

DOMINICAN REPUBLIC  
TECHNICAL SECRETARIAT OF THE OFFICE OF THE PRESIDENT  
NATIONAL OFFICE OF STATISTICS  
EIGHTH NATIONAL POPULATION AND HOUSING CENSUS 2002

The information requested is strictly confidential pursuant to Law 5096 of 6 March 1959.

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SECTION I - IDENTIFICATION

No. of file (copy the file number here):  
No. of dwelling interviewed:  
No. of household within the dwelling:

Street, highway or road:

House/building No.:

Floor:

Apartment No.:

Complete the form by filling the oval boxes, using only the pencil provided. Write in capital letters, without accents; do not cross out, make corrections with the eraser provided; use this type of letters and numbers.

ABCDEFGHIJKLMNÑOPQRSTUVWXYZ 0123456789

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SECTION II CHARACTERISTICS OF THE DWELLING

If the dwelling is occupied with persons present, answer questions 1 through 6 on the basis of observation and then continue with the other questions.

If the dwelling is unoccupied, or occupied with persons absent, answer questions 1 and 3 on the basis of observation and then move to the next dwelling.

DATA ON THE DWELLING

1 TYPE OF DWELLING

a. Private dwelling

Independent house

Apartment

Room in a *cuartería* or back room

Hut

Site not intended for habitation

Dwelling under construction

Dwelling shared with business

Other

b. Collective dwellings

Hotel, boarding house or guesthouse

Barracks

Prison

Hospital or health centre  
Religious institution or boarding school  
Other

2. This dwelling is reached by:

Paved street/road  
Unpaved street/road  
Lane/track  
Staircase  
Other

3. This dwelling is:

Occupied with persons present  
Occupied with persons absent  
Unoccupied  
If the dwelling is occupied with persons absent, return later

ONLY FOR DWELLINGS THAT ARE OCCUPIED WITH PERSONS PRESENT

PREDOMINANT CONSTRUCTION MATERIALS USED IN:

4. Outside walls:

Block or concrete  
Wood  
Palm plank  
Board (*tejamanil*)  
*Yagua*  
Other

5. Roofing:

Concrete  
Zinc  
Asbestos cement  
*Yagua*  
Cane  
Other

6. Flooring:

Granite, marble, or ceramic tiles  
Mosaic  
Cement  
Dirt  
Wood  
Other

## ROOMS OF THE DWELLING

7. How many rooms does this dwelling have altogether, excluding bathrooms, kitchen, corridors and garage?

\_\_\_\_\_ rooms

8. Does this dwelling have a kitchen?

Yes, inside the dwelling

Yes, outside the dwelling

No

## ENVIRONMENTAL POLLUTION

9. Which of the following sources of pollution exist close to the dwelling? Read each alternative and mark those for which the answer is yes.

Stagnant water

Accumulation of garbage

Irrigation canal containing garbage or polluted water

Noise from vehicles or engines

Pigsty or farm

Factory smoke/gases

Factory or workshop noises

Waste material from factory, workshop, clinic etc.

Noise and smoke from electric power plant

Gas bottling plant

Gasoline station

Loud music from bars, take-aways (*colmados*), or neighbours

No pollution

## SECTION III – IDENTIFICATION OF HOUSEHOLDS IN THE DWELLING

*Read the following to the person being enumerated: A household can be formed by a person living alone, or by several persons living under the same roof who share the same meals, or, if not eating together, share common expenses.*

10. How many households or groups of persons who eat their meals separately are there in this dwelling, counting your own?

If the answer is just one, skip to question 11. If there is more than one census household in the dwelling: (a) fill out the complete form for the first household. (b) for each additional household, start a new form and fill out Section I, Identification. Leave Sections II and III blank, and continue the interview from Section IV, Household Characteristics.

## SECTION IV. HOUSEHOLD CHARACTERISTICS

### POSSESSION OF THE DWELLING

11. This dwelling (or the part of it that is occupied by this household) is: (read all options and mark just one):

- Rented
- Owned by the household, being paid for
- Owned by the household, fully paid
- Ceded or lent
- Other

### BEDROOMS

12. How many bedrooms does this dwelling have?

\_\_\_\_\_ Bedrooms

### FUEL FOR COOKING

13. What fuel is mainly used for cooking in this household?

- Propane gas
- Coal
- Fuelwood
- Electricity
- Other
- Household does not cook

### LIGHTING

14. What type of lighting is used in this household?

- Energy from the electricity grid
- Energy from own power plant
- Propane gas lamp
- Paraffin gas lamp
- Other

### WATER SERVICE

15. Where does the water for washing, cleaning, bathing, etc, used in this household come from?

- Piped inside the dwelling
- Piped to the yard outside the dwelling
- Piped to a public standpipe
- Spring, river, stream
- Well
- Rainfall
- Tanker truck
- Other

SANITARY FACILITY

16. What type of sanitary facility does the household have?

Toilet  
Latrine  
None

17. Does this household share its sanitary facility with other households?

Yes No

WASTE DISPOSAL

18. How does this household eliminate its waste material?

Collected by the municipality  
Collected by a private enterprise  
Burnt  
Dumped in the patio or backyard  
Tipped into a garbage dump  
Tipped into a river or canal  
Other

HOUSEHOLD GOODS AND SERVICES

19. Which of the following articles or services does this household have? (Read each option and mark those for which the answer is yes)

Refrigerator  
Stove  
Washing machine  
Television  
Air conditioning  
Radio/music equipment  
Private automobile  
Cistern or water tank  
Computer  
Current inverter  
Electric generator  
Telephone or cellphone  
Internet

**SECTION V – LIST OF PERSONS WHO LIVE IN THE HOUSEHOLD**

Make sure of listing all persons living in this household, including children, newborn babies and old people.

