

Popstan 2020 Census of Population and Housing

# SECTION A: IDENTIFICATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A1 Province** | **A2**  **District** | **A3**  **Enumeration Area** | **A4**  **Area Type** | | **A5**  **Household Number** |
| *Urban 1*  *Peri-Urban 2* | *Rural 3* |
|  |  |  |  | |  |

**A6. Interview Date**

**A9. Interviewer Code**

|  |  |  |
| --- | --- | --- |
| Year | Month | Day |
|  |  |  |

**A7. Interview Time**

|  |  |  |
| --- | --- | --- |
|  | Hour | Minutes |
| Start |  |  |
| End |  |  |

**A10. Interview Status**

*1 Interview completed*

*2 Non-contact*

*3 Vacant*

*4 Refused*

*5 Partially complete*

**A8. GPS Coordinates**

|  |  |
| --- | --- |
| Latitude | Longitude |
|  |  |

**A11. Line number of respondent**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **B** | | | | **DEMOGRAPHICS** | | | | | | | | | | | | | | | |
| **B01. PERSON NUMBER** | | | | | | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **B02*. List names of all household members*** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **B03. Is (name) male or a female?**  Male 1 Female 2 | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **B04. What is (name’s) relationship to the head of the household?** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| Head  Spouse  Son/daughter | | 1  2  3 | | | Brother/Sister  Parent  Grandchild | 4  5  6 | Other relative  No relation | | 7  8 |
| **B05. How old is (name)?**  *Enter age in completed years (“000” for children less than one year old)*  *If unknown enter “999”* | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **B06. What is (name’s) date of birth?**  If unknown enter “9999-99-99” | | | | | | | | YEAR | |  |  |  |  |  |  |  |  |  |  |
| MONTH | |  |  |  |  |  |  |  |  |  |  |
| DAY | |  |  |  |  |  |  |  |  |  |  |
| **B07.Where was (name) born?**  *Enter district code from annex 2 if born in Popstan, otherwise enter country code from annex 4.* | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **B08. Where was (name) living 1 year ago?**  *Enter district code from annex 2 if in Popstan; otherwise enter country code from annex 4.*  *Skip if less than 1 year old.* | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| **B09. Is (name’s) mother alive?** | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| Yes 1 | | No 2 | | | | Don’t know 9 | | |
| **B10. Line number of Mother** *Enter 87 for non-resident, 88 for deceased.* | | | | | | | | |  |  |  |  |  |  |  |  |  |  |

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| **PERSON NUMBER** | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **B11. Which of the following disabilities does (name) have?**  *Mark all that apply* | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Visual | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Hearing | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Speech | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Physical | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Mental | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Self-care | | | | |  |  |  |  |  |  |  |  |  |  |
| **B12. If hearing disabled does (name) know sign language?** | | | | |  |  |  |  |  |  |  |  |  |  |
| Yes 1 | | No 2 | | |
| ***For Ages 10 and over ask …*** | | | | | | | | | | | | | | |
| **B13.What is (name’s) present marital status?** | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Never Married. | 2. Married | | 3. Divorced | 4. Widowed |
| **B14.** *For married, divorced or widowed:*  **What was (name’s) age at first marriage?** | | | | |  | | | | | | | | | |
| **B15. What languages does (name) speak fluently?**  *Mark all that apply.*   |  |  | | --- | --- | | English | 1 | | French | 2 | | Spanish | 3 | | Hindi | 4 | | Arabic | 5 | | Mandarin | 6 | | Portuguese | 7 | | Other Specify \_\_\_\_\_\_\_\_\_\_ | 8 | | | | | |  | | | | | | | | | |
| **B16. What language does (name) speak most often at home?**  *Choose only one*   |  |  |  | | --- | --- | --- | | 1. English  2. French  3. Spanish | 4. Hindi  5. Arabic  6. Mandarin | 7. Portuguese  8. Other *(Specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | | | | | | |

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| **C** | | |  | **EDUCATION**  **FOR ALL PERSONS AGED 3 AND ABOVE** | | | | | | | | | | | | | | |
| **PERSON NUMBER** | | | | | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **C01. Has (name) ever attended school?**  *If 1 or 9 skip to C03* | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Never Attended | 2. Still Attending | | | | 3. Left school | | | 9. Don’t know |  |  |
| **C02. What is the highest level of formal education that (name) has completed?** | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 00. pre-school  01. standard 1  02. standard 2  03. standard 3  04. standard 4 | 05. standard 5  06. standard 6  07. standard 7  08. standard 8  09. form 1 | | | | | 10. form 2  11. form 3  12. form 4  13. university  14. graduate | | |
| **C03. Does (name) know how to read or write in any language?** | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Yes | | 2. No | | | | |  | |  |  |

