

FORM A

1991 POPULATION AND HOUSEHOLD

SECTION A

TO BE ASKED OF ALL PERSONS											TO BE ASKED OF ALL PERSONS
SERIAL NUMBER	NAME	RELATIONSHIP	SEX	AGE	NATIONALITY	PLACE OF BIRTH	PLACE OF USUAL RESIDENCE	DISABILITY	LANGUAGE SPOKEN	LITERACY	SC
Person Number	What are the names of all persons who spent Census Night in this household? Start with the name of the Head of the household. Be sure to include babies and elderly persons	What is ...'s relationship to the Head of household? 1 Head. 2 Spouse. 3 Child 4 Spouse of child. 5 Grandchild. 6 Parent/ Spouse's parent 7 Other relatives. 8 Non-relatives, lodgers, visitors. 9 Domestic servant.	1 Male 2 Female	What was ...'s age last birthday if less than one Write 00	What is ...'s nationality? 01 Namibia 50 Angola 51 Botswana 52 RSA 53 Zambia 54 Zimbabwe 55 Lesotho 56 Swaziland 57 Malawi 58 Other African countries 60 European countries 70 USSR 80 N and S America 90 Asia and Oceania	Where was ... born? If same Town/Village write same town/village. If another town/village, write name of town/village and District. If outside Namibia, state country	Where does ... usually live? If same town/village, write same town/village. If another town/village, state name of town and district. If outside Namibia, state country	Has ... any type of permanent disability or limitation? 0 No. Yes. 1 Blind 2 Deaf 3 Impaired speech 4 Impairment of limbs 5 Mentally disabled Other, specify	What is the main language spoken by ... at home? (See language codes)	Can ... read and write in any language? 0 No Yes (See language codes)	Has ... attended school before ... 1 No at ... (G ...) A1 ... 10 ... or ... 2 St ... sc ... 3 Le ... sc ...
A1 (2)	A2	A3 (1)	A4 (1)	A5 (2)	A6 (2)	A7 (2)	A8 (2)	A9 (2)	A10 (2)	A11 (6)	A12
1											
2											
3											
4											
5											
6											
7											
8											
9											
0											

SECTION B HOUSING CONDITIONS — TO BE ASKED OF EACH HOUSEHOLD

TYPE OF HOUSING UNIT	TENURE	NUMBER OF ROOMS	WHAT IS THE MAIN MATERIAL USED FOR		WHAT IS THE MAIN TYPE OF FUEL USED FOR			WATER SUPPLY	TOILET FACILITY	OWNERSHIP OF RADIO
			Outer walls	Roof	Cooking	Lighting	Heating			
1 Detached house. 2 Semi-detached/ townhouse 3 Apartment/flat. 4 Guest flat. 5 Part commercial/ industrial 6 Mobile home (caravan, tent). 7 Single quarters. 8 Kraal/hut. 9 Improvised housing unit (shack)	Is housing unit: 1. Rented. 2. Owner-occupied. 3. Rent-free (not owner-occupied) Other, specify	How many rooms are there in this housing unit? (exclude bathrooms, toilets, kitchens, stoeps and verandahs)	1. Cement blocks/ Cement bricks. 2. Burnt bricks/ Face-bricks. 3. Corrugated-iron sheets. 4. Prefab. 5. Wooden poles, sticks & grass. 6. Sticks, mud and cow-dung Other, specify.	1. Corrugated-iron sheets. 2. Asbestos sheets. 3. Brick tiles. 4. Slate. 5. Wood covered with melthoid. 6. Thatch, grass. 7. Sticks, mud and cow-dung. Other, specify.	1. Electricity. 2. Gas. 3. Paraffin. 4. Firewood/ charcoal. Other, specify.	1. Electricity. 2. Gas. 3. Paraffin lamp. 4. Candle. Other, specify.	0. None. 1. Electricity. 2. Gas. 3. Paraffin. 4. Firewood/ charcoal. Other, specify.	What is the main source of water supply for this household? 1. Piped water indoors. 2. Piped water in yard. 3. Public pipe. 4. Well. 5. Borehole. 6. River, canal or lake Other, specify.	What type of toilet facility does this household use? 1. Water closet (used exclusively by household). 2. Water closet (used by other households). 3. Pit (long drop). 4. Bucket, pail. 5. Bush. Other, specify	Does this household own a radio? 0 No 1 Yes
B1 (1)	B2 (1)	B3 (1)	B4 (1)	B5 (1)	B6 (1)	B7 (1)	B8 (1)	B9 (1)	B10 (1)	B11 (1)

REPUBLIC OF NAMIBIA

IDENTIFICATION:

District

Enumeration Area

Locality (Town/Village)

