Person Form

Census 2000

CENSO ARUBA 2000

CBS CENTRAL BUREAU OF STATISTICS

Atencion:

+

Indica unicamentediemaneraaki ☒

Scribicifranancomolosiguiente: g 7 2 1

Scribiuntextodenblokletters: ARUBA

Yenaesiguientedatonanpacadapersonadeneunidaddomestico!

Teldistrict	Telblok	Gebouw	Woonverblijf

1 Personisrecordedunderthefollowing numbersontheFormulierHuishoudens:

Gezinsnummer
Fillin"0"ifpersonlivesin acollectivehousehold)

Persoonsnummer

2 Whatisperson'ssex:

☐ Male ☐ Female

Personrefusestoco-operatewiththecensus ☐
ENDOFFORM

3 Whatisyourdateofbirth?

Month | Year

4 Whatisyournationality?

☐ Dutch ☐ Surinamese
☐ Colombian ☐ American
☐ Dominican ☐ Haitian
☐ Venezuelan ☐ British
☐ Othernationality

Note nationalityinblockletters

5 Whatisyourreligion?

☐ RomanCatholic ☐ Jewish
☐ Methodist ☐ Protestant, reformed
☐ Anglican ☐ Evangelist
☐ Adventist ☐ Jehovah'switness
☐ Other ☐ None

+

6 Relationshiptothereference-person?

☐ Is reference-person
☐ Marriedtothereference-person
☐ Childofreference-personand/orofspouseof reference-person
☐ Father/motherofreference-person
☐ Father-/mother-in-lawofreference-person
☐ Brother/sisterofreference-person
☐ Brother-/sister-in-lawofreference-person
☐ Son-/daughter-in-lawofreference-person and/orofspouseofreference-person
☐ (Great)Grandchild ofreference-personand/or ofspouseofreference-person
☐ Otherfamilymemberofreference-personand/or orofspouseofreference-person
☐ Live-inservantinthesamehome
☐ Nofamilyties(alsoappliestoacollective household)

7 Areyouarelative(alsobymarriage)of everyoneinthishousehold?

☐ Yes,personisarelativeofeveryoneinthe household
☐ No,nofamilytiestoeveryoneinthehousehold

8 Inwhichcountrywereyouborn?

☐ Aruba → GOTO10
☐ Colombia ☐ TheNetherlands
☐ Dominican Republic ☐ Curaçao
☐ Surinam ☐ Bonaire
☐ Venezuela ☐ SaintMartin
☐ USA ☐ Grenada
☐ Haiti ☐ Othercountry

Notecountryinblockletters

9 *Onlyforpersons not bornonAruba*

A. Whendidyoucometoliveforthelast timeonaruba?

Month | Year

B. Whichcountrydidyouliveinbeforeyoucameto Aruba?

☐ Colombia ☐ TheNetherlands
☐ Dominican Republic ☐ Curaçao
☐ Surinam ☐ Bonaire +
☐ Venezuela ☐ SaintMartin
☐ USA ☐ Grenada
☐ Haiti ☐ Othercountry

Notecountryinblockletters

GOTO11

10 *OnlyforpersonsbornonAruba*

A. Haveyoualwayslivedon Arubasince youwereborn?

☐ Yes → GOTO11
☐ No

B. Whendidyoureturnto Arubaforthelasttime?

Month | Year

C. Whichcountrydidyouliveinbefore?

☐ Colombia ☐ TheNetherlands
☐ Dominican Republic ☐ Curaçao
☐ Surinam ☐ Bonaire
☐ Venezuela ☐ SaintMartin
☐ USA ☐ Grenada
☐ Haiti ☐ Othercountry

Notecountryinblockletters

D. Howmanyyearsdidyouliveinthiscountryduring the lastperiod?

Year

Personisyoungerthan3years
GOTO14

+

11 Inwhichlanguagescanyouspeakwithother personsaboutdailymatters?

Crossasmanyboxesasnecessary 3+

☐ Papiamento ☐ Spanish
☐ Dutch ☐ English
☐ Portuguese ☐ "Creole"(Patois)
☐ French ☐ German
☐ Chinese ☐ SrananTongo
☐ Otherlanguage

