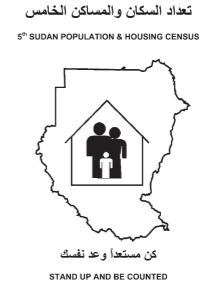


FIFTH POPULATION AND HOUSING CENSUS 2 – 16 FEBRUARY 2008

REPUBLIC OF THE SUDAN NATIONAL POPULATION CENSUS COUNCIL LONG QUESTIONNAIRE



State	County/Mahaliya	Payam/Administrative unit	Boma/Popular Administrative unit	Enumeration Area Number	Town/Village/Nomad/Camp	Household Number
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]

CONTINUATION SHEET

Sheet seq. no.

IF THIS IS A CONTINUATION SHEET FOR THIS HOUSEHOLD/ INSTITUTION MARK HERE AND ENTER THE SHEET SEQUENCE NUMBER IN THE BOX ON THE RIGHT

Population Group/ Type of Household	
Private Household	[0-9]
Nomads	[0-9]
Internally Displaced	[0-9]
Institutional Household	[0-9]
Homeless	[0-9]
Refugees	[0-9]
Cattle Camp	[0-9]
Overnight Travellers	[0-9]

ENUMERATOR NUMBER				
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]

SUPERVISOR VALIDATION

Supervisor Name	Supervisor Signature	Date
-----------------	----------------------	------

ENUMERATOR VALIDATION

Enumerator Name	Enumerator Signature	Date
-----------------	----------------------	------

Serial No. of Household Member	DETAILS OF PERSONS IN THE HOUSEHOLD - ALL HOUSEHOLD MEMBERS							
	Q1. Name of usual members of the household and visitors <i>Please give me the names of all persons (including visitors) who were present in this household on the night of Friday 1st – 2nd February, starting with the head of household</i> <i>Write names in full (tripled: name of Person, Father and Grandfather)</i> <i>Children should always be listed after their mothers.</i>	Q2. What is the relationship of (NAME) to the head of household? Head Spouse Son/daughter Wife of son/Husband of daughter Grandchild Niece/nephew Parent/Parent-in-law Sister/Brother/in-laws Other relative Non relative	Q3. Is (NAME) male or female? Male Female	Q4. What is (NAME's) age in completed years? <i>If less than one year, code "00". If over 95, code "95" Example: NAME is 37</i>	Q5. What is (NAME's) nationality? Use the Nationality codes on the separate sheet	Q6. To what regional group does (NAME) belong? Northern Sudanese Southern Sudanese No Response	Q7. What is (NAME's) region of origin? Northern Eastern Khartoum Central Kordofan Darfur Upper Nile Bahr El Ghazal Equatoria Not Sudan No Response	Q8. In what state was (NAME) born? <i>If not born in Sudan, code "99"</i> <i>Use the State Codes on the separate sheet</i>
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	
[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	[0-9]	

WOMEN AGED 12 TO 54 YEARS (If in North Sudan only complete this section for women who are or have ever been married)												
Number of Children Ever Born Alive (If no children, write "00")												
Serial No. of Household Member	Q26. What is the total number of children (NAME) has ever borne alive? (even if the child was only alive for a short time and died soon after birth)				Q27. How many of those children are living with (NAME) in this household?				Q28. How many of those children are living elsewhere (not in this household)?			
	MALE		FEMALE		MALE		FEMALE		MALE		FEMALE	
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

WOMEN AGED 12 TO 54 YEARS (If in North Sudan only complete this section for women who are or have ever been married)													
Number of Children Ever Born Alive (If no children, write "00")													
Serial No. of Household Member	Q29. How many of those children are no longer alive?				Q30. Did (NAME) give birth during the last 12 months? <i>If No births in last 12 months go to Q33</i>		Q31. How many children has (NAME) given birth to in the last 12 months?				Q32. How many of these children born in the last 12 months are still alive?		
	MALE		FEMALE		Yes	No	MALE		FEMALE		MALE		FEMALE
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]





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HOUSING CHARACTERISTICS

Q33. What type of dwelling does this household live in?

