



REPUBLIC OF SIERRA LEONE



# SIERRA LEONE 2004 POPULATION AND HOUSING CENSUS

(WITH AN AGRICULTURAL MODULE)

Serial Number:	Chiefdom:  Section:  E.A Number:  Locality Name:	This Book:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">Number of Enumerated <b>Households</b></td> <td colspan="3" style="text-align: center;">Persons Present</td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">MALE</td> <td style="text-align: center;">FEMALE</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Number of Enumerated <b>Households</b>	Persons Present			TOTAL	MALE	FEMALE				Coding Record:  Date Started: _____ Date Finished: _____ Checked: _____  Coding Supervisor   Date  Transferred to Data Processing:  Data Processing Supervisor   Date  Comments:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">BATCH</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Chiefdom</td> <td colspan="2" style="text-align: center;">Enumera- tion Area</td> <td style="text-align: center;">Section</td> <td style="text-align: center;">Book No</td> <td colspan="10"></td> </tr> </table>	BATCH																	Chiefdom	Enumera- tion Area		Section	Book No											<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">N<sup>o</sup>. of Enumerated:</td> </tr> <tr> <td style="width: 60%; text-align: center;">Households</td> <td style="width: 40%;"></td> </tr> <tr> <td style="text-align: center;">Persons</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Validation Record for E.A.</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Invalid Records</b></td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Valid Records</b></td> </tr> <tr> <td style="text-align: center;">1.</td> <td style="width: 20px;"></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> </tr> <tr> <td style="text-align: center;">4.</td> <td style="text-align: center;">TOTAL</td> </tr> <tr> <td colspan="2" style="text-align: center;">Certified Clean</td> </tr> <tr> <td colspan="2" style="text-align: center;">Data Processing Supervisors   Date</td> </tr> <tr> <td colspan="2" style="text-align: center;">Book Returned:</td> </tr> <tr> <td colspan="2" style="text-align: center;">Census Office Store Keeper   Date</td> </tr> </table>	N <sup>o</sup> . of Enumerated:		Households		Persons		Validation Record for E.A.			<b>Invalid Records</b>		<b>Valid Records</b>	1.		2.		3.		4.	TOTAL	Certified Clean		Data Processing Supervisors   Date		Book Returned:		Census Office Store Keeper   Date	
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FINANCED BY:





# SIERRA LEONE 2004 POPULATION AND HOUSING CENSUS

**IF INSTITUTION, WRITE NAME:**..... **PROVINCE:**  **DISTRICT:**  **CHIEFDOM/WARD:**  **SECTION:**  **EA:**  **LOCALITY/STREET:**   
**LOCALITY NAME/STREET ADDRESS** \_\_\_\_\_ **STRUCTURE TYPE:**  **STRUCTURE NO:**  **HOUSEHOLD NO:**  **POPULATION TYPE.....**

## SECTION 1: POPULATION

ALL PERSONS												PERSONS 6 YEARS & OVER			PERSONS 10 YEARS AND OVER				FEMALES AGED 10 YEARS AND OVER				FEMALES 10-54 YEARS																	
SR NO.	NAME		RELATIONSHIP	AGE (COMPLETED YEARS)	SEX	RELIGION	NATIONALITY / ETHNICITY	LANGUAGE PRIMARY	LANGUAGE SECONDARY	PLACE OF BIRTH	PLACE OF RESIDENCE IN DEC. 1990	ORPHANHOOD		DISABILITY			SCHOOL ATTENDED	HIGHEST LEVEL ATTAINED	LITERACY	MARITAL STATUS	TYPE OF ECONOMIC ACTIVITY			HOW MANY CHILDREN HAVE BEEN BORN ALIVE TO..... WHO ARE				PARTICULARS OF HER MOST RECENT BIRTH (LAST 12 MONTHS)												
MARK IF NOT SEEN	What are the names of all persons who spent census night here (December 3 and 4, 2004)? (Record names of all young and old starting with the household head)		What is... relationship to the Household Head?	Age last Birthday: Under 1 record '00'. For 95 and over record '95'	Is... male or female?	What is... Religion?	What is... nationality / Ethnicity group	What is the primary language spoken by...?	What is the Secondary language spoken by...?	In which chiefdom/ country was... Born? (record as given)	Where was... living in December 1990	Is... mother alive?	Is... father alive?	Is... disabled?	Type of disability?	Cause of disability?	Are you receiving any assistance?	Has... ever Attended school?	What is the highest level that attained?	Can... read and write in any language?	What is the marital status of...?	What was... main activity status in the past one month?	What kind of work id...do?	What is the main economic activity of the place where... works?	Total '00' No child				Living in this household (record as given) '00' No child		Living elsewhere (record as given) '00' No child		Dead (record as given) '00' No child		Year/Month (record as given - year in full)	Sex	Is the child alive?	Immunization for age status		
	SURNAME	First name			1 M 2 F					Chiefdom... Country...		1 Yes 2 No 3 Don't Know	1 Yes 2 No 3 Don't Know	1 Yes 2 No 3 (if 2, go to P19)				1 Never 2 Still 3 Left (if 1, go to P21)	1 Yes 2 No							M	F	M	F	M	F	M	F	Yr.	Mon	1. M 2. F	1 Yes 2 No	1 Yes 2 No 3 Partial		
P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24	P25	P26	P27	P28	P29	P30	P31	P32	P33	P34	P35	P36	P37	P38			
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## SECTION 2: HOUSING FACILITIES

