

Book serial  
Number

Book \_\_\_\_\_ of \_\_\_\_\_



REPUBLIC OF NAMIBIA

CENTRAL BUREAU OF STATISTICS  
National Planning Commission

**Confidential**  
Statistical Act 66 of 1976

4/07/11



# FORM A

## NAMIBIA 2011 POPULATION AND HOUSING CENSUS Household/Institution Questionnaire

Household types  
100 Conventional household

**Institutional**

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

Region: .....

Constituency: .....

EA Number:

Name of Institution.....

REGION:

CONSTITUENCY :

EA CODE:

HOUSEHOLD TYPE:

### POPULATION SUMMARY

DWELLING UNIT NUMBER	HOUSEHOLD NUMBER	TOTAL POPULATION			
		TOTAL	FEMALE	MALE	
<b>TOTAL</b>					

Field Staff		INTERVIEWER
Name/ID No.....		<input type="text"/>
Date started	___/___/___	
Date ended	___/___/___	
Signature	.....	
		EDITOR/ CODER
Name/ID No.....		<input type="text"/>
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		SUPERVISOR
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Signature	.....	



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



**CONFIDENTIAL**

Name of main respondent / Head of institution .....

Locality(Town/Village/Settlement) .....

1

Form Number

.....

A		REGION Code	CONSTITUENCY Code	U/R	EA CODE	DU NUMBER	Household type	HH NUMBER	QUESTIONNAIRE NUMBER	of								
B																		
FOR ALL PERSONS IN THE HOUSEHOLD/ INSTITUTION																		
Person Line Number	What are the names of all the persons who spent the night of 28 August 2011 in this household/ institution?  <i>FOR HOUSEHOLD, START WITH THE HEAD OF THE HOUSEHOLD. List the names and surnames of all persons including those who were on night shift on the reference night</i>  <i>FOR INSTITUTION LIST ALL NAMES OF PERSONS IN THE INSTITUTION</i>	Relationship  What is (NAME)'s relationship to the head of household? 01 Head 02 Spouse 03 Son/Daughter of head/spouse 04 Son/Daughter in law of head/spouse 05 Grand child of head/spouse 06 Parent of head/spouse 07 Other relative of head/spouse 08 Domestic worker non-relative 09 Other non-relative 99 Don't know	Sex  Is (NAME) female or male?  F=Female M=Male	Age  How old was (NAME) at his/her last birthday?  <i>If less than one year enter "00", if 95 years and above enter "95"</i>  <i>enter "99" for Don't know</i>	Line Number of Mother  Did (NAME)'s biological mother spend the night of 28 August 2011 in this household?  <i>If Yes, enter mother's line number from B1</i> <i>If No, enter "00"</i>	Usual Member of Household  Is (NAME) a usual member of this household?  1 Yes 2 No	Marital Status  What is (NAME)'s marital status? 01 Never married 02 Married with certificate 03 Married traditionally 04 Consensual union 05 Divorced 06 Widowed 07 Separated 99 Don't know	Citizenship  What is (NAME)'s citizenship?  Enter codes from code list 1	Birth Certificate  Does (NAME) hold a Namibian Birth Certificate?  1 Yes 2 No 9 Don't know	Birth Place  Where was (NAME)'s mother usually living when (NAME) was born?  <i>If in Namibia write Region, Constituency and Locality or if outside Namibia write the country name in the space provided below.</i>	Usual Residence  Where does (NAME) usually live?  <i>If in Namibia write Region, Constituency and Locality or if outside Namibia write the country name in the space provided below.</i>	Duration of Residence  For how long has (NAME) been living at this place?  Enter duration in completed years, if less than one year enter "00"	Previous Residence  Where did (NAME) usually live since September 2010?  <i>If in Namibia write Region, Constituency and Locality or if outside Namibia write the country name in the space provided below.</i>	Orphanhood  Is (NAME)'s biological mother alive?  1 Yes 2 No 9 Don't know	Is (NAME)'s biological father alive?  1 Yes 2 No 9 Don't know	Disability  Does (NAME) have any type of long term disability or limitation? 00 No disability 01 Blindness 02 Visual impairment 03 Deafness 04 Hearing difficulties 05 Mute/ Dumb 06 Speech impairment 07 Physical impairment-upper limbs 08 Physical impairment-lower limbs 09 Mental disability 10 Albinism 11 Autism 12 Other, specify 99 Don't know	Because of the disability does (NAME) have any difficulties in engaging in any learning and/or economic activity?  1 Yes 2 No 9 Don't know	ICT:For persons 3 years and above  Did (NAME) get service or use the following items within the last one month? 00 None 01 Radio 02 TV 03 Computer 04 Cellphone 05 Telephone (fixed) 06 Newspaper (daily) 07 Newspaper (weekly) 08 Internet (daily) 09 Internet (weekly) 99 Don't know
	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12	B13	B14	B15	B16	B17	B18
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**NOTE:** B3, B6, B7, Section G and H are only applicable to Conventional households (100), ELSE DO NOT ASK THESE QUESTIONS  
 For "Other-specify" please write in the COMMENT BOX on the last page



