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National Institute of Statistics  
Bolivian Republic of Venezuela  
XIII General Census of Population and Dwelling  
Census 2001

## Census Questionnaire

Protected under Statistical Secrets

### Section I. Identification of the Dwelling

1. Federal entity \_\_\_\_\_
2. Municipality \_\_\_\_\_
3. Parish \_\_\_\_\_
4. Population Center \_\_\_\_\_
5. Segment number \_ \_
6. Section number \_ \_
7. Block number \_ \_
  
8. Order number of the dwelling \_ \_ \_
9. Subdivision or neighborhood \_\_\_\_\_
10. Street or avenue \_\_\_\_\_
11. Name or number of the dwelling \_\_\_\_\_
12. Date of the interview:

Day \_ \_  
Month \_ \_  
Year 2001

13. Is this the continuation of another questionnaire?

- Yes ? continue with section IV  
 No

### Section II. Information about the dwelling

1. Type of dwelling

- A. Family

- Mansion  
 Ranch or primary house on a ranch  
 House  
 Apartment in building  
 Apartment in a ranch, a primary house on a ranch, or a house  
 Neighborhood house [attached urban housing]  
 Farmhouse  
 Refuge  
 Other type

- B. Collective

Code \_ \_  
Total number of persons in the collective dwelling [ \_ \_ \_ \_ ]

Continue with section VI

2. Condition of occupancy

- Occupied with the inhabitants present
- Occupied with the inhabitants absent
- Unoccupied (End of the interview)
- Under construction (End of the interview)

3. This dwelling is used:

- Permanently
- Occasionally (End of the interview)

4. Predominant construction materials of the exterior walls

- Plastered block or brick
- Un-plastered block or brick
- Concrete
- Lumber, Formica, fiberglass and similar
- Plastered adobe, mud brick, mud/cane
- Un-plastered adobe, mud brick, mud/cane
- Other (palm, boards, or similar)

5. Predominant material of the roof

- Platabanda* (a metal structure covered with roofing material or ready for creating a second/third story)
- Clay tiles
- Asphalt tiles
- Metal sheeting [zinc and similar]
- Asbestos and similar
- Other (palm, boards, or similar)

6. Predominant flooring materials

- Marble, tile, granite, vinyl, ceramic, brick, clay tile, parquet, carpet, and similar
- Cement
- Dirt
- Other

7. The kitchen is located in:

- A room by itself
- Living room, dining room
- Other location

8. The fuel normally used for cooking is:

- Gas
- Electricity
- Kerosene
- Other (firewood, charcoal, etc.)

9. Water is delivered to this dwelling by:

- Aqueduct or pipeline
- Tank truck
- Public faucet or tank
- Well with pipes or pump
- Protected well or spring

Other means (creeks or streams, rivers, ditches, rainwater)

10. How many rooms does this dwelling have in total? \_ \_

(Do not include bathrooms, corridors, balconies, kitchen nor laundry areas)

11. How many bathrooms with a tub or shower does this dwelling have? \_ \_

12. This dwelling has:

- A toilet connected to a sewer
- A toilet connected to a septic tank
- A toilet not connected to a sewer or septic tank
- An outhouse with a hole or a latrine
- Does not have a toilet or outhouse

13. This dwelling has the following available:

Electrical service

- Yes
- No

Telephone line

- Yes
- No

14. In this dwelling, the trash:

- Is collected by the urban sanitation service
- Is deposited in a collective container
- There is not urban trash service

Section III. Number of households

1. How many persons reside in this dwelling?

- Only one person

(One Census Household, continue with Section IV, composition of the household)

- Two or more persons

2. Do these persons maintain separate expenses for buying food?

- Yes
- No

(One Census Household, Continue with Section IV, Composition of the household)

3. How many groups of persons maintain separate budgets for buying food? \_ \_

Each group of persons forms a Census Household. Continue the interview for the first Census Household in this same questionnaire. For the rest of the households, use another questionnaire and do the following. Write the same data in the Section I "Identification of the Dwelling", questions 1 to 8 and continue the interview in Section IV "Composition of the Household".

