

Form Living Quarter

1 Type of living quarter:

Normal living quarter Go to 2

Collective living quarter (Non-institutional)

Institutional collective living quarter Go to 31

Homeless End of Form

2 Kind of living quarter:

House Trailer / container

Apartment (1-5) Cuarto

Apartment (6+) Condominium

Separate room in a house Other *Specify*

3 The living quarter is (*):

Owned, on property land Go to 6

Owned, on leasehold land

Owned, on leased land (huurgrond)

Lived in for free by members of the household Go to 7

Rented, furnished Go to 4

Rented, semi-furnished

Rented, not furnished

Sublet (onderhuur)

4 What is the monthly rent of this living quarter in Aruban florins?

Afl. ,

Fill in '99999' if unknown.

5 Are the following facilities included in the rent?

	Yes	No
a. Electricity, excluding air conditioning	<input type="checkbox"/>	<input type="checkbox"/>
b. Electricity, specifically for air conditioning	<input type="checkbox"/>	<input type="checkbox"/>
c. Water	<input type="checkbox"/>	<input type="checkbox"/>
d. Gas	<input type="checkbox"/>	<input type="checkbox"/>
e. Internet	<input type="checkbox"/>	<input type="checkbox"/>
f. Cable TV (Cable)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other <i>Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>

Go to 7

6 How did this living quarter become your property?

Bought, existing living quarter

Built it myself / had it built

Inherited, gift, won

Another way Go to 8

7 Type of owner of the living quarter:

Private person Bank

Foundation Government(al) (organization)

Company (excl. banks)

8 The living quarter was built in:

Period before 1950

Period 1950-1959

Period 1960-1969

Period 1970-1979

Period 1980-1989

Period 1990-1999

Period 2000-2004

Period 2005 up to the present

9 How many rooms are there in the living quarter?

1 2 3 4 5

6 7 8 9 10+

Include: bedrooms, dining room, living room, kitchen and enclosed patio/veranda/porch

Exclude: bathroom, toilet, hall, garage, open patio/veranda/porch and rooms exclusively used for practicing a profession

10 How many bedrooms are there in the living quarter? (Only rooms that are actually used as bedrooms)

1 2 3 4 5

6 7 8 9 10+

11 How many bathrooms/shower areas belong to the living quarter?

No bathrooms/shower areas

1 2 3 4 5+

12 How many toilets are there in the living quarter? (Both in bathrooms and outside bathroom)

No toilets Go to 14

1 2 3 4 5+

13 How does the draining work?

Via sewer

Via cesspool/ septic tank

Via combination of sewer and cesspool

Other (chemical toilet, etc.)

14 Do you use water from: (for e.g. to water plants)

	Yes	No
a. The rainwater tank	<input type="checkbox"/>	<input type="checkbox"/>
b. The rainwater well (groundwater)	<input type="checkbox"/>	<input type="checkbox"/>
c. Cesspool/septic tank	<input type="checkbox"/>	<input type="checkbox"/>
d. Synthetic/plastic tank	<input type="checkbox"/>	<input type="checkbox"/>
e. Dam	<input type="checkbox"/>	<input type="checkbox"/>

15 Total area in m² of the living quarters?

Fill in '9999' if unknown. m²

Include: bathroom, toilet, hall, garage, enclosed patio/veranda/porch

Exclude: rooms exclusively used for practicing a profession, open patio/veranda/porch

16 Total area in m² of the land on which the living quarter is built?

Fill in '99999' if unknown. m²

17 Are the following kitchen facilities present in the living quarter?

	Yes	No
a. Sink	<input type="checkbox"/>	<input type="checkbox"/>
b. Stove	<input type="checkbox"/>	<input type="checkbox"/>
c. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

18 Does the living quarter have the following facilities?

	Yes	No
a. Own electricity connection	<input type="checkbox"/>	<input type="checkbox"/>
b. Own water meter	<input type="checkbox"/>	<input type="checkbox"/>
c. Fixed telephone connection	<input type="checkbox"/>	<input type="checkbox"/>
d. Cable TV connection (Cable)	<input type="checkbox"/>	<input type="checkbox"/>

19 Does 1 or more member(s) of this household use the following connections to the internet in this living quarter? (incl. wireless)

a. Via cellular Yes No *(Check mail, pin, chat, ...)*

b. Via computer Yes No Go to 20

19 Specify the type of connection via computer

	Yes	No
1. DSL/Cablenet	<input type="checkbox"/>	<input type="checkbox"/>
2. Mobile Broadband	<input type="checkbox"/>	<input type="checkbox"/>
3. Dial-up	<input type="checkbox"/>	<input type="checkbox"/>

