

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		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? (In any language)	1 alive, 2 dead		1 alive, 2 dead	Of the children you have ever born alive:	How many are now living at home?	How many are now living elsewhere?	How many have died?	Date of your most recent live birth
(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	If aged 1 year and above state number of completed years or age on last birthday	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 2 Studying In Private School 3 Stopped Studying 4 Never Studied	P1 - 11 S1 - 31 P2 - 12 S2 - 32 P3 - 13 S3 - 33 P4 - 14 S4 - 34 P5 - 15 S5 - 35 P6 - 16 S6 - 36 P7 - 17 U1 - 41 J1 - 21 U2 - 42 J2 - 22 U3 - 43 J3 - 23 U4 - 44 U5 - 45	1 Doing Now 2 Completed 3 Never Done	1 Teaching/ Education 2 Health 3 Commercial 4 Technical 5 Agricultural 6 Other	1 Certificate 2 Diploma 3 Post Graduate Course	1 Literate 2 Illiterate 3 Aged less than 10 years	1 alive, 2 dead	1 alive, 2 dead	How many are now living at home?	How many are now living elsewhere?	How many have died?	Year	Month

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 .....



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

TYPE OF DWELLING UNIT	PREDOMINANT CONSTRUCTION MATERIAL OF EACH BUILDING IN THE DWELLING UNIT			CATEGORY	TYPE OF TENURE	SANITARY FACILITIES	NUMBER OF ROOMS*
	ROOF	WALL	FLOOR				
Write down whether flat, house, apartment, hut or other (specify what other is)	State whether the roof is made of iron sheets, tiles, asbestos, concrete, thatch, old paraffin tins, or other (specify)	State whether the walls are made of burnt bricks, cement blocks, stone, concrete, bush pole, with mud, thatch, wood, or other (specify).	State whether the floor is made of concrete, tiles, bricks, earth or other (specify).	State whether the building is permanent, semi-permanent or temporary	State whether owner-occupied, rented, employer-subsidized, or free housing.	State whether water-borne, bucket, pit-latrine or none	Write down number of Habitable rooms in each Dwelling Unit excluding toilet, kitchen, bathroom, store, corridor, verandah or balcony
(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 checked="" type="checkbox"/>	Spring <input type="checkbox"/>	Gramophone <input checked="" type="checkbox"/>	Lantern <input type="checkbox"/>	Cooker <input type="checkbox"/>	Motorcycle <input type="checkbox"/>		
Paraffin <input type="checkbox"/>	Electricity <input checked="" type="checkbox"/>	Stream or Swamp <input type="checkbox"/>	Radio Cassette <input checked="" type="checkbox"/>	Sigiri <input checked="" 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 checked="" 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.						