

# REPUBLIC OF ZAMBIA

## 2010 CENSUS OF POPULATION AND HOUSING

**CENTRAL  
STATISTICAL  
OFFICE**

[illegible]

## INTERVIEW STATUS

Completed (occupied)	[1]
Non-contact (occupied)	[2]
Not interviewed (vacant)	[3]
Non residential	[4]
Refused	[5]
Other	[6]

MARK HERE IF MORE  
THAN ONE  
QUESTIONNAIRE

## Questionnaire

of

[illegible]

## ENUMERATOR

Name \_\_\_\_\_

Date \_\_\_\_\_

SUPERVISOR

Name \_\_\_\_\_

Date \_\_\_\_\_



12345678(90)



[illegible]

ONLY FOR PERSONS AGED 12 YEARS AND OLDER										FEMALES 12 YEARS AND OLDER										FEMALES 12 - 49 YEARS OLD										PERSONS 16 YEARS+			
Person Number		P35. What kind of business/service was mainly carried out by (NAME(S) employer/establishment/ business in the last 12 months?				P36. What is (NAME(S) marital status?				P37. How old was (NAME) when he/she first got married or started cohabiting?		P38. Have you ever had a live birth (including babies who died after birth)?		P39. Living with you now?		P40. Living elsewhere?		P41. Dead?		P42. Did you have any live births in the last 12 months?		P43. Living with you now?		P44. Living elsewhere?		P45. Dead?		P46. Do you have a Zambian Green National Registration card?		P47. Are you a registered voter?			
Write name of industry and enter code.		Never married Go to P38				Married Divorced Separated Widowed Cohabiting				Age at first marriage		Yes No Go to P46		Male Female		Male Female		Male Female		Yes No Go to P46		Male Female		Male Female		Male Female		Yes No		Yes No			
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]
[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	
[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	
[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	
[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	
[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	
[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	
[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	
[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]

## SECTION H – HOUSING CHARACTERISTICS

H1 Type of housing unit	H4 What is the floor of this housing unit mainly made of?	H5 Type of Occupancy?
Traditional	Concrete	
Improved traditional	Cement	
Mixed	Brick	
Conventional flat	Tiles	
Conventional house	Mud	
Mobile	Wood (not wooden tiles)	
Part of commercial building	Marble	
Improvised/Makeshift	Terrazzo	
Collective/institutional quarters	Other	
Unintended		
Other		

H4. What is the floor of this housing unit mainly made of?	
Concrete	[ 1 ]
Cement	[ 2 ]
Brick	[ 3 ]
Tiles	[ 4 ]
Mud	[ 5 ]
Wood (not wooden tiles)	[ 6 ]
Marble	[ 7 ]
Terrazzo	[ 8 ]
Other	[ 9 ]

H5 Type of Occupancy?	
Single household	[1] → H8
One household in several housing units	[2]
Shared	[3]
Vacant	[4]
Non-contact	[5] → End
Non-residential	[6]

H6 (if shared) what is the number of households?

	Household use	Drinking
Wood	7	
Asbestos	8	
Ceramic Tiles/Harvey Tiles	9	
Cement	10	
Roofing Shingles	11	
Mud Tiles	12	
Other	96	

H3 What are the walls of this housing unit mainly made of?		H4 How many living rooms and bedrooms does this housing unit have?	
Burnt bricks	1	Protected borehole	4
Mud bricks	2	Unprotected borehole	5
Compressed mud	3	Unprotected well	6
Compressed cement bricks	4	Unprotected borehole	7
Concrete blocks/slab	5	River/Dam/Stream	8
Cement blocks	6	Rain Water Tank	9
Stone	7	Other tap	10
Iron sheets	8	Water Kiosk	11
Asbestos/fibreboard/wood	9	Water Vendor	12
Pole and dagga/mud	10	Mineral/bottled water	13
Grass	11	Other	14
Other	96		96

H8 How many living rooms and bedrooms does this housing unit have?

	LIVING	BEDROOMS
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

H9 How many persons usually sleep in the housing unit(s)?

