



## C. HOUSEHOLD MEMBERS WHO STAYED LAST NIGHT

6.c

**INDICATE THE NAMES OF ALL INDIVIDUAL MEMBERS OF THE HOUSEHOLD WHO STAYED AT THE HOUSING UNIT LAST NIGHT. BEGIN WITH THE HEAD OF THE HOUSEHOLD (MALE OR FEMALE).**  
Continue the list in the following order: spouse or partner, underage sons and daughters, other relatives and finally non-family members. Include babies, girls, boys, elderly persons, live-in domestic workers and visitors.

If more than one household is recorded on question 6.b., separate questionnaires must be used for each of the households identified.

PERSON No.	FULL NAME	RELATIONSHIP WITH HEAD OF HOUSEHOLD (MALE OR FEMALE)	SEX	
			MALE	FEMALE
1		HEAD OF HOUSEHOLD	<input type="radio"/>	<input type="radio"/>
2			<input type="radio"/>	<input type="radio"/>
3			<input type="radio"/>	<input type="radio"/>
4			<input type="radio"/>	<input type="radio"/>
5			<input type="radio"/>	<input type="radio"/>
6			<input type="radio"/>	<input type="radio"/>
7			<input type="radio"/>	<input type="radio"/>
8			<input type="radio"/>	<input type="radio"/>
9			<input type="radio"/>	<input type="radio"/>
10			<input type="radio"/>	<input type="radio"/>
11			<input type="radio"/>	<input type="radio"/>
12			<input type="radio"/>	<input type="radio"/>
13			<input type="radio"/>	<input type="radio"/>
14			<input type="radio"/>	<input type="radio"/>
15			<input type="radio"/>	<input type="radio"/>
16			<input type="radio"/>	<input type="radio"/>

ALL THE PERSONS IN THIS LIST MUST BE SURVEYED ON THE FOLLOWING PAGES OF THE QUESTIONNAIRE.

ALL THE PERSONS IN THIS LIST MUST BE SURVEYED ON THE FOLLOWING PAGES OF THE QUESTIONNAIRE.

6.d

**OF THE TOTAL NUMBER OR PERSONS MENTIONED, HOW MANY MALES AND HOW MANY ARE FEMALES?**

**TOTAL**      =      **MALES**      +      **FEMALES**

     =             +     

- Enter the number of persons as well as the number of males and females forming this household.
- Verify that the number of the last person recorded in 6.c is the same as the total number recorded for this question.



### IMPORTANT

- Record all persons who stayed at the housing unit the night between April 18 and April 19, 2017, whether or not they are permanent occupants.
- All persons present at the time you arrive at the housing unit - if not recorded elsewhere - must be recorded.
- No person should be recorded twice.
- If in doubt, a person must be recorded.**

If more than eight individuals are staying at a housing unit, in additional questionnaires you must affix the portfolio number sticker, repeat the unit number and household number, and fill in the **CONTINUATION** circle.

Then continue to record each person listed in 6.c, section "D. PERSONAL INFORMATION".

### BEFORE CONTINUING WITH SECTION "D. PERSONAL INFORMATION"

Enter in the first line of each page the first name of every person who stayed at the housing unit last night:

- Begin with the head of household (male or female), who will be listed as person No. 1, and indicate his/her first name.
- On page 2, indicate the name of person No. 2 and then enter all the other members of the household in the same order as indicated in question 6.c



*DON'T FORGET TO ENTER IN 6.c:*

- Babies born before midnight of April 18-19, 2017.
- Persons who died after midnight of April 18-19, 2017.
- Persons who did not stay at the housing unit for reasons of work (night shifts) but returned to the unit during the census day.
- Persons who did not stay at the housing unit because they were at a party, wake or other special case, provided that they WERE NOT or WILL NOT be recorded elsewhere.

*DO NOT RECORD:*

- Persons who stayed at the housing unit the night before and who were recorded at ...
- Another housing unit, boarding room or hotel
  - A hospital
  - A correctional facility



# D. PERSONAL INFORMATION

PERSON NO.

NAME

## FOR ALL PERSONS

**7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?**

Head of household .....	<input type="radio"/>	1	Brother/sister-in-law .....	<input type="radio"/>	9
Husband/wife (spouse) ...	<input type="radio"/>	2	Father/mother-in-law .....	<input type="radio"/>	10
Civil partner .....	<input type="radio"/>	3	Son/daughter-in-law .....	<input type="radio"/>	11
Common-law husband/wife or partner .....	<input type="radio"/>	4	Grandson/granddaughter .....	<input type="radio"/>	12
Son/daughter .....	<input type="radio"/>	5	Grandfather/grandmother .....	<input type="radio"/>	13
Son/daughter of spouse, common-law husband/wife or partner ...	<input type="radio"/>	6	Other relative .....	<input type="radio"/>	14
Brother/sister .....	<input type="radio"/>	7	Non-relative .....	<input type="radio"/>	15
Father/mother .....	<input type="radio"/>	8	Live-in domestic staff .....	<input type="radio"/>	16

