



KINGDOM OF LESOTHO



## 2016 POPULATION AND HOUSING CENSUS, 10<sup>TH</sup> APRIL 2016

**CONFIDENTIAL/LEKUNUTU**

**TLHOKOMELISO:** TS'OARA PAMPIRI EA LIPOTSO KA MOKHOA O MAKHETHE, SE KE UA E KOKOBANYA KAPA HO E TS'ELA KA METSI.

### SECTIONA: IDENTIFICATION

#### IDENTIFICATION

A	District	Constituency	Community Council	Zone	Enumeration Area (EA) Code	WARD	Settlement Type	Village No.	Village Name
NAME OF HOUSEHOLD HEAD								Household No.	

**FINAL RESULT CODE**

Number Of Visits (Write dates of visit)		
1	2	3

- 1 Completed
- 2 No Household Member at Home
- 3 Entire Household absent for extended period of time
- 4 Dwelling Vacant
- 5 Refusal
- 6 Partially Complete:- - - - -

Interviewer's Name	
Date	
Supervisor's Name	
Date	



# B

## DEMOGRAPHICS PARTICULARS OF ALL PERSONS

### B1. PERSON NUMBER

1 2 3 4 5 6 7 8 9 10

**B2. Write names of all persons who were present in this household on the census night (i.e. Saturday night 09<sup>th</sup> April 2016). Start with head of household. Consider surname for the household head and those different from the household head.**

- Please include babies, small children, old people and visitors who were present on the census night (i.e. 9<sup>th</sup> April 2016). For babies with no names, write **BABY**.
- Also include usual members of the household who did not sleep in the household during the reference night, were absent for less than six months and are elsewhere in Lesotho.
- Include usual members who are absent and are outside the country for less than three years.
- Include those in Institutions outside the country irrespective of duration of stay.

### B3. What is (name's) relationship to the head of the household?

- |                        |                  |                                |
|------------------------|------------------|--------------------------------|
| 01 Household Head      | 06 Step child    | 11 Grandmother/father          |
| 02 Spouse              | 07 Sibling       | 12 Grandchild/Great grandchild |
| 03 Partner(Cohabiting) | 08 Own Parent    | 13 Other relative              |
| 04 Son/Daughter        | 09 Step Parent   | 14 Not related                 |
| 05 Son/daughter in-law | 10 Parent in-law |                                |

### B4. Is (name) a male or a female?

- 1 Male 2 Female

### B5. How old is (name) in completed years?

Enter age in completed years ("000" for children less than one year old)

### B6.What is (name's) date of birth?

MONTH

YEAR

### B7.What is (name's) current residential status?

If coded 1 or 3, skip to B10. If coded 2 skip to next person

- |           |                               |                           |
|-----------|-------------------------------|---------------------------|
| 1 Present | 3 Member elsewhere in Lesotho | 4 Member in RSA           |
| 2 Visitor |                               | 5 Outside Lesotho and RSA |

### B8. If (name) is absent/ outside Lesotho where is s/he staying?

- |               |               |                         |                  |
|---------------|---------------|-------------------------|------------------|
| 13 RSA        | 21 Tanzania   | 29 Sudan                | 36 Germany       |
| 14 Swaziland  | 22 Malawi     | 30 Kenya                | 37 France        |
| 15 Botswana   | 23 DRC        | 31 Uganda               | 38 Australia     |
| 16 Namibia    | 24 Mauritius  | 32 Other Africa         | 39 Other Europe  |
| 17 Zimbabwe   | 25 Seychelles | 33 America(USA, Canada) | 40 Other Asia    |
| 18 Zambia     | 26 Madagascar | 34 China                | 41 South America |
| 19 Mozambique | 27 Nigeria    | 35 UK(England, Ireland, | 42 India         |
| 20 Angola     | 28 Ghana      | Scotland, Wales)        | 99 Don't know    |

### B9.If (name) is outside Lesotho how long has (name) lived in that country?

**Note:** Give duration since last visit home and it should be less than 3 years. Except those in institutions (barracks, school and correctional institutions)

Enter 00 for less than 1 year.

Total number of years lived outside for those away for more than one year.