Note onelanguageinblockletters

12 Whichlanguage,indicatedintheprevious question,doyouspeakthemostathome?

Crossonly1box 3+

☐ Papiamento ☐ Spanish
☐ Dutch ☐ English
☐ Portuguese ☐ Otherlanguage

Note language in blockletters

13 Doyouhave,becauseofaphysicalormental conditionlasting6monthsormore,anydifficulty indoinganyofthefollowingactivities: 3+

A. Difficultytolearn,remember,orconcentrate?
☐ Yes ☐ No

B. Difficulty todress,bathorgettingaroundinside the home?
☐ Yes ☐ No

CHECK 1

Personisyoungerthan14 ☐
GOTO14

Personis14yearsorolder ☐
GOTO13c

C. Difficultytogooutsidethehomebyyourself,for instancetoshoporvisitthedoctor? 14+
☐ Yes ☐ No

D. Difficultyto(ifnecessary)workatajoborbusiness?
☐ Yes ☐ No

14 Doyou(doeshe/she)haveahandicap?

Check definition"handicap"

☐ Yes → GOTO15
☐ No → GOTO17

15 Whattype(s)ofhandicap(s)doyou(doeshe/she)have?

Crossasmany boxesasnecessary

☐ Motorydisfunction(moving)
☐ Visualhandicap(seeing)
☐ Auditoryhandicap(hearing)
☐ Organhandicap(e.g.asthma)
☐ Severe mental handicap
☐ Moderate mentalhandicap
☐ Otherhandicap(e.g.speaking)

16 Whatcausedthishandicap?

Crossmostimportantcause

☐ Bornwithit,hereditaryillness
☐ Geriatricillness
☐ Infection
☐ Otherdisease
☐ Unhealthyhabits(e.g.smoking,drugs)
☐ Poisoning
☐ Accident
☐ Emotionalstress
☐ Unhealthywayofeating
☐ Otherreason

17 Fromwhichofthefollowingillnessesdidyou sufferduringthelast12months?

	Yes	No
Highbloodpressure	☐	☐
Diabetes	☐	☐
Jointailment(arthritis,artrose,etc.)	☐	☐

18 Howisyourhealthingeneral?

☐ Perfect
☐ Good
☐ Moderate
☐ Sometimesgood,sometimesbad
☐ Bad

+

19 *Onlyforpersons6yearsorolder*

Didyoudoanyphysicalexercisesduringthe lastweek? 6+

☐ Yes ☐ No

20 Doyou(he/she)attendaschoolorregulareducation (e.g.kleuterschool,basisschool,EPB,MAVO, HAVO,EPI,...)ordoeshe/sheattendacrèche?

Includeeveningschool,NOcourses

☐ Yes → GOTO21
☐ No → GOTOCHECK2

21 Whichschooldoyou(he/she)attend?

Crèchealso

Nameof the school

Typeof education

Fieldof study

School address

22 Whatgradeareyou(he/she)in?

☐ Notapplicable(crèche)

1 ☐ 2 ☐ 3 ☐ 4 ☐
5 ☐ 6 ☐ 7 ☐ 8 ☐

23 Howdoesthepupilusuallygettoschool/ crèche?

☐ Privatecarofsomeonewholivesinthesame home
☐ Privatecarofsomeonewhodoesnotlivein the same home
☐ ARUBUS
☐ Privateschoolbus
☐ Privatebus/taxi
☐ Motorcycle/moped/bycicle
☐ Byfoot

+

24 *Onlyforchildrenunder14yearsofage*

Whousuallytakescareofthechildafter1:00P.M. duringanormalschoolweek? 14-

☐ Mother/father(athome)
☐ Otherrelativeathome
☐ Paidbaby-sitterathome
☐ Family/friendelsewhere
☐ Childremains(home)alone
☐ Childcareoutofhome(daycare,crèche, Traimerdia,paidbaby-sitter)

CHECK 2

Personyoungerthan14years ☐
ENDOFFORM

Personis14yearsorolder ☐
GOTO25

25 Areyouabletoreadasimpletextandtowrite aletter?

☐ Yes,canreadandwrite
☐ No,cannotreadandwrite

26 Whatisthehighestgradeofprimaryeducation youfinishedsuccessfully?

☐ Didnotfollowprimaryeducation
GOTO31

1 ☐ 2 ☐ 3 ☐ 4 ☐
5 ☐ 6 ☐ 7 ☐ 8 ☐

27 Didyoureceiveadiplomafromaregular educationalinstitutionafteryourprimary education(e.g.Highschool,AssociateDegree, BachelorsDegree,MastersDegree,...)

