

MINISTRY OF FINANCE AND ECONOMIC PLANNING



NATIONAL CENSUS COMMISSION

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

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GENERAL POPULATION AND HOUSING CENSUS  
 16 – 30 AUGUST 2012

Legal Basis: Presidential decree No, 02/01 of 28/02/2011

CENSUS QUESTIONNAIRE (PRIVATE HOUSEHOLD)

I. SECTION L - LOCALIZATION AND IDENTIFICATION OF HOUSEHOLD

L01. PROVINCE / KIGALI CITY: .....| |

L02. DISTRICT: .....| |

L03. SECTOR: .....| |

L04. CELL: .....| |

L05. VILLAGE: .....| |

L06. ENUMERATION AREA (N° EA): .....| |

L07. AREA OF RESIDENCE: (Urban = 1, Rural = 2): .....| |

L08. BUILDING NUMBER: .....| |

L09. HOUSEHOLD NUMBER: .....| |

L10. TYPE OF HOUSEHOLD: .....| 1 | 0 | 0 |

L11. NUMBER OF QUESTIONNAIRES FILLED IN THIS HOUSEHOLD: .....| | / | |

II. SECTION S - HOUSEHOLD SUMMARY TABLE TO BE FILLED IN AFTER

	MALE	FEMALE	TOTAL
PRESENT RESIDENTS (PR)			
ABSENT RESIDENTS (AR)			
TOTAL RESIDENTS (PR + AR)			
VISITORS (VIS)			
TOTAL ENUMERATED			
RESIDENTS ABOVE 18 YEARS OLD			

CONTROL SHEET

ENUMERATOR	TEAM SUPERVISOR
Enumeration Date: .....ô ô ô ô .	Date of Verification: .....
Observations:	Observations:
Name of Enumerator: ô ô ô ô ô ô ô ô ô ô ô ô .	Name of Team Supervisor: ô ô ô ô ô ô ô ô ô ô ô ô ô .
Signature:	Signature:

CODER

VERIFIER

DATA ENTRY CLERK

Name :ô ô ô ô ô ô ô ô ô ô .  
 Date: .....  
 Signature:

Name :ô ô ô ô ô ô ô ô ô ô .  
 Date: .....  
 Signature:

Name:ô ô ô ô ô ô ô ô ô ô .  
 Date: .....  
 Signature: Code: | |



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### LIST OF MEMBERS OF HOUSEHOLD

N°	Name and First Name (P01)	Relationship to the Head of Household (P02)	Sex (P03)	Age at last birthday (P05)
	<p><b>1. Resident household members</b></p> <p>Write the names of all resident members who were present or absent during the census night: (15-16/08/2012) according to the following order :</p> <ul style="list-style-type: none"> <li>- The Head of the Household ;</li> <li>- Unmarried resident children of the head of the household whose mothers /fathers are not resident in the same household beginning with the eldest ;</li> <li>-The first Spouse, followed by her unmarried children resident in the household beginning with the eldest ;</li> <li>-The second, third, ...Spouses, followed by their unmarried children resident in the household beginning with the eldest;</li> <li>- Married resident children of the head of the household followed by their resident spouses and children;</li> <li>- Children unrelated to the head being brought up within the household;</li> <li>- Other resident persons who are related either to the head of the household or to his spouse or spouses;</li> <li>- Other resident persons who are unrelated either to the head of the household or to his spouse or spouses;</li> <li>- Names of all other residents who did not spend the census night within the household;</li> </ul> <p><b>2. Visitors</b></p> <p>Record the names of all visitors who spent the census night within the household (if any).</p>	<p>What is [NAME]'s Relationship to the head of the household?</p> <p><i>Circle the code corresponding to the response options found at the bottom of the page, depending on the declaration of the respondent.</i></p>	<p>What is [NAME]'s Sex?</p> <p><i>Circle the number which matches the response given.</i></p>	<p>How old was [NAME] at his/her Last Birthday?</p> <p><i>If respondent do not know the exact age; use the historical calendar provided to estimate his/her age.</i></p>
1		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
2		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
3		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
4		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
5		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
6		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
7		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
8		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
9		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
10		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
11		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□
12		1. HH 3. SD 5. FM 7. GC 9. NR 2. SP 4. UC 6. BS 8. OR	1. Male 2. Female	□□□□

**Relationship to the head**

- |                          |                       |
|--------------------------|-----------------------|
| 1. HH: Head of Household | 6. BS: Brother/Sister |
| 2. SP: Spouse            | 7. GC: Grand Child    |
| 3. SD: Son/Daughter      | 8. OR: Other Relative |
| 4. UC: Unrelated Child   | 9. NR: Non Relative   |
| 5. FM: Father/Mother     |                       |

