



Person Form

Census 2000



Indica unicamentedi maneraaki

Scirbicifranacomolosi guiente

9 7 2 1

Yenaesiguientedatonanpacadapersonadeneuniddomesticol

Teldistrict

Telblok

Gebouw

Woonverblijf

Scirbiuntextodenblokletters

ARUBA

Atencion:



1 Person is recorded under the following numbers on the Formulier Huishoudens:

Gezinsnummer

Fill in "0" if person lives in a collective household

Persoonsnummer

2 What is person's sex:

Male Female

Person refuses to cooperate with the census

ENDOFFORM

3 What is your date of birth?

Month Year

4 What is your nationality?

Dutch Surinamese
 Colombian American
 Dominican Haitian
 Venezuelan British
 Other nationality

Note nationality in block letters

5 What is your religion?

Roman Catholic Jewish
 Methodist Protestant, reformed
 Anglican Evangelist
 Adventist Jehovah's witness
 Other None

6 Relationship to the reference-person?

Is reference-person
 Married to the reference-person
 Child of reference-person and/or of spouse of reference-person
 Father/mother of reference-person
 Father-/mother-in-law of reference-person
 Brother/sister of reference-person
 Brother-/sister-in-law of reference-person
 Son-/daughter-in-law of reference-person and/or of spouse of reference-person
 (Great) Grandchild of reference-person and/or of spouse of reference-person
 Other family member of reference-person and/or of spouse of reference-person
 Live-in servant in the same home
 No families (also applies to a collective household)

7 Are you a relative (also by marriage) of everyone in this household?

Yes, person is a relative of everyone in the household
 No, no family ties to everyone in the household

8 In which country were you born?

Aruba → GOTO10
 Colombia The Netherlands
 Dominican Republic Curaçao
 Surinam Bonaire
 Venezuela Saint Martin
 USA Grenada
 Haiti Other country

Note country in block letters

9 Only for persons not born on Aruba

A. When did you come to live for the last time on Aruba?

Month Year

B. Which country did you live in before you came to Aruba?

Colombia The Netherlands
 Dominican Republic Curaçao
 Surinam Bonaire
 Venezuela Saint Martin
 USA Grenada
 Haiti Other country

Note country in block letters

GOTO11

10 Only for persons born on Aruba

A. Have you always lived on Aruba since you were born?

Yes → GOTO11
 No

B. When did you return to Aruba for the last time?

Month Year

C. Which country did you live in before?

Colombia The Netherlands
 Dominican Republic Curaçao
 Surinam Bonaire
 Venezuela Saint Martin
 USA Grenada
 Haiti Other country

Note country in block letters

D. How many years did you live in this country during the last period?

Year

Person is younger than 3 years GOTO14

Yes → GOTO15
 No → GOTO17

Yes → GOTO14
 No → GOTO17

11 In which languages can you speak with other persons about daily matters?

Cross as many boxes as necessary 3+

Papiamentu Spanish
 Dutch English
 Portuguese "Creole" (Patois)
 French German
 Chinese Sranan Tongo
 Other language

Note one language in block letters

12 Which language, indicated in the previous question, do you speak the most at home?

Cross only 1 box 3+

Papiamentu Spanish
 Dutch English
 Portuguese Other language

Note language in block letters

13 Do you have, because of a physical or mental condition lasting 6 months or more, any difficulty in doing any of the following activities:

3+

A. Difficulty to learn, remember, or concentrate?
 Yes No

B. Difficulty to dress, bath or getting around inside the home?
 Yes No

C. Difficulty to go outside the home by yourself, for instance to shop or visit the doctor?
 Yes No 14+

D. Difficulty to (if necessary) work at a job or business?
 Yes No

14 Do you (does he/she) have a handicap? Check definition "handicap"

Yes → GOTO15
 No → GOTO17

15 What type(s) of handicap(s) do you (does he/she) have? Cross as many boxes as necessary

Motory dysfunction (moving)
 Visual handicap (seeing)
 Auditory handicap (hearing)
 Organ handicap (e.g. asthma)
 Severe mental handicap
 Moderate mental handicap
 Other handicap (e.g. speaking)

16 What caused this handicap? Cross most important cause

Born with it, hereditary illness
 Geriatric illness
 Infection
 Other disease
 Unhealthy habits (e.g. smoking, drugs)
 Poisoning
 Accident
 Emotional stress
 Unhealthy way of eating
 Other reason

17 From which of the following illnesses did you suffer during the last 12 months?

	Yes	No
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Joint ailment (arthritis, artrose, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

18 How is your health in general?

Perfect
 Good
 Moderate
 Sometimes good, sometimes bad
 Bad

19 Only for persons 6 years or older

Did you do any physical exercises during the last week?
 Yes No 6+

20 Do you (he/she) attend a school or regular education (e.g. kleuterschool, basisschool, EPB, MAVO, HAVO, EPI, ...) or does he/she attend crèche?

Include evening school, NO courses

Yes → GOTO21
 No → GOTO CHECK2

21 Which school do you (he/she) attend? Crèche also

Name of the school

Type of education

Field of study

School address

22 What grade are you (he/she) in?

Not applicable (crèche)

1 2 3 4
5 6 7 8

23 How does the pupil usually get to school/crèche?

Private car of someone who lives in the same home
 Private car of someone who does not live in the same home
 ARUBUS
 Private school bus
 Private bus/taxi
 Motorcycle/moped/bicycle
 By foot

24 Only for children under 14 years of age

Who usually takes care of the child after 1:00 P.M. during a normal school week?