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



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Form Number

Person Line Number	C ECD	D EDUCATION- For all persons 5 years and above			E LABOUR FORCE - For all persons 8 years and above				F FERTILITY - For females aged 12 to 64 years									
	For all persons aged 0 - 4 years  Is (NAME) attending ECD?  1 Edu-care(Daycare, creche, kindergarten) 2 Pre-primary 3 No 9 Don't know	Can (NAME) read and write a message in any language with understanding?  <i>If No enter "00" in both spaces. If Yes, enter language codes from codelist 6 If more than two languages enter only the main two</i>	Has (NAME) ever attended school?  1 Never attended 2 Attending Pre-Primary 3 Attending adult education programme 4 Attending school 5 Left school 9 Don't know	What is (NAME)'s highest grade/standard or level of education completed?  <i>Enter code from codelist 3</i>	Ask only if coded 01 or 02 in E1, else go to F				In his/her main job did (NAME) work as?  01 Subsistence/ Communal farmer (with paid employees) 02 Subsistence/Communal farmer (without paid employees) 03 Commercial farmer (with paid employees) 04 Other Employer (with paid employees) 05 Own account worker (without paid employees) 06 Employee(Communal farms) 07 Employee (Commercial farms) 08 Employee (Government) 09 Employee (Parastatal) 10 Employee (Private) 11 Unpaid family worker (Subsistence/Communal) 12 Other unpaid family worker 13 Other, specify 99 Don't know	How many live births have you had?  F= Female M= Male  <i>Enter Number of live births by sex, if none, enter "00" and go to Section G</i>	How many of your own children were with you on the night of 28 August 2011?  F= Female M= Male  <i>Enter Number</i>	How many of your own children were elsewhere on the night of 28 August 2011?  F= Female M= Male  <i>Enter Number</i>	How many of your own children are no longer alive?  F= Female M= Male  <i>Enter Number</i>	How old were you when you had your first live birth?  <i>Enter Age in complete years, if Don't know enter "99"</i>	These questions refer to the last live birth			
					Occupation	Industry	For office use only	For office use only							When was your last live birth?  M= Month Y= Year  <i>Enter month and Year</i>	Was it single or multiple birth?  1 Single 2 Multiple	Is your last live birth female or male?  F= Female M= Male  <i>Enter Number</i>	Is your last live birth still alive?  F= Female M= Male  <i>If Yes, enter number still alive by sex</i>
B1	C1	D1	D2	D3	E1	E2	E3	E4	F1	F2	F3	F4	F5	F6	F7	F8	F9	
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 For "Other-specify" please write in the COMMENT BOX on the last page



