

REPUBLIC OF UGANDA
NATIONAL POPULATION AND HOUSING CENSUS 2024
HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION A: IDENTIFICATION PARTICULARS

IDENTIFIER	NAME/DETAIL	CODE
A1. SUB REGION		
A2.DISTRICT/CITY		
A3.COUNTY/MUNICIPALITY		
A4.SUBCOUNTY/DIVISION/TOWN COUNCIL		
A.5. Parish/Ward		
A.6. LC1/Village/Cell		
A.7. Rural/Urban (Urban =1; Rural =2)		
A.8.Enumeration Area		
A9. Household Number		
A.11. CAPI GPS Coordinates	LatitudeLongitude	
A.12.Interviewer Name/Code	Name	
A.13.Parish Supervisor Name/Code	Name	
A.14. Start Time	Hh hh mm Mm	



REPUBLIC OF UGANDA

NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS

FOR ALL PERSONS									FOR PERSONS 16 YEARS AND ABOVE	FOR ALL PERSONS			
	FULL NAME	RELATIONSHIP	SEX		RESIDENTIAL STATUS	DATE OF BIRTH	AGE	BIRTH REGISTRATION	NIN NUMBER	RELIGION	TRIBE/ NATIONALITY	CLAN	
P0	P1	P2	P3	A10	P4	P5	P6	P7	P8	P9	P10	P11	
Person Number	Please give the full names of the following: 1: The Household head 2: All Persons who spent the night of 9th May 2024 in this household <i>(Just to make sure that I have a complete list of all persons, are there any other members that could have spent the census night and are not listed?)</i> <i>(Write the Surname, First Name and Other name. No Initials but Starting with the Household Head)</i>	What is the relationship of [NAME] to the head of the household? (Refer to Codelist P2)	Is (NAME) male or female? 1= Male 2= Female	Select Line number of the MAIN person responding on behalf of the household If Respondent is not in the roster record 96	Is (NAME) a usual member of this household? 1=Yes 2= No	What is (NAME'S) exact date of birth? (Write the Day, Month and Year) <i>(If the day or month is not known record 98)</i> Year should never be left blank	What is (NAME'S) age in complete d years? If Age is less than 1 year, record 00 If Age is 95 OR MORE RECORD 95	Does (NAME) have a Birth Certificate? <i>IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?</i> 1=Yes, long certificate 2=Yes, short certificate 3=No but with notification record 4=Registered with VHT 5= No 8= Don't know	Does (NAME) have a National Identification Number (NIN)? 1=Yes, has Card 2=Yes, lost card 3=Yes, card not yet issued 4=No 8=Don't know	What is (NAME'S) religion? 11= Roman Catholic 12= Anglican / Church of Uganda 13= Seventh Day Adventist 14= Islam 15= Pentecostal/Ev angelicals (Born Again) 16= Orthodox 17= Bahai 18=Buddhist 19=Jehovah's witness 20=Traditional 21 =No Religion 96=Others	What is (NAME'S) tribe or nationality? (If Ugandan write the tribe codes and for non - Ugandan, record the country code NON-UGANDAN, SKIP to P12	What is (NAME'S) clan? (Refer to code list P11)	
	354	Sur name	First Name	Other name			DD	M	YY				
	01												
	02												



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SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

	FOR ALL	0-17 YEARS	FOR ALL	0-17 YEARS	0-5 years	10 YEARS AND ABOVE	MIGRATION				
	PARENTAL SURVIVAL				VACCINATION	MARITAL STATUS	PLACE OF BIRTH	DURATION OF STAY	PREVIOUS RESIDENCE	REASON FOR MIGRATION	RETURNEE MIGRANTS
P0	P12	P13	P14	P15	P16	P17	P18	P19	P20	P21	P22
Person Number	Is (NAME'S) biological mother alive?	Does (NAME'S) biological mother live in this household?	Is (NAME'S) biological father alive?	Does (NAME'S) biological father live in this household?	Is (NAME) vaccinated as per the routine childhood vaccination schedule?	What is [NAME'S] current marital status?	In which district/country was (Names) mother living at the time of his/her birth	How long has (NAME) stayed continuously in this current District?	In which District/country was (NAME) living before moving to this current District?	Why did [NAME] move to current district?	Has (NAME) ever lived outside Uganda since 2019?
	1=Yes 2=No 8= Don't know IF CODE 2 OR 8 SKIP TO P14	1=Yes, stays in household 2=No, in prison 3=No, stays elsewhere in the country 4=No, lives abroad 6=No, others specify	1=Yes 2=No 8= Don't know IF CODE 2 OR 8 SKIP TO P16	1=Yes, stays in household 2=No, in prison 3=No, stays elsewhere in the country 4=No, lives abroad 6=No, others specify	(BCG, OPV, IPV, DPT- HepB-Hib, pneumococcal, rotavirus, measles Rubella) 1=Yes, has Card 2=Yes, has an exercise book 3=yes but lost card/book 4=No 8=Don't know	11= Married – Christian (Church/tempal) 12= Married – Islamic 13= Married – Civil 14= Married –Hindu 15= Married – Customary 16= Living together /Cohabiting 17= Separated 18=Divorced 19=Widowed 20=Never married 98=Don't Know	If in Uganda, write the district code, otherwise write the country of birth code (Refer to Codelist) (CAPTURE THE PLACE OF USUAL RESIDENCE OF [NAME'S] MOTHER AT BIRTH IF UNKNOWN RECORD 998	RECORD DURATION IN COMPLETED YEARS, IF LESS THAN ONE YEAR WRITE 00) RECORD 95 IF NEVER MOVED AND SKIP TO P23	<i>If the person was living outside Uganda record country code REFER TO CODELIST</i>	11=Employment 12= Education 13=Marriage 14=Security related 15=Droughts 16= Floods 17=Landslides/mudslide 18=Irregular rainfall 19 Infrastructure development 20=Stay with relatives 21=Land conflict 22=Built/bought new home 23= Accompanied parents 24=Others (Specify) 98=DONT KNOW	1=Yes (RECORD YEAR of RETURN) 2=No 8= Don't know
01											
02											



