

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

Republic of Panama
Comptroller General
Directorate of Statistics and Census

Form No. _____

Ninth National Census of Population and Fifth of Housing
May 13th, 1990

Census Questionnaire

I. Location of the Dwelling

1. Province _____
2. District _____
3. Judicial Precinct (*corregimiento*) _____
4. Locality or neighborhood _____
5. Street or Avenue (number or name) _____
6. Building or house (number or name) _____
7. Room or apartment number _____
8. Segment number _____
9. Block number _____

For office use:

Questionnaire number
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II. Dwelling information

1. Type of dwelling

- 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
- 07 Without dwelling
- 08 Collective (group quarters)

2. Condition of the dwelling (occupancy)

- 1 With inhabitants present
- 2 With inhabitants absent: Skip to the next dwelling

Unoccupied:

- 3 For sale or rent: Skip to the next dwelling
- 4 Under repair or construction: Skip to the next dwelling
- 5 Summer home: Skip to the next dwelling

6 Other reason: Skip to the next dwelling

3. Ownership of the dwelling. Is your dwelling

1 Mortgaged?

Monthly payment B/. _ _ _ _

2 Rented?

Monthly payment B/. _ _ _ _

3 Owned?

4 Ceded?

5 Condemned?

4. How many rooms does this dwelling have?

(Do not include kitchen, toilet and bath)

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4a. Of these, how many are used only for sleeping? _ _

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

1 Cement block, brick, stone, concrete

2 Fibro-cement, wood (planks, boards)

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

4 Straw, palm leaves, cane, sticks

5 Other material or without walls

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

1 Concrete

2 Tile

3 Fibro-cement

4 Metal (zinc, aluminum, etc.)

5 Treated [coated] wood

6 Straw or palm

7 Other

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

1 Paving (concrete, tile, brick, other)

2 Wood

3 Earth

4 Other (cane, sticks, waste materials, other)

8. Where is drinking water obtained from?

Public IDAAN aqueduct

01 Connected inside the dwelling

04 Connected outside of the dwelling

Community public aqueduct

02 Connected inside the dwelling

05 Connected outside of the dwelling

Private aqueduct

- 03 Connected inside the dwelling
- 06 Connected outside the dwelling

- 07 Sanitary (treated) well
- 08 Uncovered Spring (*brocal no protegido*)
- 09 Rainwater
- 10 Surface (superficial) well
- 11 River or stream
- 12 Tank truck

9. This dwelling has sewer facilities that are

Pit or latrine?

- 1 Private use
- 4 Shared use

Connected to sewer system?

- 2 Private use
- 5 Shared use

Connected to a septic tank?

- 3 Private use
- 6 Shared use

7 None

10. What type of lighting does the dwelling have?

- 1 Electricity from IRHE
- 2 Electricity from private utility
- 3 Kerosene
- 4 Gas
- 5 Other

11. What fuel is most frequently used for cooking?

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

12. In this dwelling is there a

Television?

- 1 Yes
- 2 No

Radio?

- 1 Yes
- 2 No

Telephone?

- 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

13. In what year was this dwelling built?

1 Before 1980

2 Between 1980 and 1985

3 Between 1986 and 1990

4 Doesn't know

14. Has any member of this household left to live permanently in another country during the last 10 years?

1 Yes

[If "yes", fill the following table for up to four 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 (continue with section III, List of Inhabitants)

III. List of Inhabitants

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 through 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

When there are more than 8 people in a dwelling, use an additional questionnaire and continue the list of occupants.

Observations about the dwelling information and the List of Occupants: _____

Verify that all of the individuals in the List of Occupants have been enumerated and proceed to fill in the following boxes:

_____ Total

_____ Males

_____ Females

[There is one form for each household member. For convenience, we reproduce the form only once, indicating any differences between the form for the head of the household and that for the rest of the dwellers.]

Information for Person number [01 through 08]

Name(s) and Surname(s) _____

IV. General Characteristics; For all individuals

[Applies to question 1 - 9]

1. What is the relationship with the head of the household?

[For person number one:]

1 Head

[For the rest of the household members:]

2 Spouse of the head

3 Son/daughter

4 Son-/daughter-in-law

5 Grand- or great-grandchild

6 Mother or father of the head

7 Mother- or father-in-law of the head

8 Other relative

9 Non-relative

2. Sex

1 Male

2 Female

3. What is your age in complete years?

Years _ _

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

5. Is your mother alive?

- 1 Yes
- 2 No
- 3 Doesn't know

6. If the person is noted in questions 4 and 5 of the List of Occupants, ask:
What type of physical or mental impediment do you have?

(Mark the most severe)

- 1 Blind
- 2 Deaf
- 3 Mental retardation
- 4 Cerebral paralysis
- 5 Permanent physical disability
- 6 Other
- 7 None

7. Which indigenous group do you belong to?

- 1 Kuna
- 2 Guaymí
- 3 Teribe
- 4 Bokota
- 5 Emberá
- 6 Waunana
- 7 None

8. In what locality of this country were you born?

- 000 In this same place
- In a different locality: (specify) _____
- District that locality belongs to: (specify) _____
- [For any of the above,] Go to question 9.

In another country: (specify) _____
[Go to question 8a]

8a. In what year did you arrive in Panama?

9. In what locality of this country do you live permanently?

- 0000 In this same place
- In a different locality: (specify) _____
- District that locality belongs to: (specify) _____

0001 In another country

V. Residence 5 years ago and educational characteristics

For individuals 5 years of age and older

[Questions 10 to 12a were asked of people 5 years and older.]

10. In what locality did you live in this country in May of 1985?

0000 In this same place

In a different locality: _____ (specify)

District that locality belongs to: _____ (specify)

In another country _____ (specify)

11. Do you currently attend school?

1 Yes

2 No

12. What is the highest grade or school year you have completed?

00 No grade

1 Primary

2 Secondary

3 University

4 Post-graduate

5 Vocational

If "no grade" or up to 3rd grade of primary is marked and over 10 years of age, ask:

12a. Are you able to read and write?

(Mark yes only if able to do both)

1 Yes

2 No

VI. Degree or diploma obtained and economic characteristics.

For individuals 10 years of age and older

[Questions 13 - 21 were asked of people 10 years and older.]

13. What diploma or degree do you possess?

_____ (specify)

000 None

14. Principal activity of the individual:

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

01 Yes

No. If no, ask

14b. Did you look for work last week?

02 Yes

No. If no, ask

14c. For what reason did you not look for work last week?

03 Does occasional work

- 04 Looked for work before and waiting to hear
- 05 Impossible to find work

[If any answer above was selected,] (Continue with questions 15 - 17)

- 06 Homemaker [specifically female]
- 07 Student
- 08 Retired or pensioner
- 09 Rentier
- 10 Other condition

[For responses 06 - 10], (go directly to question 21)

15. What occupation, position or job did you do last week or the last time you were employed?

(If the person has never had any job, write "never worked" and skip to question 21. If the person has more than one job, write the occupation that produces the highest income.)

Specify the occupation _____

16. Where do you work or where did you work the last time you had a job?

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

17. What is done at the business, establishment, company or institution where you work or worked?

Specify principal activity of the company _____

18. Do you work or did you work the last time as a . . .

- 1 Paid employee? (Continue with question 19)
 - 2 Independent or own-account worker?
 - 3 Unpaid family worker?
 - 4 Owner?
 - 5 Member of a production cooperative or settlement (collective agricultural production or *asentamientos*)?
- [For responses 2 - 5,] (go to to question 21)

19. For whom do you or did you work?

- 1 Private company?
- 2 Government?
- 3 Cooperative?
- 4 Family house?
- 5 Canal Commission?
- 6 United States Armed Forces?

20. Is or was your job temporary?

- 1 Permanent
- 2 Temporary

21. What was your income last month from:

- a. Wage or salary from job? B/. _____
- b. Income from independent or own-account work? B/. _____

c. Agricultural sales? B/. _ _ _ _

d. Retirement, pensions, scholarships, family assistance, rental and rents income, or subsidies? B/. _ _

_ _

e. Without income

VII. Fertility and Mortality Characteristics

For females 15 years of age and older.

[Questions 22 - 23 were asked of women aged 15 and older.]

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

Total sons/daughters (Continue with question 23) _ _

00 None (go on to the next respondent)

23. Of these, how many are alive?

Total sons/daughters alive _ _

[Questions 24-25 were asked of women aged 15-49 who have given birth to live children.]

24. Of your sons and daughters born alive, were any born during the period between May 14th 1989 and today?

1 Yes Date of birth: ____ [day, month, year] (Continue with question 25)

2 No (go on to the next respondent)

25. Is this child alive?

1 Yes

2 No