



International

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Republic of Chile
 National Institute of Statistics
 15th National Population Census and 4th Housing Unit Census
 1982
 Census Form

Instructions

Fill in the following spaces with the numbers that correspond to the following information on the front of the census form: Municipality/town, district, census zone, sector of enumeration, and area.

Then, fill in the ovals located beneath the indicated number,

For example: if the municipality/town is number 680, fill in the circles 6, 8, and 0.

If the district is number 3, you will fill in the ovals 0 and 3, and continue in this manner with the other numbers.

I. Geographic Location

Municipality/town _____

District _____

Census zone _____

Sector/area of enumeration _____

Area:

_____Urban

_____Rural

Address of the Housing Unit:

Urban: _____

Street _____

House number _____

Floor _____

Department number _____

Rural:

Road _____

Town _____

Entity _____

Category _____

A. People in the Household

What is the first and last name of each person who stayed in the housing unit the preceding night?

Note the first and last name of each person in the following order:

Head of Household

Spouse of live-in partner

Unmarried children from oldest to youngest

Married children, their spouses, and their children

Other family members (Parents, parents-in-law, uncles and aunts, nieces and nephews, etc.)

Other people who are not related to the head of the household (guests, domestic servant, friends,

etc.)

B. Number of People in the Household

If there are more than six people, use a second census form, repeating: Housing unit number, identification number and geographic location.

Note in these spaces the total of persons in the home.

Men: _____ Women: _____ Total: _____

C. Type of Home

Single family home _____

Collective home _____

II. Housing Unit (Dwelling)

Information on the Housing Unit

1. Occupation of the Housing Unit

A. Occupied

1. With people who are present _____

2. With people who are absent _____

B. Unoccupied

3. For rent or for sale

4. New

5. Temporary (for vacation, workers, etc.)

6. Because of demolition

7. For another reason

2. Type of Housing Unit

A. Single family Housing Unit

1. House

2. Apartment

3. Improvised hut made of light construction material (*mejora, emergencia*)

4. Tenement housing

5. Shanty, improvised dwelling (*callampa*) 6. Shack in a farm (*rancho*), Indian dwelling, rustic huts

7. Mobile (tent, car, etc)

8. Other (specify)

B. Collective Housing Unit

9. Guest or boarding house (residencial), pension

10. Hotel, Motel, Inn

11. Institution (Hospital, Boarding school, Convent, Barracks, etc.)

12. Other (specify)

-If the housing unit is unoccupied and you have completed questions 1 and 2, end the interview.

-If the housing unit is collective, continue on to section III: Persons in the Home.

Only for occupied dwellings [applies to questions 3 to 7]

3. What is the predominant construction material of the dwelling?

A. Principal walls

- ☐ 1 Concrete, brick or cement block, stone
- ☐ 2 Wood, plank (with iron, slate or other siding)
- ☐ 3 Adobe
- ☐ 4 Mud-and-stick, clay with straw, stone
- ☐ 5 Waste material (tin, cardboard box, and/or various other waste materials)
- ☐ 6 _____ Other materials (specify)

B. Roof covering

- ☐ 1 Zinc, copper, or galvanized iron
- ☐ 2 Slate
- ☐ 3 Tile
- ☐ 4 Wooden tile
- ☐ 5 Tar corrugated paper sheets
- ☐ 6 Flat straw
- ☐ 7 Other material (specify)

C. Floors

- ☐ 1 Parquet, tile
- ☐ 2 Wood floor
- ☐ 3 Carpet (from wall to wall)
- ☐ 4 Plastic (flexit or other)
- ☐ 5 Cement tile
- ☐ 6 Brick, flatwork
- ☐ 7 Earth
- ☐ 8 Other material (specify)

4. Do you have electric lighting?

- 1. Yes _____
- 2. No _____

5. Do you obtain water from a plumbing system

1. Yes

- _____ 1. A plumbing system inside the housing unit?
- _____ 2. A plumbing system outside of the housing unit?

2. No _____

6. What is the origin of the water that is used in this housing unit?

- 1. Public water reserve/system _____
- 2. Well or waterwheel _____
- 3. River, stream, spring, etc. _____
- 4. Other, specify _____

7. How many homes are there in this housing unit?

- 1 _____
- 2, 3, 4 or more _____

If in the housing unit there is more than one home, remember to use separate census forms (identification forms?)

In these cases, fill in only questions 8 to 16 and continue on to section III: Persons in the home.

Information on the home

8. Is there a toilet?

1. Yes

For exclusive use of the home?

1. Yes ____

2. No ____

2. No ____

(Continue to question 10)

9. The toilet is:

1. Connected to the sewer system or septic tank

2. Latrine

3. Outhouse

4. Connected to another type of system

10. Is there a shower or tub

1. Yes

For exclusive use of the home?

1. Yes ____

2. No ____

2. No

(Continue to question 11)

