

2000 CENSUS OF POPULATION AND HOUSING



Republic of Zambia

Central Statistical Office,
P.O. Box 31908, Lusaka

Form A - General Characteristics

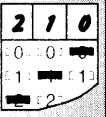
STRICTLY CONFIDENTIAL

INSTRUCTIONS

Example: **2 1 0**

Shade like this

USE HB PENCIL.



QUESTIONNAIRE IDENTIFICATION									
Province Name				District Name					
Province	District	Constituency	Ward	CSA No.	Region	SEA No.	Census Building Number (CBN)	Housing Unit No. (HUN)	Household No. (HHN)
0	0	0	0	0	Rural	0	0	0	0
1	1	1	1	1	Urban	1	1	1	1
2	2	2	2	2		2	2	2	2
3	3	3	3	3		3	3	3	3
4	4	4	4	4		4	4	4	4
5	5	5	5	5		5	5	5	5
6	6	6	6	6		6	6	6	6
7	7	7	7	7		7	7	7	7
8	8	8	8	8		8	8	8	8
9	9	9	9	9		9	9	9	9

SUMMARY COUNT		
Male	Female	TOTAL
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

AREA IDENTIFICATION																							
Village/Locality Name																							
Residential Address/Village Name																							
<table border="1"> <thead> <tr> <th colspan="2">Chief's Area</th> </tr> </thead> <tbody> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </tbody> </table>		Chief's Area		0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
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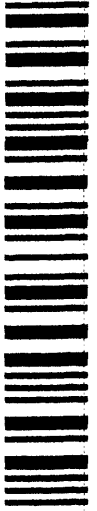
RESIDENTIAL STATUS
Institutional/Collective Quarter
0
1
2
3
4
5
6
7
8
9

ASSIGNMENT RECORD	
Enumerator Name	Date Completed
Supervisor Name	Date Checked
Coder Name	Date Coded
Editor Name	Date Edited

INTERVIEW STATUS	
Interview completed (Occupied) <input type="checkbox"/>	
Non-contact (Occupied) <input type="checkbox"/>	
Not interviewed (Vacant) <input type="checkbox"/>	Go to H1
Non-residential <input type="checkbox"/>	Go to H1

HOUSEHOLD LISTING										
Serial No.	Full Name	Sex		Age			Membership Status (1/2/3)			Household Head Form B.I.D.
		M	F	<16	<18	18+	1	2	3	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										Supplementary for Continuation Sheets - Mark Sheet Number Sheet 1 (Persons 16-30) 16 Sheet 2 (Persons 31-45) 27 Sheet 3 (Persons 46-60) 38 Sheet 4 (Persons 61-75) 49 Sheet 5 (Persons 76-90) 60
11										
12										
13										
14										
15										

99001693 (94)



HOUSING CHARACTERISTICS

H1. Type of housing Traditional :1 Mixed :2 Conventional flat :3 Conventional house :4 Mobile :5 Part of commercial building :6 Improvised/Makeshift :7 Collective/Institutional quarters :8 Unintended :9 Other :10	H3. What are the walls of this housing unit mainly made of? Burnt bricks :1 Mud bricks :2 Concrete blocks/slab :3 Cement blocks :4 Stone :5 Iron sheets :6 Asbestos/hardboard/wood :7 Pole and dagga/mud :8 Grass :9 Other :10	H5. Occupancy Single household :1 One household in several housing units :2 Shared :3 Vacant :4 Non-residential :5	H7. How many living rooms and bedrooms does this housing unit have? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Living rooms</th> <th style="text-align: center;">Bedrooms</th> </tr> <tr> <td style="text-align: center;">0 :5</td> <td style="text-align: center;">0 :5</td> </tr> <tr> <td style="text-align: center;">1 :6</td> <td style="text-align: center;">1 :6</td> </tr> <tr> <td style="text-align: center;">2 :7</td> <td style="text-align: center;">2 :7</td> </tr> <tr> <td style="text-align: center;">3 :8</td> <td style="text-align: center;">3 :8</td> </tr> <tr> <td style="text-align: center;">4 :9</td> <td style="text-align: center;">4 :9</td> </tr> </table>	Living rooms	Bedrooms	0 :5	0 :5	1 :6	1 :6	2 :7	2 :7	3 :8	3 :8	4 :9	4 :9
Living rooms	Bedrooms														
0 :5	0 :5														
1 :6	1 :6														
2 :7	2 :7														
3 :8	3 :8														
4 :9	4 :9														
H2. What is the main type of material used for the roof? Concrete/Cement :1 Asbestos sheet :2 Iron sheet/corrugated :3 Grass/thatch/straw :4 Tiles :5 Slate :6 Other :7	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	If Vacant or Non-residential END interview													
H6. (If shared) what is the number of households? :2 :3 4 :5+	H8. Does this housing unit have a kitchen? Yes :1 No :2														
H9. What is the main source of water supply for this house? Piped water inside the housing unit :1 Piped water outside the housing unit within stand/plot :2 Communal tap :3 Protected Well :4 Protected Borehole :5 Unprotected Well :6 Unprotected Borehole :7 River/Dam/Stream :8 Rain Water Tank :9 Other :10															