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| **D** | | **FERTILITY**  **FOR WOMEN AGED 12-50 YEARS** | | | | | | | | | | | | | | |
| **WOMAN LINE NUMBER** | | | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **D01. Has (name) ever given birth?**  *If no, probe with "I mean, to a child who ever breathed cried or showed other signs of life, even if the child only lived for a few minutes.*  *If coded 2 or 9,go to next section* | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Yes | | | 2. No | | 9. Refused | |
| **D02. Does (name) have any children who are still alive and living with her in this household?**  *If no skip to D03* | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Yes | | | 2. No | |  | |
| *Enter the number of children.* | | | | | | **Boys** |  |  |  |  |  |  |  |  |  |  |
| **Girls** |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |
| **D03. Does (name) have any children who still alive and living elsewhere?**  *If no skip to D04* | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Yes | 2. No | | |  | | |
| *Enter the number of children.* | | | | | | **Boys** |  |  |  |  |  |  |  |  |  |  |
| **Girls** |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |
| **D04. Does (name) have any children who are no longer alive?**  *If no skip to D05* | | | | | | |  |  |  |  |  |  |  |  |  |  |
| 1. Yes | 2. No | | |  | | |
| *Enter the number of children.* | | | | | | **Boys** |  |  |  |  |  |  |  |  |  |  |
| **Girls** |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |
| **D05. Total Births** *Sum totals from D02, D03 and D04 and ask:*  **Just to make sure that I have this right, (name) has had in total (total number) births during her life. Is this correct?**  Yes 1 No 2 | | | | | |  |  |  |  |  |  |  |  |  |  |  |

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| **E** | **DEATHS OF HOUSEHOLD MEMBERS**  **IN THE PAST 5 YEARS** | | | | | | | | | | | | | | | | | |
| **E01. Has any member of this household passed away in the past five years?**  ***If coded 2 or 9,go to next section*** | | | | | | | | | | | | | | |  | | | |
| 1. Yes | | | | | 2. No | | | | 9. Don’t Know | | | | | |
| **E02. How many members of the household passed away in the past five years?** | | | | | | | | | | | | | | |  | | | |
| **E03. PERSON NUMBER** | | | | | | | **1** | **2** | | **3** | **4** | **5** | **6** | **7** | | **8** | **9** | **10** |
| **E04. What was the name of the deceased?** | | | | | | |  |  | |  |  |  |  |  | |  |  |  |
| **E05. In what month and year did the death occur?** | | | | | | **MONTH** |  |  | |  |  |  |  |  | |  |  |  |
| **YEAR** |  |  | |  |  |  |  |  | |  |  |  |
| **E06. Was (name of deceased) male or female?** | | | | | | |  |  | |  |  |  |  |  | |  |  |  |
| 1. Male | | | 2. Female | | | |
| **E07. What was (name of deceased’s) age at the time of death?** | | | | | | |  |  | |  |  |  |  |  | |  |  |  |
| **E08. *If 10 years of age or under at time of death enter line number of mother of deceased or 99 if mother not in household.*** | | | | | | |  |  | |  |  |  |  |  | |  |  |  |
| **FOR WOMEN AGED 12 – 50 YEARS (MATERNAL MORTALITY)** | | | | | | | | | | | | | | | | | | |
| **E09.Did (name of deceased) die while pregnant?**  *If coded 1, move to next section.* | | | | | | |  |  | |  |  |  |  |  | |  |  |  |
| 1. Yes | | 2. No | | 9. Don’t Know | | |
| **E10. Did (name of deceased) die while giving birth?** | | | | | | |  |  | |  |  |  |  |  | |  |  |  |
| 1. Yes | | 2. No | | 9. Don’t Know | | |