### SECTION P – CHARACTERISTICS OF POPULATION

<p style="text-align: center;"><b>FOR ALL MEMBERS OF HOUSEHOLD</b></p> <p><b>P01</b> – Serial Number of the person <input type="text"/> <input type="text"/></p> <p>NAME: _____</p> <p><b>P02</b> – What is [NAME]’s relationship to the Head of Household?                  1. Head of Household</p> <p><b>P03</b> – Is [NAME] male or female?                  1. Male      2. Female</p> <p><b>P04</b> – In what month and year was [NAME] born?                  Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>P05</b> – How old was [NAME] at his/her last birthday?                  Record age in completed years <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>P06</b> – What is residence status of [NAME]?                  1. Present Resident – PR                  2. Absent Resident - AR                  3. Visitor – VIS</p>	<p style="text-align: center;"><b>FOR RESIDENTS LESS THAN 18 YEARS OLD</b></p> <p><b>P14</b> – Parental survivorship and residence  <b>P14a</b> – Is [NAME]’s natural mother alive?                  1. Yes   2. No                  3. Don’t know</p> <p><b>P14b</b> – If yes, does [NAME]’s natural mother live in this household?                  1. Yes   2. No</p> <p><b>P14c</b> – Is [NAME]’s natural father alive?                  1. Yes   2. No                  3. Don’t know</p> <p><b>P14d</b> – If yes, does [NAME]’s natural father live in this household?                  1. Yes   2. No</p> <p><b>P15</b> – Was [NAME]’s birth registered?                  1. Yes   2. No   3. Don’t know</p> <p style="text-align: center;"><b>FOR RESIDENTS AGED 3 YEARS or OLDER</b></p> <p><b>P16</b> – Can [NAME] read and write with understanding in the following languages?                  Kinyarwanda      1      Record the SUM of the codes circled                  French              2                  English             4                  Other                8                  None                0      <input type="text"/> <input type="text"/></p> <p><b>P17</b> – Has [NAME] ever attended school?                  1. Has never attended → Go to P20                  2. Has ever attended                  3. Is currently attending school</p> <p><b>P18a</b> – What is the highest level of education [NAME] attended?  <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Level</td> <td style="text-align: center;">Level</td> </tr> <tr> <td>Preschool</td> <td style="text-align: center;">0</td> <td>Secondary      3</td> </tr> <tr> <td>Primary</td> <td style="text-align: center;">1</td> <td>University        4</td> </tr> <tr> <td>Post Primary</td> <td style="text-align: center;">2</td> <td></td> </tr> </table></p> <p><b>P18b</b> – How many years of school did [NAME] complete successfully at that level?  <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Level:</td> <td style="text-align: center;">Years Completed</td> </tr> <tr> <td>Preschool</td> <td style="text-align: center;">0 1 2 3</td> </tr> <tr> <td>Primary</td> <td style="text-align: center;">0 1 2 3 4 5 6</td> </tr> <tr> <td>Post primary</td> <td style="text-align: center;">0 1 2 3</td> </tr> <tr> <td>Secondary</td> <td style="text-align: center;">0 1 2 3 4 5 6 7</td> </tr> <tr> <td>University</td> <td style="text-align: center;">0 1 2 3 4 5 6 7+</td> </tr> </table></p> <p><b>P19</b> – What is the highest certificate/degree [NAME] obtained?                  0. None              5. A1: Bacc/Diploma                  1. CE/FM            6. A0: Bachelor                  2. EMA/ENTA      7. MA: Master                  3. A3/D4/D5        8. PhD: Doctorate                  4. A2/D6/D7</p>		Level	Level	Preschool	0	Secondary      3	Primary	1	University        4	Post Primary	2		Level:	Years Completed	Preschool	0 1 2 3	Primary	0 1 2 3 4 5 6	Post primary	0 1 2 3	Secondary	0 1 2 3 4 5 6 7	University	0 1 2 3 4 5 6 7+	<p><b>P23</b> – Is [NAME] available to work?                  1. Yes      2. No → Go to P29</p> <p><b>P24</b> – Has [NAME] been seeking for work during the last 7 days (08-14/08/2012)?                  0. No                  1. Yes, 1<sup>st</sup> job } Go to P29                  2. Yes, new job }</p> <p style="text-align: center;"><b>FOR RESIDENTS WHO ARE CURRENTLY WORKING or HAVE EVER WORKED</b></p> <p><b>P25</b> – What was [NAME]’s main occupation (type of work) during the last 7 days preceding the census night or during the last time he/she worked?  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>P26</b> – What is [NAME]’s status in employment?                  1. Employee      5. Producers’ cooperative member                  2. Employer      6. Other                  3. Self-employed      4. Contributing family worker</p> <p><b>P27</b> – What is the main product, service or activity of [NAME]’s place of work?  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>P28</b> – What is [NAME]’s institutional sector of employment?                  1. Public      3. Non-profit institution                  2. Private      4. Household</p> <p style="text-align: center;"><b>FOR RESIDENTS AGED 12 YEARS or OLDER</b></p> <p><b>P29</b> – What is [NAME]’s marital status?                  1. Never married      3. Separated      5. Divorced                  2. Married              4. Widowed</p> <p><i>If never married and FEMALE → P33</i>  <i>If Widowed or Divorced → P32</i>  <i>If never married and MALE → Next Person</i></p> <p><b>P30</b> – How many spouses [NAME] have? (For men only)                  Current number of spouses: <input type="text"/></p> <p><b>P31</b> – What is the rank of [NAME] to the spouse? (For women only)                  Current rank as spouse: <input type="text"/></p> <p><b>P32</b> – How old was [NAME] when he/she first got married or lived together with partner?                  Age at first marriage: <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><b>FOR RESIDENT WOMEN AGED 12 YEARS or OLDER</b></p> <p><b>P33</b> – How many live births [NAME] has ever had?  <i>If none, write 00 for each sex and proceed to the next person</i>                  Male <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/></p> <p><b>P34</b> – Among those children, how many are still alive?                  Male <input type="text"/> <input type="text"/> Female <input type="text"/> <input type="text"/></p> <p><b>P35</b> – How many live births has [NAME] had during the last 12 months (from 15/08/2011 to 15/08/2012)?                  Male <input type="text"/> Female <input type="text"/></p> <p><b>P36</b> – Among those children, how many are still alive?                  Male <input type="text"/> Female <input type="text"/></p>
	Level	Level																								
Preschool	0	Secondary      3																								
Primary	1	University        4																								
Post Primary	2																									
Level:	Years Completed																									
Preschool	0 1 2 3																									
Primary	0 1 2 3 4 5 6																									
Post primary	0 1 2 3																									
Secondary	0 1 2 3 4 5 6 7																									
University	0 1 2 3 4 5 6 7+																									

