

2000 CENSUS OF POPULATION AND HOUSING



Republic of Zambia

Central Statistical Office,
P.O. Box 31908, Lusaka

INSTRUCTIONS
 Example:

2	1	0
0	0	0
1	1	1
2	2	2

 Shade like this →
 USE HB PENCIL.

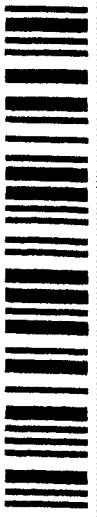
Form A - General Characteristics

STRICTLY CONFIDENTIAL

QUESTIONNAIRE IDENTIFICATION									
Province Name					District Name				
Province	District	Constituency	Ward	Region	CSA No.	SEA No.	Census Building Number (CBN)	Housing Unit No. (HUN)	Household No. (HHN)
				Rural					
				Urban					
1	0	0	0		0	0	0	0	0
2	1	1	1		1	1	1	1	1
3	2	2	2		2	2	2	2	2
4	3	3	3		3	3	3	3	3
5	4	4	4		4	4	4	4	4
6	5	5	5		5	5	5	5	5
7	6	6	6		6	6	6	6	6
8	7	7	7		7	7	7	7	7
9	8	8	8		8	8	8	8	8
	9	9	9		9	9	9	9	9

SUMMARY COUNT		
Male	Female	TOTAL
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

11 953 967(66)



AREA IDENTIFICATION																							
Village/Locality Name																							
Residential Address/Village Name																							
<table border="1"> <thead> <tr> <th colspan="2">Chief's Area</th> </tr> </thead> <tbody> <tr> <td>0</td><td>0</td> </tr> <tr> <td>1</td><td>1</td> </tr> <tr> <td>2</td><td>2</td> </tr> <tr> <td>3</td><td>3</td> </tr> <tr> <td>4</td><td>4</td> </tr> <tr> <td>5</td><td>5</td> </tr> <tr> <td>6</td><td>6</td> </tr> <tr> <td>7</td><td>7</td> </tr> <tr> <td>8</td><td>8</td> </tr> <tr> <td>9</td><td>9</td> </tr> </tbody> </table>		Chief's Area		0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
Chief's Area																							
0	0																						
1	1																						
2	2																						
3	3																						
4	4																						
5	5																						
6	6																						
7	7																						
8	8																						
9	9																						

RESIDENTIAL STATUS	
<input type="checkbox"/> Institutional/Collective Quarter	
<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Hostel/Guest House <input type="checkbox"/> Hospital <input type="checkbox"/> Learning Institution <input type="checkbox"/> Prison/Police Cells <input type="checkbox"/> Other <input type="checkbox"/> N/A	

ASSIGNMENT RECORD	
Enumerator Name	Date Completed
Supervisor Name	Date Checked

INTERVIEW STATUS	
Interview completed (Occupied)	<input type="checkbox"/>
Non-contact (Occupied)	<input type="checkbox"/> Go to H1
Not interviewed (Vacant)	<input type="checkbox"/> Go to H1
Non-residential	<input type="checkbox"/> Go to H1

HOUSEHOLD LISTING						
Serial No.	Full Name	Sex	Age	Membership Status (1/2/3)	Household Head Form B.I.D.	
1		M F	<16 <18 18+	1 2 3		
2		M F	<16 <18 18+	1 2 3	0	0
3		M F	<16 <18 18+	1 2 3	1	1
4		M F	<16 <18 18+	1 2 3	2	2
5		M F	<16 <18 18+	1 2 3	3	3
6		M F	<16 <18 18+	1 2 3	4	4
7		M F	<16 <18 18+	1 2 3	5	5
8		M F	<16 <18 18+	1 2 3	6	6
9		M F	<16 <18 18+	1 2 3	7	7
10		M F	<16 <18 18+	1 2 3	8	8
11		M F	<16 <18 18+	1 2 3	9	9
12		M F	<16 <18 18+	1 2 3	0	0
13		M F	<16 <18 18+	1 2 3	1	1
14		M F	<16 <18 18+	1 2 3	2	2
15		M F	<16 <18 18+	1 2 3	3	3

Supplementary for Continuation Sheets - Mark Sheet Number
 Sheet 2 (Persons 16-30) 2
 Sheet 3 (Persons 31-45) 3
 Sheet 4 (Persons 46-60) 4
 Sheet 5 (Persons 61-75) 5
 Sheet 6 (Persons 76-90) 6

