

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION I: GEOGRAPHICAL IDENTIFICATION**

11. PROVINCE <input style="width: 20px; height: 20px;" type="checkbox"/>	12. DISTRICT <input style="width: 20px; height: 20px;" type="checkbox"/>		
13. CHIEFDOM <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>			
14. SECTION <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>			
15. EA <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	16. LOCAL COUNCIL <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	17. LOCALITY TYPE <input style="width: 20px; height: 20px;" type="checkbox"/>	
18. LOCALITY <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>			19. URBAN/RURAL <input style="width: 20px; height: 20px;" type="checkbox"/>
110. STREET ADDRESS			
111. STRUCTURE TYPE <input style="width: 20px; height: 20px;" type="checkbox"/>	112. STRUCTURE NUMBER <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	113. HOUSEHOLD NUMBER WITHIN THE STRUCTURE <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	
114. HOUSEHOLD NUMBER WITHIN THE EA <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>		115. HOUSEHOLD TELEPHONE NUMBER	
116. TYPE OF RESIDENCE 1. Occupied Housing Unit 2. Vacant Housing Unit(Temporary) 3. Vacant Housing Unit (permanent) <input style="width: 20px; height: 20px;" type="checkbox"/> <i>IF 2 or 3, GO TO SECTION IV</i>			

SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS HOUSEHOLD QUESTIONNAIRE

SECTION II: POPULATION CHARACTERISTICS

ALL PERSONS								
SR. NO.	NAME		RELATIONSHIP	AGE	SEX	RELIGION	NATIONALITY	ETHNICITY
	FIRST NAME	SURNAME						
	What are the names of ALL persons who spent the census night in this Household (November 15, 2021)? <i>Record names of all persons, including young and old, starting with the Household Head</i>		What is [NAME's] Relationship to the Household Head? Use Code List	Age as at last birthday (completed years) < 1 year record '000' >=120 years record '120'	Is [NAME] Male or Female? 1. M 2. F	What is (NAME's) Religion? <i>Write the Code of the Religion</i> Use Code List	Write the Code of the Nationality Use Code List If Non- Sierra Leonean, Go to P10	Write the Code of Ethnic Group Use Code List
P01	P02	P03	P04	P05	P06	P07	P08	P09
_1								
_2								
_3								
_4								
_5								
_6								
_7								
_8								
_9								
_0								

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION II: POPULATION CHARACTERISTICS (CONT'D)**

ALL PERSONS											
SR. NO.	NAME		LANGUAGE		PLACE OF BIRTH	PREVIOUS PLACE OF RESIDENCE	ORPHANHOOD				BIRTH REGISTRA TION
	FIRST NAME	SURNAME	PRIMARY	SECONDARY			Is [NAME's] mother alive? 1. Alive 2. Dead 9. Don't know <i>Skip to P14C if 2 or 9</i>	Where does [NAME's] mother live? 1. In this household 2. Abroad 3. In another household in the same district 4. In another household in a different district 8. Institution in this country 9. Don't Know	Is [NAME's] father alive? 1. Alive 2. Dead 9. Don't know <i>Skip to P15 if 2 or 9</i>	Where does [NAME's] father live? 1. In this household 2. Abroad 3. In another household in the same district 4. In another household in a different district 8. Institution in this country 9. Don't Know	
	What are the names of ALL persons who spent the census night in this Household (November 15, 2021)? <i>Record names of all persons, including young and old, starting with the Household Head</i>		Write the Code of the PRIMARY language spoken by [NAME] Use Code List	Write the Code of the SECONDARY language spoken by [NAME] Use Code List	Write the Code of CHIEFDOM of birth if born in Sierra Leone, or COUNTRY if born outside SL Use Code List	Write the Code of CHIEFDOM of residence in December 2015, or the COUNTRY if outside SL. Use Code List ASK ONLY IF AGE IS 6 YEARS OR MORE	Is [NAME's] mother alive? 1. Alive 2. Dead 9. Don't know <i>Skip to P14C if 2 or 9</i>	Where does [NAME's] mother live? 1. In this household 2. Abroad 3. In another household in the same district 4. In another household in a different district 8. Institution in this country 9. Don't Know	Is [NAME's] father alive? 1. Alive 2. Dead 9. Don't know <i>Skip to P15 if 2 or 9</i>	Where does [NAME's] father live? 1. In this household 2. Abroad 3. In another household in the same district 4. In another household in a different district 8. Institution in this country 9. Don't Know	Does [NAME] have a Birth Certificate? 1. Yes 2. No 9. Don't Know
P01	P02	P03	P10	P11	P12	P13	P14A	P14B	P14C	P14D	P15
_1											
_2											
_3											
_4											
_5											
_6											
_7											
_8											
_9											
_0											

SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION II: POPULATION CHARACTERISTICS (CONT'D)

