

REPUBLIC OF GUINEA-BISSAU
MINISTRY OF ECONOMY, PLANNING AND REGIONAL INTEGRATION
PLANNING BUREAU

NATIONAL INSTITUTE OF STATISTICS
CENSUS CENTRAL DEPARTMENT

III GENERAL POPULATION AND HOUSING CENSUS

I. GEOGRAPHICAL IDENTIFICATION

G 01. Region

G 02. Sector

G 03. City

G 04. Area (1 – Urban or 2 - Rural)

G 06. TYPE OF DWELLING UNIT:

- 0 - Family;
- 1 - Hotel;
- 2 - Hospital, Health Clinic;
- 3 - Barrack;
- 4 - Educational (Boarding School);
- 5 - Social Work (Orphanage);
- 6 - Religious;
- 7 - Prison;
- 8 - Work (Shipyard)
- 9 - Other (specify)

G 07. NEIGHBORHOOD/VILLAGE/HAMLET (*If it is a neighborhood within a village, write their names in parentheses*).

NAME OF THE HEAD OF HOUSEHOLD

SUMMARY				
RESIDENCE STATUS	SEX			TOTAL OF PEOPLE ENUMERATED
	MALE	FEMALE	TOTAL	
1. PR - PRESENT RESIDENT				
2. AR - ABSENT RESIDENT				
3. NRP - NON-RESIDENT PRESENT				
4. POPULATION BY RIGHT (PR+AR) => (1+2)				
5. ACTUAL POPULATION (PR+NRP) => (1+3)				

C.1. DONE BY ENUMERATOR: _____ (NAME) _____

C.2. VERIFIED BY CONTROLLER: _____ (NAME) _____

C.3. CODIFIED BY: _____ (NAME) _____

C.4. TYPED BY: _____ (NAME) _____

II. CHARACTERISTICS OF THE DWELLING

H 01. TYPE OF CONSTRUCTION OF THIS DWELLING

1. *Definitive Dwelling*
2. *Precarious Dwelling*

H 02. HOW MANY ROOMS IS THIS DWELLING DIVIDED INTO? (*Consider rooms that persons use to sleep in*)

H 03. THIS DWELLING IS:

1. *Leased from the Governmental Corporation*
2. *Leased from Private Corporation*
3. *Occupied by the Owner*
4. *Lent/ Borrowed*
5. *Other*

H 04. WHAT MATERIAL IS PREDOMINATLY USED ON THE FLOOR OF THIS DWELLING UNIT?

1. *Mosaic*
2. *Cement*
3. *Dirt Floor*
4. *Other*

H 05. WHAT MATERIAL IS PREDOMINATLY USED ON THE OUTER WALLS OF THIS DWELLING UNIT?

1. *Stone*
2. *Bricks*
3. *Cement Blocks*
4. *Improved Adobe*
5. *Adobe/Rammed Earth*
6. *Bamboo cane with mud*
7. *Other*

H 06. MATERIAL IS PREDOMINATLY USED ON THE ROOF OF THIS DWELLING UNIT?

1. *Tiles*
2. *Fibrocement*
3. *Zinc*

4. *Straw*
5. *Other*

H 07. WHAT IS THE MAIN SOURCE OF WATER TO DRINK USED IN THIS DWELLING UNIT?

1. *Piped water to at least one room*
2. *Piped water on site/in the yard*
3. *Piped water outside the dwelling*
4. *Borehole*
5. *Fountain*
6. *Bottled water*
7. *Other*

H 08. WHAT IS THE MAIN SOURCE OF WATER SUPPLY USED IN THIS DWELLING UNIT?

1. *Piped water to at least one room*
2. *Piped water on site/in the yard*
3. *Piped water outside the dwelling*
4. *Borehole*
5. *Fountain*
6. *River/Lake*
7. *Other*

H 09. IS THERE A SANITARY FACILITY IN THIS DWELLING UNIT?

1. *Yes*
2. *No, uses the neighbor's* → **H 11**
3. *No* → **H 13**

H 10. HOW MANY SANITARY FACILITIES ARE THERE IN THIS DWELLING UNIT? (If 9 or more, write 9)

H 11. TYPE OF SATINARY FACILITY OR TOILET:

1. *Exclusive use with Flush Device*
2. *Exclusive use without Flush Device*
3. *Shared use with Flush Device*
4. *Shared use without Flush Device*

H 12. WHAT TYPE OF SWERAGE IS IN THIS DWELLING UNIT?

