



REPUBLIC OF UGANDA

2002 UGANDA POPULATION AND HOUSING CENSUS (WITH AN AGRICULTURAL MODULE)

QUESTIONNAIRE FOR HOTELS, GUEST HOUSES AND LODGES

The 2002 Uganda Population and Housing Census is being conducted by the Uganda Bureau of Statistics under the authority of the Uganda Bureau of Statistics Act, 1992.

SERIAL NUMBER

IDENTIFICATION PARTICULARS

DISTRICT
COUNTY
SUBCOUNTY
PARISH
EA
LC1
INSTITUTIONAL NAME

FOR OFFICE USE ONLY

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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	Person 02
Q1	What is the Guest's name? <i>(This is optional)</i>	SURNAME ==>	WABWIRE	
		FIRST/OTHER NAME ==>	TIMOTHY	
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? <i>If non Ugandan, write your country of Citizenship)</i>	SAMIA		
Do you have any difficulty in moving, seeing, hearing, speaking or learning, Difficulty 1 .==>				

Q6	has lasted or is expected to last 6 months or more? <i>(If yes write two major disabilities using the given examples)</i>	Difficulty 2. ==>	Lost left arm		
Q7	Have you ever attended school? Yes or No Are you still attending school? Yes or No If yes did you attend school in 2002? Yes or No		None Yes No -		
Q8	What highest grade/class did you complete?		S4		
Q9	a) Are you working? Yes or No b) Are you an employee, self-employed, unpaid family worker or not employed? c) Are you a household worker, looking for work or a full-time student?		Yes Self employed None of these		
Q10	What is your occupation?		Wholesaler in Agricultural produce.		
Q11	Can you read and write a simple sentence in any language? Yes or No		YES		
Q12	What is your marital status?		Currently married		



UGANDA CENSUS

STRICTLY CONFIDENTIAL

REGISTRATION

Conducted by the
National Bureau of Statistics Act, 1998.

HOW TO FILL THE FORM

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.

Person 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

