

Tenth National Census of Population and Sixth of Housing  
May 14th, 2000

Republic of Panama  
Comptroller General  
Directorate of Statistics and Census

Questionnaire Number \_\_\_\_\_

Household Number \_\_\_\_\_

The information requested is confidential  
Decree-law No. 7, February 25th, 1960

## Census Questionnaire

### I. Location of the Dwelling

1. Province or Region \_\_\_\_\_
2. District \_\_\_\_\_
3. Judicial Precinct \_\_\_\_\_
4. Segment \_\_\_\_\_
5. Block number \_\_\_\_\_
6. Locality \_\_\_\_\_
7. Neighborhood or Vicinity \_\_\_\_\_
8. Street or Avenue \_\_\_\_\_
9. Building or House \_\_\_\_\_
10. Room or Apartment number \_\_\_\_\_

For Office Use:

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Questionnaire number \_\_  
Household number \_  
Block \_\_\_  
Locality \_\_\_\_\_  
Neighborhood or Vicinity \_\_\_\_\_

### II. Dwelling Information

#### 1. Dwelling Type

- 01 Private permanent
- 02 Private semi-permanent
- 03 Improvised
- 04 Apartment
- 05 Room in a tenement (*casa de vecindad*)
- 06 Place not intended for habitation but used as a dwelling  
Without dwelling
- 07 Homeless [due to natural disaster].
- 08 Indigent (skip to Chapter IV)

([For responses 06 and 07,] skip to Chapter III)

2. Condition of the dwelling

1 With occupants present

2 With occupants absent

Unoccupied:

3 For sale or rent

4 Under repair or construction

5 Summer home

6 Other reason

([For responses 2 - 6,] go on to the next dwelling)

3. How many households reside in this dwelling?

(Consider as a household those who cook independently and manage a separate budget)

Households \_\_\_\_

4. Is your dwelling . . . (read)

1 Mortgaged?

2 Rented?

[For 1 or 2:]

\_\_\_\_ B/. (monthly payment)

3 Owned?

4 Ceded?

5 Condemned?

6 Other?

5. How many rooms does the dwelling have?

(Do not include the kitchen, toilet and bathroom)

Number of rooms \_ \_

5a. Of these, how many are only for sleeping?

\_ \_

6. What is the predominant material in the outside walls of the building or house?

1 Cement block, brick, stone, concrete

2 Wood (planks, boards)

3 Clay-covered plant fiber (*quincha*), adobe

4 Metal (zinc, aluminum, etc.)

5 Straw, palm leaves, cane, sticks

6 Other materials

7 Without walls

7. What is the predominant material in the roof of the building or house?

1 Concrete (cement)

2 Tile

3 Fiber-cement tiles (*Tejalit*, *Panalit*, *Techolit*)

4 Metal (zinc, aluminum, etc.)

5 Treated [coated] wood

6 Straw or palm

7 Other materials

8. What is the predominant material in the floor of this dwelling?

- 1 Paving (concrete, tile or paving stones, brick)
- 2 Wood
- 3 Earth
- 4 Other (cane, sticks, waste materials)

9. Where is drinking water principally obtained from?

- 01 Public IDAAN aqueduct
  - 02 Public Community aqueduct
  - 03 Private aqueduct
- ([For responses 01 - 03,] continue with question 10)

- 04 Sanitary (treated) well
  - 05 Uncovered Spring
  - 06 Rainwater
  - 07 Surface (superficial) well
  - 08 River or stream
  - 09 Cistern truck
  - 10 Other
- ([For responses 04 - 10,] skip to question 12)

10. Are the drinking water installations within the dwelling?

- 1 Yes
- 2 No

11. With what regularity does the dwelling have a supply of drinking water?

(Select for each season the most common situation)

During the dry season?

- 1 24 hours per day
- 2 Part of the day
- 3 Occasionally

During the rainy season?

- 4 24 hours per day
- 5 Part of the day
- 6 Occasionally

12. What type of lighting does the dwelling have?

- 1 Public Electric (Distributing company)
- 2 Community Electric
- 3 Own electric (generator)
- 4 Kerosene or Diesel
- 5 Gas
- 6 Other

13. In what period was the dwelling built?

- 1 Before 1990
- 2 Between 1990 and 1995
- 3 Between 1996 and 2000
- 4 Doesn't know

14. How is garbage waste removed from this dwelling?

- 1 Public collection truck
- 2 Private collection truck
- 3 In vacant land
- 4 River, stream or sea
- 5 Incineration or burning
- 6 Burial
- 7 Other method

15. Is part of the dwelling used exclusively for any economic activity?

- 1 Yes  
(specify the activity) \_\_\_\_\_
- 2 No

III. Household information

**Important:**

1. Use one questionnaire for each household and proceed in the following manner:

- a. For the First one fill in all the chapters of the questionnaire.
- b. For the rest fill in all the chapters, except II, Dwelling Information.

16. Does this household have toilet facilities . . .

- 1 Pit or latrine?
- 2 Connected to sewer system?
- 3 Connected to a septic tank?
- 4 None? (Skip to question 18)

17. The use of the toilet facilities is . . .

- 1 Exclusive to this household?
- 2 Shared with other households?