20 How many of the following functioning devices are there in the living quarter?

a. Computer(s) *(incl. laptops)* 0 1 2 3 4 5+

b. Mobile telephone(s)

c. Air conditioner(s)

21 Does the living quarter have a swimming pool?

Yes No

(Include only permanent, built-in swimming pools)

22 How many functioning cars do members of this household possess?

0 1 2 3 4 5+

23 Do you or more members of the household, have any inconvenience in your immediate environment from:

	Yes	No
a. Dust (excavation, roads)	<input type="checkbox"/>	<input type="checkbox"/>
b. Air pollution (stench, exhaust fumes, soot)	<input type="checkbox"/>	<input type="checkbox"/>
c. Noise (airplane, traffic, neighborhood nuisance)	<input type="checkbox"/>	<input type="checkbox"/>
d. Traffic (unsafety, busyness)	<input type="checkbox"/>	<input type="checkbox"/>
e. Flooding after heavy rainfall	<input type="checkbox"/>	<input type="checkbox"/>
f. Crime	<input type="checkbox"/>	<input type="checkbox"/>
g. Litter and accompanying stench (dumped litter, activities in the neighborhood,...)	<input type="checkbox"/>	<input type="checkbox"/>
h. Wrecks	<input type="checkbox"/>	<input type="checkbox"/>
i. Stray dogs	<input type="checkbox"/>	<input type="checkbox"/>

24 Are there bars placed on windows of this living quarter?

Yes, on all windows

Yes, but not on all windows

No

25 Is there a fence (from any material) around the land of the building housing the living quarter?

Yes, completely

Yes, in part

No

26 Number of stories in the building:

One story

Two stories

Three or more stories

27 What is the most used material on the outer walls of the building?

<input type="checkbox"/> Stone, concrete, bricks	<input type="checkbox"/> Metal sheets
<input type="checkbox"/> Wood	<input type="checkbox"/> Other material

28 What is the most used material on the roof of the building?

<input type="checkbox"/> Corrugated metal (zinc or aluminum)	<input type="checkbox"/> Shingles
<input type="checkbox"/> Corrugated sheets (cement/asbestos)	<input type="checkbox"/> Concrete
<input type="checkbox"/> Synthetic sheets	<input type="checkbox"/> Other material
<input type="checkbox"/> Roof tiles (clayware)	

29 Is any part of the building being used for business purposes? (e.g. a shop, commercial undertaking, beauty parlor, crèche,...)

Yes

No

Determining the condition of the living quarter

30

Component	Good	Moderate	Poor	Very poor
a. Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Windows, doors, frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Definitions

Good	No defects
Moderate	The component shows some defects, that can be fixed via normal and regular maintenance
Poor	The component has important defects, that can not just be fixed via normal maintenance (is deteriorating)
Very poor	The component shows so much defects that replacement is actually necessary

END OF FORM LIVING QUARTER
continue with Person Forms

Institutional collective living quarter:

31 Kind of institutional living quarter:

Prison Children's home

Home for the elderly Other *Specify*

END OF FORM LIVING QUARTER
continue with Person Forms



CENSO
ARUBA
2010

Form Household Composition

Censo 2010

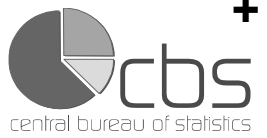
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Total number
of persons in
the household

**Note: If more than 10 persons in
the household, check and fill out
additional Form Household**



First fill out the given names of all members of the household and then fill out questions 2 through 11 for every person

	Persoonsnummer 0 1	Persoonsnummer 0 2	Persoonsnummer 0 3	Persoonsnummer 0 4	Persoonsnummer 0 5	Persoonsnummer 0 6	Persoonsnummer 0 7	Persoonsnummer 0 8	Persoonsnummer 0 9	Persoonsnummer 1 0	
1 What is the person's given name?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
3 Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4 Country of birth 1= Aruba 5= Venezuela 2= Colombia 6= Curaçao 3= USA 7= Netherlands 4= Dominican Rep. 8= Other	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	
5 Nationality 1= Dutch 5= American 2= Colombian 6= Surinamese 3= Dominican 7= Haitian 4= Venezuelaan 8= Other	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	
6 Is the person related (also by marriage) to everyone in this household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 a. Does the father of this person live in this household? b. If yes, what is the 'persoonsnummer' of the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	
8 a. Does the mother of this person live in this household? b. If yes, what is the 'persoonsnummer' of the mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	
9 What is the marital status of this person? 14+ <i>Take note: the questions in the dark blue section are strictly for persons 14 years and older!</i>	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married + <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)
10 a. Is this person currently living on a durable basis with a partner (married or not)? 14+ b. If yes, what is the 'persoonsnummer' of this person? +	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	
11 If living together, is person married to this partner? 14+	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Person Form



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Fill out the following information for every person in the household!

