## SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS

| SECTION I: IDENTIFICATION   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
|---|---|---|---|---------------------------------------|---------------------------------|----------------------------|------------------------------------|-------------------------------|--------------------------------|----------------------------------|--|---|---|---|-----------------------------|--------------------------|---------------------|--|--------------------------------------|---------------------------------------|--|-----------------------------------|--|---|---|--|---|---|-------------------------------------|--|--|---|--------------------------------|-------------------------------------|-------------------------|----------------------------|---|-------------------------------------|-----------------------------|
| 11. PROVINCE   12. DISTRICT   13. CHIEFDOM/WARD   14. SECTION   15. EA   16. LOCA               |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   | OCAL CO                                   | DUNCIL [                                    | I7. URBAN/RURAL I8. EA TYPE |                          |                     |  |                                      |                                       |  |                                   | I9. LOCALITY:  |   |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
| I10. STREET ADDRESS   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   | I12. STRUCTURE NUMBER                     |   |                             |                          |                     |  |                                      |                                       | I13. HOUSEHOLD NUMBER WITHIN THE STRUCTURE |                                   |  |   |   |  |   |   | I14. HOUSEHOLD NUMBER WITHIN THE EA |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
| I15 Type of Residence 1. Occupied Housing Units 2. Vacant Housing Units IF 2, GO TO SECTION III |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
|   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
|   | SECTION II: POPULATION CHARACTERISTICS  |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
|   |   |   |   |                                       |                                 |                            |                                    |                               | LL PERSONS                     |                                  |  |   |   |   |                             |                          |                     |  | YE                                   | 0-5<br>YEARS                          | 3 YEA                                      | CUR-                              | ABOVE  |   | T   |  | 10 YEARS AND ABOVE                              |   |                                     |  |  |   | FEMALES AGED 10 YEARS AND OVER |                                     |                         |                            |   | FEMALE 10-54 YEARS RECENT BIRTHS    |                             |
| SR.<br>NO.  | NAME  FIRST NAME  SURNAME  What are the names of ALL persons who spent the census night in this Household |   | RELATI-<br>ONSHIP  What is [NAME's]                 | AGE Age as at last                    | SEX                             | RELI-<br>GION              | NATION-<br>ALITY                   | ETHN-<br>ICITY                | PRIM-                          | DARY the Write the               | PLACE<br>OF<br>BIRTH                               | PLACE<br>OF<br>PREVI-<br>OUS<br>RESI-           | ORPHAN<br>HOOD                            | ORPHAN<br>HOOD DISABILITY                   |                             |                          |                     | BIRTH<br>REGIS-<br>IMMUNI-<br>TRATI-<br>ON |                                      | SCH-<br>OOL<br>ATTEN-<br>DANCY        | H- T<br>DL ENR<br>EN- OL-<br>ICY LME       | HIGHEST<br>LEVEL<br>ATTEN-DED     | LITE-<br>RACY  | TOBACCO<br>AND<br>ALCOHOL<br>INTAKE           | MARI-<br>TAL<br>STATUS                          | EMPLO-<br>YMENT                            | EMPL-   | MIC ACTIVITY - OCCUP II                         | INDU-                               | INFORM<br>COMMUN<br>TECHNO                     | CATION<br>LOGY                                 | CHILDEREN EVERBORN  How many children have been born alive to (NAME) who are: |                                |                                     |                         | How many                   | (LAST 12 MONTHS)                              |                                     |                             |
