

*NP all urban areas  
7-10% rural areas*

Strictly Confidential

REPUBLIC OF ZAMBIA

POPULATION AND HOUSING CENSUS—1969

Enumeration Area
Street and House Number

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Census House Number..... Household Number.....

Serial Number	Name	Relationship	Sex M. F.	Year of Birth	Age	Ethnic Group Af. Eu. As. Co.	Mother Tongue (state the language first spoken as a child)	Birth Place (for persons born in Zambia, state District; for persons born outside Zambia, state Country)	Citizenship (state the Country of which you are a Citizen)	Marital Status Nv. Ma. Wd. Div. Sp.	Highest level of education attained	Still attending full-time School or College ('Yes' or 'No')	Where were you living this time last year? If in same place as now, write 'Here'. If elsewhere, state Town, District or Country	Disability B. D. L. U.	Economic activity W. S. N. X. Z.	Employment Status SE. ER. EE. NE.	For persons aged 15 years and over only			For all females aged 15 years and over			
																	Occupation	Industry	Of the children you have born alive		Date of last birth		
																			How many are now living at home?	How many are now living elsewhere?	How many have died?	Year	Month
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
		✓	✓		✓																		

Household Particulars (To be asked of all Heads of Households)				
Full Name of Head of Household.....				
H1	H2	H3	H4	H5
Do you pay rent for these premises? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N</b> If 'Yes', is it to— Private landlord ... <input type="checkbox"/> <b>P</b> Company ... <input type="checkbox"/> <b>C</b> Government ... <input type="checkbox"/> <b>G</b> Local Authority ... <input type="checkbox"/> <b>L</b>	Is electricity laid on these premises? Yes <input type="checkbox"/> <b>Y</b> No <input type="checkbox"/> <b>N</b>	What fuel is used for cooking? Electricity ... <input type="checkbox"/> <b>E</b> Gas ... <input type="checkbox"/> <b>G</b> Wood charcoal and coal ... <input type="checkbox"/> <b>W</b> Other ... <input type="checkbox"/> <b>O</b>	Where do you get your water? Private tap(s) (piped) <input type="checkbox"/> <b>P</b> Shared tap(s) (piped) <input type="checkbox"/> <b>S</b> Well or borehole <input type="checkbox"/> <b>W</b> River or stream <input type="checkbox"/> <b>R</b> Other ... <input type="checkbox"/> <b>O</b>	What type of toilet is used? Flush ... <input type="checkbox"/> <b>F</b> Aqua privy ... <input type="checkbox"/> <b>A</b> Pit ... <input type="checkbox"/> <b>P</b> Bucket ... <input type="checkbox"/> <b>B</b> None ... <input type="checkbox"/> <b>N</b>

Particulars of the House
(Where there are more than one household in the house, to be asked of the Head of the first Household only)
<b>PH1</b> Number of living rooms and bedrooms:
<b>PH2</b> Material of construction: <input style="width: 50px; height: 20px;" type="text"/>
Walls: .....
Rcof: .....

D Number of deaths among members of the household in the last 12 months (to be asked of all Heads of Households)			
Children aged under 5 years		Persons aged 5 years and over	
Males	Females	Males=5M	Females=5F

Enumerator's Signature.....  
Date.....

Supervisor's Signature.....  
Date.....