HOUSEHOLD CHARACTERISTICS

HH-1. What is the main source of energy used for lighting by this household? Electricity :1 Gas :2 Wood :3 Candle :4 Paraffin :5 Solar :6 Other :7	HH-4. How is the household refuse disposed? Regularly collected :1 Irregularly collected :2 Burnt :3 Roadside dumping :4 Burying/pit :5 Other :6	HH-7. Is this toilet inside or outside this housing unit? Inside :1 Outside :2	HH-12. Is this housing unit rented from the employer of any member of this household? Yes :1 No (Go to HH-14) :2																										
HH-2. What is the main source of energy used for cooking by this household? Electricity :1 Gas :2 Wood :3 Paraffin :4 Cowdung :5 Charcoal :6 Coal :7 Solar :8 Other :9	HH-5. Does your household have...? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr> <td style="text-align: center;">Electricity :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Radio :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Television :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Refrigerator :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Telephone :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Bicycle :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Motor Vehicle :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Motor Cycle :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Plough :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Boat/Canoe :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Scotch Cart :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> <tr> <td style="text-align: center;">A Donkey :1 :2</td> <td style="text-align: center;">:1 :2</td> </tr> </table>	Yes	No	Electricity :1 :2	:1 :2	A Radio :1 :2	:1 :2	A Television :1 :2	:1 :2	A Refrigerator :1 :2	:1 :2	A Telephone :1 :2	:1 :2	A Bicycle :1 :2	:1 :2	A Motor Vehicle :1 :2	:1 :2	A Motor Cycle :1 :2	:1 :2	A Plough :1 :2	:1 :2	A Boat/Canoe :1 :2	:1 :2	A Scotch Cart :1 :2	:1 :2	A Donkey :1 :2	:1 :2	HH-8. Is this toilet exclusively used by members of the household? Yes :1 No :2	HH-13. Is this employer... The Central Government? :1 The District Council? :2 Parastatal? :3 A Private Organisation? :4 An individual? :5
Yes	No																												
Electricity :1 :2	:1 :2																												
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HH-3. What is the main source of energy used for heating? Electricity :1 Gas :2 Wood :3 Paraffin :4 Cowdung :5 Charcoal :6 Coal :7 Solar :8 Other :9	HH-6. What is the main type of toilet used by members of this household? Flush (Private) :1 Flush (Communal) :2 Pit Latrine :3 Ventilated Improved Pit Latrine (VIP) :4 Bucket :5 Other - Go to HH7 :6 No toilet facility :7	If No go to HH-11																											
HH-10. How was this Housing Unit acquired? Purchased :1 Mortgage :2 Freely :3 Inherited :4 Self Built :5 Other :6 (GO TO HH-15)		HH-14. Is this housing unit rented from... The Central Government? :1 The District Council? :2 Parastatal? :3 A Private Organisation? :4 An individual? :5																											
HH-11. Is this housing unit provided free by the employer, friend or relative of any member of this household? Yes, Employer (Go to HH-13) :1 Yes, By friend or relative (GO to HH-15) :2 No :3		SPECIAL POPULATION GROUP																											
HH-15. Is any member of the Household disabled in any way Yes (Fill in Disability Supplement) :1 No :2																													

