



REPUBLIC OF ZAMBIA

STRICTLY CONFIDENTIAL

QUESTIONNAIRE No.: OF

2022 Census of Population and Housing Institutional Population Questionnaire

IDENTIFICATION	
PROVINCE _____ DISTRICT _____ CONSTITUENCY _____ WARD _____ RURAL/URBAN (RURAL = 1. URBAN = 2) _____ EA _____ CENSUS BUILDING NUMBER (CBN) _____ TYPE OF INSTITUTION (SEE CODES BELOW) _____ NAME OF INSTITUTION _____ GPS COORDINATES: LATITUDE _____ LONGITUDE _____ TYPE OF POPULATION (INSTITUTIONALISED = 1. NON-INSTITUTIONALISED = 2) _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
VILLAGE/LOCALITY _____ PHYSICAL ADDRESS/VILLAGE NAME _____ CHIEF/CHIEFTAINNESS'S AREA _____	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

ENUMERATOR VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
ENUMERATOR NAME	_____	_____	_____	ENUMERATOR NUMBER <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESULT <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	TIME	_____	_____	TOTAL PERSONS IN THE INSTITUTION TOTAL <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MALE <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> FEMALE <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
*RESULT CODES: 1 COMPLETED 2 NON-CONTACT (OCCUPIED) 3 VACANT 4 REFUSED 5 OTHER (SPECIFY) _____				
CODES FOR TYPE OF INSTITUTIONAL LIVING QUARTER 1 BOARDING SCHOOLS 2 HOTELS, MOTELS, LODGES, GUEST HOUSES, INNS 3 BOARDING HOUSE 3 HOSPITALS 4 HOSPICES 5 CHILD CARE FACILITIES (ORPHANAGES) 6 POLICE CELLS 7 WORKERS CAMPS 8 PRISONS/CORRECTIONAL CENTRES 9 CONVENTS, NUNNERIES, BETHELS 10 REFUGEE CAMPS 11 MILITARY CAMPS 12 OTHER INSTITUTIONS (SPECIFY) _____				
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 institution 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 P1: SOCIO DEMOGRAPHIC CHARACTERISTICS

PID	RESIDENTS OF INSTITUTION	SEX	USUAL RESIDENCE	What is (NAME)'s date of birth?	How old was (NAME) at his/her last birth day?	PERIOD OF STAY	FOR AGES 10 YEARS AND OLDER							EVER MARRIED
														AGE AT FIRST MARRIAGE
	Please give me the names of the persons who usually live in this Institution.	Is (NAME) male or female? 1 = MALE 2 = FEMALE	Is (NAME) a usual resident of this institution?	What is (NAME)'s date of birth?	How old was (NAME) at his/her last birth day? IN COMPLETED YEARS. IF LESS A YEAR, ENTER '00 YEARS IF P2=2, SKIP TO NEXT PERSON	How long has (NAME) been staying in this place?	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 or started cohabiting/ living together? ENTER AGE IN COMPLETED YEARS
	(P1)	M F 1 2	YES NO 1 2	DD MM YYYY	IN YEARS	YEARS MONTHS	NEVER MARRIED MONO MARRIED POLY DIVORCED SEPARATED WIDOWED COHABITING 1 2 3 4 5 6 7							AGE
01			NEXT PERSON				1	2	3	4	5	6	7	
02			NEXT PERSON				1	2	3	4	5	6	7	
03			NEXT PERSON				1	2	3	4	5	6	7	
04			NEXT PERSON				1	2	3	4	5	6	7	
05			NEXT PERSON				1	2	3	4	5	6	7	
06			NEXT PERSON				1	2	3	4	5	6	7	
07			NEXT PERSON				1	2	3	4	5	6	7	
08			NEXT PERSON				1	2	3	4	5	6	7	
09			NEXT PERSON				1	2	3	4	5	6	7	

SECTION P: POPULATION QUESTIONS

PID			NATIONALITY			PURPOSE OF STAY	RELIGION	ETHNICITY	
	Was (NAME) born in Zambia? 1 = YES 2 = NO	In which country was (NAME) born? WRITE COUNTRY NAME AND RECORD CODE FOR COUNTRY.	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 (other) country of which (NAME) is a citizen? WRITE COUNTRY NAME AND RECORD CODE FOR COUNTRY. IF P8=2 SKIP TO P11	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 RELIGION GROUPS (SPECIFY) _____	What is (NAME)'s ethnicity? WRITE ETHNICITY NAME AND RECORD CODE FOR ETHNICITY. FOR PERSONS WITHOUT ZAMBIAN ETHNICITY INDICATE COUNTRY OF ORIGIN		
	P9	P10	(P11)			(P12)	(P13)	(P14)	(P15)
01	YES 1 ↓ P11 NO 2	<input type="text"/>	Z Z-DN 1 ↓ P14 2 N-Z 3 DK 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	YES 1 ↓ P11 NO 2	<input type="text"/>	1 ↓ P14 2 4 ↓ P13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION P: POPULATION QUESTIONS