Column 1	Column 2	Column 3	Column 4	Column 5
Person No.	Please tell me the names of the persons that live most of the time in this household, trying to keep to this order: head of household (entered on the first line), spouse or companion of the head of household, children, stepchildren, son/daughter-in-law, parents and parents in law, grandchildren, other family relatives: brothers/ sisters, brothers /sisters-in-law, aunts/uncles, etc.), domestic worker, other non-relatives	Note the relationship or link with the head of household	Age (put 00 if the person is younger than one year old)	Sex Put V if male, and H if female
		Head of household		Male Female

If there are more than six persons in the household, continue on other form, repeating the data from Section I, Identification. List other persons in section V and continue as from section VII.

20. Is there any newborn baby or child that has not been listed?

Yes No

Enter the data for such children in the table above

21. Apart from the persons listed, is there any household member who lives in this dwelling most of the time, but is absent because of vacation, work, business, illness, etc?

Yes (Enter the corresponding data in the table above)

No

22. Summary of population

Men

Women

Total

Total number of persons of 18 years and older

SECTION VI – INTERNATIONAL EMIGRATION AND REMITTANCES

23. Are any persons who used to live in this household currently living outside the country?

Yes No (Skip to question 25)

24. How many men and how many women are currently living outside the country?

Men Women

25. Do any of the members of this household receive money regularly from abroad?

Yes No (Skip to question 27)

26. On average, how much money is received from abroad each month?

Enter the amount in Dominican pesos RD\$ \_\_\_\_\_.

SECTION VII – PERSONAL CHARACTERISTICS

Person No.    Name:

FOR ALL PERSONS

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

Head of household

Spouse/companion

Son/daughter

Stepchild/foster child

Son/daughter-in-law

Father/mother

Father/mother-in-law

Other relation

Domestic worker

Other non-relation

28. Is (name) male or female?

Male    Female

29. On what date was (name) born?

Day    Month    Year

30. How old is (name)? If less than one year old, put 00. If 98 or more, put 98.

31. Where was (name) born)?

Here, in this municipality

In another municipality

Abroad

If (name) was born in another municipality, write the name of the municipality. If

(name) was born abroad, write the name of the country

If born abroad, indicate year of arrival in the Dominican Republic (Skip to question 34)

32. In which country was (name)'s mother born?

Here, in the Dominican Republic

Abroad

33. In which country was (name)'s father born?

Here, in the Dominican Republic

Abroad

34. Is (name)'s mother alive?

Yes    No    Unknown

35. Does (name) have any of the following disabilities? Read each option and mark cases where the answer is yes.



Blind in one eye  
Blind in both eyes  
Deaf  
Mute  
Loss or permanent limitation in arm movement  
Loss or permanent limitation in leg movement  
Mental retardation or deficiency  
Other disability  
No disability (Skip to question 37)

36. What is the cause of these disabilities?

From birth  
Illness  
Violence or abuse  
Motorcycle accident  
Other motor vehicle accident  
Other accident (excluding workplace)  
Workplace accident  
Old age  
Other cause  
Unknown

FOR PERSONS OF 3 YEARS OLD AND MORE

37. Can (name) read and write?

Yes No

38. Does/did (name) attend a school, college or university, whether public or private?

Attending a public school  
Attending a private school  
Never attended school  
Not currently attending but attended in the past

39. What was the main reason why (name) stopped studying? Read all options and mark just one.

Does not/did not like studying  
Has/had to work  
Got married or went to live with a partner  
Looking after/looked after younger brothers and sisters  
There is/was no school in the locality  
School is/was far away  
Does not/did not have economic means  
Does not/did not have birth certificate  
Appropriate grades are/were not available  
Lack of places  
Completed studies

Left when pregnant

Other reason

40. If (name) is currently attending school (question 38, answer 1 or 2): what course is he/she attending and at what level?

If the answer was that (name) is not currently attending school, but attended in the past, (question 38, answer 4): what was the last year of study that (name) completed, and at what level?

None

Preschool/initial

Primary/basic

Secondary/*medio*

University

Specialty

Masters

Doctorate

Unknown

41. Did (name) complete this level?

Yes No

42. (a) What basic career is/did (name) studying/study?

Fill in the space only if the answer to question 40 was option 6, 7 or 8.

(b) What specialty, masters or doctorate does/did (name) take?

Skip to question 45

See question 30. If (name) is more than 30 years old, skip to question 45, otherwise ...