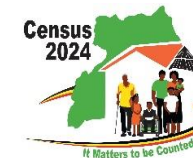
REPUBLIC OF UGANDA

NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

FOR ALL PERSONS QUESTIONS ON DAY POPULATION					REFUGEE/ASYLUM SEEKER STATUS		For RESPONDENT only											
	VISITED A CITY	NAME OF CITY	NUMBER DAYS	MAIN PURPOSE OF VISIT	REFUGEE/ ASYLUM STATUS	REGISTRATION	HEALTH INSURANCE POLICY	HEALTH OUTBREAK										
P0	P23	P24	P25	P26	P27	P28	P29	P30					P31					
Person Number	Did [NAME] visit any/other city in Uganda during daytime in the last 14 days (2 weeks)? 1=Yes 2=No IF NO SKIP TO P27	Which City did [NAME] mainly visit in the last 14 days (2 weeks)? 11=Kampala city 12=Masaka city 13=Mbarara city 14=Hoima city 15=Fort portal City 16=Soroti City 17=Jinja City 18=Lira City 19=Gulu City 20=Arua City 21=Mbale City	In the last 14 days (2 weeks) how many days has (NAME) visited this city?	What was the main purpose of visiting this city? 11= Work 12=Looking for work 13=Education 14=Business 15=Medical care 16=Transit 17=Leisure 18=Shopping 19= Accompanied parents 98=Don't know 96= Other	Is (NAME) a refugee/asylum seeker? 1=Yes 2=No>>P29 FOR UGANDAN SKIP TO P29	Since arriving in Uganda, has [NAME] been registered (formalised refugee status) with the GoU? 1=Yes, document seen. 2=Yes, document not seen. 3=No 98= DONT KNOW	Is (NAME) covered by any health insurance policy? 1=Yes 2=No 8= Don't know	Which of the following signifies an outbreak? (READ THE STATEMENTS) A=Fever of 5 or more people in the same household or nearby households B=Very sick person with bleeding from any body part C=Sudden Death of 3 or more within 7 days in the same community D=Sore throat, running nose or cough of 3 or more people within 48 hours in separate households E=Vomiting, diarrhoea or abdominal pain of 3 or more people from separate households in a 24-hour 1=Yes 2=No (If all responses are "2" skip to P32)					What would you do when you notice any of the above symptoms? READ THE STATEMENTS) A=Inform the community health workers B=Report to a nearby health facility C=Report to the community leader D=Report to the pastor or religious leader E.=Report to the traditional healer F=Stay at home. 1=Yes 2=No					
	A	B	C	D	E	A	B	C	D	E	F							
01																		
02																		



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Household Number:

SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd...

FUNCTIONAL DIFFICULTY: FOR ALL PERSONS 2 YEARS AND ABOVE							
	SEEING DIFFICULTY	HEARING DIFFICULTY	WALKING DIFFICULTY	REMEMBERING DIFFICULTY	SELF-CARE DIFFICULTY	SPEECH DIFFICULTY	SLEEPING DIFFICULTY
P0	P32	P33	P34	P35	P36	P37	P38A1
Person Number	Does [NAME] have difficulty in seeing, even if he/she is wearing glasses? Would you say, 1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot see at all (Blind)	Does [NAME] have difficulty in hearing, even if using a hearing aid? Would you say, 1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot hear at all (deaf)	Does [NAME] have difficulty in walking or climbing steps? Would you say, 1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do at all	Does [NAME] have any difficulty in remembering or concentrating? Would you say, 1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do at all	Does [NAME] have any difficulty with self-care such as washing all over or dressing? Would you say, 1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do it at	Using [NAME'S] usual language, does [NAME] have any difficulty in Communication (for example understanding or being understood by others)? Would you say, 1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do it at all	How often does (NAME) experience difficulty in sleeping? Would you say. 1= Daily 2=Weekly 3= Monthly 4= A few times a year 5 = Never
01							
02							

FUNCTIONAL DIFFICULTY: FOR ALL PERSONS 2 YEARS AND ABOVE							
P0	P38A2	P38A3	P38A4	P38A5	P38A6	P38A7	P38A8
Person Number	How often does (NAME) normally feel worried, nervous or anxious? Would you say; 1= Daily 2=Weekly 3= Monthly 4= A few times a year 5 = Never	Has (NAME) lost interest in some of the pleasurable activities that [NAME] normally enjoys? Would you say; 1= Yes 2= No 8= Don't know	How often does (NAME) experience low feelings, sadness, and stress? Would you say; 1= Daily 2=Weekly 3= Monthly 4= A few times a year 5 = Never	How often does (NAME) see things or hear voices that other people do not see or hear? Would you say; 1= Daily 2=Weekly 3= Monthly 4= A few times a year 5 = Never	Does (NAME) no longer socialize with friends as he/she used to do or is he/she withdrawn from family and people that matter? 1= Yes 2= No 8= Don't know	Does (NAME) have extreme emotions and mood swings, has he/she experienced increased or decreased emotional activity? Would you say; 1= Yes, Increased 2 = Yes, Decreased 3=No, 8= Don't know	How often does (NAME) experience suicidal plans, thoughts or attempts? Would you say; 1= Daily 2=Weekly 3= Monthly 4= A few times a year 5 = Never
01							
02							



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FUNCTIONAL DIFFICULTY: FOR ALL PERSONS 2 YEARS AND ABOVE							
P0	P38B	P38C	P38D	P38E	P38F	P39	P40
Person Number	Does (NAME) have spina bifida (a cleft spine)? 1=Yes 2=No 8= Don't know	Does (NAME) have autism? 1=Yes 2=No 8= Don't know	Does (NAME) have epilepsy? 1=Yes 2=No 8= Don't know	Does (NAME) have Downs syndrome? 1=Yes 2=No 8= Don't know	Does (NAME) have Cerebral Palsy? 1=Yes 2=No 8= Don't know	Is (NAME) a person with albinism? 1=Yes 2=No 8= Don't know	Is (NAME) a Little person? (a person of unusual short stature affected with dwarfism) 1=Yes 2=No 8= Don't know
01							
02							

SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

	FOR PERSONS AGED 3 YEARS AND ABOVE				10 YEARS AND ABOVE
	SCHOOL ATTENDANCE				
	EVER ATTENDED SCHOOL		CURRENT SCHOOL ATTENDANCE		
P0	P41	P42	P43	P44	LITERACY P45
Person Number	Has [NAME] ever attended formal school or any early childhood education programme?	What is the highest grade/class of formal education or early childhood education programme that [NAME] completed?	Did [NAME] attend school at any time during the 2024 school year?	During this school year what class/grade was [NAME] attending?	Can (NAME) read and write with understanding in any language?
	1=Yes		1=Yes		1= Unable to read and write
	2=No>>P45	(REFER TO CODELIST)	2=No>>P45	(Refer to code List)	2= Able to read only
	8= Don't know>>P45		8= Don't know>>P45		3= Able to read and write
			IF CODE 2 OR 8 SKIP TO P45		4=Uses Braille
01					
02					



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SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

FOR PERSONS 14 YEARS AND ABOVE						
ACTIVITY STATUS				UNEMPLOYMENT		
P0	P46	P47	P48	P49	P50	P51
Person Number	Which of the following best describes what (NAME) was MAINLY doing in the last seven days from (DAY) to (Day)...? READ ONE AT A TIME UNTILL YOU GET A "YES" THEN FOLLOW SKIP 1. Working for someone else for pay → P52 2. Working in own farm, raising animals or fishing 3. Working in any other kind of business activity → P52 4. Taking care of the home/family → P48 5. Studying → P48 6. Doing an unpaid apprenticeship, internship → P48 7. Doing unpaid voluntary, community, charity work → P48 8. Doing other work for own/family use e.g. making bricks for building own home, knitting mats for home use → P48 9. Looking for work → P48 10. Retired or pensioner → P48 11. With long-term illness, injury or disability → P48 96. Other activity → P48	Are the farming, fishing or animal products that (NAME) was working on intended...? 1. Only for sale → P52 2. Mainly for sale → P52 3. Mainly for family consumption 4. Only for family consumption	Last week, from (DAY) to (DAY), did (NAME)...? 1. Do any (other) work to generate an income, even for 1 hour [e.g. casual, part-time, odd jobs, making things to sell, offering services for pay] → P52 2. Have a paid job or business activity, but (were/was) temporarily absent → P52 3. Help without pay in a family business → P52 4. Did not do any income generating activity, not even for one hour.	In the last 4 weeks, did (NAME) look for a paid job or try to start a business? 1. YES 2. NO	If a job or business opportunity became available, could (NAME) start working [within the next 2 weeks]? 1. YES 2. NO → P57	For how long (have/has) (NAME/you) been without work and trying to find a paid job or start a business? 1=Less than 1month>>P57 2=One month to < 3 months>>P57 3=Three months to < 6 months>>P57 4=Six months to < 12 months>>P57 5=One year to < 2 years>>P57 6=Two years or more>>P57
01						
02						



