

~~ZAMBIA~~

ZAMBIA

STRICTLY CONFIDENTIAL

CENTRAL STATISTICAL OFFICE,  
P. O. BOX 31908,  
LUSAKA.



QUESTIONNAIRE SERIAL NO:

FORM  C  P  H  A  9  0  0

QUESTIONNAIRE NO   OF

1990 CENSUS OF POPULATION, HOUSING  
AND AGRICULTURE

QUESTIONNAIRE IDENTIFICATION

1. PROVINCE NAME	<input type="text"/>	1
2. DISTRICT NAME	<input type="text"/>	2 - 3
3. CSA NUMBER	<input type="text"/>	4 - 6
4. RURAL/URBAN	<input type="text"/>	7
5. SEA NUMBER	<input type="text"/>	8
		CD <input type="text"/>
		9
6. CENSUS BUILDING NUMBER (CBN)	<input type="text"/>	10 - 12
7. HOUSING UNIT NUMBER (HUN)	<input type="text"/>	13 - 14
8. HOUSEHOLD NUMBER (HHN)	<input type="text"/>	15

AREA IDENTIFICATION

9. VILLAGE/LOCALITY NAME	
10. RESIDENTIAL ADDRESS/VILLAGE NAME	
11. CHIEF'S AREA	<input type="text"/>
	16 - 18
12. WARD	<input type="text"/>
	19 - 20
13. INSTITUTION/COLLECTIVE QUARTER	<input type="text"/>
	21

ASSIGNMENT RECORD

Name	Date
Enumerator	Completed
Supervisor	Checked
Coder	Coded
Editor	Edited

INTERVIEW STATUS

1 - Interview completed (Occupied)  
 2 - Non-contact (Occupied)  
 3 - Not interviewed (Vacant) - Go to H-1 on page 9  
 4 - Nonresidential - Go to H-1 on page 9

22

SUMMARY COUNT  
(DEFACTO POPULATION CODE 1 AND 2 OF P-3)

CODE	MALE	FEMALE	TOTAL
1			
2			
TOTAL			



**FOR ALL PERSONS**

**GENERAL CHARACTERISTICS**

**MIGRATION**

S E R I A L N U M B E R	Where was..... born?		What is..... country of citizenship?	How long has..... .....been continuously living in this district?	
	a. State district if born in Zambia and country if born outside Zambia  (Refers to usual district/country of residence of mother 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)		(For non Zambians write name of country and enter its code; For Zambians just enter code 146)	(Enter completed years and months)
	P-8		P-9		Years
	35 - 37	38	39 - 41	42-43	44-45
1	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9	<input type="text"/>	<input type="checkbox"/>	<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 and 3-digit code from list of provinces and districts)	Is this part of the district rural or urban?  1- Rural 2- Urban 6- Not Applicable (Outside Zambia or child less than 1 year) (Enter code)		(Enter Zambia tribe, if not applicable enter major racial group)  Code- 64 - African 65 - American 66 - Asian 67 - European 68 - Other	a. PREDOMINANT		b. SECOND
			(Write the name of the language and enter the code. If not applicable enter 88)		(Write the name of the language and enter the code. If not applicable enter 88)		
	P-11		P-12		P-13		
	46 - 48		50-51		52-53		54-55
1	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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"/>					
2	<input type="checkbox"/>					
3	<input type="checkbox"/>					
4	<input type="checkbox"/>					
5	<input type="checkbox"/>					
6	<input type="checkbox"/>					
7	<input type="checkbox"/>					
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1	<input type="checkbox"/>					
2	<input type="checkbox"/>					
3	<input type="checkbox"/>					
4	<input type="checkbox"/>					
5	<input type="checkbox"/>					
6	<input type="checkbox"/>					
7	<input type="checkbox"/>					
8	<input type="checkbox"/>					
9	<input type="checkbox"/>					
0	<input type="checkbox"/>					

**FOR PERSONS 12 YEARS AND OVER**

ECONOMIC ACTIVITY		EMPLOYMENT STATUS	OCCUPATION	INDUSTRY	
S E R I A L N U M B E R	What was ----- mainly doing in the last 7 days?	What has ----- mainly been doing since -----1989?	Since -----1989? has -----been mainly	What was -----'s main occupation since -----1989?	What kind of main product or service is (was) produced where ----- works / worked?
	1- Working for pay or 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)	1- Working for pay or 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)	1- an employer? 2- an employee? 3- self-employed? 4- an unpaid family worker?  (Enter code)	(write name of occupation and enter code)	(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"/>
2	<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"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7	<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"/>
9	<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"/>
1	<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"/>
3	<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"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7	<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"/>
9	<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"/>