5 YEARS AND ABOVE								
SR. NO.	NAME		DISABILITY					
	FIRST NAME	SURNAME						
	What are the names of ALL persons who spent the census night in this Household (November 15, 2021)? <i>Record names of all persons, including young and old, starting with the Household Head</i>		Does [NAME] have any difficulty seeing, even if wearing glasses? 1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all	Does [NAME] have difficulty hearing, even if using a hearing aid? 1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all	Does [NAME] have difficulty walking or climbing steps? 1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all	Does [NAME] have difficulty remembering or concentrating? 1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all	Does [NAME] have difficulty (with self-care such as) washing all over or dressing? 1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all	Using the usual (customary) language, does [NAME] have difficulty communicating, for example understanding or being understood? 1. No – no difficulty 2. Yes – some difficulty 3. Yes – a lot of difficulty 4. Cannot do at all
P01	P02	P03	P16	P17	P18	P19	P20	P21
_1								
_2								
_3								
_4								
_5								
_6								
_7								
_8								
_9								
_0								

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION II: POPULATION CHARACTERISTICS (CONT'D)**

		0 – 5 YEARS		3 YEARS AND ABOVE				10 YEARS AND ABOVE		
SR. NO.	NAME		IMMUNIZATION	SCHOOL ATTENDANCE	CURRENT ENROLMENT	HIGHEST LEVEL OF EDUCATION ATTAINED		LITERACY	TOBACCO INTAKE	ALCOHOL INTAKE
	FIRST NAME	SURNAME								
	What are the names of ALL persons who spent the census night in this Household (November 15, 2021)? <i>Record names of all persons, including young and old, starting with the Household Head</i>		Is [NAME] fully immunized? 1. Never 2. Yes Partially 3. Yes Fully 9. Don't Know (Ask for the immunization card, if available)	Has [NAME] ever attended school or pre-school? 1. Yes 2. No 9. Don't Know <i>If 2 or 9 GO TO P26</i>	Is [NAME] currently attending school or pre-school? 1. Yes 2. No 9. Don't Know	What is the highest level [NAME] ever attended and grade completed? Use Code List		Can [NAME] read AND write a text in any language? 1. Yes 2. No 9. Don't Know	Does [NAME] currently take/smoke tobacco on a daily basis, less than daily or not at all? 1. Daily 2. Less than daily 3. Not at all 9. Don't Know	Does [NAME] currently take alcohol on a daily basis, less than daily or not at all? 1. Daily 2. Less than daily 3. Not at all 9. Don't Know
P01	P02	P03	P22	P23	P24	P25A LEVEL	P25B GRADE	P26	P27	P28
_1										
_2										
_3										
_4										
_5										
_6										
_7										
_8										
_9										
_0										

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION II: POPULATION CHARACTERISTICS (CONT'D)**

			10 YEARS AND ABOVE							
SR. NO.	NAME		MARITAL STATUS		ECONOMIC ACTIVITY				INFORMATION COMMUNICATION TECHNOLOGY (ICT)	
	FIRST NAME	SURNAME			EMPLOYME NT STATUS	EMPLOYER	OCCUPATION	INDUSTRY		
	What are the names of ALL persons who spent the census night in this Household (November 15, 2021)? <i>Record names of all persons, including young and old, starting with the Household Head</i>		What is the marital status of [NAME]? Use Code List	What was [NAME's] age at first marriage? (In completed Years)	What was [NAME's] main (or usual) employment status during the past 12 months? Use Code List (If 9 to 14, GO TO P34)	Who did [NAME] mainly work for during the past 12 months? Use Code List	What kind of work did [NAME] mainly do during the past 12 months? Use Code List	What industry did [NAME] mainly Work in during the past 12 months? Use Code List	Has [NAME] used the Internet from any location in the last three months? 1. Yes 2. No 9. Don't Know If P34= 2 or 9 GO TO P36M	Where did [NAME] use the Internet in the last three months? (Multiple responses applicable) A. Home B. Work C. Place of education D. Another person's home E. Internet cafe F. Other facility open to the public G. While commuting
P01	P02	P03	P29A	P29B	P30	P31	P32	P33	P34	P35
_1										
_2										
_3										
_4										
_5										
_6										
_7										
_8										
_9										
_0										

SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS HOUSEHOLD QUESTIONNAIRE

SECTION II: POPULATION CHARACTERISTICS (CONT'D)