99 Don't know

PERSON NUMBER					1	2	3	4	5	6	7	8	9	10
<b>B10. Where was (name) born?</b>														
11 Same village/town	09 Mokhotlong	22 Nigeria	34 China											
12 Different village	10 Thaba-Tseka	23 Malawi	35 UK(England, Ireland, Scotland, Wales)											
/town, same district	13 RSA	24 DRC												
01 Botha-Bothe	14 Swaziland	25 Mauritius												
02 Leribe	15 Botswana	26 Seychelles	36 Germany											
03 Berea	16 Namibia	27 Madagascar	37 France											
04 Maseru	17 Zimbabwe	28 Ghana	38 Australia											
05 Mafeteng	18 Zambia	29 Sudan	39 Other Europe											
06 Mohale'sHoek	19 Mozambique	30 Kenya	40 Other Asia											
07 Quthing	20 Angola	31 Uganda	41 South America											
08 Qacha's Nek	21 Tanzania	32 Other Africa	42 India											
		33 America	99 Don't know											
<b>B11. For how long has (name) lived in this village /town?</b>														
<i>Enter number of years. Enter 000 for less than 1 year 998 Since birth</i>														
<b>B12. Where did (name) live in April 2015?</b>														
0 Not born	3 Elsewhere in Lesotho													
1 In this village	(enter district code)_____ (1)		(1)											
2 Elsewhere in this district	4 Other countries													
	(enter country code)_____ (2)		(2)											
<b>B13. Where did (name) live in April 2011?</b>														
0 Not born	3 Elsewhere in Lesotho													
1 In this village	(enter district code)_____ (1)		(1)											
2 Elsewhere in this district	4 Other countries													
	(enter country code)_____ (2)		(2)											
<b>B14. Where did (name) live in April 2006?</b>														
0 Not born	3 Elsewhere in Lesotho													
1 In this village	(enter district code)_____ (1)		(1)											
2 Elsewhere in this district	4 Other countries													
	(enter country code)_____ (2)		(2)											
<b>B15. What is (name's) citizenship?</b>														
00 Lesotho	20 Angola	28 Ghana	36 Germany											
13 RSA	21 Tanzania	29 Sudan	37 France											
14 Swaziland	22 Malawi	30 Kenya	38 Australia											
15 Botswana	23 DRC	31 Uganda	39 Other Europe											
16 Namibia	24 Mauritius	32 Other Africa	40 Other Asia											
17 Zimbabwe	25 Seychelles	33 America	41 South America											
18 Zambia	26 Madagascar	34 China	42 India											
19 Mozambique	27 Nigeria	35 UK(England, Ireland, Scotland, Wales)	99 Don't know											
<b>B16. What language does (name) speak most often at home?</b>														
1 Sesotho														
2 English														
3 Xhosa/Sethepu														
4 Sephuthi														
5 Setebele/Zulu														
6 Chinese														
7 Other specify_____ (1)														
<b>B17. Is father of (name) alive?</b>														
1 Yes	2 No	9 Don't know												

[illegible]

**B18. Is mother of (name) alive?**

1 Yes                      2 No                      9 Don't know

**B19.What is (name's) present marital status?**

*If coded 1 or 9 go to Section C*

1 Never married	4 Living together	7 Widowed
2 Monogamously married	5 Separated	9 Don't Know
3 Polygamously Married	6 Divorced	

