

Book serial
Number

Book _____ of _____



REPUBLIC OF NAMIBIA

CENTRAL BUREAU OF STATISTICS
National Planning Commission

Confidential
Statistical Act 66 of 1976

4/07/11



FORM A

2011 NAMIBIA POPULATION AND HOUSING CENSUS Household/Institution Questionnaire

Household types

100 Conventional household

Institutional

- 201 Boarding school/ Tertiary education hostels
- 202 Convents/ Seminaries hostels/ Monasteries
- 203 Military/ army barracks
- 204 Prison
- 205 Police colleges/ Mobile units
- 206 Employment hostels
- 207 Nurses homes/ hostels
- 208 Rehabilitation centres
- 209 Old age homes
- 210 Person in temporary waiting shelters Orphanage shelters
- 211 Safe Homes
- 212 Relocation camps (Internally displaced persons)
- 213 Maternity waiting shelters
- 214 Person in temporary waiting shelters
- 215 Refugee camps
- 216 Other, specify

Region:

Constituency:

EA Number:

Name of Institution.....



Republic of Namibia
Namibia 2011 Population and Housing Census
Form A: Household/Institution Questionnaire



CONFIDENTIAL

Name of main respondent / Head of institution

Locality(Town/Village/Settlement)

1

Form Number

A	REGION Code	CONSTITUENCY Code	U/R	EA CODE	DU NUMBER	Household type	HH NUMBER	QUESTIONNAIRE NUMBER	of
---	-------------	-------------------	-----	---------	-----------	----------------	-----------	----------------------	----

B FOR ALL PERSONS IN THE HOUSEHOLD / INSTITUTION

Person Line Number	What are the names of all the persons who spent the night of 28 August 2011 in this household/ institution?	Relationship	Sex	Age	Line Number of Mother	Usual Member of Household	Marital Status	Citizenship	Birth Certificate	Birth Place	Usual Residence	Duration of Residence	Previous Residence	Orphanhood	Disability	ICT/For persons 3 years and above	
	<i>FOR HOUSEHOLD, START WITH THE HEAD OF THE HOUSEHOLD. List the names and surnames of all persons including those who were on night shift on the reference night.</i> <i>FOR INSTITUTION LIST ALL NAMES OF PERSONS IN THE INSTITUTION</i>	What is (NAME)'s relationship to the head of household? 01 Head 02 Spouse 03 Son/Daughter of head/ spouse 04 Son/Daughter in law of head/spouse 05 Grand child of head/spouse 06 Parent of head/spouse 07 Other relative of head/ spouse 08 Domestic worker non-relative 09 Other non-relative 99 Don't know	Is (NAME) female or male? F=Female M=Male	How old was (NAME) at his/her last birthday? <i>If less than one year enter 00, if 95 years and above enter 95</i> <i>enter 99 for Don't know</i>	Did (NAME)'s biological mother spend the night of 28 August 2011 in this household? <i>If Yes, enter mother's line number from B1</i> <i>If No, enter 00</i>	Is (NAME) a usual member of this household? 1 Yes 2 No	What is (NAME)'s marital status? 01 Never married 02 Married with certificate 03 Married traditionally 04 Consensual union 05 Divorced 06 Widowed 07 Separated 99 Don't know	What is (NAME)'s citizenship? 1 Yes 2 No 9 Don't know	Does (NAME) hold a Namibian Birth Certificate? 1 Yes 2 No 9 Don't know	Where was (NAME)'s mother usually living when (NAME) was born? <i>If in Namibia write region, constituency and locality or if outside Namibia write the country name in the space provided below.</i>	Where does (NAME) usually live? <i>If in Namibia write region, constituency and locality or if outside Namibia write the country name in the space provided below.</i>	For how long has (NAME) been living at this place? Complete in full years, if less than one year enter 00	Where did (NAME) usually live since September 2010? <i>If in Namibia write Region, constituency and locality or if outside Namibia write the country name in the space provided below.</i>	Is (NAME)'s biological mother alive? 1 Yes 2 No 9 Don't know	Is (NAME)'s biological father alive? 1 Yes 2 No 9 Don't know	Does (NAME) have any type of long term disability or limitation? 00 No disability 01 Blindness 02 Visual impairment 03 Deafness 04 Hearing difficulties 05 Mute/ Dumb 06 Speech impairment 07 Physical impairment-upper limbs 08 Physical impairment-lower limbs 09 Mental disability 10 Alcoholism 11 Autism 12 Other, specify 99 Don't know	Because of the disability does (NAME) have any difficulties in engaging in any learning and/or economic activity? 1 Yes 2 No 9 Don't know

