

Republic of Cuba

National Office of Statistics

Population and Dwelling Census - Cuba 2002

Census Questionnaire Model C-1

Questionnaire number: Number 2091475

Sheet number ____

Dwelling number ____

The information requested is of obligatory and confidential nature (Agreement number 4122 of 2001 of the Executive Committee of the Council of Ministers)

Section I. Geographic location and address of the housing unit.

Province: ____

Municipality: ____

Settlement: ____

P. Turquino

1 Yes

2 No

District: ____

Segment: ____

Block: ____

Circumscription: ____

Popular Council: ____

Street or Avenue: ____

Number: ____

Apartment: ____

Floor: ____

Cross streets: ____

Highways, roads, kilometer: ____

Name of farm or site: ____

Household summary

Housing unit number _ _

Household number _ _

Total households _ _

Total of persons in this household

By sex

1 Men ____

2 Women ____

3 Total ____

By age groups

1 0-16 ____

2 17-59 ____

3 60 and over ____

For office use

Plan Turquino
Popular Council _ _
Circumscription _ _ _
Settlement _ _ _
Block _ _

Section II. Classification of the housing units

- 1 Private dwelling - Continue with section III: Information about the private dwelling.
 3 Work site (with permanent residents)

Type and name of the Work Site _____
Continue with Section IV: Information about the Person.

- 5 Collectivity (with permanent residents)

Type and name of the Collectivity
Code _ _ _
Continue with Section IV: Information about the Person.

Section III. Information about the Private Dwelling

1. Type of dwelling

(Mark only one)

- 1 House
 2 Apartment
 3 Room in a room building or in a neighborhood house
 4 Thatched hut
 5 Improvised
 6 Other - continue with Section IV

2. The dwelling is occupied by:

(Mark only one)

- 1 Permanent residents
 2 Temporary residents
 3 Seasonal
 4 Closed (occupants absent)
 5 Unoccupied

Numbers 2, 3, 4, 5: Do not complete section IV.

3. What is the date of construction of the dwelling?

(For houses and apartments; mark only one)

- 1 Before 1920
 2 From 1920 to 1933
 3 From 1934 to 1945
 4 From 1946 to 1958
 5 From 1959 to 1970
 6 From 1971 to 1981
 7 From 1982 to 1989
 8 From 1990 to the Census Date
 9 Not known

4. What is the predominant material in:

(Mark only one)

a. The roof?

- 1 Concrete form or reinforced concrete roof
- 2 Tile
- 3 Fiber-cement or metal sheeting, etc.
- 4 Wood or tar paper
- 5 Guano
- 6 Other

b. The floor?

- 1 Tile, granite, mosaic tile, etc.
- 2 Cement
- 3 Wood
- 4 Dirt
- 5 Other

c. The exterior walls?

- 1 Reinforced concrete, plaster
- 2 Wood
- 3 Palm bark or boards
- 4 Adobe or mud
- 5 Other

5. What problems are present in the dwelling? (more than one mark allowed per selection)

a. In the roof, support beams, and floorboards?

- 1 Humidity
- 2 Warped due to humidity or missing plaster due to humidity
- 3 Cracked
- 4 Exposed metal from the reinforced concrete
- 5 None

b. In the walls and columns?

- 1 Humidity
- 2 Warped due to humidity or missing plaster due to humidity
- 3 Cracked
- 4 Exposed metal from the reinforced concrete
- 5 None

c. Construction braces?

Interior

- 1 Yes
- 3 No

Exterior

- 1 Yes
- 3 No

6. Number of rooms per dwelling

a. What is the total number of rooms in the dwelling?

(Do not count bathrooms, corridors, balconies, open rooms, such as: portals, terrazas, galleries, etc.)

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b. How many are habitually used for sleeping?

--

c. How many are exclusively dormitories or bedrooms?

--

7. Does the dwelling have a space for cooking?

(Mark only one)

- 1 Exclusive for the dwelling?
- 2 Shared by various dwellings?
- 3 Does not have?

8. What is the energy or fuel most used for cooking?

(Mark only one)

- 1 Electricity
- 2 Manufactured gas (piped)
- 3 Liquid gas (in tanks)
- 4 Bright light (kerosene)
- 5 Petroleum
- 6 Alcohol
- 7 Firewood, wood charcoal or other
- 8 None

9. Does the dwelling have piped water installed?

a. Does the dwelling have piped water supply?

(Mark only one per group)

- 1 Inside the dwelling
- 2 Outside the dwelling
- 3 Does not have

b. Does the dwelling receive water by:

- 1 Pipes
- 2 Delivered by another means

c. The water consumed comes from:

- 1 Aqueduct
- 2 Well or artesian well
- 3 River or spring
- 4 Other ____4[]

d. With what frequency does the dwelling receive water from the aqueduct?

