

STRICTLY CONFIDENTIAL

CENTRAL STATISTICAL OFFICE  
P.O. BOX 31908,  
LUSAKA



REPUBLIC OF ZAMBIA

QUESTIONNAIRE SERIAL NO:

FORM 

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QUESTIONNAIRE NO 

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 OF 

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## 1990 CENSUS OF POPULATION, HOUSING AND AGRICULTURE

QUESTIONNAIRE IDENTIFICATION			
1. PROVINCE NAME	1		
2. DISTRICT NAME	2 - 3		
3. CSA NUMBER	4 - 6		
4. RURAL/URBAN	7		
5. SEA NUMBER	8	CD	9
6. CENSUS BUILDING NUMBER (CBN)	13 - 14		
7. HOUSING UNIT NUMBER (HUN)			
8. HOUSEHOLD NUMBER (HHN)	15		
AREA IDENTIFICATION			
9. VILLAGE/LOCALITY NAME			
10. RESIDENTIAL ADDRESS/VILLAGE NAME			
11. CHIEF'S AREA	16 - 18		
12. WARD	19 - 20		
13. INSTITUTION/COLLECTIVE QUARTER	21		
ASSIGNMENT RECORD		INTERVIEW STATUS	
Name	Date	1 - Interview completed (Occupied) 2 - Non-contact (Occupied) 3 - Not interviewed (Vacant) - Go to H-1 on page 9 4 - Non-residential - Go to H - 1 on page 9	
Enumerator	Completed		
Supervisor	Checked		
Coder	Coded		
Editor	Edited		
		22	
SUMMARY COUNT (DE FACTO POPULATION CODE 1 AND 2 OF P -3)			
CODE	MALE	FEMALE	TOTAL
1			
2			
TOTAL			