43. Did (name) attend school or college during the last school year?

Yes No

44. Is (name) repeating the course he/she is currently following?

Yes No Not attending school

FOR PERSONS OF 5 YEARS OLD AND MORE

45. Where was (name) living five years ago?

Here in this municipality

In another municipality

Five years ago (name) lived in:

The countryside

Town/city

Abroad

If (name) was living in another municipality, write the name of the municipality.  
If (name) was living abroad, write the name of the country.

FOR PERSONS OF 10 YEARS OLD AND MORE

46. Last week (i.e. the last seven days) did (name) have any job or work for payment or reward, even though he/she may have been absent from work owing to vacations, illness or some other reason?

Yes (Skip to question 50)    No

47. Did (name) undertake any activity for payment or gain last week, such as selling food or clothing, sewing, guarding automobiles, selling tickets, etc., for at least one hour?

Yes (Skip to question 50)    No

48. Last week, did (name) help, without payment or gain, in the business, farm or economic activity of a family member?

Yes (Skip to question 50)    No

49. Has (name) previously worked for payment or gain?

Yes    No (Skip to question 55)

50. What was the main occupation or task undertaken by (name) during the last week, (or in his/her last job)?

51. In that job, (name) is/ was ...

Employee earning a wage or salary  
Employer or boss  
Unpaid family worker  
Self-employed  
Member of a production cooperative  
Other

52. For what type of firm, business, or institution did (name) work last week (or in his/her last job or trade)? Read all options and select just one

Free zone enterprise  
Other private enterprise or business  
Non-profit non-governmental organization  
Public institution or enterprise  
A family house  
Other

53. How many persons work/worked in that firm, business or institution?

\_\_\_\_\_ Employees

54. What does the firm, business or institution in which (name) works (or last worked) do?

IF THE ANSWER TO QUESTIONS 46 OR 47 OR 48 WAS "YES", SKIP TO QUESTION 59

55. Last week, did (name) seek work for payment or gain, or try to establish his/her own business or enterprise?

Yes (Skip to question 59)    No

56. What was (name)'s main activity last week? Read all options and select just one

Domestic chores  
Studies  
Living from investments  
Retired or living from a pension  
Disable/elderly  
No activity  
Other

57. At the present time, would (name) be willing to work if offered a job?

Yes    No (Skip to question 59)

58. Why did (name) not seek work last week? Read all options and select just one

Has looked for work before and not found it  
Believes it is very difficult to find work  
Other people are looking for work  
Is waiting for a reply to a job application  
Has to study  
Has to look after the home/children  
Lives from investment income or is retired  
Does not need or want to work  
Is disabled or elderly  
Partner does not allow him/her to work  
Other

59. How much did (name) receive last month in terms of wages, rent, pension, retirement pension, interest, or any other income?

RDS \_\_\_\_\_

FOR PERSONS OF 15 YEARS OLD AND MORE

60. At the present time (name) is ... (Read all options and select just one)

Married

Cohabiting  
Widow/widower  
Divorced  
Separated from legal or religious marriage  
Separated from cohabitation  
Single

61. How many sisters from the same mother has (name) had that have reached 12 years old? If any, indicate the number; if not, fill the oval box and skip to question 64.

\_\_\_ Sisters    None

62. Of these of sisters, how many have died? If any, indicate the number; if none fill the oval box.

\_\_\_ Sisters    None

63. Of sisters who have died, how many died during pregnancy, childbirth, or risk period? If any, indicate the number, if not fill the oval box.

\_\_\_ Sisters    None

FOR WOMEN OF 15 YEARS OLD AND MORE

64. In total, how many live-born children has (name) had, including those that died a few hours or days after birth? If any, indicate the number; if not, fill the oval box, and skip to the next person.

\_\_\_ Sons    \_\_\_ Daughters    None

65. Of these sons and daughters, how many are currently living? If none fill the oval box.

\_\_\_ Sons    \_\_\_ Daughters    None

66. What is the date of birth of (name)'s last live-born son or daughter?

Month        Year

67. Is this last son or daughter of (name), currently living?

Yes    No    Unknown

## SECTION VIII - IDENTIFICATION OF AGRICULTURAL PRODUCERS

A.- Do any of the men or women members of this household have land plots that are sown, uncultivated, at rest, fallow (whether owned, rented, or under sharecropping, etc.) or which they have harvested over the last 12 years?

Yes (Enter the data for such persons)

No (Skip to question B)

Person No.	Name of person	Sex (Put V for male or F for female)		Amount of land (in <i>Tareas</i> )		
		Male	Female	Sown	Harvested	Uncultivated, at rest, or fallow

B - Do any of the men or women of this household have animals for household consumption or sale?

Yes (Enter the data for such persons)

No

Person No.	Name of person	Sex (Put V for male or F for female)		No. of animals	No. of animals				
		Male	Female		Cows, bulls, calves, bullocks	Ducks, turkeys, geese	Hens, chickens, cockerels	Beehives	Pigs

Name of Census Enumerator:

Name of Supervisor:

OBSERVATIONS: