

THIRD POPULATION AND HOUSING CENSUS ARUBA 1991

used
2/6/96
O. v. O. Khan

MODEL C: PERSON FORM

Teldistrict:

Telblok:

Centraal Bureau voor de Statistiek / Ministerie Economische Zaken

Gebouwnummer (niet in te vullen)

Woonverblijfsnummer (** over te nemen uit het FORMULIER HUISHOUDENS **;
GEEN HUISNUMMER invullen!!!)



TELLER: a. Vul een antwoord in -voor zover van toepassing- in de wit gelaten gedeelten van de vragenlijst.
b. Gestippelde vakjes mogen niet worden ingevuld!
c. Indien de desbetreffende persoon geen antwoord kan of wil geven op een vraag, vul dan een '9' in alle corresponderende vakjes.

A. GENERAL

(to be filled in for all persons to be enumerated)

1.a.	<input type="text"/>	1. Person is recorded on the "huishoudensformulier" under the following numbers:
1.b.	<input type="text"/>	a. Family number ("gezinsnummer") (Fill in '0' if person lives in a collective household)
2.	<input type="text"/>	b. Person number ("persoonsnummer")
3.	<input type="text"/>	2. Age: How old were you on Sunday, 6 October 1991? (Fill in '98' if age is 98 years or older)
4.	<input type="text"/>	3. Sex 1. male 2. female
5.	<input type="text"/>	4. Nationality:
6.	<input type="text"/>	5. Religion: 1. Roman Catholic 2. Methodist 3. Anglican 4. Protestant (including Calvinist & Dutch Reformed) 5. Adventist 6. Evangelist 7. Jehovah's witness 8. Mohammedan 9. Jewish 10. other 11. none
*** GO TO QUESTION 6. ***		

B. FAMILY TIES

(to be filled in for all the persons to be enumerated)

6.

- 6. What is your relationship to the head of the household?**
(For a collective household, fill in '12' for all members of the household.)
1. is the head of the household
 2. man/woman married to the head
 3. child of head and/or of spouse of head (incl. adopted child)
 4. father/mother of head
 5. father- or mother-in-law of head
 6. brother/sister of head
 7. brother- or sister-in-law of head
 8. man/woman married to child of head and/or of spouse of head
 9. grandchild or great grandchild of head and/or of spouse of head
 10. other relative of head and/or of spouse of head
 11. live-in servant in the same home
 12. no family ties (also applies to a collective household)

7.

- 7. Are you a relative (also by marriage) of everyone in this household?**
1. yes, person is a relative of everyone in the household
 2. no, no family ties to everyone in the household

*** GO TO QUESTION 8. ***

C. MIGRATION
(for all persons to be enumerated)

8. Country of birth:
country code

8. Country of birth:

9.a.

* IF BORN ON *
* ARUBA *

9. Migration of persons born on Aruba:

- a. Have you always lived on Aruba since you were born?**
1. yes → GO TO QUESTION 11.
2. no → GO TO QUESTION 9.b.

9.b.
year month

- b. When did you return to Aruba?**

Year: 19?? Month: ??
(Fill year and month no., resp. in spaces 9.b.)

9.c. Country of birth:
country code

- c. Which country did you live in before?**

.....
(Fill in country name above.)

9.d.

- d. How many years did you live in that country?**

*** GO TO QUESTION 11. ***

10.a.
year month

* IF NOT BORN ON *
* ARUBA *

10. Migration of persons not born on Aruba:

- a. When did you come to live on this island?**

Year: 19?? Month: ??
(Fill in year and month no., resp. in spaces 10.a.)

10.b. Country of birth:
country code

- b. Which country did you live in before?**

.....
(Fill in country name above)

*** GO TO QUESTION 11. ***

Remark: If the person was born in the Dutch Antilles or comes from the Dutch Antilles, fill in the appropriate island.

D. LANGUAGE
(for all persons to be enumerated)

11. 11. Which language do you speak the most
(with other members of the household)?

1. Papiamentu
2. English
3. Dutch
4. Spanish
5. Portuguese
6. Other language

12. 12. Do you often speak another language with
other members of this household?
(Fill in space 12.)

1. yes →
2. no

Remark: always fill in '2' (no)
for question 12 in the
case of one-person house-
holds.

13. 13. What other language do you
speak the most?

1. Papiamentu
2. English
3. Dutch
4. Spanish
5. Portuguese
6. Other language

*** GO TO QUESTION 14. ***

*** GO TO QUESTION 14. ***

E. HEALTH
(for all persons to be enumerated)

14. 14. Are you (or is he/she) handicapped?
*** see definition of handicapped ***
(Fill in space 14.)

1. yes — GO TO QUESTION 15. →
2. no

15.a. 15. Handicapped persons:

a. What type of handicap is it?(see definitions!)

I. Physical Handicap:

1. Motory disfunction
2. Visual handicap
3. Auditory handicap
4. Organ handicap
5. Multiple physical handicap

II. Mental Handicap:

6. Idiocy or Imbecility
7. Mental deficiency

III. 8. Mental and physical handicap

15.b. b. What caused this handicap?

1. born with it
2. infection
3. accident
4. geriatric illness (old age)
5. other illness
6. other

16.a.

*** GO ON TO QUESTION 16.a. ***

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16.a.

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16.a. Do you (he/she) require financial/material aid from others due to reasons of health? (Fill in space 16.a.) (Remark: only for those permanently requiring aid; not in the case of a short-term illness)

- 1. yes — GO TO QUESTION 16.b. →
- 2. no, no aid required

16.b.

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16.b. What type of financial/material aid do you (he/she) receive?

- 1. (government) aid
- 2. financial/material aid (private)
- 3. no financial/material aid

17.a.

