

REPUBLIC OF LIBERIA MINISTRY OF PLANNING AND ECONOMIC AFFAIRS PH-4 1984 POPULATION AND HOUSING CENSUS		A. Name of City, Town or Other Place		C. Structure Number		E. Type of Household (Mark "X") 1. <input type="checkbox"/> Private 2. <input type="checkbox"/> Group Quarters (Type & Name) Type: _____ Name: _____		CONFIDENTIAL: This inquiry is required by law. The information is accorded confidential treatment and cannot be used for taxation, investigation or regulation.															
		B. Street Address if available		D. Household Serial Number																			
LINE NUMBER	NAME	RELATIONSHIP TO HEAD	SEX	AGE	ALL PERSONS			PLACE OF BIRTH	CITIZENSHIP	LENGTH OF RESIDENCE	ETHNIC AFFILIATION	RELIGION	LITERACY	PERSONS 5 YEARS & OLDER		FEMALES 10 YRS & OLDER		ECONOMIC ACTIVITY OF PERSONS 10 YEARS AND OLDER					WORK STATUS
					MARITAL STATUS	MOTHER ALIVE	MOTHER ALIVE							HIGHEST GRADE	NUMBER OF CHILDREN BORN	BORN IN PAST YEAR	PRINCIPAL ACTIVITY	OCCUPATION	INDUSTRY	PAID EMPLOYEE	EMPLOYER	SELF EMPLOYED	
What is the name of the head of this household? Name all persons who usually live here. Be sure to include babies and elderly persons. Member of household away on vacation? On business? In the hospital? Any persons who have no usual residence elsewhere? List in this order: Head: Wife of Head: Never Married Children of Head and 1st wife (by age) Other wives of head and their children (by age) Ever married children and their family Other relatives Non relatives		What is the relationship to the head of this household? Head Wife Son Daughter Father In-laws Uncle Aunt Cousins Lodger Servant etc.		Man or Boy (Male) Woman or Girl (Female)	Age as of last Birth Date: If under 1 year enter "00"	What is marital status? NEVER MARRIED MARRIED WIDOWED DIVORCED/SEPARATED YES NO DOES NOT KNOW	Is Mother living? YES NO DOES NOT KNOW	In what County or Territory was born? If born outside Liberia Enter name of Country	Is Citizen of Liberia? CODE YES NO	How many years has lived continuously in this Country or Territory? If under 1 year enter "00" If always enter "99"	What Ethnic Group is a member? Enter name of Ethnic Group. If no Ethnic Group Enter "None"	What is Religious Affiliation? CHRISTIAN MUSLIM OTHER NONE ENGLISH ARABIC OTHERS	Can Read and Write with Understanding? FULL TIME PART TIME NOT AT ALL	Has Attended school during 1983? FULL TIME PART TIME NOT AT ALL	HIGHEST GRADE None "00" Primary (01, 02 ... 06) Junior High (07, 08, 09) Senior High (10, 11, 12) Vocational Training (99) College (13, 14 ... 16) Post Grad. (17) GNA (18)	How many children have been born alive to ...? TOTAL EVER BORN LIVING AT HOME LIVING ELSE WHERE DEAD	Number of children born in past 12 months to ...?	During the past 12 months what was doing most of the time? WORKING HAD JOB NOT WORKING LOOKING FOR WORK OWN HOUSE WORK GOING TO SCHOOL UNABLE TO WORK RETIRED/OTHER	If working, had job, or now unemployed what was main occupation? Example: Rice Farmer Retail Trader	In what business or industry was main job? Example: Rice Farming Retail Trade	Was paid employee, self employed or unpaid family worker? CODE PAID EMPLOYEE EMPLOYER SELF EMPLOYED UNPAID FAMILY WORKER		
P-1	P-2	P-3	P-4	P-5	P-6	P-7	P-8	P-9	P-10	P-11	P-12	P-13	P-14	P-15	P-16	P-17	P-18	P-19	P-20	F			
01			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	01		
02			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	02		
03			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	03		
04			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	04		
05			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	05		
06			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	06		
07			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	07		
08			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	08		
09			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	09		
10			1 2	1 2 3 4	1 2 3			1 2		1 2 3 4	1 2 3 4	1 2 3				1 2 3 4 5 6 7				1 2 3 4	10		

