



CENSO ARUBA 2010



Person Form



Censo 2010

Teldistrict

Telblok

Volgnr. hh

Fill out the following information for every person in the household!

1 Number of person that is registered on the Household Composition Form:

Persoonsnummer

2 Person's sex: Male Female

Person refuses to co-operate with the Census

End of Form

3 What is your date of birth?

Month Year

4 What is your religion?

Roman Catholic Adventist
 Protestant, reformed Anglican
 Jehovah's witness Jewish
 Methodist No religion

Specify Other

5 Which language do you speak the most at home (with other members of the household)?

Papiamentu English
 Spanish Chinese
 Dutch Does not speak (yet)

Specify Other

6 Where did you live five years ago? **5+**

Aruba, same address Foreign country
 Aruba, different address

CHECK 1

Person was born in Aruba **Go to 10**

Person was not born in Aruba

7 When did you establish yourself for the last time on Aruba?

Month Year

8 Which country did you reside in before you established yourself on Aruba?

Colombia The Netherlands
 Curaçao Peru
 The Dominican Republic Surinam
 Haïti Venezuela
 Other

Specify

9 How many years in total do you live on Aruba? Year(s)

10 In which country was your father born?

Aruba The Dominican Republic
 Colombia The Netherlands
 Other

Specify

11 In which country was your mother born?

Aruba The Dominican Republic
 Colombia The Netherlands
 Other

Specify

14+

Person has never been married **Go to 14**

Person is married **Go to 13**

CHECK 2

Person is legally divorced

Person is legally separated from bed and board

Person is a widow(er)

12 When did this marriage end by divorce, separation from bed and board or death? **14+**

Month Year

13 What was the date of your (last) marriage? **14+**

Month Year

14 The following questions concern difficulties you may have when doing certain activities - due to a **health problem**

a. Do you have difficulty seeing, even if wearing glasses/contact lenses?

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

b. Do you have difficulty hearing, even if using a hearing aid?

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

c. Do you have difficulty walking or climbing steps? **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

d. Do you have difficulty remembering or concentrating? **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

e. Do you have difficulty with self-care such as washing all over or dressing? **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

f. Because of a physical, mental or emotional health condition, do you have difficulty communicating? (e.g. understanding others or others understanding you) **5+**

No - no difficulty Yes - a lot of difficulty
 Yes - some difficulty Cannot do at all

15 Do you need help from others due to a physical or mental limitation with personal care or household chores (e.g. bathing, eating, cleaning)?

Yes **Go to 16**

No **Go to 17**

16 Who provides this personal care or household help? **+**

(Check as many boxes as necessary)

Does not get help **Go to 17**

Family members within the household Private nurse
 Family members outside the household Admitted to institution
 Friends/neighbors (non family members) Gets helps in day centre
 The Yellow and white Cross Others against payment

17 Do you have a handicap?

Yes **Go to 18**

No **Go to 19**

18 What type of handicap do you have? (Check as many boxes as necessary)

Motor dysfunction (moving) Organ handicap
 Visual handicap (seeing) Light mental handicap
 Auditory handicap (hearing) Severe mental handicap
 Other

Specify

19 Are you currently attending a school where education is given or do you attend kindergarten, playschool or crèche? (Includes evening school, no courses)

Yes **Go to 20**

No **Go to check 3**

20 What type of school do you attend?

Crèche/playschool
 Kindergarten
 Special education (Emmaschool, Paso pa futuro, Caiquetioschool,...)
 Primary education (Basisschool) **Go to 22a.**
 Ciclo basico (MAVO, HAVO, VWO)
 MAVO
 HAVO
 VWO

Any other type of school (EPB, EPI, FEF, ISA, University, ...) **Go to 21a.**

21 a. What is the name of the school?

b. What is the address of the school?

c. In which section? (unit/sector/faculty)

d. What is the specific discipline?

e. Which grade/year are you in?

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to 23

22 a. What is the name of the school?

b. What is the address of the school?

c. In which grade or year are you? (Not for crèche/playschool)

1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 Where do you usually stay in the afternoon during schooldays? **18-**

At home **Go to 24a.**

Afterschool centre/centre for homework guidance (Traimerdia, Profar, DOC, HPI, Mi Spot...)
 Daycare or crèche **Go to check 3**

Elsewhere **Go to 24a.**

24 a. With whom do you usually stay? **18-** **+**

With mother/father (guardian) **Go to check 3**

With another adult family member, 18 years or older
 Stays with other adults, 18 years or older (not family) **Go to 24b.**
 With other family members, younger than 18 years, children/youth
 With other children/youth, younger than 18 years (not family)

Stays alone Other **Go to check 3**

b. Is there payment for this daycare? Yes No

CHECK 3

Person is younger than 14 years **End of Form**

Person is 14 years or older

25 Are you able to read a simple text and to write a letter? Yes No

26 Did you finish primary education successfully?

Yes, finished No, did not finish (yet)

Did not follow primary education **Go to 31**

27 Did you receive a diploma from an educational institution after your primary education? (e.g. LTS (avond), MAVO (avond), HAVO, VWO, HBO, MTS, University, Bachillerato, EPB, EPI,...)

Yes **Go to 28**

No **Go to 31**

28 a. What is the highest diploma that you have obtained? (No courses)

b. Does this diploma come with a title: if so, which one?

c. Which discipline or specialty did you complete?

29 In which country did you get this highest diploma?

Aruba USA
 The Netherlands Curaçao
 Colombia The Dominican Republic
 Venezuela Other **+**

Specify

30 In which year did you start this education and in which year did you obtain this diploma?

Start of education Year diploma was obtained

