

**Interviewer must not ask question 27**

**27. Is the access to this neighborhood regulated for example via gate, a lever or a security service (gatekeeper)?**

- 1. yes
- 2. no

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**28. How is the garbage of this household mainly disposed of?**

- 1. own garbagecontainer/kliko
- 2. garbagecontainer in the street (public)
- 3. garbagecontainer in the neighborhood (public)
- 4. is taken to the landfill by oneself
- 5. other

**Collective dwelling**

**29. Description, name, address of the collective dwelling.**

Name:

Description:

Address:

*Please mark the type of collective dwelling*

- 1. home for the elderly
- 2. nursing home
- 3. children's home
- 4. mental institute
- 5. institute for drug addicts
- 6. prison
- 7. hotel/guesthouse
- 8. students' home/campus
- 9. other:

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**Uninhabited dwelling**

**30. The living accommodation is:**

- 1. new built (has never been inhabited)
- 2. (probably) a vacation home(s)
- 3. (probably) inhabited in the past
- 4. inhabited by temporary residents (<12 months on the island)
- 5. is under construction (up to ring beam)

**END OF INTERVIEW**

**31. What is the roof mainly made of?**

- 1. zinc corrugated sheets
- 2. eternite corrugated sheets
- 3. aluminum trapezium sheets
- 4. roof tiles
- 5. concrete
- 6. tiles/shingles of asphalt or wood
- 7. slate shingles
- 8. other

**32. Of what material are the exterior walls mainly built?**

- 1. stone, concrete
- 2. wood
- 3. combination of 1 and 2
- 4. eternite sheets
- 5. zinc corrugated sheets
- 6. other

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**33. When was the living accommodation built? (Estimation)**

- 1. before 1950
- 2. between 1950 and 1959
- 3. between 1960 and 1969
- 4. between 1970 and 1979
- 5. between 1980 and 1989
- 6. between 1990 and 1999
- 7. between 2000 and 2009
- 8. in 2010/2011
- 9. unknown/doesn't know

**34. The quality of the living accommodation is:**

- 1. appropriate
- 2. bad
- 3. very bad

**35. Is the living accommodation complete?**

- 1. yes
- 2. no

*End of interview*



**Census 2011**

**Living Accommodation Form**

SXM: Situation as at Saturday, April 9th, 2011, 0.00 hours  
 CUR: Situation as at Saturday, March 26th, 2011, 0.00 hours

*- Only persons who are staying or planning on staying on the island more than 12 months.  
 - Only persons who are permanently a part of this household must be interviewed.*

*- Pay attention: forms will be processed automatically  
 - Use ONLY the pencils provided  
 - Write clearly; please write letters separately  
 - If you make a mistake, use the eraser provided  
 - Fill in figures this way:   
 - Mark the X in this way:  C*

Address:

**The census takes place on:**

- 1. Sint Maarten
- 2. Curaçao

Enumeration District    Enumeration Block    Building Point    Household

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Composition of the household**

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**A. Members of the household**

1	2	3	4	5	6	7	8	9
pers nr.	Name	Age	Sex (m/f)	Child of (nr. father)	Child of (nr. mother)	nr. of partner	nr. nuclear family	pers. form (Y/N)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

**B. Total no. of persons in the household:**

*<<< head of the household on the first line*

*Mark (X) in the square that applies*

<b>C. In this household there are:</b>	<b>one</b>	<b>two</b>	<b>three or more</b>
1. Married couple with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Married couple without children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Couple living together with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Couple living together without children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Woman with one or more children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Man with one or more children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Woman not a member of the nuclear family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Man not a member of the nuclear family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Family relationship**

- 1. lives alone
- 2. all related to each other
- 3. not all are related
- 4. none of them are related

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## Nature of the living accommodation

### Interviewer must not ask question no. 1:

1. The living accommodation is:

1. a private/non-collective living accommodation

2. a collective living accommodation (an institution) *go to question 29*

3. there is no living accommodation (homeless persons) *end of questions*

*Living Accommodation form*

### 2. The type of private living accommodation:

1. equal to one house on a parcel

2. an apartment/house on a parcel of another house

3. is part of an apartment building/is attached to other houses

4. one or a number of separate rooms in a house

5. other (for example a boat, cargo container, camper)

