

**Government of the People's Republic of Bangladesh**  
**Ministry of Planning, Statistics Division**

POPULATION AND HOUSING CENSUS, 2011  
 INSTRUCTION FOR ENUMERATOR

**General Instructions**

1. A minimum of one questionnaire page is required to be filled-in for each household.  
 \* Under no circumstances should the questionnaire have holes, folding, tearing, untidiness or get wet.
2. **Geo-Code:** Geo-Codes must be completely filled in, including any leading zeros. If the Village code is not applicable, fill in with 0 0.
3. **Household:** A household is defined as one or more persons who ate dinner together from the same kitchen and stayed in the same housing unit during the census night. Any member of the household who ate dinner outside the house and stayed in the same housing unit during the census night will also be member of the same household. Also, people engaged in night duty or in a transient state will be counted as a separate household.
4. **Method of Enumeration by using Enumeration Area Map:** Number houses by starting enumeration from the north-west corner of the enumeration area and continue counting the households to your right in a serpentine way. In this case, the serial number of the first household will be 0 0 1 and that of the second household will be 0 0 2, etc.
5. **Procedure of recording census data:** Data will be collected by interview method. Answers to question numbers 1b, 2a, 2b, 5, 11b, 13, 14, 19 and 21 are to be written in English digits in the boxes earmarked for each. (Example: If number of houses in Question No-5 is 3, then clearly write 3 inside the box). For other questions put cross X inside the appropriate box.
6. **Use of pencil:** Put X or write number in the relevant box by using supplied 2B pencil only.

**Household Module**

- Q1a. Household Address:** Write the house number or name on a first line. Write the name of road/para/village/mahallah on a second line.
- Q1b. Continuation Page:** If number of members of the household is more than 10, 20, 30 etc. then fill out multiple pages and mark the number of pages in the continuation page. Example: Two pages must be filled out for a household of 13 members. In this case write continuation pages 0 2 page 0 1 for first page and continuation pages 0 2 page 0 2 for second page. In the same way three pages are to be filled in for household of 26 members. In this case, write and continuation pages 0 3 page 0 1 for first page, and continuation pages 0 3 page 0 2 for second page and and continuation pages 0 3 page 0 3 for the third page.
- Q2a. Household Number:** Write the serial number of each household in English in 3 digits. Example: For the first household the serial number will be 0 0 1, for the second household serial number will be 0 0 2 etc. Write the household number with the supplied chalk in the main door of the household where the head of household resides.
- Q2b. Household Population:** Ask the head of household or head of institution how many people live in the household or institution and write the total number using English digits under household population.
- Q3. Floating?:** To enumerate the floating population put X inside the 'yes' box and fill-in information of one individual in each line of the individual module. If it is not a floating population mark the 'no' box.
- Q4. Type of household:** If the housing unit is used for residential purposes only then put X inside the general box. If it is used for Jailkhana, Orphanage, Hostel, Hospital, Clinic or Barrack then put X inside institutional box and else put X inside others box.
- Q5. Number of house:** Number of independent houses (Living house, Kitchen, Granary, Cow shed etc.) used by a household is to be written clearly in English digit in the blank box. For a household, if there are 3 independent structures write 3 inside the box. If a structure has more than 1 household then write 9 for the last household and 0 for the other household(s).

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**Household Module** *(continued)*

For Questions 6, 7, 8, 9, 10 and 11a put X in the relevant box.

**Q11. In case of household of ethnic population:** Find the code for the community mentioned by the respondent on the back page of the tally sheet and write it clearly using English digits inside the blank box.

**Individual Module**

**Q12. Name of household member:** Write the name of head of the household on the first line. Write the name of spouse in the second line, youngest child in the third line, then other children, other relatives and non-relatives. Also Write the name of household member engaged in night duty or in transient state. When you have written all the names ask 'Was there any one else in this household on census night?' If any one is not already on the list, include the name.

**Q13. Serial No.of member:** Serial number of head of the household is printed in the first line of individual module 1. Fill-in additional pages or sheets for households with more than 10 members. In this case, the left digit in the serial number will increase. So for a household with 13 members, the second page will have member serial number 1 1, 1 2, 1 3. The total number of pages for a household should match the number in Q1b. Continuation Page.