|   |   |   |   |                                       | Is<br>[NAME]                    | What is E] (NAME's)        | Write the Code of                  | the                           | Write the Code of              |                                  | the  | Write the Code of                               | Is<br>[NAME's]                            | Does<br>[NAME]                              | Main<br>type of             | Second type of           | Cause<br>of<br>MAIN |  | Does<br>[NAME]                       | Is [NAME]<br>fully                    | Has<br>[NAME]                              | Is<br>[NAM                        | What is the highest level                            | ne Can<br>vel [NAME]                          | Does  | What is the                                | YMENT<br>STATUS                                 | Who did [NAME]                                  | What kind of                        | What industry                                  | Does<br>[NAME]                                 | Has<br>[NAME]   |                                |                                     |                         | <u> </u>                   | live births [NAME] has in the last 12 months? | has in the last 12 a dominates?     |                             |
|   | (De   | ec. 4/5, 2015)s of all persons, including | Relat-<br>ionship to<br>the House-<br>hold<br>Head? | birthday<br>(comp-<br>leted<br>years) | Male or<br>Fem-<br>ale?<br>1. M | Religion?Write the Code of | the<br>Nation-<br>ality<br><br>Use | Code<br>of<br>Ethnic<br>Group | the<br>PRIMA-<br>RY<br>langua- | the<br>SECON-<br>DARY<br>langua- | Code of<br>CHIEF-<br>DOM of<br>birth if<br>born in | CHIEF-<br>DOM of<br>residence<br>in<br>December | mother<br>and/or<br>father<br>alive?      | suffer<br>from<br>any<br>form of<br>disabi- | disability Use Code List    | disability Use Code List | disa-               | rehabi-<br>litation                        | have a<br>Birth<br>Certifi-<br>cate? | immuni-<br>zed?<br>0. Never<br>1. Yes | ever<br>atten-<br>ded<br>school?           |                                   | [NAME] ever<br>attended and<br>grade comple-<br>ted? | read<br>AND<br>write a<br>text in             | take/smoke<br>tobacco<br>and/or take<br>alcohol | marital<br>status of<br>[NAME]?<br><br>Use | main (or<br>usual)<br>employ-<br>ment<br>status | work for<br>during<br>the past<br>12<br>months? | work did [NAME] do during the past  | did<br>[NAME]<br>Work in<br>during<br>the past | to<br>internet                                 | used<br>inter-net<br>in the<br>past one<br>week?                              | Total                          | Living in<br>this<br>house-<br>hold | elsewhere               | Dead                       |   | clinic?                             | months who are still alive? |
|   | young and<br>Ho   | d old, starting with the usehold Head     | Use Code<br>List                                    | < 1 year<br>record<br>'000'           | 2. F                            | the Reli-<br>Gion<br>      | Code<br>List<br>                   | Use<br>Code<br>List           | ge<br>spoken<br>by<br>[NAME]   | ge<br>spoken<br>by<br>[NAME]     | Sierra<br>Leone,<br>or<br>COUN-                    | 2010, or<br>the<br>COUN-<br>TRY if              | 1. Both parents alive 2. Only             | lity?<br><br>1. Yes<br>2. No                | List                        | List                     | Use<br>Code<br>List | still<br>recei-<br>ving                    | 1. Yes<br>2. No<br>3. Don't<br>Know  | Partially 2. Yes Fully 3. Don't       | 1. Yes<br>2. No<br>3. Don't<br>Know        | scho<br>ol?                       | Use Code List  | any of<br>the<br>following<br>langu-<br>ages? | 1. Tobacco<br>only<br>2. Alcohol                | Code<br>List                               | during the past 12 months?                      | Use<br>Code<br>List                             | months?                             | 12<br>months?                                  | 1. Yes<br>2. No                                | 1. Yes,<br>at Home<br>2. Yes,   | If no child,<br>write '00'     | If no<br>child,<br>write '00        | If no child, write '00' | If no child,<br>write '00' | If no live<br>birth, write<br>'0'             | 1. Yes<br>2. No<br>3. Don't<br>Know | still alive, write          |
|   |   |   |   | >=120<br>years<br>record<br>'120'     |                                 | List                       | Sierra<br>Leonean,<br>Go to<br>P10 |                               | Use<br>Code<br>List            | Use<br>Code<br>List              | TRY if<br>born<br>outside<br>SL                    | outside<br>SL.<br><br>Use Code                  | mother alive 3. Only father alive 4. Both | 3. Don't<br>Know<br>                        |                             |                          |                     | Use<br>Code<br>List                        |                                      | Know                                  | If 2 or 3<br>GO TO<br>P25                  | 1.<br>Yes<br>2. No<br>3.<br>Don't |  | 1. Yes,<br>English<br>2. Yes,<br>French       | only 3. Both Tobacco and Alcohol 4. None        |  | Use Code<br>List<br>(If 9 to 14,<br>GO TO       |   | Use<br>Code<br>List                 | Code<br>List                                   | <br>If P32                                     | at office<br>3. Yes,<br>Internet<br>café<br>4. Yes                            |                                |                                     |                         |                            |   |                                     |                             |