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<b>FOR USUAL RESIDENTS</b>	
<b>P07</b> – Where [NAME] was born?	
Province: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Foreign Country: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>P08</b> – What is [NAME]’s Nationality?	
1 <sup>st</sup> Nationality: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
2 <sup>nd</sup> Nationality: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Foreigner: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(Record the name of the country)	
<b>P09</b> – Where was [NAME] residing previously?	
Province: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Foreign Country: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>P10</b> – How long has [NAME] been living continuously in this District?	
Record 000 if less than 1 year; Record 999 if the residence has not changed since birth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>P11</b> – What is [NAME]’s Religion?	
1. Catholic   4. Muslim   7. No Religion 2. Protestant   5. Jehovah Witness   8. Other..... 3. Adventist   6. Tradit/Animist	
<b>P12</b> – Does [NAME] have any difficulty or problem as listed below? If yes, what were the causes?	
Type of disability (D)	Causes (C)
1. Seeing	1. Congenital
2. Hearing	2. Disease/Illness
3. Speaking	3. Injury/Accident
4. Walking/Climbing	4. War/Mines
5. Learning/Concentrating	5. Genocide
6. Other.....	6. Not Known
	7. Other.....
If None (Write 0 in first D → <i>Go to P13</i> )	
D	C
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
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<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<b>P13</b> – What is [NAME]’s Medical insurance?	
1. Mutuelle   2. RAMA   3. MMI   4. FARG 5. Insurance Cie   6. School   7. NGO   8. Employer 9. None   10. Other.....	



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### SECTION P – CHARACTERISTICS OF POPULATION

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<p style="text-align: center;"><b>FOR USUAL RESIDENTS</b></p> <p><b>P07</b> – Where [NAME] was born?</p> <p>Province: _____ District: _____ <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> Foreign Country: _____</p> <p><b>P08</b> – What is [NAME]’s Nationality?</p> <p>1<sup>st</sup> Nationality: _____ 2<sup>nd</sup> Nationality: _____ Foreigner: _____ (Record the name of the country)</p> <p><b>P09</b> – Where was [NAME] residing previously?</p> <p>Province: _____ District: _____ <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/> Foreign Country: _____</p> <p><b>P10</b> – How long has [NAME] been living continuously in this District?</p> <p>Record 000 if less than 1 year; Record 999 if the residence has not changed since birth</p> <p><b>P11</b> – What is [NAME]’s Religion?</p> <p>1. Catholic   4. Muslim   7. No Religion 2. Protestant   5. Jehovah Witness   8. Other..... 3. Adventist   6. Tradit/Animist</p> <p><b>P12</b> – Does [NAME] have any difficulty or problem as listed below? If yes, what were the causes?</p> <table style="width: 100%;"> <tr> <th>Type of disability (D)</th> <th>Causes (C)</th> </tr> <tr> <td>1. Seeing</td> <td>1. Congenital</td> </tr> <tr> <td>2. Hearing</td> <td>2. Disease/Illness</td> </tr> <tr> <td>3. Speaking</td> <td>3. Injury/Accident</td> </tr> <tr> <td>4. Walking/Climbing</td> <td>4. War/Mines</td> </tr> <tr> <td>5. Learning/Concentrating</td> <td>5. Genocide</td> </tr> <tr> <td>6. Other.....</td> <td>6. Not Known</td> </tr> <tr> <td></td> <td>7. Other.....</td> </tr> </table> <p><i>If None (Write 0 in first D → Go to P13)</i></p> <p>D C D C D C D C D C D C</p> <p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p><b>P13</b> – What is [NAME]’s Medical insurance?</p> <p>1. Mutuelle   2. RAMA   3. MMI   4. FARG 5. Insurance Cie   6. School   7. NGO   8. Employer 9. None   10. Other.....</p>	Type of disability (D)	Causes (C)	1. Seeing	1. Congenital	2. Hearing	2. Disease/Illness	3. Speaking	3. Injury/Accident	4. Walking/Climbing	4. War/Mines	5. Learning/Concentrating	5. Genocide	6. Other.....	6. Not Known		7. Other.....	<p style="text-align: center;"><b>FOR RESIDENTS AGED 5 YEARS or OLDER</b></p> <p><b>P20</b> – Aside from his/her own housework, did [NAME] work at least 1 hour during the last 7 days preceding the census night (8-14/08/2012)?</p> <p>1. Yes → <i>Go to P25</i> 2. No</p> <p><b>P21</b> – Why [NAME] did not work during the last 7 days (8-14/08/2012)?</p> <p>0. Home worker 1. Non-worker (Never worked) 2. Non-worker (Ever worked) 3. On leave, but has job → <i>Go to P25</i> 4. Retired 5. Old age 6. Student 7. Other: _____ } <i>Go to P23</i></p> <p><b>P22</b> – Did [NAME] do one of the following activities during the last 7 days (8-14/08/2012)?</p> <p>1. Farming/Rearing animals/Fishing 2. Production 3. Services/Selling 4. House worker at someone’s house 5. Home worker at own house 6. None } <i>Go to P25</i></p>
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### SECTION P – CHARACTERISTICS OF POPULATION

<p style="text-align: center;"><b>FOR ALL MEMBERS OF HOUSEHOLD</b></p> <p><b>P01</b> – Serial Number of the person <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>NAME: _____</p> <p><b>P02</b> – What is [NAME]’s relationship to the Head of Household?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">2. Spouse</td> <td style="width: 50%;">6. Brother/Sister</td> </tr> <tr> <td>3. Son/Daughter</td> <td>7. Grandchild</td> </tr> <tr> <td>4. Unrelated Child</td> <td>8. Other Relative</td> </tr> <tr> <td>5. Father/Mother</td> <td>9. Non Relative</td> </tr> </table> <p><b>P03</b> – Is [NAME] male or female?</p> <p>1. Male      2. Female</p> <p><b>P04</b> – In what month and year was [NAME] born?</p> <p>Month: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> Year: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p><b>P05</b> – How old was [NAME] at his/her last birthday?</p> <p>Record age in completed years <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p><b>P06</b> – What is residence status of [NAME]?</p> <p>1. Present Resident – PR 2. Absent Resident - AR 3. Visitor – VIS</p>	2. Spouse	6. Brother/Sister	3. Son/Daughter	7. Grandchild	4. Unrelated Child	8. Other Relative	5. Father/Mother	9. Non Relative	<p style="text-align: center;"><b>FOR RESIDENTS LESS THAN 18 YEARS OLD</b></p> <p><b>P14</b> – Parental survivorship and residence</p> <p><b>P14a</b> – Is [NAME]’s natural mother alive?</p> <p>1. Yes   2. No 3. Don’t know</p> <p><b>P14b</b> – If yes, does [NAME]’s natural mother live in this household?</p> <p>1. Yes   2. No</p> <p><b>P14c</b> – Is [NAME]’s natural father alive?</p> <p>1. Yes   2. No 3. Don’t know</p> <p><b>P14d</b> – If yes, does [NAME]’s natural father live in this household?</p> <p>1. Yes   2. No</p> <p><b>P15</b> – Was [NAME]’s birth registered?</p> <p>1. Yes   2. No   3. 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<b>P01</b> – Serial Number of the person <input type="text"/> <input type="text"/> NAME: _____	<b>P14</b> – Parental survivorship and residence <b>P14a</b> – Is [NAME]’s natural mother alive? 1. Yes 2. No 3. Don’t know <b>P14b</b> – If yes, does [NAME]’s natural mother live in this household? 1. Yes 2. No <b>P14c</b> – Is [NAME]’s natural father alive? 1. Yes 2. No 3. Don’t know <b>P14d</b> – If yes, does [NAME]’s natural father live in this household? 1. Yes 2. No <b>P15</b> – Was [NAME]’s birth registered? 1. Yes 2. No 3. Don’t know	<b>P23</b> – Is [NAME] available to work? 1. Yes 2. No → Go to P29 <b>P24</b> – Has [NAME] been seeking for work during the last 7 days (8-14/08/2012)? 0. No 1. Yes, 1 <sup>st</sup> job } Go to P29 2. Yes, new job																								
<b>P02</b> – What is [NAME]’s relationship to the Head of Household? 2. Spouse 6. Brother/Sister 3. Son/Daughter 7. Grandchild 4. Unrelated Child 8. Other Relative 5. Father/Mother 9. Non Relative	<b>P16</b> – Can [NAME] read and write with understanding in the following languages? Kinyarwanda 1 French 2 English 4 Other 8 None 0	<b>P25</b> – What was [NAME]’s main occupation (type of work) during the last 7 days preceding the census night or during the last time he/she worked? _____																								
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<b>P07</b> – Where [NAME] was born? Province: _____ District: _____ Foreign Country: _____	<b>P20</b> – Aside from his/her own housework, did [NAME] work at least 1 hour during the last 7 days preceding the census night (8-14/08/2012)? 1. Yes → Go to P25 2. No	<b>P30</b> – How many spouses [NAME] have? (For men only) Current number of spouses: <input type="text"/>																								
<b>P08</b> – What is [NAME]’s Nationality? 1 <sup>st</sup> Nationality: _____ 2 <sup>nd</sup> Nationality: _____ Foreigner: _____ (Record the name of the country)	<b>P21</b> – Why [NAME] did not work during the last 7 days (8-14/08/2012)? 0. Home worker 1. Non-worker (Never worked) 2. Non-worker (Ever worked) 3. On leave, but has job → Go to P25 4. Retired 5. Old age 6. Student 7. Other: _____ } Go to P23	<b>P31</b> – What is the rank of [NAME] to the spouse? (For women only) Current rank as spouse: <input type="text"/>																								
<b>P09</b> – Where was [NAME] residing previously? Province: _____ District: _____ Foreign Country: _____	<b>P22</b> – Did [NAME] do one of the following activities during the last 7 days (8-14/08/2012)? 1. Farming/Rearing animals/Fishing 2. Production 3. Services/Selling 4. House worker at someone’s house 5. Home worker at own house 6. None } Go to P25	<b>P32</b> – How old was [NAME] when he/she first got married or lived together with partner? Age at first marriage: <input type="text"/> <input type="text"/>																								
<b>P10</b> – How long has [NAME] been living continuously in this District? Record 000 if less than 1 year; Record 999 if the residence has not changed since birth	<b>P12</b> – Does [NAME] have any difficulty or problem as listed below? If yes, what were the causes? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type of disability (D)</th> <th>Causes (C)</th> </tr> </thead> <tbody> <tr> <td>1. Seeing</td> <td>1. Congenital</td> </tr> <tr> <td>2. Hearing</td> <td>2. Disease/Illness</td> </tr> <tr> <td>3. Speaking</td> <td>3. Injury/Accident</td> </tr> <tr> <td>4. Walking/Climbing</td> <td>4. War/Mines</td> </tr> <tr> <td>5. Learning/Concentrating</td> <td>5. Genocide</td> </tr> <tr> <td>6. Other.....</td> <td>6. Not Known</td> </tr> <tr> <td></td> <td>7. Other.....</td> </tr> </tbody> </table>	Type of disability (D)	Causes (C)	1. Seeing	1. Congenital	2. Hearing	2. Disease/Illness	3. Speaking	3. Injury/Accident	4. Walking/Climbing	4. War/Mines	5. Learning/Concentrating	5. Genocide	6. Other.....	6. Not Known		7. Other.....	<b>P33</b> – How many live births [NAME] has ever had? If none, write 00 for each sex and proceed to the next person Male <input type="text"/> Female <input type="text"/>								
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<b>P11</b> – What is [NAME]’s Religion? 1. Catholic 4. Muslim 7. No Religion 2. Protestant 5. Jehovah Witness 8. Other..... 3. Adventist 6. Tradit/Animist	<b>P13</b> – What is [NAME]’s Medical insurance? 1. Mutuelle 2. RAMA 3. MMI 4. FARG 5. Insurance Cie 6. School 7. NGO 8. Employer 9. None 10. Other.....	<b>P34</b> – Among those children, how many are still alive? Male <input type="text"/> Female <input type="text"/>																								
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### SECTION P – CHARACTERISTICS OF POPULATION

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Female</p> <p><b>P04</b> – In what month and year was [NAME] born?</p> <p>Month: <input type="text" value=""/><input type="text" value=""/> Year: <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p><b>P05</b> – How old was [NAME] at his/her last birthday?</p> <p>Record age in completed years <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p><b>P06</b> – What is residence status of [NAME]?</p> <p>1. Present Resident – PR 2. Absent Resident - AR 3. Visitor – VIS</p>	2. Spouse	6. Brother/Sister	3. Son/Daughter	7. Grandchild	4. Unrelated Child	8. Other Relative	5. Father/Mother	9. Non Relative	<p style="text-align: center;"><b>FOR RESIDENTS LESS THAN 18 YEARS OLD</b></p> <p><b>P14</b> – Parental survivorship and residence</p> <p><b>P14a</b> – Is [NAME]’s natural mother alive?</p> <p>1. Yes   2. No 3. Don’t know</p> <p><b>P14b</b> – If yes, does [NAME]’s natural mother live in this household?</p> <p>1. Yes   2. No</p> <p><b>P14c</b> – Is [NAME]’s natural father alive?</p> <p>1. Yes   2. No 3. Don’t know</p> <p><b>P14d</b> – If yes, does [NAME]’s natural father live in this household?</p> <p>1. Yes   2. No</p> <p><b>P15</b> – Was [NAME]’s birth registered?</p> <p>1. Yes   2. No   3. Don’t know</p> <p style="text-align: center;"><b>FOR RESIDENTS AGED 3 YEARS or OLDER</b></p> <p><b>P16</b> – Can [NAME] read and write with understanding in the following languages?</p> <table style="width: 100%;"> <tr> <td>Kinyarwanda</td> <td>1</td> <td rowspan="5" style="text-align: center;">Record the SUM of the codes circled</td> </tr> <tr> <td>French</td> <td>2</td> </tr> <tr> <td>English</td> <td>4</td> </tr> <tr> <td>Other</td> <td>8</td> </tr> <tr> <td>None</td> <td>0</td> </tr> </table> <p><b>P17</b> – Has [NAME] ever attended school?</p> <p>1. Has never attended → <i>Go to P20</i> 2. Has ever attended 3. Is currently attending school</p> <p><b>P18a</b> – What is the highest level of education [NAME] attended?</p> <table style="width: 100%;"> <tr> <td></td> <td>Level</td> <td>Level</td> </tr> <tr> <td>Preschool</td> <td>0</td> <td>Secondary 3</td> </tr> <tr> <td>Primary</td> <td>1</td> <td>University 4</td> </tr> <tr> <td>Post Primary</td> <td>2</td> <td></td> </tr> </table> <p><b>P18b</b> – How many years of school did [NAME] complete successfully at that level?</p> <table style="width: 100%;"> <tr> <td>Level</td> <td>Years Completed</td> </tr> <tr> <td>Preschool</td> <td>0 1 2 3</td> </tr> <tr> <td>Primary</td> <td>0 1 2 3 4 5 6</td> </tr> <tr> <td>Post primary</td> <td>0 1 2 3</td> </tr> <tr> <td>Secondary</td> <td>0 1 2 3 4 5 6 7</td> </tr> <tr> <td>University</td> <td>0 1 2 3 4 5 6 7+</td> </tr> </table> <p><b>P19</b> – What is the highest certificate/degree [NAME] obtained?</p> <table style="width: 100%;"> <tr> <td>0. None</td> <td>5. A1: Bacc/Diploma</td> </tr> <tr> <td>1. CE/FM</td> <td>6. A0: Bachelor</td> </tr> <tr> <td>2. EMA/ENTA</td> <td>7. MA: Master</td> </tr> <tr> <td>3. A3/D4/D5</td> <td>8. PhD: Doctorate</td> </tr> <tr> <td>4. A2/D6/D7</td> <td></td> </tr> </table>	Kinyarwanda	1	Record the SUM of the codes circled	French	2	English	4	Other	8	None	0		Level	Level	Preschool	0	Secondary 3	Primary	1	University 4	Post Primary	2		Level	Years Completed	Preschool	0 1 2 3	Primary	0 1 2 3 4 5 6	Post primary	0 1 2 3	Secondary	0 1 2 3 4 5 6 7	University	0 1 2 3 4 5 6 7+	0. None	5. A1: Bacc/Diploma	1. CE/FM	6. A0: Bachelor	2. EMA/ENTA	7. MA: Master	3. A3/D4/D5	8. PhD: Doctorate	4. A2/D6/D7		<p><b>P23</b> – Is [NAME] available to work?</p> <p>1. Yes   2. No → <i>Go to P29</i></p> <p><b>P24</b> – Has [NAME] been seeking for work during the last 7 days (8-14/08/2012)?</p> <p>0. No 1. Yes, 1<sup>st</sup> job } <i>Go to P29</i> 2. Yes, new job</p> <p style="text-align: center;"><b>FOR RESIDENTS WHO ARE CURRENTLY WORKING or HAVE EVER WORKED</b></p> <p><b>P25</b> – What was [NAME]’s main occupation (type of work) during the last 7 days preceding the census night or during the last time he/she worked?</p> <p>_____ <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p><b>P26</b> – What is [NAME]’s status in employment?</p> <table style="width: 100%;"> <tr> <td>1. Employee</td> <td>5. Producers’ cooperative member</td> </tr> <tr> <td>2. Employer</td> <td>6. Other</td> </tr> <tr> <td>3. Self-employed</td> <td>4. Contributing family worker</td> </tr> </table> <p><b>P27</b> – What is the main product, service or activity of [NAME]’s place of work?</p> <p>_____ <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p><b>P28</b> – What is [NAME]’s institutional sector of employment?</p> <table style="width: 100%;"> <tr> <td>1. Public</td> <td>3. Non-profit institution</td> </tr> <tr> <td>2. Private</td> <td>4. Household</td> </tr> </table> <p style="text-align: center;"><b>FOR RESIDENTS AGED 12 YEARS or OLDER</b></p> <p><b>P29</b> – What is [NAME]’s marital status?</p> <p>1. Never married   3. Separated   5. Divorced 2. Married   4. Widowed</p> <p><i>If never married and FEMALE → P33</i> <i>If Widowed or Divorced → P32</i> <i>If never married and MALE → Next Person</i></p> <p><b>P30</b> – How many spouses [NAME] have? (For men only)</p> <p>Current number of spouses: <input type="text" value=""/><input type="text" value=""/></p> <p><b>P31</b> – What is the rank of [NAME] to the spouse? (For women only)</p> <p>Current rank as spouse: <input type="text" value=""/><input type="text" value=""/></p> <p><b>P32</b> – How old was [NAME] when he/she first got married or lived together with partner?</p> <p>Age at first marriage: <input type="text" value=""/><input type="text" value=""/></p> <p style="text-align: center;"><b>FOR RESIDENT WOMEN AGED 12 YEARS or OLDER</b></p> <p><b>P33</b> – How many live births [NAME] has ever had?</p> <p><i>If none, write 00 for each sex and proceed to the next person</i></p> <p>Male <input type="text" value=""/><input type="text" value=""/> Female <input type="text" value=""/><input type="text" value=""/></p> <p><b>P34</b> – Among those children, how many are still alive?</p> <p>Male <input type="text" value=""/><input type="text" value=""/> Female <input type="text" value=""/><input type="text" value=""/></p> <p><b>P35</b> – How many live births has [NAME] had during the last 12 months (from 15/08/2011 to 15/08/2012)?</p> <p>Male <input type="text" value=""/><input type="text" value=""/> Female <input type="text" value=""/><input type="text" value=""/></p> <p><b>P36</b> – Among those children, how many are still alive?</p> <p>Male <input type="text" value=""/><input type="text" value=""/> Female <input type="text" value=""/><input type="text" value=""/></p>	1. Employee	5. Producers’ cooperative member	2. Employer	6. Other	3. Self-employed	4. Contributing family worker	1. Public	3. Non-profit institution	2. Private	4. Household
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<b>FOR USUAL RESIDENTS</b>	
<b>P07</b> – Where [NAME] was born?	
Province: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Foreign Country: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>P08</b> – What is [NAME]’s Nationality?	
1 <sup>st</sup> Nationality: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
2 <sup>nd</sup> Nationality: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Foreigner: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(Record the name of the country)	
<b>P09</b> – Where was [NAME] residing previously?	
Province: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Foreign Country: _____	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>P10</b> – How long has [NAME] been living continuously in this District?	
Record 000 if less than 1 year; Record 999 if the residence has not changed since birth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>P11</b> – What is [NAME]’s Religion?	
1. Catholic   4. Muslim   7. No Religion 2. Protestant   5. Jehovah Witness   8. Other..... 3. Adventist   6. Tradit/Animist	
<b>P12</b> – Does [NAME] have any difficulty or problem as listed below? If yes, what were the causes?	
Type of disability (D)	Causes (C)
1. Seeing	1. Congenital
2. Hearing	2. Disease/Illness
3. Speaking	3. Injury/Accident
4. Walking/Climbing	4. War/Mines
5. Learning/Concentrating	5. Genocide
6. Other.....	6. Not Known
	7. Other.....
If None (Write 0 in first D → <i>Go to P13</i> )	
D	C
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
<b>P13</b> – What is [NAME]’s Medical insurance?	
1. Mutuelle   2. RAMA   3. MMI   4. FARG 5. Insurance Cie   6. School   7. NGO   8. Employer 9. None   10. Other.....	



SECTION H: HOUSING UNITS CHARACTERISTICS	
<b>H01 – TYPE OF HABITAT</b>	
1. Umudugudu (clustered rural settlement) 2. Old settlement 3. Dispersed/Isolated housing 4. Planned urban housing 5. Spontaneous/Squatter housing 6. Other type of housing	
<b>H02 – TYPE OF BUILDING</b>	
1. House occupied by one household 2. House occupied by several households 3. Storey building occupied by one or more households 4. Several buildings in a compound occupied by several households 5. Other type of building	
<b>H03 – TENURE OF THE HOUSING UNIT</b>	
1. Owner 2. Tenant 3. Hire purchase 4. Free lodging 5. Staff housing 6. Refuge/Temporary camp settlement 7. Other.....	
<b>H04 – MAIN MATERIAL OF THE ROOF</b>	
What is the main material used for the roof? (In case of a storey building, consider the roof of the last floor)	
1. Iron Sheets 2. Local Tiles 3. Industrial Tiles 4. Asbestos 5. Concrete 6. Cartoons/Sheathing 7. Grass 8. Other material	
<b>H05 – MAIN MATERIAL OF THE WALLS</b>	
What is the main material used for the walls?	
1. Wood/Mud 2. Wood/Cemented mud 3. Sundried bricks 4. Plastic Sheathing/Cardboard 5. Cement blocks/Concrete 6. Stone 7. Timber 8. Burnt bricks 9. Other	
<b>H06 – MAIN MATERIAL OF THE FLOOR</b>	
What is the main material used for the floor?	
1. Earth/Sand 2. Concrete 3. Stone 4. Burn bricks 5. Timber 6. Other	
<b>H07 – NUMBER OF ROOMS</b>	
How many rooms do the housing units have, including bathrooms, toilets, kitchen, store rooms?	
<input type="text"/> <input type="text"/>	
<b>H08 – NUMBER OF BED ROOMS</b>	
How many of these rooms are used for sleeping?	
<input type="text"/> <input type="text"/>	
<b>H09 – NUMBER OF OCCUPANTS</b>	
How many persons usually sleep in the housing unit?	
<input type="text"/> <input type="text"/>	
<b>H10 – MAIN SOURCE OF WATER</b>	
What is the main source of water supply for members of the household?	
1. Internal pipe-born water 2. Pipe-born water in the compound 3. Public tap out of the compound 4. Protected Spring/Well 5. Unprotected Spring/Well 6. Rain water 7. River 8. Lake/Stream/Pond/Surface water 9. Other	

<b>H11 – TYPE OF TOILET FACILITY</b>	
What is the main type of toilet facility used by the members of the household?	
1. Flush toilet/Water Closet (WC) system 2. Private pit latrine 3. Public pit latrine 4. Bush 5. Other	
<b>H12 – MAIN SOURCE OF ENERGY FOR LIGHTING</b>	
What is the main source of energy the household uses for lighting?	
1. Electricity by EWSA 2. Hydro-electric or other private source 3. Solar power 4. Generator 5. Kerosene lamp 6. Paraffin 7. Biogas 8. Candle 9. Firewood 10. Other	
<b>H13 – MAIN SOURCE OF ENERGY FOR COOKING</b>	
What is the main source of energy the household uses for cooking?	
1. Electricity 2. Gas 3. Biogas 4. Kerosene 5. Firewood 6. Charcoal 7. Grass/Leaves 8. Other	
<b>H14 – ENERGY SAVING STOVE</b>	
Do you have an energy saving stove in this house?	
1. Yes, and it is used 2. Yes, but it is not used 3. No	
<b>H15 – MODE OF WASTE DISPOSAL</b>	
What is the main mode of household waste disposal used?	
1. Compost dumping 2. Private dust bins 3. Public refuse dumps 4. In the bush 5. On the farms 6. In a River/Stream/Drain/Gutter 7. Other	
<b>H16 – MODE OF SEWAGE DISPOSAL</b>	
What is the main mode of sewage disposal used by the household?	
1. Sump 2. In the courtyard 3. Rivulet/Trench/Channels 4. In the street 5. Main sewer 6. Cesspool 7. Bush 8. Other	

<b>H17- H25 – HOUSEHOLD ASSETS</b>		
How many does the household have of the following assets in functioning condition?		
H17 – Radio	<input type="text"/>	
H18 – Television	<input type="text"/>	
H19 – Telephone (fixed line)	<input type="text"/>	
H20 – Cell phone	<input type="text"/>	<input type="text"/>
H21 – Refrigerator/ Freezer	<input type="text"/>	
H22 – Computer	<input type="text"/>	
H23 – Vehicles	<input type="text"/>	<input type="text"/>
H24 – Motorcycles	<input type="text"/>	<input type="text"/>
H25 – Bicycles	<input type="text"/>	<input type="text"/>
<b>H26 – INTERNET ACCESS: Does any member of this household have access to Internet?</b>		
1. Yes      2. No      → Go to H28-H34		
<b>H27 – Where do you access Internet?</b>		
From Home	1	Record the SUM of the codes circled <input type="text"/>
From Office / School	2	
From Cyber Cafe	4	
Other	8	
<b>H28-H34 – How many cattle, goats, sheep, pigs, poultry/fowl and rabbits do you have in this household?</b>		
H28a – Local breed cow	<input type="text"/>	<input type="text"/>
H28b – Cross breed cow	<input type="text"/>	<input type="text"/>
H28c – Exotic breed cow	<input type="text"/>	<input type="text"/>
H29 – Goats	<input type="text"/>	<input type="text"/>
H30 – Sheep	<input type="text"/>	<input type="text"/>
H31 – Pigs	<input type="text"/>	<input type="text"/>
H32 – Rabbits	<input type="text"/>	<input type="text"/>
H33 – Poultry	<input type="text"/>	<input type="text"/>
H34 – Other poultry	<input type="text"/>	<input type="text"/>
<b>H35 – During the last 12 months (15/08/2011 – 15/08/2012), has any member of this household done agriculture activity or rented his land?</b>		
1. Yes, in his own land		
2. Yes, in land he rented		
3. No, he/she has rented it out		
4. No, he/she has not rented it		
5. No, without land		

SECTION M: MORTALITY						
Please record information on deaths that occurred in the household during the last 12 months. Do not forget the children.						
<b>M1 – Is there any member of the household who died during the last 12 months (15/08/2011-15/08/2012)?</b>						
1. Yes      2. No      → End of the interview						
<b>M2 – Specify the sex, age and cause of death.</b>						
Death No.	Sex 1. Male 2. Female	Age at death (Record 000 if less than 1 year)	Cause 1. Accident 2. Murder 3. Violence 4. Suicide 5. Injury 6. Illness  If 1-5 and → Next Person	If death of Woman aged 12-49, ...		
				Did the death occur while pregnant?	Did the death occur during childbirth?	Did the death occur during the 6 weeks period following the termination of pregnancy, irrespective of the way the pregnancy was terminated?
		<input type="text"/>	<input type="text"/>	1. Yes 2. No	1. Yes 2. No	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"/>
		<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"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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