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SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

	OCCUPATION		INDUSTRY	STATUS IN EMPLOYMENT
P0	P52	P52A	P54	P56
Person Number	What kind of work (do/does) (NAME) do in (your/his/her) main job/business? (Write NAME's occupation title) For-example; Executive Director, Cattle farmer, Traffic policeman, Primary school teacher, Retail Assistant, Cleaner, Nurse, Principal Statistician, Electrical engineer, Veterinary Doctor, etc)	Please provide a brief description (ATLEAST TWO WORDS) of the main tasks and duties performed by NAME on his/her main job. For-example; provide strategic direction to organisation; Breed, raise, sell cattle; patrol the streets; teach P3-P7 pupils, clean rooms at a hotel; treat sick people at a school; undertake Survey design, data collection and analysis; Maintain electrical systems; Treat animals, etc	What is the main activity of the place where (NAME) work(s)? (Write the main activity of the establishment and main products or services provided) For-example [Clothing retail, General hospital, Primary education, food wholesale, Police Department –public safety; Restaurant –preparing and serving meals; Transport company –long distance transport of goods, <i>If you are a civil servant write civil service, If your are a local government officer write local government and give the name of the department]</i>	(Do/Does) (NAME) work as...? 1. Employee... 2. Paid apprentice, intern, trainee 3. Employer (with hired employees) 4. Own-account worker (without hired employees) 5. Helper (without pay) in a family business
	01			
	02			



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SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

	FOR PERSONS AGED 16 YEARS AND ABOVE	FOR ALL PERSONS AGED 10 YEARS AND ABOVE							
	SAVINGS	OWNERSHIP OF MOBILE PHONE		USE OF MOBILE PHONE FOR FINANCIAL TRANSACTIONS	COMPUTER USE	INTERNET USE		ON LINE SERVICES	
P0	P57	P58	P59	P60	P61	P62	P63	P64	
Person Number	In the last 12 month has [NAME] saved money in any of the following? A=Commercial banks B=Micro Finance Depositing Institution C=Credit Institutions D=Mobile Money E=Savings and Credit cooperatives (SACCOs) F=Savings groups (VSLA, ROSCA) G=Investment clubs H=Keep cash at home or in a secret hiding place I=Give to a household or family member or friend to keep safe for you 1=Yes 2=No 8=Don't know	Does [NAME] own a functional mobile phone? 1=Yes 2=No>>P60	How many smart phones and push button phones (katorch/ kabiriti) does (NAME) have? IF MORE THAN 6 RECORD 6 RECORD SMART AND PUSH BUTTONS SEPARATELY a) Smart b) Katorch/ kabiriti	Did [NAME] use a mobile phone for mobile money or other financial transaction in the last 30 days irrespective of whether (NAME) owns a mobile phone or not? 1=Yes, used their registered mobile money account 2=Yes, used other registered mobile money account 3=Yes, used mobile money agent 4=No 8=Don't know	Has [NAME] ever used a Computer (desktop) /Laptop/ Tablet in the last 30 days? 1=Yes 2=No 8=DONT KNOW	Has [NAME] ever used internet in the last 30 days? 1=Yes 2=No>>P64 8=Don't know>>P64	Which of the following services does [NAME] mainly use the internet for? CHECK CODELIST P63	Has [NAME] [.....] in the last 12 months? READ AND RECORD THE CODE A=Used online government services (passport, paying taxes, paying penalties, getting a permit etc) B=Bought or ordered goods/services online (ebay, jumiaUG, Jiji Uganda) C=Sold or advertised goods/services online D=Used Internet banking 1=Yes 2=No 8=Don't know A B C	
	01								
	02								



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P0	18 YEARS AND ABOVE								GRANT FOR PWD		80 YEARS AND ABOVE		ALL			
	BENEFICIARIES OF GOVERNMENT PROGRAMMES										SENIOR CITIZEN GRANT FUNDING		OWNERSHIP OF LAND	TITLE DEED		
	P65								P65A	P65B	P66	P67	P68	P69	P70	P71
	Has [NAME] ever been a beneficiary of [.....] Programme? 1=Yes 2=No>>P66 8=Don't know>>P66 A=Parish Development Model (PDM) B=Operation Wealth Creation (OWC) C=Youth Livelihood Programme (YLP) D=Uganda Women's Entrepreneurs Programme (UWEP) E=Northern Uganda Social Action Fund (NUSAF) F=National Agricultural Advisory Services (NAADS) G=Emyooga H=Older Persons Grant (SEGOP)								IF YES FOR CODE A and G in P65 RECORD THE AMOUNT RECEIVED. (In Uganda shillings) RECORD FOR EACH OPTION	How did [NAME] <u>MAINLY</u> use the money? Write description in at least 2 words e.g. established a chicken farm, Opened Art and Craft shop, bought sawing machine for tailors, Bought livestock, Bought vegetable seeds for planting, established a farm for both animals and crops, etc)	Has [NAME] ever received any special grant for Persons with disabilities in the last 12 months? 1=Yes for a PWD 4= Yes as a PWD 2=No>>P68 8=Don't know >>P68	IF YES, RECORD THE AMOUNT RECEIVED IN THE LAST 12 MONTHS. (In Uganda shillings) 1=YES 2=NO>>P70) 8=DON'T KNOW >>P70)	Has [NAME] ever received any Social Assistance Grant for Empowerment (SAGE) funds during the last 12 months ? 1=YES 2=NO>>P70) 8=DON'T KNOW >>P70)	IF YES, WRITE THE AMOUNT RECEIVED IN THE LAST 12 MONTHS. (In Uganda shillings)	Does [NAME] own any agricultural or non-agricultural land either alone or jointly with someone else? 1=Yes, Alone 2= Yes, Jointly 3=Yes, both alone and Jointly 4=Doesn't own>>P72 8=DONT KNOW>>P72	Does [NAME] have title deed, certificate of ownership, certificate of hereditary acquisition, lease or rental with his/her name on it? 1=Yes, Alone 2= Yes, Jointly 3=Yes, both alone and Jointly 4=No title deed/certificate 8 DONT KNOW
	A	B	C	D	E	F	G	H	A	G	Description	Description				
01																
02																



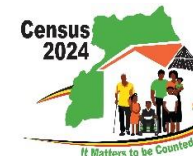
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Household Number:

SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

FOR GIRLS/WOMEN AGED 10-59 YEARS (FOR THIS SECTION, MAKE EVERY EFFORT TO ASK THE GIRL/WOMAN HERSELF)													
	PREGNANCY STATUS				AGE AT FIRST BIRTH	SONS EVER BORNE ALIVE				DAUGHTERS EVER BORNE ALIVE			
P0	P72	P73	P73A	P74	P75	P76	P77	P78	P79	P80	P81	P82	P83
Person Number	Is [NAME] currently pregnant? 1=Yes>>P73A 2=No 8=Don't know	Has [NAME] ever been pregnant? 1=Yes 2=No>>E1 8=Don't know>>E1	IF YES, What was [Name]'s age at first pregnancy? WRITE AGE IN COMPLETED YEARS	Has [NAME] ever given birth? If NO skip to E1 1=Yes 2=No>>E1 8=Don't know>>E1	How old was (NAME) at the time she had her first birth?	How many sons has (NAME) ever borne alive?	How many sons has (NAME) ever borne living in this household?	How many sons has (NAME) ever borne alive?	How many sons has (NAME) ever borne alive that have died?	How many girls has (NAME) ever borne alive?	How many girls has (NAME) ever borne living in this household?	How many girls has (NAME) ever borne living else where?	How many girls has (NAME) ever borne alive that have died?
01													
02													



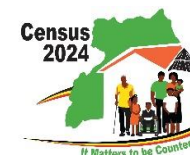
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Household Number:

SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

FOR GIRLS/WOMEN AGED 10-59 YEARS (FOR THIS SECTION, MAKE EVERY EFFORT TO ASK THE GIRL/WOMAN HERSELF)					
LAST LIVE BIRTH		SEX OF LAST LIVE BIRTH	SURVIVAL STATUS OF LAST LIVE BIRTH	AGE AT DEATH OF LAST LIVE BIRTH	
P0	P84	P85	P86	P87	
Person Number	When did [NAME] have her last live birth?		What is/was the sex of NAME'S last live birth?	What is the survival status of NAME'S last live birth?	
	RECORD MONTH (if Don't know write 98) AND YEAR		1=Male 2=Female	1=Alive>>E1 2=Dead 8=Don't know>>E1	
	MONTH	YEAR			
01					
02					



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HOUSEHOLD QUESTIONNAIRE

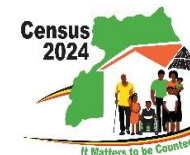
Household Number:

SECTION 1: PARTICULARS OF HOUSEHOLD MEMBERS ctd

CHECK: Is this a refugee household?

1=Yes >>Next section 2= No

EMIGRATION									
ALL PERSONS (REFUGEES ARE NOT ELIGIBLE FOR THIS SECTION)									
HOUSEHOLD EMIGRANTS	EMIGRANT NUMBER	NAME	SEX	AGE	EDUCATION ATTAINMENT	COUNTRY OF FIRST DESTINATION	YEAR OF DEPARTURE	REASON FOR MIGRATING	COUNTRY OF CURRENT RESIDENCE
E1	E2	E3	E4	E5	E6	E7	E8	E9	E10
Between January 2019 and May 2024 , did anyone who used to live in this household move to live abroad and is still living there? 1=Yes 2=No >>H1	How many members who used to live in this household moved to live abroad and are still living there.	<i>Please give the full names of the individuals who used to live in this household but moved to live abroad and is still living there. (Write the Surname, First Name and Other name)</i>	Is [NAME] Male or Female? 1= Male 2= Female	How old was [NAME] at the time of his/her departure? If age is less than one year record 00, if 95 years and above record 95	What was the highest grade/class of formal education that [NAME] completed at the time of departure? (Refer to Codelist) FOR 3 YEARS AND MORE	What was [NAME'S] country of first destination during his/her departure? (Refer to Codelist)	In which year did [NAME] leave Uganda?	What was the main reason for [NAME'S] departure from Uganda? (Refer to Codelist)	What is the current country of residence of [NAME]? REFER TO CODE LIST



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Household Number:

SECTION 2: HOUSING AND HOUSEHOLD CHARACTERISTICS

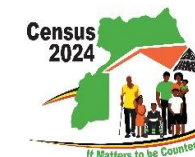
TENURE OF DWELLING UNIT?	WHAT IS THE TYPE OF DWELLING UNIT?	HOW MANY ROOMS DOES <u>THIS DWELLING</u> HAVE?	HOW MANY ROOMS <u>WERE USED TO SLEEP IN</u> LAST NIGHT?
H1	H2	H3	H4
11=Owner occupied 12= Free - public 13= Free - private 14= Subsidized public 15= Subsidized private 16= Rented- public 17= Rented - private	11= Detached house (Bangalow) 12= Semi-Detached house 13= Apartments/Condominium 14=Room or rooms of a Main House 15=Servants Quarters 16=Tenement (Muzigo) 17= Hut 18= Garage 19= Go down/Basement 20= Store 21= Uniport 22= Flat/Multi-storey		

TYPE OF MATERIAL <u>MAINLY</u> USED FOR CONSTRUCTION OF THE ROOF	TYPE OF MATERIAL <u>MAINLY</u> USED FOR CONSTRUCTION OF THE WALL	TYPE OF MATERIAL <u>MAINLY</u> USED FOR THE FLOOR
H5	H6	H7
11=Iron sheets 12= Tiles 13= Asbestos 14=Concrete 15=Tins 16=Thatch/Dry leaves 17= Tarpaulin (tundubaali) 18= Wood	11= Concrete/Stones 12= Cement Blocks 13= Burnt bricks with mud/cement 14= Unburnt bricks with Cement 15= Unburnt bricks with mud 16= Wood 17= Mud and Pole 18= Tin 19= Iron sheets 20= Tarpaulin (tundubaali) 21= Thatch/Dry leaves/Papyrus 22= Stabilised bricks 23 = Stones with soil 24 = Stones with cement	11= Concrete 12= Brick 13= Stone 14= Cement screed 15= Rammed earth 16= Wood 17= Tiles 18= Cowdung screed 19= Terrazo/epoxy



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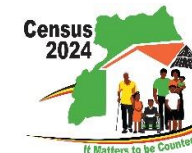
NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE



Household Number:

SECTION 2: HOUSING AND HOUSEHOLD CHARACTERISTICS

FOOD SECURITY							
In the LAST 12 MONTHS did any member in this household get <u>WORRIED</u> for not having food to eat because of a lack of money or other resources? 1=Yes 2=No 8= Don't know 9= Refused	Still thinking about the LAST 12 MONTHS, was there any time when any member in this household was <u>UNABLE TO EAT HEALTHY AND NUTRITIOUS FOOD</u> because of a lack of money or other resources? 1=Yes 2=No 8= Don't know 9= Refused	Have you or other members <u>EVER EATEN ONLY A FEW KINDS OF FOOD</u> because of a lack of money or other resources in the last 12 months? 1=Yes 2=No 8= Don't know 9= Refused	In the last 12 months has any member in this household <u>EVER HAD TO SKIP A MEAL</u> because there was not enough money or other resources to get food? 1=Yes 2=No 8= Don't know 9= Refused	Still thinking about LAST 12 MONTHS, was there a time when any member of this household <u>ATE LESS THAN YOU THOUGHT THEY SHOULD</u> because of a lack of money or other resources? 1=Yes 2=No 8= Don't know 9= Refused	Has this household ever <u>RUN OUT OF FOOD</u> because of a lack of money or other resources in the last 12 months? 1=Yes 2=No 8= Don't know 9= Refused	Has any member of this household ever <u>GOTTEN HUNGRY BUT DID NOT EAT</u> because there was not enough money or other resources for food in the last 12 months? 1=Yes 2=No 8= Don't know 9= Refused	Has this household ever <u>GONE WITHOUT EATING FOR A WHOLE DAY</u> because of a lack of money or other resources in the last 12 months? 1=Yes 2=No 8= Don't know 9= Refused
H8	H9	H10	H11	H12	H13	H14	H15