HOUSING CHARACTERISTICS

H1 Type of housing <input type="checkbox"/> Traditional (1) Mixed (2) Conventional flat (3) Conventional house (4) Mobile (5) Part of commercial building (6) Improvised/Makeshift (7) Collective/Institutional quarters (8) Unintended (9) Other (10)	H3 What are the walls of this housing unit mainly made of? <input type="checkbox"/> Burnt bricks (1) Mud bricks (2) Concrete blocks/slab (3) Cement blocks (4) Stone (5) Iron sheets (6) Asbestos/hardboard/wood (7) Pole and dagga/mud (8) Grass (9) Other (10)	H5 Occupancy <input type="checkbox"/> Single household (1) One household in several housing units (2) Shared (3) Vacant (4) Non-contact (5) Non-residential (6)	H7 How many living rooms and bedrooms does this housing unit have? <input type="checkbox"/> Living rooms <input type="checkbox"/> Bedrooms <input type="checkbox"/> 0 (1) 5 (5) 0 (6) 5 (6) 1 (2) 6 (6) 1 (7) 6 (7) 2 (3) 7 (7) 2 (8) 7 (8) 3 (4) 8 (8) 3 (9) 8 (9) 4 (5) 9 (9) 4 (10) 9 (10)
H2 What is the main type of material used for the roof? <input type="checkbox"/> Concrete/Cement (1) Asbestos sheet (2) Iron sheet/corrugated (3) Grass/thatch/straw (4) Tiles (5) Slate (6) Other (7)	H4 What is the floor of this housing unit mainly made of? <input type="checkbox"/> Concrete (1) Cement (2) Brick (3) Tiles (4) Mud (5) Wood (not wooden tiles) (6) Marble (7) Terrazzo (8) Other (9)	If Vacant, Non-contact, or Non-residential END interview	
H6 (If shared) what is the number of households? <input type="checkbox"/> 2 (1) 3 (2) 4 (3) 5 (4)	H9 What is the main source of water supply for this house? <input type="checkbox"/> Piped water inside the housing unit (1) Piped water outside the housing unit within stand/plot (2) Communal tap (3) Protected Well (4) Protected Borehole (5) Unprotected Well (6) Unprotected Borehole (7) River/Dam/Stream (8) Rain Water Tank (9) Other (10)		

HOUSEHOLD CHARACTERISTICS

HH-1 What is the main source of energy used for lighting by this household? <input type="checkbox"/> Electricity (1) Gas (2) Wood (3) Candle (4) Paraffin (5) Solar (6) Other (7)	HH-4 How is the household refuse disposed? <input type="checkbox"/> Regularly collected (1) Irregularly collected (2) Burnt (3) Roadside dumping (4) Burying/pit (5) Other (6)	HH-7 Is this toilet inside or outside this housing unit? <input type="checkbox"/> Inside (1) Outside (2)	HH-12 Is this housing unit rented from the employer of any member of this household? Yes (1) No (Go to HH-14) (2)
HH-2 What is the main source of energy used for cooking by this household? <input type="checkbox"/> Electricity (1) Gas (2) Wood (3) Paraffin (4) Cowdung (5) Charcoal (6) Coal (7) Solar (8) Other (9)	HH-5 Does your household have...? <input type="checkbox"/> Yes No Electricity (1) (2) A Radio (1) (2) A Television (1) (2) A Refrigerator (1) (2) A Telephone (1) (2) A Bicycle (1) (2) A Motor Vehicle (1) (2) A Motor Cycle (1) (2) A Plough (1) (2) A Boat/Canoe (1) (2) A Scotch Cart (1) (2) A Donkey (1) (2)	HH-8 Is this toilet exclusively used by members of the household? <input type="checkbox"/> Yes (1) No (2)	HH-13 Is this employer... <input type="checkbox"/> The Central Government? (1) The District Council? (2) Parastatal? (3) A Private Organisation? (4) An individual? (5)
HH-3 What is the main source of energy used for heating? <input type="checkbox"/> Electricity (1) Gas (2) Wood (3) Paraffin (4) Cowdung (5) Charcoal (6) Coal (7) Solar (8) Other (9)	HH-6 What is the main type of toilet used by members of this household? <input type="checkbox"/> Flush (Private) (1) Flush (Communal) (2) Pit Latrine (3) Ventilated Improved Pit Latrine (VIP) (4) Bucket (5) Other - Go to HH-9 (6) No toilet facility - Go to HH-9 (7)	If No go to HH-11	
		HH-9 Is this housing unit owned by any member of this household? <input type="checkbox"/> Yes (1) No (2)	HH-14 Is this housing unit rented from... <input type="checkbox"/> The Central Government? (1) The District Council? (2) Parastatal? (3) A Private Organisation? (4) An individual? (5)
		Go to A-1	
		HH-10 How was this Housing Unit acquired? <input type="checkbox"/> Purchased (1) Mortgage (2) Freely (3) Inherited (4) Self Built (5) Other (6) (GO TO A-1)	HH-11 Is this housing unit provided free by the employer, friend or relative of any member of this household? <input type="checkbox"/> Yes, Employer (Go to HH-13) (1) Yes, By friend or relative (Go to A-1) (2) No (3)