**8. WHAT IS YOUR SEX?**

Male  1      Female  2

**9. HOW OLD ARE YOU?**

If less than one year, enter 0

Age at last birthday

**9.a IN WHICH MONTH AND YEAR WERE YOU BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?**

**A. Yes**

1. At this housing unit .....

2. At another housing unit .....

**B. No**

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

**11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?**

1. I wasn't born yet .....

2. In this commune .....

3. In another commune .....

(Enter the name of the commune)

**In another country**

4. Peru .....	<input type="radio"/>	4	7. Ecuador .....	<input type="radio"/>	7
5. Argentina.....	<input type="radio"/>	5	8. Colombia.....	<input type="radio"/>	8
6. Bolivia.....	<input type="radio"/>	6	9. Other.....	<input type="radio"/>	9

(Enter the name of the country)

**12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?**

**A. In this country**

1. In this commune .....

2. In another commune .....

(Enter the name of the commune)

**B. In another country**

4. Peru .....	<input type="radio"/>	4	7. Ecuador .....	<input type="radio"/>	7
5. Argentina.....	<input type="radio"/>	5	8. Colombia.....	<input type="radio"/>	8
6. Bolivia.....	<input type="radio"/>	6	9. Other.....	<input type="radio"/>	9

(Enter the name of the country)

**12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?**

Year

If you do not know the year, mark the period in which you arrived in Chile.

1. Between 2010 and 2017 .....

2. Between 2000 and 2009 .....

3. Between 1990 and 1999.....

4. Before 1990 .....

**13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.**

1. Yes       2. Not at present       3. Never have

**GO TO 16**

**14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.**

For preschool education, enter 0.  
For those who have completed the tertiary education, enter the number of years of the program.

0	1°	2°	3°	4°	5°	6°	7°	8°
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?**

<b>A. Preschool</b>	<b>D. Secondary Education</b>
Nursery .....	Scientific-humanist..
Pre-kinder .....	Vocational .....
Kinder .....	Humanities (Old system) .....
<b>B. Special Education.....</b>	Business, industrial, normal-school (old system) .....
<b>C. Elementary Education</b>	<b>E. Tertiary Education</b>
Elementary education .....	Postsecondary technical school (1-3 years) .....
Primary (Old system) .....	Professional degree (4 or more years) .....
	Master's Degree .....
	PhD .....

**15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?**

Yes  1      No  2

**16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?**

1. Yes       2. No  **GO TO 17**

**16.a WHICH COMMUNITY?**

Mapuche... ..	<input type="radio"/>	1	Colla .....	<input type="radio"/>	6
Aymara .....	<input type="radio"/>	2	Diaguita .....	<input type="radio"/>	7
Rapa Nui ...	<input type="radio"/>	3	Kawésqar .....	<input type="radio"/>	8
Lican Antai..	<input type="radio"/>	4	Yagán or Yámana ..	<input type="radio"/>	9
Quechua ...	<input type="radio"/>	5	Other (specify) .....	<input type="radio"/>	10

## FOR ALL PERSONS AGED 15 YEARS AND OVER

**17. DID YOU WORK LAST WEEK?**

**A. Yes**

1. For remuneration, in money or in kind .....

2. Without remuneration, for a relative .....

**B. No**

3. I had a job, but I was on vacation, on sick leave, in a non-working period, etc. ....

4. I was looking for a job .....

5. I was studying .....

6. I was performing household chores .....

7. I am retired, or a pensioner or rentier .....

8. Other .....

**GO TO 19**

**18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".**

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

## ONLY FOR WOMEN AGED 15 YEARS AND OVER

**19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?**

None  **CONTINUE INTERVIEW WITH NEXT PERSON**      Number

**20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?**

None       Number

**21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Continue with the next person in the household



# D. PERSONAL INFORMATION

PERSON NO.

NAME

## FOR ALL PERSONS

**7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?**

Head of household .....	<input type="radio"/>	1	Brother/sister-in-law .....	<input type="radio"/>	9
Husband/wife (spouse) ...	<input type="radio"/>	2	Father/mother-in-law .....	<input type="radio"/>	10
Civil partner .....	<input type="radio"/>	3	Son/daughter-in-law .....	<input type="radio"/>	11
Common-law husband/wife or partner .....	<input type="radio"/>	4	Grandson/granddaughter .....	<input type="radio"/>	12
Son/daughter .....	<input type="radio"/>	5	Grandfather/grandmother .....	<input type="radio"/>	13
Son/daughter of spouse, common-law husband/wife or partner ...	<input type="radio"/>	6	Other relative .....	<input type="radio"/>	14
Brother/sister .....	<input type="radio"/>	7	Non-relative .....	<input type="radio"/>	15
Father/mother .....	<input type="radio"/>	8	Live-in domestic staff .....	<input type="radio"/>	16

**8. WHAT IS YOUR SEX?**

Male  1      Female  2

**9. HOW OLD ARE YOU?**

If less than one year, enter 0

Age at last birthday

**9.a IN WHICH MONTH AND YEAR WERE YOU BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?**

**A. Yes**

1. At this housing unit .....

2. At another housing unit .....

**B. No**

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

**11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?**

1. I wasn't born yet .....

2. In this commune .....

3. In another commune .....

(Enter the name of the commune)

**In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?**

**A. In this country**

1. In this commune .....

2. In another commune .....

(Enter the name of the commune)

**B. In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?**

Year

If you do not know the year, mark the period in which you arrived in Chile.