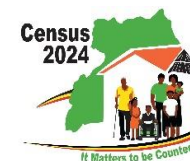
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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 2: HOUSING AND HOUSEHOLD CHARACTERISTICS

ENERGY FOR COOKING		ENERGY FOR LIGHTING																		
What does this household use mainly for cooking most of the time, including cooking food, making tea/coffee, boiling drinking water? Please tell me the cooking stove or device that is used most of the time.	What type of fuel or energy source does this household use most of the time in this cooking stove or device for cooking food, making tea/coffee and boiling drinking water?	What does this household mainly use most of the time as energy for lighting, or as a light source? Please tell me the source of light used for the most time each day.	IF H18 IS CODE 2 OR 3: What appliances are powered using this household's solar device/system?	IF H18 IS CODE 2 OR 3 How many light bulbs can be powered using this household's solar device/system?																
H16	H17	H18	H18B	H19																
00=Does not Cook at All>>H18 01= Solar cooker (thermal energy, not solar panels) >>H18 02= Electric stove>>H18 03= Biogas stove>>H18 04= Liquefied petroleum gas (LPG)/ cooking gas stove >>H18 05= Manufactured solid fuel stove (Modern low emission) 06= Traditional solid fuel stove (Sigiri) 07= Liquid fuel stove 08= Moveable firepan 09= Three stone stove/open fire 96= Other	11=Alcohol/ethanol 12=Gasoline/diesel (not in generator) 13=Kerosene/paraffin 14=Coal/lignite unprocessed 15=Coal/lignite briquettes/pellets 16=Charcoal unprocessed 17=Charcoal briquettes/pellets 18=Wood/Woodchips 19=Agricultural or crop residue/grass/ straw/shrubs/corn cobs 20=Animal waste/dung 21=Processed biomass pellets/briquettes 22=Garbage/plastic 23=Sawdust 24=Electricity 96= Other	01=Electricity (grid and Mini grid) >>H20 02=Electricity solar home system 03=Solar-powered lantern/ solar kits or flashlight 04=Rechargeable flashlight, mobile torch or lantern >>H20 05=Dry battery cells/Battery powered flashlight, torch or lantern >>H20 06=Biogas lamp >>H20 07=LPG lamp (gas) >>H20 08=Gasoline lamp (gas)>>H20 09=Kerosene/ paraffin lamp /tadooba>>H20 11=Candle >>H20 12=Open fire >>H20 96=Other >>H20	A=Mobile phone charger B=Radio C=Television D=Fan E=Refrigerator F=Electric iron G=Cooking device H=Other 1=Yes 2=No	1=One 2=Two or more																
			<table border="1"> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	A	B	C	D	E	F	G	H									
A	B	C	D	E	F	G	H													



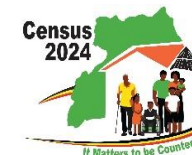
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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 2: HOUSING AND HOUSEHOLD CHARACTERISTICS

KITCHEN TYPE	CHIMNEY	WATER		TOILET	SHARED TOILET		HAND WASHING FACILITY	BATHROOM TYPE
What type of kitchen does this household mainly use?	Does the cooking stove have a Chimney?	What is the household's MAIN source of water for DRINKING?	What is the distance to this source of water?	What type of toilet facility does this household MAINLY use?	Does the household share this toilet facility with other households?	With how many households does this household share a toilet facility?	Does this household have a hand washing facility next to the toilet?	What type of bathroom does this household mainly use?
H20	H21	H22	H23	H24	H25	H25A	H26	H27
1= In the main house: No separate room 2= In the main house: separate room 3=Outside the main house: in a separate room 4= Outside the main house: in open>>H22 5= Makeshift kitchen>>H22	1=Yes 2=No	10= Piped water into dwelling (>>H24) 11= Piped water to the yard (>>H24) 12= Piped to neighbour (>>H24) 13= Public tap 14= Borehole in yard/plot (>>H24) 15= Public borehole 16= Protected well/spring 17= Unprotected well/spring 18= River/stream/lake 19= Vendor (>>H24) 20= Tanker Truck 21= Gravity Flow Scheme 22= Rain water (>>H24) 23= Bottled water	1= On premises 2= < ½ km 3=½ km - < 1 km 4=1 km - 5 kms 5=More than 5 kms	10= Flush Toilet 11= VIP Latrine 12= Covered Pit Latrine with a slab 13= Covered Pit Latrine without a slab 14= Uncovered Pit Latrine with a slab 15= Uncovered Pit Latrine without a slab 16= Ecosan (compost toilet) 17= No facility/bush/ polythene bags/ bucket/ etc. (>>H27)	1=Yes 2=No>>H26	IF MORE THAN 10 RECORD 10	1=Yes with water only 2=Yes with water and soap 3=Yes with no water 4=No	11= Inside, drainage provided 12= Inside, no drainage provided 13=Outside built, drainage provided 14= Outside built, no drainage provided 15= Make shift 16= None (lakeshores, bush,etc)



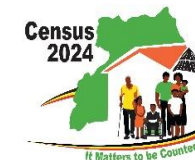
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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 2: HOUSING AND HOUSEHOLD CHARACTERISTICS

WASTE DISPOSAL				HOUSEHOLD ASSETS	
H28	H28A	H29	H30	H31	
Does this household sort solid waste/rubbish?	What is the most commonly used method of solid waste disposal/rubbish from this household?	Does any member in this household have a Non-functional Electronic or electrical appliance/device including mobile phones, batteries, television, computer/laptop, refrigerator, radios, flat irons, electronic kitchen appliances etc?	What is the most commonly used method of electronic and electrical waste disposal in this household?	Does any member in this household own.....(ASSETS)? Record the number owned by entire household, and if 9 or more record 9	
1=Yes 2=No	11= Occupants dispose solid waste in the garden, and DO NOT burn or bury it 12= Occupants burn solid waste 13= Rubbish pit (burn/bury) 14= Occupants dispose solid waste in a local dump supervised by urban authorities 15= Occupants dispose solid waste in a local dump NOT supervised by urban authorities 16= Solid waste collected by waste vendor 17= Occupants dispose solid waste into river/sea/stream/pond 18 =Bush 96= Other arrangements	1=Yes 2=No	11=Mixed with other waste 12=Collected by Government 13=Collected by Private Company 14=Door to door collectors 15=Store at home 16=Dumped in compound/street/Bush 17=Dumped in the Latrine 18=Burnt 19=Buried 20=Sold/given as gift 21=Sold to Repairer 96=Other	Asset	Number
				B = Motor cycle	
				C = Bicycle	
				D = Wheel chair	
				E = Canoe/Boat	
				F = Television	
				G = Radio	
				H = Fixed phone	
				I = Computer/laptop	
				J = Generator	
				K = Motor Engine for Boats	
				L = Motor vehicle - truck	
				M = Motor vehicle - saloon car	
				N = Motor vehicle - minibus	
				O = Motor vehicle - bus	