**Q14. Age (completed years):** Write the age of each member in English digits in the blank boxes. If the age of some member is less than 12 months then write 0 0. If the age of any member is 100 years or more then write 9 9. Age is a very important indicator. Many people do not have accurate perception about their age. Therefore, age stated by the respondent is to be probed with historical events, such as, war of liberation, flood of 1988, age at marriage, age of youngest child and corrections should be made where necessary.

For Questions 15, 16, 17, 18, 20, 22, 23, 24 and 25, put X in the relevant box.

**Q19. Disability:** If no disability then write 0 in the blank box, if speaking problem write 1 in blank box, if vision problem then write 2 in blank box, if listening problem then write 3 in the blank box, if physical problem then write 4 in the blank box, if mental problem then write 5 in the blank box, if autistic write 6 in the blank box.

**Q21. Highest Class Passed (Year):** A code list has been prepared on the basis of years required for a member for passing the highest class, by the board and university for awarding a degree or certificate and is printed on the back page of the tally sheet. Using this code list write appropriate code to the blank boxes for the highest class passed by each member of the household. If some one did not go to school, then the highest class passed code will be 0 0. If some one is SSC passed then highest class passed code will be 1 0. If some one has higher degree than masters then code will be 1 8.

# Government of the People's Republic of Bangladesh

## POPULATION AND HOUSING CENSUS, 2011

### TALLY SHEET

Identification			Household		RMO Code	
Name	Geo-Code		General	<input type="text"/>	1=Rural 2=Pourashava 3=Upazila Headquarter	5=Cantonment Board 9=City corporation
Division	<input type="text"/> <input type="text"/>		Institutional	<input type="text"/>		
District	<input type="text"/> <input type="text"/>		Other	<input type="text"/>		
Upazila/Thana	<input type="text"/> <input type="text"/>		Total	<input type="text"/>		
Union/Ward	<input type="text"/> <input type="text"/>		Population			
Mauza/Mahalla	<input type="text"/> <input type="text"/> <input type="text"/>		Males	<input type="text"/>		
Village	<input type="text"/> <input type="text"/>		Females	<input type="text"/>		
EA No.	<input type="text"/> <input type="text"/>	Total	<input type="text"/>			

Number of Books			
<input type="text"/>	Total Books	<input type="text"/>	In Sequence

Name	Male	Female	Number	Signature
Name of enumerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Name of supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Name of zonal officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Name of inventory holder of census	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

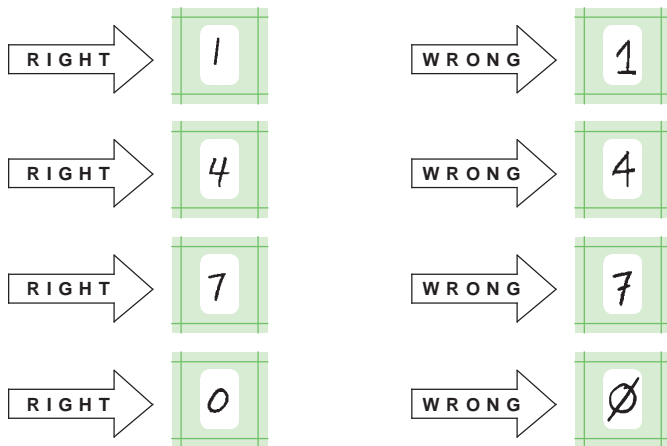
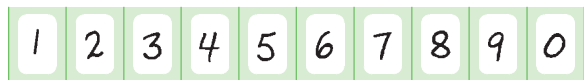


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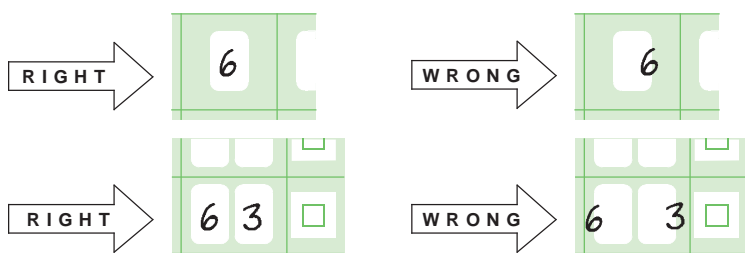
# ENUMERATOR INSTRUCTIONS

It is important to fill out the forms clearly and correctly. Use the pictures below as a guide. Use the pencil given to you and keep it sharpened. Make sure your handwriting is dark enough.