18. In this dwelling, what cooking fuel is used most often?

- 1 Gas
- 2 Wood
- 3 Charcoal
- 4 Kerosene
- 5 Electricity
- 6 No cooking

19. Does this household possess a . . .

Television?

- 1 Yes
- 2 No

Radio?

- 1 Yes
- 2 No

Residential telephone?

- 1 Yes
- 2 No

Cellular telephone?

- 1 Yes
- 2 No

Stove?

- 1 Yes
- 2 No

Refrigerator?

- 1 Yes
- 2 No

Washing machine?

- 1 Yes
- 2 No

Electric fan?

- 1 Yes
- 2 No

Air conditioner?

- 1 Yes
- 2 No

Sewing machine?

- 1 Yes
- 2 No

Computer?

- 1 Yes
- 2 No

Automobile?

- 1 Yes
- 2 No

20. During the last ten years, has any member of this household left to live permanently in another country?

- 1 Yes

[Under "yes", an arrow points to a table with spaces to fill in the following information for up to three individuals]

- \_\_\_\_ 1. Name of the person
- \_\_\_\_ 2. Left in what year? \_ \_ \_ \_
- \_\_\_\_ 3. Went to which country? \_ \_ \_ \_
- \_ \_ 4. Age at time of departure?
- \_\_\_\_ 5. Sex (male or female) \_

- 2 No (Go on to question 21)

21. Between May 15, 1999 and today, has any member of this household died?

- 1 Yes

[Under "yes" an arrow points to a table with spaces to fill in the following information for up to four individuals]

\_\_\_\_ 1. Name of the person

\_ \_ 2. Age at death

3. Sex (male or female)

1 Male

2 Female

2 No (Go on to the List of Occupants, Section IV)

#### IV. List of Occupants

Tell me the names and surnames of all of the people who slept in this dwelling last night, beginning with the head of the household. (Include, as well, those who did not sleep here and were not housed in another place.)

[Questions 1-5 appear in a table, with space to fill in answers for 8 individuals]

1. Person number

[01 thought 08]

2. Name(s) and surname(s) (the first person in the list should be the head)

\_\_\_\_\_

3. Sex

Male

Female

4. Does someone in this dwelling have a physical or mental disability?

1 Yes

Who? [fill in circle next to name in list]

2 No

5. Does any indigenous person live here?

1 Yes

Who? [fill in circle next to name in list]

2 No

If there are more than eight people in the household, use an additional questionnaire and continue the list of occupants.

Comments on the Dwelling information, the Household and the List of Occupants: \_\_\_\_\_

Verify that everyone who appears in the list of occupants has been enumerated, and fill in the following table:

Total \_\_\_\_\_

Males \_\_\_\_\_

Females \_\_\_\_\_

Information for Person number 01

Name(s) and surname(s) \_\_\_\_\_

#### V. General characteristics:

For all individuals in the household

[Questions 1 - 9 were asked of all individuals.]

1. Head

1

2. Sex

- 1 Male
- 2 Female

3. What is your age in years completed?

\_\_ \_ Years  
Date of birth  
  
Day \_\_\_\_  
Month \_\_\_\_  
Year \_\_\_\_

4. What is your current marital status?

- 1 Consensual union?
- 2 Separated from a marriage?
- 3 Separated from a consensual union?
- 4 Married?
- 5 Divorced?
- 6 Widowed?
- 7 Single?
- 8 Under 15 years of age?

"If in the list of occupants the name of the person has a mark in circle 1 ('yes') in questions 4 (physical impediment) and 5 (indigenous group), ask these questions. Otherwise, mark 'none'."

5. What type of physical or mental impediment do you have?

(Mark the most severe)

- 1 Blindness
- 2 Deafness
- 3 Mental retardation
- 4 Cerebral Paralysis
- 5 Permanent physical disability
- 6 Other
- 7 None

6. To which indigenous group do you belong?

- 01 Kuna
- 02 Ngoba
- 03 Bugle
- 04 Teribe
- 05 Bokota
- 06 Emberá
- 07 Wounaan
- 08 Bri Bri
- 09 None

7. Where did you mother live when you were born?

- 0001 In this same place?
- \_\_\_\_\_ In a different locality (specify)
- \_\_\_\_\_ District
- \_\_\_\_\_ Province

-----  
([If this option is selected,] go to question 9)

\_\_\_\_\_ In another country? (specify) -----  
(Continue with question 7a)

7a. In what period did you arrive in Panamá . . .

- 1 Before 1990?
- 2 Between 1990 and 1995?
- 3 Between 1996 and today?

8. Where do you live permanently . . .

- 0001 In this same place?
- \_\_\_\_\_ In a different locality? (specify)
- \_\_\_\_\_ District
- \_\_\_\_\_ Province

-----  
([If this option is selected,] go to question 9)

9998 In another country? (End the interview here)

9. Where did you live before coming to live in this place?

- 0001 In this same place (Go to question 10)
- \_\_\_\_\_ In another place (specify)
- \_\_\_\_\_ District
- \_\_\_\_\_ Province
- \_\_\_\_\_ In another country (specify)

-----  
(Go to question 9a)

9a. In what period did you arrive in this place. . .

