

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

μ

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:

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

C. In this household there are:	one	two	three or more
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?

1. a shop Yes No

2. a workshop Yes No

3. an office (also a lottery office) Yes No

4. a snackbar/bar/restaurant Yes No

5. a storage space/warehouse Yes No

6. a day-care center/crèche Yes No

7. a hairdressing salon/barbershop Yes No

8. another activity Yes No

9. this is exclusively a dwelling Yes No

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 m²)

1. less than 60 m²

2. 60 m² - 99 m²

3. 100 m² - 149 m²

4. 150 m² - 199 m²

5. 200 m² - 299 m²

6. 300 m² 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?

1. via connection to the water supply line Yes No

2. by means of a cistern or water well (ground water) Yes No

3. by means of a water truck Yes No

4. by buying bottles of water Yes No

5. other Yes No

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

1. one 4. four or more

2. two 5. none

3. three

+

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?

1. via the electricity grid Yes No

2. by means of one's own generator Yes No

3. by means of solar energy/wind energy Yes No

4. other Yes No

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

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?

1. Papiamentu Yes No

2. English Yes No

3. Dutch Yes No

4. Spanish Yes No

5. French Creole Yes No

6. Chinese Yes No

7. Portuguese Yes No

8. Hindi Yes No

9. other: Yes No

1. Papiamentu 6. Chinese

2. English 7. Portuguese

3. Dutch 8. Hindi

4. Spanish 9. other:

5. French Creole

Communication/other facilities in the living accommodation

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

1. landline telephone(s) Yes No

2. mobile telephone(s) Yes No

3. personal computer(s)/laptop(s) Yes No

4. internet connection to the dwelling Yes No

5. internet reception via mobile phone Yes No

6. mobile internet via laptop or PC (3G) Yes No

7. television set/flat screen Yes No

8. cable tv/wireless(TDS,SXM-cable, WTN) Yes No

9. satellite dish (Direct TV, other) Yes No

10. refrigerator Yes No

11. freezer Yes No

12. washing machine Yes No

13. dishwasher Yes No

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

Window unit or split unit

1. one 3. three 5. none

2. two 4. four or more

Transportation

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

Own cars Own motorcycles Company cars

1. one 1. one 1. one

2. two 2. two 2. two

3. three 3. three 3. three

4. four or more 4. four or more 4. four or more

5. none 5. none 5. none

Discomfort/inconvenience in the vicinity

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

1. waste and/or litter Yes No

2. car wrecks Yes No

3. dust caused by excavation and/or dirt road Yes No

4. air pollution (soot, smoke or stench) Yes No

5. flooding and/or erosion when it rains Yes No

6. open sewerage/waste water Yes No

7. noise (neighbors, activities in the vicinity, traffic, airplanes) Yes No

8. traffic (unsafeness and bustle) Yes No

9. bad view (due to high buildings, billboards, etc) Yes No

10. vermin (mosquitos, rats, etc..) Yes No

11. drug addicts Yes No

12. theft Yes No

13. stray dogs Yes No

14. insufficient or no street lighting Yes No

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

go to question 11:

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

19. Do you have one or more of the following physical or mental disabilities?

	Yes	No		Yes	No
1. blind	<input type="checkbox"/>	<input type="checkbox"/>	6. cannot use one or both legs properly	<input type="checkbox"/>	<input type="checkbox"/>
2. visually impaired	<input type="checkbox"/>	<input type="checkbox"/>	7. cannot use one or both arms properly	<input type="checkbox"/>	<input type="checkbox"/>
3. deaf	<input type="checkbox"/>	<input type="checkbox"/>	8. another physical disability	<input type="checkbox"/>	<input type="checkbox"/>
4. hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>	9. an intellectual / mental disability	<input type="checkbox"/>	<input type="checkbox"/>
5. cannot talk	<input type="checkbox"/>	<input type="checkbox"/>			

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?

	Yes	No		Yes	No
1. high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	7. heart problems	<input type="checkbox"/>	<input type="checkbox"/>
2. diabetes	<input type="checkbox"/>	<input type="checkbox"/>	8. consequences of heart attack	<input type="checkbox"/>	<input type="checkbox"/>
3. glaucoma/pressure in the eyes	<input type="checkbox"/>	<input type="checkbox"/>	9. consequences of brain hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
4. asthma/chronic bronchitis/ CARA	<input type="checkbox"/>	<input type="checkbox"/>	10. serious kidney problems	<input type="checkbox"/>	<input type="checkbox"/>
5. cancer	<input type="checkbox"/>	<input type="checkbox"/>	11. dementia/alzheimer	<input type="checkbox"/>	<input type="checkbox"/>
6. sickle cell	<input type="checkbox"/>	<input type="checkbox"/>	12. other	<input type="checkbox"/>	<input type="checkbox"/>

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 5. private insurance

2. BZV / SZV 6. insurance by employer

3. SVB 7. I am not insured

4. FZOG 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) *go to question 27*

2. yes, a day school or other daytime education *go to question 28*

3. yes, another type of training or course *go to question 28*

4. no, not attending any type of education *If respondent is four years or older: go to question 30. If respondent is younger than four years of age: END OF INTERVIEW*

27. How many days a week does the child attend the crèche, a nursery school, daycare centre (early stimulation)? Number of days:

1. one 3. three 5. five

2. two 4. four

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 5. five 9. nine

2. two 6. six 10. ten

3. three 7. seven 11. eleven

4. four 8. eight 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 *go to question 30-1*

2. no *go to question 31*

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 6. Saba 11. Surinam

2. Bonaire 7. the Netherlands 12. Portugal-Madeira

3. Curaçao 8. Dom. Republic 13. Other country:

4. Sint Maarten 9. Colombia

5. Sint Eustatius 10. USA

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

30-4. Did you complete this day time school?

1. yes *go to question 31*

2. no

30-5. How many classes, groups or years of study did you complete successfully?

1. one 4. four 7. seven 10. ten

2. two 5. five 8. eight 11. eleven

3. three 6. six 9. nine 12. twelve

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

1. yes *go to question 32*

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 6. Saba 11. Surinam

2. Bonaire 7. the Netherlands 12. Portugal-Madeira

3. Curaçao 8. Dom. Republic 13. Another country:

4. Sint Maarten 9. Colombia

5. Sint Eustatius 10. USA

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 *go to question 42*

2. no

34. Did you work or perform casual labor for 4 hours or more last week?

1. yes *go to question 42*

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 *go to question 40*

3. no, I am not looking for work *go to question 41*

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 *go to question 41*

38. If you find work, can you start working within two weeks?

1. yes

2. no *go to question 41*

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 *go to question 51*

40. If you wish to start your own business, can you start within two weeks?

1. yes *go to question 51*

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 *go to question 51*