		FEMALES AGED 10 YEARS AND OVER								FEMALES 10 – 54 YEARS						
SR. NO.	NAME		CHILDREN EVER BORN								RECENT BIRTHS (LAST 12 MONTHS)					
	FIRST NAME	SURNAME	How many children have been born alive to [NAME] who are?													
	What are the names of ALL persons who spent the census night in this Household (November 15, 2021)? <i>Record names of all persons, including young and old, starting with the Household Head</i>		Total		Living in this household		Living elsewhere		Dead		How many live births did [NAME] have in the last 12 months?		Where did [NAME] give last birth in the last 12 months?		How many of the live births [NAME] had during the Past 12 months who are still alive?	
			If no child, write '00'		If no child, write '00'		If no child, write '00'		If no child, write '00'		If no live birth, write '0'	 1. Hospital/Clinic 2. Home 3. TBAs place 4. Society place 5. Other (specify) If no child is still alive, write '0' 	
											If NO live births, GO TO Section III					
P01	P02	P03	P36 M	P36 F	P37 M	P37 F	P38 M	P38 F	P39 M	P39 F	P40 M	P40F	P41	P42 M	P42 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	

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION III: DEATHS**

D1 – Did a death occur in this household in the last 12 months?

1. Yes 2. No

IF NO DEATHS, GO TO SECTION IV

No.	ALL DEATHS					DEAD WOMEN 10 – 54 YEARS		
	D2	D3	D4	D5	D6	D7	D8	D9
	Name of deceased	Sex	Age at death	Cause of death?	Was death reported to any authority or hospital?	Did the death occur while pregnant?	Did the death occur during childbirth?	Did the death occur during the 6 weeks period following the end of pregnancy?
		1. M 2. F		Use code list	1. Yes, Authority 2. Yes, Hospital 3. Yes, both 4. No 9. Don't Know	1. Yes 2. No 9. Don't Know If 1 go to Section IV	1. Yes 2. No 9. Don't Know If 1 go to Section IV	1. Yes 2. No 9. Don't Know
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS HOUSEHOLD QUESTIONNAIRE

SECTION IV – COVID-19 SOCIOECONOMIC IMPACTS

C1 – How many members of your household have been confirmed positive of contracting COVID-19? <p style="text-align: center;">Don't know --- 99 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> If no member, go to C3				C3 – For economically active members, complete the following table			
C2 – Please state the age, sex and status of every member who contracted COVID-19				No.	Main occupation BEFORE COVID-19 outbreak	Main CURRENT occupation	COVID-19 impact on person's revenue
No.	Sex	Age	Status		Write the activity code	Write the activity code	1. Increased substantially 2. Increased 3. No change 4. Decreased 5. Decreased substantially
					Use Code List	Use Code List	
	1. M 2. F		1. Dead 2. Survived 3. On treatment				
1.				1.			<input style="width: 30px; height: 20px;" type="text"/>
2.				2.			<input style="width: 30px; height: 20px;" type="text"/>
3.				3.			<input style="width: 30px; height: 20px;" type="text"/>
4.				4.			<input style="width: 30px; height: 20px;" type="text"/>
5.				5.			<input style="width: 30px; height: 20px;" type="text"/>
6.				6.			<input style="width: 30px; height: 20px;" type="text"/>
7.				7.			<input style="width: 30px; height: 20px;" type="text"/>
8.				8.			<input style="width: 30px; height: 20px;" type="text"/>
9.				9.			<input style="width: 30px; height: 20px;" type="text"/>
10.				10.			<input style="width: 30px; height: 20px;" type="text"/>

SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS HOUSEHOLD QUESTIONNAIRE

SECTION V: HOUSING FACILITIES (FOR VACANT HOUSING UNITS, COMPLETE ONLY H01, H06 AND H07) (Cont'd)

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		WHAT KIND OF FACILITIES DO YOU HAVE FOR			WHAT IS THE HOUSEHOLD MAIN SOURCE OF INFORMATION?
			DRINKING	HOUSEHOLD USE	TOILET?	BATHING?	Kitchen?	
H09	H10	H11	H12	H13	H14	H15	H16	H17
1. Collected 2. Dumped Anywhere 3. Burnt 4. Buried 5. Deposited in Bin 6. Other.....	01. Electricity 02. Gas 03. Kerosene 04. Charcoal 05. Wood 06. Crop Residue 07. Saw Dust 08. Solar 09. Animal Waste 10. Other.....	1. EDSA 2. Gas 3. Kerosene 4. Generator 5. Battery/ Rechargeable Light 6. Candle 7. Wood 8. Solar 9. Other.....	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 10. Water Vendor / Bowser 11. Protected spring 12. Unprotected spring 13. Other.....	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 10. Water Vendor/ Bowser 11. Protected spring 12. Unprotected spring 13. Other.....	COMMUNAL 11. VIP 12. Flushed inside 13. Flushed outside 14. Pit 15. Bucket 16. Bush/ Riverbed 17. Other PRIVATE 21. VIP 22. Flushed inside 23. Flushed outside 24. Pit 25. Bucket 26 Other	1. Inside 2. Outside; built 3. Outside; makeshift 4. None 5. Other.....	1. Kitchen within housing unit (For exclusive use) 2. Kitchen within housing unit (Shared) 3. Other space for cooking within housing unit, such as kitchenette (For exclusive use) 4. Other space for cooking within housing unit, such as kitchenette (Shared) 5. Kitchen or other space for cooking available outside housing unit (For exclusive use) 6. Kitchen or other space for cooking available outside housing unit (Shared) 7. No kitchen or other space for cooking available	01. Radio 02. Television 03. Print Media 04. Post Mail 05. Hand Mail 06. Social Media 07. websites 08. Word of Mouth 09. Church/ Mosque 10. Other.....
<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"/>