Mother/father (at home) 14
 Other relative at home
 Paid baby-sitter at home
 Family/friend elsewhere
 Child remains (home) alone
 Child care out of home (day care, crèche, Traimerdia, paid baby-sitter)

Person younger than 14 years

ENDOFFORM

Person 14 years or older

GOTO25

25 Are you able to read a simple text and to write a letter?

Yes, can read and write
 No, cannot read and write

26 What is the highest grade of primary education you finished successfully?

Did not follow primary education → GOTO31

1 2 3 4
5 6 7 8

27 Did you receive a diploma from a regular educational institution after your primary education (e.g. High school, Associate Degree, Bachelors Degree, Masters Degree,....)

Yes → **GOTO28**

No → **GOTO31**

28 What is the highest diploma that you have received? *NO courses*

Type of diploma

Field of study (NO courses)

29 In which country did you get the diploma?

Aruba The Netherlands

Curaçao Colombia

Bonaire Venezuela

Saint Martin Haiti

USA Peru

Surinam Philippines

Costa Rica China

Dom. Republic Grenada

Other country →

Note country in block letters

30 Year in which you got the diploma?

Year

31 Did you follow, in the past, (other) regular education for which you did not receive a diploma?

Yes → **GOTO32**

No → **GOTO35**

32 What is the highest education you have followed in the past without receiving a diploma? *NO courses*

Type of education

Field of study (NO courses)

33 In which country did you follow this education?

Aruba The Netherlands

Curaçao Colombia

Bonaire Venezuela

Saint Martin Haiti

USA Peru

Surinam Philippines

Costa Rica China

Dom. Republic Grenada

Other country →

Note country in block letters

34 How many years of this education did you finish successfully?

0 1 2 3

4 5 6 7

35 What is your marital status?

Never married → **GOTO38**

Married → **GOTO37**

Legally divorced

Legally separated from bed and board

Widow(er) → **FILL IN 36 AND 37**

36 When did the marriage terminate due to divorce, separation or partner's death?

Month Year

GOTO37

37 What was the date of your (last) marriage?

Month Year

38 Are you currently living with your spouse or with a life partner?

Yes No → **GOTO39**

↓

Are you married to this person?

Yes, married to him/her

No, not married to him/her

39 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 → **GOTO40**

No → **GOTO47**

40 What type of work do you mainly perform?

Indicate only your main profession/job

Name of profession or job

Job description

41 For whom do you work?

Name of company/ organization/ department/ branch

Description of most important activity engaged in by company/ organization/ department/ branch

Address where you actually work

42 How many (full) months have you been working there?

Month(s)

"96" = 8 years or longer, "00" = less than 1 month

43 In which sector do you work?

Private sector (entrepreneur, company or institution)

Public or subsidized education

Government N.V.

Foundation

Local government

Extra-territorial organization (e.g. consulate)

44 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 (no employees)

Salary earner, permanent staff

Salary earner, temporary staff on a contract basis

Unpaid working relative (in family business)

Other (volunteer, member of cooperative)

45 How many hours did you work in the past week (or would you have worked if you had not been absent due to vacation, illness, pregnancy or a labor dispute, etc.)?

Hours

46 How do you usually get to work?

Car, as driver Motorcycle, moped, bicycle

Car, as passenger By foot

ARUBUS Employee transport

Private bus/taxi Lives at the jobsite

GOTO55

47 Why are you out of a job at this time?

Pupil or student → **GOTO55**

Pensioned/privately means/lives off AOV

VUT

Housewife (homemaker)

Dismissed (left of own accord or was fired)

Recently graduated or just left school

Health reasons

Other reasons

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

Yes → **GOTO49**

No → **GOTO55**

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

Yes No

50 How many (full) months have you been looking for a job already or were you busy with preparations in order to start your own business?

Month(s)

"96" = 8 years or longer, "00" = less than 1 month

51 Have you ever worked two weeks or more during last 12 months?

Yes → **GOTO52**

No → **GOTO55**

52 What type of work did you mainly perform?

Name of profession or job

Job description

53 For whom did you work?

Name of company/ organization/ department/ branch

Description of most important activity engaged in by company/ organization/ department/ branch

Address where you actually work

54 How many (full) months did you work there in total?

Month(s)

"96" = 8 years or longer, "00" = less than 1 month

55 What was your gross income in the past month?

Aruban Florins

Afl. _____,00

Fill in "00000" for a person without an income. Fill in "99999" if unknown.

56 *To be filled in if the respondent did not answer the previous question. Show card "Inkomenscategorieën".*

In which category does your monthly income fall?

1) Afl. 300 or less

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) More than Afl. 7500

57 What is your main source of income?

No income ("00000" for question 55)

Wage/salary

Capital/profits/rent/revenue

Pension/AOV/AWW

Allowance for the handicapped

Welfare

VUT-benefits

Other (e.g. alimony, ...)

Person is a man

→ **END OF FORM**

Person is a woman

→ **GOTO58**

58 How many live-born boys/girls have you had in total?

Boys Girls

Include deceased children, and children who live elsewhere.

No children: record 2 times "00" in above spaces

→ **END OF FORM**

59 How many of these boys/girls are still alive at this point in time?

Boys Girls

Fill in "00" if no boys/girls are still alive.

END OF FORM

CBS thanks you for your co-operation