1. Between 2010 and 2017 .....

2. Between 2000 and 2009 .....

3. Between 1990 and 1999.....

4. Before 1990 .....

**13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.**

1. Yes

2. Not at present

3. Never have

**GO TO 16**

**14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.**

For preschool education, enter 0.

For those who have completed the tertiary education, enter the number of years of the program.

0   1°   2°   3°   4°   5°   6°   7°   8°

**15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?**

**A. Preschool**

Nursery .....

Pre-kinder .....

Kinder .....

**B. Special Education.....**

**C. Elementary Education**

Elementary education .....

Primary (Old system) .....

**D. Secondary Education**

Scientific-humanist..

Vocational .....

Humanities (Old system) .....

Business, industrial, normal-school (old system) .....

**E. Tertiary Education**

Postsecondary technical school (1-3 years) .....

Professional degree (4 or more years) .....

Master's Degree .....

PhD .....

**15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?**

Yes  1      No  2

**16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?**

1. Yes

2. No  **GO TO 17**

**16.a WHICH COMMUNITY?**

Mapuche... ..

Aymara .....

Rapa Nui ...

Lican Antai..

Quechua ...

Colla .....

Diaguita .....

Kawésqar .....

Yagán or Yámana ..

Other (specify) .....

## FOR ALL PERSONS AGED 15 YEARS AND OVER

**17. DID YOU WORK LAST WEEK?**

**A. Yes**

1. For remuneration, in money or in kind .....

2. Without remuneration, for a relative .....

**B. No**

3. I had a job, but I was on vacation, on sick leave, in a non-working period, etc. ....

4. I was looking for a job .....

5. I was studying .....

6. I was performing household chores .....

7. I am retired, or a pensioner or rentier .....

8. Other .....

**GO TO 19**

**18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".**

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

## ONLY FOR WOMEN AGED 15 YEARS AND OVER

**19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?**

None  **CONTINUE INTERVIEW WITH NEXT PERSON**      Number

**20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?**

None       Number

**21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Continue with the next person in the household



# D. PERSONAL INFORMATION

PERSON NO.

NAME

## FOR ALL PERSONS

**7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?**

Head of household .....	<input type="radio"/>	1	Brother/sister-in-law .....	<input type="radio"/>	9
Husband/wife (spouse) ...	<input type="radio"/>	2	Father/mother-in-law .....	<input type="radio"/>	10
Civil partner .....	<input type="radio"/>	3	Son/daughter-in-law .....	<input type="radio"/>	11
Common-law husband/wife or partner .....	<input type="radio"/>	4	Grandson/granddaughter .....	<input type="radio"/>	12
Son/daughter .....	<input type="radio"/>	5	Grandfather/grandmother .....	<input type="radio"/>	13
Son/daughter of spouse, common-law husband/wife or partner ...	<input type="radio"/>	6	Other relative .....	<input type="radio"/>	14
Brother/sister .....	<input type="radio"/>	7	Non-relative .....	<input type="radio"/>	15
Father/mother .....	<input type="radio"/>	8	Live-in domestic staff .....	<input type="radio"/>	16

**8. WHAT IS YOUR SEX?**

Male  1      Female  2

**9. HOW OLD ARE YOU?**

If less than one year, enter 0

Age at last birthday

**9.a IN WHICH MONTH AND YEAR WERE YOU BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?**

**A. Yes**

1. At this housing unit .....

2. At another housing unit .....

**B. No**

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

**11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?**

1. I wasn't born yet .....

2. In this commune .....

3. In another commune .....

(Enter the name of the commune)

**In another country**

4. Peru .....	<input type="radio"/>	4	7. Ecuador .....	<input type="radio"/>	7
5. Argentina.....	<input type="radio"/>	5	8. Colombia.....	<input type="radio"/>	8
6. Bolivia.....	<input type="radio"/>	6	9. Other.....	<input type="radio"/>	9

(Enter the name of the country)

**12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?**

**A. In this country**

1. In this commune .....

2. In another commune .....

(Enter the name of the commune)

**B. In another country**

4. Peru .....	<input type="radio"/>	4	7. Ecuador .....	<input type="radio"/>	7
5. Argentina.....	<input type="radio"/>	5	8. Colombia.....	<input type="radio"/>	8
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(Enter the name of the country)

**12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?**

Year

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**13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.**

1. Yes       2. Not at present       3. Never have

**GO TO 16**

**14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.**

For preschool education, enter 0.  
For those who have completed the tertiary education, enter the number of years of the program.

