SECTION I. IDENTIFICATION OF DWELLING

1. Federal entity:
2. Municipality:
3. Parish:
4. Population centre
5. Segment No.:
6. Sector No.:
7. Block No.:
8. Order No of the dwelling:
9. Urbanization or neighbourhood:
10. Street or Avenue:
11. Name or number of the dwelling:
12. Date of interview (Day, Month, 2001)
13. Is this the continuation of another questionnaire? Yes  No

SECTION II. DATA ON THE DWELLING
1. Type of dwelling

A. Family:

Mansion
Farm or house/farm
House
Apartment in building
Apartment in farm, house/farm or house
Tenement dwelling
Hut
Shelter
Other

B. Collective:

Code
Total number of persons living in the collective dwelling

2. Occupancy status of the dwelling

Occupied
With occupants present
With occupants absent
Unoccupied
Under construction

3. This dwelling is used…
Permanently
Occasionally

4. Predominant material used in outside walls
Block or brick (ground)
Block or brick (unground)
Concrete
Sawn wood, formica, glass fibre and similar
Adobe, tapia, ground bahareque
Adobe, tapia, unground bahareque
Other (palm leaves, planks or similar)

5. Predominant material used for roofing
Slab (Platabanda)
Tiles
Asphalt sheeting
Metal panel (zinc and similar)
Asbestos and similar
Other (palm leaves, planks or similar)

6. Predominant material used for flooring
Marble, mosaic, granite, vinyl, ceramic tiles, brick, terracotta, parquet and similar
Cement
Dirt
Other

7. The kitchen is located in
A separate room
The living room, dining room
Other

8. The fuel normally used for cooking is:
Gas
Electricity
Kerosene
Other (fuelwood, coal, etc)

9. Water reaches this dwelling via:
Aqueduct or piping
Tanker truck
Public standpipe or tank
Well with piping or pump
Well or protected spring
Other media (cistern, river, stream, rainwater)

10. How many rooms does this dwelling have altogether?
(Do not include bathrooms, corridors, verandas, kitchen, or laundry)

11. How many bathrooms with a shower does this dwelling have?

12. This dwelling has a:
Toilet connected to the sewerage system
Toilet connected to a septic tank
Toilet not connected to the sewerage system or a septic tank
Lavatory consisting of a pit or latrine
Dwelling does not have a toilet or lavatory

13. This dwelling has:
Electricity service Yes No
Fixed telephone Yes No

14. The garbage from this dwelling is:
Is collected by the urban sanitation service
Is deposited in a collective container
There is no urban sanitation service

SECTION III. NUMBER OF HOUSEHOLDS

1. How many persons live in this dwelling?
A single person (one household census. Go to section IV. COMPOSITION OF HOUSEHOLD)
Two or more persons

2. Do these persons maintain separate food expenses?
Yes
No (one household census. Go to section IV. COMPOSITION OF HOUSEHOLD)

3. How many groups of persons maintain separate food expenses?
(Each group of persons forms one Census Household)
Continue the interview for the first census household on this questionnaire;
for the remaining households use another questionnaire and proceed as follows:
Transcribe the data from SECTION I. IDENTIFICATION OF DWELLING, points 1-8, and then continue the interview as from SECTION IV. HOUSEHOLD COMPOSITION.

SECTION IV. HOUSEHOLD COMPOSITION

ONLY FOR HABITUAL RESIDENTS OF THIS HOUSEHOLD

1. Households in this dwelling:

This is household No. ___ of ___ (Enter the total number of households in the dwelling)

2. How many persons from this household live in this dwelling, whether or not present at this moment?

Total number of persons:
(include small children and old people)

3. What is the surname and name of each of the members of this household?
Enter each person and their relationship with the head of the household and sex in the following order:

Head of household
Spouse or companion
Single children or stepchildren without children of their own (from oldest or youngest)
Children or stepchildren who are single, divorced, separated, or widow/widowers, with children who live with them, then listing each of those children.
Children or stepchildren who are married or cohabiting and live in this household with their family, listing their spouse and children
Other relations of the head of household (father, mother, parents-in-law, brothers and Sisters, aunts/uncles, nephews/nieces, brothers/sisters-in-law, etc.) followed by their families.
Persons who are not relatives of the head of household (friends, etc.) followed by their family members.
Domestic servants, followed by their families

Person No.  Surname and name  Relationship with the head of household  Sex (male/female)

If there are more than seven persons in the household, use another questionnaire to list them and enumerate them.
Total:

4. I have listed the following persons (read names aloud)

Do any of these persons live most of the time in another dwelling?

Yes  No

Consult the rules of residency in the manual, and, if not resident, erase this person from the list.

5. Is there any person that I have not noted, who lives here most of the time, but is not present at the moment owing to vacation, work, illness, or other cause?

Yes  No

Consult the rules of residency in the manual, and, if not resident, erase this person from the list.

OBSERVATIONS: ___________________________

SECTION V. HOUSEHOLD DATA

1. The dwelling occupied by this household is

   Its own, fully paid
   Its own, being paid for (monthly instalment ______)
   Borrowed
   Other

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

3. Does the head of this household have a partner?

   Yes
   No (Skip to question 5)

4. How many persons of one year old or more sleep in the same room as the head of household and his/her partner?

5. How many bathrooms with a shower does this household have for its exclusive use?

6. Does this household have any of the following vehicles for its private use?

   Bicycle
   Motorcycle
Automobile (how many?)
No

7. Are there persons under 18 years of age in this household
   Yes
   No (Skip to question 9)

8. How many of those persons under 18 years of age have not been registered in civil registry, court, municipality, consulate, hospital, clinic, outpatient centre, etc.?

9. Does this household have:
   (Yes/No)
   Refrigerator
   Water filter
   Radio
   Television
   Washing machine
   Dryer
   Water heater
   Air conditioning
   Microwave oven
   Mobile cellular phone
   Cable TV
   Computer
   Internet access

SECTION VI. INDIVIDUAL CHARACTERISTICS

Person No. ____ of _____ Surname and name:

FOR ALL PERSONS
1. Relationship to the head of the household (transcribe from question 3 of SECTION IV)
   Head of household
   Spouse or companion
   Child or stepchild
   Grandchild
   Son/daughter-in-law
   Father, mother, father/mother-in-law
   Brother/sister, brother/sister-in-law
   Nephew/niece
   Other relative
   Non-relative
   Domestic servant
   Relative of domestic servant
Person in collective dwelling

2. Sex (Transcribe from question 3 SECTION IV)

Male  Female

3. What is the person’s date of birth and age in years?

Date of birth (day, month, year)
Age ____ (less than one year (months):____

4. Was the person born in Venezuela?  Yes  No (Skip to question 5)

In this same state

In another state of Venezuela (specify)

- Federal District
- Amazonas
- Anzoátegui
- Apure
- Aragua
- Barinas
- Bolívar
- Carabobo
- Cojedes
- Delta Amacuro
- Falcón
- Guárico
- Lara
- Mérida
- Miranda
- Monagas
- Nva. Esparta
- Portuguesa
- Sucre
- Táchira
- Trujillo
- Vargas
- Yaracuy
- Zulia
- Dependencias Federales

5. Born in another country:
   Year of arrival in Venezuela ____

Which country?
- Argentina
- Bolivia
- Brazil
Chile
Colombia
Ecuador
Spain
Guyana
Italy
Peru
Portugal
Dominican Republic

Province, department, region or state

Other country (specify)

6. The person’s legal nationality is:

Venezuelan, by naturalization (nationalized)
Venezuelan, born abroad; son/daughter of Venezuelan father/mother by birth or naturalization
Foreign

7. Does the person belong to any indigenous people?

Yes (specify)
No

8. Does the person speak the language of that people?

Yes  No

9. Does the person suffer from any of the following deficiencies, problems or disabilities?

Total blindness
Total deafness
Mental retardation
Loss or disability in upper limbs
Loss or disability in lower limbs
Other
None

