

Republic of Venezuela
Census '90

Head Office of National Statistics and Census

XII General Population and Housing Census

Expanded Questionnaire

Protected Under Statistical Secrecy

L-2

Section I -- Dwelling Identification

1. ____ Federal entity
2. ____ Municipality or parish
3. ____ Locality
4. ____ Segment number
5. ____ Section number
6. ____ Subsection number
7. ____ Block number
8. ____ Sector number
9. ____ Dwelling order number

Continuation of another questionnaire

Section II -- Dwelling Information

1. Access to the dwelling
 - Paved street
 - Gravel or dirt street
 - Route or way
 - Public Stairs or walkways
 - Others
2. Dwelling type
 - House with garden (*quinta, casa-quinta*)
 - House
 - Apartment in a building
 - Apartment in a house (*quinta, casa-quinta*)
 - Tenement (*Casa de vecindad*)
 - Shack or hut (*Rancho*)

- Peasant hut (rural type) (*Rancho campesino*)
- Other type

3. The occupancy status of the dwelling is:

- Permanent use
- Occasional use (End the interview here)
- Unoccupied (End the interview here)
- Under construction (End the interview here)

4. The predominant material in the exterior walls is:

- Finished cement block or brick
- Unfinished cement block or brick
- Concrete
- Sawed wood, Formica, fiberglass and similar
- Finished adobe, adobe or mud wall (*tapia*), bamboo-and-mud (*bahareque*)
- Unfinished adobe, mud wall, bamboo-and-mud

5. The predominant material in the roof is:

- Roof slab (*Platabanda*)
- Tile
- Asbestos or similar
- Metal sheet (zinc or similar)
- Others (cane, palm, planks or similar)

6. The predominant material in the floor is:

- Tile, granite or marble, ceramic, brick, terracotta, parquet, carpet and similar
- Cement
- Earth
- Others (planks, *tablón* board, and similar)

7. How many rooms does the dwelling have in total, including living room, dining room, sleeping rooms and other rooms?

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

8. The kitchen is located in:

- Separate room
- Another place

9. The fuel normally used for cooking is:

- Gas
- Electricity
- kerosene or gasoline
- Others (wood, charcoal, etc.)

10. Water arrives at this dwelling via:

- Aqueduct (piped)
- Public cistern (*pila*)
- Tanker truck
- Other means

11. This dwelling has:

Toilet (W.C.) connected to sewer
How many?

- 1
- 2
- 3 or more

Toilet (w.c.) connected to a septic tank
How many?

- 1
- 2
- 3 or more

- Pit toilet or latrine
- Doesn't have a toilet or latrine

12. How many bathrooms with shower or tub does this dwelling have?

- One
- Two
- Three or more
- None

13. Does the dwelling have any of the following public services?

Telephone service

- Yes
- No

Public garbage collection

- Yes
- No

Street sweeping service

- Yes
- No

Public electric service

- Yes
- No

Section III -- Number of Households

1. How many people habitually live in this dwelling?

- One person alone
- One family

If this/these person/people form a census household. Skip to Section IV, "Composition of the Household."

- Two or more families or groups of people

2. Do these families or groups of people keep separate budgets for food?

- No These people form a census household. Skip to Section IV, "Composition of the Household."

- Yes

3. How many families or groups of people keep separate budgets for food?

_____ Each family or group forms a Census Household.

Follow these instructions:

Continue the interview for the first household on this same questionnaire.

For the rest of the households do the following:

- Fill in one questionnaire per Census Household
- Copy the information from Section I, "Dwelling Identification" (Points 1 to 9)
- Leave blank Section II, "Dwelling Information," and Section III, "Number of Households"
- Begin the interview with Section IV, "Composition of the Household"

Section IV, Composition of the Household

(Only for habitual residents of this household)

Mark the number of the Census Household that you are enumerating

Census Household number:

- 1
- 2
- 3
- 4
- 5 or more

1. How many people habitually live in this dwelling, whether present or not at this moment?

Important:

- Be sure to include small children and elderly people
- Do not include people who habitually live in another place

_____ Total number of people

Ask and write down the surname of each of the members of this household in the following order:

- Head of the household [explicitly male or female] (First Line)
- Spouse or partner
- Single sons or daughters without children (from oldest to youngest)
- Single, divorced, separated or widowed children, with their respective children noted after each
- Married or partnered children and their families
- Other relatives of the head (parents, in-laws, siblings, etc.) and their families
- People not related to the head (friends, etc.) and their families
- Domestic employees and their families (write "S.D." under relationship to head of household)

[There is a table with 10 rows to fill the following information]

- _____ Person number
- _____ Names and surnames

_____ Relationship to Head of Household

Mark the sex

Male

Female

[The following line is the last row of the table]

Total

_____ Male

_____ Female

If there are more than 10 people, use another questionnaire for the rest of the people.

2. I have written down the following individuals: (Read their names aloud) Do any of these people not live habitually in this dwelling?

Yes [Check the rules of residence, and if any are non-residents, erase their information from the appropriate line]

No

3. Is there anyone I haven't written down who habitually lives here but who is not here at the moment due to vacation, work, illness, or any other reason?