Tent	1
Dwelling of straw mats	2
Tukul/gottiya - mud	3
Tukul/gottiya - sticks	4
Flat or apartment	5
Villa	6
House of one floor - mud	7
House of one floor - brick/concrete	8
House constructed of wood	9
Multi-storey house	10
Incomplete	11

Q37. What is the main source of lighting for this household?

No lighting	1
Public electricity	2
Private electricity (generator)	3
Gas	4
Paraffin lantern	5
Paraffin lamp	6
Firewood	7
Grass	8
Candle wax	9
Solar power	10
Biogas	11

Q39. What is the main type of toilet facility used by this household?

Pit latrine private	1
Shared pit latrine	2
Private flush toilet	3
Shared flush toilet	4
Bucket toilet	5
No toilet facility	6

Q34. How many rooms does this household use for sleeping indoors?

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Q38. What is the main source of energy used for cooking in this household?

Firewood	1
Charcoal	2
Gas	3
Electricity	4
Paraffin	5
Cow dung	6
Grass	7
Biogas	8
No cooking	9

Q35. What is the tenure status of this dwelling?

Owned	1
Rented	2
Housing provided as part of work	3
Free	4

Q36. What is the main source of drinking water for this household?

Water filtering stations with common network/Stand pipe (koshk)	1
Mechanical boreholes with common network stand pipe (koshk)	2
Deep boreholes (donkey) with network	3
Deep boreholes (donkey) without network	4
Hand pumps	5
Sand filters with common network stand pipe (koshk)	6
Shallow wells (dug wells)	7
Hafeer/Dam without filter (still open water)	8
Hafeer/Dam with filter (still open water)	9
Turda/fula/river (still open water)	10
Running open water source (river, pond, tura'a)	11
Water vendor (tanker-cart-bearer) from deep boreholes	12
Water vendor - from shallow wells pond/river/spring	13

Q40. Does any member of this household own any of the following? (Mark all that apply)

Motor vehicle	1
Motor cycle/Motor rickshaw	2
Bicycle	3
Canoe/boat	4
Any type of animal used for transport	5
Tractor	6
None	7

Q41. Does any member of this household own any of the following? (Mark all that apply)

Television	1
Radio/transistor	2
Mobile phone	3
Fixed phone (land-line)	4
Computer	5
Refrigerator	6
Satellite dish	7
Fan	8
Air cooler/Air conditioner	9
None	10

Q42. What is the household's MAIN source of livelihood?

Subsistence crop farming	1
Subsistence animal husbandry	2
Wages and salaries	3
Owned business enterprise	4
Property income	5
Remittances	6
Pension	7
Humanitarian aid	8

FOR HOUSEHOLDS ENGAGED IN CULTIVATION/PLANTATION, ANIMAL HUSBANDRY, FISHERY

Q43. Does this household perform any cultivation/plantation activities? Yes 1 No 2 Skip to Q47

Q44. How large is the area being cultivated by this household? Code area in FEDDANS If more than 999 mark '999'

Area	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Q45. What type of crops did this household cultivate during the previous year? (Mark all that apply)

Cereals	1	Sugar	10
Vegetables	2	Cotton	11
Fruits and Nuts	3	Coffee	12
Oil Seed	4	Tea	13
Root and Tuber	5	Other	14
Beverage/Spice	6		
Leguminous	7		

Q46. What is the tenure status of land under cultivation/plantation? Owned 1 Partially owned 3 Rented 2 Communal 4

Q47. Does this household perform any fishery activities? Yes 1 No 2

Q48. Does this household own any of the following animals? (Code the number for all that apply, if more than 999 code '999')

Cattle	0	1	2	3	4	5	6	7	8	9	Horses	0	1	2	3	4	5	6	7	8	9
Camels	0	1	2	3	4	5	6	7	8	9	Donkeys	0	1	2	3	4	5	6	7	8	9
Sheep	0	1	2	3	4	5	6	7	8	9	Pigs	0	1	2	3	4	5	6	7	8	9
Goats	0	1	2	3	4	5	6	7	8	9	Poultry	0	1	2	3	4	5	6	7	8	9

DEATHS IN THE HOUSEHOLD DURING THE LAST 12 MONTHS

Q49. Were there any deaths among members of this household in the past 12 months? Yes 1 (List names) No 2 (End interview)

