

DOMINICAN REPUBLIC

UNITED NATIONS
INTERNATIONAL RESEARCH AND
TRAINING INSTITUTE FOR THE
ADVANCEMENT OF WOMEN

NATIONAL STATISTICS
OFFICE (ONE)

NATIONAL TIME-USE SURVEY

Questionnaire #

I. IDENTIFICATION

1. Zone	1 Urban	2 Rural.....	<input type="checkbox"/>
2. Province/state.....			<input type="text"/> <input type="text"/>
3. Area.....			<input type="text"/> <input type="text"/> <input type="text"/>
4. Section.....			<input type="text"/> <input type="text"/> <input type="text"/>
5. Neighborhood.....			<input type="text"/> <input type="text"/> <input type="text"/>
6. Street and house #	_____		

Visit's result* _____	<input type="checkbox"/>
Method used** _____	<input type="checkbox"/>
Day of interview _____	<input type="checkbox"/>
Date _____	

*1 Complete 2 Partially complete 3 Rejected
4 Postponed 5 Unoccupied 6 Absent

** 1 Interview 2 Observation/interview

INTERVIEWER _____
SUPERVISOR _____
CRITICIZED/ CODIFIED BY _____
DATA ENTRY BY _____
REVISED BY _____

II. HOUSING CHARACTERISTICS

#	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO
7	KIND OF HOUSING	HOUSE.....1 APARTMENT.....2 HOUSE IN BLOCK/ HILERA.....3 ROOM/PARTE ATRAS.....4 BARRACON.....5 OTHER.....6 SPECIFY	
8	IS THIS HOUSING YOURS, GIVEN, LENT OR OTHER KIND OF PROPERTY?	OWN.....1 RENTED.....2 GIVEN/LENT.....3 OTHER.....4 SPECIFY	
9	MAIN CONSTRUCTION MATERIAL OF FLOORS	SOIL.....1 WOOD.....2 CEMENT.....3 GRANITE/MOSAIC.....4 OTHER.....5 SPECIFY	
10	MAIN CONSTRUCTION MATERIAL OF WALLS	BLOCKS/CONCRETE.....1 BRICKS.....2 WOOD.....3 PALMA.....4 TILE.....5 YAGUA/ SALVAGE MATERIAL.....6 OTHER.....7 SPECIFY	
11	MAIN CONSTRUCTION MATERIAL OF ROOF	CONCRETE.....1 CEMENT (ASBESTO)2 ZINC.....3 TILES.....4 WOOD.....5 CANE.....6 YAGUA.....7 OTHER.....8 SPECIFY	
12	HOW MANY ROOMS DOES THIS HOUSING HAVE (DO NOT INCLUDE KITCHEN, BATHROOM, GALLERY)?	# OF ROOMS <input type="text"/> <input type="text"/>	

#	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO
13	HOW MANY SLEEPING ROOMS DOES THIS HOUSING HAVE?	<input type="text"/> <input type="text"/> # OF SLEEPING ROOMS	
14	WHAT KIND OF LIGHTING DOES THIS HOUSING HAVE?	CDE.....1 INVERSOR/PLANTA.....2 1 AND 2.....3 GAS LAMP.....4 OTHER.....5 SPECIFY	
15	WHICH IS THE MAIN KIND OF FUEL YOU USE TO COOK?	PROPANE GAS.....1 ELECTRICITY.....2 KEROSENE.....3 COAL.....4 FIREWOOD.....5 OTHER.....6 SPECIFY	
16	MAIN SOURCE OF WATER SUPPLY	PIPE WATER: INSIDE THE HOUSEHOLD.....1 OUTSIDE THE HOUSEHOLD...2 LLAVE PUBLICA (PUBLIC PUMP).....3 WELL.....4 RIVER/SPRING.....5 RAIN/ RESERVOIR.....6 TANK (CAMION TANQUE).....7 OTHER.....8 SPECIFY	
17	WHAT KIND OF SANITARY SERVICES DOES THE HOUSING HAVE?	PRIVATE WATER CLOSET.....1 PUBLIC WATER CLOSET2 PRIVATE LETRINE.....3 PUBLIC LETRINE.....4 OTHER.....5 SPECIFY	
18	HOW DO YOU GET RID OF GARBAGE?	PRIVATE ENTERPRISE/ GOVERNMENT.....1 YOU BURN IT.....2 YOU THROW IT IN THE YARD OR SOMEWHERE ELSE.....3 OTHER.....4 SPECIFY	

19	DO YOU HAVE IN THIS HOUSEHOLD....?	FAN.....1 2 RADIO.....1 2 MUSIC PLAYER.....1 2 AIR CONDITIONER.....1 2 TV.....1 2 VCR.....1 2 REFRIGERATOR.....1 2 HEATER.....1 2 ELECTRIC IRON.....1 2 COAL IRON.....1 2 WASHING MACHINE.....1 2 WATER HEATER.....1 2 BATH TUB.....1 2 COMPUTER.....1 2 MICROWAVE OVEN.....1 2 DISH WASHER.....1 2 PRIVATE CAR.....1 2 MOTORCYCLE.....1 2	
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III.SOCIO-DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD MEMBERS

FOR EVERY PERSON					POPULATION OF 5 YEARS OLD AND OVER	POPULATION OF 7 YEARS OLD AND OVER			<u>POPULATION OF 12 YEARS OLD AND OVER</u>	
Person#	Name	21. Relationship	22. Sex	23. Age	24. Educational level	25. Main occupation	26. Secondary occupation	27. Income received	28.# of sons/ daughters	29. Marital status
01		HEAD								
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										

30. Who contributes with more money to household expenditures? _____

31. Who makes major decisions? _____

32. Do the children perform any income generating activity or help with family business or land? _____

33. In any time of the year, do the children do not go to school in order to work for money? _____

INTERVIEWER, PLEASE CIRCLE THE LINE NUMBER OF PERSONS THAT RESPONDED

IV. RECORD OF ACTIVITIES

Questionnaire # _____ Person # _____ Name of the person _____

Hour	Observation/ Interview	34. What are you doing? MAIN ACTIVITY	35. What else are you doing? SECONDARY ACTIVITY	36. Where are you?	For whom are you performing this activity*?	36. Which of the performed activities is remunerated? 1. Main activity 2. Sec.activit y 3. Both 4. None
5:00 am						
5:15						
5:30						
5:45						
6:00						
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6:30						
6:45						
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8:45						

* MAIN ACTIVITY

