

I. Forms
 Republic of Colombia
 XVI National Population and V Housing Censuses
 October 24, 1993
 Census Form Number 1
 National Statistics Administrative Department

Confidential

The information that DANE collects in these forms is strictly confidential and cannot serve fiscal or judicial purposes under any condition (Articles 74 and 75 of Decree 1633 of 1960).

If this is an additional form, mark this box with an X.

I. Identification

Paste the sticker with the A.E. number here. If you do not have the sticker, copy the number.

A.E. _ _ _ _ _

Ask how many groups of persons that cook separately are in the dwelling. Find out if the access for each household in the dwelling is independent to determine the number of dwellings and the number of households. Fill out one form for each household. In each case, assign an order number of the dwelling and the number of the household within the dwelling.

1. _ _ _ Order number of the dwelling
2. _ _ Number of the household within the dwelling.
3. ____ Neighborhood
4. ____ Address
5. ____ Name of the farm, administrative section, administrative unit or precinct

II. Information about the dwelling

(only for household number one)

6. Type of dwelling:

- 1 House
- 2 Apartment
- 3 Room
- 4 Other dwelling (tent, wagon, boat, natural refuge, bridge, etc)

7. Occupancy of the dwelling

- 1 Occupied with people present
- 2 Occupied, but no people present (end here)
- 3 Vacant (end here)

8. Predominant material in the exterior walls:

- 1 Cement block or brick
- 2 Pressed mud [similar to adobe]
- 3 Cane with earth (*bahareque*)
- 4 Coarse Wood
- 5 Reeds, Cane, grass, other types of vegetable material
- 6 Zinc, cloth, cardboard
- 7 Without walls

9. Predominant material in the floor

- 1 Earth or sand
- 2 Cement
- 3 Coarse Wood
- 4 Other material (polished wood, carpet, tile, vinyl)

10. How is trash eliminated?

- 1 Thrown in river, ridge, or lagoon
- 2 Thrown in yard, field, ditch, or empty lot
- 3 Incineration, burial
- 4 Picked up by public or private garbage service

11. Does the dwelling have?

(Read all of the options and mark all of the services that they have)

- 1 Has electricity
- 2 Has piped water
- 3 Has sewer connection
- 4 Has a telephone
- 5 None

III. Household information

(for each of the households in the dwelling)

12. This household lives in

- 1 Dwelling owned and paid for
- 2 Dwelling owned and they are still paying for it
- 3 Dwelling rented or sub-rented
- 4 Other situation

13. How many rooms does the dwelling have access to?

_ _ Number of rooms (include the living room and dining room. Exclude the kitchen, bathroom, and garage)

14. The toilet facilities used by the household are:

- 1 Flush toilet
- 2 Latrine
- 3 Expelled to running water like ditch or stream (*bajamar*)
- 4 Doesn't have toilet facilities (continue with 16)

15. The toilet facilities are:

- 1 Exclusive use
- 2 Shared

16. This household cooks:

- 1 In the bedroom
- 2 Living-dining room without
- 3 Living-dining room with
- 4 Patio hallway
- 5 Kitchen room

6 Nowhere (continue with number 19)

17. What is the principal cooking fuel?

- 1 Electricity
- 2 Petroleum gasoline, kerosene, *cocinol* [locally available cooking fuel]
- 3 Gas
- 4 Wood
- 5 Coal
- 6 Waste materials

18. Water for preparing meals comes from:

- 1 Piped
- 2 Well or cistern
- 3 Public tank/tap
- 4 River or stream
- 5 Rainwater
- 6 Bottled water

IV. List of residents of the household:

19. What is the name and surname of each person who live in this household?

Enumerator: Write the given names and the last names in the following order:

Head of household, spouse or partner, single children from eldest to youngest, married children with their spouses and children, parents, parents-in-law, other non-relatives from eldest to youngest.

Person Number _ _

Given names and last names

If there are more than ten persons, use the addition forms as needed and do not forget to mark them with an X on the first page.

20. Are there other persons who reside in this household and who have not been included in the previous list?

(For example, newborns, elderly, domestic servants, persons who are working or on vacation, etc.)

- 1 Yes. Add this person(s) to the list.
- 2 No

21. Does any of the persons listed reside elsewhere?

- 1 Yes Ask which, and confirm that they have a different home. If this is the case, cross them off this list and take the census for the rest.
- 2 No

22. Total residents of the household _ _

Residents of the home are the persons who meet the following criteria:

-Those who live in the home and are present at the time of the census: for example, relatives, employees, and their families, domestic servants and their children if they have any, etc.

-Those who live in the home, but at the time of the census were absent in or outside of the country and who do not have a separate residence. This is the case for traveling workers, persons who are on vacation, in the hospital, or merchant marines.

-In general, all of the persons who belong to the home, such as domestic employees, renters, relatives, etc., who do not have a separate residence in another place.

-Remember that the persons who on the census of the prison, enlisted in military service in the Army, Air Force, or Navy, boarding school, asylums, convents, monasteries, or work camps should not be registered in this form.

These persons are enumerated in their institutions.

Observations: _____

Name of census taker
Given and last names _____
Supervisor
Given and last names _____

IV. List of residents of the household

F1. Ask these questions to all persons.

23. Person Number _ _

24. Name of the person _____

25. What is the person's relationship to the head of the household?

- 1 Head
- 2 Spouse
- 3 Child
- 4 Son- or daughter-in-law
- 5 Grandchild
- 6 Parents or parents-in-law
- 7 Other relative
- 8 Domestic employee
- 9 Other non-relative

26. Man or woman?

- 1 Male
- 2 Female

27. Age in years completed:

- 00 Less than one year
- Age in years _ _
- 98 years old or more _ _

28. Does the person have any of these limitations?

- 1 Blindness
- 1 Loss of hearing
- 1 Mute
- 1 Retardation or mental deficiency
- 1 Paralysis or missing upper appendages
- 1 Paralysis or missing lower appendages
- 2 None of the above limitations

[Numbering shown as appears in the original language form]

29. Does the person belong to any ethnicity, indigenous groups or black community?

- 1 Yes Which? (name of the ethnicity, indigenous group or black community) _____
- 2 No

30. In what municipality was he/she born?

- 1 Here
- 2 Other municipality

Write the municipality _____

Write the department _____

3 Other country

Write the country _____

F.2 Ask these questions of all persons who are five years old or more.

31. In what municipality did he/she live in 1988?

1 Here

2 Other municipality

Write the municipality _____

Write the department _____

3 Other country

Write the country _____

32. Does he/she know how to read and write?

1 Yes

2 No

33. Does he/she currently attend pre-school, elementary school, high school or a university?

1 Yes

2 No

34. What is the highest level of education that he/she attended?

1 Preschool

2 Primary

3 Secondary

4 University (Continue with F 3)

5 Graduate studies (Continue with F 3)

6 None (Continue with F 3)

35. How many years did he/she complete in this level?

_ _ Number of years completed

F3. Ask these questions of all persons who are ten years old or more.

36. He/she is currently. . .

1 In a consensual union

2 Separated

3 Widowed

4 Married

5 Single

37. Principal activity of last week -- you . . .

1 Looked for work having worked before

2 Looked for work for the first time (continue with F 4)

3 Did not work, on vacation or leave or other reason

4 Worked

5 Student (continue with F 4)

- 6 Household domestic duties (continue with F 4)
- 7 Disabled (continue with F 4)
- 8 Retired (continue with F 4)
- 9 Other situation (continue with F 4)

38. What does the company where he/she work produce or what is the principal activity of the company?

- a. _____
- b. _____

39. In this job, he/she was

- 1 Worker (professional or manual labor)
- 2 Owner, employer
- 3 Own-account worker
- 4 Domestic employee
- 5 Family worker

F 4. Ask these questions of all women who are twelve years old or more.

40. How many children have you had in your life (live births)?

- __ _ Number of sons
- __ _ Number of daughters
- 00 None (continue with the next person)

41. Of the children you had, how many are still alive?

- __ _ Number of male children
- __ _ Number of female children
- 00 None (continue with the next person)

42. How many of your children currently live outside of Colombia?

- __ _ Number of male children
- __ _ Number of female children
- 00 None (continue with the next person)

43. In what year was your last child born (live birth)?

19 __ _ year of birth

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December