

LIBERIA 2008 POPULATION AND HOUSING CENSUS

IF INSTITUTION, WRITE NAME:..... COUNTY: DISTRICT: TOWNSHIP/CLAN:

LOCALITY NAME _____ STREET ADDRESS _____ STRUCTURE NO:

HOUSEHOLD SIZE: MALES: FEMALE: TOTAL:

SECTION 1: POPULATION

ALL PERSONS													PERSONS 5 YEARS & OVER			PERSONS 6 YEARS AND OVER				FEMALES A									
NO	NAME	RELA-TIONSHIP	SEX	AGE (COMPLETED YEARS)	RELI-GION	MAR-ITAL STATUS	ETHNIC AFFI-LIA-TION	PLACE OF BIRTH	CITIZEN-SHIP	LENGTH OF RESI-DENCE	DISPLACEMENT		PARENTAL SURVIVORSHIP		DISABILITY			LITERACY	SCHOOL ATTEN-DANCE	HIGHEST LEVEL ATTENDED	ECO-NOMIC ACTIVITY	OCCU-PATION	INDUS-TRY	WORK STATUS	Total children ever born if none record '0'	HOW			
											Has.....been displaced by war since 1990?	Has..... been resettled?	Is..... mother alive?	Is..... father alive?	Does..... have any form of disability?	Type of disability?	What is the cause of...s disability?										Can..... read and write in any language?	Has..... ever attended school?	What is the highest level that ... Attained?
			1 M 2 F								Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2 DK=3	Yes=1 No=2			1 Yes 2 No								M	F	M	
	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27		
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
0																													

SECTION 2: HOUSING FACILITIES

WHAT TYPE OF HOUSING UNIT DOES THIS HOUSEHOLD OCCUPY?	HOW WAS THIS DWELLING ACQUIRED?	HOW MANY ROOMS DOES THE HOUSEHOLD OCCUPY?	MAIN CONSTRUCTION MATERIALS OF DWELLING UNITS			WHAT IS YOUR MAIN SOURCE OF WATER SUPPLY FOR DRINKING?	WHAT IS YOUR MAIN SOURCE OF FUEL FOR LIGHTING?	WHAT IS YOUR MAIN SOURCE OF FUEL SUPPLY FOR COOKING?	WHAT TYPE OF HUMAN WASTE DISPOSAL IS USED BY HH MEMBERS?	WH...
			OUTER WALLS	ROOF	FLOOR					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H01	H02	H03	H04	H05	H06	H07	H08	H09	H10	
1. Conventional Permanent 2. Conventional Semi Permanent 3. Temporary 4. Other (Specify)	OWNER 1 Purchased 2 Constructed 3 Inherited PROVIDED/RENTED 4 Government 5 NHC 6 Private Company 7 Private Individual 8 Squatter 9 Other (Specify)		1 Stone, Concrete 2 Cement Blocks 3 Clay Bricks 4 Zinc or Iron 5 Wood or Board 6 Mud Bricks 7 Mud (Sticks) 8 Reed, Bamboo, Grass or Mat 9 Other (Specify)	1 Concrete 2 Tiles 3 Asbestos 4 Zinc or Iron 5 Bamboo, Leaves or Thatch 6 Other (Specify)	1 Cement 2 Tiles, Marble 3 Wood 4 Mud 5 Other	1 Pipe or Pump indoors 2 Pipe or Pump outdoors 3 Public Tap 4 Closed Well or Closed Spring 5 Open Well or Spring 6 River, Lake or Stream 7 Water Vendors 8 Other (Specify)	1 Electricity-Own Generator 2 Electricity-Power Supplier 3 Kerosene 4 Candle 5 Palm Oil Lamp 6 Wood 7 Other (Specify)	1 Electricity 2 Gas 3 Kerosene 4 Charcoal 5 Wood 6 Other (Specify)	1 Flush toilet for HU only 2 Flush shared with other HU 3 Covered pit latrine outside building 4 Open, ditch 5 Bush 6 Other (Specify)	1 On P... 2 < 1/2 3 1/2 mil... 4 1 mil... 5 5 mil...

SECTION 3: OWNERSHIP OF AMENITIES

DOES YOUR HOUSEHOLD OWN ANY OF THE FOLLOWING ITEMS? (Include items only if they are in working conditions) (1 - Yes, 2 - No)					
RADIO	TELEVISION	CELL PHONE	MOTOR CYCLE	VEHICLE	REFRIGERATOR
Q1	Q2	Q3	Q4	Q5	Q6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: AGRICULTURE

DOES ANY MEMBER OF THE HOUSEHOLD DO AGRICULTURAL OR LIVESTOCK FARMING? (1 - Yes, 2 - No) IF A1=1, ASK A1-12, AND IF A1=2, GO TO D1												
HOUSEHOLD	RICE	CASSAVA	PLANTAIN	RUBBER	PALM OIL	COFFEE	COCOA	COCONUT	SUGARCANE	LIVESTOCK	POULTRY	FISHERY
A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF A1= "2" SKIP TO D1												

SECTION 5: DEATHS

HOW MANY DEATHS OCCURRED IN THIS HOUSEHOLD IN THE LAST 12 MONTHS (1 APRIL 2007 - MARCH 2008)?	
D1	
<input type="checkbox"/>	
If one or more, answer questions D2, D3, D4 & D5, OTHERWISE SKIP TO INTERVIEW	