AGRICULTURE

A-1. Did your household engage directly in agricultural activities, namely crop growing, livestock and poultry raising and fish farming since 1st October 1999? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, skip rest of agriculture section	A-2. On your holding, which of the following crops did you grow since 1st October 1999? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr> <td style="text-align: center;">Maize <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Groundnuts <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Sunflower <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Sorghum <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Mixed beans <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Soya beans <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Millet <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Cow peas <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Paprika <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Rice <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Wheat <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Sugar cane <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Cassava <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Cotton <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Cashew <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Sweet potatoes <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Burley tobacco <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Other crops <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Irish potatoes <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Virginia tobacco <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Yes	No	Yes	No	Yes	No	Maize <input type="checkbox"/>	<input type="checkbox"/>	Groundnuts <input type="checkbox"/>	<input type="checkbox"/>	Sunflower <input type="checkbox"/>	<input type="checkbox"/>	Sorghum <input type="checkbox"/>	<input type="checkbox"/>	Mixed beans <input type="checkbox"/>	<input type="checkbox"/>	Soya beans <input type="checkbox"/>	<input type="checkbox"/>	Millet <input type="checkbox"/>	<input type="checkbox"/>	Cow peas <input type="checkbox"/>	<input type="checkbox"/>	Paprika <input type="checkbox"/>	<input type="checkbox"/>	Rice <input type="checkbox"/>	<input type="checkbox"/>	Wheat <input type="checkbox"/>	<input type="checkbox"/>	Sugar cane <input type="checkbox"/>	<input type="checkbox"/>	Cassava <input type="checkbox"/>	<input type="checkbox"/>	Cotton <input type="checkbox"/>	<input type="checkbox"/>	Cashew <input type="checkbox"/>	<input type="checkbox"/>	Sweet potatoes <input type="checkbox"/>	<input type="checkbox"/>	Burley tobacco <input type="checkbox"/>	<input type="checkbox"/>	Other crops <input type="checkbox"/>	<input type="checkbox"/>	Irish potatoes <input type="checkbox"/>	<input type="checkbox"/>	Virginia tobacco <input type="checkbox"/>	<input type="checkbox"/>			A-3. On your holding, which of the following livestock/poultry did you raise since 1st October 1999? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr> <td style="text-align: center;">Cattle <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Sheep <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Goats <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Donkeys <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Pigs <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Poultry <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	Yes	No	Cattle <input type="checkbox"/>	<input type="checkbox"/>	Sheep <input type="checkbox"/>	<input type="checkbox"/>	Goats <input type="checkbox"/>	<input type="checkbox"/>	Donkeys <input type="checkbox"/>	<input type="checkbox"/>	Pigs <input type="checkbox"/>	<input type="checkbox"/>	Poultry <input type="checkbox"/>	<input type="checkbox"/>
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Pigs <input type="checkbox"/>	<input type="checkbox"/>	Poultry <input type="checkbox"/>	<input type="checkbox"/>																																																															
A-4. Did your agriculture enterprise include fish farming since 1st October 1999? Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																		

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Republic of Zambia

Central Statistical Office,
P.O. Box 31908, Lusaka

FORM B - PERSONAL INFORMATION

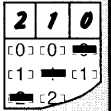
**STRICTLY
CONFIDENTIAL**

INSTRUCTIONS

Shade like this →

USE HB PENCIL.

Example:



GENERAL CHARACTERISTICS

Full Name:

P2 Membership Status?

- Usual member present last night
 Visitor
 Usual member absent

**P3 Relationship
to Head of Household**

- Head 1
 Spouse 2
 Own Son/Daughter 3
 Step Son/Daughter 4
 Parent 5
 Brother/Sister 6
 Nephew/Niece 7
 Son/Daughter in Law 8
 Grandchild 9
 Other Relative 10
 Unrelated 11

P5 Age

Enter age in completed years, 00 if less than one year and 90 if 90 years or older.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

P6 Birthplace

STATE DISTRICT IF BORN IN ZAMBIA AND COUNTRY IF BORN OUTSIDE ZAMBIA.
(Enter District name and 3 digit code from supplied list)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Was this part of the district rural or urban at the time of birth?

- Rural
 Urban
 N/A
 (outside Zambia)

P7 Citizenship

Non-Zambian enter country code,

Zambian enter Code 148.

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

**P8 Purpose of Stay
(Non-Zambians only)**

What is your purpose of stay in Zambia?

- Employment
 Family reunification/formation
 Education/training
 Settlement
 Refuge/Asylum
 Other

P4 Sex

- Male Female

P9 Religion

What is your religion?