**B20. What is (name's) age at first marriage?**

*Enter age in completed years.*

*Code 88 for those Living together but never married before (skip to section C)*

**B21. Is (name's) first or only spouse alive?**

1 Yes                      2 No                      9 Don't know

# C

## DISABILITY AND ALBINISM FOR ALL PERSONS

PERSON NUMBER		1	2	3	4	5	6	7	8	9	10
<b>C22. Is (name) an albino?</b>		<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"/>
<b>1 Yes</b>	<b>2 No</b>										
<b>C23. Does (name) have difficulty in the following:</b>		<b>A</b>	<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"/>
<i>If coded either 5 or 9 in all and coded 2 in C22 skip to Section D</i>		<b>B</b>	<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"/>
<i>If coded either 5 or 9 in all and coded 1 in C22 skip to C25</i>		<b>C</b>	<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"/>
<i>If coded 1 in all skip to C25</i>		<b>D</b>	<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"/>
A Seeing, even when wearing glasses for those who usually wear them?		<b>E</b>	<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"/>
B Hearing, even when using hearing aid (for those who usually use them)?		<b>F</b>	<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"/>
C Communicating in his/her language (i.e. understanding others or being understood by others)?		<b>A</b>	<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"/>
D Walking or climbing stairs?			<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"/>
E Remembering or concentrating?			<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"/>
F With self-care such as washing all over, dressing or feeding?			<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"/>
<b>C24. What was the MAIN cause of the difficulty?</b>		<b>A</b>	<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"/>
01 Born disabled			<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"/>
02 Illness			<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"/>
03 Road/Railway accident			<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"/>
04 Domestic accident			<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"/>
05 Mine accident			<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"/>
06 Other work/ farming accident			<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"/>
07 Fight/assault			<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"/>
08 Playing/sport			<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"/>
09 Animal accident			<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"/>
10 Unknown			<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"/>
11 Domestic violence			<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"/>
12 Albinism			<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"/>
13 Other (specify)_____ (1)		<b>B</b>	<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"/>
99 Don't know			<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"/>	<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"/>	<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"/>
			<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**C22. Is (name) an albino?**

**1 Yes** **2 No**

**C23. Does (name) have difficulty in the following:**

*If coded either 5 or 9 in all and coded 2 in C22 skip to Section D*

If coded *either 5 or 9 in all and coded 1 in C22 skip to C25*

*If coded 1 in all skip to C25*

A Seeing, even when wearing glasses for those who usually wear them?

**B** Hearing, even when using hearing aid (for those who usually use them)?

C Communicating in his/her language (i.e. understanding others or being understood by others)?

D Walking or climbing stairs?

E Remembering or concentrating?

F With self-care such as washing all over, dressing or feeding?

**C24. What was the MAIN cause of the difficulty?**

## 01 Born disabled

## 02 Illness

### 03 Road/Railway accident

#### 04 Domestic accident

## 05 Mine accident

06 Other work/ farming accident

## 07 Fight/assault

08 Playing/sport

## 09 Animal accident

10 Unknown

## 11 Domestic violence

## 12 Albinism

13 Other (specify)\_\_\_\_\_ (1)

99 Don't know

(Seeing)

(Hearing)

[illegible]

**C25.Does (name) use any of the following:**

1 Yes  
2 No  
9 Don't know

[illegible]

# D

## EDUCATION FOR ALL PERSONS AGED 03 YEARS AND ABOVE

PERSON NUMBER

1 2 3 4 5 6 7 8 9 10

### D26. Has (name) ever attended school?

For those coded 9 skip to next section

1 Never Attended 2 Still Attending 3 Left school 9 Don't know

### D27. What is the highest level of education that (name) has completed?

e.g. 01 Standard 1

02 Standard 2 etc.

For those coded, 11-15, go to section E, For codes 20 to 29, skip to D30

00 Pre – schools 21 Vocational and technical 25 Vocational and technical  
01-07 (Std1-7) after primary after high school  
11-15 (Form 1-5) 22 Diploma /certificate 26 Graduate (1)  
18 None after secondary 27 Post graduate Diploma/Honors  
19 Non-Formal 23 Vocational and technical 28 Masters  
Education after secondary 29 PHD  
20 Diploma/certificate 24 Diploma /certificate after 30 Other (specify) \_\_\_\_\_ (1)  
after primary high school 88 N/A  
99 Don't know

### D28. Does (Name) know how to read?

For those coded 00 to 07, or 18 to 19 in D27 produce a literacy card

1 Yes with ease 2 Yes with Difficulty 3 Not at All

### D29. Does (Name) know how to write?

For those coded 00 to 07, or 18 to 19 in D27

1 Yes with ease 2 Yes with Difficulty 3 Not at All

### D30. What is (name's) field of specialization?

For those coded 20 to 29 in D27

01 Physical and earth science professionals 08 Information and communications  
02 Life science professionals technology professionals  
03 Engineering professionals 09 Legal professionals  
04 Architects, planners, surveyors and designers 10 Librarians, archivists and curators  
05 Health professionals 11 Social and religious professionals  
06 Teaching professionals 12 Other Specify .....(1)  
99 Unknown  
07 Business and administration professionals