0	1°	2°	3°	4°	5°	6°	7°	8°
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?**

<b>A. Preschool</b>	<b>D. Secondary Education</b>
Nursery .....	Scientific-humanist..
Pre-kinder .....	Vocational .....
Kinder .....	Humanities (Old system) .....
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<b>C. Elementary Education</b>	<b>E. Tertiary Education</b>
Elementary education .....	Postsecondary technical school (1-3 years) .....
Primary (Old system) .....	Professional degree (4 or more years) .....
	Master's Degree .....
	PhD .....

**15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?**

Yes  1      No  2

**16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?**

1. Yes       2. No  **GO TO 17**

**16.a WHICH COMMUNITY?**

Mapuche... ..	<input type="radio"/>	1	Colla .....	<input type="radio"/>	6
Aymara .....	<input type="radio"/>	2	Diaguita .....	<input type="radio"/>	7
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Lican Antai..	<input type="radio"/>	4	Yagán or Yámana ..	<input type="radio"/>	9
Quechua ...	<input type="radio"/>	5	Other (specify) .....	<input type="radio"/>	10

## FOR ALL PERSONS AGED 15 YEARS AND OVER

**17. DID YOU WORK LAST WEEK?**

**A. Yes**

1. For remuneration, in money or in kind .....

2. Without remuneration, for a relative .....

**B. No**

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4. I was looking for a job .....

5. I was studying .....

6. I was performing household chores .....

7. I am retired, or a pensioner or rentier .....

8. Other .....

**GO TO 19**

**18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".**

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

## ONLY FOR WOMEN AGED 15 YEARS AND OVER

**19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?**

None  **CONTINUE INTERVIEW WITH NEXT PERSON**      Number

**20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?**

None       Number

**21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Continue with the next person in the household



## D. PERSONAL INFORMATION

**PERSON NO.**

**NAME**

**FOR ALL PERSONS**

**7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?**

Head of household .....	<input type="radio"/>	1	Brother/sister-in-law .....	<input type="radio"/>	9
Husband/wife (spouse) ...	<input type="radio"/>	2	Father/mother-in-law .....	<input type="radio"/>	10
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Brother/sister .....	<input type="radio"/>	7	Non-relative .....	<input type="radio"/>	15
Father/mother .....	<input type="radio"/>	8	Live-in domestic staff .....	<input type="radio"/>	16

**8. WHAT IS YOUR SEX?**

Male  1      Female  2

**9. HOW OLD ARE YOU?**

If less than one year, enter 0

Age at last birthday

**9.a IN WHICH MONTH AND YEAR WERE YOU BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?**

**A. Yes**

1. At this housing unit .....

2. At another housing unit .....

**B. No**

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

**11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?**

1. I wasn't born yet .....

2. In this commune .....

3. In another commune .....

(Enter the name of the commune)

**In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?**

**A. In this country**

1. In this commune .....

2. In another commune .....

(Enter the name of the commune)

**B. In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?**

Year

If you do not know the year, mark the period in which you arrived in Chile.

1. Between 2010 and 2017 .....

2. Between 2000 and 2009 .....

3. Between 1990 and 1999.....

4. Before 1990 .....

**13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.**

1. Yes

2. Not at present

3. Never have

**GO TO 16**

**14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.**

For preschool education, enter 0.

For those who have completed the tertiary education, enter the number of years of the program.

0   1°   2°   3°   4°   5°   6°   7°   8°

**15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?**

**A. Preschool**

Nursery .....

Pre-kinder .....

Kinder .....

**B. Special Education.....**

**C. Elementary Education**

Elementary education .....

Primary (Old system) .....

**D. Secondary Education**

Scientific-humanist..

Vocational .....

Humanities (Old system) .....

Business, industrial, normal-school (old system) .....

**E. Tertiary Education**

Postsecondary technical school (1-3 years) .....

Professional degree (4 or more years) .....

Master's Degree .....

PhD .....

**15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?**

Yes  1      No  2

**16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?**

1. Yes       2. No  **GO TO 17**

**16.a WHICH COMMUNITY?**

Mapuche... .. 1      Colla ..... 6

Aymara ..... 2      Diaguita ..... 7

Rapa Nui ... 3      Kawésqar ..... 8

Lican Antai.. 4      Yagán or Yámana .. 9

Quechua ... 5      Other (specify) ..... 10

**FOR ALL PERSONS AGED 15 YEARS AND OVER**

**17. DID YOU WORK LAST WEEK?**

**A. Yes**

1. For remuneration, in money or in kind .....

2. Without remuneration, for a relative .....

**B. No**

3. I had a job, but I was on vacation, on sick leave, in a non-working period, etc. ....

4. I was looking for a job .....

5. I was studying .....

6. I was performing household chores .....

7. I am retired, or a pensioner or rentier .....

8. Other .....

**GO TO 19**

**18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".**

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

**ONLY FOR WOMEN AGED 15 YEARS AND OVER**

**19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?**

None  **CONTINUE INTERVIEW WITH NEXT PERSON**      Number

**20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?**

None       Number

**21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Continue with the next person in the household

## D. PERSONAL INFORMATION

PERSON NO.