10. Does the person need a wheelchair?

Yes  No

ONLY FOR PERSONS OF THREE YEARS OLD OR MORE

11. Where was the person living in October 1996?

Not yet born
12. In which municipality and state was the person living in October 1996? 
Municipality: 
State: 

13. In which country was the person living in October 1996? 
Country: 

14. Can the person read and write? 
Yes  No 

15. Is the person currently attending, as a student, any educational establishment (preschool, basic, secondary, technical secondary, special, higher technical or university)? 
Yes  No (Skip to question 17) 

16. The educational establishment being attended is: 
State  Private 

17. What was the last grade, year or semester completed by the person and at what education level? 
None 
Grade or year 
Preschool 
Basic (1-9)/primary (1-6) 
Special education 
Secondary (1-2) 
Secondary technical (1-3) 
Bachillerato (1-5) 
Year  Semester  
Higher technical 
University 

18. Has the person obtained any higher education diploma? 
Yes (specify) 
No (Skip to question 20)
19. Has the person done postgraduate studies?

Yes   No

20. What is the person’s current conjugal status?

Cohabiting
Married
Single
Separated from cohabitation or marriage
Divorced
Widow/widower of cohabitation or marriage

21. Last week the person was:

Working
Not working, but had a job
Looking for work having worked previously (Skip to question 23)

Looking for work for the first time
Undertaking household chores
Studying without working
Living from a pension or retired without working
Permanently disabled for work
Other situation

22. Last week, did the person, either at home or outside, undertake an activity for which he/she received or will receive payment in money or kind (e.g. sewing, cooking, selling clothes, washing cars, cleaning shoes, etc.)

Yes   No (Skip to question 35)

23. What is the main job or task that the person undertakes (or used to undertake) in the business, organization or firm in which he/she works (or used to work) (e.g. taxi driver, lawyer, farmer, medical visitor, teacher, secretary, etc)

24. What does the business, organization or firm in which the person mainly works (or used to work) do? (e.g. passenger transport, furniture factory, coffee growing, higher education, etc).

25. How many persons work (or used to work) in that business, organization or firm?

1
2-4
5
6-10
11-20
21-100
Over 100
26. What is the name of the business, organization or firm in which the person works (or used to work)?

27. The business, organization or firm in which the person works (or used to work) is
   Private
   Public administration (Skip to question 29)

28. Is this business or firm where the person works (or used to work) registered in the mercantile registry?
   Yes  No  Unknown

29. In this job the person has (or had) the status of:
   Employee or manual worker (fixed, contracted, occasional)
   Self-employed (with no employees or manual workers)
   Employer or boss
   Member of cooperative
   Unpaid family assistant
   Domestic service

30. The person carries out (or carried out) his/her work:
   In his/her dwelling
   In a place next to his/her dwelling
   In an exclusive site or place
   In the street (peddler)
   In a kiosk
   In a market
   In a vehicle
   Domicile service

31. Is the person receiving (or has the person received) occupational training for the tasks he/she undertakes (or used to undertake)?
   Yes  No

32. For how many hours did the person work last week (or in the last week that he/she worked) in all jobs?
   Total hours:

33. How much did the person earn in total in all jobs last month (or the last month he/she worked)?
   __________  Did not receive income (Skip to question 35)

34. Under what modality is the person paid (or used to be paid) in their main job?
   Per month  Per week  Per day
35. Did the person receive income last month in any of the following categories (indicate amount)?

Rent
Pension
Retirement
Public or private scholarship
Insurance in respect of voluntary unemployment
Alimony
Other
None

FOR ALL WOMEN OF 12 YEARS OLD OR MORE

36. How many live-born children has the person had in total?
Total number of children: _____ None (end of interview)

37. What is the date of birth of the person’s last live-born child?
Month Year

38. Of the total number of live-born children, how many are still living?
Still living ______ None Unknown

Please do not write in this space

**** section VI repeated several times ***