- ☐ Yes → GOTO28
- ☐ No → GOTO31

28 Whatisthehighestdiplomathatyouhave received? *NOcourses*

Typeof diploma

Fieldof study (NOcourses)

29 Inwhichcountrydidyougetthediploma?

- ☐ Aruba
- ☐ Curaçao
- ☐ Bonaire
- ☐ SaintMartin
- ☐ USA
- ☐ Surinam
- ☐ CostaRica
- ☐ Dom.Republic
- ☐ Othercountry
- ☐ TheNetherlands
- ☐ Colombia
- ☐ Venezuela
- ☐ Haiti
- ☐ Peru
- ☐ Philippines
- ☐ China
- ☐ Grenada

Notecountryinblockletters

30 Yearinwhichyougotthediploma?

31 Didyoufollow, inthepast,(other)regular educationforwhichyoudidnotreceiveadiploma?

- ☐ Yes → GOTO32
- ☐ No → GOTO35

32 Whatisthehighesteducationyouhave followed inthepast without receivingadiploma?

NOcourses

Typeof education

Fieldof study *(NOcourses)*

+

33 Inwhichcountrydidyoufollowthiseducation?

- ☐ Aruba
- ☐ Curaçao
- ☐ Bonaire
- ☐ SaintMartin
- ☐ USA
- ☐ Surinam
- ☐ CostaRica
- ☐ Dom.Republic
- ☐ Othercountry
- ☐ TheNetherlands
- ☐ Colombia
- ☐ Venezuela
- ☐ Haiti
- ☐ Peru
- ☐ Philippines
- ☐ China
- ☐ Grenada

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Notecountryinblockletters

34 Howmanyyearsofthiseducationdidyou finishsuccessfully?

0 1 2 3 4 5 6 7

35 Whatisyourmaritalstatus?

- ☐ Nevermarried → GOTO38
- ☐ Married → GOTO37
- ☐ Legallydivorced
- ☐ Legallyseparated frombedandboard
- ☐ Widow(er)

FILLIN36AND37

36 Whendidthemarriageterminatedueto divorce,separationorpartner'sdeath?

Month Year

GOTO37

37 Whatwasthedateofyour(last)marriage?

Month Year

38 Areyoucurrentlylivingwithyourspouseor withalifepartner?

- ☐ Yes
- ☐ No → GOTO39

Areyoumarriedtothisperson?

- ☐ Yes,marriedtohim/her
- ☐ No,notmarriedtohim/her

39 Doyouhaveajobforwhichyouworked4 hoursormoreinthepastweek(orwouldhave workedifyouhadnotbeenabsentduetovacation, illness,pregnancyoralabordispute,etc.)?

- ☐ Yes → GOTO40
- ☐ No → GOTO47

40 Whattypeofworkdoyoumainlyperform?

Indicateonlyyourmainprofession/job

Nameof professionor job

Jobdescription

41 Forwhomdoyouwork?

Nameof company/ organization/ department/ branch

Descriptionof mostimportant activityengaged inbycompany/ organization/ department/ branch

Addresswhere youactually work

42 Howmany(full)monthshaveyoubeen workingthere?

Month(s)

"96"=8yearsorlonger,"00"=lessthan1month

43 Inwhichsectordoyouwork?

- ☐ Privatesector(entrepreneur,companyor institution)
- ☐ Public orsubsidizededucation
- ☐ GovernmentN.V.
- ☐ Foundation
- ☐ Localgovernment
- ☐ Extra-territorialorganization(e.g.consulate)

+

44 Doyouperformthisworkas:

+

- ☐ Employer(3ormoreemployees)
- ☐ Ownerofasmallbusiness(1or2employees)
- ☐ Ownerofasmallbusiness(noemployees)
- ☐ Salary earner,permanentstaff
- ☐ Salary earner, temporarystafforonacontractbasis
- ☐ Unpaidworkingrelative(infamilybusiness)
- ☐ Other(volunteer,memberofcooperative)

45 Howmanyhoursdidyouworkinthepastweek (orwouldyouhaveworkedifyouhadnotbeen absent duetovacation,illness,pregnancyora labordispute,etc.)?