POPULATION AND HOUSING CENSUS

DISABILITY	LANGUAGE SPOKEN	TO BE ASKED OF ALL PERSONS 6 YEARS +			TO BE ASKED OF ALL PERSONS AGED 10 YEARS AND OVER			
		LITERACY	SCHOOL ATTENDANCE	EDUCATIONAL ATTAINMENT	TYPE OF ACTIVITY	OCCUPATION	NAME AND ADDRESS OF WORKPLACE	INDUSTRY
Has any type of permanent disability or limitation? 0 No. 1 Yes. 2 Blind 3 Deaf 4 Impaired speech 5 Impairment of limbs 6 Mentally disabled 7 Other, specify	What is the main language spoken by at home? (See language codes)	Can read and write in any language? 0 No 1 Yes (See language codes)	Has attended school before? 1 Never attended. (Go to A14 if 10 years or more) 2 Still at school. 3 Left school	What is the highest level of school/college/university attended and the grade/standard/years completed by at that level. (See education codes).	During the 7 days preceding the Census Day, did work for pay, profit, or family gain? 01 Yes, worked. 02 No, but has job or business. 03 Unemployed (worked before). 04 Unemployed (first-time job seeker). 05 Student. 06 Home-maker. 07 Income recipient. 08 Disabled. 09 Retired, old age. Other, specify	(a) What kind of work did do? (b) What are 's main duties at this job?	What is the name and address of 's workplace?	(a) What kind of activity is carried out at 's workplace? (b) What are the main products produced or services offered at 's workplace?
A9 (2)	A10 (2)	A11 (6)	A12 (1)	A13 (2)	A14 (2)	A15 (4)	A16	A17 (4)
						(a)		(a)
						(b)		(b)
						(a)		(a)
						(b)		(b)
						(a)		(a)
						(b)		(b)
						(a)		(a)
						(b)		(b)
						(a)		(a)
						(b)		(b)
						(a)		(a)
						(b)		(b)
						(a)		(a)
						(b)		(b)
						(a)		(a)
						(b)		(b)

WATER SUPPLY	TOILET FACILITY	OWNERSHIP OF TELEVISION		PURCHASE OF NEWSPAPER	CONTROL SECTION		
		Does this household own a radio?	Does this household own a TV?		TO BE COMPLETED BY ENUMERATOR		TO BE CHECKED BY SUPERVISOR
What is the main source of water supply for this household? 1. Piped water indoors. 2. Piped water in yard. 3. Public pipe. 4. Well. 5. Borehole. 6. River, canal or lake. Other, specify.	What type of toilet facility does this household use? 1. Water closet (used exclusively by household). 2. Water closet (used by other households). 3. Pit (long drop). 4. Bucket, pail. 5. Bush. Other, specify.	0 No 1 Yes	0 No 1 Yes	How many newspapers does this household buy in a week? 0 None 1 One only 2 More than one	Number of Questionnaires used in Household or Institution	Date Enumeration started in Household/Institution	Has Questionnaire checked?
					Number of Persons Enumerated in Household or Institution	Date Enumeration completed in Household/Institution	Date checked?
					Total	Name of Enumerator:	Name of Checker:
					Male		Signature:
					Female		
B9 (1)	B10 (1)	B11 (1)	B12 (1)	B13 (1)			

IDENTIFICATION:

District
 Enumeration Area
 Locality (Town/Village)

Address of House: Household number
 Type of Residence
 Census House No. Household composition

PERSONS AGED 10 YEARS AND OVER				15 YEARS AND OVER	ALL FEMALES AGED 15 YEARS AND OVER			FEMALES AGED 15-49		
IN	NAME AND ADDRESS OF WORKPLACE	INDUSTRY	STATUS IN EMPLOYMENT	MARITAL STATUS	CHILDREN EVER BORN ALIVE			CHILDREN BORN DURING LAST 12 MONTHS		
				What is 's marital status?	How many children have been born alive by ?	How many of these children		How many children have been born alive by during the past 12 months?	Of the children born alive to in past 12 months, how many are dead?	
	What is the name and address of 's workplace?	(a) What kind of activity is carried out at 's workplace? (b) What are the main products produced or service offered at 's workplace?	In this job did work as 1 Employer (with paid employees). 2 Own-account worker (without paid employees). 3 Employee. Government. 4 Employee. Private. 5 Unpaid family worker. Other, specify.	1 Never married. 2 Married, legally or customarily. 3 Married, consensually. 4 Separated. 5 Divorced. 6 Widowed.		Are living in this household?	Are living elsewhere?	Are dead?		
	A16	A17 (4)	A18 (1)	A19 (1)	A20 (2)	A21 (2)	A22 (1)	A23 (1)	A24 (1)	A25 (1)
		(a)								
		(b)								
		(a)								
		(b)								
		(a)								
		(b)								
		(a)								
		(b)								
		(a)								
		(b)								
		(a)								
		(b)								
		(a)								
		(b)								

CONTROL SECTION

TO BE COMPLETED BY ENUMERATOR

Date Enumeration started in Household/Institution
 Date Enumeration completed in Household/Institution
 Name of Enumerator:

TO BE COMPLETED BY CHIEF ENUMERATOR

Has Questionnaire been checked?
 Yes
 No
 Date checked
 Name of Chief Enumerator:
 Signature:

COMMENTS:

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