



Popstan 2020 Census of Population and Housing

SECTION A: IDENTIFICATION

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

A8. GPS Coordinates

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

A10. Interview Status

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

A11. Line number of respondent

<h1 style="margin: 0;">B</h1>		<h2 style="margin: 0;">DEMOGRAPHICS</h2>									
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											
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											
B05. How old is (name)? Enter age in completed years ("000" for children less than one year old) If unknown enter "999"											
B06. What is (name's) date of birth? If unknown enter "9999-99-99"		YEAR									
		MONTH									
		DAY									
B07. Where was (name) born? Enter district code from annex 2 if born in Popstan, otherwise enter country code from annex 4.											
B08. Where was (name) living 1 year ago? Enter district code from annex 2 if in Popstan; otherwise enter country code from annex 4. Skip if less than 1 year old.											
B09. Is (name's) mother alive? Yes 1 No 2 Don't know 9											
B10. Line number of Mother Enter 87 for non-resident, 88 for deceased.											

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

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"/>	<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"/>
B12. If hearing disabled does (name) know sign language?	<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										
<i>For Ages 10 and over ask ...</i>										
B13. What is (name's) present marital status?	<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										
B14. For married, divorced or widowed:	<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"/>
What was (name's) age at first marriage?	<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"/>
B15. What languages does (name) speak fluently?										
<i>Mark all that apply.</i>										
English 1	<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"/>
French 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"/>
Spanish 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"/>
Hindi 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"/>
Arabic 5	<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"/>
Mandarin 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"/>
Portuguese 7	<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"/>
Other Specify _____ 8	<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"/>
B16. What language does (name) speak most often at home?										
<i>Choose only one</i>										
1. English 4. Hindi 7. Portuguese	<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"/>
2. French 5. Arabic 8. Other (Specify)	<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"/>
3. Spanish 6. Mandarin										

<h1 style="font-size: 48px; 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										
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	<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		FERTILITY FOR WOMEN AGED 12-50 YEARS									
WOMAN LINE NUMBER		1	2	3	4	5	6	7	8	9	10
D01. Has (name) ever given birth? <i>If no, probe with "I mean, to a child who ever breathed cried or showed other signs of life, even if the child only lived for a few minutes."</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>If coded 2 or 9, go to next section</i> 1. Yes 2. No 9. Refused		<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"/>
D02. Does (name) have any children who are still alive and living with her in this household? <i>If no skip to D03</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"/>
1. Yes 2. No		<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"/>
Enter the number of children.		Boys	<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"/>
		Girls	<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"/>
		Total	<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"/>
D03. Does (name) have any children who still alive and living elsewhere? <i>If no skip to D04</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"/>
1. Yes 2. No		<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"/>
Enter the number of children.		Boys	<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"/>
		Girls	<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"/>
		Total	<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"/>
D04. Does (name) have any children who are no longer alive? <i>If no skip to D05</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"/>
1. Yes 2. No		<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"/>
Enter the number of children.		Boys	<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"/>
		Girls	<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"/>
		Total	<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"/>
D05. Total Births <i>Sum totals from D02, D03 and D04 and ask:</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"/>
Just to make sure that I have this right, (name) has had in total (total number) births during her life. Is this correct?		<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"/>
Yes 1 No 2		<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"/>

E	<h2 style="margin: 0;">DEATHS OF HOUSEHOLD MEMBERS IN THE PAST 5 YEARS</h2>									
E01. Has any member of this household passed away in the past five years? <i>If coded 2 or 9, go to next section</i>										<div style="border: 1px solid black; width: 40px; height: 25px; margin: 0 auto;"></div>
<div style="display: flex; justify-content: space-between;"> 1. Yes 2. No 9. Don't Know </div>										
E02. How many members of the household passed away in the past five years?										<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </div>
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?										
<div style="background-color: #e6f2ff; padding: 5px; display: inline-block;"> MONTH </div>										<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
<div style="background-color: #e6f2ff; padding: 5px; display: inline-block;"> YEAR </div>										<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
E06. Was (name of deceased) male or female? <div style="display: flex; justify-content: space-between;"> 1. Male 2. Female </div>										
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? <i>If coded 1, move to next section.</i>										
<div style="display: flex; justify-content: space-between;"> 1. Yes 2. No 9. Don't Know </div>										
E10. Did (name of deceased) die while giving birth?										
<div style="display: flex; justify-content: space-between;"> 1. Yes 2. No 9. Don't Know </div>										

F	HOUSING CHARACTERISTICS
F01. How many rooms are in the main dwelling?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
F02. How many bedrooms are in the main dwelling?	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
F03. What is the type of the main dwelling? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. Traditional round hut 3. Semi-detached house 5. Improved (kiosk/container) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 2. Detached house 4. Flat/apartment </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F04. Does this household have other housing units in addition to the main dwelling? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. Yes 2. No </div> <i>For 2 skip to F06</i>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F05. How many of each type of housing unit are in this household? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>1. Traditional round hut <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></div> <div>3. Semi-detached house <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></div> <div>5. Improved (kiosk/container) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>2. Detached house <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></div> <div>4. Flat/apartment <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></div> </div>	
F06. What is the tenure status of the main dwelling? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. Owned by household member 3. Rented 5. Government housing </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 2. Owned by family member outside household 4. Owned by employer </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F07. If rented, what is the approximate monthly rent? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. Less than 100 4. 300-399 7. 600 to 699 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 2. 100-199 5. 400-499 8. 700 to 799 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 3. 200-299 6. 500-599 9. 800 or more </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F08. What is the roofing material of the main dwelling? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Grass/Straw 1 Tile 3 Other (specify) _____ 5 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Metal sheets 2 Cement 4 </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F09. What is the wall material of the main dwelling? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Mud 1 Wood 4 Grass/thatch 7 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Brick/stone 2 Plaster 5 Other (specify) _____ 8 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Metal Sheets 3 Cement 6 </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F10. Does the household have their own toilet? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. Yes 2. No </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F11. If yes, what type of toilet is it? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. Pit latrine 2. Flush toilet 3. Eco-toilet </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F12. What is the main source of water? <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 1. Pond/lake 3. Well/borehole 5. Piped water outside </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 2. River/stream 4. Piped water inside </div>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>
F13. What is the distance (in Km OR minutes) to main source of water for domestic use? <i>Choose only one of Km or minutes</i>	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>

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