

SIERRA LEONE 2015 POPULATION AND HOUSING CENSUS

SECTION I: IDENTIFICATION

11. PROVINCE <input type="checkbox"/>	12. DISTRICT..... <input type="checkbox"/>	13. CHIEFDOM/WARD..... <input type="checkbox"/>	14. SECTION..... <input type="checkbox"/>	15. EA <input type="checkbox"/>	16. LOCAL COUNCIL <input type="checkbox"/>	17. URBAN/RURAL <input type="checkbox"/>	18. EA TYPE <input type="checkbox"/>	19. LOCALITY:..... <input type="checkbox"/>			
110. STREET ADDRESS.....			111. STRUCTURE TYPE <input type="checkbox"/>		112. STRUCTURE NUMBER <input type="checkbox"/>		113. HOUSEHOLD NUMBER WITHIN THE STRUCTURE <input type="checkbox"/>		114. HOUSEHOLD NUMBER WITHIN THE EA <input type="checkbox"/>		
115 Type of Residence 1. Occupied Housing Units 2. Vacant Housing Units <input type="checkbox"/> IF 2, GO TO SECTION III											

SECTION II: POPULATION CHARACTERISTICS

SR. NO.	NAME		RELATIONSHIP	AGE	SEX	RELIGION	NATIONALITY	ETHNICITY	LANGUAGE		PLACE OF BIRTH	PLACE OF PREVIOUS RESIDENCE	ORPHAN HOOD	DISABILITY					BIRTH REGISTRATION	0-5 YEARS IMMUNIZATION	3 YEARS AND ABOVE			HIGHEST LEVEL ATTENDED	LITERACY	TOBACCO AND ALCOHOL INTAKE	MARITAL STATUS	10 YEARS AND ABOVE ECONOMIC ACTIVITY				INFORMATION COMMUNICATION TECHNOLOGY (ICT)	FEMALES AGED 10 YEARS AND OVER CHILDREN EVERBORN				FEMALE 10-54 YEARS RECENT BIRTHS (LAST 12 MONTHS)									
	FIRST NAME	SURNAME							PRIMARY	SECONDARY				Does [NAME] suffer from any form of disability?	Main type of disability	Second type of disability	Cause of MAIN disability	Kind of treatment or rehabilitation received or still receiving			Does [NAME] have a Birth Certificate?	Is [NAME] fully immunized?	SCHOOL ATTENDANCE					CURRENT ENROLLMENT	What is the highest level [NAME] ever attended and grade completed?	Can [NAME] read AND write a text in any of the following languages?	Does [NAME] take/smoke tobacco and/or take alcohol?		What is the marital status of [NAME]?	EMPLOYMENT STATUS	EMPLOYER	OCCUPATION	INDUSTRY	Does [NAME] have access to internet facility?	Has [NAME] used internet in the past one week?	Total	Living in this household	Living elsewhere	Dead	How many live births [NAME] has in the last 12 months?	Did [NAME] give birth in a hospital or a clinic?	How many of the live births [NAME] had during the Past 12 months who are still alive?
P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22	P23	P24 Lvl.	P24 Grd.	P25	P26	P27	P28	P29	P30	P31	P32	P33	P34 M	P34 F	P35 M	P35 F	P36 M	P36 F	P37 M	P37 F	P38 M	P38 F	P39	P40 M	P40 F
_1																																		M	F	M	F	M	F	M	F	M	F	M	F	
_2																																	M	F	M	F	M	F	M	F	M	F	M	F		
_3																																	M	F	M	F	M	F	M	F	M	F	M	F		
_4																																	M	F	M	F	M	F	M	F	M	F	M	F		
_5																																	M	F	M	F	M	F	M	F	M	F	M	F		
_6																																	M	F	M	F	M	F	M	F	M	F	M	F		
_7																																	M	F	M	F	M	F	M	F	M	F	M	F		
_8																																	M	F	M	F	M	F	M	F	M	F	M	F		
_9																																	M	F	M	F	M	F	M	F	M	F	M	F		
_0																																	M	F	M	F	M	F	M	F	M	F	M	F		

QUESTIONNAIRE NUMBER <input type="checkbox"/>	TOTAL NUMBER OF QUESTIONNAIRES USED FOR THIS HOUSEHOLD <input type="checkbox"/>	TOTAL MALE <input type="checkbox"/>	TOTAL FEMALE <input type="checkbox"/>	TOTAL <input type="checkbox"/>	Date of Interview.....December 2015
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