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República de Chile  
Instituto Nacional de Estadísticas

XVII National Population Census and VI of Housing

Census Questionnaire Census 2002

A. Identification

\_\_\_\_ Folder number

Copy the folder number

Copy this number onto each questionnaire

\_\_\_\_ Dwelling number

\_\_\_\_ Household number

If this questionnaire is a continuation of the previous one, fill in here:

Continuation

\_\_\_\_ Street or route

\_\_\_\_ Number

\_\_\_\_ Block number

\_\_\_\_ Floor

\_\_\_\_ Apartment number

[some instructional information follows]

B. Dwelling

Dwelling information

1. Indicate the dwelling type:

A. Private dwelling

1 House

2 Apartment in a building

3 Room in a high-density slum dwelling (*conventillo*)  4 Improvised hut made of light construction material, government-issued emergency housing (*mejora, mediagua*)

5 Shack in a farm (*rancho*), rustic huts

6 Indian dwelling

7 Mobile (tent, boxcar, container, boat, motorboat, or similar)

8 \_\_\_\_ Other type of private dwelling

B. Collective dwelling (group quarters)

Example:

9 Rooming house, hotel, hospital, etc.

If a collective dwelling, skip to Section D, "Number of people in the household." If there are no inhabitants or guests present, end the interview.

2. Indicate if the dwelling is:

A. Occupied

1 With people present

2 Without people present

B.  3 Unoccupied

If the dwelling is "occupied with people absent," return when you have finished the rest of your route.

Only for private, occupied dwellings with people present [applies to questions 3 to 16]

3. The dwelling you occupy is:

1 Owned (completely paid for)

2 Owned (paying in installments)

3 Rented

4 Ceded in return for work or services

5 Free

4. The predominant construction material is:

A. In the exterior walls:

1 Reinforced concrete, stone

2 Brick

3 Structural panels, prefabricated block

4 Wood or sawed planks

5 Fiber-cement [drywall]

6 Adobe, clay with straw

7 Waste material (tin, cardboard, plastic, etc.)

B. In the roof covering:

1 Tiles (clay, metallic, cement)

2 Tiles (wood, asphalt)

3 Concrete slabs

4 Zinc

5 Slate

6 Fiberglass

7 Tar corrugated paper sheets

8 Straw with clay

9 Waste material (tin, cardboard, plastic, etc.)

C. In the floor:

1 Parquet

2 Ceramic floor tile

3 Boards (wood)

4 Wall-to-wall carpeting

5 Cement floor tile

6 Plastics (flexit, linoleum, etc.)

7 Brick

8 Concrete floor slab

9 Earth

5. The electric lighting comes from:

1 Public system (electric company)

2 Private or community generator

3 Solar panel

4 Doesn't have electric lighting

6. The water used in this dwelling comes from:

1 Public system (potable water company)

- 2 Well or chain pump
- 3 River, stream, spring

7. Water arrives at this dwelling via:

- 1 Pipe inside the dwelling
- 2 Pipe outside of the dwelling but on the lot
- 3 Doesn't have piped water

8. The toilet (W.C.) for this dwelling is:

- 1 Connected to a sewer
- 2 Connected to a septic tank
- 3 On a pit or latrine
- 4 On a river or canal
- 5 Chemical
- 6 Doesn't have toilet facilities (W.C.)

9. How many showers does this dwelling have?

- 1
- 2
- 3
- 4
- 5 or more
- Doesn't have a shower

10. Not counting the bathrooms, how many rooms does this dwelling have, including the kitchen?

Total number of rooms:

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

Indicate the uses of each room: [For rooms numbered up to 10, fill-in ovals appear below each of the possible uses.]

Use of the rooms:

- Bedroom
- Living-dining
- Living
- Dining
- Kitchen
- Paid work
- Study
- Other use

[some instructional information follows]

11. How many households are there in this dwelling?

- 1 Continue with C, "Household Information."

