

CONFIDENTIAL

XT 1.0

SOMALI DEMOCRATIC REPUBLIC
CENSUS OF POPULATION AND LIVESTOCK

1975

1. EM No.....
2. Building/House No.....
4. Name of Enumerator

3. No. of Household.....

5. Date

6. SUMMARY FOR THE HOUSEHOLD

Household No.	Number of persons enumerated			Type and number of livestock reared by th	
	Male	Female	Both sexes	Type	Number
				Camel	
				Cattle	
				Sheep	
				Goats	

7. Checked and found to be correct

Signed
(Supervisor)

Date

(1) NAME Enter the full names	(2) RELATIONSHIP Check appropriate box	(3) SEX Check appropriate box	(4) AGE Enter completed
01 1st Name 2nd Name 3rd Name	1. Head of Household <input type="checkbox"/>	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	Age <input type="checkbox"/> don't know <input type="checkbox"/>
02 1st Name 2nd Name 3rd Name	2. Husband/Wife <input type="checkbox"/> 3. Son/Daughter <input type="checkbox"/> 4. Brother/Sister <input type="checkbox"/> 5. Father/Mother <input type="checkbox"/> 6. Others <input type="checkbox"/>	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	Age <input checked="" type="checkbox"/> don't know <input type="checkbox"/>
03 1st Name 2nd Name 3rd Name	2. Husband/Wife <input type="checkbox"/> 3. Son/Daughter <input type="checkbox"/> 4. Brother/Sister <input type="checkbox"/> 5. Father/Mother <input type="checkbox"/> 6. Others <input type="checkbox"/>	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	Age <input type="checkbox"/> don't know <input type="checkbox"/>
04 1st Name 2nd Name 3rd Name	2. Husband/Wife <input type="checkbox"/> 3. Son/Daughter <input type="checkbox"/> 4. Brother/Sister <input type="checkbox"/> 5. Father/Mother <input type="checkbox"/> 6. Others <input type="checkbox"/>	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	Age <input type="checkbox"/> don't know <input type="checkbox"/>

(5)

(6)

Place of birth	Place of usual residence
Write the district of birth; if abroad, country of birth	Write place of usual residence; district and town or elsewhere; if foreigner country
District/Country <input data-bbox="932 315 1023 356" type="text"/>	District/Country <input data-bbox="1761 285 1853 327" type="text"/> Town <input data-bbox="1761 351 1853 393" type="text"/> Elsewhere <input data-bbox="1761 417 1853 459" type="text"/>
District/country <input data-bbox="917 553 1008 594" type="text"/>	District/Country <input data-bbox="1761 523 1853 564" type="text"/> Town <input data-bbox="1761 589 1853 631" type="text"/> Elsewhere <input data-bbox="1761 655 1853 697" type="text"/>
District/Country <input data-bbox="917 814 1008 855" type="text"/>	District/Country <input data-bbox="1761 748 1853 789" type="text"/> Town <input data-bbox="1761 814 1853 855" type="text"/> Elsewhere <input data-bbox="1761 880 1853 921" type="text"/>
District/Country <input data-bbox="917 1134 1008 1176" type="text"/>	District/Country <input data-bbox="1761 1052 1853 1093" type="text"/> Town <input data-bbox="1761 1134 1853 1176" type="text"/> Elsewhere <input data-bbox="1761 1225 1853 1267" type="text"/>

(7)

(8)

Literacy				School attendance			
Tick yes if able to read and write in any language, if not, no; if yes check appropriate box				Have you ever attended any school? Tick yes or no; if yes, check last school attended or attending			
If yes, which language (s)?				If yes, check last school attended or attending			
Yes <input type="checkbox"/>	1. Somali <input type="checkbox"/>	4. Italian <input type="checkbox"/>		Yes <input type="checkbox"/>	1. Kuranic school <input type="checkbox"/>	4. Second-ary <input type="checkbox"/>	
No <input type="checkbox"/>	2. Arabic <input type="checkbox"/>	5. Other(specify) ... <input type="checkbox"/>			2. Elementary <input type="checkbox"/>		
	3. English <input type="checkbox"/>	6. <input type="checkbox"/>		No <input type="checkbox"/>	3. Intermediate <input type="checkbox"/>	5. Higher Education <input type="checkbox"/>	
		7. <input type="checkbox"/>					
If yes, which language (s)?				If yes, check last school attended or attending			
Yes <input type="checkbox"/>	1. Somali <input type="checkbox"/>	4. Italian <input type="checkbox"/>		Yes <input type="checkbox"/>	1. Kuranic school <input type="checkbox"/>	4. Second-ary <input type="checkbox"/>	
No <input type="checkbox"/>	2. Arabic <input type="checkbox"/>	5. Other(specify)... <input type="checkbox"/>			2. Elementary <input type="checkbox"/>		
	3. English <input type="checkbox"/>	6. <input type="checkbox"/>		No <input type="checkbox"/>	3. Intermediate <input type="checkbox"/>	5. Higher Education <input type="checkbox"/>	
		7. <input type="checkbox"/>					
If yes, which language (s)?				If yes, check last school attended or attending			
Yes <input type="checkbox"/>	1. Somali <input type="checkbox"/>	4. Italian <input type="checkbox"/>		Yes <input type="checkbox"/>	1. Kuranic school <input type="checkbox"/>	4. Second-ary <input type="checkbox"/>	
No <input type="checkbox"/>	2. Arabic <input type="checkbox"/>	5. Other(specify)... <input type="checkbox"/>			2. Elementary <input type="checkbox"/>		
	3. English <input type="checkbox"/>	6. <input type="checkbox"/>		No <input type="checkbox"/>	3. Intermediate <input type="checkbox"/>	5. Higher Education <input type="checkbox"/>	
		7. <input type="checkbox"/>					
If yes, which language (s)?				If yes, check last school attended or attending			
Yes <input type="checkbox"/>	1. Somali <input type="checkbox"/>	4. Italian <input type="checkbox"/>		Yes <input type="checkbox"/>	1. Kuranic school <input type="checkbox"/>	4. Second-ary <input type="checkbox"/>	
No <input type="checkbox"/>	2. Arabic <input type="checkbox"/>	5. Other(specify)... <input type="checkbox"/>			2. Elementary <input type="checkbox"/>		
	English <input type="checkbox"/>	6. <input type="checkbox"/>		No <input type="checkbox"/>	3. Intermediate <input type="checkbox"/>	5. Higher Education <input type="checkbox"/>	
		7. <input type="checkbox"/>					

