



10 YEARS AND ABOVE			B – FOR ALL PERSONS			B – FOR ALL PERSONS			C – EDUCATION – For persons age...								
Person Number	8. Where was (name) living (last census year) in August 2002?		9. What is (name's) ethnic origin?		10. What is (name's) citizenship?		For persons age 15 years and above		For persons age 17 years and below		For all persons			... 3 years and older			
	Enter district or country code		African European Asiatic Mixed race Other	Enter country code ("000" for Zimbabwe)		Never married Married Divorced/separated Widowed	11. What is (name's) marital status?	Yes No Not known	12. Is (name's) father by birth alive?	Yes No Not known	13. Is (name's) mother by birth alive?	14. Does (name) have any of the following disabilities? a) Difficulty moving b) Totally blind c) Difficulty seeing d) Difficulty speaking e) Deaf f) Difficulty hearing g) Difficulty learning/mental handicap h) Chronic fits/Epilepsy i) Strange behavioural/mental illness j) Lack of feeling - hands or feet/leprosy k) Albinism			15. Has (name) ever been to school?	16. What is the highest level and grade of education completed by (name)? <i>Level 9 = Not known Level 8 = 8 (None), Level 0 = 1-3, Level 1 = 1-7, Level 2 = 1-6 Level 3 = 1 Certificate/Diploma after primary 2 Certificate/Diploma after secondary 3 Graduate/Postgraduate</i>	
												Yes No	LEVEL	GRADE			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	

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123456 (78)

C – EDUCATION For persons age... ... 3 – 24 years					D – FOR PERSONS AGE 10 YEARS AND ABOVE				E – FOR WOMEN AGE 15-49 YEARS																																			
Person Number	17. Is (name) currently attending school?		18. Was (name) ever in attendance in school at any point during this year?		19. During this school year, what level and grade is (name) attending/was enrolled in?		20. What was (name's) main activity during the last 12 months?				21. For codes 0-3 in Question 20 What was (name's) main occupation during the last 12 months?			22. For persons with level 3 in Question 16 and codes 0-4 in Question 20 What was (name's) field of specialisation?			23. Has (name) given any live births?		24. If Yes, how many children born to (name) were with her on the census night?																									
	Yes	No	Yes	No	LEVEL	GRADE	Paid employee	Employer	Own account worker	Unpaid family worker	Looking for work	Unemployed	Student	Homemaker	Retired/Sick/Too old	Other				Yes	No	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female					
[1]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
[2]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
[3]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
[4]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
[5]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
[6]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
[7]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
[8]	[1]	[2]	[1]	[2]	[0]	[1]	[2]	[3]	[9]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]				[1]	[2]	Male	Female	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[0]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]

E – FOR WOMEN AGE 15-49 YEARS		24. How old was (name) when she had her first live birth?		25. When was (name's) last live birth?		26. Was it a boy or a girl?		27. Is the child still alive?														
Person Number	If Yes, how many children born to (name) were elsewhere on the census night?		If Yes, how many children born to (name) have died?		Age in completed years		Enter month (MM) and year (YY)															
	Male	Female	Male	Female	MONTH	YEAR	MONTH	YEAR	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[1]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[2]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[3]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[4]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[5]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[6]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[7]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS
[8]	Male	Female	Male	Female							No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS	No. of BOYS	No. of GIRLS

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### F – LIVING CONDITIONS

<b>28. What is the tenure status of the household?</b> Owner/Purchaser [1] Tenant [2] Lodger [3] Tied accommodation [4] Other [5]		<b>WATER FOR DRINKING AND COOKING</b> <b>31a. Main water source</b> Piped water inside house [1] Piped water outside house [2] Communal tap [3] Well/borehole protected [4] Well - unprotected [5] River/Stream/Dam [6] Other (specify below) [7]		<b>32. What type of toilet facility is used most by this household?</b> Flush [1] Blair [2] Pit [3] Communal [4] None [5]	
<b>29. Type of dwelling unit</b> Traditional [1] Mixed [2] Detached [3] Semi-detached [4] Flat/Townhouse [5] Shack [6] Other [7]		<b>31b. Distance to water source</b> On premises [1] Less than 500m [2] 500m to 1km [3] More than 1km [4]		<b>33. What is the household's main source of energy for cooking?</b> Wood [1] Paraffin [2] Electricity [3] Gas [4] Coal [5] Other (specify below) [6]	
<b>30. Does dwelling unit have electricity?</b> Yes [1] No [2]					

### G – DEATHS IN THE HOUSEHOLD

34. Did any deaths occur in the household in the last twelve months? Yes [1] No [2] (If Yes, go to Question 35)

Death number	35. Was the deceased male or female?	36. How old was the deceased? <i>Age in completed years</i>	ONLY FOR WOMEN AGE 15-49	
			37. Did she die while pregnant, giving birth or within about one month after giving birth?	
[1]	Male [1]	[0][1][2][3][4][5][6][7][8][9]	Yes [1]	
	Female [2]	[0][1][2][3][4][5][6][7][8][9]	No [2]	
[2]	Male [1]	[0][1][2][3][4][5][6][7][8][9]	Yes [1]	
	Female [2]	[0][1][2][3][4][5][6][7][8][9]	No [2]	
[3]	Male [1]	[0][1][2][3][4][5][6][7][8][9]	Yes [1]	
	Female [2]	[0][1][2][3][4][5][6][7][8][9]	No [2]	
[4]	Male [1]	[0][1][2][3][4][5][6][7][8][9]	Yes [1]	
	Female [2]	[0][1][2][3][4][5][6][7][8][9]	No [2]	
[5]	Male [1]	[0][1][2][3][4][5][6][7][8][9]	Yes [1]	
	Female [2]	[0][1][2][3][4][5][6][7][8][9]	No [2]	
[6]	Male [1]	[0][1][2][3][4][5][6][7][8][9]	Yes [1]	
	Female [2]	[0][1][2][3][4][5][6][7][8][9]	No [2]	

### H – TOTAL NUMBER OF PERSONS IN THE HOUSEHOLD

MALES	[0][1][2][3][4][5][6][7][8][9]
	[0][1][2][3][4][5][6][7][8][9]

FEMALES	[0][1][2][3][4][5][6][7][8][9]
	[0][1][2][3][4][5][6][7][8][9]

TOTAL	[0][1][2][3][4][5][6][7][8][9]
	[0][1][2][3][4][5][6][7][8][9]

Physical Address of the Household

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**IF THE HOUSEHOLD CONTINUES ON THE NEXT QUESTIONNAIRE, MARK THIS BOX [1]**

### GENERAL COMMENTS

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ENUMERATOR	E.A. SUPERVISOR	DISTRICT SUPERVISOR
Name	Name	Name
Date	Date	Date
Signature	Signature	Signature