B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18	B19
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99
		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 99		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 99

Note: B3, B6, B7, Section G and H are only applicable to Conventional households (100), ELSE DO NOT ASK THESE QUESTIONS
 For "Other-specify" please write in the COMMENT BOX on the last page



Republic of Namibia
Namibia 2011 Population and Housing Census
Form A: Household/Institution Questionnaire



CONFIDENTIAL

Form Number

Person Line Number	C EOD EDUCATION - For all persons 5 years and above				E LABOUR FORCE - For all persons 8 years and above					F FERTILITY - For females aged 12 to 64 years																
	For all persons aged 0-4 years	Can (NAME) read and write a message in any language with understanding?	Has (NAME) ever attended school?	What is (NAME)'s highest grade/standard or level of education completed?	Ask only if coded 01 or 02 in E1, else go to F					In his/her main job did (NAME) work as?	How many live births have you had?	How many of your own children were with you on the night of 28 August 2011?	How many of your own children were elsewhere on the night of 28 August 2011?	How many of your own children are no longer alive?	How old were you when you had your first live birth?	These questions refer to the last live birth										
					Occupation	Industry	Describe the type of work in the space provided.	Briefly describe the main goods produced and/or services offered in the space provided.	01 Subsistence/ Communal farmer (with paid employees)							02 Subsistence/Communal farmer (without paid employees)	03 Commercial farmer (with paid employees)	04 Other Employer (with paid employees)	05 Own account worker (without paid employees)	06 Employee (Commercial farms)	07 Employee (Government)	08 Employee (Parastatal)	09 Employee (Private)	10 Unpaid family worker (Subsistence/Communal)	11 Other unpaid family worker	12 Other, specify
B1	C1	D1	D2	D3	E1	E2	E2	E3	E3	E4	F1	F2	F3	F4	F5	F6	F7	F8	F9							
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 9		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9		<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 99					<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 99	<input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> M	<input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> M	<input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> M	<input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> M		<input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> Y	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> M	<input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> M							

Note: B3, B6, B7, Section G and H are only applicable to Conventional households (100), ELSE DO NOT ASK THESE QUESTIONS
 For 'Other-specify' please write in the COMMENT BOX on the last page

Republic of Namibia
Namibia 2011 Population and Housing Census
Form A: Household/Institution Questionnaire