### 3. How many storeys does the living accommodation have?

1. one storey

2. two storeys

3. three or more storeys

### 4. Is part of the living accommodation equipped for one of the following objectives?

	Yes	No
1. a shop	<input type="checkbox"/>	<input type="checkbox"/>
2. a workshop	<input type="checkbox"/>	<input type="checkbox"/>
3. an office (also a lottery office)	<input type="checkbox"/>	<input type="checkbox"/>
4. a snackbar/bar/restaurant	<input type="checkbox"/>	<input type="checkbox"/>
5. a storage space/warehouse	<input type="checkbox"/>	<input type="checkbox"/>
6. a day-care center/crèche	<input type="checkbox"/>	<input type="checkbox"/>
7. a hairdressing salon/barbershop	<input type="checkbox"/>	<input type="checkbox"/>
8. another activity	<input type="checkbox"/>	<input type="checkbox"/>
9. this is exclusively a dwelling	<input type="checkbox"/>	<input type="checkbox"/>

### 5. How many bedrooms does the living accommodation have?

1. one

4. four

2. two

5. five or more

3. three

6. no bedrooms

### 6. What is the area of the living accommodation? (in m<sup>2</sup>)

1. less than 60 m<sup>2</sup>

2. 60 m<sup>2</sup> - 99 m<sup>2</sup>

3. 100 m<sup>2</sup> - 149 m<sup>2</sup>

4. 150 m<sup>2</sup> - 199 m<sup>2</sup>

5. 200 m<sup>2</sup> - 299 m<sup>2</sup>

6. 300 m<sup>2</sup> or more

## Construction of the living accommodation

### 7. What is the roof mainly made of?

1. zinc corrugated sheets

2. eternite corrugated sheets

3. aluminum trapezium sheets

4. roof tiles

5. concrete

6. tiles/shingles of asphalt or wood

7. slate shingles

8. other

+

### 8. Of what material are the exterior walls mainly built?

1. stone, concrete

2. wood

3. combination of 1 and 2

4. eternite sheets

5. zinc corrugated sheets

6. other

## Water supply

### 9. How is the water supply regulated?

	Yes	No
1. via connection to the water supply line	<input type="checkbox"/>	<input type="checkbox"/>
2. by means of a cistern or water well (ground water)	<input type="checkbox"/>	<input type="checkbox"/>
3. by means of a water truck	<input type="checkbox"/>	<input type="checkbox"/>
4. by buying bottles of water	<input type="checkbox"/>	<input type="checkbox"/>
5. other	<input type="checkbox"/>	<input type="checkbox"/>

### 10. Does the living accommodation have a deepwell or well?

1. no
2. yes, with an electric pump
3. yes, with a windmill
4. yes, without a pump or a windmill

## Bath and toilet facility

### 11. How many toilets are there in the living accommodation (and/or in the yard)?

1. one
2. two
3. three
4. four or more
5. none

### 12. How many bathrooms/showers are there in the living accommodation (and/or in the yard)?

1. one
2. two
3. three
4. four or more
5. none

### 13. The drainage of the toilet takes place via:

1. the cesspool
2. the septic tank
3. the sewage
4. other
5. not applicable (no toilet)

## Energy

### 14. How is the energy supply regulated?

	Yes	No
1. via the electricity grid	<input type="checkbox"/>	<input type="checkbox"/>
2. by means of one's own generator	<input type="checkbox"/>	<input type="checkbox"/>
3. by means of solar energy/wind energy	<input type="checkbox"/>	<input type="checkbox"/>
4. other	<input type="checkbox"/>	<input type="checkbox"/>

### 15. What type of fuel do you mainly use for cooking?

1. gas cylinders
2. electricity
3. kerosene
4. other
5. not applicable (no cooking facility)

## Right of ownership/type of owner

### 16. Is the living accommodation owned or rented and in what manner? (Mortgage and hire purchase = ownership)

1. owned, on freehold land
2. owned, on leasehold land
3. owned, on rented land
4. owned in a different manner
5. on loan, without payment
6. rented from a foundation (FKP, SMHDF, otherwise)
7. rented from a private person, unfurnished
8. rented from a private person, furnished
9. other

### 17. How much is the monthly rent?

1. ANG
2. USD
3. EUR

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## Building period and quality of the living accommodation

### 18. When was the living accommodation built?

1. before 1950
2. between 1950 and 1959
3. between 1960 and 1969
4. between 1970 and 1979
5. between 1980 and 1989
6. between 1990 and 1999
7. between 2000 and 2009
8. in 2010/2011
9. unknown/doesn't know