PERSON NUMBER				1	2	3	4	5	6	7	8	9	10
<b>E37. Location of employment in Urban/ Peri-urban areas</b>													
<b>E</b> <div> 0101 Botha-Bothe  0201 Hlotse  0202 Maputsoe  0203 Pitseng  0204 Peka  0304 Mamathe  0401 Maseru  0402 Semonkong  0403 Roma  0404 Mazenod  0411 Mantsebo  0501 Mafeteng  0502 Tsa-Kholo  0503 Matelile  0504 Makhakhe  0601 Mphahlele  0602 Tseke  0703 Mphahlele  0801 Quthing  0802 Sekake  0803 Sehlabathebe  0901 Mokhotlong  0902 Mapholane  1001 Thaba-Tseka  1003 Mantsonyane  1004 Sehonghong  8888 N/A </div>													
<b>E31. What was (name's) main activity status in the past 7 days?</b>													
<b>F</b> <div> 0206 Seshote  0406 Matsieng  0407 Marakabei  0408 Likalaneng  0409 Ramabanta  0410 Rothe  0602 Ketane  0701 Moveni  0702 Mount Moorosi  65 Housewife  70 Retired  80 Student  81 Other </div>													
<b>E38. Has (name) ever worked in RSA in the past 10 years (since April 2006)?</b>													
<div> 40 Unpaid family worker  50 Job seeking for the first time  1 Never worked  2 Worked in the past  3 Presently working  9 Don't know </div>													
<b>E33. If job seeking (coded 50 in E31) what was (name's) main activity status in the past 12 months?</b>													
<b>E39. How long has (name) worked in RSA in the past 10 years (since April 2006)</b>													
<b>F</b>													
<b>WOMAN LINE NUMBER</b>				1	2	3	4	5	6	7	8	9	10
<b>F40. Has (name) ever been pregnant?</b>													
<b>E33. If employed, who was (Name's) employer?</b>													
<div> 1 Yes  2 No  3 Government  4 Manufacturing  5 Self-employed  6 Private Household  7 RSA  9 Don't know </div>													
<b>F41. Has (name) ever given a live birth, even if the child died soon after birth?</b>													
<b>E34. What was (Name's) last type of work done in the past 7 days?</b>													
<b>F42. How many children has (name) ever had that were born alive?</b>													
<b>E35. What was (name's) main product/service/activity of place of work?</b>													
<b>F43. How many of (name's) children are still alive and living with her in this household?</b>													
<b>E36. Location of employment</b>													
<b>F44. How many of (name's) children are still alive and living elsewhere?</b>													
<div> 11 Same village/town  12 Different village  13 RSA  14 Swaziland  15 Botswana  16 Namibia  17 Zimbabwe  18 Zambia  19 Mozambique  20 Angola  21 Tanzania  22 Nigeria  23 Malawi  24 DRC  25 Mauritius  26 Seychelles  27 Madagascar  28 Ghana  29 Sudan  30 Kenya  31 Uganda  32 Other Africa  33 America  34 China  35 UK (England, Ireland, Scotland, Wales)  36 Germany  37 France  38 Australia  39 Other Europe  40 Other Asia  41 South America  42 India  99 Don't know </div>													



PERSON NUMBER		1	2	3	4	5	6	7	8	9	10
F46. At what age did (name) have her first child born?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F47. When was (name's) last child born, even if the child died soon after birth?		MONTH		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		YEAR		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F48. Is (name's) last born child still alive?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(If coded 1 or 9, skip to F50)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Yes                                      2 No                                      9 Don't know		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F49. When did (name's) last born child die?		MONTH		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		YEAR		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F50. Is (name's) last born child male or female?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Male                                      2 Female                                      9 Don't know		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

H

# DEATHS OF HOUSEHOLD MEMBERS

## HOUSING CHARACTERISTICS

### AND HOUSEHOLD POSSESSIONS

Is household passed away in the past five years (since April 2011)?

