



CENSO  
ARUBA  
2010

# Form Household Composition

Censo 2010

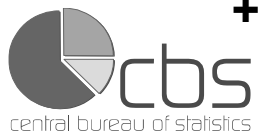
Teldistrict

Telblok

Volgnr. hh

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
<b>1</b> 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"/>
<b>2</b> 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
<b>3</b> 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"/>
<b>4</b> 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>
<b>5</b> Nationality 1= Dutch 5= American 2= Colombian 6= Surinamese 3= Dominican 7= Haitian 4= Venezuelan 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>
<b>6</b> 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
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> What is the marital status of this person? <b>14+</b>  <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 <b>+</b> <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)
<b>10</b> a. Is this person currently living on a durable basis with a partner (married or not)? <b>14+</b> b. If yes, what is the 'persoonsnummer' of this person? <b>+</b>	<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"/>
<b>11</b> If living together, is person married to this partner? <b>14+</b>	<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

End of Household Composition – Continue with Form Living Quarter -