PID	ACTIVITY LIMITATIONS						Albinism	FOR AGES 0 - 49 YEARS		NRC	
	FOR AGES 5 AND OLDER							FOR AGES 0 - 49 YEARS		FOR AGES 16 YEARS AND ABOVE	
	SEEING	HEARING	WALKING	COGNITION	SELFCARE	COMMUNICATION		FOR PERSON 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 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	Does (NAME) have a birth certificate? 1 = YES SEEN ZAMBIAN 2 = YES SEEN NON-ZAMBIAN 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 P24	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 valid passport? 1 = YES SEEN ZAMBIAN 2 = YES SEEN NON-ZAMBIAN, BUT NOT SEEN 3 = YES ZAMBIAN, BUT NOT SEEN 4 = YES NON-ZAMBIAN, BUT NOT SEEN 5 = NO 8 = DON'T KNOW	Does (NAME) have a valid passport? 1 = YES SEEN ZAMBIAN 2 = YES SEEN NON-ZAMBIAN, BUT NOT SEEN 3 = YES ZAMBIAN, BUT NOT SEEN 4 = YES NON-ZAMBIAN, BUT NOT SEEN 5 = NO 8 = DON'T KNOW
	(P16)	(P17)	(P18)	(P19)	(P20)	(P21)	(P22)	(P23)	(P24)	(P25)	(P26)
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y N 1 2	<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	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/>	1 2 8	<input type="checkbox"/>	<input type="checkbox"/>

SECTION P: POPULATION QUESTIONS

PID	FOR AGES 3 YEARS AND OLDER		FOR AGES 2 YEARS AND OLDER		FOR AGES 15 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		What is the highest grade (NAME) has completed? ENTER THE GRADE SEE CODES BELOW IF GRADE 14-19 SKIP TO P27		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 H1	What is the field of study for the highest qualification (NAME) has completed? WRITE FIELD OF STUDY AND ENTER CODE FOR FIELD OF STUDY
	(P27)		(P28)		(P29)	(P30)	(P31)	(P32)	
01	Y N 1 2	Y N 1 2 P30	GRADE [] []		Y N 1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
02	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
03	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
04	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
05	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
06	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
07	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
08	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
09	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		
10	1 2	1 2 P30	[] []		1 2 NEXT PERSON	<input type="checkbox"/>	[] [] [] []		

Illiteracy	0
Grade 1 (Standard A)	1
Grade 2 (Standard 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 8	8
Grade 9 (Form 1)	9
Grade 9 (Form 2)	10

CODES FOR P29

Grade 10 (Form 3)	11
Grade 11 (Form 4)	12
Grade 12 (SCEB/Form 5)	13
Certificate (Form 6)	14
Certificate or advanced certificate	15
Diploma or Advanced Diploma	16
Bachelor's Degree (B.A/B.Sc)	17
Postgraduate Diploma	18
Master's Degree (e.g. M.A/M.Sc/Ph.D/C.A.C. B.A)	19
Doctoral Degree (e.g. Ph.D. D.Litt. LL.D)	20
Attending special education	21
Name	22

At the Award	1
Trade Test	2
Craft Certificate	3
Advanced Certificate	4
Diploma	5
Name Currently Attending	6
Name - Degree Below	7
Completion Grade	8

SECTION H: HOUSING AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
H1	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)																					
H2	What is the <u>main</u> 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 HARVE 09 CONCRETE 10 ROOFING SHINGLES 11 MUD/CLAY T 12 OTHER 96 (SPECIFY)																					
H3	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)																					
H4	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)																					
H5	What is the type of occupancy for this housing unit?	HOSTEL 1 WARD 2 DORMITORY 3 STUDENT OCCUPIED HOUSE 4 OTHER 96 (SPECIFY)																					
SECTION E																							
E1	Please give me a contact number for this institution	_____																					
E2	CAPTURE GPS COORDINATES FOR INSTITUTION	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					