3

Form Number

CONFIDENTIAL

A REGION Code 		CONSTITUENCY Code 		U/R 	EA CODE 	DU NUMBER 	Household type 	HH NUMBER 	QUESTIONNAIRE NUMBER of 							
G MORTALITY, Deaths in the household <i>The questions below refers to deaths in the last 12 months (September 2010 to August 2011)</i>							H HOUSING CHARACTERISTICS - To be completed for each household (If more than one questionnaire used complete this section on the last questionnaire)									
G1	G2	G3	G4	G5	G6	G7	H1	H2	H3	H4	What is the MAIN material used for the...?			What is the household's MAIN source of energy for...?		
How many deaths occurred in this household in the last 12 months? <i>(September 2010 - August 2011)</i> Enter number of deaths, if none, enter 00, and go to Section H	What is the Name of the deceased household member? <i>List all names and surnames of persons who died in this household</i>	Was the death registered? (Death Certificate) 1 Yes 2 No 9 Don't know	Was the person female or male? F= Female M= Male	How old was the person when he/she died? Age in complete years <i>If less than one year enter 00, if 85 years and above enter 99</i>	What was the cause of his/her death? 1 Illness 2 Accident 3 Murder 4 Suicide 5 Pregnancy related 6 Other, specify 9 Don't know	Maternal Deaths (FOR FEMALES 12 - 54 YEARS) Did she die... 1 While pregnant 2 During childbirth 3 Within 2 months after child birth 4 Other, specify 9 Don't know	What is the Type of housing unit 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	What is the Tenure status 01 Owner occupied with mortgage 02 Owner occupied without mortgage 03 Rented (government) 04 Rented (local authority) 05 Rented (parastatal) 06 Rented (private firm) 07 Rented (individual) 08 Occupied rent free 09 Other, specify	How many dwelling units does this household occupy? <i>(Rooms that are used for sleeping purposes excludes bathrooms, toilets, steps and verandas)</i>	How many sleeping rooms are available for this household?	H5 Outer walls 01 Cement blocks/Bricks/Stones 02 Burnt bricks/ Face bricks 03 Bricks 04 Corrugated iron /Zinc 05 Prefabricated materials 06 Wood poles/sticks or grass/reeds 07 Sticks with mud/clay and/or cow dung 08 Tin 09 Other, specify	H6 Roof 01 Corrugated iron sheet 02 Asbestos sheet 03 Bricks 04 Concrete 05 Thatch/grass 06 Slate 07 Wood covered with malthod 08 Sticks with mud and cow dung 09 Tin 10 Other, specify	H7 Floor 01 Sand/Earth 02 Cement 03 Mud/clay 04 Wood 05 Concrete 06 Tiles (ceramic/wood/plastic) 07 Other, specify	H8 Cooking Lighting Heating 01 Electricity from mains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 02 Electricity from generator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 03 Gas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 04 Paraffin/Kerosene <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 05 Wood/Charcoal from wood <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 06 Charcoal-coal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 07 Candles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 08 Animal dung <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 09 Solar energy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Other, specify <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
1.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05			<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 02 <input type="checkbox"/> 06 <input type="checkbox"/> 03 <input type="checkbox"/> 07 <input type="checkbox"/> 04			
2.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05			<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 02 <input type="checkbox"/> 06 <input type="checkbox"/> 03 <input type="checkbox"/> 07 <input type="checkbox"/> 04			
3.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05			<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 02 <input type="checkbox"/> 06 <input type="checkbox"/> 03 <input type="checkbox"/> 07 <input type="checkbox"/> 04			
4.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05			<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 02 <input type="checkbox"/> 06 <input type="checkbox"/> 03 <input type="checkbox"/> 07 <input type="checkbox"/> 04			
5.		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05			<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 06 <input type="checkbox"/> 02 <input type="checkbox"/> 07 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 05	<input type="checkbox"/> 01 <input type="checkbox"/> 05 <input type="checkbox"/> 02 <input type="checkbox"/> 06 <input type="checkbox"/> 03 <input type="checkbox"/> 07 <input type="checkbox"/> 04			
							What is the household's MAIN source of water for cooking and drinking? H9 01 Piped water inside <input type="checkbox"/> 01 02 Piped water outside <input type="checkbox"/> 02 03 Public Pipe <input type="checkbox"/> 03 04 Borehole/Borehole with tank covered <input type="checkbox"/> 04 05 Borehole with open tank <input type="checkbox"/> 05 06 River/Dam/Stream <input type="checkbox"/> 06 07 Canal <input type="checkbox"/> 07 08 Well Protected <input type="checkbox"/> 08 09 Well Unprotected <input type="checkbox"/> 09 10 Other, specify <input type="checkbox"/> 10	What is the household's MAIN toilet facility? H10 01 Private flush connected to main sewer <input type="checkbox"/> 01 02 Shared flush connected to main sewer <input type="checkbox"/> 02 03 Private flush connected to septic/cesspool <input type="checkbox"/> 03 04 Shared flush connected to septic/cesspool <input type="checkbox"/> 04 05 Pit Latrine with Ventilation pipe <input type="checkbox"/> 05 06 Covered Pit Latrine without Ventilation pipe <input type="checkbox"/> 06 07 Uncovered Pit Latrine without Ventilation pipe <input type="checkbox"/> 07 08 Bucket toilet <input type="checkbox"/> 08 09 No toilet facility <input type="checkbox"/> 09 10 Other, specify <input type="checkbox"/> 10	How does this household dispose of waste/ garbage? H11 1 Regularly collected <input type="checkbox"/> 1 2 Irregularly collected <input type="checkbox"/> 2 3 Burning <input type="checkbox"/> 3 4 Roadside Dumping <input type="checkbox"/> 4 5 Rubbish Pit <input type="checkbox"/> 5 6 Other, specify <input type="checkbox"/> 6	Household assets <i>mark(X) for assets in the household</i> H12 01 Car <input type="checkbox"/> 01 02 Jet/ Plane <input type="checkbox"/> 02 03 Motorbike <input type="checkbox"/> 03 04 Bicycle <input type="checkbox"/> 04 05 Radio <input type="checkbox"/> 05 06 Television <input type="checkbox"/> 06 07 Telephone (fixed) <input type="checkbox"/> 07 08 Telephone (mobile) <input type="checkbox"/> 08 09 Animal-drawn cart <input type="checkbox"/> 09 10 Computer/Laptop <input type="checkbox"/> 10 11 Refrigerator/Freezer <input type="checkbox"/> 11 12 Stove <input type="checkbox"/> 12 13 Microwave <input type="checkbox"/> 13 14 Truck <input type="checkbox"/> 14 15 Boat <input type="checkbox"/> 15 16 Pick-up truck <input type="checkbox"/> 16 17 Bus <input type="checkbox"/> 17 18 Home internet connectivity <input type="checkbox"/> 18	What is the MAIN language spoken in this household? (see code list 6) H13 <input type="checkbox"/> <input type="checkbox"/>	What is the household's MAIN source of income? H14 01 Farming <input type="checkbox"/> 01 02 Business activities non-farming <input type="checkbox"/> 02 03 Wages and salaries <input type="checkbox"/> 03 04 Old-age pension <input type="checkbox"/> 04 05 Cash remittance <input type="checkbox"/> 05 06 Retirement fund <input type="checkbox"/> 06 07 Orphan's grant <input type="checkbox"/> 07 08 Disability grant <input type="checkbox"/> 08 09 Other, specify <input type="checkbox"/> 09				
							Has this household engaged in its own account agricultural activity in the past 12 months? H15 1 Yes <input type="checkbox"/> 1 2 No <input type="checkbox"/> 2	If Yes in H15, indicate the type of own account agricultural activity H16 1 Livestock <input type="checkbox"/> 1 2 Crop <input type="checkbox"/> 2 3 Poultry <input type="checkbox"/> 3 4 Agro-processing <input type="checkbox"/> 4 5 Horticulture <input type="checkbox"/> 5 6 Other, specify <input type="checkbox"/> 6	Under which agricultural farming sector are the household agricultural activities in H16 performed? 1 Communal/Subsistence sector 2 Commercial sector 3 Emerging sector 4 Small scale sector H17 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Emigrants How many members of this household have migrated to another country since 2001? <i>if none enter 00</i> H18 <input type="checkbox"/> <input type="checkbox"/>	<i>If 00 end interview, else continue to Form C</i>					