NAME

### FOR ALL PERSONS

#### 7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?

- |  |                       |   |                               |                       |    |
|--|-----------------------|---|-------------------------------|-----------------------|----|
| Head of household .....  | <input type="radio"/> | 1 | Brother/sister-in-law .....   | <input type="radio"/> | 9  |
| Husband/wife (spouse) ...                                      | <input type="radio"/> | 2 | Father/mother-in-law .....    | <input type="radio"/> | 10 |
| Civil partner .....  | <input type="radio"/> | 3 | Son/daughter-in-law .....     | <input type="radio"/> | 11 |
| Common-law husband/wife or partner .....                       | <input type="radio"/> | 4 | Grandson/granddaughter .....  | <input type="radio"/> | 12 |
| Son/daughter .....   | <input type="radio"/> | 5 | Grandfather/grandmother ..... | <input type="radio"/> | 13 |
| Son/daughter of spouse, common-law husband/wife or partner ... | <input type="radio"/> | 6 | Other relative .....          | <input type="radio"/> | 14 |
| Brother/sister .....   | <input type="radio"/> | 7 | Non-relative .....            | <input type="radio"/> | 15 |
| Father/mother .....  | <input type="radio"/> | 8 | Live-in domestic staff .....  | <input type="radio"/> | 16 |

#### 8. WHAT IS YOUR SEX?

Male  1      Female  2

#### 9. HOW OLD ARE YOU?

If less than one year, enter 0

Age at last birthday

#### 9.a IN WHICH MONTH AND YEAR WERE YOU BORN?

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

#### 10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?

##### A. Yes

1. At this housing unit .....
2. At another housing unit .....

##### B. No

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

#### 11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?

1. I wasn't born yet .....
2. In this commune .....
3. In another commune .....

(Enter the name of the commune)

##### In another country

4. Peru .....
5. Argentina.....
6. Bolivia.....
7. Ecuador .....
8. Colombia.....
9. Other.....

(Enter the name of the country)

#### 12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?

##### A. In this country

1. In this commune .....
2. In another commune .....

(Enter the name of the commune)

##### B. In another country

4. Peru .....
5. Argentina.....
6. Bolivia.....
7. Ecuador .....
8. Colombia.....
9. Other.....

(Enter the name of the country)

#### 12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?

Year  If you do not know the year, mark the period in which you arrived in Chile.

1. Between 2010 and 2017 .....
2. Between 2000 and 2009 .....
3. Between 1990 and 1999.....
4. Before 1990 .....

#### 13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.

1. Yes      2. Not at present      3. Never have

#### 14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.

- For preschool education, enter 0.
- For those who have completed the tertiary education, enter the number of years of the program.

0   1°   2°   3°   4°   5°   6°   7°   8°

#### 15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?

- |                                  |  |
|----------------------------------|--|
| <b>A. Preschool</b>              | <b>D. Secondary Education</b>                          |
| Nursery .....                    | Scientific-humanist..                                  |
| Pre-kinder .....                 | Vocational .....                                       |
| Kinder .....                     | Humanities (Old system) .....                          |
| <b>B. Special Education.....</b> | Business, industrial, normal-school (old system) ..... |
| <b>C. Elementary Education</b>   | <b>E. Tertiary Education</b>                           |
| Elementary education .....       | Postsecondary technical school (1-3 years) .....       |
| Primary (Old system) .....       | Professional degree (4 or more years) .....            |
|                                  | Master's Degree .....                                  |
|                                  | PhD .....  |

#### 15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?

Yes  1      No  2

#### 16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?

1. Yes       2. No  GO TO 17

#### 16.a WHICH COMMUNITY?

- |               |                       |   |                       |                       |    |
|---------------|-----------------------|---|-----------------------|-----------------------|----|
| Mapuche... .. | <input type="radio"/> | 1 | Colla .....           | <input type="radio"/> | 6  |
| Aymara .....  | <input type="radio"/> | 2 | Diaguita .....        | <input type="radio"/> | 7  |
| Rapa Nui ...  | <input type="radio"/> | 3 | Kawésqar .....        | <input type="radio"/> | 8  |
| Lican Antai.. | <input type="radio"/> | 4 | Yagán or Yámana ..    | <input type="radio"/> | 9  |
| Quechua ...   | <input type="radio"/> | 5 | Other (specify) ..... | <input type="radio"/> | 10 |

### FOR ALL PERSONS AGED 15 YEARS AND OVER

#### 17. DID YOU WORK LAST WEEK?

##### A. Yes

1. For remuneration, in money or in kind .....
2. Without remuneration, for a relative .....

##### B. No

3. I had a job, but I was on vacation, on sick leave, in a non-working period, etc. ....
4. I was looking for a job .....
5. I was studying .....
6. I was performing household chores .....
7. I am retired, or a pensioner or rentier .....
8. Other .....

#### 18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

### ONLY FOR WOMEN AGED 15 YEARS AND OVER

#### 19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?

None  CONTINUE INTERVIEW WITH NEXT PERSON      Number

#### 20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?

None       Number

#### 21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Continue with the next person in the household



## D. PERSONAL INFORMATION

PERSON NO.