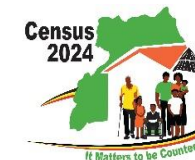
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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 2: HOUSING AND HOUSEHOLD CHARACTERISTICS

COMMUNICATION SERVICES	MOSQUITO NETS		MAIN SOURCE OF LIVELIHOOD	TWO SETS OF CLOTHING	ATLEAST ONE PAIR OF SHOES	REMITTANCES	COUNTRY OF SENDER	AMOUNT RECIEVED	PURPOSE OF REMITTANCE
INFOMATION	OWN A MOSQUITO NET	SOURCE OF NET							
What is the household's main source of information?	Does this household have any mosquito net?	Who provided the mosquito net/s?	What was the main source of the household's livelihood in the last 12 months?	Does every member in this household have atleast two sets of clothing?	Does every member in this household have at least one pair of shoes?	Did the household receive any money or physical items from family member / any relative/friends outside Uganda in the last 12 months?	In which countries do the sender(s) reside:	How much money did the household receive in the last 12 months WRITE THE AMOUNT (UGX)	How did this household use the money remitted in the last 12 months ?
H32	H33	H34	H35	H36	H37	H38	H39	H40	H41
11=Radio 12=Word of Mouth 13=Phone Calls 14=Print Media 15=Post Mail 16=Hand Mail 17=Television 18=Community Meetings 19=social media 20=Community Announcer 21= Community Barazas 22= Internet Search 23= Phone SMS 24= Email	1= Yes 2= No>>H35	READ ALL RESPONSES and Record the appropriate code in the boxes below (1=Yes; 2=No ;8=DONT KNOW) A= Given free by Government B= Given free by NGO C= Given free by friend/relative D= Bought E= Others	11=Subsistence farming 12=Commercial Farming 13=Employment income (Salaried) 14=Business Enterprise 15=Cottage Industry 16=Property Income 17=Family/Friends/Relatives 18=Institutional or Program Support (e.g Red Cross, WFP, etc) 19= Sale of Assets 96=Other	1=Yes 2=No 8=Don't know	WITH EXCEPTION OF CHILDREN AGED ONE YEAR OR LESS Yes=1 No=2 N/A=7 Don't know=8	2=Yes –money 3= Yes – goods 4=Yes both – goods and money 1= No>> Next Section 8=Don't know>>A1a	Check code list	(Record amount received from all countries combined) Skip if H38=3	Check code list RECORD ALL THAT APPLY Skip if H38=3
		A B C D E				1 st 2 nd 3 rd			



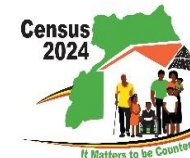
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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 3: AGRICULTURE

UNDERTAKE AGRICULTURE				NUMBER OF ANIMALS	PURPOSE	CROPS GROWN	LEAD DECISION MAKER	IRRIGATION	TREE CROPS GROWN		
CROP PRODUCTION	LIVESTOCK /POULTRY /BEES	AQUACULTURE PRODUCTION	LAND FOR WOODLOTS				IF RESPONSE CODE IS 1 or 2 in A1(a,b,c,d), ASK Questions A5	IF RESPONSE CODE IS 1 or 2 in A1(a & d), ASK Questions A		IF A8A IS YES	
Did this household undertake crop production from July 2023 to May 2024 ? 1= Yes within EA 2= Yes, Outside EA but within Parish 3=Yes, Outside Parish but within District/City 4=Yes, Outside District/City 5= No >>Go to next agricultural activity	Did this household rear/keep livestock /poultry /bees from July 2023 to May 2024 ? 1= Yes within EA 2= Yes, Outside EA but within Parish 3=Yes, Outside Parish but within District/City 4=Yes, Outside District/city 5= No >>Go to next agricultural activity	Did this household undertake aquaculture production from July 2023 to May 2024 ? 1= Yes within EA 2= Yes, Outside EA but within Parish 3=Yes, Outside Parish but within District/city 4=Yes, Outside District/city 5= No >>Go to next agricultural activity	Did this household operate any land for planted woodlots from July 2023 to May 2024 ? 1= Yes within EA 2= Yes, Outside EA but within Parish 3=Yes, Outside Parish but within District/city 4=Yes, Outside District/city 5= No >>Go to next agricultural activity	IF response code in A1b is 1 or 2, ask how many [...] did this household keep on the census night? NOT APPLICABLE FOR FOREST/WOODED LAND & CROP GROWING A= Cattle B=Goat Rearing C=Sheep Rearing D=Pig Rearing E=CHICKEN F=Other poultry G=Rabbit Rearing H=Apiculture (Bee Keeping)	IF response code is 1, 2, 3, 4 in A1(a,b,c,d), What is the main purpose of [agricultural] production? 1=Mainly for sale 2= Only Home Consumption 3=Mainly home Consumption 6=Others	List the crops grown by the household in order of importance ASK THE RESPONDENT TO LIST UPTO 5 CROPS IN ORDER OF IMPORTANCE ONLY ASK FOR CROP GROWING HOUSEHOLDS I.e A1a = 1 or 2	Which of the household members takes major decisions on [agricultural] activities? <i>(Record the person number of holder from P0 if not listed, record 00)</i>	Does the household carry out any type of irrigation on crop(s)? 1= Yes 2= No 8=Don't Know	Does this Household old grow tree crops? 1= Yes 2= No 8=Don't Know	How many of these tree crops types does this household have? LIST ATLEAST FIVE TREE CROPS IN ORDER OF IMPORTANCE	
A1a	A1b	A1c	A1d	A2	A3	A4	A5	A6	A8A	A8B	
						CROP NAME 	CODE 			TREE CROP TYPE 	NUMBER



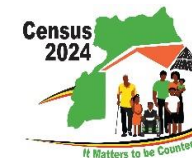
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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 4: DEATH IN THE HOUSEHOLD

ANY DEATHS OCCURED IN THE LAST 12 MONTHS						REGISTRATION		CAUSE OF DEATH	TYPE OF ACCIDENT	FOR FEMALES WHO DIED AGED 10-59 YEARS		
Did any deaths occur in the household in the last 12 months?	NAME OF DECEASED	SEX OF DECEASED	PLACE OF DEATH	YEAR OF BIRTH	AGE AT DEATH					PREGNANT AT TIME OF DEATH	DIED WHILE GIVING BIRTH	DIED WITHIN 6WKS OF DELIVERY
I mean from May 2023 up to December 2023. What about from 1st January 2024 to 9th May 2024? 1= Yes 2= No 8=Don't know	What was the NAME of the deceased?	What was the sex of [NAME] ? 1=Male 2=Female	Where did (NAME) die from? 1=At home 2=At a health facility 3=On the way to health facility 6=Other place 8=Don't Know	In which year was (NAME) born?	How Old was [NAME] at the time of death (in complete d years)? if age less than one year, write 00 If 95 or more record 95	Was this death registered? 1= Yes 2= No >> D5 8= Don't Know	Where was this death registered? 1= Hospital 2= Subcounty 3= NIRA 8= Don't Know	What was the cause of [NAME'S] death? 1= Disease>>D6 2=Accident 3=Violence>> D6 6=Other>>D6 8=Don't Know>>D6	What type of accident did [NAME] encounter? 1= Motor Vehicle 2=Motorcycle 3=Bicycle 4=Slip and Fall 6=Other>>D6 8=Don't Know	Was [NAME] pregnant at the time of her death? 1= Yes>>IP4 2=No 8=Don't Know	Did [NAME] die while giving birth? 1= Yes>>IP4 2=No 8=Don't Know	Did [NAME] die within 6 weeks after delivery? 1= Yes 2=No 8=Don't Know
D1	D2	D3	D4	D4B	D4C	D4D	D4E	D5	D5A	D6	D7	D8