**Do not ask questions 19 and 20. At the discretion of the Interviewer!!**

**See definition of appropriate, bad, and very bad..**

### 19. The quality of the living accommodation:

1. appropriate
2. bad
3. very bad

### 20. Is the living accommodation complete?

1. yes
2. no

## Language spoken in the household

### 21. What language or languages are usually spoken in this household?

	Yes	No		Yes	No
1. Papiamentu	<input type="checkbox"/>	<input type="checkbox"/>	6. Chinese	<input type="checkbox"/>	<input type="checkbox"/>
2. English	<input type="checkbox"/>	<input type="checkbox"/>	7. Portuguese	<input type="checkbox"/>	<input type="checkbox"/>
3. Dutch	<input type="checkbox"/>	<input type="checkbox"/>	8. Hindi	<input type="checkbox"/>	<input type="checkbox"/>
4. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	9. other:	<input type="checkbox"/>	<input type="checkbox"/>
5. French Creole	<input type="checkbox"/>	<input type="checkbox"/>			

### 22. What language is spoken most in this household?

*Only one answer possible!*

1. Papiamentu
2. English
3. Dutch
4. Spanish
5. French Creole
6. Chinese
7. Portuguese
8. Hindi
9. other:

## Communication/other facilities in the living accommodation

### 23. Which of the following facilities are found in the living accommodation?

	Yes	No
1. landline telephone(s)	<input type="checkbox"/>	<input type="checkbox"/>
2. mobile telephone(s)	<input type="checkbox"/>	<input type="checkbox"/>
3. personal computer(s)/laptop(s)	<input type="checkbox"/>	<input type="checkbox"/>
4. internet connection to the dwelling	<input type="checkbox"/>	<input type="checkbox"/>
5. internet reception via mobile phone	<input type="checkbox"/>	<input type="checkbox"/>
6. mobile internet via laptop or PC (3G)	<input type="checkbox"/>	<input type="checkbox"/>
7. television set/flat screen	<input type="checkbox"/>	<input type="checkbox"/>
8. cable tv/wireless(TDS,SXM-cable, WTN)	<input type="checkbox"/>	<input type="checkbox"/>
9. satellite dish (Direct TV, other)	<input type="checkbox"/>	<input type="checkbox"/>
10. refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
11. freezer	<input type="checkbox"/>	<input type="checkbox"/>
12. washing machine	<input type="checkbox"/>	<input type="checkbox"/>
13. dishwasher	<input type="checkbox"/>	<input type="checkbox"/>

### 24. Is there any air-conditioning in the living accommodation?

*Window unit or split unit*

1. one
2. two
3. three
4. four or more
5. none

## Transportation

### 25. How many means of transportation do the household members have?

Own cars	Own motorcycles	Company cars
<input type="checkbox"/> 1. one	<input type="checkbox"/> 1. one	<input type="checkbox"/> 1. one
<input type="checkbox"/> 2. two	<input type="checkbox"/> 2. two	<input type="checkbox"/> 2. two
<input type="checkbox"/> 3. three	<input type="checkbox"/> 3. three	<input type="checkbox"/> 3. three
<input type="checkbox"/> 4. four or more	<input type="checkbox"/> 4. four or more	<input type="checkbox"/> 4. four or more
<input type="checkbox"/> 5. none	<input type="checkbox"/> 5. none	<input type="checkbox"/> 5. none

## Discomfort/inconvenience in the vicinity

### 26. Does the household experience any discomfort in the immediate vicinity?

	Yes	No
1. waste and/or litter	<input type="checkbox"/>	<input type="checkbox"/>
2. car wrecks	<input type="checkbox"/>	<input type="checkbox"/>
3. dust caused by excavation and/or dirt road	<input type="checkbox"/>	<input type="checkbox"/>
4. air pollution (soot, smoke or stench)	<input type="checkbox"/>	<input type="checkbox"/>
5. flooding and/or erosion when it rains	<input type="checkbox"/>	<input type="checkbox"/>
6. open sewerage/waste water	<input type="checkbox"/>	<input type="checkbox"/>
7. noise (neighbors, activities in the vicinity, traffic, airplanes)	<input type="checkbox"/>	<input type="checkbox"/>
8. traffic (unsafeness and bustle)	<input type="checkbox"/>	<input type="checkbox"/>
9. bad view (due to high buildings, billboards, etc)	<input type="checkbox"/>	<input type="checkbox"/>
10. vermin (mosquitos, rats, etc..)	<input type="checkbox"/>	<input type="checkbox"/>
11. drug addicts	<input type="checkbox"/>	<input type="checkbox"/>
12. theft	<input type="checkbox"/>	<input type="checkbox"/>
13. stray dogs	<input type="checkbox"/>	<input type="checkbox"/>
14. insufficient or no street lighting	<input type="checkbox"/>	<input type="checkbox"/>

42. What is your current profession? Provide an exact description of your current task.

Profession:

Description:

43. At which company/institution are you working? What is the name of the company/institution? What is the principal activity of the company/institution? What is the address of the company/institution?