Note: B3, B6, B7, Section G and H are only applicable to Conventional households (100), ELSE DO NOT ASK THESE QUESTIONS
 For "Other-specify" please write in the COMMENT BOX on the last page

CONFIDENTIAL



Republic of Namibia

**Republic of Namibia
Namibia 2011 Population and Housing Census
Special Population Groups
Form B1**

Form Number

Formof



Section	Region Code	Constituency Code	U/R	EA Code	DU Number <small>for 303,304,305 leave blank</small>	Type of special population code
A						

Total

Female

Male

Name of the Institution/Place: _____

Person Line Number	Names	Sex	Age	Citizenship	Birth Place	Usual Residence
	List the names of all persons found in this Institution/Place on the Census reference night	Are you female or male? F= Female M= Male	How old were you on your last birthday? <i>If less than one year enter 00, if 95 years and above enter 95</i> <i>Enter 99 for don't know</i>	What is your citizenship? <i>Enter codes from code list 1</i>	Where was your mother usually living when you were born? <i>If in Namibia write region, constituency and Locality or if outside Namibia, write country name in the space provided below</i> <i>The coder will enter the codes from code list 2 in the boxes provided</i>	Where do you usually live? <i>If in Namibia write region, constituency and Locality or if outside Namibia, write country name in the space provided below</i> <i>The coder will enter the codes from code list 2 in the boxes provided</i>
B1	B2	B4	B5	B9	B11	B12
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				
		<input type="checkbox"/> F <input type="checkbox"/> M				

Types of Special Population:

301 Police Holding Cells
302 Hospital in-patient

303 Travellers
304 Homeless

305 Fishermen

SAMPLE

COMMENT BOX

Person Line Number	Column Number	Specific comments for the responses

FOR OFFICE USE ONLY

FIELD STAFF	
<p>ENUMERATOR</p> <p>Name and Number <input type="text"/></p> <p>Date Checked -----/-----/2011</p> <p>Signature</p>	<input type="text"/> <input type="text"/> <input type="text"/>
<p>EDITOR/ CODER</p> <p>Name and Number <input type="text"/></p> <p>Date Checked -----/-----/2011</p> <p>Signature</p>	<input type="text"/> <input type="text"/> <input type="text"/>
<p>SUPERVISOR</p> <p>Name and Number <input type="text"/></p> <p>Date Checked -----/-----/2011</p> <p>Signature</p>	<input type="text"/> <input type="text"/> <input type="text"/>

SAMPLE

CONFIDENTIAL



Republic of Namibia

Republic of Namibia
Namibia 2011 Population and Housing Census
Special Population Groups

Form B2

Form Number

Formof



For office use only

Section A	Region Code		Constituency Code		U/R		EA Code			DU Number			Type of Special Population Code		
													3	0	6

1. What is your name and surname? _____

2. What is your sex? F=Female

M=Male

3. How old were you on your last birthday?
(If less than one year enter 00, if 95 years and above enter 95)

4. What is your Marital status?
 01 Never Married 04 Consensual union 07 Separated
 02 Married with certificate 05 Divorced
 03 Married traditionally 06 Widowed

5. What is your citizenship? _____

6. What is your Highest level of Education Completed? _____

7. What is your Occupation? _____

For questions 8-11, if in Namibia, write the region name, constituency and locality; if outside Namibia write the country name in the space provided below.

8. Where was your mother usually living when you were born?
Country: _____
Region: _____
Constituency: _____
Locality: _____

9. Where do you usually live?
Country: _____
Region: _____
Constituency: _____
Locality: _____

10. For how long have you been living at your usual place of residence(the place stated in question 9, write complete years)
(not Namibia indicate intended duration of stay in Namibia. If less than a year enter "00".)*

11. Where did you usually live since September 2010?
Country: _____
Region: _____
Constituency: _____
Locality: _____

For office use only

B2

B4

B5

B8

B9

E2

B11

B12

B14

Type of special Population: 306 Hotels/Lodges/Guesthouses

OFFICE USE ONLY

ENUMERATOR

Name and Number

--	--	--

Date Checked -----/-----/2011

Signature

EDITOR/ CODER

Name and Number

--	--	--

Date Checked -----/-----/2011

Signature

SUPERVISOR

Name and Number

--	--	--

Date Checked -----/-----/2011

Signature

SAMPLE

CONFIDENTIAL



Republic of Namibia
Namibia 2011 Population and Housing Census
Emigrants
Form C

Form Number
 NB: Copy Form number from Form A
 Formof



Section A	Region Code	Constituency Code	U/R	EA Code	DU Number	Household number	Type of population Code		
							4	0	0

Total Female Male

	Names	Sex	Age	Education Level	Professional Training/Occupation	Status/Reason	Remittance	Current Residence	Year of Departure
Person Line Number	What are the names of all persons who left this household since 2001 to other countries, and did not spend the census reference night in Namibia? <i>List the names and surnames of all persons living abroad</i>	What is (NAME)'s sex? 1 Female 2 Male	How old was (NAME) at his/her last birthday? <i>If less than one year enter 00, if 95 years and above enter 95 Enter 99 for don't know</i>	What is (NAME)'s highest grade/standard or level of Education completed? <i>Enter codes from codelist 3</i>	What is (NAME)'s professional training/Occupation? <i>Describe the type of work in the space provided</i> <i>The coder will enter codes in the boxes provided</i>	What is (NAME)'s status reason for staying abroad? 01 Citizenship 02 Employment 03 Education/Studies 04 Sports 05 Marriage 06 Link up with family 07 Short Term stay(Business or Tourism) 08 Other, specify 99 Don't know	Did (NAME) send any remittance in the last 12 months to any household member? 1. Cash 2. In-kind 3. No 8. Not Applicable 9. Don't know	What is (NAME)'s country of current residence destination? <i>Enter codes from codelist 1</i>	What is (NAME) year of departure?
EM 1	EM 2	EM 3	EM 4	EM 5	EM 6	EM 7	EM 8	EM 9	EM 10
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

Type of Population : 400 Emigrants

SAMPLE

COMMENT BOX

Person Line Number	Column Number	Specific comments for the responses

FOR OFFICE USE ONLY

FIELD STAFF	
ENUMERATOR Name and Number <input type="text"/> <input type="text"/> <input type="text"/> Date Checked -----/-----/2011 Signature	
EDITOR/ CODER Name and Number <input type="text"/> <input type="text"/> <input type="text"/> Date Checked -----/-----/2011 Signature	
SUPERVISOR Name and Number <input type="text"/> <input type="text"/> <input type="text"/> Date Checked -----/-----/2011 Signature	

SAMPLE