11. What is the condition of ownership of the home?

1. Your own (paid completely or making payments) ____

2. Rented ____

3. Received for services ____

4. Free ____

5. Other (specify) ____

12. Do you have a kitchen?

1. Yes ____

2. No ____

13. What is the principle method used for cooking?

1. Gas ____

2. Paraffin ____

3. Wood or Coal ____

4. Electricity ____

5. Other (specify) ____

6. No cooking ____

4. How many rooms does this home have (excluding bathrooms and the kitchen)?

a. Total of rooms

1 ____

2 ____

3 ____

4 ____
5 ____
6 ____
7 ____
8 ____
9 ____
10 or more ____

b. Rooms that are exclusively used as bedrooms

0 ____
1 ____
2 ____
3 ____
4 ____
5 ____
6 ____
7 ____
8 ____
9 ____
10 or more ____

c. Bedroom and another use

0 ____
1 ____
2 ____
3 ____
4 ____
5 ____
6 ____
7 ____
8 ____
9 ____
10 or more ____

d. For use of work only

0 ____
1 ____
2 ____
3 ____
4 ____
5 ____
6 ____
7 ____
8 ____
9 ____
10 or more ____

e. Other rooms

0 ____
1 ____
2 ____
3 ____
4 ____
5 ____
6 ____
7 ____

- 8 _____
- 9 _____
- 10 or more _____

15. How many beds are regularly used in the home?

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 or more _____

16. Does the home have any of the following devices or vehicles?

- 1. Radio, Radio Cassette, Tape player
- 2. Sewing machine
- 3. Bicycle
- 4. Black and white television
- 5. Color television
- 6. Washer
- 7. Refrigerator
- 8. Polisher, vacuum cleaner
- 9. Telephone
- 10. Motorcycle
- 11. Automobile, or truck (for exclusive use of the home)
- 12. None of the mentioned

III. Persons in the home

Person Number: _____ First and Last Names: _____

For all persons

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

- 1. Head of household _____
- 2. Spouse _____
- 3. Live in partner _____
- 4. Son/daughter _____
- 5. Son or daughter in-law _____
- 6. Grandchild _____
- 7. Parents or Parents in-law _____
- 8. Another family member _____
- 9. Not a family member _____
- 10. Member of a collective household _____

2. Sex

- _____ 1. Male
- _____ 2. Female

3. How old are you? ____

For those under 1 year of age, mark '00'

For those younger than 10 years of age, mark 01, 02, 03, etc.

For those who are ten and older, mark 10, 19, 43, 65, etc according to the corresponding age

For those older than 99 years of age, mark 99.

4. In what community were you born?

In this community ____

In another community

Name of the community ____

Province ____

In another country

Name of the country ____

What is your legal nationality? ____

1. Chilean ____

2. Foreigner ____

5. In what community do you habitually reside?

In this community ____

In another community in this country

Name of the community ____

Province ____

In another country

Name of the country ____

For all those 5 and older

6. In what community did you habitually live in during the past five years?

In this community ____

In another community in this country

Name of the community ____

Name of the province ____

In another country

Name of the country ____

7. Do you or did you attend an educational establishment?

1. Actually attended ____

If you are currently attending, indicate the year and type of schooling _____

2. You don't currently attend, but have attended ____

3. Never attended school (pass on to question 9) ____

8. What is the last year that you passed and in what type of education was this study?

Year:

- 0. Kindergarten ____
- 1. First year ____
- 2. Second year ____
- 3. Third year ____
- 4. Fourth year ____
- 5. Fifth year ____
- 6. Sixth year ____
- 7. Seventh year ____
- 8. Eight year ____
- 9. None ____

Type of Schooling:

- 1. Basic or primary ____
- 2. Media ____
- 3. Humanities ____
- 4. Commercial ____
- 5. Industrial ____
- 6. Agricultural ____
- 7. Feminine technical ____
- 8. Teacher-training ____
- 9. Professional institute ____
- 10. University ____

9. Only for those who answered that they attend/attended fourth year basic or primary or never attended

Do you know how to read and write?

If you only know how to read or only how to write, fill in 'no'

- 1. Yes ____
- 2. No ____

For all those age 15 and older

10. How did you spend the majority of your time in the past week?

A.

- 1. You worked at your job where you were paid
- 2. You worked for a family member without pay in the form of money
- 3. You had a job, but did not work (because of sickness, vacation, leave, etc.)
- 4. Unemployed (having worked before)

If you selected one of these alternatives (1-4), continue on to question 11 and those questions following it.

B.

- 5. Looking for work for the first time

C.

- 6. Working in the home (When it is not considered domestic service)
- 7. Student
- 8. As a renter or living only on your pension
- 9. Permanently incapacitated and unable to work.
- 10. Another situation

If you selected one of these alternatives (5-10) and are a woman, pass on to question 14, if you are a man, pass on to question 18.

11. Describe the occupation that you have, or had, if you are unemployed.

Ex: Builder (bricklayer), Doctor, Manager, Director, Tailor, Auto mechanic, Sewing machine operator, Secretary, Accountant, Statistician.

12. In this work you are or were ____

1. An employee
2. Laborer
3. Employer or Boss
4. Self-employed
5. Unpaid family member
6. Employed in domestic service in the home

13. Describe what the establishment, company, business, factory, etc is primarily dedicated to where you work (or worked, if you are unemployed)

For all women 15 years of age and older

14. Have you given birth to live born children?

1. Yes ____
2. No ____
3. You don't know ____

For answers 2 and 3, continue on to question 18.

15. How many living children have you given birth to?

- 1 ____
- 2 ____
- 3 ____
- 4 ____
- 5 ____
- 6 ____
- 7 ____
- 8 ____
- 9 ____
- 10 ____
- 11 ____
- 12 ____
- 13 ____
- 14 or more ____

16. Of these, how many are still living?

- 1 ____
- 2 ____
- 3 ____
- 4 ____
- 5 ____
- 6 ____
- 7 ____
- 8 ____
- 9 ____
- 10 ____
- 11 ____
- 12 ____
- 13 ____

14 or more ____

17. In the last twelve months have you given birth to a live born?

1. Yes

How many?

1 ____

2 or more ____

2. No (continue on to question 18)

For all persons 15 or older

18. What is your marital status?

1. Married ____

2. Live-in partner ____

3. Single ____

4. Widowed ____

5. Separated ____

6. Annulled ____