- Catholic
 Protestant
 Muslim
 Hindu
 Other
 None

P10 Residence

Enter completed years and months living continuously in this district.

Years	Months
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

P11 Migration

Where were you living before August last year?

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Was this part of the district rural or urban at the time of birth?

- Rural
 Urban
 N/A
 (outside Zambia)

P12 Ethnicity

If Zambian enter tribe, if not mark major racial group.
(Code 88 for non-response)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

- African
 American
 Asian
 European
 Other

P13 Predominant Language

Write name of PREDOMINANT language then code. (if not applicable enter 88)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P14 Second Language

Write name of SECOND language then code. (if not applicable enter 88)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P15 Can you read and write in any language?

- Yes No

P16 Do you go to any institution of learning?

- Yes - full time (GO TO P18)
 Yes - part time (GO TO P18)
 Yes - correspondence (GO TO P18)
 No

P17 Did you previously go to any institution of learning?

- Yes - full time
 Yes - part time
 Yes - correspondence
 No (GO TO P19)

P18 What highest level of academic education have you completed?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

P19 What highest professional or vocational education have you completed? (Write level and field of study and enter code from the list of supplied Educational Programmes.)

- Certificate
 Diploma
 Degree
 None

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

88015906(56)



FOR PERSONS 12 YEARS AND OLDER

P20 What were you mainly doing in the last 7 days?

- Worked - Paid non-seasonal 1
- Worked - Unpaid non-seasonal 2
- Worked - Paid seasonal 3
- Worked - Unpaid seasonal 4
- On leave 5
- Unpaid work on household holding or business 6
- Unemployed and seeking work 7
- Not seeking work but available for work 8
- Full-time housewife/homemaker 9
- Full time student 10
- Not available for work for other reasons 11

P21 What have you mainly been doing for the past 12 months?

- Worked - Paid non-seasonal 1
 - Worked - Unpaid non-seasonal 2
 - Worked - Paid seasonal 3
 - Worked - Unpaid seasonal 4
 - On leave 5
 - Unpaid work on household holding or business 6
 - Unemployed and seeking work 7
 - Not seeking work but available for work 8
 - Full-time housewife/homemaker 9
 - Full time student 10
 - Not available for work for other reasons 11
- GO**
TO
P25

P22 Employment Status

Since 27th April 1999 what have you been mainly:

- An employer
- an employee
- self-employed
- an unpaid family worker

P23 Occupation

What was your main occupation for the last 12 months.

Write name of occupation and enter code.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3</td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>8</td> <td>9</td> <td></td> <td></td> </tr> </table>	0	1	2	3	4	5	6	7	8	9		
0	1	2	3									
4	5	6	7									
8	9											

P24 Industry

What kind of main product or service is/was produced where you work?

Write name of industry and enter code.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">0</td> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">3</td> </tr> <tr> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>8</td> <td>9</td> <td></td> <td></td> </tr> </table>	0	1	2	3	4	5	6	7	8	9		
0	1	2	3									
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8	9											

P25 Marital Status

What is your marital status?

- Married
- Separated
- Divorced
- Widowed
- Never married
- Living together/cohabiting

FOR FEMALES 12 YEARS AND OLDER - FERTILITY (Own children ever born alive)

P26 Live Births

Have you ever had a live birth (including babies who died after birth)?

- Yes
- No **GO TO P30**

P27 Of the children born to you alive:

a) How many are still living with you? How many of these are male and how many are female?

Male	Female
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

b) How many are living elsewhere in some other household? How many of these are male and how many are female?

Male	Female
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

c) How many died? How many of these were male and how many were female?

Male	Female
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

P28 Live Births

Did you have any live births in the last 12 months?

- Yes
- No **GO TO P30**

P29 Of the children born to you alive:

a) How many are still living with you? How many of these are male and how many are female?

Male	Female
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

b) How many are living elsewhere in some other household? How many of these are male and how many are female?

Male	Female
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

c) How many died? How many of these were male and how many were female?

Male	Female
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

FOR PERSONS 16 AND OLDER - NATIONAL REGISTRATION AND ELECTORAL INFORMATION

P30 Do you have a Zambian National Registration card?

- Yes
- No

P31 Are you a registered voter?

- Yes
- No