1 Number of person that is registered on the Household Composition Form:

Persoonsnummer

2 Person's sex: Male Female

Person refuses to co-operate with the Census

End of Form

3 What is your date of birth?

Month Year

4 What is your religion?

Roman Catholic Adventist
 Protestant, reformed Anglican
 Jehovah's witness Jewish
 Methodist No religion

Specify Other

5 Which language do you speak the most at home (with other members of the household)?

Papiamentu English
 Spanish Chinese
 Dutch Does not speak (yet)

Specify Other

6 Where did you live five years ago? **5+**

Aruba, same address Foreign country
 Aruba, different address

CHECK 1

Person was born in Aruba **Go to 10**

Person was not born in Aruba

7 When did you establish yourself for the last time on Aruba?

Month Year

8 Which country did you reside in before you established yourself on Aruba?

Colombia The Netherlands
 Curaçao Peru
 The Dominican Republic Surinam
 Haïti Venezuela
 Other

Specify

9 How many years in total do you live on Aruba? Year(s)

10 In which country was your father born?

Aruba The Dominican Republic
 Colombia The Netherlands
 Other

Specify

11 In which country was your mother born?

Aruba The Dominican Republic
 Colombia The Netherlands
 Other

Specify

14+

Person has never been married **Go to 14**

Person is married **Go to 13**

CHECK 2

Person is legally divorced

Person is legally separated from bed and board

Person is a widow(er)

12 When did this marriage end by divorce, separation from bed and board or death? **14+**

Month Year

13 What was the date of your (last) marriage? **14+**

Month Year

14 The following questions concern difficulties you may have when doing certain activities - due to a health problem

a. Do you have difficulty seeing, even if wearing glasses/contact lenses?

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

b. Do you have difficulty hearing, even if using a hearing aid?

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

c. Do you have difficulty walking or climbing steps? **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

d. Do you have difficulty remembering or concentrating? **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

e. Do you have difficulty with self-care such as washing all over or dressing? **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

f. Because of a physical, mental or emotional health condition, do you have difficulty communicating? (e.g. understanding others or others understanding you) **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

15 Do you need help from others due to a physical or mental limitation with personal care or household chores (e.g. bathing, eating, cleaning)?

Yes **Go to 16**

No **Go to 17**

16 Who provides this personal care or household help? **+**

(Check as many boxes as necessary)

Does not get help **Go to 17**

Family members within the household Private nurse
 Family members outside the household Admitted to institution
 Friends/neighbors (non family members) Gets helps in day centre
 The Yellow and white Cross Others against payment

17 Do you have a handicap?

Yes **Go to 18**

No **Go to 19**

18 What type of handicap do you have? (Check as many boxes as necessary)

Motor dysfunction (moving) Organ handicap
 Visual handicap (seeing) Light mental handicap
 Auditory handicap (hearing) Severe mental handicap
 Other

Specify

19 Are you currently attending a school where education is given or do you attend kindergarten, playschool or crèche? (Includes evening school, no courses)

Yes **Go to 20**

No **Go to check 3**

20 What type of school do you attend?

Crèche/playschool
 Kindergarten
 Special education (Emmaschool, Paso pa futuro, Caiquetioschool,...)
 Primary education (Basisschool) **Go to 22a.**
 Ciclo basico (MAVO, HAVO, VWO)
 MAVO
 HAVO
 VWO

Any other type of school (EPB, EPI, FEF, ISA, University, ...) **Go to 21a.**

21 a. What is the name of the school?

b. What is the address of the school?

c. In which section? (unit/sector/faculty)

d. What is the specific discipline?

e. Which grade/year are you in?

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to 23

22 a. What is the name of the school?

b. What is the address of the school?

c. In which grade or year are you? (Not for crèche/playschool)

1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 Where do you usually stay in the afternoon during schooldays? **18-**

At home **Go to 24a.**

Afterschool centre/centre for homework guidance (Traimerdia, Profar, DOC, HPI, Mi Spot...)
 Daycare or crèche **Go to check 3**

Elsewhere **Go to 24a.**

24 a. With whom do you usually stay? **18- +**

With mother/father (guardian) **Go to check 3**

With another adult family member, 18 years or older
 Stays with other adults, 18 years or older (not family) **Go to 24b.**
 With other family members, younger than 18 years, children/youth
 With other children/youth, younger than 18 years (not family)

Stays alone Other **Go to check 3**

24 b. Is there payment for this daycare? Yes No

CHECK 3

Person is younger than 14 years **End of Form**

Person is 14 years or older

25 Are you able to read a simple text and to write a letter? Yes No

26 Did you finish primary education successfully?

Yes, finished No, did not finish (yet)

Did not follow primary education **Go to 31**

27 Did you receive a diploma from an educational institution after your primary education? (e.g. LTS (avond), MAVO (avond), HAVO, VWO, HBO, MTS, University, Bachillerato, EPB, EPI,...)