WRITE NUMBERS IN THE STYLE SHOWN HERE:



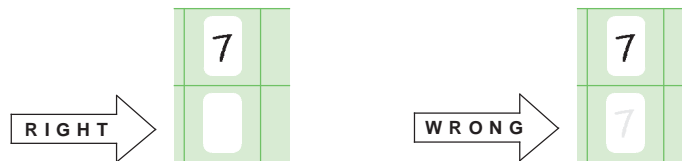
PRINT EACH NUMBER COMPLETELY AND ENTIRELY WITHIN the white box:



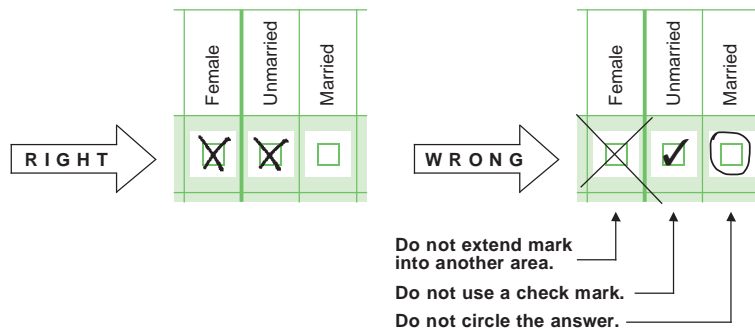
PRINT NUMBERS CLEARLY making sure HANDWRITING IS DARK ENOUGH:



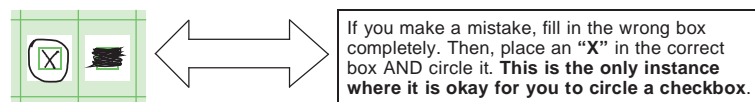
ERASE COMPLETELY:



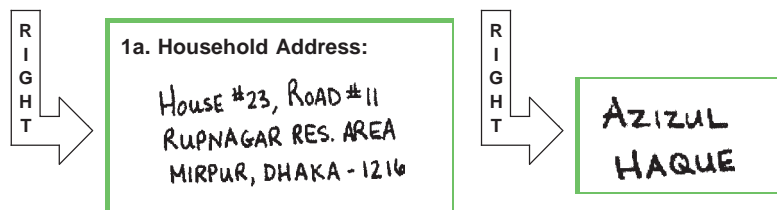
MARK the appropriate checkboxes with an "X" that is contained ENTIRELY within the box and the white zone around the box.



CORRECTING A CHECKBOX when you make a mistake:



PRINT the household address and names of household members as CLEARLY and DISTINCTLY as possible.



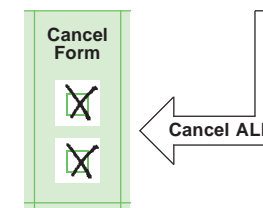
VERIFY that the numbers on the tally sheet are correctly summed for each gender.

Population	
Males	0 0 2 5
Females	0 0 5 3
Total	0 0 7 8

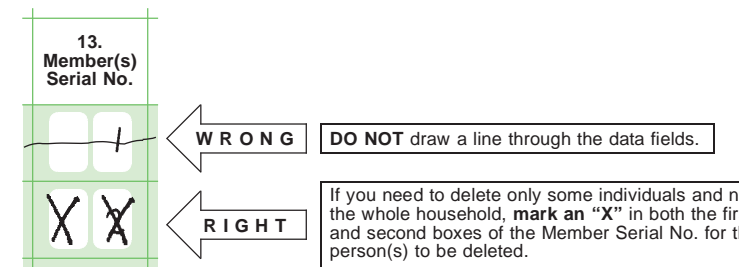
VERIFY the book number and sequence.

Number of Books			
3	Total Books	2	In Sequence

If, after filling out an entire form, you determine **ALL PEOPLE ON THE FORM should not have been enumerated** and **all data is to be discarded**, mark **BOTH checkboxes** under "Cancel Form" to ensure the data is deleted. DO NOT remove the form from the booklet.