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE**

SECTION V: HOUSING FACILITIES (FOR VACANT HOUSING UNITS, COMPLETE ONLY H01, H06 AND H07) (Cont'd)

WHAT IS THE DISTANCE FROM THE HOUSEHOLD TO THE NEAREST?		
HEALTH FACILITY	PRIMARY SCHOOL	SOURCE OF WATER
H18	H19	H20
1. Within compound 2. < ½ mile 3. ½ mile to < 1 mile 4. 1 mile to < 5 miles 5. Five miles & over 9. Don't Know	1. Within compound 2. < ½ mile 3. ½ mile to < 1 mile 4. 1 mile to < 5 miles 5. Five miles & over 9. Don't Know	1. Within compound 2. < ½ mile 3. ½ mile to < 1 mile 4. 1 mile to < 5 miles 5. Five miles & over 9. Don't Know
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION VI: OWNERSHIP OF HOUSEHOLD DURABLES

DOES THE HOUSEHOLD OWN ANY OF THE FOLLOWING?	
(Record only items in working condition)	
ITEM	1. Yes 2. No 9. Don't Know
HD 01 – Electric iron	<input type="checkbox"/>
HD 02 – Charcoal iron	<input type="checkbox"/>
HD 03 – Generator	<input type="checkbox"/>
HD 04 – Refrigerator or freezer	<input type="checkbox"/>
HD 05 – Television	<input type="checkbox"/>
HD 06 - Computer	<input type="checkbox"/>
HD 07 - Radio	<input type="checkbox"/>
HD 08 – Mobile Phone	<input type="checkbox"/>
HD 09 – Mobile Phone with Internet	<input type="checkbox"/>
HD 10 - Internet connection (Modem with Internet connection, router with Internet connection, tablet, PDA, games machine, digital TV etc.)	<input type="checkbox"/>
HD 11 – Modern Stove	<input type="checkbox"/>
HD 12 - Bed	<input type="checkbox"/>
HD 13 - Sofa	<input type="checkbox"/>
HD 13 - Bicycle	<input type="checkbox"/>
HD 14 – Motorcycle	<input type="checkbox"/>
HD 15 - Car	<input type="checkbox"/>
HD 16 - Truck	<input type="checkbox"/>
HD 17 - Boat (without engine)	<input type="checkbox"/>
HD18 – Boat (with engine)	<input type="checkbox"/>

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
HOUSEHOLD QUESTIONNAIRE
SECTION VII: AGRICULTURE**

A1 – Does this household undertake any agricultural activities (e.g.: Farming, Fishing, Animal husbandry...)? (1 = YES 2 = NO)

IF NO, END INTERVIEW

A2. Does the household operate the following farming activities for its own account? (1 = Yes 2 = NO)

A. Crops production

enables A3

B. Livestock production

enables A4

C. Fisheries/Aquaculture

enables A5

A3 TOTAL NUMBER OF PLOTS OPERATED FOR THE CURRENT YEAR

A31. CEREALS and TUBERS

Crops	Do you cultivate? (1=Yes 2 = NO)	Did you sell any? (1=Yes 2 = NO)
01.Upland rice		
02. Lowland rice		
03. Maize		
04. Cassava		
05. Sweet Potato		

A32. FRUITS, NUTS and vegetable crops

Crops	Do you cultivate? (1=Yes 2 = NO)	Did you sell any? (1=Yes 2 = NO)
06. Citrus		
07. Groundnut		
08. Vegetables		

A33. PLANTATION CROPS

Crops	Do you cultivate? (1=Yes 2 = NO)	Did you sell any? (1=Yes 2 = NO)
09. Coffee		
10. Cacao		
11. Oil Palm		
12. Cashew		

A4. Livestock raised by the holding at the day of the interview

Type of livestock	Number
1. Cattle	
2. Sheep	
3. Goat	
4. Pig	
5. Chicken	
6. Duck	

A5 – Does this household perform any fishery activities?

Type of fishing	Do you perform? (1=Yes 2 = NO)
1. Fishpond	
2. Artisan Fishing	
3. Coastal Fishing	
4. None	

A6. Does your household use the following agricultural facilities?

Facility	Do you use (1=Yes 2 = NO)
1. Tractors	
2. Power Tillers	
3. Threshers	
4. Rice Mills	
5. Stores	