- 1 Before 1990?
- 2 Between 1990 and 1995?
- 3 Between 1996 and today?

VI. Educational characteristics

For individuals 4 years of age and older.

[Questions 10 -11 were asked of persons aged 4 and older.]

10. Do you currently attend school?

- 1 Yes
- 2 No

11. What was the highest grade or school year you passed?

- 01 No grade
- 02 Preschool
- 03 Special education
- 1 \_ Primary
- [For any response above,] (Go on to question 12)
- 2 \_ Vocational
- 3 \_ Secondary

4 \_ Superior non-university

5 \_ Superior University

6 \_ Post-graduate

7 \_ Master's degree

8 \_ Doctorate

[For any response above,] (Skip to question 13)

VI. Educational Characteristics:

For individuals 10 years of age and older

[Question 12 -13 were asked of individuals 10 years of age and older.]

12. Are you able to read and write?

(Mark "yes" only if able to do both)

1 Yes

2 No (Skip to Section VII)

13. What degree or diploma do you possess?

\_\_\_\_\_ (specify)

-----

0001 None

VII. Economic Characteristics:

For individuals 10 years of age and older

[Questions 14-23 were asked of persons aged 10 and older.]

14. Did you work last week or have a job from which you were temporarily absent?

1 Yes (Go to question 18)

2 No (continue with question 15)

15. Did you look for work last week?

1 Yes (Go to question 18)

2 No (continue with question 16)

16. Did you look for work during the last three months?

1 Yes (Go to question 18)

2 No (continue with question 17)

17. What was the reason for not looking for work last week?

1 Does occasional jobs

2 Looked before and waiting to hear

3 Impossible to find work

[For responses 1-3,] (Continue with question 18)

4 Retired or pensioner

5 Student

6 Household worker or housewife [explicitly feminine]

7 Rentier

8 Other condition

[For responses 4-8,] (Skip to question 20)

18. What occupation, position or job did you do week or the last time you worked?

(If the person never worked, mark the circle "never worked.")

\_\_\_\_\_ (specify the occupation)

-----

9998 Never worked (Skip to question 23)

19. Where do you work or where did you work the last?

(If the person worked in an establishment, company or institution, write the corresponding name; in the case of one who worked in the street, in the home, or in another family's home, on an agricultural plantation, etc, write what the person states.)

\_\_\_\_\_

20. What does this business, establishment, company or institution, where you work or worked, do?

\_\_\_\_\_ (specify the principal activity of the company)

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21. Do you work or did you work the last as a . . .

01 Government employee?

02 Employee of a private company?

03 Employee of the Canal Commission or Defense Sites?

04 Employee of a not-for-profit institution?

05 Domestic servant?

[For responses 1-5,] (Continue with question 22)

06 Independent or own-account?

07 Owner or employer?

08 Family worker?

09 Member of a production cooperative?

[For responses 6-9,] (Skip to question 23)

22. Are you or were you employed . . .

1 Permanently?

2 Contracted for a specific job?

3 On a fixed contract?

4 On an indefinite contract?

23. What was your income last month from:

(For everyone 10 years of age and older)

a. Wage or crude salary? \_ \_ \_ \_

b. Income from independent or own-account work? \_ \_ \_ \_

c. Sales of agricultural and livestock produce? \_ \_ \_ \_

d. Retirement or pension? \_ \_ \_ \_

e. Scholarships or family assistance? \_ \_ \_ \_

f. Rental income, investments or subsidies? \_ \_ \_ \_

g. Other income? \_ \_ \_ \_

23a. Income:

1 Yes, has

2 No, doesn't have

3 Undeclared

### VIII. Fertility and Mortality Characteristics

For women 12 years of age and older

[Questions 24-25 were asked of women aged 12 and older.]

24. How many sons and daughters have you had born alive?

\_\_ Total sons/daughters (Continue with question 25)

00 None (Go on to the next individual)

25. Of these, how many are alive?

\_\_ Total sons/daughters alive

Only for women between 12 and 49 years of age, who have declared live births:

[Questions 26-27 were asked of women aged 24 - 49 who have born live children.]

26. Of your sons and daughters born alive, were any born during the last 12 months?

1 Yes

Date of birth:

Day \_\_\_\_

Month \_\_\_\_

Year \_\_\_\_

(Continue with question 27)

2 No (Go on to the next individual)

27. Is this son or daughter alive?

1 Yes

2 No

Information for Person number [02 through 08]

Name(s) and surnames\_\_\_\_

[Below we reproduce the portions of the individual form for persons 02-08 which differ from that for person 01]

V. General characteristics:

For all individuals in the household

1. What is your relationship to the head of the household?

2 Spouse or partner of the head

3 Son or daughter

4 Son- or daughter-in-law

5 Grandchild or great-grandchild

6 Father or mother of the head

7 Father- or mother-in-law

8 Other relative

9 Not related

[The remaining of the form for person number 02 is identical to that for person number 01.]