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Section IV. Composition of the Household

Only for habitual residents of this household.

1. Households in this dwelling:

This is household number \_\_ of \_\_: Write the total number of households in the dwelling.

2. How many persons in this household reside in the dwelling, whether they are present or not at this moment?

Total number of persons \_\_

Include the small children (male and female) and the elderly (male and female).

3. What is the last name and given name of each of the persons in this household?

Write the names of each person and his/her relationship to the head of household (male or female) and the sex of each person in the following order:

Head of household (male or female).

Spouse or companion.

Sons/daughters/ or stepson/stepdaughters who are unmarried and do not have children, in order from eldest to youngest.

Sons/daughters or stepsons/stepdaughters who are divorced, separated, or widowed, with children living with him/her, writing each of these children next.

Sons/daughters or stepsons/stepdaughters who are married or in a consensual union, and who live in this household, writing the name of the spouse next and then their children.

Other relatives of the head of household (male or female) (father, mother, father/mother-in-law, brothers/sisters, uncles/aunts, nephews/nieces, brother/sister-in-law, and then their family members.

Persons not related to the head of household, male or female, (friends, etc.) and then their relatives.

Domestic servants and then their children.

Person number \_\_

Lasts names and Name \_\_\_\_\_

Relationship to the head of household (male or female) \_\_\_\_\_

What is the sex?

Man

Woman

If there are more than seven persons in the household, use another questionnaire to list them and enumerate them.

Total \_\_

4. I have listed the following persons (read the names out loud).

Do any of these persons habitually reside in another dwelling?

Yes

Consult the rules of residence in the Manual and if the person is not a resident, cross this person off of the list.

No

5. Is there any person that I have not noted who habitually resides here, but who is not present at the moment because of vacations, work, illness, or any other cause?

Yes

Consult the rules of residence in the Manual and if the person is not a resident, cross this person off of the list.

No

Observations: \_\_\_\_\_

Section V. Information about the household

1. For this household, the dwelling is:

- Owned and paid for completely
- Owned and mortgaged: monthly payment \_\_. \_\_ \_\_. \_\_ \_\_. 00
- Rented: monthly payment \_\_. \_\_ \_\_. \_\_ \_\_. 00
- Loaned
- Other condition

2. How many rooms are used by this household for sleeping? \_\_ \_\_

3. Does the head of household have a partner?

- Yes
- No

Continue with question 5

4. How many persons aged one year old or more sleep in the same room as the head of household and his/her partner? \_\_ \_\_

5. How many bathrooms with tubs or showers are available for exclusive use of this household? \_\_ \_\_

6. Does this household have any of the following vehicles for personal use?

- Bicycle
- Motorcycle
- Car

How many cars? \_\_ \_\_

None

7. In this household, are there persons under 18 years old?

- Yes
- No

Continue with question 9

8. How many of these persons under 18 years old have not been registered in any civil registry, legal court, municipal registry, consulate, hospital, clinic, walk-in-clinic, etc.? \_\_ \_\_

9. This household has the following:

Refrigerator

- Yes
- No

Water filter

Yes

No

Radio

Yes

No

Television

Yes

No

Wash machine

Yes

No

Dryer

Yes

No

Hot water heater

Yes

No

Air conditioner

Yes

No

Microwave oven

Yes

No

Cellular telephone

Yes

No

Cable TV

Yes

No

Computer

Yes

No

Internet access

Yes

No

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Section VI. Individual characteristics

Person number: \_\_\_ of \_\_\_

Last name and given name: \_\_\_\_\_

For all of the persons:

1. Relationship to the head of household (male or female); transcribe from question 3, Section IV.

Head of household (male or female)

- Spouse or companion (male or female)
- Son/daughter or stepson/stepdaughter
- Grandson or granddaughter
- Son-in-law or daughter-in-law
- Father, mother, father/mother-in-law
- Brother/sister, brother/sister-in-law
- Nephew/niece
- Other relative
- Not related
- Domestic service
- Relative of domestic service
- Person in a collective dwelling

2. Sex (transcribe from question 3, Section IV)

- Man
- Woman

3. What is his/her date of birth and completed age in years?

Date of birth:

Day \_ \_  
Month \_ \_  
Year \_ \_ \_ \_

Age: \_ \_ \_

- Less than one year: \_ \_ months

4. Was he/she born in Venezuela?

- Yes
- In this same state
- In another state in the country. Which?