|   |   |   |   | 120                                   |                                 |                            |                                    |                               |                                |                                  | Use<br>Code<br>List                                | ASK<br>ONLY IF<br>AGE IS 5                      | parents<br>dead<br>5. Don't<br>Know       | P20   |                             |                          |                     |  |                                      |                                       |  | Kno<br>w                          |  | 3. Yes,<br>Arabic<br>4. Yes,<br>Local         | 5. Don't<br>Know                                |  | P32)  |   |                                     |  | GO TO<br>P34M                                  | Other<br>5. No  |                                |                                     |                         |                            | If NO live<br>births GO<br>TO Section         |                                     |                             |
|   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  | YEARS<br>OR<br>MORE                             |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  | Langu-<br>age<br>5. None<br>6. Don't          |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            | III   |                                     |                             |
| 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<br>Lvl. Grd.                                 | Know P25                                      | P26   | P27  | P28   | P29   | P30                                 | P31  | P32  | P33   | P34 P34<br>M F                 | P35 P<br>M F                        | 35 P36 P36<br>M F       | P37 P37<br>M F             | P38 P38<br>M F                                | P39 I                               | P40 P40<br>M F              |
| _1  |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
| 2   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M F                            | M F                                 | F M F                   | M F                        | M F   |                                     | M F                         |
|   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M F                            | M F                                 | . м ғ                   | M F                        | M F   |                                     | M F                         |
| _3  |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M F                            | M F                                 | - M F                   | M F                        | M F   |                                     | M F                         |
| 4   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   |                                |                                     |                         |                            |   |                                     |                             |
| 5   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M F                            | MF                                  | F M F                   | M F                        | M F   |                                     | M F                         |
|   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M F                            | M F                                 | M F                     | M F                        | M F   |                                     | M F                         |
| 6   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   | <u> </u>                                   |   |   |                                     |  |  |   | M F                            | M F                                 | - M F                   | M F                        | M F   |                                     | M F                         |
| _7  |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M F                            | M                                   | - M F                   | M F                        | M F   |                                     | M F                         |
| 8   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | IVI F                          | IVI F                               | IVI F                   | IVI F                      | IVI F   |                                     | F                           |
|   |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M F                            | M F                                 | F M F                   | M F                        | M F   |                                     | M F                         |
| _9  |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   | <u> </u>                                   |   |   |                                     |  |  |   | M F                            | M F                                 | - M F                   | M F                        | M F   |                                     | M F                         |
