

SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS

SECTION I: IDENTIFICATION										
11. PROVINCE <input type="text"/>	12. DISTRICT..... <input type="text"/>	13. CHIEFDOM/WARD..... <input type="text"/>	14. SECTION..... <input type="text"/>	15. EA <input type="text"/>	16. LOCAL COUNCIL <input type="text"/>	17. URBAN/RURAL <input type="text"/>	18. EA TYPE <input type="text"/>	19. LOCALITY:..... <input type="text"/>		
110. STREET ADDRESS..... <input type="text"/>			111. STRUCTURE TYPE <input type="text"/>		112. STRUCTURE NUMBER <input type="text"/>		113. HOUSEHOLD NUMBER WITHIN THE STRUCTURE <input type="text"/>		114. HOUSEHOLD NUMBER WITHIN THE EA <input type="text"/>	
115 Type of Residence 1. Occupied Housing Units 2. Vacant Housing Units <input type="text"/> IF 2, GO TO SECTION III										

SECTION II: POPULATION CHARACTERISTICS

SR. NO.	ALL PERSONS																				0-5 YEARS		3 YEARS AND ABOVE				10 YEARS AND ABOVE							FEMALES AGED 10 YEARS AND ABOVE					FEMALE 10-54 YEARS														
	NAME		RELATIONSHIP	AGE	SEX	RELIGION	NATIONALITY	ETHNICITY	LANGUAGE		PLACE OF BIRTH	PLACE OF PREVIOUS RESIDENCE	ORPHAN HOOD	DISABILITY					BIRTH REGISTRATION	IMMUNIZATION	SCHOOL ATTENDANCE	CURRENT ENROLLMENT	HIGHEST LEVEL ATTENDED	LITERACY	TOBACCO AND ALCOHOL INTAKE	MARITAL STATUS	ECONOMIC ACTIVITY				INFORMATION COMMUNICATION TECHNOLOGY (ICT)	CHILDREN EVERBORN				RECENT BIRTHS (LAST 12 MONTHS)																	
	FIRST NAME	SURNAME							PRIMARY	SECONDARY				Main type of disability	Second type of disability	Cause of MAIN disability	Kind of treatment or rehabilitation received or still receiving	Does [NAME] have a Birth Certificate?									Is [NAME] fully immunized?	Has [NAME] ever attended school?	Is [NAME] currently attending school?	What is the highest level [NAME] ever attended and grade completed?		Can [NAME] read AND write a text in any of the following languages?	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 months?	Who did [NAME] work for during the past 12 months?	What kind of work did [NAME] do during the past 12 months?	What industry did [NAME] work in during the past 12 months?	Does [NAME] have access to internet facility?	Has [NAME] used internet in the past one week?	Total	Living in this household	Living elsewhere	Dead	How many live births [NAME] has in the last 12 months?	Did [NAME] give birth in a hospital or a clinic?	How many of the live births [NAME] had during the Past 12 months who are still alive?						
P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24 Lvl.	P24 Grd.	P25	P26	P27	P28	P29	P30	P31	P32	P33	P34 M	P34 F	P35 M	P35 F	P36 M	P36 F	P37 M	P37 F	P38 M	P38 F	P39	P40 M	P40 F							
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QUESTIONNAIRE NUMBER <input type="text"/>	TOTAL NUMBER OF QUESTIONNAIRES USED FOR THIS HOUSEHOLD <input type="text"/>	TOTAL MALE <input type="text"/>	TOTAL FEMALE <input type="text"/>	TOTAL <input type="text"/>	Date of Interview.....December 2015
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REPUBLIC OF SIERRA LEONE
SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

11. PROVINCE..... <input style="width: 20px;" type="text"/>	12. DISTRICT..... <input style="width: 20px;" type="text"/>	13. CHIEFDOM/WARD..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	14. SECTION..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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Serial Number:		Enumerator enter summary of this booklet	Coding Record:										
		Number Enumerated											
		Households											
		Persons Enumerated											
		MALE FEMALE TOTAL											
	Locality Name:		Date Started: _____ Date Finished: _____ Coding Officer Name & Sign.: _____ Coding Supervisor Name & Sign.: _____ Date _____ Transferred to Data Processing: Data Processing Supervisor Name & Sign.: _____ Date _____ Comments:										
Enumerator Name & Sig. _____ Date: _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">BATCH</th> <th style="width: 12.5%;">Chiefdom</th> <th style="width: 12.5%;">Enumeration Area</th> <th style="width: 12.5%;">Section</th> <th style="width: 12.5%;">Book No</th> </tr> <tr> <td style="text-align: center;"><input style="width: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px;" type="text"/></td> </tr> </table>	BATCH	Chiefdom	Enumeration Area	Section	Book No	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
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Supervisor Name & Sig. _____ Date: _____			Verification Record for E.A. Data Processing Supervisors Name & Sign.: _____ Date _____ Book Returned:										
Field Officer Name & Sig. _____ Date: _____			Census Office Store Keeper Name & Sign.: _____ Date _____										
District Census Officer _____ Date: _____													
Census Office (HQ) Storekeeper Name & Sig. _____ Date: _____													