Q50. Name(s) of the deceased	Q51. Was the deceased Male or Female?	Q52. Age at death If age is unknown, estimate age using local historic calendar. Record age in completed years.	Q53. Was the death related to either accident or act of violence?	Q54. Females only 12-54 Did the death occur during pregnancy, delivery or the first 2 months after delivery?
	Male 1 Female 2	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Yes 1 No 2	Yes 1 No 2
	Male 1 Female 2	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Yes 1 No 2	Yes 1 No 2
	Male 1 Female 2	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Yes 1 No 2	Yes 1 No 2
	Male 1 Female 2	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Yes 1 No 2	Yes 1 No 2
	Male 1 Female 2	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Yes 1 No 2	Yes 1 No 2
	Male 1 Female 2	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Yes 1 No 2	Yes 1 No 2
	Male 1 Female 2	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99	Yes 1 No 2	Yes 1 No 2



REPUBLIC OF THE SUDAN

NATIONAL POPULATION CENSUS COUNCIL

FIFTH POPULATION AND HOUSING CENSUS

2 – 16 FEBRUARY 2008

SHORT QUESTIONNAIRE

تعداد السكان والمسكن الخامس
5th SUDAN POPULATION & HOUSING CENSUS



كن مستعداً وعد نفسك
STAND UP AND BE COUNTED

State	County/Mahaliya	Payam/Administrative unit	Boma/Popular Administrative unit	Enumeration Area Number	Town/Village/Nomad/Camp	Household Number
[] []	[] []	[] []	[] []	[] []	[] []	[] []

INSTRUCTIONS Please mark boxes like this . DO NOT USE RED INK.

CONTINUATION SHEET IF THIS IS A CONTINUATION SHEET FOR THIS HOUSEHOLD/ INSTITUTION MARK HERE AND ENTER THE SHEET SEQUENCE NUMBER IN THE BOX ON THE RIGHT	Sheet seq. no.		Population Group/ Type of Household	ENUMERATOR NUMBER					
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Private Household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Nomads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Internally Displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Institutional Household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Cattle Camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Overnight Travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CENSUS SHEET CERTIFICATION					
Name of Enumerator	Date	Signature of Enumerator	Name of Supervisor	Date	Signature of Supervisor



12345678 (99)

Serial Number	Q1. Name of usual members of the household and visitors <i>Please give me the names of all persons (including visitors) who were present in this household on the night of Friday 1st – 2nd February, starting with the head of household</i> <i>Write names in full (tripled: name of Person, Father and Grandfather)</i> <i>Children should always be listed after their mothers.</i>	Q2. What is the relationship of (NAME) to the head of household?							Q3. Is (NAME) male or female?		Q4. What is (NAME's) age in completed years? <i>If less than one year, code "00". If over 95, code "95" Example: NAME is 37</i>			Q5. What is (NAME's) nationality? <i>Use the Nationality codes on the separate sheet</i>																											
		Head	Spouse	Daughter/Son	Spouse of son/daughter	Grandchild	Niece/nephew	Parent/parent-in-law	Sister/Brother/in-laws	Other relative	Non-relative	Male	Female																												
														1	2	3	4	5	6	7	8	9	0																		
1		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
2		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
3		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
4		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
5		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
6		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
7		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
8		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0

Serial Number	Q6. To what regional group does (NAME) belong?				Q7. What is (NAME's) region of origin?						Q8. In what state was (NAME) born? <i>If not born in Sudan, code "99"</i> <i>Use the State Codes on the separate sheet</i>										Q9. What is (NAME's) current state and county/mahaliya of usual residence? Where (NAME) lived or intends to live for 6 months or more. <i>Use the State and County/Mahaliya Codes on the separate sheet</i>												Q10. How many years has (NAME) lived continuously in the state of usual residence? <i>If less than one year, code "00"</i> <i>If foreigner <1 year, code "99"</i>														
	Northern Sudanese	Southern Sudanese	Non Sudanese	No Response	Northern	Eastern	Khartoum	Central	Kordofan	Darfur	Upper Nile	Bahr El Ghazal	Equatoria	Not Sudan	No Response	STATE										COUNTY/MAHALIYA																					
1	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																
2	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																
3	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																
4	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																
5	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																
6	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																
7	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																
8	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11																																