AGRICULTURE

A-1 Did your household engage directly in agricultural activities, namely crop growing, livestock and poultry raising and fish farming since 1st October 1999? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, skip rest of agriculture section	A-2 On your holding, which of the following crops did you grow since 1st October 1999? <input type="checkbox"/> <table style="width: 100%;"> <tr> <td>Yes No</td> <td>Yes No</td> <td>Yes No</td> </tr> <tr> <td>Maize <input type="checkbox"/></td> <td>Groundnuts <input type="checkbox"/></td> <td>Sunflower <input type="checkbox"/></td> </tr> <tr> <td>Sorghum <input type="checkbox"/></td> <td>Mixed beans <input type="checkbox"/></td> <td>Soya beans <input type="checkbox"/></td> </tr> <tr> <td>Millet <input type="checkbox"/></td> <td>Cow peas <input type="checkbox"/></td> <td>Paprika <input type="checkbox"/></td> </tr> <tr> <td>Rice <input type="checkbox"/></td> <td>Wheat <input type="checkbox"/></td> <td>Sugar cane <input type="checkbox"/></td> </tr> <tr> <td>Cassava <input type="checkbox"/></td> <td>Cotton <input type="checkbox"/></td> <td>Cashew Nuts <input type="checkbox"/></td> </tr> <tr> <td>Sweet potatoes <input type="checkbox"/></td> <td>Burley tobacco <input type="checkbox"/></td> <td>Vegetables <input type="checkbox"/></td> </tr> <tr> <td>Irish potatoes <input type="checkbox"/></td> <td>Virginia tobacco <input type="checkbox"/></td> <td>Other crops <input type="checkbox"/></td> </tr> </table>	Yes No	Yes No	Yes No	Maize <input type="checkbox"/>	Groundnuts <input type="checkbox"/>	Sunflower <input type="checkbox"/>	Sorghum <input type="checkbox"/>	Mixed beans <input type="checkbox"/>	Soya beans <input type="checkbox"/>	Millet <input type="checkbox"/>	Cow peas <input type="checkbox"/>	Paprika <input type="checkbox"/>	Rice <input type="checkbox"/>	Wheat <input type="checkbox"/>	Sugar cane <input type="checkbox"/>	Cassava <input type="checkbox"/>	Cotton <input type="checkbox"/>	Cashew Nuts <input type="checkbox"/>	Sweet potatoes <input type="checkbox"/>	Burley tobacco <input type="checkbox"/>	Vegetables <input type="checkbox"/>	Irish potatoes <input type="checkbox"/>	Virginia tobacco <input type="checkbox"/>	Other crops <input type="checkbox"/>	A-3 On your holding, which of the following livestock/poultry did you raise since 1st October 1999? <input type="checkbox"/> <table style="width: 100%;"> <tr> <td>Yes No</td> <td>Yes No</td> </tr> <tr> <td>Cattle <input type="checkbox"/></td> <td>Sheep <input type="checkbox"/></td> </tr> <tr> <td>Goats <input type="checkbox"/></td> <td>Donkeys <input type="checkbox"/></td> </tr> <tr> <td>Pigs <input type="checkbox"/></td> <td>Poultry <input type="checkbox"/></td> </tr> </table>	Yes No	Yes No	Cattle <input type="checkbox"/>	Sheep <input type="checkbox"/>	Goats <input type="checkbox"/>	Donkeys <input type="checkbox"/>	Pigs <input type="checkbox"/>	Poultry <input type="checkbox"/>
Yes No	Yes No	Yes No																																
Maize <input type="checkbox"/>	Groundnuts <input type="checkbox"/>	Sunflower <input type="checkbox"/>																																
Sorghum <input type="checkbox"/>	Mixed beans <input type="checkbox"/>	Soya beans <input type="checkbox"/>																																
Millet <input type="checkbox"/>	Cow peas <input type="checkbox"/>	Paprika <input type="checkbox"/>																																
Rice <input type="checkbox"/>	Wheat <input type="checkbox"/>	Sugar cane <input type="checkbox"/>																																
Cassava <input type="checkbox"/>	Cotton <input type="checkbox"/>	Cashew Nuts <input type="checkbox"/>																																
Sweet potatoes <input type="checkbox"/>	Burley tobacco <input type="checkbox"/>	Vegetables <input type="checkbox"/>																																
Irish potatoes <input type="checkbox"/>	Virginia tobacco <input type="checkbox"/>	Other crops <input type="checkbox"/>																																
Yes No	Yes No																																	
Cattle <input type="checkbox"/>	Sheep <input type="checkbox"/>																																	
Goats <input type="checkbox"/>	Donkeys <input type="checkbox"/>																																	
Pigs <input type="checkbox"/>	Poultry <input type="checkbox"/>																																	
		A-4 Did your agriculture enterprise include fish farming since 1st October 1999? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																																