



# Popstan 2020 Census of Population and Housing

## SECTION A: IDENTIFICATION

A1 Province	A2 District	A3 Enumeration Area	A4 Area Type	A5 Household Number
			<i>Urban</i> 1 <i>Rural</i> 3 <i>Peri-Urban</i> 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### A6. Interview Date

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

A9. Interviewer Code

### A7. Interview Time

	Hour	Minutes
Start	<input type="text"/>	<input type="text"/>
End	<input type="text"/>	<input type="text"/>

A10. Interview Status

### A8. GPS Coordinates

Latitude	Longitude
<input type="text"/>	<input type="text"/>

- 1 *Interview completed*
- 2 *Non-contact*
- 3 *Vacant*
- 4 *Refused*
- 5 *Partially complete*

# B

## DEMOGRAPHICS

B01. PERSON NUMBER	1	2	3	4	5	6	7	8	9	10
<b>B02. List names of all household members</b>										
<b>B03. Is (name) male or a female?</b> Male 1      Female 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B04. What is (name's) relationship to the head of the household?</b> Head 1      Brother/Sister 4      Other relative 7 Spouse 2      Parent 5      No relation 8 Son/daughter 3      Grandchild 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"/>
<b>B05. How old is (name)?</b>  <i>Enter age in completed years ("000" for children less than one year old) If unknown enter "999"</i>	<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>B06. What is (name's) date of birth?</b> If unknown enter "9999-99-99"	YEAR	<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"/>
	MONTH	<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"/>
	DAY	<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>B07. Where was (name) born?</b>  <i>Enter district code from annex 1 if born in Popstan, otherwise enter country code from annex 4.</i>	<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>B08. Where was (name) living 1 year ago?</b>  <i>Enter district code from annex 1 if in Popstan; otherwise enter country code from annex 4.  Skip if less than 1 year old.</i>	<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>B09. When did (name) first move to the current district?</b>  <i>For respondents enumerated in their district of birth enter year and month of birth.  If date of move is unknown enter "99" for month and "9999" for year.</i>	YEAR	<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"/>
	MONTH	<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"/>

CSPro Sample Questionnaire.  
 This questionnaire is designed to illustrate various methods using CSPro.

PERSON NUMBER	1	2	3	4	5	6	7	8	9	10
<b>B10. Which of the following disabilities does (name) have?</b>										
<i>Mark all that apply</i>										
a) Visual	<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) Hearing	<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"/>
c) Speech	<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"/>
d) Physical	<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"/>
e) Mental	<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"/>
f) Self-care	<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>B11. If hearing disabled does (name) know sign language?</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"/>
Yes 1                      No 2										
<b>B12. Is (name's) mother alive?</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"/>
Yes 1                      No 2                      Don't know 9										
<b>B13. Line number of Mother</b>	<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"/>
<i>Enter 87 for non-resident, 88 for deceased.</i>	<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"/>
<b>B14. Is (name's) father alive?</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"/>
Yes 1                      No 2                      Don't know 9										
<b>B15. Line number of Father</b>	<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"/>
<i>Enter 87 for non-resident, 88 for deceased.</i>	<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"/>
<i>For Ages 10 and over ask ...</i>										
<b>B16. What is (name's) present marital status?</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"/>
1. Never Married.    2. Married    3. Divorced    4. Widowed										
<b>B17. For married, divorced or widowed:</b>	<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"/>
<b>What was (name's) age at first marriage?</b>	<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"/>

**QUESTIONS B15-B17 APPLY ONLY TO HOUSEHOLD MEMBERS AGED 10 YEARS AND ABOVE**

**B18. What is (name's) occupation?**

See codes in annex 3.


**B19. What languages does (name) speak fluently?**

Mark all that apply.