Deleting **ONE OR MORE INDIVIDUALS** that have been **incorrectly** added to the form:



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Identification			Household		RMO Code		
Name	Geo-Code		General	<input type="text"/>	1=Rural 2=Pourashava 3=Upazila Headquarter	5=Cantonment Board 9=City corporation	
Division	<input type="text"/>						
District	<input type="text"/>						
Upazila/Thana	<input type="text"/>						
Union/Ward	<input type="text"/>						
Mauza/Mahalla	<input type="text"/>						
Village	<input type="text"/>						
EA No.	<input type="text"/>						
		Population		Number of Books			
		Males	<input type="text"/>	<input type="text"/>	Total Books		
		Females	<input type="text"/>	<input type="text"/>	In Sequence		
		Total	<input type="text"/>				

Name	Male	Female	Number	Signature
Name of enumerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Name of supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Name of zonal officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Name of inventory holder of census	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	



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## Code List for Population and Housing Census 2011

### Q11 – Ethnic Community

Code	English	Code	English
01	Chakma	16	Rakhain
02	Marma	17	Monipuri
03	Tripura	18	Garu
04	Mro	19	Hajong
05	Tanchaynga	20	Khasia
06	Bawm	21	Mong
07	Pankhua	22	Orao
08	Chak	23	Barmon
09	Khyang	24	Pahari
10	Khumi	25	Malpahari
11	Lusai	26	Monda
12	Coach	27	Cool
13	Shaotal	28	Other
14	Dalu		
15	Uchai		

### Q20 – Highest Class Passed

Code	English
00	Did not go to school
01	Passed Class - 1
02	Passed Class - 2
03	Passed Class - 3
04	Passed Class - 4
05	Passed Class - 5
06	Passed Class - 6
07	Passed Class - 7
08	Passed Class - 8
09	Passed Class - 9
10	Passed Class - SSC
12	Passed Class - HSC
15	Passed Graduation (General)
16	Passed Graduation (Hons)
18	Passed Masters and Higher

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Form with multiple sections: 1a. Household Address, 1b. Continuation pages, 12-25. Fields include household address, floating status, household type, tenancy, water source, toilet facilities, electricity, ethnicity, name, age, relationship, sex, marital status, religion, disability, student status, education, literacy, activity status, and employment field.



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POPULATION AND HOUSING CENSUS, 2011

1a. Household Address:				2a. Household No.	3. Floating?	4. Type of household	5. Number of house	6. Type of house	7. Tenancy of the house	8. Source of drinking water	9. Toilet facilities	10. Electricity connection	11a. Is it a household of ethnic population?	Cancel Form	
				<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> General	(For multi-household structure. Write 9 for last household and 0 for other households)	<input type="checkbox"/> Pukka <input type="checkbox"/> Jhupri	<input type="checkbox"/> Own	<input type="checkbox"/> Tap	<input type="checkbox"/> Sanitary (With water seal)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
				2b. Household Population	<input type="checkbox"/> No	<input type="checkbox"/> Institutional		<input type="checkbox"/> Semi-pukka	<input type="checkbox"/> Rented	<input type="checkbox"/> Tube-well	<input type="checkbox"/> Sanitary (No water seal)	<input type="checkbox"/> No	11b. If yes, write the code of ethnic community → <input type="text"/>		<input type="checkbox"/>
1b. Continuation pages	<input type="text"/>	pg.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Others	<input type="checkbox"/> Kutcha		<input type="checkbox"/> Rentfree	<input type="checkbox"/> Other	<input type="checkbox"/> Non-Sanitary <input type="checkbox"/> None					

12. Name of the household members present in the census night (Start from head of household)	13. Member(s) Serial No.	14. Age (Completed years)	15. Relationship with Head of Household					16. Sex		17. Marital Status					18. Religion					19. Type of disability 0=None 1=Speech 2=Vision 3=Hearing 4=Physical 5=Mental 6=Autistic	20. Student (Currently)		For members age 7 years and above															
			Head	Wife/Husband	Child	Other Relative	Non-Relative	Male	Female	Unmarried	Married	Widowed	Divorced/Separated	Muslim	Hindu	Christian	Buddhist	Other	Yes		No	21. Highest class passed (Write class passed code)	22. Field of Education				23. Can write a letter?		24. Activity Status				25. If employed, field of employment					
																							General	Vocational/Technical	Religious	Not Applicable	Yes	No	Employed	Looking for job	Household Work	Do not work	Agriculture	Industry	Service			
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	9		<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0		<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