Marital Status		Births		
For people aged 14 years and over, check appropriate box		For women aged 14 years and over		
		Children born alive	Children still living	Children born alive during the last 12 months
1. Never married	<input type="checkbox"/>	Total.....	Total.....	Total
2. Married	<input type="checkbox"/>	Male	Male	Male
3. Divorced or separated	<input type="checkbox"/>	Female.....	Female.....	Female
4. Widowed	<input type="checkbox"/>			
5. Don't know	<input type="checkbox"/>			
1. Never married	<input type="checkbox"/>	Total.....	Total.....	Total
2. Married	<input type="checkbox"/>	Male	Male	Male
3. Divorced or separated	<input type="checkbox"/>	Female.....	Female	Female
4. Widowed	<input type="checkbox"/>			
5. Don't know	<input type="checkbox"/>			
1. Never married	<input type="checkbox"/>	Total.....	Total	Total
2. Married	<input type="checkbox"/>	Male	Male	Male
3. Divorced or separated	<input type="checkbox"/>	Female.....	Female	Female
4. Widowed	<input type="checkbox"/>			
5. Don't know	<input type="checkbox"/>			
1. Never married	<input type="checkbox"/>	Total	Total	Total
2. Married	<input type="checkbox"/>	Male	Male	Male
3. Divorced or separated	<input type="checkbox"/>	Female.....	Female	Female
4. Widowed	<input type="checkbox"/>			
5. Don't know	<input type="checkbox"/>			

(11)

Deaths			
Enter number of deaths in the household since Id, 1974.			
Sr.No.	Male	Female	Age
1.			
2.			
3.			
4.			
5.			
TOTAL			

(12)

Economic Status	
For people aged 10 years, enter yes or no if employed during the week beginning 25/1/74	
If yes, check appropriate box	
Yes <input type="checkbox"/>	1. Own account worker <input type="checkbox"/> 5. Don't know <input type="checkbox"/>
	2. Employer <input type="checkbox"/>
No <input type="checkbox"/>	3. Employee <input type="checkbox"/>
	4. Family enterprise worker <input type="checkbox"/>
If yes, check appropriate box	
Yes <input type="checkbox"/>	1. Own account worker <input type="checkbox"/> 5. Don't know <input type="checkbox"/>
	2. Employer <input type="checkbox"/>
No <input type="checkbox"/>	3. Employee <input type="checkbox"/>
	4. Family enterprise worker <input type="checkbox"/>
If yes, check appropriate box	
Yes <input type="checkbox"/>	1. Own account worker <input type="checkbox"/> 5. Don't know <input type="checkbox"/>
	2. Employer <input type="checkbox"/>
No <input type="checkbox"/>	3. Employee <input type="checkbox"/>
	4. Family enterprise worker <input type="checkbox"/>
If yes check appropriate box	
Yes <input type="checkbox"/>	1. Own account worker <input type="checkbox"/> 5. Don't know <input type="checkbox"/>
	2. Employer <input type="checkbox"/>
No <input type="checkbox"/>	3. Employee <input type="checkbox"/>
	4. Family enterprise worker <input type="checkbox"/>

13

(13)

(14)

(13) Occupation		(14) Industry	
The kind of work the person usually does	Code	Name of establishment the person works	Code

(15)

If not employed, give reason

- 1. Seeking for work
- 2. Not seeking work
- 3. Housewife
- 4. Student
- 5. Aged, disabled, infirm, etc.
- 6. Living on rent, savings, remittance, pension, etc.
- 7. Other specify....
- 8. Don't know

- 1. Seeking for work
- 2. Not seeking work
- 3. Housewife
- 4. Student
- 5. Aged, disabled, infirm, etc.
- 6. Living on rent, savings, remittance, pension, etc.
- 7. Other specify.....
- 8. Don't know

- 1. Seeking for work
- 2. Not seeking work
- 3. Housewife
- 4. Student
- 5. Aged, disabled, infirm, etc.
- 6. Living on rent, savings, remittance, pension, etc.
- 7. Other specify.....
- 8. Don't know

- 1. Seeking for work
- 2. Not seeking work
- 3. Housewife
- 4. Student
- 5. Aged, disabled, infirm, etc.
- 6. Living on rent, savings, remittance, pension, etc.
- 7. Other specify....
- 8. Don't know

(16)

Enter the number of livestock the household rears

Sr. No.	Type of Livestock	Age	Sex		
			Male	Female	Total
1.	Camels	< 4			
		> 4			
2.	Cattle	< 2			
		> 2			
3.	Sheep	XXX			
4.	Goats	XXX			