- Federal District
- Amazonas
- Anzoátequi
- Apure
- Aragua
- Barina
- Bolívar
- Barabobo
- Cojedes
- Delta Amacuro
- Falcón
- Guárico
- Lara
- Mérida
- Miranda
- Monagas
- Nueva Esparta
- Portuguesa
- Sucre
- Táchira
- Trujillo
- Vargas
- Yaracuy
- Zulia
- Federal Dependencies

Continue with question 7 [if the person was born in another state within Venezuela.]

No: continue with question 5

5. Born in another country:

[Question 5 was asked of persons born outside Venezuela.]

Year of arrival in Venezuela? \_ \_ \_ \_

Which country?

- Argentina
- Bolivia
- Brazil
- Chile
- Columbia
- Ecuador
- Spain
- Guyana
- Italy
- Peru
- Portugal
- Dominican Republic

Province, Department, Region, or State [of the above countries] \_\_\_\_\_

Other country

Which? \_\_\_\_\_

6. His/her current legal nationality is:

[Question 6 was asked of persons born outside Venezuela.]

- Venezuelan, by naturalization (naturalized): Continue with question 9
- Venezuelan, born in another country, son/daughter of father and/or mother who is/are Venezuelans by birth or naturalization: Continue with question 9
- Foreigner: Continue with question 9

7. Are you a member of any indigenous population?

Yes

Which? \_\_\_\_\_

No: Continue with question 9

8. Do you speak the language of this indigenous population?

Yes

No

9. Do you have any of the following deficiencies, problems, or disabilities?

- Total blindness
- Total deafness
- Mental retardation
- Loss or disability in upper extremities
- Loss or disability in lower extremities
- Other
- None

10. Do you require the use of a wheelchair?

- Yes
- No

Only for persons three years old or more

[Questions 11- 19 were asked of persons age 3 and older.]

11. In October, 1996, where did you reside?

- Had not been born: Continue with question 14
- In this same municipality: Continue with question 14
- In another municipality in the country
- In another country: Continue with question 13

12. In which municipality and state did you reside in October, 1996?

Municipality: \_\_\_\_\_ Continue with question 14  
State: \_\_\_\_\_ Continue with question 14

13. In which country did you reside in October, 1996?

Country: \_\_\_\_\_

14. Do you know how to read and write?

- Yes
- No

15. Do you currently attend, as a student, any preschool, basic, middle, technical middle, special, upper technical, or university level educational establishment?

- Yes
- No: Continue with question 17

16. The educational establishment that you attend is:

[Question 16 was asked of persons age 3+ who currently attended an educational establishment, per question 15.]

- Official
- Private

17. What was the highest grade, year, or semester that you passed and at what educational level?

- None
- Grade or year
  - Preschool: Continue with question 20
  - Basic (1-9)/ Elementary (1-6): Continue with question 20
  - Special education: Continue with question 20
  - Middle (1-2): Continue with question 20
  - Technical middle (1-3): Continue with question 20
  - Baccalaureate [college preparatory] (1-5): Continue with question 20
- Upper-level technical
  - Year \_
  - Semester \_ \_

University

Year \_

Semester \_ \_

18. Have you obtained any higher education degree?

Yes

Which? \_\_\_\_\_

No: Continue with question 20

19. Have you done any post-graduate studies?

Yes

No

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Only for persons 10 years old and more

[Questions 20- 35 were asked of persons age 10 and older.]