	Yes	No
H10 Does this housing unit have a kitchen?	1	2

## SECTION HH – HOUSEHOLD CHARACTERISTICS

HH1 What is the main source of energy used for...

	ing	ing	ing
Electricity	[1]	[1]	[1]
Gas	[2]	[2]	[2]
Wood	[3]	[3]	[3]
Candle	[4]	[4]	[4]
Paraffin	[5]	[5]	[5]
Cowdung	[6]	[6]	[6]
Charcoal	[7]	[7]	[7]
Coal	[8]	[8]	[8]
Solar	[9]	[9]	[9]
Bio fuel	[10]	[10]	[10]
Diesel	[11]	[11]	[11]
None	[12]	[12]	[12]
Other	[96]	[96]	[96]

## HH2 Does your household have?

A Radio	[1]	[2]
A Television	[1]	[2]
Refrigerator/freezer	[1]	[2]
A Telephone	[1]	[2]
A Bicycle	[1]	[2]
A Motor vehicle	[1]	[2]
An Internet facility	[1]	[2]
A Computer/Laptop	[1]	[2]
A Motorcycle	[1]	[2]
A Plough	[1]	[2]
A Boat/Canoe	[1]	[2]
A Scoot Car	[1]	[2]
A Donkey	[1]	[2]
A Mobile Phone	[1]	[2]
Oxen	[1]	[2]
A Wheelbarrow	[1]	[2]

HH3 How is the household refuse disposed?	
Regularly collected	[ 1 ]
Irregularly collected	[ 2 ]
Burnt	[ 3 ]
Roadside dumping	[ 4 ]
Other dumping	[ 5 ]
Burying/pit	[ 6 ]
Other	[ 7 ]

**HH4** 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 Latrine (V/P)	5
Bucket	6
Other	7
No toilet facility	8 → HH7

	Inside	Outside
HH5 Is this toilet inside or outside this housing unit?	1	2

HH6 Is this toilet exclusively used by members of this household?	Yes	No
	[ 1 ]	[ 2 ]

HH7 Is this housing unit owned by any member of this household?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

HH9

HH8: How was this housing unit acquired?	
Purchased	7
Mortgage	2
Freely	3
Inherited	4
Self built	5
Other	6

A1

Yes, Employer	1 → HH11
Yes, By friend or relative	2 → A1
No	3

HH110 Is this housing unit rented from the employer of any member of this household?

Yes	<input type="radio"/>	No	<input checked="" type="radio"/>	HH112
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HH11 Is this employer ...

- The Central Government? 1
- The Local Government? 2
- Parastatal? 3
- A private Organisation? 4
- An individual? 5

All skip to A1

## HH12 Is this housing unit rented from ...

The Central Government?	[ 1 ]
The Local Government?	[ 2 ]
Parastatal?	[ 3 ]
A private Organisation?	[ 4 ]
An individual?	[ 5 ]

A1 Has your household engaged directly in any of the following agricultural activities, that is: crop growing, livestock and poultry raising, fish farming and game ranching since 1st October 2009?

Yes ☐ No ☒

**M1**

[illegible]

	Yes	No
Cattle	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Goats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pigs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sheep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Donkeys	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chickens	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Poultry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Livestock	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**A4 Has your agriculture holding included fish farming since 1st October 2009?**

Yes **[1]**  
No **[2]**

A5 Has your agriculture holding included game ranching since 1st October 2009?	Yes	[ 1 ]
	No	[ 2 ]

## SECTION A – AGRICULTURE

## SECTION M: GENERAL AND MATERNAL DEATHS

**Please record information on the deaths that occurred in the household during the last 12 months. Do not forget the children.**

M1 Is there any member of the household who died since October 2009?				Yes <input type="checkbox"/> No <input type="checkbox"/> —→ End		
				If death of Woman aged 12-49		
M2 What was the sex of the deceased?	M3 What was the age of the deceased?	M4 What was the cause of death?	M5 Did the death occur while pregnant?	M6 Did the death occur during childbirth?	M7 Did the death occur during the 6 weeks period following the end of pregnancy, irrespective of the way the pregnancy ended?	
Death Number						
Male <input type="checkbox"/>		Accident Injury Suicide Spousal Violence Other Violence Sickness/Disease Witchcraft Other	Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/>	
Female <input type="checkbox"/>			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Male <input type="checkbox"/>			Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/>	
Female <input type="checkbox"/>			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Male <input type="checkbox"/>			Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/>	
Female <input type="checkbox"/>			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Male <input type="checkbox"/>			Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/>	
Female <input type="checkbox"/>			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Male <input type="checkbox"/>			Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/>	
Female <input type="checkbox"/>			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	
Male <input type="checkbox"/>			Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/> → End	Yes <input type="checkbox"/>	
Female <input type="checkbox"/>			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	