**H60. What is the tenure status of the MAIN dwelling of the household?**

If coded 2 or 9, move to Section H

1 Leasehold 3 Form C 5 No legal right 2 No 9 Don't Know  
2 Title deed 4 No title 6 Other (specify) \_\_\_\_\_ 9 Don't Know

**H61. From which agency did the owner acquire his/her land?**

For those coded 3 to 9 skip to H63

**PERSON NUMBER** 3 Bought from somebody 5 Inherited/gift 1 2 3 4 Don't Know 7 8 9 10

**G53. What was the first name of the deceased?**

List in order of occurrence

**H62. From which agency did the owner acquire his/her land?**

1 LEHCOOP/ Lesotho housing/ LHLDC 3 MCC/ Councils 5 Other 9 Don't know  
2 UDS/Mabote project 4 Private developer (specify) \_\_\_\_\_

**H63. What is the type of the MAIN dwelling of the household?**

1 Rontabole/Mokhoro 3 Polata 5 Optaka 7 Bungalow  
2 Heisi 4 Malaene 6 Apartment/Town House 8 Mansion

**G54. In what month and year did the death occur?**

**H64. What is the ownership status of the MAIN dwelling used by the household?**

1 Owned by household 4 Subsidized government housing  
2 Free government housing 5 Subsidized private housing  
3 Free Private housing 6 Rented by government

**H65. What is the main roofing material used for the main house of this household?**

**G55. Was (the deceased) a male or female?**  
1 Male 2 Female  
3 Corrugated roof tiles 5 Slab  
2 Corrugated Iron/Metal sheets 4 Ceramic/Clay tiles  
(specify) \_\_\_\_\_

**H66. What is the main wall material used for construction of the main house of this household?**

**G56. What was (the deceased's) age in completed years at the time of death?**

01 Cane/ Tree trunks 05 Burned Mud Bricks 09 Sand  
02 Stick and mud 06 Mud Bricks 10 Ad  
03 Masonite/Cardboard 07 Stone with cement 11 Co  
04 Stone with mud 08 Advanced Stone 12 Other (specify) \_\_\_\_\_

**H67. What is the main floor material used for the main house of the household?**

1 Mud or Dung 3 Brick tiles 5 Cement 7 Carpet 9 Other  
**G57. Did the deceased die while pregnant?** 6 Vinyl/Linoleum 8 Wood (specify) \_\_\_\_\_

**H68. How many housing units are available in this household?**

1 Yes 2 No 9 Don't Know

**G58. Did the deceased die while giving birth?**

1 Rontabole 3 Polata 5 Optaka 7 Bungalow  
2 Heisi 4 Malaene 6 Apartment/Town House 8 Temporary Structure/Mok'huk'hu

1 Yes 2 No 9 Don't Know

**G59. Did the deceased die within six weeks after the delivery?**

1 Yes 2 No 9 Don't Know

**TOTAL**

<b>H69. How many rooms are available in each unit of the dwelling of the household?</b>							
1 Rontabole	<input style="width: 20px; height: 20px;" type="text"/>	3 Polata	<input style="width: 20px; height: 20px;" type="text"/>	5 Optaka	<input style="width: 20px; height: 20px;" type="text"/>	7 Bungalow	<input style="width: 20px; height: 20px;" type="text"/>
2 Heisi	<input style="width: 20px; height: 20px;" type="text"/>	4 Malaene	<input style="width: 20px; height: 20px;" type="text"/>	6 Apartment/Town House	<input style="width: 20px; height: 20px;" type="text"/>	8 Mansion	<input style="width: 20px; height: 20px;" type="text"/>
						9 Temporary Structure/Mok'huk'hu	<input style="width: 20px; height: 20px;" type="text"/>
						<b>TOTAL</b>	<input style="width: 20px; height: 20px;" type="text"/>

<b>H70. What is the main source of drinking water for the household?</b>			
<i>If coded 01,02,04 and 05 go to H72</i>			
01 Piped water into dwelling 02 Piped water into yard/plot 03 Piped into someone else's yard/plot 04 Borehole into yard/plot 05 Rainwater harvesting at home 06 Rainwater harvesting, neighbor	07 Public tap/standpipe 08 Public borehole 09 Protected spring 10 Unprotected spring 11 Surface water (river, dam, lake, pond, stream, canal, irrigation channels)	12 Cart with small tank/drum 13 Tanker-truck 14 Other (Specify)_____	<input style="width: 40px; height: 20px;" type="text"/>

