

Republic of Namibia
2001 Population and Housing Census
Form A: Household Questionnaire

Book No
Form No

CONFIDENTIAL

A	Identification	EA-Number	Census Building No	Household Serial No
	CODE			

F	FOR FEMALES, AGED 12 TO 49 YEARS																		
	Person Number	<p>Before starting with Section E, transfer from Section B actual names and persons numbers for all females (aged 12-49)</p>																	
		<p>Transfer from Section B, Column B5 the age of all females 12-49 years</p>																	
		<p>Have you had any live birth?</p> <p>1 Yes 2 No 9 Don't know</p> <p>If 2 go to the next woman or G1</p>																	
		<p>If Yes,</p> <p>Total number of children born alive?</p> <p>How many were with you on the reference night?</p> <p>How many were elsewhere on the reference night?</p> <p>How many have died?</p> <p>How old were you when you had your first live birth?</p> <p>When was your last live birth?</p> <p>These questions refer to the last live birth</p> <p>Was it a boy or girl or multiple birth? Enter number</p> <p>Is the child/children still alive? If Yes, enter number living If none enter 0</p> <p>Was the birth registered? 1 Yes 2 No 9 Don't know</p>																	
F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14	F15	F16	F17	F18	F19	

CONTROL SECTION			
Number of persons enumerated in this household	TO BE COMPLETED BY INTERVIEWER	TO BE COMPLETED BY SUPERVISOR	TO BE COMPLETED BY EDITOR/CODER
Total in HH	Date enumeration started in the Household.....	Has questionnaire been checked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Questionnaire been coded/edited? Yes <input type="checkbox"/> No <input type="checkbox"/>
17 years +	Date enumeration completed in Household.....	Date Checked	Date Coded/Edited
Male	Name of Interviewer	Name of Supervisor	Name of Coder/Editor
Female	Comments.....	Comments.....	Comments.....
Total	Signature.....	Signature.....	Signature.....
Response Category			
1 Fully completed 2 Partially completed 3 Refusal 4 Non-Contact 5 Other, specify			

SPECIFIC COMMENTS	
Person	Column

G HOUSING CHARACTERISTICS - To be completed for each household															
Type of Housing unit	Tenure	Number of Rooms	What is the main construction material used for			What is the household's main source of water for drinking and cooking?	What is the household's main source of energy for			Has the household access to	Main Toilet facility	How does this household dispose of refuse/garbage?	What is the main language spoken in this household?	What is the household's main source of income?	Distance in metres
01 Detached House 02 Semi-Detached/Townhouse 03 Apartment/Flat 04 Guest flat 05 Part commercial/industrial 06 Mobile home (Caravan, tent) 07 Single quarters 08 Traditional dwelling 09 Improvised housing unit (shack) 10 Other, specify	01 Rented(not tied to the job) 02 Owner occupied (with mortgage) 03 Owner occupied (without mortgage) 04 Rent free (not owner occupied) 05 Provided by employer (Government) 06 Provided by employer (Private) 07 Other, specify	How many rooms are there in this household? (Exclude bathrooms, toilets, kitchens, stoeps and verandahs)	Outer walls			Cooking			1 Yes 2 No 1 TV? 2 Radio? 3 Newspaper daily? 4 Newspaper occasionally? 5 Telephone/Cell? 6 Computer?	01 Flush toilet not shared 02 Flush toilet shared 03 VIP 04 Pit long-drop 05 Bucket/pail 06 Bush 07 Other, specify	1 Regularly collected 2 Irregularly collected 3 Incinerated 4 Roadside dumping 5 Rubbish pit 6 Other, specify	(See language codelist)	1 Farming 2 Business activities-non farming 3 Wages and salaries 4 Pension 5 Cash remittance 6 Other, specify		
G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12	G13	G14	G15	G16

H MORTALITY											
DEATHS IN THE HOUSEHOLD											
Has any death occurred in the household since 1998?											
1 Yes	If yes, give number						If any death occurred in 2001 and the deceased was female aged 12 to 49 years and she did not die from an accident did she die during pregnancy, child birth or within one month after child birth?				
2 No	1998		1999		2000		2001				
	F	M	F	M	F	M	Sex	Age	Death registered?		
						1 Female 2 Male		1 Yes 2 No			
						1 2 3 4 5 6					
H1	H2	H3	H4	H5	H6	H7	H8	H9	H10	H11	H12

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Namibia 2001 Population and Housing Census Form C Group Quarters and Special Population Groups

Region	Constituency	Locality	U/R	EA Number	Type of Institution

C1. What is your name? _____

C2. What is your sex? 1 Female
(Check in the appropriate box) 2. Male

C3. How old were you as of 27 August 2001?
(Fill in the box; if older than 95, write 95)

C4. What is your Marital status?
(Check in the appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> 1 Never Married | <input type="checkbox"/> 4 Consensual union |
| <input type="checkbox"/> 2 Married with certificate | <input type="checkbox"/> 5 Divorced/Separated |
| <input type="checkbox"/> 3 Married traditionally | <input type="checkbox"/> 6 Widowed |

C5. What is your citizenship? _____

For questions 6-9, if Namibian, write in the **region name** and whether **urban or rural**;
otherwise, write in the **country name**.

C6. Where were you born? _____

C7. Where do you usually live? _____

C8. Where did you usually live during most part of last year? _____

C9. Where did you usually live most part of 1996? _____

For official use only

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