1. *Public Sewerage*
2. *Dip Latrine*
3. *Bucket Latrine*
4. *Other*

H. 13. HOW IS THE REFUSAL/RUBBISH OF THIS DWELLING UNIT DISPOSED OF?

1. *Removed by local authority*
2. *Put in rubbish container*
3. *Burned or buried on site/in yard*
4. *Thrown in a vacant lot or in the street*

H 14. WHAT TYPE OF FUEL DOES THIS HOUSEHOLD MAINLY USE FOR COOKING

1. *Wood*
2. *Coal*
3. *Gas*
4. *Oil*
5. *Other*

H 15. WHAT IS THE MAIN SOURCE OF LIGHTING USED IN THIS DWELLING UNIT?

Electrical

11. *Public*
12. *Private generator on site*
13. *Neighbor's generator*
14. *Generator from company or service*
15. *Solar panel*

Non-electrical

21. *Candles*
22. *Diesel oil/ Oil*
23. *Gas*
24. *Other*

III. EQUIPMENT: ARE THERE HOUSEHOLD GOODS FOR COMFORT IN THIS DWELLING UNIT?

H16. WATER FILTER

H17. FREEZER/ REFRIGERATOR

H18. RADIO

H19. GENERATOR

H20. TELEVISION

H21. CELL PHONE

H22. LANDLINE PHONE

H23. BYCICLE

H24. MOTROCYCLE

H25. CAR

1 – Yes

2 – No

IV. LIST THE PERSONS OF THIS HOUSEHOLD WHO HAVE DIED IN THE PAST 12 MONTHS (March 1, 2008 – February 28, 2009)				
No.	Name	Sex	Age at Death (complete years)	For <u>Women 12+ years</u> : did the death occur due to one of the following?
M 01	M 02	M 03	M 04	M 05
1		1 - M 2 - F	_ _ _	1 - During pregnancy 2- After delivery 3- Up to 45 days after delivery 4 - None of the above
2		1 - M 2 - F	_ _ _	1 - During pregnancy 2- After delivery 3- Up to 45 days after delivery 4 - None of the above
3		1 - M 2 - F	_ _ _	1 - During pregnancy 2- After delivery 3- Up to 45 days after delivery 4 - None of the above
4		1 - M 2 - F	_ _ _	1 - During pregnancy 2- After delivery 3- Up to 45 days after delivery 4 - None of the above
5		1 - M 2 - F	_ _ _	1 - During pregnancy 2- After delivery 3- Up to 45 days after delivery 4 - None of the above

V. LIST THE CHILDREN BORN IN THIS HOUSEHOLD IN THE PAST 12 MONTHS (March 1, 2008 – February 28, 2009)					
No.	Child's Name	Sex	Date of Birth	Mother's Name	Mother's No.
N 01	N 02	N 03	N 04	N 05	N 06
1		1 - M 2 - F	day/ month/ year		
2		1 - M 2 - F	day/ month/ year		
3		1 - M 2 - F	day/ month/ year		
4		1 - M 2 - F	day/ month/ year		
5		1 - M 2 - F	day/ month/ year		

VI. HAS ANY MEMBER OF THIS HOUSEHOLD IMMIGRATED TO ANOTHER COUNTRY IN THE PAST 5 YEARS? (SINCE MARCH 2004)						
No.	Name	Sex	Age at Immigration (in complete years)	Relationship to Head of Household	Country of Residence	Year of Departure
E 01	E 02	E 03	E 04	E 05	E 06	E 07
1		1 - M 2 - F				200 __
2		1 - M 2 - F				200 __
3		1 - M 2 - F				200 __
4		1 - M 2 - F				200 __
5		1 - M 2 - F				200 __

No.	Person's Name	Sex
01		
02		
...		
41		

P1. Person's register No.

P2. Full name:

ALL RESPONDENTS

P3. Sex

- 1 - Male
- 2 - Female

P4. What is (the person)'s relationship to the Head of Household?

P5. What is (the person)'s date of birth?

- Month |__|__|
- Year |__|__|__|__|

P6. What is (the person)'s presumed age? *(This question will be asked when the person does not know their date of birth)*

- |__|__|__| *(in complete years)*

P7. What is your Residence status?

