



REPUBLIC OF UGANDA

2002 UGANDA POPULATION AND HOUSING (WITH AN AGRICULTURAL MODULE)

QUESTIONNAIRE FOR HOTELS, GUEST HOUSES AND LOD

The 2002 Uganda Population and Housing Census is being conducte Uganda Bureau of Statistics under the authority of the Uganda Bureau of Sta

IDENTIFICATION PARTICULARS	FOR OFFICE USE
DISTRICT	
COUNTY	
SUBCOUNTY	
PARISH	
EA	
LC1	
INSTITUTIONAL NAME	

This form should be filled on September 13th 2002, early morning and returned to the reception on the same day.

FOR ALL PERSONS WHO SLEPT IN THE ROOM ON THE NIGHT OF 12/13 SEPT. 2002			Example	Person 01	Pers
•		SURNAME ==>	WABWIRE		
Q1 V	What is the Guest's name? (This is optional)	FIRST/OTHER NAME ==>	TIMOTHY		
Q2	Q2 Are you male or female?		Male		
Q3	What is your age in completed years?		21 Years		
Q4	What is your religion?		Protestant		
Q5	What is your tribe? If non Ugandan, write your country of Citizenship)		SAMIA		
	Do you have any difficulty in moving, seeing, hearing, s	·			1

Q6	has lasted or is expected to last 6 months or more?		Lost left arm	
	(If yes write two major disabilities using the given examples)	Difficulty 2. ==>	None	
	Have you ever attended school? Yes or No		Yes	
Q7	Are you still attending school ? Yes or No		No	
·	If yes did you attend school in 2002? Yes or No		-	
Q8	What highest grade/class did you complete?		. S4	
	a) Are you working? Yes or No		Yes	
Q9	b) Are you an employee, self-employed, unpaid family worker or not employee.	aployed?	Self employed	
1	c) Are you a household worker, looking for work or a full-time student?		None of these	
			Wholesaler in Agricultural produce.	
Q11	1 Can you read and write a simple sentence in any language? Yes or No		YES	
Q12	2 What is your marital status?		Currently married	



G CENSUS

STRICTLY CONFIDENTIAL

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ed by the atistics Act, 1998.

ONLY	

How to fill the Form

- 1. Record everybody who slept in this room last night.
- 2. Use a separate column to fill the particulars of every person
- 3. Write in CAPITAL letters using blue/black ink
- 4. An example is given to you in the first column.

on 02	Person 03

Some Examples of Disability

Limited use of leg(s)
Loss of leg(s)
Limited use of arm(s)
Loss of arm(s)
Serious problem with back spine
Hearing difficulty
Unable to Hear (Deafness)
Sight impairment
Blindness
Speech impairment
Unable to Speak
Mental Retardation

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Mental Retardation ental Illness (strange behaviour) Epileptic Rheumatism Others (specify)

Categories of Marital Status

Never married.

Currently married (Monogamous)

Currently married (Polygamous)

Widowed

Divorced

Separated

Cohabiting (Monogamous) Cohabiting (Polygamous)