| _0  |   |   |   |                                       |                                 |                            |                                    |                               |                                |                                  |  |   |   |   |                             |                          |                     |  |                                      |                                       |  |                                   |  |   |   |  |   |   |                                     |  |  |   | M                              | M                                   | : M =                   | M                          | M   |                                     | M                           |
| QUES  | TIONNAIRE NUI   | MBER                                      | TOTAL N   | NUMBER O                              | F QUEST                         | TONNAIRES                  | S USED FO                          | OR THIS H                     | HOUSEHO                        | LD                               |  | TOTA  | L MALE                                    |   |                             | ТОТА                     | L FEMAL             | E T  |                                      | Т(                                    | OTAL                                       |                                   |  |   | <u> </u>  | <u> </u>                                   | 1   | 1   |                                     |  | <u>.                                      </u> |   | ato of late                    | nview:                              | 101                     | 5.                         | ember 2015                                    | <u> </u>                            |                             |

## SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS

| SECTION I: IDENTIFICATION   |   |   |                             |   |  |   |   |  |   |                                  |                                  |   |   |   |  |  |  |   |  |  |   |   |                               |  |  |
|---|---|---|-----------------------------|---|--|---|---|--|---|----------------------------------|----------------------------------|---|---|---|--|--|--|---|--|--|---|---|-------------------------------|--|--|
| I1. PROVINCE     I2. DISTRICT   I3. CHIEFDOM/WARD   |   |   |                             |   |  |   | I4. SEC   | TION   |   |                                  | 15. E                            | Α   | I6. LOCAL COUNCIL   |   | 17.  | 18. EA   | I8. EA TYPE I9. LOCALI   |   |  | \LITY:   |   |   |                               |  |  |
| I10. STREET ADDRESS   |   |   |                             |   |  |   |   |  |   |                                  |                                  |   | NUMBER WITHIN THE EA  |   |  |  |  |   |  |  |   |   |                               |  |  |
|   |   |   |                             |   |  |   |   |  |   |                                  |                                  |   |   |   |  |  |  |   |  |  |   |   |                               |  |  |
| TYPE OF DWELLING  | TENURE  | WHAT ARE THE  | HOW MANY                    | HOW MANY  | I MA.I   | OR MATERIAL OF CONSTR                                       |   | HOW DO YOU   | CILITIES WHAT IS YO   |                                  | OUR PRINCIPAL                    |   |   | E ONLY H01, H06 AND<br>E OF WATER SUPPLY FOR  | -  | D OF FACILITIES DO YOU   | WHAT IS THE  |   |  |  |   | SECTION IV: OWNERS                                | HIP OF DURABLES               |  |  |
| UNIT  | STATUS  | CURRENT<br>REPAIR NEEDS   | ROOMS<br>DOES THE           | BEDS WITH<br>MOSQUITO NE                                    |  | OK MATERIAL OF CONCIN                                       | COTION  | DISPOSE OF<br>RUBBISH?   | PRINCIPAL<br>SOURCE O<br>FUEL SUPPL   | SOURCE                           | FOR LIGHTING                     | What is   | TOOK T KINGII AL GOOK   | E OF WATER GOTTETT OR   | WIATKIN  | HAVE FOR   | HOUSEHOLD M<br>SOURCE OF<br>INFORMATION  | WHAT IS THE DIST                                    | ANCE FROM THIS   | S HOUSEHOLD TO                                   | THE NEAREST?  | DOES THE HOUSEHOLD OWN                            | ANY OF THE FOLLOWING          |  |  |
|   | HOW WAS THIS<br>DWELLING<br>ACQUIRED?                   | DWELLING UNIT?  | HH<br>OCCUPY?               |   | ROOF   | WALL  | FLOOR   |  | FOR COOKI   |                                  |                                  |   | DRINKING  | HOUSEHOLD USE   | TOILE  | ET BATHING   | INFORMATIO   | HEALTH FACILIT                                      | Y PRIMARY  | SCHOOL SO  | URCE OF WATER   | (Record only items in w                           | vorking condition)            |  |  |
| H01   | H02   | H03   | H04                         | H05   | H06  | H07   | H08   | H09  | H10   |                                  | H11                              |   | H12   | H13   | H14  |  | H16  | H17   | H  | 18   | H19   | ITEM  | 1. Yes 2. No<br>3. Don't Know |  |  |
| 01. Separate house 02. Semi-detached house 03. Flat / Apartment 04. Compound house (rooms) 05. Huts/Buildings (same compound) 06. Huts/Buildings (different compound) | Use code list   | No Repairs     Minor Repairs     Major Repairs/ Rehabilitation     Reconstruction |                             | How many bed have IMPREGNATE NET?  How many bed have REGULA | 2. Asbesto 3. Zinc 4. Thatch 5. Tarpauli 6. Tiles 7. Other | 02. Cement Blocks<br>03. Clay Bricks<br>04. Sandcrete       | 1. Stone 2. Tiles 3. Cement 4. Wood 5. Mud 6. Other | Collected     Dumped Anywhere     Burnt     Burnt     Deposited in Bin     Other | 01. Electricity 02. Gas 03. Kerosene 04. Charcoal 05. Wood 06. Crop Resid 07. Saw Dust 08. Solar 09. Animal Was | 6. Candle<br>7. Wood<br>8. Solar | r<br>Rechargeable Lite           | 01. Piped indoors 02. Piped in compound 03. Public Tap 04. Protected Ordinary Well 05. Unprotected Ordinary Well 06. Mechanical Well 07. River / Riverbed/Stream 08. Neighbour's Tap 09. Sacket / Bottled Water |   | 01. Piped indoors 02. Piped in compound 03. Public Tap 04. Protected Ordinary Well 05. Unprotected Ordinary Well 06. Mechanical Well 07. River / Riverbed/Stream 08. Neighbour's Tap 09. Sacket / Bottled Water | 11 VIP 12 Flushed ir 13 Flushed or 14 Pit 15 Bucket 16 Bush/Rive 17 Other PRIVATE 21 VIP | nside 1. Inside 2. Outside; butside 3. Outside; makeshift 4. Other | 1. Radio 2. Television 3. Print Media 4. Post Mail 5. Hand Mail 6. Social Media 7. Word of Mouth 8. Church / Mosque 9. Other |   | 1. Within oc<br>2. < ½ mile<br>3. ½ mile <<br>4. 1 - < 5 m<br>5. Five mile<br>6. Don't Kno | 2. <<br>1 mile 3. ½<br>illes 4. 1<br>ss & + 5. F | Vithin compound ½ mile ½ mile < 1 mile - < 5 miles ive miles & + bon't Know | 01- Electric iron 02- Charcoal iron 03- Generator |                               |  |  |
| 07. Tent 08. Improvised home (kiosk, container, board, pan-body) 09. Uncompleted building 10. Other   | vised home<br>intainer, board,<br>)<br>mpleted building |   |                             | NET?  How many bed have NO NET                              | ]<br>Is  | 10. Burned Bricks 11. Mud & Wattle 12. Other                |   |  | 10. Other   |                                  |                                  | 10. Water Vendor / Bowser<br>11. Other  |   | 10. Water Vendor / Bowser<br>11. Other  | 22 Flushed in<br>23 Flushed of<br>24 Pit<br>25 Bucket<br>26 Other                        |  |  |   |  |  |   | 04-Refrigerator or freezer 05-Television          |                               |  |  |
|   |   |   |                             |   |  |   |   |  |   | ]                                |                                  |   |   |   |  |  |  |   |  |  |   | 06- Computer                                      |                               |  |  |
|   |   | SECTION V: A  | GRICULTURA                  | AL MODULE   |  |   |   |  |   | SECTION VI:                      | : DEATHS                         |   |   |   | L  | SECTION \  | /II: EBOLA SOCIOE  | CONOMIC IMPACTS                                     |  |  |   | 07- Radio   |                               |  |  |
| A1- Does this household under husbandry)?   | IF NO, GO TO SECTION                                    |   | l a death occur in this hou | sehold in the last 1  |  | Yes 2. No   |   |  | E1- How many members of your that have been confirmed contracting the EV  | positive of                      | E3- How many children be of EVD? | low 18 years became orph  | aned because  | who got sick  | e been any member<br>during the Ebola ou<br>attention at a health<br>getting Ebola?      | tbreak but did not<br>h facility for fear of                       | 08- Mobile phone   |   |  |  |   |   |                               |  |  |
|   |   |   |                             |   |  |   |   |  |   | IF NO DE                         | ATHS, GO TO SE                   | CTION VII   |   |   |  |  |  |   |  |  |   | 09- Modern Stove                                  |                               |  |  |
|   |   |   |                             |   |  |   |   |  |   |                                  |                                  |   |   | If no member, go to   | D E4   | E4- For economic   | cally active members, comp   | lete the following table                            |  |  |   | 10- Bed   |                               |  |  |
| WHAT ARE THE MAJOR  | R AGRICULTUR/   | AL ACTIVITIES UNDERTA   | KEN BY THE HOUS             | SEHOLD?   |  | FISHERY   |   |  | ALL DEATHS  |                                  |                                  | DEAD WON  | MEN 10- 54 YEARS  | E2- Please state the age, sex every member who contract   |  | No. Main occupation BEFORE Ebola outbreak                          |  | Ebola impact on the person's revenue                | on's 1. Yes 2. No 3. Don't Know  |  | ,   | 11- Sofa  |                               |  |  |
|   |   |   |                             | A5- Did you sell any?                                       |  | A7- Does this househo<br>perform any fishery<br>activities? |   | D2   | D3  | D4 D5                            | D6                               | D7  | D8 D9   | No. Sex Age   | Status   |  |  |   | If 1, complete If 2 or 3, end ti   | the following table<br>he interview              | )   | 12- Bicycle                                       |                               |  |  |