- English 1
- French 2
- Spanish 3
- Hindi 4
- Arabic 5
- Mandarin 6
- Portuguese 7
- Other Specify\_\_\_\_\_ 8


**B20. What language does (name) speak most often at home?**

Choose only one

- |            |             |                    |
|------------|-------------|--------------------|
| 1. English | 4. Hindi    | 7. Portuguese      |
| 2. French  | 5. Arabic   | 8. Other (Specify) |
| 3. Spanish | 6. Mandarin |                    |


C

**EDUCATION  
FOR ALL PERSONS AGED 3 AND ABOVE**

**PERSON NUMBER**

**1 2 3 4 5 6 7 8 9 10**

**C01. Has (name) ever attended school?**

If 1 or 9 skip to C03

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


**C02. What is the highest level of formal education that (name) has completed?**

- |                |                |                |
|----------------|----------------|----------------|
| 00. pre-school | 05. standard 5 | 10. form 2     |
| 01. standard 1 | 06. standard 6 | 11. form 3     |
| 02. standard 2 | 07. standard 7 | 12. form 4     |
| 03. standard 3 | 08. standard 8 | 13. university |
| 04. standard 4 | 09. form 1     | 14. graduate   |


**C03. Does (name) know how to read or write in any language?**

1. Yes                      2. No




# E

## DEATHS OF HOUSEHOLD MEMBERS IN THE PAST 5 YEARS

**E01. Has any member of this household passed away in the past five years?**

*If coded 2 or 9, go to next section*

1. Yes 2. No 9. Don't Know

**E02. How many members of the household passed away in the past five years?**

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**E03. PERSON NUMBER**

**1   2   3   4   5   6   7   8   9   10**

**E04. What was the name of the deceased?**

--	--	--	--	--	--	--	--	--	--	--

**E05. In what month and year did the death occur?**

MONTH

YEAR


**E06. Was (name of deceased) male or female?**

1. Male 2. Female

--	--	--	--	--	--	--	--	--	--	--

**E07. What was (name of deceased's) age at the time of death?**


**E08. If 10 years of age or under at time of death enter line number of mother of deceased or 99 if mother not in household.**


### FOR WOMEN AGED 12 – 50 YEARS (MATERNAL MORTALITY)

**E09. Did (name of deceased) die while pregnant?**

*If coded 1, move to next section.*

1. Yes 2. No 9. Don't Know


**E10. Did (name of deceased) die while giving birth?**

1. Yes 2. No 9. Don't Know




**G**

**HOUSEHOLD POSSESSIONS**

**G01. At present, how much/many of the following does this household own that are usable/repairable?**

*For value per unit, ask how much they would pay for the asset if they have to buy it in its current state and verify that value per unit is within the limits listed in annex 5*

Possession	Quantity	Value per unit
1. Generator	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Radio/ cassette player	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Television	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Telephone/Mobile	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Solar panels	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Gas cooker	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Bicycle	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Motorcycle	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Car/truck	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Tractor	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**G02. Were any of the assets above purchased with a loan from a bank or microfinance institution?**

*If yes, please list the number of the assets here*

# H

## AGRICULTURE

### H01. How many animals does the household have?

1. Cattle <input style="width: 40px;" type="text"/>	3. Goats <input style="width: 40px;" type="text"/>	5. Chickens <input style="width: 40px;" type="text"/>	7. Donkeys <input style="width: 40px;" type="text"/>
2. Sheep <input style="width: 40px;" type="text"/>	4. Horses <input style="width: 40px;" type="text"/>	6. Pigs <input style="width: 40px;" type="text"/>	

### H02. Which of the following crops were produced or sold by your HH during the last growing season?

*If no crops were produced end interview*

a) Crop	b) Did your household produce this crop?		c) Did your household sell this crop?		d) Which is the most important crop?
	1. Yes	2.No	1. Yes	2.No	<i>Rank all in order, most important first.</i>
1. Maize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sorghum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cassava	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sweet potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Groundnuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### H03. What are the three most important ways that you spent the money that you earned from selling crops from the last season? *Choose no more than 3 options.*

- |                     |             |                |
|---------------------|-------------|----------------|
| 1. School fees      | 4. Rent     | 7. Farm inputs |
| 2. Furniture        | 5. Pay loan | 8. Leisure     |
| 3. Medical expenses | 6. Food     |                |

### H04. If spent on school fees: for which children were school fees paid?

*Enter line numbers of school age children (age is between 3 and 25) or 99 if not a member of household*