- 1 Daily
- 2 Every other day
- 3 Weekly
- 4 Other

10. What drainage system does the dwelling have?

(Mark only one)

- 1 Sewer system
- 2 Septic well or tank
- 3 Others

11. Does the dwelling have a bathroom or shower with running water installed and working drains?

a. Does the dwelling have a bathtub or shower with an installation of running water and drain for use?

(Mark only one per group)

- 1 Exclusive use of the dwelling
- 2 Shared among various dwellings
- 3 Does not have - continue with question 12.

b. The bathtub or shower is located

- 1 Inside the dwelling
- 3 Outside of the dwelling

12. Sanitary services.

a. Does the dwelling have sanitary services for use?

(Mark only one per group)

- 1 Exclusive of this dwelling
- 2 Shared among various dwellings
- 3 Does not have - continue with question 13.

b. What type of sanitary service does the dwelling possess?

- 1 Toilet with water
- 2 Sanitary latrine
- 3 Latrine or Sewage pit

c. The sanitary services are located:

- 1 Inside the dwelling
- 3 Outside the dwelling

13. What is the source of energy that is used for lighting the dwelling?

(Mark only one)

- 1 Union electric
- 2 Industrial plant
- 3 Brilliant light (kerosene)
- 4 Mini hydro electric
- 5 Solar panels
- 6 Biogas
- 7 Own electrical plant
- 8 Other

14. Which of the following equipments does the dwelling have?

a. Radio

- 1 Yes
- 3 No

b. Radio-recorder with or without CD

- 1 Yes
- 3 No

c. Color television

- 1 Yes
- 3 No

d. Black and white television

- 1 Yes
- 3 No

e. Electric iron

- 1 Yes
- 3 No

f. Refrigerator

- 1 Yes
- 3 No

g. Wash machine

- 1 Yes
- 3 No

h. Manual or electric sewing machine

- 1 Yes
- 3 No

i. Fan

- 1 Yes
- 3 No

j. Electric kitchen

- 1 Yes
- 3 No

k. Blender or beater

- 1 Yes
- 3 No

l. Rice maker

- 1 Yes
- 3 No

m. Air conditioning

- 1 Yes
- 3 No

n. Video cassette player/recorder

- 1 Yes
- 3 No

o. Computer

- 1 Yes
- 3 No

p. Automobile, truck or tractor

- 1 Yes
- 3 No

q. Motorcycle or motorbike

- 1 Yes
- 3 No

r. Private telephone

- 1 Yes
- 3 No

s. Water heater (non-mobile)

- 1 Yes
- 3 No

Section IV. Information about the person

1. Number of person _ _

Name(s) and Last Names_____

2. What relationship does this person have to the head of household?

- 0 Head of household
- 1 Spouse or companion
- 2 Son/daughter
- 3 Step-son/step-daughter
- 4 Daughter/son-in-law
- 5 Grandson/granddaughter
- 6 Parents or parents-in-law
- 7 Other relative
- 8 Other non-relative

3. Order number of the mother (or father) and of the spouse in the questionnaire

*If he/she does not form part of this household, write "00"

Son/daughter of [_ _]

Spouse of [_ _]

4. Is this person male or female?

(Mark only one)

- 1 Male
- 3 Female

5. What is the birth-date and age in years completed?

Day_____

Month_____

Year_____

Age _ _ _

6. What is the skin color?

(Mark only one)

- 1 White
- 2 Black
- 3 Mestizo or mulato

7. Where did your mother reside when you were born?

- 1 In this municipality - Continue with question 8
- 3 In another municipality in the country - (indicate the name of the municipality, province, or country)

Municipality _____
Province _____
Country _____

- 9 Does not know

8. Have you always lived in this municipality?

a. Have you always lived in this municipality?

- 1 Yes - Continue with question 10
- 2 No

[Question 8b was asked of people reporting that they did not always live in the current municipality, per question 8a.]

b. In which municipality or country did you reside before moving?

Municipality _____
Province _____
Country _____
 9 Does not know

9. How long have you lived in this municipality since you moved from the previous municipality or country?

[Question 9 was asked of persons who had not always lived in the present municipality, per question 8.]