NAME

**FOR ALL PERSONS**

**7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?**

Head of household .....	<input type="radio"/>	1	Brother/sister-in-law .....	<input type="radio"/>	9
Husband/wife (spouse) ...	<input type="radio"/>	2	Father/mother-in-law .....	<input type="radio"/>	10
Civil partner .....	<input type="radio"/>	3	Son/daughter-in-law .....	<input type="radio"/>	11
Common-law husband/wife or partner .....	<input type="radio"/>	4	Grandson/granddaughter .....	<input type="radio"/>	12
Son/daughter .....	<input type="radio"/>	5	Grandfather/grandmother .....	<input type="radio"/>	13
Son/daughter of spouse, common-law husband/wife or partner ...	<input type="radio"/>	6	Other relative .....	<input type="radio"/>	14
Brother/sister .....	<input type="radio"/>	7	Non-relative .....	<input type="radio"/>	15
Father/mother .....	<input type="radio"/>	8	Live-in domestic staff .....	<input type="radio"/>	16

**8. WHAT IS YOUR SEX?**

Male  1      Female  2

**9. HOW OLD ARE YOU?**

If less than one year, enter 0

Age at last birthday

**9.a IN WHICH MONTH AND YEAR WERE YOU BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?**

**A. Yes**

1. At this housing unit .....

2. At another housing unit .....

**B. No**

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

**11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?**

1. I wasn't born yet .....

2. In this commune .....

3. In another commune .....

(Enter the name of the commune)

**In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?**

**A. In this country**

1. In this commune .....

2. In another commune .....

(Enter the name of the commune)

**B. In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?**

Year

If you do not know the year, mark the period in which you arrived in Chile.

1. Between 2010 and 2017 .....

2. Between 2000 and 2009 .....

3. Between 1990 and 1999.....

4. Before 1990 .....

**13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.**

1. Yes

2. Not at present

3. Never have

**GO TO 16**

**14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.**

For preschool education, enter 0.  
For those who have completed the tertiary education, enter the number of years of the program.

0    1°    2°    3°    4°    5°    6°    7°    8°

**15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?**

**A. Preschool**

Nursery .....

Pre-kinder .....

Kinder .....

**B. Special Education.....**

**C. Elementary Education**

Elementary education .....

Primary (Old system) .....

**D. Secondary Education**

Scientific-humanist..

Vocational .....

Humanities (Old system) .....

Business, industrial, normal-school (old system) .....

**E. Tertiary Education**

Postsecondary technical school (1-3 years) .....

Professional degree (4 or more years) .....

Master's Degree .....

PhD .....

**15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?**

Yes  1      No  2

**16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?**

1. Yes       2. No  **GO TO 17**

**16.a WHICH COMMUNITY?**

Mapuche...  1      Colla .....

Aymara .....  2      Diaguita .....

Rapa Nui ...  3      Kawésqar .....

Lican Antai..  4      Yagán or Yámana ..

Quechua ...  5      Other (specify) .....

**FOR ALL PERSONS AGED 15 YEARS AND OVER**

**17. DID YOU WORK LAST WEEK?**

**A. Yes**

1. For remuneration, in money or in kind .....

2. Without remuneration, for a relative .....

**B. No**

3. I had a job, but I was on vacation, on sick leave, in a non-working period, etc. ....

4. I was looking for a job .....

5. I was studying .....

6. I was performing household chores .....

7. I am retired, or a pensioner or rentier .....

8. Other .....

**GO TO 19**

**18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".**

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

**ONLY FOR WOMEN AGED 15 YEARS AND OVER**

**19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?**

None  **CONTINUE INTERVIEW WITH NEXT PERSON**      Number

**20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?**

None       Number

**21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Continue with the next person in the household



## D. PERSONAL INFORMATION

PERSON NO.

NAME

### FOR ALL PERSONS

#### 7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?

- |  |                       |   |                               |                       |    |
|--|-----------------------|---|-------------------------------|-----------------------|----|
| Head of household .....  | <input type="radio"/> | 1 | Brother/sister-in-law .....   | <input type="radio"/> | 9  |
| Husband/wife (spouse) ...                                      | <input type="radio"/> | 2 | Father/mother-in-law .....    | <input type="radio"/> | 10 |
| Civil partner .....  | <input type="radio"/> | 3 | Son/daughter-in-law .....     | <input type="radio"/> | 11 |
| Common-law husband/wife or partner .....                       | <input type="radio"/> | 4 | Grandson/granddaughter .....  | <input type="radio"/> | 12 |
| Son/daughter .....   | <input type="radio"/> | 5 | Grandfather/grandmother ..... | <input type="radio"/> | 13 |
| Son/daughter of spouse, common-law husband/wife or partner ... | <input type="radio"/> | 6 | Other relative .....          | <input type="radio"/> | 14 |
| Brother/sister .....   | <input type="radio"/> | 7 | Non-relative .....            | <input type="radio"/> | 15 |
| Father/mother .....  | <input type="radio"/> | 8 | Live-in domestic staff .....  | <input type="radio"/> | 16 |

