

CONFIDENTIAL



Republic of Namibia
Namibia 2011 Population and Housing Census
Special Population Groups
Form B1

Form Number

Form ____ of ____

4/07/11



Section A	Region Code	Constituency Code	U/R	EA Code	DU Number <i>for 303,304,305 leave blank</i>	Type of special population code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Female Male

Name of the Institution: _____

Person Line Number	Names	Sex	Age	Citizenship	Birth Place	Usual Residence
	What are the names of all persons who spent the night of 28th August 2011 in this institution?	Is (NAME) female or male? F= Female M= Male	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>	What is (NAME)'s citizenship? <i>Enter codes from code list 1</i>	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 country name in the space provided below</i> <i>The coder will enter the codes from code list 2 in the boxes provided</i>	Where does (NAME) usually live? <i>If in Namibia write region, constituency and Locality or if outside Namibia, write country name in the space provided below</i> <i>The coder will enter the codes from code list 2 in the boxes provided</i>
B1	B2	B4	B5	B9	B11	B12
<input type="text"/>	-----	<input type="checkbox"/> F <input type="checkbox"/> M				
<input type="text"/>	-----	<input type="checkbox"/> F <input type="checkbox"/> M				
<input type="text"/>	-----	<input type="checkbox"/> F <input type="checkbox"/> M				
<input type="text"/>	-----	<input type="checkbox"/> F <input type="checkbox"/> M				
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<input type="text"/>	-----	<input type="checkbox"/> F <input type="checkbox"/> M				
<input type="text"/>	-----	<input type="checkbox"/> F <input type="checkbox"/> M				

Types of Special Population: 301 Police Holding Cells 303 Travellers 305 Fishermen
 302 Hospital in-patient 304 Homeless

COMMENT BOX

Person Line Number	Column Number	Specific comments for the responses

FOR OFFICE USE ONLY

FIELD STAFF				
ENUMERATOR Name and Number Date Checked -----/------/2011 Signature	<table border="1" style="width: 100px; height: 40px; margin: 0 auto;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
EDITOR/ CODER Name and Number Date Checked -----/------/2011 Signature	<table border="1" style="width: 100px; height: 40px; margin: 0 auto;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
SUPERVISOR Name and Number Date Checked -----/------/2011 Signature	<table border="1" style="width: 100px; height: 40px; margin: 0 auto;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			