## SIERRA LEONE 2004 POPULATION AND HOUSING CENSUS

(WITH AN AGRICULTURAL MODULE)

### Serial Number:

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<th>Section:</th>
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<th>Locality Name:</th>
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| Comments: |

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| Certified Clean: |

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<th>Date</th>
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| Book Returned: |

| Census Office Store Keeper | Date |

**FINANCED BY:**

- UNFPA
- GOSL
- EU
### Code List

**Population Type**
- 01 Households
- 02 Educational
- 03 Religious
- 04 Medical
- 05 Hotel
- 06 Hostel
- 07 Barracks
- 08 Refugee Camp
- 09 Other
- 10 Single Unit 1 Storey
- 11 Single Unit 2 Storey
- 12 Single Unit 3 Storey
- 13 Single Unit 4 Storey
- 14 Other
- 15 Traditional
- 16 Barracks
- 17 Prison
- 18 Other Institution
- 19 Orphanage/Reformatory
- 20 Other

#### Religion (P17)
- 01 Muslim
- 02 Christian
- 03 Traditional
- 04 Other

#### Type of Disability (P16)
- 01 Limited use of legs
- 02 Loss of legs
- 03 Limited use of arms
- 04 Loss of arms
- 05 Impaired vision
- 06 Impaired hearing
- 07 Impaired speech
- 08 Impaired body
- 09 Impaired mental
- 10 Impaired intellectual
- 11 Impaired other

#### Cause of Disability (P17)
- 01 Acquired
- 02 Congenital
- 03 Hereditary
- 04 Other

### Place of Birth/Place of Residence (P11 & P12)

#### COUNTRY OF CITIZENSHIP FOR SIERRA LEONEANS (P11 & P12)
- 01 Sierra Leone
- 02 Other African
- 03 Other

#### TYPE OF ECONOMIC ACTIVITY

#### Main Activity Status (P25)
- 01 Employed
- 02 Self-employed
- 03 Unpaid family worker
- 04 Looking for work
- 05 Not working & not looking for work

#### Main Economic Activity (P25)
- 01 Agriculture
- 02 Fishing
- 03 Manufacturing
- 04 Construction
- 05 Real Estate, Renting and Business Activities
- 06 Transportation
- 07 Accommodation and Food Services
- 08 Financial Intermediation
- 09 Other

#### Cause of Death (P25)
- 01 Unnatural
- 02 Natural

#### War (P25)
- 01 First World War
- 02 Second World War
- 03 Cold War
- 04 Other

#### Cause of Disability (P17)
- 01 Acquired
- 02 Congenital
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#### Disability (P17)
- 01 Visual
- 02 Hearing
- 03 Speech
- 04 Physical
- 05 Mental
- 06 General

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### SECTION 1: POPULATION

**ALL PERSONS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATION TO HOUSEHOLD</th>
<th>AGE COMPLETE IN YEARS</th>
<th>SEX</th>
<th>RACE</th>
<th>HABITAT</th>
<th>LANGUAGES</th>
<th>PLACE OF BIRTH</th>
<th>PLACE OF DEATH</th>
<th>OCCUPATION</th>
<th>DISABILITY</th>
<th>SCHOOL ATTEND-ED</th>
<th>RESIDENCE</th>
<th>HOUSEHOLD SIZE: MALES:</th>
<th>FEMALES:</th>
<th>TOTAL:</th>
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**PERSONS 6 YEARS & OVER**

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<th>RESIDENCE</th>
<th>HOUSEHOLD SIZE: MALES:</th>
<th>FEMALES:</th>
<th>TOTAL:</th>
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**PERSONS 10 YEARS AND OVER**

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<th>HABITAT</th>
<th>LANGUAGES</th>
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<th>SCHOOL ATTEND-ED</th>
<th>RESIDENCE</th>
<th>HOUSEHOLD SIZE: MALES:</th>
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**FEMALES AGED 10 YEARS AND OVER**

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**FEMALES 10-54 YEARS**

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<th>RESIDENCE</th>
<th>HOUSEHOLD SIZE: MALES:</th>
<th>FEMALES:</th>
<th>TOTAL:</th>
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### SECTION 2: HOUSING FACILITIES

**WHAT ARE THE MAJOR MATERIALS OF CONSTRUCTION?**

- Roof
- Wall
- Floor

**HOW MANY ROOMS DOES YOUR DwELLING UNIT OCCUPY?**

1. No Rooms
2. 1 Room
3. 2 Rooms
4. 3 Rooms
5. 4 Rooms
6. 5 Rooms
7. 6 Rooms
8. 7 Rooms
9. 8 Rooms
10. 9 Rooms
11. 10 Rooms
12. More than 10 Rooms

**WHAT MATERIALS ARE YOUR DWELLING UNIT NESTED IN?**

- Hill
- Valley
- Flats
- Other

**WHAT IS YOUR PRINCIPAL SOURCE FOR LIGHTING?**

- Kerosene
- Electric
- Gas

**WHAT IS YOUR PRINCIPAL SOURCE OF WATER SUPPLY FOR DRINKING?**

- Public Tap
- Neighbour's Tap
- Well
- Kiosk
- Market Vendor
- Other

**WHAT IS THE DISANCE FROM HOME TO THE NEAREST HEALTH FACILITY?**

- 1-5 miles
- 6-10 miles
- 11-20 miles
- 21-50 miles
- More than 50 miles

**WHAT IS THE MAJOR LAND USE ACCORDING TO THE OCCUPANTS?**

- Plantation
- Settlement
- Other

### SECTION 3: AGRI-

**WHAT ARE THE MAJOR AGRICULTURAL ACTIVITIES UNDERTAKEN BY THE HOUSEHOLD?**

<table>
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<th>CODE</th>
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**WHAT IS THE TOTAL LAND OWNED BY HOUSEHOLD?**

**DO HOUSEHOLD MEMBERS HAVE ACCESS TO AGRICULTURAL FACILITIES?**

**DOES THE HOUSEHOLD OWN ANY OF THE FOLLOWING (indicate farm only if they are in working condition)**

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<th>CODE</th>
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### SECTION 4: OWNERSHIP OF

**WHAT IS THE NAME OF THE HEAD OF THE HOUSEHOLD?**

**AGE OF EACH HOUSEHOLD MEMBER IN THE LAST 12 MONTHS?**

**DATE OF DEATH**

**NAME OF THE DECEASED**

**AGE AT DEATH**

**DATE OF DEATH**

**CAUSE OF DEATH**

**RELATIONSHIP TO HOUSEHOLD MEMBER**

**REMARKS**

**SECTION 5: DEATHS IN THE HOUSEHOLD**

**WHAT IS THE TOTAL HOUSEHOLD SIZE?**

**HOUSEHOLD SIZE: MALES: | FEMALES: | TOTAL:**

**PAGE _________ OF _________**