- 1 - *Present resident*
- 2 - *Absent resident*
- 3 - *Present non-resident* → Go on to the next person

All RESIDENTS

P8. What is (the person)'s nationality?

P9. What is (the person)'s Ethnicity?

P10. What is (the person)'s place or country of birth?

P11. What is (the person)'s previous place or country of residence?

P12. How long has (the person) lived in this place?

P13. Does (the person) have any disability?

- 1 - *Yes*
- 2 - *No* → P. 14

P13.1

- What disability is it?
- What is the cause?

P13.2

- What disability is it?
- What is the cause?

P13.3

- What disability is it?
- What is the cause?

P14. What is (the person)'s Religion?

P15. What Dialect does (the person) most speak?

P16. Question about the Languages spoken. Does (the person) speak ____?

- 1) *Creole*
- 2) *Portuguese*
- 3) *French*
- 4) *English*
- 5) *Spanish*
- 6) *Russian*
- 7) *Other*

RESIDENTS AGED 6+

P17. Can (the person) Read and Write?

- 1 - *Yes*
- 2 - *No*

P18. Does (the person) attend or has attended any educational establishment?

- 1 - *Attends*
- 2 - *Has attended*
- 3 - *Has never attended*

P19. What is the highest level of education successfully attended?

00 – when the person is attending (or has attended) the 1st year in Elementary School but did not finish it.

01-1- *Primary/ Secondary School* → P. 21

21-2- *Technical School*

31-33- *High School*

41-47 – *College/University*

P20. What is (the person)'s educational background?

P21. What was (the person)'s working status on the week of February 23-28?

- | | | |
|---|---------------|---------------|
| 1 - <i>Working</i> | → P.23 | |
| 2 - <i>Unemployed, had a job</i> | | } P.22 |
| 3 - <i>Domestic</i> | | |
| 4 - <i>Unemployed, has never worked</i> | | |
| 5 - <i>Student</i> | | } P.26 |
| 6 - <i>Retired</i> | | |
| 7 - <i>Disabled</i> | | |
| 0 - <i>Other</i> | | |

P22. On the week of February 23 -28, did (the person) worked/helped in one of the following activities?

- 1 - *Agriculture/Fishing*
- 2 - *Animal raising*
- 3 - *Manufacturing/ Selling goods*
- 4 - *Worked for others*
- 5 - *Did not perform any labor activity*

P23. What was (the person)'s main occupation on the week of February 23 -28 or the last time they worked?

P24. What was (person)'s type of work/work status on week of February 23 -28, or the last time they worked?

- 1 - *Public Administration; Sovereign Body*
- 2 - *Government-owned Corporation*
- 3 - *Private Company*
- 4 - *Informal Sector*
- 5 - *Self-employed*
- 6 - *Boss/employer*
- 7 - *Association/ Cooperative*
- 8 - *Family work without pay*
- 9 - *Apprentice without pay*

- 0 - *Other*

P25. What is the economic activity of the Company or Institution where (the person) worked on the week of February 23 -28, or the last time they worked?

RESIDENTS AGED 12+

P26. What is (the person)'s marital status?

- 1 - *Single* → **P.29**
- 2 - *Married*
- 3 - *Widowed*
- 4 - *Divorced*
- 5 - *Separated*

P27. What is the type of (the person)'s last union?

- 1 - *Civil and Religious*
- 2 - *Civil only*
- 3 - *Religious only*
- 4 - *Traditional, Monogamy*
- 5 - *Traditional, Polygamy*
- 6 - *De facto Union*

P28. How old was (the person) on their first marriage?

REDIDENT WOMEN AGED 12+

P29. Has (the person) ever given birth?

- 1 - *Yes*
- 2 - *No* → **END of interview**

P30. How many deliveries has (the person) had so far?

P31. From the deliveries she had, how many children were born alive?

- *If none* → **END of interview**
- *Male*
- *Female*
- *Total*

P32. From the children born alive, how many are still alive?

- *Male*
- *Female*
- *Total*

P33. From the children born alive, how many have died?

- *Male*
- *Female*
- *Total*

P34. What are the birth month and year of the last child born alive?

P35. What is the sex of the last child born alive?

P36. Is this child still alive?

- *Yes* → **END of interview**
- *No*

P37. What month and year did the last child born alive die?

99 - *Does not know*

P38. What was the sex of the last child who died?

- 1 - *Male*
- 2 - *Female*