## SECTION 3: AGRICULTURE

WHAT ARE THE CURRENT REPAIR NEEDS OF THE DWELLING UNIT?	HOW MANY ROOMS DOES THE HOUSEHOLD OCCUPY?	HOW MANY BEDS WITH MOSQUITO NET	HOW WAS THIS DWELLING ACQUIRED?	MAJOR MATERIAL OF CONSTRUCTION OF DWELLING UNITS			HOW DO YOU DISPOSE OF RUBBISH?	WHAT IS YOUR PRINCIPAL SOURCE OF FUEL SUPPLY FOR COOKING?	WHAT IS YOUR PRINCIPAL SOURCE FOR LIGHTING?	WHAT IS YOUR PRINCIPAL SOURCE OF WATER SUPPLY FOR DRINKING?	WHAT KIND OF FACILITIES DO YOU HAVE FOR		WHAT IS THE HOUSEHOLD MAIN SOURCE OF INFORMATION?	WHAT IS THE DISTANCE FROM HOME TO THE NEAREST		
				ROOF	WALL	FLOOR					TOILET	BATHING		HEALTH FACILITY	PRIMARY SCHOOL	SOURCE OF WATER
H01	H02	H03	H04	H05	H06	H07	H08	H09	H10	H11	H12	H13	H14	H15	H16	H17
1. No Repairs		A. IMPREGNATED		1. Concrete	01 Stone	1. Stone	1. Collected	1. Electricity	1. NPA/BKPS	1 Piped indoors		1. Inside	1. Radio	1. On Premises	1. On Premises	1. On Premises
2. Minor Repairs				2. Asbestos	02 Cement Blocks	2. Tiles	2. Dumped anywhere	2. Gas	2. Gas	2 Piped in compound		2. Outside; built	2. Television	2. < 1/2 mile	2. < 1/2 mile	2. < 1/2 mile
3. Rehabilitation				3. Zinc	03 Clay Bricks	3. Cement	3. Kerosene	3. Kerosene	3 Public Tap	3. Outside makeshift		3. Print Media	3. 1/2 mile < 1 mile	3. 1/2 mile < 1 mile	3. 1/2 mile < 1 mile	
4. Reconstruction				4. Thatch	04 Sandcrete	4. Wood	4. Charcoal	4. Generator	4 Protected Ordinary Well	4. Other (specify)		4. Post Mail	4. 1 mile < 5miles	4. 1 mile < 5miles	4. 1 mile < 5miles	
		B. REGULAR		5. Tarpaulin	05 Zinc	5. Mud	4. Buried	5. Wood	5. Battery/Rechargeable Light	5 Unprotected Ordinary Well	5. None	5. Hand Mail	5. 5 miles and above	5. 5 miles and above	5. 5 miles and above	
				6. Tiles	06 Timber	6. Other	5. Deposited in Bin	6. Other	6. Candle	6 Mechanical Well	6. Word of Mouth					
				7. Other	07 Mud Bricks		6. Other		7. Wood	7 River/Riverbed/Stream	7. Church/ Mosque					
					08 Poles/Reed				8. Other	8 Neighbour's Tap	8. Other (specify)					
		C. NONE		9 Tarpaulin						8 Neighbour's Tap						
				10 Mud & Wattle						9 Water Vendor/Bowser						
				11 Other(specify)						0 Other(specify)						

WHAT ARE THE MAJOR AGRICULTURAL ACTIVITIES UNDERTAKEN BY THE HOUSEHOLD?	
CROP	ACREAGE
A1	A2
01 Upland Rice	
02 Lowland Rice	
03 Cassava	
04 Sweet Potato	
05 Groundnut	
06 Maize	
07 Coffee	
08 Cacao	
09 Oil palm	
10 Citrus	
11 Vegetables	

## SECTION 3: AGRICULTURAL MODULE CONT'D

## SECTION 4: OWNERSHIP OF

## SECTION 5: DEATHS IN THE HOUSEHOLD

WHAT IS THE NUMBER OF LIVESTOCK OWNED BY HOUSEHOLD MEMBERS						DO HOUSEHOLD MEMBERS HAVE ACCESS TO AGRICULTURAL FACILITIES							
Cattle	Sheep	Goat	Pigs	Chicken	Duck	Tractors	Power Tillers	Threshers	Rice Mills	Stores	Drying Floors	Cassava Grater	Oil Palm Pressers
A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	A16

DOES THE HOUSEHOLD OWN ANY OF THE FOLLOWING (include items only if they are in working condition)										
Electric Iron	Refrigerator	Television	Computer	Radio	Telephone	Cell phone	Modern Stove	Bicycle	Motor cycle	Car/ Truck
O1	O2	O3	O4	O5	O6	O7	O8	O9	O10	O11

D1	D2	D3	D4	D5
Did a death occur in this household in the last 12 months?	Name of the deceased	Sex 1M 2F	Age at death	Cause of death
	1.			
	2.			
	3.			
	4.			
Yes 1. No 2. Don't Know 3	5.			
If yes, answer questions D2,D3,D4,&D5	6.			

HOUSEHOLD SIZE: MALES:  FEMALES:  TOTAL:

PAGE \_\_\_\_\_ OF \_\_\_\_\_