



FEDERAL REPUBLIC OF NIGERIA

1973 POPULATION CENSUS

E.A. NO:	STATE	DIVISION	COUNCIL	LOCALITY	RURAL/URBAN (WARD)	E. A.

BUILDING / HOUSE NO: _____ HOUSEHOLD NO: _____

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NAME OF TOWN / VILLAGE: _____ WARD / LOCALITY: _____

COMMUNITY / DISTRICT / COUNTY / LOCAL COUNCIL: _____

DIVISION: _____

STATE: _____

SUMMARY FOR THIS HOUSEHOLD

NAME OF ENUMERATOR: _____ NAME OF SUPERVISOR: _____

HOUSEHOLD NUMBER	NUMBER OF PERSONS ENUMERATED			DO NOT WRITE ANYTHING HERE
	MALE	FEMALE	BOTH SEXES	

SIGNED _____ ENUMERATOR _____ DATE _____

CHECKED AND FOUND TO BE CORRECT

SIGNED _____ SUPERVISOR _____ DATE _____

NOTE!!!

THIS QUESTIONNAIRE IS TO BE FILLED FOR ALL MEMBERS (OF THE HOUSEHOLD) AND VISITORS. MARK "X" IN THE APPROPRIATE BOX OR WRITE ON THE DOTTED LINE OR SPACE PROVIDED AS THE CASE MAY BE.

RECORD ANSWERS FOR EVERY

1 Full name	2 Relationship to head of household	3 Sex	4 Age
WHAT ARE YOUR FULL NAMES?	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THIS HOUSEHOLD?	ARE YOU A MALE OR A FEMALE?	WHAT WAS YOUR AGE LAST BIRTHDAY? (Complete years)
1. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	HEAD OF HOUSEHOLD 00 <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>
2. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	01. <input type="checkbox"/> Husband 02. <input type="checkbox"/> Wife 03. <input type="checkbox"/> Son 04. <input type="checkbox"/> Daughter 05. <input type="checkbox"/> Father 06. <input type="checkbox"/> Mother <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>
3. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	01. <input type="checkbox"/> Husband 02. <input type="checkbox"/> Wife 03. <input type="checkbox"/> Son 04. <input type="checkbox"/> Daughter 05. <input type="checkbox"/> Father 06. <input type="checkbox"/> Mother <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>
4. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	01. <input type="checkbox"/> Husband 02. <input type="checkbox"/> Wife 03. <input type="checkbox"/> Son 04. <input type="checkbox"/> Daughter 05. <input type="checkbox"/> Father 06. <input type="checkbox"/> Mother <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>
5. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	01. <input type="checkbox"/> Husband 02. <input type="checkbox"/> Wife 03. <input type="checkbox"/> Son 04. <input type="checkbox"/> Daughter 05. <input type="checkbox"/> Father 06. <input type="checkbox"/> Mother <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>
6. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	01. <input type="checkbox"/> Husband 02. <input type="checkbox"/> Wife 03. <input type="checkbox"/> Son 04. <input type="checkbox"/> Daughter 05. <input type="checkbox"/> Father 06. <input type="checkbox"/> Mother <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>
7. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	01. <input type="checkbox"/> Husband 02. <input type="checkbox"/> Wife 03. <input type="checkbox"/> Son 04. <input type="checkbox"/> Daughter 05. <input type="checkbox"/> Father 06. <input type="checkbox"/> Mother <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>
8. SURNAME (Last Name) _____ OTHER NAMES (a) _____ (b) _____ (c) _____	01. <input type="checkbox"/> Husband 02. <input type="checkbox"/> Wife 03. <input type="checkbox"/> Son 04. <input type="checkbox"/> Daughter 05. <input type="checkbox"/> Father 06. <input type="checkbox"/> Mother <input type="checkbox"/>	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	<input type="text"/> <input type="text"/>

PERSON ENUMERATED

5 Marital Status	6 Religion
ARE YOU:- 0. NEVER MARRIED 1. MARRIED 2. SEPARATED 3. DIVORCED 4. WIDOWED?	WHAT IS YOUR RELIGIOUS BELIEF? V
0. <input type="checkbox"/> Never Married 1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Moslem 6. <input type="checkbox"/> Christian 7. <input type="checkbox"/> Traditional 8. <input type="checkbox"/> None 9. <input type="checkbox"/> Other
0. <input type="checkbox"/> Never Married 1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Moslem 6. <input type="checkbox"/> Christian 7. <input type="checkbox"/> Traditional 8. <input type="checkbox"/> None 9. <input type="checkbox"/> Other
0. <input type="checkbox"/> Never Married 1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Moslem 6. <input type="checkbox"/> Christian 7. <input type="checkbox"/> Traditional 8. <input type="checkbox"/> None 9. <input type="checkbox"/> Other
0. <input type="checkbox"/> Never Married 1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Moslem 6. <input type="checkbox"/> Christian 7. <input type="checkbox"/> Traditional 8. <input type="checkbox"/> None 9. <input type="checkbox"/> Other
0. <input type="checkbox"/> Never Married 1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Separated 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Widowed	5. <input type="checkbox"/> Moslem 6. <input type="checkbox"/> Christian 7. <input type="checkbox"/> Traditional 8. <input type="checkbox"/> None 9. <input type="checkbox"/> Other
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RECORD