#### 8. WHAT IS YOUR SEX?

Male  1      Female  2

#### 9. HOW OLD ARE YOU?

If less than one year, enter 0

Age at last birthday

#### 9.a IN WHICH MONTH AND YEAR WERE YOU BORN?

Jan Feb Mar Apr May Jun Year  
 Jul Aug Sep Oct Nov Dec

#### 10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?

##### A. Yes

1. At this housing unit .....
2. At another housing unit .....

##### B. No

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

#### 11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?

1. I wasn't born yet .....
2. In this commune .....
3. In another commune .....

(Enter the name of the commune)

##### In another country

4. Peru .....
5. Argentina.....
6. Bolivia.....
7. Ecuador .....
8. Colombia.....
9. Other.....

(Enter the name of the country)

#### 12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?

##### A. In this country

1. In this commune .....
2. In another commune .....

(Enter the name of the commune)

##### B. In another country

4. Peru .....
5. Argentina.....
6. Bolivia.....
7. Ecuador .....
8. Colombia.....
9. Other.....

(Enter the name of the country)

#### 12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?

Year  If you do not know the year, mark the period in which you arrived in Chile.

1. Between 2010 and 2017 .....
2. Between 2000 and 2009 .....
3. Between 1990 and 1999.....
4. Before 1990 .....

#### 13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.

1. Yes      2. Not at present      3. Never have

GO TO 16

#### 14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.

- For preschool education, enter 0.
- For those who have completed the tertiary education, enter the number of years of the program.

0 1° 2° 3° 4° 5° 6° 7° 8°

#### 15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?

- |                                   |  |
|-----------------------------------|--|
| <b>A. Preschool</b>               | <b>D. Secondary Education</b>                          |
| Nursery .....                     | Scientific-humanist..                                  |
| Pre-kinder .....                  | Vocational .....                                       |
| Kinder .....                      | Humanities (Old system) .....                          |
| <b>B. Special Education</b> ..... | Business, industrial, normal-school (old system) ..... |
| <b>C. Elementary Education</b>    | <b>E. Tertiary Education</b>                           |
| Elementary education .....        | Postsecondary technical school (1-3 years) .....       |
| Primary (Old system) .....        | Professional degree (4 or more years) .....            |
|                                   | Master's Degree .....                                  |
|                                   | PhD .....  |

#### 15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?

Yes  1      No  2

#### 16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?

1. Yes       2. No  GO TO 17

#### 16.a WHICH COMMUNITY?

- |               |                       |   |                       |                       |    |
|---------------|-----------------------|---|-----------------------|-----------------------|----|
| Mapuche... .. | <input type="radio"/> | 1 | Colla .....           | <input type="radio"/> | 6  |
| Aymara .....  | <input type="radio"/> | 2 | Diaguita .....        | <input type="radio"/> | 7  |
| Rapa Nui ...  | <input type="radio"/> | 3 | Kawésqar .....        | <input type="radio"/> | 8  |
| Lican Antai.. | <input type="radio"/> | 4 | Yagán or Yámana ..    | <input type="radio"/> | 9  |
| Quechua ...   | <input type="radio"/> | 5 | Other (specify) ..... | <input type="radio"/> | 10 |

### FOR ALL PERSONS AGED 15 YEARS AND OVER

#### 17. DID YOU WORK LAST WEEK?

##### A. Yes

1. For remuneration, in money or in kind .....
2. Without remuneration, for a relative .....

##### B. No

3. I had a job, but I was on vacation, on sick leave, in a non-working period, etc. ....
4. I was looking for a job .....
5. I was studying .....
6. I was performing household chores .....
7. I am retired, or a pensioner or rentier .....
8. Other .....

GO TO 19

#### 18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

### ONLY FOR WOMEN AGED 15 YEARS AND OVER

#### 19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?

None  CONTINUE INTERVIEW WITH NEXT PERSON      Number

#### 20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?

None       Number

#### 21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?

Jan Feb Mar Apr May Jun Year  
 Jul Aug Sep Oct Nov Dec

Continue with the next person in the household



## D. PERSONAL INFORMATION

PERSON NO.

NAME

**FOR ALL PERSONS**

**7. WHAT IS YOUR RELATIONSHIP WITH THE HEAD OF THE HOUSEHOLD?**

Head of household .....	<input type="radio"/>	1	Brother/sister-in-law .....	<input type="radio"/>	9
Husband/wife (spouse) ...	<input type="radio"/>	2	Father/mother-in-law .....	<input type="radio"/>	10
Civil partner .....	<input type="radio"/>	3	Son/daughter-in-law .....	<input type="radio"/>	11
Common-law husband/wife or partner .....	<input type="radio"/>	4	Grandson/granddaughter .....	<input type="radio"/>	12
Son/daughter .....	<input type="radio"/>	5	Grandfather/grandmother .....	<input type="radio"/>	13
Son/daughter of spouse, common-law husband/wife or partner ...	<input type="radio"/>	6	Other relative .....	<input type="radio"/>	14
Brother/sister .....	<input type="radio"/>	7	Non-relative .....	<input type="radio"/>	15
Father/mother .....	<input type="radio"/>	8	Live-in domestic staff .....	<input type="radio"/>	16