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



CONFIDENTIAL

Form Number       

<b>A</b>		REGION Code <span style="border: 1px solid black; padding: 2px;">   </span>	CONSTITUENCY Code <span style="border: 1px solid black; padding: 2px;">   </span>	U/R <span style="border: 1px solid black; padding: 2px;">   </span>	EA CODE <span style="border: 1px solid black; padding: 2px;">   </span>	DU NUMBER <span style="border: 1px solid black; padding: 2px;">   </span>	Household type <span style="border: 1px solid black; padding: 2px;">   </span>	HH NUMBER <span style="border: 1px solid black; padding: 2px;">   </span>	QUESTIONNAIRE NUMBER <span style="border: 1px solid black; padding: 2px;">   </span> of <span style="border: 1px solid black; padding: 2px;">   </span>									
<b>G</b>		MORTALITY, Deaths in the household <i>The questions below refers to deaths in the last 12 months (September 2010 to August 2011)</i>				<b>H</b> HOUSING CHARACTERISTICS - To be completed for each household (if more than one questionnaire used, complete this section on the last questionnaire)												
G1	G2	G3	G4	G5	G6	G7	H1	H2	H3	H4	What is the MAIN material used for the...?			What is the household's MAIN source of energy for...?				
How many deaths occurred in this household in the last 12 months?  <i>(September 2010 - August 2011)</i> Enter number of deaths, if none, enter 00, and go to Section H	What is the Name of the deceased household member?  <i>List all names and surnames of persons who died in this household</i>	Was the death registered?  (Death Certificate)	Was the person female or male?	How old was the person when he/she died?  <i>Age in complete years</i> <i>if less than one year enter 00, if 95 years and above enter 95</i>	What was the cause of his/her death?	<b>Maternal Deaths, (FOR FEMALES 12 - 54 YEARS)</b>  Did she die...	What is the Type of housing unit?	What is the Tenure status?	How many dwelling units does this household occupy?	How many sleeping rooms are available for this household?	Outer walls	Roof	Floor	Cooking Lighting Heating				
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10
		1.														<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2.														<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3.														<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.														<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.														<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							What is the household's MAIN source of water for cooking and drinking?	What is the household's MAIN toilet facility?	How does this household dispose of waste/ garbage?	Household assets <i>mark(X) where applicable</i>	What is the MAIN language spoken in this household? <i>(see codelist 6)</i>							
							H9	H10	H11	H12	H13							
							01 Piped water inside <input type="checkbox"/> 01	01 Private flush connected to main sewer <input type="checkbox"/> 01	1 Regularly collected <input type="checkbox"/> 1	01 Car <input type="checkbox"/> 01	10 Computer/Laptop <input type="checkbox"/> 10							
							02 Piped water outside <input type="checkbox"/> 02	02 Shared flush connected to main sewer <input type="checkbox"/> 02	2 Irregularly collected <input type="checkbox"/> 2	02 Jet/ Plane <input type="checkbox"/> 02	11 Refrigerator/Freezer <input type="checkbox"/> 11							
							03 Public Pipe <input type="checkbox"/> 03	03 Private flush connected to septic/cesspool <input type="checkbox"/> 03	3 Burning <input type="checkbox"/> 3	03 Motorbike <input type="checkbox"/> 03	12 Stove <input type="checkbox"/> 12							
							04 Borehole/Borehole with tank covered <input type="checkbox"/> 04	04 Shared flush connected to septic/cesspool <input type="checkbox"/> 04	4 Roadside Dumping <input type="checkbox"/> 4	04 Bicycle <input type="checkbox"/> 04	13 Microwave <input type="checkbox"/> 13							
							05 Borehole with open tank <input type="checkbox"/> 05	05 Pit Latrine with Ventilation pipe <input type="checkbox"/> 05	5 Rubbish Pit <input type="checkbox"/> 5	05 Radio <input type="checkbox"/> 05	14 Truck <input type="checkbox"/> 14							
							06 River/Dam/Stream <input type="checkbox"/> 06	06 Covered Pit Latrine without Ventilation pipe <input type="checkbox"/> 06	6 Other, specify <input type="checkbox"/> 6	06 Television <input type="checkbox"/> 06	15 Boat <input type="checkbox"/> 15							
							07 Canal <input type="checkbox"/> 07	07 Uncovered Pit Latrine without Ventilation pipe <input type="checkbox"/> 07		07 Telephone (fixed) <input type="checkbox"/> 07	16 Pick-up truck <input type="checkbox"/> 16							
							08 Well Protected <input type="checkbox"/> 08	08 Bucket toilet <input type="checkbox"/> 08		08 Telephone (mobile) <input type="checkbox"/> 08	17 Bus <input type="checkbox"/> 17							
							09 Well Unprotected <input type="checkbox"/> 09	09 No toilet facility <input type="checkbox"/> 09		09 Animal-drawn cart <input type="checkbox"/> 09	18 Home internet connectivity <input type="checkbox"/> 18							
							10 Other, specify <input type="checkbox"/> 10	10 Other, specify <input type="checkbox"/> 10										
							Has this household engaged in any own account agricultural activity in the past 12 months (Since September 2010)? <i>if "no" go to H18</i>	If Yes in H15, what is the type of own account agricultural activity? <i>Mark (X) where applicable</i>	Under which agricultural farming sector are the household agricultural activities in H16 performed? 1 Communal/Subsistence sector 2 Commercial sector 3 Emerging sector 4 Small scale sector	Emigrants  How many members of this household have migrated to another country since 2001?  <i>if none enter "00"</i>								
							H15	H16	H17	H18								
							1 Yes <input type="checkbox"/> 1	1 Livestock <input type="checkbox"/> 1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input style="width: 50px; height: 20px;" type="text"/>  <i>If 00 end interview, else continue to Form C</i>								
							2 No <input type="checkbox"/> 2	2 Crop <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									
								3 Poultry <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									
								4 Agro-processing <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									
								5 Horticulture <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									
								6 Other, specify <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									

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