

STRICTLY CONFIDENTIAL

ENUMERATION AREA NUMBER



THE REPUBLIC OF UGANDA

SCHEDULE B

INSTITUTION ☐PRIVATE HOUSE HOLD ☐

1980 POPULATION CENSUS

NAME	RELATIONSHIP	SEX	AGE		MARITAL STATUS	NATIONALITY		BIRTHPLACE		GENERAL EDUCATION		TRAINING AFTER GENERAL EDUCATION			LITERACY			TO BE ASKED OF FEMALES AGED 12 AND OVER ONLY				
			If aged 1 year and above	If under 1 year state number of completed months		1 Never Married	2 Now Married	3 Widowed	4 Divorced or Separated	State	Country of Citizenship	District of Birth for persons Born In	Uganda or Country of Birth for persons Born outside Uganda	1 Studying In Govt. School				Highest grade attained	Have you done any post General Education training?	Field of Training Pursued	Highest Qualification Attained	Can you read with understanding and write meaningfully?
(101)	(102)	(103)	(104)	(105)	(106)	(107)	CODE	(108)	CODE	(109)	(110)	(111)	(112)	(113)	(114)	(115)	(116)	(117)	(118)	(119)	(120)	(121)
Give, starting with the Head of the Household, names of all persons including babies and elderly persons who usually live here, whether present or absent. Include visitors and guests who lived here on census night.	1 Head 2 Spouse 3 Son/Daughter 4 Son/Daughter in Law 5 Grandchild or GrandGrandchild 6 Father or Mother 7 Other Relatives 8 Servants 9 Others	1 Male 2 Female																				
	✓	✓	✓	✓																		

I have listed these names (read all listed names)
Is there any Person who lived here on the census night whom I have not listed? Give names

Number of Persons Enumerated

Males

Females

Total

Enumerator's Signature

Date

Supervisor's Signature

Date

www

TO BE ASKED OF ONLY THOSE AGED 10 YEARS AND ABOVE.

(Unless otherwise stated, the answers should refer to the 18 days before census night)

[illegible]

HOUSING CONDITIONS—TO BE ASKED OF THE HEAD OF THE HOUSEHOLD OR ANY OTHER RESPONSIBLE PERSON

TYPE OF DWELLING UNIT Write down whether flat, house, apartment, hut or other (specify what other is)	PREDOMINANT CONSTRUCTION MATERIAL OF EACH BUILDING IN THE DWELLING UNIT			CATEGORY State whether the building is permanent, semi-permanent or temporary	TYPE OF TENURE State whether owner-occupied, rented, employer-subsidized, or free housing.	SANITARY FACILITIES State whether water-borne, bucket, pit-latrine or none	NUMBER OF ROOMS Write down number of Habitable rooms in each Dwelling Unit excluding toilet, kitchen, bathroom, store, corridor, verandah or balcony
	ROOF State whether the roof is made of iron sheets, tiles, asbestos, concrete, thatch, old paraffin tins, or other (specify)	WALL State whether the walls are made of burnt bricks, cement blocks, stone, concrete, bush pole, with mud, thatch, wood, or other (specify).	FLOOR State whether the floor is made of concrete, tiles, bricks, earth or other (specify).				
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)
1.....							
2.....							
3.....							
4.....							
TOTAL							

OTHER SOCIO-ECONOMIC CHARACTERISTICS—TO BE ASKED OF THE HEAD OF THE HOUSEHOLD OR ANY OTHER RESPONSIBLE PERSON

MAIN FUEL POWER USED FOR COOKING	MAIN FUEL / POWER USED FOR LIGHTING	MAIN PERMANENT SOURCE OF WATER	SOURCE OF ENTERTAINMENT AND INFORMATION	DOMESTIC APPLIANCES		MEANS OF TRANSPORT	PRIMARY EDUCATION	HEALTH FACILITIES
(301)	(302)	(303)	(304)	(305)		(306)	(307)	(308)
Firewood <input type="checkbox"/>	Paraffin <input type="checkbox"/>	Well <input type="checkbox"/>	Radio <input type="checkbox"/>	Tadooba <input type="checkbox"/>	Electric Iron <input type="checkbox"/>	Motor Vehicle <input type="checkbox"/>	State the distance between residence and the nearest Primary School in km.	State the distance between residence and the nearest Medical Unit in km.
Charcoal <input type="checkbox"/>	Hearthfire <input type="checkbox"/>	Spring <input type="checkbox"/>	Gramophone <input type="checkbox"/>	Lantern <input type="checkbox"/>	Cooker <input type="checkbox"/>	Motorcycle <input type="checkbox"/>		
Paraffin <input type="checkbox"/>	Electricity <input type="checkbox"/>	Stream or Swamp <input type="checkbox"/>	Radio Cassette <input type="checkbox"/>	Sigiri <input type="checkbox"/>	Fridge <input type="checkbox"/>	Bicycle <input type="checkbox"/>		
Electricity <input type="checkbox"/>	Gas <input type="checkbox"/>	Borehole <input type="checkbox"/>	T.V. <input type="checkbox"/>	Charcoal Iron <input type="checkbox"/>	Sewing Machine <input type="checkbox"/>	Animal Transport <input type="checkbox"/>		
Gas <input type="checkbox"/>	None of These <input type="checkbox"/>	Piped Water <input type="checkbox"/>	None of These <input type="checkbox"/>	Stove <input type="checkbox"/>	None of These <input type="checkbox"/>	Water <input type="checkbox"/>		
None of These <input type="checkbox"/>		Dam or Valley Tank <input type="checkbox"/>				None <input type="checkbox"/>		
		None of These <input type="checkbox"/>						
		State the distance between main water source and residence in km.						