FOR ALL PERSONS										
RECORD TYPE	SERIAL NUMBER	GENERAL CHARACTERISTICS								
		NAME (a) What is the name of the head of household?  (b) What are the names of persons who spent last night here (other than the head of household)?  (c) What are the names of usual household members who didn't spend last night here (other than the head of household)?	MEMBERSHIP STATUS Is ..... 1- Usual member present last night? 2- Visitor? 3- Usual member absent?  (Enter Code)	RELATIONSHIP What is ..... 's relationship to the head of h/hold? 1- Head 2- Spouse 3- Own Son/daughter 4- Step Son/daughter 5- Other relative 6- Unrelated (Enter Code)	SEX What is ..... 's sex? 1 - Male 2 - Female	AGE What is ..... 's age?  (Enter age in completed year or '00' if less than 1 year)	DISABILITY			
							Is .....			
							(a) BLIND ? 1 - Yes 2 - No  (Enter Code)	(b) DEAF/DUMB? 1 - Yes 2 - No  (Enter Code)	(c) CRIPPLED? 1 - Yes 2 - No  (Enter Code)	(d) MENTALLY/RETARDED? 1 - Yes 2 - No  (Enter Code)
P-1	P-2	P-3	P-4	P-5	P-6	P-7				
23	24	25	26	27	28	29 - 30	31	32	33	34
P	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR ALL PERSONS						
GENERAL CHARACTERISTICS						
S E R I A L  N U M B E R	MIGRATION					
	Where was.....born ?		What is.....'s country of citizenship ?  (For non Zambians write name of country and enter its code. For Zambians just enter code 148)	How long has..... .....been continuously living in this district ?  (Enter completed years and months)		
	a. State district if born in Zambia and Country if born outside Zambia  (Refers to usual district/country of residence of member at time of giving birth)  (Enter district name and 3-digit code from list of provinces and districts)	b. Was this part of the district rural or urban at time of birth ?  1 - Rural 2 - Urban  8 - Not Applicable (Outside Zambia)  (Enter Code)		Years	Months	
	P - 8			P - 9	P - 10	
	35 - 37	38	39 - 41	42 - 43	44 - 45	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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FOR ALL PERSONS					
GENERAL CHARACTERISTICS					
S E R I A L  N U M B E R	MIGRATION		ETHNICITY AND LANGUAGE		
	Where was.....staying in August last year?		What is .....s ethnic group?	What is.....s LANGUAGE OF COMMUNICATION?	
	State district if in Zambia and country if outside Zambia (Enter district name 3-digit code from list of provinces and districts)	Is this part of the district rural or urban? 1 - Rural 2 - Urban 8 - Not Applicable (Outside Zambia or child less than 1 year) (Enter Code)	(Enter Zambian tribe, if not applicable enter major racial group) Code - 64 - African 65 - American 66 - Asian 67 - European 68 - Other	a. PREDOMINANT (Write the name of the language and enter the code. If not applicable enter 88)	b. SECOND (Write the name of the language and enter the code. If not applicable enter 88)
	P - 11		P - 12	P - 13	
	46 - 48	49	50 - 51	52 - 53	54 - 54
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOR PERSONS 5 YEARS AND OVER					
EDUCATION					
S E R I A L  N U M B E R	Can ..... read and write in any language ?	Does.....go to any institution of learning ?	Did.....previously go to any institution of learning ?	What highest level of academic education has..... completed ?	What highest professional or vocational education has..... completed ?
	1 - Yes 2 - No	1 - Yes-Full time 2 - Yes-Part time 3 - Yes-Correspondence  Go to P-17 4-No	1 - Yes-Full time 2 - Yes-Part time 3 - Yes-Correspondence 4 - No - Go to P-18		(Write level and field of study, then enter code -  1 - Certificate 2 - Diploma 3 - Degree  in the first box and two digit code from the list of educational programmes)
	P - 14	P - 15	P - 16	P - 17	P - 18
	56	57	58	59 - 60	61 62 - 63
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FOR PERSONS 12 YEARS AND OVER					
S E R I A L  N U M B E R	ECONOMIC ACTIVITY		EMPLOYMENT STATUS	OCCUPATION	INDUSTRY
	What was..... mainly doing in the last 7 days ?  1 - Working for pay on profit 2 - On leave 3 - Unpaid work on household holding or business 4 - Unemployed and seeking work 5 - Not seeking work but available for work 6 - Full-time housewife/homemaker 7 - Full-time student 8 - Not available for work for other reasons  (Enter Code)	What has..... mainly been doing since.....1989 ?  1 - Working for pay on profit 2 - On leave 3 - Unpaid work on household holding or business 4 - Unemployed and seeking work 5 - Not seeking work but available for work 6 - Full-time housewife/homemaker 7 - Full-time student 8 - Not available for work for other reasons  Go to P-24 (Enter Code)	Since.....1989 ? has.....been mainly ?  1 - an employer ? 2 - an employee ? 3 - self-employed ? 4 - an unpaid family worker ?	What was.....'s main occupation since.....1989?  (Write name of occupation and enter code)	What kind of main product of service is (was) produced ? Where..... works/worked?  (Write name of industry and enter code)
	P - 19	P - 20	P - 21	P.....22	P.....23
	64	65	66	67 - 69	70 - 72
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FOR PERSONS 12 YRS AND OVER			FOR FEMALES 12 YEARS AND OVER											
			FERTILITY (Own children ever born alive)											
S u b j e c t  N u m b e r	MARITAL STATUS  1-Married? 2-Separated? 3-Divorced? 4-Widowed? 5-Never married? (If female, GO TO F-1, other- wise GO to next person or M-1 if last person)	AGE AT FIRST MARRIAGE  What was .....'s age when he/she first got married? (If male GO TO next person other- wise M-1) (Give age in completed years only)	LIVE BIRTH  Have you ever had a live birth? (Includ- ing babies who died after birth) 1-Yes 2-No (If "No" GO TO next person or M-1)	AGE AT FIRST LIVE BIRTH  How old were you when you first had a live birth?	How many children born to you are still alive? If "None" enter "00" GO TO F-4c		Of the children born to you alive -							
					How many of these are male and how many are female?		a. How many are still living with you?  How many of these are male and how many are female?		b. How many are living elsewhere in some other household?  How many of these are male and how many are female?		c. How many died?  How many of these are male and how many are female?			
					Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
P - 24		P - 25	F-1	F-2	F-3		F-4							
73		74 - 75	76	77 - 78	79 - 80	81 - 82	83 - 84	85 - 86	87 - 88	89 - 90	91 - 92	93 - 94		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



