

REPUBLIC OF LIBERIA
 Ministry Of Planning
 And Economic Affairs
 Form PH-5 Continuation
 Long Form, 1974 Census
 of Population

a. Place Name on original questionnaire

b. Original Structure Number

c. Original Household Serial Number

CONFIDENTIAL: This questionnaire is required by the Government of Liberia for the purposes of planning for the future as well as appraising the present needs of the Country. All information herein is accorded confidential treatment and can not be used for purposes of taxation, investigation or regulation. No person on this form will be mentioned by name, only totals will be shown.

Ask all persons over age 5 years

Ask all women over age 10 years

Ask all persons over age 10 years

NAME <small>What is the name of the head of this household? Name of persons who usually live here. Any babies or old people you did not list? Name of persons temporarily away but who will return within 2 months. Name of persons staying here with no usual place of residence elsewhere. Name of persons not usual residents but who have been staying here more than 2 months. How many persons staying here less than 2 months have a usual place of residence elsewhere? <input type="checkbox"/> (List all persons in order shown in relationship to head column.) I have listed <input type="checkbox"/> persons. Are there any other persons who are usually here that have not been mentioned? If yes, list them.</small>	RELATIONSHIP TO HEAD <small>List persons in following order. HEAD 1st wife with unmarried children. Other wives and their children (number each wife) Married children of head. Grandchildren of head. Other related persons. Other nonrelated persons.</small>	SEX <small>MALE FEMALE</small>	AGE <small>Last birth date</small>	MARITAL STATUS <small>Ask all persons over 10 years</small>				COUNTY OF BIRTH <small>Country if outside Liberia</small>	LENGTH OF RESIDENCE <small>Number of years person lived in this country. If always, enter "25" If less than 1yr, enter "00"</small>	CITIZEN OF LIBERIA <small>YES NO</small>	TRIBE <small>Write name of tribe. If no tribe enter "00"</small>	LITERACY <small>Can person read and write English?</small>		SCHOOL ATTENDANCE <small>Is person presently attending school?</small>		HIGHEST GRADE COMPLETED <small>What was the highest grade completed? If none enter "00"</small>	NUMBER OF CHILDREN BORN <small>Ask all women over age 14 years regardless of marital status.</small>				CHILDREN BORN IN PAST YEAR	ECONOMIC ACTIVITY <small>What was person doing most during past 12 months? (If person reported as anything but working, skip columns on occupation, industry and work status.)</small>	USUAL OCCUPATION <small>If person working, what type of work did they do? Example: Rice Farmer Auto Mechanic</small>	BUSINESS OR INDUSTRY <small>What kind of business or industry did person work in? Example: Iron mine Rice farm</small>	WORK STATUS <small>Was person paid employee? Was person employer? Was person self-employed? Was person unpaid family worker?</small>						
				IF ABSENT ENTER "X" <input type="checkbox"/>	CODE	MALE	FEMALE					NEVER MARRIED	MARRIED	WIDOWED	DIVORCED / SEPERATED		CODE	YES	NO	CODE					YES	NO	YES	NO	AT HOME	AWAY FROM HOME	DIED
1	(1)		(2)	1 (3) 2 (4)	1 (5) 2 3 4		(6)	(7)	1 (8) 2 (9)	1 (10) 2	1 (11) 2	(12)			(13)		(14)	1 2 (15) 3 4 5	(16)		(17)							1 2 (18) 3 4			
2				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
3				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
4				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
5				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
6				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
7				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
8				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
9				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			
10				1 2	1 2 3 4				1 2	1 2	1 2											1 2 3 4 5						1 2 3 4			

IF LISTING IS CONTINUED ON A CONTINUATION SHEET, ENTER "X"

Enter housing information on original questionnaire