If listing is continued, mark "X" in this box

HOUSING

H-1 TYPE OF HOUSING UNIT		H-3 NUMBER OF ROOMS IN HOUSING UNIT		H-4 UTILITY AVAILABLE IN HOUSING UNIT		H-5 NUMBER OF HOUSING UNITS IN BUILDING		H-7 MAIN CONSTRUCTION MATERIALS OF HOUSE ROOF		H-9 NUMBER OF HOUSEHOLD MEMBERS WHO DIED DURING THE PAST 12 MONTHS?		REMARKS		
1. <input type="checkbox"/> Conventional Permanent 2. <input type="checkbox"/> Conventional Semi-Permanent 3. <input type="checkbox"/> Temporary		Source of Drinking Water		Toilet Facilities		Lighting Facilities		Fuel for Cooking (used most)		Availability of Radio and T.V.				
H-2 IS HOUSING UNIT OWNED OR RENTED? 1. <input type="checkbox"/> Owned or being bought 2. <input type="checkbox"/> Rented for 12 months or more 3. <input type="checkbox"/> Rented for other arrangement		1. <input type="checkbox"/> Pipe or pump inside 2. <input type="checkbox"/> Pipe or Pump outside 3. <input type="checkbox"/> Closed Well or Spring 4. <input type="checkbox"/> Open Well or Spring 5. <input type="checkbox"/> River, Lake or Other	1. <input type="checkbox"/> Flush toilet exclusively 2. <input type="checkbox"/> Flush toilet shared with other housing unit 3. <input type="checkbox"/> Covered pit outside building 4. <input type="checkbox"/> Open pit/ditch 5. <input type="checkbox"/> Other	1. <input type="checkbox"/> Electricity 2. <input type="checkbox"/> Gas 3. <input type="checkbox"/> Kerosene 4. <input type="checkbox"/> Other	1. <input type="checkbox"/> Electricity 2. <input type="checkbox"/> Gas 3. <input type="checkbox"/> Kerosene 4. <input type="checkbox"/> Charcoal 5. <input type="checkbox"/> Wood 6. <input type="checkbox"/> Other	1. <input type="checkbox"/> Radio only 2. <input type="checkbox"/> Television only 3. <input type="checkbox"/> Radio and Television 4. <input type="checkbox"/> None	1. <input type="checkbox"/> Single Unit Detached 2. <input type="checkbox"/> Single Unit Attached 3. <input type="checkbox"/> 2-4 Units 4. <input type="checkbox"/> 5-9 Units 5. <input type="checkbox"/> 10 Units or More	1. <input type="checkbox"/> Concrete 2. <input type="checkbox"/> Abestos 3. <input type="checkbox"/> Zinc 4. <input type="checkbox"/> Bamboo, Leaves, Thatch 5. <input type="checkbox"/> Other	H-8 CONSTRUCTION MATERIALS OF OUTER WALL 1. <input type="checkbox"/> Stone, Concrete, Cement, Block 2. <input type="checkbox"/> Wood or Board 3. <input type="checkbox"/> Galvanized Iron or Zinc 4. <input type="checkbox"/> Mud Block 5. <input type="checkbox"/> Mud (Stick) 6. <input type="checkbox"/> Reed, Bamboo, Mat 7. <input type="checkbox"/> Other		H-8 MAIN CONSTRUCTION MATERIAL OF FLOOR IN HOUSING UNIT 1. <input type="checkbox"/> Cement 2. <input type="checkbox"/> Tile, Marble 3. <input type="checkbox"/> Wood 4. <input type="checkbox"/> Mud 5. <input type="checkbox"/> Other material		H-10 WHAT IS THE MONTHLY INCOME OF THE HEAD OF THIS HOUSING UNIT? 1. <input type="checkbox"/> Under \$50 Per Month 2. <input type="checkbox"/> \$50 to \$100 Per Month 3. <input type="checkbox"/> \$101 to \$200 Per Month 4. <input type="checkbox"/> \$201 to \$300 Per Month 5. <input type="checkbox"/> \$301 to \$400 Per Month 6. <input type="checkbox"/> \$401 to \$500 Per Month 7. <input type="checkbox"/> Over \$500 Per Month	