



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

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

A8. GPS Coordinates

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

A11. Line number of respondent

B

DEMOGRAPHICS

B01. PERSON NUMBER	1	2	3	4	5	6	7	8	9	10
B02. List names of all household members										
B03. Is (name) male or a female? Male 1 Female 2	<input type="checkbox"/>									
B04. What is (name's) relationship to the head of the household? Head 1 Brother/Sister 4 Other relative 7 Spouse 2 Parent 5 No relation 8 Son/daughter 3 Grandchild 6	<input type="checkbox"/>									
B05. How old is (name)? <i>Enter age in completed years ("000" for children less than one year old) If unknown enter "999"</i>	<input type="text"/>									
B06. What is (name's) date of birth? If unknown enter "9999-99-99"	YEAR	<input type="text"/>								
MONTH		<input type="text"/>								
		DAY	<input type="text"/>							
B07. Where was (name) born? <i>Enter district code from annex 2 if born in Popstan, otherwise enter country code from annex 4.</i>	<input type="text"/>		<input type="text"/>							
B08. Where was (name) living 1 year ago? <i>Enter district code from annex 2 if in Popstan; otherwise enter country code from annex 4. Skip if less than 1 year old.</i>	<input type="text"/>									
B09. Is (name's) mother alive? Yes 1 No 2 Don't know 9	<input type="checkbox"/>									
B10. Line number of Mother <i>Enter 87 for non-resident, 88 for deceased.</i>	<input type="text"/>									

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
B11. Which of the following disabilities does (name) have?										
<i>Mark all that apply</i>										
a) Visual	<input type="checkbox"/>									
b) Hearing	<input type="checkbox"/>									
c) Speech	<input type="checkbox"/>									
d) Physical	<input type="checkbox"/>									
e) Mental	<input type="checkbox"/>									
f) Self-care	<input type="checkbox"/>									
B12. If hearing disabled does (name) know sign language?										
Yes 1 No 2	<input type="checkbox"/>									
<i>For Ages 10 and over ask ...</i>										
B13. What is (name's) present marital status?										
1. Never Married. 2. Married 3. Divorced 4. Widowed	<input type="checkbox"/>									
B14. For married, divorced or widowed:										
What was (name's) age at first marriage?										
B15. What languages does (name) speak fluently?										
<i>Mark all that apply.</i>										
English 1	<input type="checkbox"/>									
French 2	<input type="checkbox"/>									
Spanish 3	<input type="checkbox"/>									
Hindi 4	<input type="checkbox"/>									
Arabic 5	<input type="checkbox"/>									
Mandarin 6	<input type="checkbox"/>									
Portuguese 7	<input type="checkbox"/>									
Other Specify _____ 8	<input type="checkbox"/>									
B16. What language does (name) speak most often at home?										
<i>Choose only one</i>										
1. English 4. Hindi 7. Portuguese	<input type="checkbox"/>									
2. French 5. Arabic 8. Other (Specify)	<input type="checkbox"/>									
3. Spanish 6. Mandarin	<input type="checkbox"/>									

<h1 style="font-size: 2em; margin: 0;">C</h1>	<h2 style="margin: 0;">EDUCATION</h2> <h3 style="margin: 0;">FOR ALL PERSONS AGED 3 AND ABOVE</h3>									
PERSON NUMBER	1	2	3	4	5	6	7	8	9	10
C01. Has (name) ever attended school?										
<i>If 1 or 9 skip to C03</i>										
1. Never attended 2. Still attending 3. Left school 9. 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"/>
C02. What is the highest level of formal education that (name) has completed?										
00. pre-school 05. standard 5 10. form 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"/>
01. standard 1 06. standard 6 11. form 3	<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"/>
02. standard 2 07. standard 7 12. form 4	<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"/>
03. standard 3 08. standard 8 13. university	<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"/>
04. standard 4 09. form 1 14. graduate	<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"/>
C03. Does (name) know how to read or write in any language?										
1. Yes 2. No	<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

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?

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

MONTH

YEAR

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

1. Male 2. Female

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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 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/CD 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 possessions above purchased with a loan from a bank or microfinance institution?

If yes, please list the number of the assets here