Hours

46 Howdoyouusuallygettowork?

- ☐ Car,asdriver
- ☐ Car,aspassenger
- ☐ ARUBUS
- ☐ Privatebus/taxi
- ☐ Motorcycle,moped, bicycle
- ☐ Byfoot
- ☐ Employee transport
- ☐ Livesatthejobsite

GOTO55

47 Whyareyououtofajobatthistime?

- ☐ Pupilorstudent → GOTO55
- ☐ Pensioned/privatemeans/livesofAOV
- ☐ VUT
- ☐ Housewife(homemaker)
- ☐ Dismissed(leftofownaccordorwasfired)
- ☐ Recentlygraduatedorjustleftschool
- ☐ Healthreasons
- ☐ Otherreasons

48 Have youbeenactivelylookingforworkinthe pastmonthorwereyoubusywithpreparations inordertostartyourownbusiness?

- ☐ Yes → GOTO49
- ☐ No → GOTO55

49 Ifyoufindajoborstartyourownbusiness wouldyoubeabletostartworkingwithintwo weeks?

☐ Yes ☐ No

50 Howmany(full)monthshaveyoubeenlooking forajobalreadyorwereyoubusywith preparationsinordertostartyourownbusiness?

Month(s)

"96"=8yearsorlonger,"00"=lessthan1month

+

51 Have youeverworkedtwoweeksormoreduring last12months?

- ☐ Yes → GOTO52
- ☐ No → GOTO55

52 Whattypeofworkdidyoumainlyperform?

Nameof profession orjob

Job description

53 Forwhomdidyouwork?

Nameof company/ organization/ department/ branch

Descriptionof mostimportant activityengaged inbycompany/ organization/ department/ branch

Addresswhere youactually work

54 Howmany(full)monthsdidyouworktherein total?

Month(s)

"96"=8yearsorlonger,"00"=lessthan1month

55 Whatwasyourgrossincomeinthepastmonth?

ArubanFlorins

Afl. ,0 0

Fillin"00000"forapersonwithoutanincome.
Fillin"99999"ifunknown.

+

56 *Tobefilledinifthe respondentdidnot answerthepreviousquestion. Showcard"Inkomenscategorieën".*

Inwhichcategorydoesyourmonthlyincomefall?

- ☐ 1) Afl.300orless
- ☐ 2) Afl.301-650
- ☐ 3) Afl.651-950
- ☐ 4) Afl.951-1500
- ☐ 5) Afl.1501-3000
- ☐ 6) Afl.3001-4500
- ☐ 7) Afl.4501-6000
- ☐ 8) Afl.6001-7500
- ☐ 9) MorethanAfl.7500

57 Whatisyourmainsourceofincome?

- ☐ Noincome("00000"forquestion55)
- ☐ Wage/salary
- ☐ Capital/profits/rent/revenue
- ☐ Pension/AOV/AWW
- ☐ Allowanceforthehandicapped
- ☐ Welfare
- ☐ VUT-benefits
- ☐ Other(e.g.alimony,..)

+

CHECK 3

- ☐ Personisaman → ENDOFFORM
- ☐ Personisawoman → GOTO58

58 Howmanylive-bornboys/girlshaveyouhad intotal?

Boys Girls

Includedeceasedchildren,andchildrenwho liveelsewhere.

Nochildren:record2times"00"inabovespaces → ENDOFFORM

59 Howmanyoftheseboys/girlsarestillalive atthispointintime?

Boys Girls

Fillin"00"ifnoboys/girlsarestillalive.

ENDOFFORM
CBSthanksyouforyourco-operation