<b>H71. How long does it take to get drinking water, i.e. time to go, get water and come back walking?</b>			
(Time in minutes)			
1 00 - 14	3 30 - 44	5 50 - 59	7 120+
2 15 - 29	4 45 - 49	6 60 - 119	

<b>H72. What is the main source of energy for cooking for the household?</b>			
01 Electricity (Grid) 02 Electricity (Generator) 03 Electricity (Solar) 04 Liquefied Petroleum Gas (LPG)	05 Biogas 06 Paraffin 07 Coal 08 Wood	09 Animal dung 10 Crop waste 11 Straw/shrubs/grass 12 Other (specify)_____	<input style="width: 40px; height: 20px;" type="text"/>

<b>H73. What is the main source of energy for heating for the household?</b>			
01 Electricity Grid 02 Electricity Generator 03 Electricity Solar 04 Liquefied Petroleum Gas (LPG)	05 Biogas 06 Paraffin 07 Coal 08 Wood	09 Animal dung 10 Crop waste 11 Straw/shrubs/grass 12 Other (specify)_____	<input style="width: 40px; height: 20px;" type="text"/>

<b>H74. What is the main source of energy for lighting for the household?</b>			
1 Electricity Grid 2 Electricity Generator 3 Electricity Solar	4 Battery 5 Liquefied Petroleum Gas (LPG) 6 Paraffin	7 Candle 8 Other (specify)_____	<input style="width: 40px; height: 20px;" type="text"/>

<b>H75. What is the main type of sanitation facility used by this household?</b>			
1 Flush to piped sewer system 2 Flush to septic tank/Biogas digester 3 Flush to pit latrine	4 Ventilated Improved Pit latrine (VIP) 5 Unimproved Pit latrine 6 Bucket toilet	7 Public/Neighbour toilet 8 Open Defecation (Bush/field) 9 Other (specify)_____	<input style="width: 40px; height: 20px;" type="text"/>

<b>H76. How is the refuse or rubbish from this household disposed off?</b>			
1 Municipal collected/ Private 2 Communal collected 3 Communal refuse dump	4 Roadside dumping 5 Burnt 6 Burying/pit	7 Own refuse dump 8 Other (specify)_____	<input style="width: 40px; height: 20px;" type="text"/>

<b>H77. Does this household own any of the following in working condition?</b>				<b>1 Yes</b>		<b>2 No</b>	
01 Radio	<input type="checkbox"/>	04 Television	<input type="checkbox"/>	07 Scotch Cart	<input type="checkbox"/>	10 Access to Internet	<input type="checkbox"/>
02 Landline Telephone	<input type="checkbox"/>	05 Tractor	<input type="checkbox"/>	08 Bed/Mattress	<input type="checkbox"/>	11 Vehicle	<input type="checkbox"/>
03 Cellular phone	<input type="checkbox"/>	06 Electric/Gas/Coal stove	<input type="checkbox"/>	09 Computer/Laptop	<input type="checkbox"/>	12 Generator	<input type="checkbox"/>
							<b>Refrigerant Type</b> 1. NH3 <input type="checkbox"/> 2. R134A <input type="checkbox"/> 3. R600A <input type="checkbox"/> 4. HCL <input type="checkbox"/> 5. NOT SHOWN <input type="checkbox"/>
<b>H78. Does this household own any fields?</b>							<input type="checkbox"/>
1 Yes <span style="margin-left: 200px;">2 No</span>							
<b>H79. Do you operate any?</b>							<input type="checkbox"/>
1 Yes <span style="margin-left: 200px;">2 No</span>							
<b>H80. How many animals does the household have?</b>							
1 Cattle	<input type="text"/>	4 Horses/ Mules	<input type="text"/>	7 Improved Poultry	<input type="text"/>	10 Ducks	<input type="text"/>
2 Sheep	<input type="text"/>	5 Donkeys	<input type="text"/>	8 Dogs	<input type="text"/>	11 Geese	<input type="text"/>
3 Goats	<input type="text"/>	6 Improved Pigs	<input type="text"/>	9 Bees(Hives)	<input type="text"/>	12 Turkey	<input type="text"/>
13 Rabbits	<input type="text"/>						