Yes [Check the rules of residence, and if any are residents, add their information to this section]

No

Comments:

[7 blank lines]

Section V -- Household Information

1. For this household, the dwelling is:

A. Owned

Completed paid for

Paying

_____ Bs./Month

B. Rented

_____ Bs./Month

C. Other form

2. How many rooms do the people in this household use for sleeping?

1

2

3

4

5

6

7

8 or more

3. Does the household have any of the following appliances?

Refrigerator

Yes

No

Television

Yes

No

Washing machine

Yes

No

Clothes dryer

Yes

No

Air conditioning

Yes

No

4. Does the household have a car for family use?

Yes: How many?

1

2

3 or more

No

5. Does the household have a motorcycle/motor scooter (*moto*)?

Yes: How many?

1

2

3 or more

No

Go on to fill in Section VI, "Individual Characteristics," for each of the people in this household.

Follow the same order in which you wrote them down in Section IV, "Household Composition."

Section VI - Individual Characteristics

Person number ____ of ____

____ Name

For all individuals:

[Questions 1-10 -- are for all person]

1. Relationship to the head of household

Head of household

Spouse or partner

Son/daughter

- Grandchild
- Father, mother, parent-in-law
- Brother/sister, brother/sister-in-law
- Nephew/niece
- Other relative
- Non- relative
- Domestic employees and their families

2. Sex

- Male
- Female

3. What is your date of birth and age?

- ____ Day
- ____ Month
- ____ Year
- ____ Age
- ____ Under one year (months)

4. What is your current marital status?

- Consensual union
- Married
- Separate
- Widowed
- Single
- Divorced

5. Born in:

- This same state -- Go on to question 10
- Another state
- ____ Which? -- Go on to question 10
- Another country
- ____ Which one?

6. What is your legal nationality?

- ____ Venezuelan by naturalization (nationalized)
- ____ Born abroad to Venezuelan parents
- Foreign

7. How long have you lived in the country?

- Less than 1 year
- 1 to 4 years
- 5 to 9 years
- 10 years or more

8. How long have you lived in this city or town?

- Always -- Go on to question 10
- Less than 1 year
- 1 to 4 years
- 5 to 9 years

10 years or more

9. The city or town where you lived before is in:

This same state

Another state

_____ Which?

Another country

10. Do you have any of the following disabilities?

Total blindness

Total deafness

Muteness

Mental retardation

Loss or disability of upper extremities

Loss or disability of lower extremities

None of the above

Questions 11-14 are only for Those Over the Age Of 3 Years

11. Are you able to read and write?

Yes

No

12. What was the highest grade, year or semester completed and at what educational level?

_____ Grade

_____ Year

_____ Semester

None -- Go on to question 14

Preschool -- Go on to question 14

Primary or Basic (1-6) -- Go on to question 14

Middle (1-3) or Basic (7-9) -- Go on to question 14

Diversified Middle -- Go on to question 14

Superior

13. Have you obtained any higher education title or degree?

Yes

_____ Which?

No

14. Are you currently attending preschool, basic, diversified or superior schooling?

Yes

No

Questions 15-17 are only for women 12 yrs of age and older

15. How children born alive have you had in total?

_____ Total children

None -- Go on to question 18

16. Of the total children born alive, how many are currently alive?

____ Currently alive

None

17. Have you given birth to any child born alive in the last 12 months?

Yes - How many?

1

2

3 or more

No

Questions 18-26 are only for people 12 yrs of age and older

18. In which of these situations do you currently find yourself?

Working -- Go on to question 20

Not working but employed -- Go on to question 20

Looking for work having worked before -- Go on to question 19

Looking for work for the first time -- Go on to question 26

Doing household duties without also working -- Go on to question 26

Studying without also working -- Go on to question 26

Living from pension or retirement without also working -- Go on to question 26

Permanently disabled for purposes of work -- Go on to question 26

Other situation -- Go on to question 26

19. How long have you been unemployed?

Up to 3 months

4 to 6 months

7 to 12 months

More than 1 year

20. What is your occupation in the company, organization or business where you work (or worked)?

Examples: driver, lathe operator, farmer, teacher, etc.

21. What does the company, organization or business where you work (or work) do? Examples: passenger transportation, furniture making, coffee-growing, education, etc.

22. Do 5 or more people work in this company, organization or business?

Yes

No

23. What is the name of the company, organization or business where you work (or worked)?

24. In this job, are (or were) you a:

- Public sector professional employee or laborer
- Private sector professional employee
- Domestic servant
- Member of a cooperative
- Employer or owner
- Own-account worker (who doesn't have employees or workers)
- Unpaid family worker

25. How much did you earn total by way of salaries, wages, tips, bonuses, (primas), or commissions during the last month (or during the last month that you worked), in all of your jobs?

- ___ Bs/Month
- ___ Bs/Week
- ___ Bs./Day

Did not receive income

26. Did you receive income during the last month from any of the following sources, and approximately how much?

Rent/investment income

___ Bs.

Pension or retirement

___ Bs.

Public or private scholarship or aid

___ Bs.

Unemployment insurance

___ Bs.

Others

___ Bs.

Did not receive any of these types of income