| A2- CROP  | A3-<br>ACRE   | A4- PRODUCTIO   | NC                          | 1. Sold all<br>2. Sold part<br>3. None                      | A6 - WHAT IS   | <ol> <li>Fish Pond</li> <li>Artisan Fishing</li> </ol>      |   | Name of the decease  |   | Age Cause at of death death?     | death oc                         | ccur while occi   | the death ur during ildbirth?  Did the death occur during the 6 weeks perio following the | e 2. F  | 1. Dead<br>2.<br>Survived  | Write the activity code  |  | Increased substantially     Increased     No change |  |  |   | 13- Motorcycle                                    |                               |  |  |
|   |   |   |                             | -   | THE<br>NUMBER OF<br>LIVESTOCK                              | <ul><li>3. Coastal Fishing</li><li>4. None</li></ul>        |   |  |   |                                  | authority<br>or<br>hospital?     |   | end of pregnancy?   |   | 3. On treatment  |  |  | 4. Decreased 5. Decreased substantially             |  |  | Women aged  | 14- Car   |                               |  |  |
|   | Area Quan   | ntity Unit Description Unit   |                             |   | OWNED BY<br>HOUSEHOLD<br>MEMBERS?                          |   |   |  |   |                                  | nospital:                        |   |   |   | treatment  |  |  |   |  | ALL  | 10 - 54   | 15- Truck   |                               |  |  |
| 01. Upland Rice   |   |   |                             |   |  | A8 - DO HOUSEHOLD<br>MEMBERS HAVE ACCE<br>TO THE FOLLOWING  | SS  |  | 1. M<br>2. F  | code<br>list                     | 1. Yes,<br>Authority<br>2. Yes,  | res 1. Ye   |   | -   |  |  |  |   | No. Sex  | Age  | Pregnancy<br>Status   | 16- Boat  |                               |  |  |
| 02. Lowland Rice  |   |   |                             |   |  | AGRICULTURAL<br>FACILITIES?                                 |   |  |   |                                  | Hospital 3. Yes,                 | No 2. No<br>Don't Know 3. Do  | on't Know 2. No   |   |  | Use Code List  | Use Code List  |   |  |  | Pregnant  |   |                               |  |  |
| 03. Cassava   |   |   |                             |   | 1- Cattle  |   | Yes<br>No   |  |   |                                  | both 4. No 5. Don't know         | 1 >> Sect. If 1   | 3. Don't Know   | 1.  |  | 1.   |  |   | 1. M<br>2. F   |  | Not Pregnant     Don't know   |   |                               |  |  |
| 04. Sweet Potato  |   |   |                             |   | 2 – Sheep  | 1- Tractors   | 1.  |  |   |                                  |                                  |   |   | 3.  |  | 2.   |  |   | 1.   |  |   |   |                               |  |  |
| 05. Groundnut   |   |   |                             |   |  | 2- Power Tillers  | 2.  |  |   |                                  |                                  |   |   |   |  |  |  |   | 1 -  |  |   |   |                               |  |  |
| 06. Maize   |   |   |                             |   | 3 – Goat   | 3- Threshers  | 3.  |  |   |                                  |                                  |   |   | 5.  |  | 3.   |  |   | 4  |  |   |   |                               |  |  |
| 07. Coffee  |   |   |                             |   |  | 4- Rice Mills   | 4.  |  |   |                                  |                                  |   |   | 7   |  |  |  |   | 1  |  |   |   |                               |  |  |
| 08. Cacao   |   |   |                             |   | 4 – Pig  | 5- Stores   | 5.  |  |   |                                  |                                  |   |   | 1.  |  | 4.   |  |   | 5.   |  |   |   |                               |  |  |
| 09. Oil palm  |   |   |                             |   |  | 6- Drying Floors  | 6.  |  |   |                                  |                                  |   |   | 0.  |  |  |  |   | 0.   |  |   |   |                               |  |  |
| 10. Citrus  |   |   |                             |   | 5 – Chicken  | 7- Cassava Grater   | 7.  |  |   |                                  |                                  |   |   | 9.  |  | 5.   |  |   | 7.   |  |   |   |                               |  |  |
| 11. Vegetables  |   |   |                             |   |  | 8- Oil Palm Pressers  | 8.  |  |   |                                  |                                  |   |   | 10.   |  |  |  |   | δ.   |  |   |   |                               |  |  |
| 12. Cashew  |   |   |                             |   | 6 – Duck   | 9- Agricultural<br>Business Centres (ABC)                   | 9.  |  |   |                                  |                                  |   |   | 11.   |  | 6.   |  |   |  |  |   |   |                               |  |  |
|   |   |   |                             |   |  |   | 10.   |  |   |                                  |                                  |   |   | 12.   |  |  |  |   |  |  |   |   |                               |  |  |