Years _____
 00 Less than one year
 99 Does not know

10. Do you present any of the following ailments?

a. Permanent deficiency for speaking or mute

- 1 Congenital
- 3 Acquired
- 5 Does not know

b. Hearing weakness

- 1 Congenital
- 3 Acquired
- 5 Does not know

c. Deaf

- 1 Congenital
- 3 Acquired
- 5 Does not know

d. Blind

- 1 Congenital
- 3 Acquired
- 5 Does not know

e. Absence of upper extremities

- 1 Congenital
- 3 Acquired
- 5 Does not know

f. Disability of upper extremities

- 1 Congenital
- 3 Acquired
- 5 Does not know

g. Absence of lower extremities

- 1 Congenital
- 3 Acquired
- 5 Does not know

h. Disability of lower extremities

- 1 Congenital
- 3 Acquired
- 5 Does not know

i. Chronic mental illness

- 1 Congenital
- 3 Acquired
- 5 Does not know

j. Mental retardation

- 1 Congenital
- 3 Acquired
- 5 Does not know

k. None of the above

- Does not know

For persons six years old or more [Questions 11-15]

11. What is the highest grade or year of studies completed?

- 0 None - Continue with question 14 0 __ _
- 1 Elementary (1 to 6) 0 __ _
- 2 Basic secondary (7 to 10) __ _
- 3 Specialized worker (1 to 5) 0 __ _
- 4 Pre-university (10 to 13) __ _
- 5 Mid-level technical (1 to 5) 0 __ _
- 6 Mid-level pedagogy (1 to 5) 0 __ _
- 7 Higher or university (1 to 7) 0 __ _

12. What is the highest level of education that you finished completely?

[Question 12 was asked of persons age 6 and older who had at least some education, per question

11.]

(Mark only one)

- 0 None - Continue with question 14
- 1 Elementary
- 2 Basic secondary
- 3 Specialized worker
- 4 Pre-university
- 5 Mid-level technical
- 6 Mid-level pedagogy
- 7 Higher or university

13. What degree or academic diploma did he/she receive in the last level completed?

[Question 13 was asked of persons age 6 and older who had completed at least some education, per question 12.]

*Examples: Mid-level technician in accounting, licentiate in Economy, specialized welding worker.

_ _ According to the classifier

14. Do you know how to read and write?

*Mark "Yes" without asking if the person passed second grade or higher

- 1 Yes
- 3 No

15. Are you currently enrolled in an educational center of the National Educational System or in a foreign country?

(Mark only one)

- 1 Yes
- 3 No

16. What is your civil or marital status?

(Mark only one)

For persons 12 years old or more

- 1 Married
- 2 Civil union
- 3 Divorced
- 4 Separated
- 5 Widowed
- 6 Single

For persons 15 years old or more

[Questions 17-21]

17. What did you do during the week before September 7?

- 01 Worked - Continue with question 18
- 02 Had a job, but did not work - Continue with question 18
- 03 Looked for work because he/she had lost his/her job
- 04 Looked for work for the first time
- 05 Retired or receiving a pension

- 06 Collects rents or receives economic support
- 07 Household chores
- 08 Student
- 09 Incapacitated for work
- 10 Does not carry out any economic activity
- 11 In the hospital, in an asylum, or recluse who does not work
- 12 Other situation

For answers 03, 04, 05, 06, 07, 08, 09, 10, 11, 12: end of interview.

18. What is the principal occupation or job that you did in this work?

[Question 18 was asked of persons age 15 and older who had worked or had a job during the week before September 7, per question 17.]

*For example: electrician roller, teacher, secretary, etc.

_ _ According to the classifier

19. What is the name of the place where you were affiliated in this week?

a. What is the name of the place where you were linked through labor in this week?

[Question 19a was asked of persons age 15 and older who had worked or had a job during the week before September 7, per question 17.]

*Examples, textile combination, maternity hospital, cafeteria, individual worker, cooperative, etc.

b. What does the place do [literally: what is it dedicated to]?

[Question 19b was asked of persons age 15 and older who had worked or had a job during the week before September 7, per question 17.]

*Examples: Cattle ranching, clothing repairs, public food, housing services, etc.

According to the classifier _ _

20. Do you have a secondary occupation?

[Question 20 was asked of persons age 15 and older who had worked or had a job during the week before September 7, per question 17.]

*For there to be a secondary occupation the worker should do both simultaneously, in more than one employment

- 1 Yes
- 3 No - end of interview

21. What is the occupation or job that you did in this secondary work?

[Question 21 was asked of persons age 15 and older who had worked or had a job during the week before September 7 and had a secondary occupation, per questions 17 and 21.]

*For example: electrician roller, teacher, secretary, etc.

According to the classifier _ _

End of the interview

Name and last names of the enumerator

Date of enumeration

Day_____

Month_____

Primary revision

Supervisor _____

Office of area _____