Go to P-24 ←



**FOR FEMALES 12 YEARS AND OVER**

**FERTILITY (Own children ever born alive)**

GENERAL COMMENTS

S E R I A L  N U M B E R	<b>CHILDREN BORN IN LAST 12 months</b>					
	Of the children born to you alive since - - - - - 1989?					
	Have you had any live birth since - - - - - 1989?  1-Yes 2-No- GO TO next person otherwise go to M-1	a. how many are still living today?  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?		
(Enter code)	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"/>	
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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"/>	
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"/>	
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2	<input checked="" 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"/>	
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6	<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"/>	
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	
R E C O R D	M-1 Has there been any death in this household since _____ 1989?	1- Yes 2- No - Go to HH-1	<input type="checkbox"/> 24
	M-2 How many died? How many of these are -	Male? <input type="checkbox"/> 25 Female? <input type="checkbox"/> 26	
T Y P E	<b>HOUSEHOLD CHARACTERISTICS</b>		
	HH-1 What is the main source of energy used for lighting by this household?	1- Electricity 2- Gas 3- Paraffin/kerosene 4- Candle 5- Other	<input type="checkbox"/> 27
	HH-2 What is the main source of energy used for cooking by this household?	1- Electricity 2- Gas 3- Paraffin/kerosene 4- Wood 5- Charcoal 6- Coal 7- Other	<input type="checkbox"/> 28
	HH-3 What type of toilet is used by members of this household?	1- Flush 2- Pit latrine 3- Aqua privy 4- Bucket 5- Other- Go to HH-6	<input type="checkbox"/> 29
	HH-4 Is this toilet inside or outside this housing unit?	1- Inside 2- Outside	<input type="checkbox"/> 30
	HH-5 Is this toilet exclusively used by members of this household?	1- Yes 2- No	<input type="checkbox"/> 31
	HH-6 Is this housing unit owned by any member of this household?	1- Yes 2- No - Go to HH-8	<input type="checkbox"/> 32
	HH-7 Was this housing unit -	1- Built by any member of this household? 2- Bought? 3- Inherited /given?	Go to HH-9 <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 2- Yes - By friend or relative - Go to HH-13 3- No	<input type="checkbox"/> 34
	HH-9 Is this housing unit rented from the employer of any member of this household?	1- Yes 2- No - Go to HH-11	<input type="checkbox"/> 35
	HH-10 Is the employer -	1- The Central Government? 2- The District Council? 3- A parastatal? 4- A private organization? 5- An individual? Go to HH-12	<input type="checkbox"/> 36
	HH-11 Is this housing unit rented from -	1- The Central Government? 2- The District Council? 3- A parastatal? 4- A private organization? 5- An individual?	<input type="checkbox"/> 37
	HH-12 Is this housing unit owned by -	1- The Central Government? 2- The District Council? 3- A Parastatal? 4- A Private organization? 5- An individual?	<input type="checkbox"/> 38
HH-13a How many radios does this household/institution have?	<input type="text"/> <input type="text"/> <input type="text"/>	39 - - - 41	
b How many television sets does this household/institution have?	<input type="text"/> <input type="text"/> <input type="text"/>	42 - - - 44	
	H-1 Type of housing	1- Single structure 2- Several structures 3- Part of structure 4- Improvised /makeshift 5- Unintended 6- Collective 7- Institutional 8- Other	<input type="checkbox"/> 45
	H-2 Type of roofing material	1- Concrete /cement 2- Asbestos sheet 3- Iron sheet /corrugated iron sheet 4- Grass / thatch 5- Tiles 6- Other	<input type="checkbox"/> 46
	H-3 What are the walls of this housing unit made of?	1- Burnt bricks 2- Unburnt or mud bricks 3- Concrete blocks /slab 4- Stone 5- Iron sheets 6- Asbestos /hardboard/wood 7- Pole and dagga /mud 8- Grass 9- Other	<input type="checkbox"/> 47
	H-4 What is the floor of this housing unit made of?	1- Concrete /cement 2- Mud 3- Wood (not wooden tiles) 4- Marble 5- Other	<input type="checkbox"/> 48
	H-5 Occupancy	1- Single household 2- One household in several housing units 3- Shared (Enter number of households sharing in box x 50) 4- Vacant 5- Non-residential - END HERE	<input type="checkbox"/> 49 <input type="text"/> 50
	H-6 How many living rooms and bedrooms does this housing unit have?	Living rooms <input type="text"/> 51 bedrooms: <input type="text"/> <input type="text"/> 52-53	
	H-7 Does this housing unit have a kitchen?	1- Yes 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 2- Piped water outside the housing unit and within a distance of 100 metres 3- Piped water outside the housing unit and beyond 100 metres 4- Well or borehole 5- River /streams 6- Other	<input type="checkbox"/> 55
		<b>AGRICULTURAL ACTIVITY</b>	
	A-1 Has any member of this household been engaged in any agricultural activity for this household since 1st October 1989?	1- Yes 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 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 2- No - End interview and 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.			