

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

SECTION I: GEOGRAPHICAL IDENTIFICATION

11. PROVINCE <input style="width: 20px; height: 15px;" type="checkbox"/>	12. DISTRICT <input style="width: 20px; height: 15px;" type="checkbox"/>		
13. CHIEFDOM <input style="width: 20px; height: 15px;" type="checkbox"/> <input style="width: 20px; height: 15px;" type="checkbox"/>			
14. SECTION <input style="width: 20px; height: 15px;" type="checkbox"/> <input style="width: 20px; height: 15px;" type="checkbox"/>			
15. EA <input style="width: 20px; height: 15px;" type="checkbox"/> <input style="width: 20px; height: 15px;" type="checkbox"/>	16. LOCAL COUNCIL <input style="width: 20px; height: 15px;" type="checkbox"/> <input style="width: 20px; height: 15px;" type="checkbox"/> <input style="width: 20px; height: 15px;" type="checkbox"/>	17. LOCALITY TYPE <input style="width: 20px; height: 15px;" type="checkbox"/>	
18. LOCALITY <input style="width: 20px; height: 15px;" type="checkbox"/> <input style="width: 20px; height: 15px;" type="checkbox"/> <input style="width: 20px; height: 15px;" type="checkbox"/>			19. URBAN/RURAL <input style="width: 20px; height: 15px;" type="checkbox"/>
110. STREET ADDRESS			
115. TELEPHONE NUMBER.....			

**SIERRA LEONE 2021 MID-TERM POPULATION AND HOUSING CENSUS
FLOATING POPULATION QUESTIONNAIRE
SECTION II: POPULATION CHARACTERISTICS**

ALL PERSONS								
SR. NO.	NAME			AGE	SEX	RELIGION	NATIONALITY	ETHNICITY
	FIRST NAME	SURNAME						
	What is your name? <i>Record the name of the person found in the floating location.</i>			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 <i>If Non- Sierra Leonean, Go to P10</i>	Write the Code of Ethnic Group Use Code List
P01	P02	P03		P05	P06	P07	P08	P09
_1								
_2								
_3								
_4								
_5								
_6								
_7								
_8								
_9								
_0								

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SECTION II: POPULATION CHARACTERISTICS (CONT'D)**

ALL PERSONS											
SR. NO.	NAME		LANGUAGE		PLACE OF BIRTH	PREVIOUS PLACE OF RESIDENCE	ORPHANHOOD				BIRTH REGISTRATION
	FIRST NAME	SURNAME	PRIMARY	SECONDARY			Is [NAME's] mother alive?	Where does [NAME's] mother live?	Is [NAME's] father alive?	Where does [NAME's] father live?	
	What is your name? <i>Record the name of the person found in the floating location.</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											

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SECTION II: POPULATION CHARACTERISTICS (CONT'D)**

5 YEARS AND ABOVE								
SR. NO.	NAME		DISABILITY					
	FIRST NAME	SURNAME						
	What is your name? <i>Record the name of the person found in the floating location.</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								

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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 is your name? <i>Record the name of the person found in the floating location.</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										

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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 is your name? <i>Record the name of the person found in the floating location.</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										

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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 is your name? <i>Record the name of the person found in the floating location.</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'	
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

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SECTION IV – COVID-19 SOCIOECONOMIC IMPACTS

<p>C1 – Have you been confirmed positive of contracting COVID-19?</p> <p style="text-align: center;">Yes 1 <input type="checkbox"/></p> <p style="text-align: center;">No 2 <input type="checkbox"/></p> <p style="text-align: center;">If NO, Skip to C3.</p>				<p>C3 – For economically active members, complete the following table</p>			
<p>C2 – Please state the age, sex and status of the person who contracted COVID-19</p>				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		2. Survived 3. On treatment				
1.				1.			<input type="checkbox"/>
2.				2.			<input type="checkbox"/>
3.				3.			<input type="checkbox"/>
4.				4.			<input type="checkbox"/>
5.				5.			<input type="checkbox"/>
6.				6.			<input type="checkbox"/>
7.				7.			<input type="checkbox"/>
8.				8.			<input type="checkbox"/>
9.				9.			<input type="checkbox"/>
10.				10.			<input type="checkbox"/>

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