**8. WHAT IS YOUR SEX?**

Male  1      Female  2

**9. HOW OLD ARE YOU?**

If less than one year, enter 0

Age at last birthday

**9.a IN WHICH MONTH AND YEAR WERE YOU BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**10. ARE YOU AN HABITUAL RESIDENT OF THIS COMMUNE?**

**A. Yes**

1. At this housing unit .....

2. At another housing unit .....

**B. No**

3. In another commune .....

(Enter the name of the commune)

4. In another country .....

(Enter the name of the country)

**11. IN WHICH COMMUNE OR COUNTRY DID YOU LIVE IN APRIL 2012?**

1. I wasn't born yet .....

2. In this commune .....

3. In another commune .....

(Enter the name of the commune)

**In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12. WHEN YOU WERE BORN, IN WHICH COMMUNE OR COUNTRY DID YOUR MOTHER LIVE?**

**A. In this country**

1. In this commune .....

2. In another commune .....

(Enter the name of the commune)

**B. In another country**

4. Peru .....

5. Argentina.....

6. Bolivia.....

7. Ecuador .....

8. Colombia.....

9. Other.....

(Enter the name of the country)

**12.a IF YOUR MOTHER LIVED IN ANOTHER COUNTRY, IN WHAT YEAR DID YOU ARRIVE IN CHILE?**

Year

If you do not know the year, mark the period in which you arrived in Chile.

1. Between 2010 and 2017 .....

2. Between 2000 and 2009 .....

3. Between 1990 and 1999.....

4. Before 1990 .....

**13. DO YOU CURRENTLY ATTEND AN INSTITUTION OF FORMAL EDUCATION? Includes pre-school, special education, and elementary, secondary and tertiary education.**

1. Yes

2. Not at present

3. Never have

**GO TO 16**

**14. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED? Remember, it is not your current course but the highest level completed.**

For preschool education, enter 0.  
For those who have completed the tertiary education, enter the number of years of the program.

0    1°    2°    3°    4°    5°    6°    7°    8°

**15. TO WHICH EDUCATIONAL LEVEL DOES THE ABOVE COURSE REFER?**

**A. Preschool**

Nursery .....

Pre-kinder .....

Kinder .....

**B. Special Education.....**

**C. Elementary Education**

Elementary education .....

Primary (Old system) .....

**D. Secondary Education**

Scientific-humanist..

Vocational .....

Humanities (Old system) .....

Business, industrial, normal-school (old system) .....

**E. Tertiary Education**

Postsecondary technical school (1-3 years) .....

Professional degree (4 or more years) .....

Master's Degree .....

PhD .....

**15.a DID YOU COMPLETE THE EDUCATIONAL LEVEL INDICATED IN QUESTION 15 ABOVE? That is, did you complete elementary or secondary education, or did you receive a diploma or degree for the final level completed?**

Yes  1      No  2

**16. DO YOU CONSIDER YOURSELF A MEMBER OF A COMMUNITY OF INDIGENOUS PEOPLES?**

1. Yes

2. No  **GO TO 17**

**16.a WHICH COMMUNITY?**

Mapuche... .. 1      Colla .....

Aymara ..... 2      Diaguita .....

Rapa Nui ... 3      Kawésqar .....

Lican Antai.. 4      Yagán or Yámana ..

Quechua ... 5      Other (specify) .....

**FOR ALL PERSONS AGED 15 YEARS AND OVER**

**17. DID YOU WORK LAST WEEK?**

**A. Yes**

1. For remuneration, in money or in kind .....

2. Without remuneration, for a relative .....

**B. No**

3. I had a job, but I was on vacation, on sick leave, in a non-working period, etc. ....

4. I was looking for a job .....

5. I was studying .....

6. I was performing household chores .....

7. I am retired, or a pensioner or rentier .....

8. Other .....

**GO TO 19**

**18. IN THE WORK MENTIONED ABOVE, IN WHAT ECONOMIC ACTIVITY DOES THE COMPANY, INSTITUTION OR OWN-ACCOUNT WORKER ENGAGE? Specify in at least three words, for example "sale of beverages and groceries".**

If self-employed, enter the product you manufacture or the service you render. Avoid answers like "self-employed" or "independent company".

**ONLY FOR WOMEN AGED 15 YEARS AND OVER**

**19. HOW MANY LIVE-BORN CHILDREN HAVE YOU HAD?**

None  **CONTINUE INTERVIEW WITH NEXT PERSON**      Number

**20. HOW MANY CHILDREN ARE CURRENTLY ALIVE?**

None       Number

**21. IN WHAT MONTH AND YEAR WAS YOUR LAST LIVE-BORN CHILD BORN?**

Jan	Feb	Mar	Apr	May	Jun	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jul	Aug	Sep	Oct	Nov	Dec	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue with the next person in the household