Name:

Principal activity:

Address:

44. What is your economic position?

- 1. employer
- 2. self-employed
- 3. employee in permanent service
- 4. employee in temporary service
- 5. casual worker
- 6. unpaid family worker
- 7. employee with a contract lasting less than 6 months
- 8. employee with a contract lasting 6 months or longer
- 9. intern
- 10. other/unknown

go to question 48

45. What is the legal status of your business?

- 1. sole proprietorship, with or without personnel
- 2. partnership
- 3. NV or BV
- 4. other

46. Does your business have a profit and loss statement?

- 1. yes
- 2. no

47. How many persons are working in your business, including yourself?

48. How many hours do you usually work per week?

49. How do you usually go to work? (only one answer possible)

- 1. I work at home
- 2. in a car/truck as a driver
- 3. in a car/truck of someone of the household
- 4. in a car/truck of someone not belonging to the household
- 5. public transportation
- 6. small bus/taxi
- 7. motorcycle/moped/scooter
- 8. bicycle
- 9. walking
- 10. other

50. Are you looking for more or for less working hours?

- 1. yes, for more hours of work
- 2. yes, for fewer hours of work
- 3. no, neither

### Source of income

51. What is your most important source of income?

- 1. labor/business
- 2. old-age pension (AOV)
- 3. pension (APNA, private insurance, , etc.)
- 4. welfare
- 5. property/capital
- 6. scholarship
- 7. retaining pay/severance pay arrangement
- 8. child support/alimentation
- 9. other
- 10. no income

END OF INTERVIEW

52. What was your income from this source last month? (see card)

52-a Please fill in the income category:

52-b Is the amount net or gross?

- 1. net
- 2. gross

52-c In what currency do you get paid?

- 1. ANG
- 2. USD
- 3. EUR

52-d I am paid:

- 1. monthly
- 2. bi-weekly
- 3. weekly

53. What is your second most important source of income?

- 1. labor/business
- 2. old-age pension (AOV)
- 3. pension (APNA, private insurance, Vidanova, etc.)
- 4. welfare
- 5. property/capital
- 6. scholarship
- 7. retaining pay/severance pay arrangement
- 8. child support/alimentation
- 9. other
- 10. no income

END OF INTERVIEW

54. What was your income from this source last month? (see card)

54-a Please fill in the income category:

54-b Is the amount net or gross?

- 1. net
- 2. gross

54-c In what currency do you get paid?

- 1. ANG
- 2. USD
- 3. EUR

54-d I am paid:

- 1. monthly
- 2. bi-weekly
- 3. weekly

End of interview



# Census 2011 Personal form

These questions were answered by:

- 1. respondent personally
- 2. another person

Enumeration District:

Enumeration Block:

Building Point:

Household:

Personal number:

### Demography and Migration

1. Age in full years:

2. Date of birth: day/month/year

3. Sex:

- 1. male
- 2. female

4. What is your island/country of birth?

- 1. Aruba
- 2. Bonaire
- 3. Curaçao
- 4. Sint Maarten
- 5. Sint Eustatius
- 6. Saba
- 7. the Netherlands
- 8. Dominican Republic
- 9. Colombia
- 10. Haïti
- 11. St. Martin
- 12. other:

5. Where was your father born?

- 1. Aruba
- 2. Bonaire
- 3. Curaçao
- 4. Sint Maarten
- 5. Sint Eustatius
- 6. Saba
- 7. the Netherlands
- 8. Dominican Republic
- 9. Colombia
- 10. Haïti
- 11. St. Martin
- 12. other:

6. Where was your mother born?

- 1. Aruba
- 2. Bonaire
- 3. Curaçao
- 4. Sint Maarten
- 5. Sint Eustatius
- 6. Saba
- 7. the Netherlands
- 8. Dominican Republic
- 9. Colombia
- 10. Haïti
- 11. St. Martin
- 12. other:

7. Have you ever lived outside of this island?

- 1. yes
- 2. no

8. In what island or country did you live before you came to live here (island of interview) (choose the last island/country)?

- 1. Aruba
- 2. Bonaire
- 3. Curaçao
- 4. Sint Maarten
- 5. Sint Eustatius
- 6. Saba
- 7. the Netherlands
- 8. Dominican Republic
- 9. Colombia
- 10. Haïti
- 11. USA
- 12. other:

9. Since when have you been living here (island of interview)?

year:  month:

10. What is the total number of years you have lived here (island of interview)?

Years:

If less than a year, numbers of months:

11. How long do you intend to continue living here (island of interview)?

- 1. less than 6 months
- 2. between six and twelve months
- 3. one to five years
- 4. five years or longer
- 5. my whole life
- 6. I don't know

12. What is your nationality? (fill in country)

- 1. the Netherlands (dutch)
- 2. other:
- 3. other:

13. What is your religion?

- 1. Roman Catholic
- 2. Pentecostal
- 3. Protestant
- 4. Adventist
- 5. Methodist
- 6. Hinduism
- 7. Judaism
- 8. Anglican
- 9. Evangelical
- 10. Islam
- 11. Jehovah's Witness
- 12. Other (fill in religion):
- 13. no religion

14. What is your relationship to the head of the household?

- 1. head myself
- 2. married to the head
- 3. living together with the head
- 4. child of 1,2 or 3
- 5. father or mother of 1, 2 or 3
- 6. brother or sister of 1, 2 or 3
- 7. married to 4
- 8. living together with 4
- 9. grandchild/great grandchild 1, 2 or 3
- 10. other family member of 1, 2 or 3
- 11. other family member of 4 -10
- 12. living together with person other than 1 or 4
- 13. living in maid
- 14. no family of the head

15. What is your marital status? (only for 16 years and older)

- 1. unmarried (never been married)
- 2. married
- 3. widower/widow
- 4. divorced

16. Are you living with a partner? (only for 16 years and older)

- 1. yes and I am married to my partner
- 2. yes, but I am not married to my partner
- 3. no, I am not living together with my partner
- 4. no, I don't have a partner

### Health

17. Do you smoke? (only for 16 years and older)

- 1. have never smoked
- 2. stopped smoking
- 3. on occasion
- 4. at least once a week
- 5. daily

18. What do you think of your health compared to others of your age?

- 1. very good
- 2. good
- 3. reasonable
- 4. bad
- 5. very bad

continuation Health

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19. Do you have one or more of the following physical or mental disabilities? Yes No 1. blind 2. visually impaired 3. deaf 4. hearing impaired 5. cannot talk 6. cannot use one or both legs properly 7. cannot use one or both arms properly 8. another physical disability 9. an intellectual / mental disability

20. Some people experience difficulties due to physical or mental disabilities when performing certain activities.

Do you have any difficulties when performing certain activities in the following situations?

a. Do you have problems with your sight even with glasses/contact lenses? 1. no problems 2. yes, some problems 3. many problems 4. cannot see at all

b. Do you have problems with your hearing even with a hearing aid? 1. no problems 2. yes, some problems 3. many problems 4. cannot hear at all

c. Do you have problems walking, or going up the stairs? 1. no problems 2. yes, some problems 3. many problems 4. cannot walk at all

d. Do you have problems remembering things or concentrating? 1. no problems 2. yes, some problems 3. many problems 4. cannot remember anything at all

e. Do you have problems taking care of yourself, like bathing and dressing? 1. no problems 2. yes, some problems 3. many problems 4. cannot do it at all

f. Do you have any difficulties communicating due to a physical, mental or emotional problem? (for example, understanding others or making yourself understood?) 1. no problems 2. yes, some problems 3. many problems 4. cannot do it at all

21. Do you have one of the following illnesses?

1. high blood pressure 2. diabetes 3. glaucoma/pressure in the eyes 4. asthma/chronic bronchitis/ CARA 5. cancer 6. sickle cell 7. heart problems 8. consequences of heart attack 9. consequences of brain hemorrhage 10. serious kidney problems 11. dementia/alzheimer 12. other

22. Have you been to your family doctor or medical specialist during these past two months? 1. no 2. once 3. twice 4. three times or more

23. How are you insured against medical expenses?

1. PP card 2. BZV / SZV 3. SVB 4. FZOG 5. private insurance 6. insurance by employer 7. I am not insured 8. I don't know

Fertility

question 24 and 25 only for women 14 years of age and older.

24. How many live-born children have you given birth to? [ ] [ ]

25. When was the last time you gave birth to a live-born child? Year: [ ] [ ] [ ] [ ] month: [ ] [ ]

Education

26. Are you attending a day school or another type of education at present?

1. yes, a crèche/nursery school/daycare centre (early stimulation) 2. yes, a day school or other daytime education 3. yes, another type of training or course 4. no, not attending any type of education

27. How many days a week does the child attend the crèche, a nursery school, daycare centre (early stimulation)? Number of days: 1. one 2. two 3. three 4. four 5. five

28. What daytime school or other type of training or course are you attending now?

crèche, nursery school, daycare centre (early stimulation) included

Name of school or institution: [ ] [ ] [ ] [ ]

Level or type of education: [ ] [ ] [ ] [ ]

Department/major field: [ ] [ ] [ ] [ ]

Class/year: [ ] Group [ ]

1. one 2. two 3. three 4. four 5. five 6. six 7. seven 8. eight 9. nine 10. ten 11. eleven 12. twelve

29. How do you usually go to school, training or course? (only one answer possible)

1. in a car/truck of someone of the household 2. in a car/truck of someone not belonging to the house 3. in a car/truck as a driver 4. public transportation 5. small bus/taxi (private) 6. small bus/taxi (school transportation/government) 7. large bus (school transportation/government) 8. motorcycle/moped/scooter 9. bicycle 10. walking 11. other

Persons 14 years and younger and attending a daytime school END INTERVIEW

The following education questions are for people who are not attending any type of daytime education currently

30. Have you ever attended a day-time school in the past? 1. yes 2. no

30-1. What is the highest day time education you attended? Level or type of education: [ ] [ ] [ ] [ ]

Department/major field: [ ] [ ] [ ] [ ]

30-2. In which island or country did you attend this daytime school?

1. Aruba 2. Bonaire 3. Curaçao 4. Sint Maarten 5. Sint Eustatius 6. Saba 7. the Netherlands 8. Dom. Republic 9. Colombia 10. USA 11. Surinam 12. Portugal-Madeira 13. Other country: [ ] [ ] [ ] [ ]

30-3. How old were you when you left this day time school? [ ] [ ]

30-4. Did you complete this day time school? 1. yes 2. no

30-5. How many classes, groups or years of study did you complete successfully? 1. one 2. two 3. three 4. four 5. five 6. six 7. seven 8. eight 9. nine 10. ten 11. eleven 12. twelve

31. Have you ever completed another training or course? (no day training) 1. yes 2. no

31-1. What is the highest completed training or course that you have taken?(no day time school!) Type of training: [ ] [ ] [ ] [ ]

Department/branch: [ ] [ ] [ ] [ ]

31-2. In what island or in what country did you attend this training or course?

1. Aruba 2. Bonaire 3. Curaçao 4. Sint Maarten 5. Sint Eustatius 6. Saba 7. the Netherlands 8. Dom. Republic 9. Colombia 10. USA 11. Surinam 12. Portugal-Madeira 13. Another country: [ ] [ ] [ ] [ ]

Labor

From this point only for persons 15 years and older

32. How long have you worked in the past 12 months? 1. six months or longer 2. less than six months 3. I have not worked

33. Do you have a job or a business of your own at present? 1. yes 2. no

34. Did you work or perform casual labor for 4 hours or more last week? 1. yes 2. no

34-1. Did you work or perform casual labor for less than 4 hours last week? 1. yes 2. no

35. Have you worked every now and then or during part of the year in the past 12 months? 1. no, I have not worked 2. yes, I have worked every now and then 3. yes, but I resigned/was dismissed 4. yes, and then I retired 5. yes, but my contract ended

36. Are you looking for work or do you wish to start your own business? 1. yes, I am looking for work 2. yes, I want to start my own business 3. no, I am not looking for work 4. no, I don't want to start my own business

37. How have you looked for work the most in the past month? 1. I went by the businesses myself 2. I wrote to the businesses myself 3. I responded to advertisements 4. I placed advertisements myself 5. via the employment office 6. via friends/relatives 7. via temporary employment agencies 8. other 9. have not been looking the past month

38. If you find work, can you start working within two weeks? 1. yes 2. no

39. How long have you been looking for work? 1. less than a month 2. between one and three months 3. between four and six months 4. between seven and nine months 5. between ten and twelve months 6. longer than 12 months

40. If you wish to start your own business, can you start within two weeks? 1. yes 2. no

41. Why are you not looking for work or don't you want to/can't start your own business? 1. housewife, working in my own household 2. there is no work to be found anyway 3. first complete school/study 4. have temporary jobs 5. family circumstances 6. no financial need 7. health reasons 8. physical or mental disability 9. age/retired 10. no work permit 11. other

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go to question 51