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| **F** | | | | **HOUSING CHARACTERISTICS** | | | | | | | | | | | | |
| **F01. How many rooms are in the main dwelling?** | | | | | | | | | | | | | | | |  |
| **F02. How many bedrooms are in the main dwelling?** | | | | | | | | | | | | | | | |  |
| **F03. What is the type of the main dwelling?** | | | | | | | | | | | | | | | |  |
| 1. Traditional round hut  2. Detached house | | | | | | | | 3. Semi-detached house  4. Flat/apartment | | | | 5. Improvised (kiosk/container) | | | |
| **F04. Does this household have other dwelling units?**  1.Yes 2. No  *For 2 skip to F06* | | | | | | | | | | | | | | | |  |
| **F05. How many of each type of housing unit are in this household?** | | | | | | | | | | | | | | | | |
| 1. Traditional round hut  2. Detached house | | | | | | | 3. Semi-detached house  4. Flat/apartment | | | | | | | 5. Improvised (kiosk/container) | | |
| **F06.What is the tenure status of the main dwelling?** | | | | | | | | | | | | | | | |  |
| 1. Owned by household member  2. Owned by family member outside household | | | | | | | | 3. Rented  4. Owned by employer | | | | 5. Government housing | | | |
| **F07. If rented, what is the approximate monthly rent?** | | | | | | | | | | | | | | | |  |
| 1. Less than 100  2. 100-199  3. 200-299 | | | | | | | 4. 300-399  5. 400-499  6. 500-599 | | | | | | | *7. 600 to 699*  *8. 700 to 799*  *9. 800 or more* | |  |
| **F08. What is the roofing material of the main dwelling?** | | | | | | | | | | | | | | | |  |
| Grass/Straw  Metal sheets | 1  2 | | | | Tile  Cement | | | | 3  4 | | | | Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 5 |
| **F09. What is the wall material of the main dwelling?** | | | | | | | | | | | | | | | |  |
| Mud  Brick/stone  Metal Sheets | | 1  2  3 | | | Wood  Plaster  Cement | | | | | 4  5  6 | | | Grass/thatch  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 7  8 |
| **F10. Does the household have their own toilet?** | | | | | | | | | | | | | | | |  |
| 1. Yes | | | 2. No | | |  | | | | |  | | | | |
| **F11. If yes, what type of toilet is it?** | | | | | | | | | | | | | | | |  |
| 1. Pit latrine | | | 2. Flush toilet | | | 3. Eco-toilet | | | | |  | | | | |
| **F12. What is the main source of water?** | | | | | | | | | | | | | | | |  |
| 1. Pond/lake  2. River/stream | | | 3. Well/borehole  4. Piped water inside | | | | | | | | | 5. Piped water outside | | | |
| **F13. What is the distance (in Km OR minutes) to main source of water for domestic use?**  *Choose only one of Km or minutes* | | | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | Distance in minutes | | | |  |
|  | | |  | | | | | | | | | Unit (1. Walking, 2. By car, 3. By bicycle) | | | |  |
|  | | |  | | | | | | | | | **OR**  Distance in KM | | | |  |
|  | | |  | | | | | | | | |  | | | |  |

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| **G** | **HOUSEHOLD POSSESSIONS** |

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| **G01. At present, how many of the following does this household own that are usable/repairable?**  *For value per unit, ask how much they would pay for the asset if they have to buy it in its current state and verify that value per unit is within the limits listed in annex 5* | | | |
|  | | | |
| **Possession** | **Quantity** | **Value per unit** | |
| 1. Generator |  |  | |
| 2. Radio/ cassette player |  |  | |
| 3. Television |  |  | |
| 4. Telephone/Mobile |  |  | |
| 5. Solar panels |  |  | |
| 6. Gas cooker |  |  | |
| 7. Bicycle |  |  | |
| 8. Motorcycle |  |  | |
| 9. Car/truck |  |  | |
| 10. Tractor |  |  | |
| **G02. Were any of the assets above purchased with a loan from a bank or microfinance institution?** *If yes, please list the number of the assets here* | | |  |

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| **H** | **AGRICULTURE** | | | |
| **H01. How many animals does the household have?** | | | | |
| 1. Cattle  2. Sheep | | 3. Goats  4. Horses | 5. Chickens  6. Pigs | 7. Donkeys |
| **H02. Which of the following crops were produced or sold by your HH during the last growing season?**  *If no crops were produced end interview* | | | | |
| **a) Crop** | | **b) Did your household produce this crop?**  1. Yes 2.No | **c) Did your household sell this crop?**  1. Yes 2.No | **d) Which is the most important crop?**  *Rank all in order, most important first.* |
| 1. Maize | |  |  |  |
| 2. Rice | |  |  |  |
| 3. Sorghum | |  |  |  |
| 4. Cassava | |  |  |  |
| 5. Sweet potato | |  |  |  |
| 6. Beans | |  |  |  |
| 7. Groundnuts | |  |  |  |
| **H03. What are the three most important ways that you spent the money that you earned from selling crops from the last season?** *Choose no more than 3 options.* | | | |  |
| 1. School fees  2. Furniture  3. Medical expenses | | 4. Rent  5. Pay loan  6. Food | 7. Farm inputs  8. Leisure |  |
| **H04. If spent on school fees: for which children were school fees paid?**  *Enter line numbers of school age children (age is between 3 and 25) or 99 if not a member of household* | | | |  |