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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

SECTION 5: INFORMATION ON PHYSICAL ADDRESS

	HOUSEHOLD MEMBERS		RESULT
Structure Digital code	Members		
Capture the Structure digital code	number of Household members		1=Completed 2=Partially completed 3=Not Enumerated
IP4	R1		R2
	Male	Female	

CODELIST

Relationship (P2)			
10	Usual head of hh - Absent	21	Grandson
11	Usual head of hh - Present	22	Grand daughter
12	Spouse	29	Mother to head
13	Biological Son	30	Father to head
14	Biological Daughter	31	Mother in-law to head
15	Brother	32	Father in-law to head
16	Sister	25	Brother to spouse
17	Niece	26	Sister to spouse
18	Nephew	27	Other relative
19	Step son	28	Non relative
20	Step daughter		



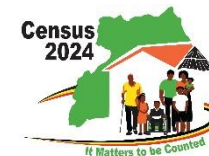
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NATIONAL POPULATION AND HOUSING CENSUS 2024

HOUSEHOLD QUESTIONNAIRE

Household Number:

Tribe/Ethnicity (P10)					
511	Acholi	535	Banyarwanda	559	Kebu (Okebu)
512	Aliba	536	Banyole	560	Kuku
513	Alur	537	Banyoro	561	Kumam
514	Aringa	538	Baruli	562	Lango
515	Baamba	539	Barundi	563	Lendu
516	Babukusu	540	Basamia	564	Lugbara
517	Babwisi	541	Basoga	565	Madi
518	Bafumbira	542	Basongora	566	Mening
519	Baganda	543	Batagwenda	567	Mvuba
520	Bagisu	544	Batoro	568	Napore
521	Bagungu	545	Batuku	569	Ngikutio
522	Bagwe	546	Batwa	570	Nubi
523	Bagwere	547	Chope	571	Nyangia
524	Bahehe	548	Dodoth	572	Pokot
525	Bahororo	549	Ethur	573	Reli
526	Bakenyi	550	Gimara	574	Sabiny
527	Bakiga	551	Ik (Teuso)	575	Shana
528	Bakonz	552	Iteso	576	So (Tepeth)
529	Banyabindi	553	Jie	577	Vonoma
530	Banyabutumbi	554	Jonam	578	Other Ugandan
531	Banyankore	555	Jopadhola	579	Bakingwe
532	Banyara	556	Maragoli	580	Bagabu
533	Benet	557	Kakwa	581	Sabot
534	Banyaruguru	558	Karimojong	582	Mosopisye
				583	Baziba



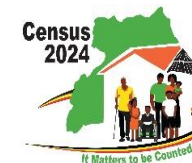
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NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

Country of Citizenship (P10, P18, P20, H39, E7 & E10)			
70	Afghanistan	80	Liberia
70	Albania	80	Libya
70	Algeria	80	Liechtenstein
70	Andorra	80	Lithuania
70	Angola	80	Luxembourg
70	Antigua and Barbuda	80	Madagascar
70	Argentina	80	Malawi
70	Armenia	80	Malaysia
70	Australia	80	Maldives
71	Austria	80	Mali
71	Azerbaijan	81	Malta
71	The Bahamas	81	Marshall Islands
71	Bahrain	81	Mauritania
71	Bangladesh	81	Mauritius
71	Barbados	81	Mexico
71	Belarus	81	Micronesia, Federated States of
71	Belgium	81	Moldova
71	Belize	81	Monaco
71	Benin	81	Mongolia
72	Bhutan	81	Montenegro
72	Bolivia	82	Morocco
72	Bosnia and Herzegovina	82	Mozambique
72	Botswana	82	Myanmar (Burma)
72	Brazil	82	Namibia

72	Brunei	82	Nauru
72	Bulgaria	82	Nepal
72	Burkina Faso	82	Netherlands
72	Burundi	82	New Zealand
72	Cabo Verde	82	Nicaragua
73	Cambodia	82	Niger
73	Cameroon	83	Nigeria
73	Canada	83	North Macedonia
73	Central African Republic	83	Norway
73	Chad	83	Oman
73	Chile	83	Pakistan
73	China	83	Palau
73	Colombia	83	Panama
73	Comoros	83	Papua New Guinea
73	Congo, Democratic Republic of	83	Paraguay
74	Congo, Republic	83	Peru
74	Costa Rica	84	Philippines
74	Côte d'Ivoire	84	Poland
74	Croatia	84	Portugal
74	Cuba	84	Qatar
74	Cyprus	84	Romania
74	Czech Republic	84	Russia
74	Denmark	84	Rwanda
74	Djibouti	84	Saint Kitts and Nevis
74	Dominica	84	Saint Lucia
75	Dominican Republic	84	Saint Vincent and the



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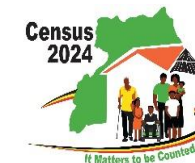
NATIONAL POPULATION AND HOUSING CENSUS 2024

HOUSEHOLD QUESTIONNAIRE

Household Number:

75	East Timor (Timor-Leste)	85	Samoa
75	Ecuador	85	San Marino
75	Egypt	85	Sao Tome and Principe
75	El Salvador	85	Saudi Arabia
75	Equatorial Guinea	85	Senegal
75	Eritrea	85	Serbia
75	Estonia	85	Seychelles
75	Eswatini	85	Sierra Leone
75	Ethiopia	85	Singapore
76	Fiji	85	Slovakia
76	Finland	86	Slovenia
76	France	86	Solomon Islands
76	Gabon	86	Somalia
76	The Gambia	86	South Africa
76	Georgia	86	Spain
76	Germany	86	Sri Lanka
76	Ghana	86	Sudan
76	Greece	86	Sudan, South
76	Grenada	86	Suriname
77	Guatemala	86	Sweden
77	Guinea	87	Switzerland
77	Guinea-Bissau	87	Syria
77	Guyana	87	Taiwan
77	Haiti	87	Tajikistan
77	Honduras	87	Tanzania

77	Hungary	87	Thailand
77	Iceland	87	Togo
77	India	87	Tonga
77	Indonesia	87	Trinidad and Tobago
78	Iran	87	Tunisia
78	Iraq	88	Turkey
78	Ireland	88	Turkmenistan
78	Israel	88	Tuvalu
78	Italy	50	Uganda
78	Jamaica	88	Ukraine
78	Japan	88	United Arab Emirates
78	Jordan	88	United Kingdom
78	Kazakhstan	88	United States of America
78	Kenya	88	Uruguay
79	Kiribati	88	Uzbekistan
79	Korea, North	88	Vanuatu
79	Korea, South	89	Vatican City
79	Kosovo	89	Venezuela
79	Kuwait	89	Vietnam
79	Kyrgyzstan	89	Yemen
79	Laos	89	Zambia
79	Latvia	89	Zimbabwe
79	Lebanon	99	Unknown
79	Lesotho		



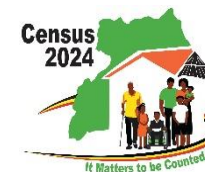
REPUBLIC OF UGANDA

NATIONAL POPULATION AND HOUSING CENSUS 2024

HOUSEHOLD QUESTIONNAIRE

Household Number:

DISTRICTS (P18 and P20)							
Central		Eastern		Northern		Western	
101	Kalangala	201	Bugiri	301	Adjumani	401	Bundibugyo
102	Kampala	202	Busia	302	Apac	402	Bushenyi
103	Kiboga	203	Iganga	303	Arua	403	Hoima
104	Luwero	204	Jinja	304	Gulu	404	Kabale
105	Masaka	205	Kamuli	305	Kitgum	405	Kabarole
106	Mpigi	206	Kapchorwa	306	Kotido	406	Kasese
107	Mubende	207	Katakwi	307	Lira	407	Kibaale
108	Mukono	208	Kumi	308	Moroto	408	Kisoro
109	Nakasongola	209	Mbale	309	Moyo	409	Masindi
110	Rakai	210	Pallisa	310	Nebbi	410	Mbarara
111	Ssembabule	211	Soroti	311	Nakapiripirit	411	Ntungamo
112	Kayunga	212	Tororo	312	Pader	412	Rukungiri
113	Wakiso	213	Kaberamaido	313	Yumbe	413	Kamwenge
114	Lyantonde	214	Mayuge	314	Abim	414	Kanungu
115	Mityana	215	Sironko	315	Amolatar	415	Kyenjojo
116	Nakaseke	216	Amuria	316	Amuru	416	Buliisa
117	Buikwe	217	Budaka	317	Dokolo	417	Ibanda
118	Bukomansimbi	218	Bududa	318	Kaabong	418	Isingiro
119	Butambala	219	Bukedea	319	Koboko	419	Kiruhura
120	Buvuma	220	Bukwo	320	Maracha	420	Buhweju
121	Gomba	221	Butaleja	321	Oyam	421	Kiryandongo
122	Kalungu	222	Kaliro	322	Agago	422	Kyegegwa
123	Kyankwanzi	223	Manafwa	323	Alebtong	423	Mitooma
124	Lwengo	224	Namutumba	324	Amudat	424	Ntoroko
125	Kyotera	225	Bulambuli	325	Kole	425	Rubirizi



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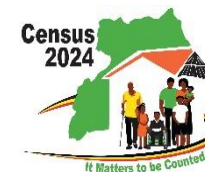
NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

126	Kassanda	226	Buyende	326	Lamwo	426	Sheema
127	Masaka City	227	Kibuku	327	Napak	427	Kagadi
		228	Kween	328	Nwoya	428	Kakumiro
		229	Luuka	329	Otuke	429	Rubanda
		230	Namayingo	330	Zombo	430	Rukiga
		231	Ngora	331	Omoro	431	Bunyangabu
		232	Serere	332	Pakwach	432	Kikuube
		233	Butebo	333	Kwania	433	Kazo
		234	Namisindwa	334	Nabiatuk	434	Kitagwenda
		235	Bugweri	335	Karenga	435	Rwampara
		236	Kapelebyong	336	Madi Okollo	436	Fort Portal City
		237	Kalaki	337	Obongi	437	Mbarara City
		238	Jinja City	338	Arua City	438	Hoima City
		239	Mbale City	339	Gulu City		
		240	Soroti City	340	Terego		
				341	Lira City		

Marital Status (P17)	
11= Married – Christian (Church)	16= Living together /Cohabiting
12= Married – Islamic	17= Separated
13= Married – Civil	18=Divorced
14= Married –Hindu	19=Widowed
15= Married – Customary	20=Never married
	98=Don't Know

Internet use (P63)			
11	Social networking	16	Online gaming
12	Academic work	17	Betting
13	Business/Office work	18	Online shopping
14	Online meetings	19	Does not use internet
15	Health related information	96	Others



REPUBLIC OF UGANDA

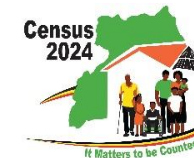
NATIONAL POPULATION AND HOUSING CENSUS 2024 HOUSEHOLD QUESTIONNAIRE

Household Number:

Purpose of remittance (H41)	
A	Education
B	Health (medical care)
C	Land and construction
D	Agriculture/Livestock
E	Marriage
F	Upkeep (food)
G	Business
H	Payment of debts
I	Business start-up
J	Business expansion
K	Others

Reason for Emigration (E9)			
11	Employment	17	Health related
12	Education	18	Forced to leave
13	Sports	19	Accompanied parents/relatives
14	Marriage	96	Others
15	Stay with relatives	98	Don't know
16	Settlement		

GRADE COMPLETED CODES FOR P42& P44					
04	Never been to school	31	S1	41	Professional Certificate
05	Has not completed any formal school	32	S2	42	Diploma
07	Baby class	33	S3	43	First Degree
08	Middle class	34	S4	44	Post Graduate Certificate
09	Top class	35	S5	45	Post Graduate Diploma
11	P1	36	S6	46	Master's Degree
12	P2			47	PhD
13	P3			96	Other
14	P4				
15	P5				
16	P6				
17	P7				
21	J1-J3				



REPUBLIC OF UGANDA

NATIONAL POPULATION AND HOUSING CENSUS 2024

HOUSEHOLD QUESTIONNAIRE

Household Number:

Crop Codes (A4)					
112	Maize	317	Pineapples	651	Green/Yellow/Red Pepper
113	Rice	321	Banana	652	Chillies and peppers-Hot
114	Sorghum	325	Passion Fruit	657	Ginger-raw
118	Millet	411	Soya Beans	658	Vanilla-raw
213	Cabbages	421	Groundnuts	711	Beans
215	Lettuce	437	Simsim	731	Chick Peas
216	Spinach	438	Sunflower	741	Cow Peas
218	Nakati- (Solanum aethiopicum)	511	Irish Potatoes	771	Field/Green Peas (Kawo/Obushaza)
222	Egg plants	521	Sweet Potatoes	781	Pigeon Peas (Lapena/Enkolimbo/Epena)
223	Tomatoes	531	Cassava	821	Sugarcane
224	Water melons	541	Yams	921	Cotton
226	Pumpkin	600	Coffee-Robusta	961	Tobacco
231	Carrots	602	Coffee-Arabica	996	Other crops
234	Onions	612	Tea		
241	Mushroom	614	Cocoa		
Tree Crops A8B					
30	Avocado	37	Guava		
31	Jackfruit	38	Cherimoya/Sour soup		
32	Oranges	39	Empaffu (Central African Olives)		
33	Mango	40	Tree tomato (Ekinyanya/Rushagama)		
34	Pawpaw/papaya	41	Cashew nut		
35	Tangerines	42	Tamarind (Enkogge/ Apedu)		
36	Oil Palm	43	Pomegranates (Enkomamawanga)		