FOR FEMALES 12 YEARS AND OVER								GENERAL COMMENTS
S E R I A L  N U M B E R	Have you had any live birth since.....1989 ?  1 - Yes GO TO next person otherwise go to M-1  (Enter Code)	FERTILITY (Own children ever born alive)						
		CHILDREN BORN IN LAST 12 months						
		Of the children born to you since.....1989 ?						
		a. How many are still living today ?  How many of these are male and how many are females ?		b. how many are living elsewhere in some other household ?  How many of these are male and how many are female ?		c. How many died ?  How many of these are male and how many are female ?		
		Male	Female	Male	Female	Male	Female	
	F - 5	F - 6						
	93	94	95	96	97	98	99	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



MORTALITY		HOUSING CHARACTERISTICS	
ENUMERATOR TYPE	M-1 Has there been any death in this household since...1989 ?	1 - Yes <input type="checkbox"/> 2 - No - Go to HH-1 <input type="checkbox"/>	24
	M-2 How many died ? How many of these are -	Male ? <input type="checkbox"/> Female ? <input type="checkbox"/>	25 26
H	HOUSEHOLD CHARACTERISTICS		
23	HH-1 What is the main source of energy used for energy used for lighting by this household ?	1 - Electricity <input type="checkbox"/> 2 - Gas <input type="checkbox"/> 3 - Paraffin/Kerosene <input type="checkbox"/> 4 - Candle <input type="checkbox"/> 5 - Other <input type="checkbox"/>	27
	HH-2 What is the main source of energy used for cooking by this household ?	1 - Electricity <input type="checkbox"/> 2 - Gas <input type="checkbox"/> 3 - Paraffin/Kerosene <input type="checkbox"/> 4 - Wood <input type="checkbox"/> 5 - Charcoal <input type="checkbox"/> 6 - Coal <input type="checkbox"/> 7 - Other <input type="checkbox"/>	28
	HH-3 What type of toilet is used by members of this household ?	1 - Flush <input type="checkbox"/> 2 - Pit latrine <input type="checkbox"/> 3 - Aqua privy <input type="checkbox"/> 4 - Bucket <input type="checkbox"/> 5 - Other - Go to HH-6 <input type="checkbox"/>	29
	HH-4 Is this toilet inside or outside this housing unit ?	1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/>	30
	HH-5 Is this toilet exclusively used by members of this household ?	1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/>	31
	HH-6 Is this housing unit owned by any member of this household ?	1 - Yes <input type="checkbox"/> 2 - No - Go to HH-8 <input type="checkbox"/>	32
	HH-7 Was this housing unit -	1 - Built by any member of this household ? <input type="checkbox"/> 2 - Bought ? <input type="checkbox"/> 3 - Inherited/given <input type="checkbox"/>	33
	HH-8 Is this housing unit provided free by the employer/friend or relative of any member of this household ?	1 - Yes-Employer - Go to HH-10 <input type="checkbox"/> 2 - Yes-By friend or relative-Go to HH-13 <input type="checkbox"/> 3 - No <input type="checkbox"/>	34
	HH-9 Is this housing unit rented from the employer of any member of this household ?	1 - Yes <input type="checkbox"/> 2 - No - Go to HH-11 <input type="checkbox"/>	35
	HH-10 Is the employer -	1 - The Central Govt? <input type="checkbox"/> 2 - The District Council? <input type="checkbox"/> 3 - A Parastatal ? <input type="checkbox"/> 4 - A Private Organ. ? <input type="checkbox"/> 5 - An individual ? <input type="checkbox"/> GO to HH-12	36
	HH-11 Is this housing unit rented from -	1 - The Central Govt? <input type="checkbox"/> 2 - The District Council? <input type="checkbox"/> 3 - A Parastatal ? <input type="checkbox"/> 4 - A Private Organ. ? <input type="checkbox"/> 5 - An individual ? <input type="checkbox"/>	37
