



→ Questionnaire passé au sein de  
 - population URBAINE  
 - 10% population RURALE

**FIGURE 1.3: LONG QUESTIONNAIRE (FRONT PAGE), THE 1991 POPULATION AND HOUSING CENSUS, UGANDA**

FOR CENSUS OFFICE USE

1990 POPULATION AND HOUSING CENSUS

RC1	Household Number	Schedule B					RC1	Household Number	If institution, write name		
FOR ALL PERSONS		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
1	NAME	all who stayed on census night									
2	RELATIONSHIP	to head or other member of household									
3	SEX	m. for male, f. for female									
4	AGE	In completed years if less than one year, write 0									
5	RELIGION	what is person's religion? denomination or sect									
6	ETHNIC GROUP OR CITIZENSHIP	Ugandans state tribe others state country									
7	IS MOTHER ALIVE?	yes or no									
8	IS FATHER ALIVE?	yes or no									
9	PLACE OF BIRTH	in which district was person born? if outside Uganda, state country									
10	DURATION OF RESIDENCE	for how many years has person lived in this district? if less than one year, write 0									
11	PREVIOUS RESIDENCE	in which district was person living before? if outside Uganda, state country									
12	SCHOOL ATTENDANCE	attended school in 1990, left school before 1990, never been to school									
13	EDUCATIONAL ATTAINMENT	highest level completed									
FOR ALL PERSONS AGED TEN YEARS OR OVER											
14	MARITAL STATUS	what is person's marital status? never married, married, widowed, divorced or separated									
15	LITERACY	can person read and write? yes or no									
16	QUALIFICATIONS	has person professional or vocational qualifications? highest with field of specialisation									
17	ACTIVITY STATUS LAST WEEK	employed, self employed, unpaid family worker, student, household work, looking for work, disabled, too old etc.									
18	OCCUPATION LAST WEEK	what kind of work did person do?									
FOR ALL WOMEN AGED TWELVE YEARS OR OVER											
19	HOW MANY CHILDREN HAS THIS WOMAN BORN?	if none, write 0									
20	HOW MANY ARE STILL ALIVE?	if none, write 0									

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**FIGURE 1.4 LONG QUESTIONNAIRE (BACK PAGE), THE 1991 POPULATION AND HOUSING CENSUS, UGANDA**

**FIGURE 1.4 LONG QUESTIONNAIRE (BACKPAGE), THE 1991 POPULATION AND HOUSING CENSUS**

DISABILITY

IS ANYONE WHO WAS IN THE HOUSEHOLD ON CENSUS NIGHT DISABLED? <small>yes or no</small>				
IF YES, WRITE: PERSON NUMBER				
NATURE OF DISABILITY <small>blind, mentally ill, deaf and dumb, polio, amputee, leprosy, cripple, lame, epilepsy, mentally retarded, other (specify)</small>				
CAUSE OF DISABILITY <small>born, disease, accident, inflicted injury etc.</small>				

HOUSEHOLD INFORMATION  
tick appropriate box

FUEL / POWER what fuel does this household mainly use for —		WATER what is the main source of the household's water —		FACILITIES what facilities does this household have —			HOUSEHOLD ECONOMIC ACTIVITY (if more than one, tick main)	
COOKING	LIGHTING			TOILET	BATH	KITCHEN	Is the household involved in —	what is the main source of the household's livelihood —
Electricity 1	Electricity 1	Piped water inside 1	Water borne not shared 1	Inside not shared 1	Inside not shared 1	Inside not shared 1	Carpentry/woodwork 1	Subsistence farming 1
Gas 2	Gas 2	Piped water outside 2	Water borne shared 2	Inside shared 2	Inside shared 2	Inside shared 2	Metal products 2	Commercial farming 2
Paraffin 3	Paraffin 3	Borehole 3	Pit latrine not shared 3	Outside not shared 3	Outside not shared 3	Outside not shared 3	Leather products 3	Petty trading 3
Charcoal 4	Charcoal 4	Protected well/spring 4	Pit latrine shared 4	Outside shared 4	Outside shared 4	Outside shared 4	Mechanical repairs 4	Formal trading 4
Firewood 5	Firewood 5	Open well/spring 5	None 5	None 5	None 5	None 5	Brick/tile pottery 5	Cottage industry 5
Dung or Grass 6	Other (specify) 6	Stream/river 6	Other (specify) 6				Food/cash crop processing 6	Property income 6
Other (specify) 7		Lake/pond/dam 7					Embroidery/other crafts 7	Employment income 7
		Other (specify) 8					None 8	Family support 8
							Other (specify) 9	Other (specify) 9

HOUSING CONDITIONS  
tick appropriate box

HOUSING UNIT			DWELLING UNIT						
TYPE OF HOUSING UNIT	NO. OF HOUSEHOLDS IN UNIT	TYPE OF DWELLING UNIT	NO. OF ROOMS IN DWELLING UNIT	TEMURE OF DWELLING UNIT	AGE OF DWELLING UNIT	ROOFING MATERIAL	WALL MATERIAL	FLOOR MATERIAL	
Detached house 1	One 1	Main 1	One 1	Owner occupier 1	0 — 4 years 1	Iron sheets 1	Burnt/stabilised brick 1	Concrete 1	
Semi-detached house 2	Two 2	Room or rooms 2	Two 2	Rented — public 2	5 — 9 years 2	Tiles 2	Unburnt brick 2	Brick 2	
Flat 3	Three 3	Store/basement 3	Three 3	Rented — private 3	10 or more years 3	Asbestos 3	Stone 3	Stone 3	
Servants Quarters 4	Four 4	Godown/parage 4	Four 4	Subsidized — public 4		Concrete 4	Concrete 4	Cement screed 4	
Tenement Muzigo 5	Five 5	Other (specify) 5	Five 5	Subsidized — private 5		Papyrus 5	Cement blocks 5	Rammed earth 5	
Hut 6	Six or more 6		Six or more 6	Free — public 6		Grass 6	Pole and mud 6	Wood 6	
Other (specify) 7				Free — private 7		Banana leaves/ fibre 7	Wood 7	Other (specify) 7	
				Other (specify) 8		Other (specify) 8	Other (specify) 8		