 14 WOOD PELLETS ..... 15 BRIQUETTES ..... 16 BIO GAS ..... 17 GEL FUEL ..... 18 BIO FUEL ..... 20 CROP RESIDUES ..... 21 OTHER ..... 22 (SPECIFY) ..... 22 NONE ..... 96																																																																																											
H18	Does your household have/own any of the following?	<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>BLANKET</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>STOVE?</td><td>1</td><td>2</td></tr> <tr><td>FRIDGE?</td><td>1</td><td>2</td></tr> <tr><td>DECORDER?</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>NON-SMART TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>SMART TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>DESKTOP COMPUTER</td><td>1</td><td>2</td></tr> <tr><td>LANDLINE</td><td>1</td><td>2</td></tr> <tr><td>Access to internet at home</td><td>1</td><td>2</td></tr> <tr><td>Access to internet away from home</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>BICYCLE</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>HOE</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> <tr><td>AGRICULTURAL LAND</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BED	1	2	BLANKET	1	2	TABLE	1	2	SOFA	1	2	STOVE?	1	2	FRIDGE?	1	2	DECORDER?	1	2	RADIO	1	2	NON-SMART TELEVISION	1	2	SMART TELEVISION	1	2	DESKTOP COMPUTER	1	2	LANDLINE	1	2	Access to internet at home	1	2	Access to internet away from home	1	2	GENERATOR	1	2	WHEELBARROW	1	2	BICYCLE	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	HOE	1	2	PLOUGH	1	2	TRACTOR	1	2	HAMMER MILL	1	2	AGRICULTURAL LAND	1	2	
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H19	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																																																																																											
H20	Is this housing unit owned by any member of this household?	YES ..... 1 NO ..... 2	→ H22																																																																																										
H21	How was this housing unit acquired?	PURCHASED ..... 1 → E1 MORTGAGE ..... 2 → E1 FREELY ..... 3 → E1 INHERITED ..... 4 → E1 SELF BUILT ..... 5 → E1 OTHER ..... 6 → E1 (SPECIFY) ..... 6																																																																																											
H22	Is this housing unit provided free by the employer, friend or relative of any member of this household?	YES, BY EMPLOYER ..... 1 → H24 YES, BY FRIEND/RELATIVE ..... 2 → E1 NO ..... 3																																																																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H23	Is this housing unit rented from the employer of any member of this household?	YES ..... 1 NO ..... 2	→ H25
H24	Who is the employer that provides the housing unit? The Central Government? Local Government? Parastatal? Private Organisation? Private Household? Non-governmental Organisation? Religious Institution?	CENTRAL GOVERNMENT ..... 1 LOCAL GOVERNMENT ..... 2 PARASTATAL ..... 3 PRIVATE ORGANISATION ..... 4 PRIVATE HOUSEHOLD ..... 5 NON-GOVERNMENTAL ORGANISATION ..... 6 RELIGIOUS INSTITUTION ..... 7	→ E1 → E1 → E1 → E1 → E1 → E1 → E1
H25	From whom is this housing unit rented? The Central Government? Local Government? Parastatal? Private Organisation? An Individual? Non-governmental Organisation? Religious Institution?	CENTRAL GOVERNMENT ..... 1 LOCAL GOVERNMENT ..... 2 PARASTATAL ..... 3 PRIVATE ORGANISATION ..... 4 INDIVIDUAL ..... 5 NON-GOVERNMENTAL ORGANISATION ..... 6 RELIGIOUS INSTITUTION ..... 7	

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**SECTION E: EMIGRATION**

NO.			
E1	Is there any person who was a member of this household that left Zambia to live abroad since November, 2012 and is still living abroad?	YES NO DONT KNOW	<input type="checkbox"/> → A
E2	What is the full name of the person who was a member of this household and left Zambia?	NAME _____	NAME _____
E3	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2
E4	How old was (NAME) when he/she left Zambia?  IN COMPLETED YEARS. IF LESS THAN '1' YEAR ENTER '00'.	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>
E5	In which month and year did (NAME) leave Zambia?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH                      YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH                      YEAR
E6	What was (NAME)'s country of destination?	<input type="text"/> <input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> <input type="text"/> _____
E7	What was (NAME)'s main reason for leaving the country?	EMPLOYMENT.....1 EDUCATION/TRAINING.....2 FAMILY REASON.....3 BUSINESS.....4 OTHER (SPECIFY).....9 _____	EMPLOYMENT.....1 EDUCATION/TRAINING.....2 FAMILY REASON.....3 BUSINESS.....4 OTHER (SPECIFY).....9 _____

**SECTION A: AGRICULTURE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
A	Did any member of this household engage directly in any of the following agricultural activities since 1st October 2021: 1.. Crop growing (e.g. maize, groundnuts, soyabeans including Commercial trees, Commercial flowers, seed cotton, Burley, Tobacco, Virginia Tobacco, Fruit production)? 2.. Livestock raising (cattle, goats, pigs, including donkeys,horses, dogs and cats)? 3.. Poultry rearing? 4.. Fish farming? 5.. Capture Fisheries (fishing in natural water bodies) 6.. Game ranching 7.. Bee Keeping		YES    NO  CROP GROWING . . . . . 1    2 LIVESTOCK RAISING . . . . . 1    2 POULTRY REARING . . . . . 1    2 FISH FARMING . . . . . 1    2 CAPTURE FISHERIES . . . . . 1    2 GAME RANCHING . . . . . 1    2 BEE KEEPING . . . . . 1    2	



**SECTION M: MORTALITY**

NO.			
M1	Is there any member of the household who died (Including babies who died after birth) since August, 2021?	YES 1 NO 2	→ S1
M2	How many deaths have occurred since November, 2021?	[ ][ ]	
PLEASE RECORD INFORMATION ON THE DEATHS THAT OCCURRED IN THE HOUSEHOLD DURING THE LAST 12 MONTHS. DO NOT FORGET CHILDREN.			
M3	Please tell me the full name of the person who died.	NAME _____	NAME _____
M4	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2
M5	When was (NAME) born?	[ ][ ] [ ][ ] [ ][ ][ ][ ] DAY MONTH YEAR	[ ][ ] [ ][ ] [ ][ ][ ][ ] DAY MONTH YEAR
M6	When did (NAME) die?	[ ][ ] [ ][ ] [ ][ ][ ][ ] DAY MONTH YEAR	[ ][ ] [ ][ ] [ ][ ][ ][ ] DAY MONTH YEAR
M7	Was (NAME)'s death due to an external cause such as accident, violence, homicide or suicide?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
M8	Was a death certificate obtained for (NAME)?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
M9	Was (NAME)'s death registered with the Department of National Registration, Passports and Citizenship (DNRPC)?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
FEMALE AGED 10-50 YEARS			
M10	Did (NAME) die while pregnant?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
M11	Did (NAME) die during child birth?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
M12	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
SECTION E: ENDING INTERVIEW			
S1	Please give me a telephone contact number for this household	_____	
S2	CAPTURE GPS COORDINATES FOR HOUSEHOLD	LATITUDE LONGITUDE	[ ][ ] [ ][ ][ ][ ][ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ]