## SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS

		SECTION I: IDENTIFIC	ATION	
I1. PROVINCE I2. DISTRICT I3. CHIEFDOM/WARD	14. SECTION	15. EA	I6. LOCAL COUNCIL I7. URBAN/RURAL	18. EA TYPE [] 19. LOCALITY:
I10. STREET ADDRESS	I11. STRUCTURE TYPE I12. STRUCTURE NUMBER		113. HOUSEHOLD NUMBER WITHIN THE STRUCTURE	114. HOUSEHOLD NUMBER WITHIN THE EA
I15 Type of Residence       1. Occupied Housing Units       2. Vacant Housing Units       IF 2, GO TO	SECTION III			

													s	ECTION	II: POPL	JLATION	CHARAG	CTERIST	TICS																													
				1	1	1	1		ALL PI	ERSONS	\$		1	1	1						0-5 YEARS	3 YEA	ARS AND	D ABOVE		1	1	10 YEAR	S AND A	BOVE				Ī	FEMAL	.ES AGE	ED 10 YE	EARS AN	ND ABOVE	F	EMALE	10-54 YE	ARS					
SR.		NAME		RELATI-	AGE	SEX	RELI-	NATION-	ETHN-	LAN	GUAGE	PLACE	PLACE OF PREVI-	ORPHAN			DISABILITY			BIRTH REGIS- TRATI-	IMMUNI-	SCH- OOL	CUR- REN T	HIGHEST LEVEL	LITE-	TOBACCO	MARI- TAL		ECONOMI	C ACTIVITY		INFORMATION COMMUNICATION TECHNOLOGY (ICT)		COMMUNICATI		COMMUNICATIO						ION		CHILDEREN EVERBORN		RECENT BIRTHS (LAST 12 MONTHS)		
NO.	FIRST NA	AME S	SURNAME	ONSHIP	AGE	JEX	GION	ALITY	ICITY	PRIM- ARY	SECON- DARY	BIRTH	OUS RESI- DENCE	HOOD		L				TRATI- ON	ZATION	OOL ATTEN- DANCY	ENR OL- LME NT	ATTENDED	RACY	ALCOHOL INTAKE	STATUS	EMPLO- YMENT STATUS	EMPL- OYER	OCCUP ATION	INDU- STRY			How many children have be who a		n have beer who are:		to (NAME)	How m live bi [NAN has in	irths [ ME]	give	w many of the live births IAME] had						
	spent the cer ( Record nam	nsus night in th Dec. 4/5, 2015 nes of all perso	ons, including		Age as at last birthday (comp- leted years)	Is [NAME] Male or Fem- ale?  1. M	What is (NAME's) Reli- gion? Write the Code of	Write the Code of the Nation- ality Use	the Code of Ethnic Group	Write the Code of the PRIMA- RY langua- ge	Write the Code of the SECON- DARY langua- ge	Write the Code of CHIEF- DOM of birth if born in	Write the Code of CHIEF- DOM of residence in December	Is [NAME's] mother and/or father alive?	Does [NAME] suffer from any form of disabi-	Main type of disability Use Code List	Second type of disability Use Code List	Cause of MAIN disa- bility	Kind of treat- ment or rehabi- litation recei- ved or	Does [NAME] have a Birth Certifi- cate?	Is [NAME] fully immuni- zed?  0. Never 1. Yes	Has [NAME] ever atten- ded school?	Is [NAME] currently atten -ding school?	What is the highest level [NAME] ever attended and grade comple- ted?	Can [NAME] read AND write a text in any of	Does [NAME] take/smoke tobacco and/or take alcohol	What is the current marital status of [NAME]?	What was [NAME's] main employment status during the past 12	Who did [NAME] work for during the past 12 months?	kind of work did	did [NAME] Work in during	have access to internet	Has [NAME] used internet in the past one week?	Total	I	Living in this house- hold	else	iving ewhere	Dead	last monti	ths? h	a c hospital or a m clinic? 1. Yes 2 No lf	Past 12 onths who are still alive?					
		nd old, starting Iousehold Hea		Use Code List	<1 year record '0' >=120 years	2. F	the Reli- gion  Use Code List	Code List If Non- Sierra Leonean,	Use Code List	spoken by [NAME] Use Code	spoken by [NAME]  Use Code	Sierra Leone, or COUN- TRY if born	2010, or the COUN- TRY if outside SL.	1. Both parents alive 2. Only mother alive	lity? 1. Yes 2. No 3. Don't Know			Use Code List	still recei- ving Use Code	1. Yes 2. No 3. Don't Know	Partially 2. Yes Fully 3. Don't Know	1. Yes 2. No 3. Don't Know <i>If 2 or 3</i>	 1.Yes 2. No 3. Don't	Use Code List	the following langu- ages? 	only 2. Alcohol only 3. Both	Use Code List	Use Code List	Use Code List	12 months? Use Code List	12 months? Use	1. Yes 2. No 3. Don't	1. Yes, at Home	If no chil write '00		If no child, write '00'	lf no	o child, ite '00'	If no child, write '00'	If no I birth, v '0'	live write	3. Don't stil Know	l alive, write '0'					
					record '120'			Go to P10		List	List	outside SL Use Code List	List ASK ONLY IF AGE IS 5 YEARS OR	3. Only father alive 4. Both parents dead 5. Don't Know	If 2 or 3 GO TO P20				List			GO TO P25	Know		Language 2.English 4.French 8. Arabic 16.Other 00.None 99. Don't Know	<ul> <li>Tobacco and Alcohol</li> <li>4. None</li> <li>5. Don't Know</li> </ul>		GO TO P32)				If P32 = 2 or 3 GO TO P34M	Internet café 4. Yes Other 5. No							If NO births TO See III	GO ection							
P01	P02		P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24 P24 Lvl. Grd.	P25	P26	P27	P28	P29	P30	P31	P32	P33	P34 P M F	734 P F	P35 P35 M F	85 P36 M	P36 F	P37 P37 M F	P38 M	P38 F	P39 P4 N	0 P40 F					
_1																																		M F	F M	M F	м	F	M F	м	F	1	A F					
_2																																		MF	FМ		м	-	MF	м	_		A F					
_3																																			F M		м		MF	м			л F					
_4																																																
5																																		M F	F M		м	F	M F	м	F	N	F					
6																																		M F	F M	F	M	F	M F	м	F	N	F					
7																																		M F	<u>; м</u>	F	M	F	M F	м	F	N	F					
8																																		M F	F M	F	м	F	M F	м	F	N	F					
9																																	+	M F	F M	J F	м	F	M F	м	F	N	F					
_																									-									M F	F M	I F	м	F	M F	М	F		/ F					
																																	]	M F	F M	I F	м	F	M F	м	F	1	1 F					
QUES	STIONNAIRE N	UMBER		TOTAL N	UMBER OF	F QUES1	TIONNAIR	ES USED I	For This	B HOUSE			ΤΟΤΑ	LMALE			TOTA	AL FEMAL	E		] т(	DTAL												Dat	te of Int	terview			Dei	cember 2	2015							

## SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS

												SE	CTION I: IE	DENTIFICAT	ION									
	12. DISTRIC	т	[	3.	CHIEFDOM/V	VARD		14. SEC	TION				15. EA		I6. LOCAL	COUNCIL		17. UR	BAN/RURAL	18. EA	ТҮРЕ	I9. LOCALITY:		
110. STREET ADDRES	S						111. STRUC			112. STRUCT	URE NUM	BER				113. HOUSEHOLD	NUMBER	WITHIN THE STR	RUCTURE		114. HC	USEHOLD NUMBER WITHI	NTHEEA	
						I														ł				
TYPE OF DWELLING	TENURE	WHAT ARE THE	HOW MANY	HOW MANY		OR MATERIAL OF CONST		HOW DO YOU	WHAT IS YOU	R WHAT IS	YOUR PRINC	IPAL \	-		ONLY H01, H0	,		CILITIES DO YOU	WHAT IS THE				SECTION IV: OWN	ERSHIP OF DURABLES
UNIT	STATUS HOW WAS THIS DWELLING	CURRENT REPAIR NEEDS OF THE DWELLING UNIT?	ROOMS DOES THE HH OCCUPY?	BEDS WITH MOSQUITO NE		WALL	FLOOR	DISPOSE OF REFUSE?	PRINCIPAL SOURCE OF FUEL SUPPL FOR COOKIN	r   Y	e for light					T	HAVE	FOR BATHING	HOUSEHOLD M SOURCE OF INFORMATION	WHAT IS THE DIS		DUSEHOLD TO THE NEAREST?		OWN ANY OF THE FOLLOWING
H01	ACQUIRED? H02	H03	H04	H05	H06	H07	H08	H09	H10	-	H11		DRINKIN H12		HOUSEHOL H13	D USE	H14	H15	H16	HEALTH FACILIT	Y PRIMARY SC H18	HOOL SOURCE OF WATER H19	(Record only item	1. Yes 2. No
01. Separate house 02. Semi-detached house	Use code list	1. No Repairs 2. Minor Repairs		How many bed		e 01. Stone	1. Stone 2. Tiles	1. Collected 2. Dumped Anywhere	01. Electricity	1. NPA/Bł 2. Gas			ed indoors		01. Piped indoors 02. Piped in comp	COMMUI 11 VIP	NAL	1. Inside 2. Outside; built	1. Radio 2. Television	1. Within compound 2. < 1/2 mile	1. Within comp 2. < ½ mile		01- Electric iron	3. Don't Know
03. Flat / Apartment 04. Compound house (rooms)	ose code list	3. Major Repairs/ Rehabilitation 4. Reconstruction		IMPREGNATE NET?	D 3. Zinc 4. Thatch 5. Tarpauli	03. Clay Bricks 04. Sandcrete n 05. Zinc	3. Cement 4. Wood 5. Mud	<ol> <li>Burnt</li> <li>Buried</li> <li>Deposited in Bin</li> </ol>	03. Kerosene 04. Charcoal 05. Wood	3. Keroser 4. General 5. Battery/	tor Rechargeable	03. Pub 04. Prot Lite 05. Prot	lic Tap tected Ordinary We tected Spring		03. Public Tap 04. Protected Ordi 05. Protected Spri	inary Well 13 Flush ng 14 Pit 15 Bucke	ed outside et	3. Outside; makeshift 4. Other	3. Print Media 4. Post Mail 5. Hand Mail	3. ½ mile < 1 mile 4. 1 - < 5 miles 5. Five miles & +	3. ½ mile < 1 n 4. 1 - < 5 miles 5. Five miles &	hile 3. ½ mile < 1 mile 4. 1 - < 5 miles + 5. Five miles & +	02- Charcoal iron	
05. Huts/Buildings (same compound) 06. Huts/Buildings (different compound)				How many bee		06. Timber 07. Mud Bricks 08. Poles/Reed 09. Tarpaulin	6. Other	6. Other	06. Crop Residu 07. Saw Dust 08. Solar 09. Animal Wast	7. Wood 8. Solar		07. Unp 08. Mec	orotected Ordinary V protected Spring chanical Well er / Riverbed/Strear		06. Unprotected O 07. Unprotected S 08. Mechanical We 09. River / Riverbe	pring 17 Other ell <b>PRIVATE</b>		5. None	6. Social Media 7. Word of Mouth 8. Church / Mosque 9. Other	6. Don't Know	6. Don't Know	6. Don't Know	03- Generator	
07. Tent 08. Improvised home (kiosk, container, board, pan-body)				NET?		10. Burned Bricks 11. Mud & Wattle 12. Other			10. Other			10. Neig 11. Sac	ghbour's Tap ket / Bottled Water ter Vendor / Bowser		10. Neighbour's Ta 11. Sacket / Bottle 12. Water Vendor 13. Other	ap 22 Flush d Water 23 Flush	ed outside						04-Refrigerator or freezer	
09. Uncompleted building 10. Other				How many bec have NO NET												26 Other	ſ						05-Television	
										ן ר			<b>_</b>	1									06- Computer	
		SECTION V: A										<u> </u>		]									07- Radio	
A1- Does this household und husbandry)?	ertake any agricultura				2 No.	1	D1-1	Did a death occur in this hou	sehold in the last 12	months?	1. Yes 2.				that have bee	embers of your household on confirmed positive of acting the EVD?			18 years became orpha		who got sick dur	een any member of the household ing the Ebola outbreak but did not ention at a health facility for fear of	08- Mobile phone	
husbandry)? 1. Yes 2. No IF NO, GO TO SECTION VI						N VI	IF NO DEATHS, GO TO SECTION VI					Contra		of EVD		to years became orpin		Seek metrical das	getting Ebola?	09- Modern Stove				
													lf no m	ember, go to E3		E4- For economically	active members, comp	lete the following table			10- Bed			
WHAT ARE THE MAJOR AGRICULTURAL ACTIVITIES UNDERTAKEN BY THE HOUSEHOLD?								ALL DEATHS			DEA	AD WOMEN 10- 54	YEARS		the age, sex and status of who contracted the EVD	No.	Main occupation BEFORE Ebola outbreak	Main CURRENT occupation	Ebola impact on the person's revenue		3. Don't Know	11- Sofa		
				A5- Did you sell any?		A7- Does this house perform any fisher activities?		D2	D3	D4 D5	D6	D7	D8	D9	No. Sex	Age Status					If 1, complete the If 2 or 3, end the i	-	12- Bicycle	
A2- CROP	A3- ACRE	A4- PRODUCTIO	DN	1. Sold all 2. Sold part 3. None	A6 - WHAT IS	<ol> <li>Fish Pond</li> <li>Artisan Fishing</li> </ol>		Name of the deceas		Age Cause at of death death?	Was death reported	Did the death occur while pregnant?	Did the death occur during childbirth?	Did the death occur during the 6 weeks period	1. M 2. F	1. Dead 2.	7 [	Write the occupation code		1. Increased substantially 2. Increased			13- Motorcycle	
				-	THE NUMBER OF LIVESTOCK OWNED BY	3. Coastal Fishing 4. None					to any authority or hospital?			following the end of pregnancy?		Survived 3. On treatment				<ol> <li>No change</li> <li>Decreased</li> <li>Decreased substantially</li> </ol>	ALL	Women aged	14- Car	
	Area Quantity	Unit Descripti	on Unit Code		HOUSEHOLD MEMBERS?																	10 - 54	15- Truck	
									1. M	Use	1. Yes,												16- Boat	
01. Upland Rice						A8 - DO HOUSEHOI MEMBERS HAVE ACC TO THE FOLLOWIN AGRICULTURAL	ESS		2. F	code list	Autho- rity 2. Yes,	1. Yes 2. No	1. Yes 2. No								No. Sex	Age Pregnancy Status		
02. Lowland Rice					1- Cattle	FACILITIES?					Hospital 3. Yes, both 4. No		3. Don't Know	1. Yes 2. No 3. Don't Know	1.			Use Code List	Use Code List		1. M	1. Pregnant		
03. Cassava							1. Yes 2. No				5. Don't know	If 1 >> Sect. VII	If 1 >> Sect. VII		2.		- 1.				2. F	<ol> <li>Not Pregnant</li> <li>Don't know</li> </ol>		
04. Sweet Potato					2 – Sheep	1- Tractors	1.								3.		,				1.			
05. Groundnut						2- Power Tillers	2.								4.						2.			
06. Maize					3 – Goat	3- Threshers	3.								5.		3.				3.		-	
07. Coffee						4- Rice Mills	4.								7								-	
08. Cacao					4 – Pig	5- Stores	5.								8.		4.				6.		-	
09. Oil palm						6- Drying Floors	6.								9.						7.		-	
10. Citrus					5 – Chicken	7- Cassava Grater	7.										5.				8.		-	
11. Vegetables						8- Oil Palm Pressers	8.								10.								-	
12. Cashew					6 – Duck	9- Agricultural Business Centres (ABC)	9.								12.		6.							
							10.								12.					<u> </u>				





**REPUBLIC OF SIERRA LEONE** 

## SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS

## HOUSEHOLD QUESTIONNAIRE

			IDE	NTIFICATIO	N	
I1. PROVINCE		I2. DISTRICT		13. CHIEFE	DOM/WARD	I4. SECTION
15. EA	I6. LOCAL		I7. URBAN/RURAL			

Serial Number:			Enumerator e	nter sumn	nary of this	booklet	Coding Record:		
								BAT	ГСН
			Number Enum	nerated					
			Households		Persons Enumera			Verific	ation
				MALE	FEMALE	TOTAL	Date Started:		
		Locality Name:					Date Finished:		
Enumerator	Date						Coding Officer		
Name & Sig.							Name & Sign.:		
								Data F	Droco
							Coding Supervisor	ate Name	
Supervisor	Date								-
Name & Sig.	I								
							Transferred to Data Processing:	Book F	D = 41 · ···
							_	BOOK	Return
Field Officer	Date								
Name & Sig.					-			Date	
							Name & Sign.:		
								Censu	ıs Offi
District Census	Officer							Name	
					-		Comments:		
Date:									
Census Office (	(HQ)								
Storekeeper Na	ame & Sign.								
Date:									



	Chiefdory			Besk
	Chiefdom	Enumera- tion Area	Section	Book No
n Re	ecord for E.A.			
essi gn.	ing Supervisor :	S	Date	•
rne	d:			
fice gn.	e Store Keeper :		Date	

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