20. You current marital status is:

Consensual union

Married

Single

Separated from a consensual union or marriage

Divorced

Widowed from a consensual union or marriage

21. Last week you were:

Working: Continue with question 23

Not working, but had a job ? Continue with question 23

Looking for work, having worked previously ? Continue with question 23

Looking for work for the first time

Doing housework

Studying and not working

As a pensioner or retiree

Permanently incapacitated for work

Other situation

22. During last week, in your house or outside of your house, did you carry out any activity for which you received or will receive a payment in money or in kind? (for example: sewed, cooked, sold clothing, washed cars, cleaned shoes, etc)?

Yes

No: Continue with question 35

[Questions 23-34 were asked of persons age 10+ who currently carry out activity for which they received or will receive payments, per question 22.]

23. What is the principal job or type of work that you do (or did) in the company, organism, or business where you work (or worked)? (For example: taxi driver, lawyer, farmer, medical visitor (representative of pharmaceutical companies), teacher, secretary, etc.) \_\_\_\_\_

24. What is the primary activity of the company, organism or business, where you carried out your primary work? (for example: passenger transportation, furniture factory, coffee farming, higher education, etc.) \_\_\_\_\_

25. How many persons work (or worked) in this company, organism, or business?

- 1
- From 2 to 4
- 5
- From 6 to 10
- From 11 to 20
- From 21 to 100
- More than 100

26. What is the name of the company, organism, or business where you work (or worked)? \_\_\_\_\_

27. This business, organism, or company where you work (worked) is:

- Private
- Public administration: Continue with question 29

28. Does this business or company where you work (or worked) have a Mercantile Registration?

- Yes
- No
- Don't know

29. In this work, you are (or were):

- Employee or worker
  - Full time
  - On contract
  - Occasional
- Self-employed worker (who does not have employees or workers)
  - Employer or owner
  - Member of a cooperative
  - Unpaid family helper
  - Domestic service

30. You do your work (or did your work):

- Inside your dwelling
- In a space next to your dwelling
- In an exclusive space or location
- In the street (hawker or sidewalk stall)
- In a kiosk
- In the market
- In a vehicle
- Door-to-door service

31. Do you receive or have you received any occupational training for the job that you do (or did)?

- Yes
- No

32. How many hours did you work last week in all of your jobs (or the last week that you worked)?

Total hours: \_ \_

33. How much did you earn in all of your jobs in the past month (or the last month that you worked)?

Bolivars \_ . \_ . \_ . \_ . \_ . \_ . 00

Did not receive income: Continue with question 35

34. Under which payment system do you receive (did you receive) your income in your principal job?

Monthly

Weekly

Daily

35. Did you receive income last month for any of the following concepts, and how much?

Rent

\_ . \_ . \_ . \_ . \_ . \_ . 00

Pension

\_ . \_ . \_ . \_ . \_ . \_ . 00

Retirement

\_ . \_ . \_ . \_ . \_ . \_ . 00

Public or private scholarships

\_ . \_ . \_ . \_ . \_ . \_ . 00

Public or private assistance

\_ . \_ . \_ . \_ . \_ . \_ . 00

Unemployment insurance

\_ . \_ . \_ . \_ . \_ . \_ . 00

Alimony

\_ . \_ . \_ . \_ . \_ . \_ . 00

Other

\_ . \_ . \_ . \_ . \_ . \_ . 00

None

For all women 12 years old or more

[Questions 36- 38 were asked of women age 12 and older.]

36. How many children who were born alive have you had in total?

Total of sons and daughters \_ \_

None: end of interview

37. In what month and year was your last son or daughter born (born alive)?

Month \_ \_

Year \_ \_ \_ \_

38. Of the total number of sons and daughters born alive, how many are currently alive?

Currently alive \_ \_

None

Don't know

[Pages 3 and 4 are repeated as pages 5-6, 7-8, 9-10, 11-12, 13-14, 15-16. The only change is that each two-page form for the persons 2 through 7 has different serial numbers.]

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