Yes **Go to 28**

No **Go to 31**

28 a. What is the highest diploma that you have obtained? (No courses)

b. Does this diploma come with a title: if so, which one?

c. Which discipline or specialty did you complete?

29 In which country did you get this highest diploma?

Aruba USA
 The Netherlands Curaçao
 Colombia The Dominican Republic
 Venezuela Other **+**

Specify

30 In which year did you start this education and in which year did you obtain this diploma?

Start of education Year diploma was obtained

31 Do you have a job for which you worked 4 hours or more in the past week? (or would have worked if you had not been absent due to vacation, illness, pregnancy or a labor dispute, etc.?)

Yes No Go to 32 Go to 36

The following groups are also considered to have a job: - Working family members, who are not paid but are working in the family business - Apprentices and trainees who receive pay in cash or kind - Government officials that are students, if they maintain a formal employment with the government (IPA, FEF, UA, ...) - Volunteers that produce goods or services for an enterprise

32 What type of work do you mainly perform? (Indicate only your main profession)

Name of job/ Profession Job description

33 Where do you work?

Name of company/ organization/ department/ branch Type of activity of company/ employer Work address Paid by

34 What is the legal form/type of organization where you work?

- A Limited corporation (N.V.) Association One-man business Government institution Foundation Government company (N.V.) General partnership (V.O.F.) Other Specify

Specify

41 Did you have besides this income, during the past month, any other source of income?

Yes No Go to 42 Go to check 4

+

35 Do you perform this work as:

- Employer (3 or more employees) Owner of a small business (1 or 2 employees) Owner of a small business or own account worker (0 employees) Permanent employee, salary earner (Incl. manager, director) Temporary employee deployed by a temp agency Temporary employee, salary earner or staff on contract basis (Incl. manager, director; excl. temp agency) Unpaid family member (in family business) Volunteer Apprentice or trainee Other Specify

Go to 39

36 Have you actively been looking for work in the past month or were you busy with preparations in order to start your own business?

Yes No Go to 37 Go to 38

37 If you find a job or start your own business, would you be able to start working within two weeks?

Yes No Go to 43 Go to 38

38 Why are you jobless at this moment?

- Attending school Health reasons Pensioner/AOV Lives from own financial means Housewife/houseman Other reasons

Go to 43

39 What was your gross income for your main job last month?

No income Go to 41 Afl. 00 Fill in '99999' if: do not know/no answer.

40 (To be filled out only if the respondent did not want to answer the previous question. Show card)

In which category does your gross income for your main job fall last month?

- 1) Afl. 1 - 300 6) Afl. 2001 - 3000 2) Afl. 301 - 900 7) Afl. 3001 - 4500 3) Afl. 901 - 1060 8) Afl. 4501 - 6000 4) Afl. 1061 - 1550 9) Afl. 6001 - 7500 5) Afl. 1551 - 2000 10) More than Afl. 7500

41 Did you have besides this income, during the past month, any other source of income?

Yes No Go to 42 Go to check 4

42 From which other sources did you receive an income the past month? (Check as many boxes as necessary)

- Wage/ salary from side job Pension/ AOV/ AWW Interest from capital/ profits/rent Other (e.g. alimony, golden handshake) Specify

Specify

Go to 44

43 Indicate all the sources you received income from last month. (Check as many boxes as necessary)

- No source of income Go to check 4 Wage/salary odd jobs Disability benefit Interest from capital/ profits/rent Welfare Pension/ AOV/ AWW Other (e.g. alimony, golden handshake) Specify

Specify

44 How much was your gross income from these sources last month?

Afl. 00 Fill in '99999' if: do not know/no answer.

45 (To be filled out only if the respondent did not want to answer the previous question. Show card)

In which category does your gross monthly income from these sources fall?

- 1) Afl. 1 - 300 6) Afl. 2001 - 3000 2) Afl. 301 - 900 7) Afl. 3001 - 4500 3) Afl. 901 - 1060 8) Afl. 4501 - 6000 4) Afl. 1061 - 1550 9) Afl. 6001 - 7500 5) Afl. 1551 - 2000 10) More than Afl. 7500

Person is a man End of Form Person is a woman CHECK 4

46 How many live boys/girls have you given birth to in total?

Boys Girls In case of no children End of Form Note.: Include deceased children, also children who live elsewhere. No children: record twice '00'

47 How old were you when you gave birth to your first live-born child?

Year

End of Form CBS thanks you for your co-operation

Remarks:

Remarks area

+

+