- 2
- 3
- 4 or more

For the other households in the dwelling,

Use one questionnaire for each additional household.

On each of those, repeat the dwelling number, write the number of the next household, and write the folder number.

Leave Section B, "Dwelling," blank.

Continue the interview with Section C, "Household Information."

### C. Household Information

12. What is the principle fuel used for cooking?

- 1 Natural gas
- 2 Liquid gas
- 3 Paraffin
- 4 Wood, sawdust
- 5 Charcoal
- 6 Electricity
- 7 Solar energy
- 8 No cooking

13. How many rooms does this household use exclusively for sleeping?

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

14. Does this household have a shower?

- Yes
- No

15. Does this household have any of the following appliances and/or services?

Black and white television

- Yes
- No

Color television

- Yes
- No

Videorecorder, Video cassette player (VCR)

- Yes
- No

Cable or satellite T.V. connection

- Yes
- No

Minicomponent stereo system and/or High-fidelity equipment

Yes

No

Washing machine

Yes

No

Dryer or centrifuge

Yes

No

Refrigerator

Yes

No

Freezer

Yes

No

Microwave oven

Yes

No

Dishwasher

Yes

No

Hot water heater

Yes

No

Cellular telephone

Yes

No

Fixed-line telephone

Yes

No

Computer

Yes

No

Internet connection

Yes

No

16. Does the household have any of the following vehicles exclusively for private use?

Bicycle

Yes

No

Motorcycle, motor scooter (moto), or moped (bicimoto)

- Yes  
 No

Wagon (example: utility)

- Yes  
 No

Automobile or Wagon

- Yes  
 No

Light truck, van, jeep

- Yes  
 No

Motorboat, sailboat, rowboat

- Yes  
 No

#### D. People who make up the household

Number of people in the household

On the first or sole questionnaire for the household, write the number of males, females, and total number of people who make up the household.

Remember that each person should be enumerated in Section E, "People in the Household."

\_\_\_\_ Males  
\_\_\_\_ Females  
\_\_\_\_ Total

Before going on to enumerate each person in Section E, "People in the Household,"

On the first line of each page, write the names of each of the people who spent the night here last night.

On the first page, write person number 1, name of the head of the household; on the second page person number 2, name of the spouse or live-in partner, and so on in order until completing the process for all of the members of the household.

If there are more than 6 people in the household and you use additional questionnaires, repeat on each:

Portfolio number, Dwelling number, Household number, fill in the "continuation" oval, and continue with Section E, "People in the Household."

Confirm that the person number of the last person in the household is the same as the Total in Section D, "People who make up the household."

Do not forget to include:

People who live in the household but did not spend the night here last night for reasons of work (for example, someone who does shift work)

Elderly people

Babies born before 0 hours on April 24th, 2002 [Midnight of April 23rd]

Those deceased after 0 hours on April 24th, 2002 [Midnight of April 23rd]

\_\_\_\_ Enumerator's name  
\_\_\_\_ Signature

#### E. People in the Household

\_\_\_\_ Person number  
\_\_\_\_ Name

For all individuals [applies to questions 17 to 23]

17. What is your relationship to the head [explicitly male or female] of the household?

- 2 Spouse

- 3 Live-in partner
- 4 Child
- 5 Stepchild
- 6 Son- or daughter-in-law
- 7 Grandchild
- 8 Sibling
- 9 Sibling-in-law
- 10 Parent
- 11 Parent-in-law
- 12 Other relative
- 13 Other non-relative
- 14 Live-in domestic servant
- 15 Member of a collective household

18. Sex

- 1 Male
- 2 Female

19. How old are you in years completed? \_\_\_\_\_

If the person is not yet 1 year old, write 00

If the person is between 1 and 99 years old, write 01, 05, 10, 19, 43 through 99

If the person is 100 years old or older, fill in the missing digits:

1 \_\_\_\_\_

20. Do you have any of the following disabilities?

- 1 Total blindness
- 2 Total deafness
- 3 Muteness
- 4 Paralyzed or injured
- 5 Mental deficiency
- 6 None of the above

21. Do you belong to any of the following first peoples or indigenous groups?

- 1 Alacalufe (Kawashkar)
- 2 Atacameño
- 3 Aimara
- 4 Colla
- 5 Mapuche
- 6 Quechua
- 7 Rapa Nui
- 8 Yámana (Yagán)
- 9 None of the above

22. When you were born, in what municipality or place did your mother live?

In this municipality

In another municipality

Name of the municipality or place \_\_\_\_\_

In another country

Name of the country \_\_\_\_\_

Year of arrival in Chile \_\_\_\_\_

23. Do you habitually live in this municipality?

Yes

No

In which municipality do you live? \_\_\_\_\_

Name of the municipality or place \_\_\_\_\_

In another country

Name of the country \_\_\_\_\_

For all individuals 5 years of age and older

24. In what municipality or place did you live in April, 1997?

In this municipality

In another municipality

Name of the municipality or place \_\_\_\_\_

In another country

Name of the country \_\_\_\_\_

25. Are you able to read and write?

If only able to read or only able to write, mark "no."

Yes

No

26. What is the highest level and grade of formal education you completed?

1 Never attended

2 Pre-school

3 Special education

4 Elementary/primary

5 Common middle/secondary (*media común*)

6 Humanities (secondary)

7 Commercial secondary (media)

8 Industrial secondary (media)

9 Agricultural secondary (media)

10 Maritime secondary (media)

11 Teacher-training

12 Feminine technical

13 Technical training center

14 Professional institute

15 University

Grade/year:

1st

2nd

3rd

4th

5th

6th

7th

8th

For all individuals 15 years of age and older

27. What is your current marital status?

- 1 Married
- 2 Consensual union
- 3 Single
- 4 Annulled
- 5 Separated
- 6 Widowed

28. What religion do you profess?

- 1 Catholic
- 2 Evangelical
- 3 Jehovah's Witness
- 4 Jewish
- 5 Mormon
- 6 Muslim
- 7 Orthodox
- 8 Other religion or belief
- 9 None, atheist, agnostic

29. In which of the following situations did you find yourself during the last week?

- 1 Working for pay
- 2 Not working, but having a job
- 3 Looking for work, having worked before
- 4 Working for a family member without receiving payment in money

For any of the above answers, go on to question 30.

- 5 Looking for work for the first time
- 6 Engaged in household duties
- 7 Studying
- 8 Retired or pensioner
- 9 Permanently disabled for purposes of work
- 10 Other situation

For the above answers, skip to question 33.

30. In this job, are (or were) you.

- 1 A salaried worker (white-collar, manual laborer or day laborer, etc.)
- 2 Worker in domestic service
- 3 Own-account worker
- 4 Employer, business owner or boss
- 5 Unpaid family worker

31. What occupation or type of work do you perform, or did you perform in the past if unemployed?

Examples: Auto mechanic; university professor; furniture-maker in a factory; cameraman; graphic designer; cashier in a . . . . ; vendor of . . . . ; etc.

\_\_\_\_\_

32. What does the establishment where you work (or worked, if unemployed), principally do?

Examples: \_\_\_\_\_ factory; sales of prepared food; livestock ranch; canned goods company; supermarket; repair shop; bank, etc.

\_\_\_\_\_

33. In which municipality do you work or study?

In this municipality

In another municipality

Name of the municipality \_\_\_\_

Only for women 15 years of age and older

34. What is the total number of sons and daughters born alive you have had?

None

If she has not had any children born alive, go on to the next person in the household.

\_\_\_\_ Number

35. How many are alive now?

None

\_\_\_\_ Number

36. When was your last son or daughter born alive?

\_\_\_\_ Month

\_\_\_\_Year