ANSWERS

FOR

EVERY

PERSON

ENUMERATED

7 Ethnic Origin / Nationality		8 Home Place / Birth Place (For Nigerians Only)		9 Languages Spoken
(a) NIGERIAN	(b) NON-NIGERIAN	(a) WHERE IS YOUR HOME PLACE?	(b) WHERE IS YOUR BIRTH PLACE?	WHAT ARE THE LANGUAGES SPOKEN BY YOU?
Ethnic Origin _____	Nationality _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Home Town/Village _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Town/Village of birth _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	1. Mother Tongue: _____ 2. Others in order of fluency (i) _____ (ii) _____ (iii) _____
Ethnic Origin _____	Nationality _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Home Town/Village _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Town/Village of birth _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	1. Mother Tongue: _____ 2. Others in order of fluency (i) _____ (ii) _____ (iii) _____
Ethnic Origin _____	Nationality _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Home Town/Village _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Town/Village of birth _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	1. Mother Tongue: _____ 2. Others in order of fluency (i) _____ (ii) _____ (iii) _____
Ethnic Origin _____	Nationality _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Home Town/Village _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	Town/Village of Enumeration <input type="checkbox"/> If elsewhere, state your (a) Town/Village of birth _____ (b) Community/Distr./County/Local Council _____ (c) Division _____ (d) State _____	1. Mother Tongue: _____ 2. Others in order of fluency (i) _____ (ii) _____ (iii) _____
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10 Literacy		School Attendance 11 And	
CAN YOU READ AND WRITE IN ANY LANGUAGE?		(a) HAVE YOU ATTENDED OR ARE YOU ATTENDING SCHOOL NOW?	(b) WHAT WAS (OR IS) THE HIGHEST EDUCATIONAL LEVEL ATTAINED BY YOU?
(a)	(b)		
8. <input type="checkbox"/> Yes	If yes, which languages? 01. <input type="checkbox"/> English Others:- 02. <input type="checkbox"/> Hausa (a) _____ 03. <input type="checkbox"/> Ibo _____ 04. <input type="checkbox"/> Yoruba (b) _____ 05. <input type="checkbox"/> Arabic _____	0. <input type="checkbox"/> Never	01. <input type="checkbox"/> Primary
9. <input type="checkbox"/> No		1. <input type="checkbox"/> Past	02. <input type="checkbox"/> Vocational
		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
			05. <input type="checkbox"/> Teacher Training
			06. <input type="checkbox"/> University
			If none of the above, state type. _____
8. <input type="checkbox"/> Yes	If yes, which languages? 01. <input type="checkbox"/> English Others:- 02. <input type="checkbox"/> Hausa (a) _____ 03. <input type="checkbox"/> Ibo _____ 04. <input type="checkbox"/> Yoruba (b) _____ 05. <input type="checkbox"/> Arabic _____	0. <input type="checkbox"/> Never	01. <input type="checkbox"/> Primary
9. <input type="checkbox"/> No		1. <input type="checkbox"/> Past	02. <input type="checkbox"/> Vocational
		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
			05. <input type="checkbox"/> Teacher Training
			06. <input type="checkbox"/> University
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9. <input type="checkbox"/> No		1. <input type="checkbox"/> Past	02. <input type="checkbox"/> Vocational
		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
			05. <input type="checkbox"/> Teacher Training
			06. <input type="checkbox"/> University
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9. <input type="checkbox"/> No		1. <input type="checkbox"/> Past	02. <input type="checkbox"/> Vocational
		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
			05. <input type="checkbox"/> Teacher Training
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9. <input type="checkbox"/> No		1. <input type="checkbox"/> Past	02. <input type="checkbox"/> Vocational
		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
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		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
			05. <input type="checkbox"/> Teacher Training
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9. <input type="checkbox"/> No		1. <input type="checkbox"/> Past	02. <input type="checkbox"/> Vocational
		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
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9. <input type="checkbox"/> No		1. <input type="checkbox"/> Past	02. <input type="checkbox"/> Vocational
		2. <input type="checkbox"/> Present	03. <input type="checkbox"/> Secondary Grammar/Commercial
			04. <input type="checkbox"/> Secondary Technical
			05. <input type="checkbox"/> Teacher Training
			06. <input type="checkbox"/> University
			If none of the above, state type. _____

PERSONS AGED SIX (6) YEARS AND OVER

ANSWERS TO QUESTIONS IN COLUMN 12 SHOULD REFER TO THE WEEK BEFORE 19TH NOVEMBER 1973

Educational Attainment	(c) HAVE YOU (ALSO) ATTENDED A KORANIC SCHOOL?	(a) ARE YOU EMPLOYED OR UNEMPLOYED?	Occupation 12 and (b) WHAT IS YOUR OCCUPATION?	Industry (c) IN WHAT ESTABLISHMENT DID YOU WORK (i.e. the COMPANY, DEPARTMENT or INSTITUTION in which you worked)?
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		
	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	3. <input type="checkbox"/> Employed 4. <input type="checkbox"/> Unemployed		