	HH-12 Is this housing unit owned by -	1 - The Central Govt? <input type="checkbox"/> 2 - The District Council? <input type="checkbox"/> 3 - A Parastatal ? <input type="checkbox"/> 4 - A Private Organ. ? <input type="checkbox"/> 5 - An individual ? <input type="checkbox"/>	38
	HH-13 a. How many radios does this household/institution have ? 39---41 b. How many television sets does this household/institution have? 42---44		
	H-1 Type of housing	1 - Single Structure <input type="checkbox"/> 2 - Several Structures <input type="checkbox"/> 3 - Part of Structure <input type="checkbox"/> 4 - Improved/makeshift <input type="checkbox"/> 5 - Unimproved <input type="checkbox"/> 6 - Collective <input type="checkbox"/> 7 - Institutional <input type="checkbox"/> 8 - Other <input type="checkbox"/>	45
	H-2 Type of roofing material	1 - Concrete/Cement <input type="checkbox"/> 2 - Asbestos sheet <input type="checkbox"/> 3 - Iron sheet/corrugated iron sheet <input type="checkbox"/> 4 - Grass/thatch <input type="checkbox"/> 5 - Tiles <input type="checkbox"/> 6 - Other <input type="checkbox"/>	46
	H-3 What are the walls of this housing unit made of?	1 - Burnt bricks <input type="checkbox"/> 2 - Unburnt mud bricks <input type="checkbox"/> 3 - Concrete blocks/slab <input type="checkbox"/> 4 - Stone <input type="checkbox"/> 5 - Iron sheets <input type="checkbox"/> 6 - Asbestos/hardboard/Wood <input type="checkbox"/> 7 - Pole and dagga/mud <input type="checkbox"/> 8 - Grass <input type="checkbox"/> 9 - Other <input type="checkbox"/>	47
	H-4 What is the floor of this housing unit made of?	1 - Concrete/cement <input type="checkbox"/> 2 - Mud <input type="checkbox"/> 3 - Wood(not wooden tiles) <input type="checkbox"/> 4 - Marble <input type="checkbox"/> 5 - Other <input type="checkbox"/>	48
	H-5 Occupancy	1 - Single household <input type="checkbox"/> 2 - One household in several housing units <input type="checkbox"/> 3 - Shared (Enter number of households sharing in box 50) <input type="checkbox"/> 4 - Vacant <input type="checkbox"/> 5 - Non-residential - END HERE	49 50
	H-6 How many living rooms and bedrooms does this housing unit have ?	Living rooms <input type="checkbox"/> bedrooms <input type="checkbox"/>	51 52 - 53
	H-7 Does this housing unit have a kitchen ?	1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/>	54
	H-8 What is the main source of water supply for this house ?	1 - Piped water inside the housing unit <input type="checkbox"/> 2 - Piped water outside the housing unit and within distance of 100 metres <input type="checkbox"/> 3 - Piped water outside the housing unit and beyond 100 metres <input type="checkbox"/> 4 - Well or borehole <input type="checkbox"/> 5 - River/Streams <input type="checkbox"/> 6 - Other <input type="checkbox"/>	55
	AGRICULTURAL ACTIVITY		
	A-1 Has any member of this household been engaged in any agricultural activity for this household since 1st October 1989 ?	1 - Yes <input type="checkbox"/> 2 - No - Go to A-3 <input type="checkbox"/>	56
	A-2 Is this holding managed by someone else who is not a member of this household ?	1 - Yes <input type="checkbox"/> 2 - No - COMPLETE AGRICULTURE SUPPLEMENT <input type="checkbox"/>	57
	A-3 Has any member of this household been managing any holding which does not belong to this household since 1st October 1989 ?	1 - Yes - COMPLETE AGRICULTURE SUPPLEMENT <input type="checkbox"/> 2 - No - End interview & thank respondent <input type="checkbox"/>	58
	ENUMERATOR - Complete an Agriculture supplement questionnaire for each of the responses 'NO' in A-2 and 'Yes' in A-3.		