*** GO ON TO QUESTION 17.a. ***

17.a.

┌

17.a. Do you (he/she) require help from others regarding personal care due to reasons of health? (Fill in space 17.a.) (Remark: only for those permanently requiring aid; not in the case of a short-term illness)

- 1. yes — GO TO QUESTION 17.b. →
- 2. no, no aid required

17.b.

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17.b. What type of aid do you (he/she) receive for your (his/her) personal care?

- 1. organizational aid (e.g. Wit Gele Kruis)
- 2. other type of aid (e.g. private nursing)
- 3. only help from relatives/friends
- 4. no aid

18.

*** GO ON TO QUESTION 18. ***

18.a.

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18. How many times have you been treated in the past two months by:

18.b.

┌┌

- a. the family doctor (Fill in spaces 18.a.)
- b. the dentist (Fill in spaces 18.b.)
- c. one/more specialist(s) (Fill in spaces 18.c.)

18.c.

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Remark: fill in '00' if no treatment in the past two months.

19.

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19. How many days did you spend in hospital during the past twelve months?

Remark: fill in '000' if no time was spent in hospital.

*** GO TO QUESTION 20. ***

F. SCHOOLING
(for all persons to be enumerated)

20. 20. Do you (he/she) attend a school or regular education (day school or evening school, not courses), a nursery school, playschool, or crèche?
(Fill in space 20.)

1. yes → *** GO ON TO QUESTION 21. ***

2. no → *** If younger than 14 years ***
*** END OF PERSON FORM; ***
*** otherwise GO ON TO QUESTION 26.***

21.a. 21. Which school/crèche do you (he/she) attend?

.....
school type

21.b.

geo-code

Name of the school:.....
Place where the school is located:.....
Type of education:
Field of study:

→ If crèche or playschool GO TO QUESTION 22.
otherwise *** GO TO QUESTION 23. ***

22. 22. How many half days per week does he/she attend crèche/playschool?
-number of half days: Fill in spaces 22.
(Remark: 1 whole day = 2 half days
2.5 days = 5 half days)

*** GO TO QUESTION 24. ***

23. 23. What grade/year are you (he/she) in?
(Fill in space 23.)

24. 24. How does the pupil/student usually get to school/crèche?

1. in someone's car/truck who lives in the same home
2. in someone's car/truck who does not live in the same home
3. ARUBUS
4. private schoolbus (e.g. International School)
5. private bus/taxi
6. motorcycle/moped
7. bicycle/on foot

*** QUESTION 25 only to be filled in for children under 14 years ***

25. 25. Who takes care of the child after school/crèche?

1. mother/father at home
2. other relative at home
3. paid baby-sitter at home
4. elsewhere with family/friend
5. child remains at home alone
6. child care out of home (day care, paid baby-sitter)

IF PERSON YOUNGER THAN 14 YEARS, END OF PERSON FORM
OTHERWISE GO TO QUESTION 31.

26.

26. Are you currently following vocational training or courses?
(Not regular education) (Fill in space 26.)

- 1. yes ——— GO TO QUESTION 27. ———▶
- 2. no

27.
:.....: isced-code

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27. Which training/course are you currently following?

Name:

Description:

*** GO ON TO QUESTION 28.a. ***

28.a.

28.a. How many grades of Primary Education did you successfully finish?
(If respondent did not follow any primary education fill in '0' in space 28.a. and GO TO QUESTION 31.)

28.b.

b. In what year did you successfully finish your last grade of primary education? Year: 19??
(Fill in spaces 28.b.)

28.c.
:.....: country code

c. In which country did you finish your last grade of primary education?
Country:

29.

29. Did you receive a diploma from a regular educational institution after your primary education?
(E.g. LTS, MAVO, Avond-MAVO, Avond-HAVO, VWO, University)
(Fill in space 29.)

- 1. yes ——— GO TO QUESTION 30. ———▶
- 2. no

30.a.
:.....: isced-code

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30. Diploma of completed education:

a. What is the highest diploma that you have received?
type of diploma:

field of study:

30.b.
:.....: country code

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b. In which country did you get the diploma?
Country:

30.c.

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c. Year in which you got the diploma: 19??
(Fill in spaces 30.c.)

*** GO ON TO QUESTION 31. ***

31.

G. MARITAL STATUS
(only for persons 14 years and older)

31.

- 31. What is your marital status? (legal status: see instructions)**
1. never married
 2. married
 3. legally divorced
 4. legally separated from bed and board
 5. widow(er)

* IF NEVER MARRIED * —> *** GO TO QUESTION 34. ***

32.

* IF MARRIED * —>

32. Year of marriage: 19??
(Fill in spaces 32.)

*** GO TO QUESTION 34. ***

33.a.

* *****
* IF DIVORCED, LEGALLY *
* SEPARATED, OR A *
* WIDOW(ER) *

33.a. Year of last marriage: 19??
(Fill in spaces 33.a.)

33.b.

b. In what year did the marriage terminate due to divorce, separation or partner's death? Year 19??
(Fill in spaces 33.b.)

*** GO TO QUESTION 34. ***

34.

34. Are you currently living with someone on a durable basis?
If so, are you married to this person?

1. yes, married to the partner
2. yes, but not married to the partner
3. no, is not living with someone

*** GO TO QUESTION 35. ***

35
36
37
a
b
c
d
e
f
g
h
i
j

H. FERTILITY

(only for women 14 years and older,
if not applicable GO TO QUESTION 38.)

35.

35. How many live-born children have you had in total?

*include deceased children, and children who live elsewhere.

*no children: record '00' in spaces 35. and GO TO QUESTION 38.
1 or more children: fill in total number in spaces 35.

36.

36. How many of these children are still alive at this point in time?
(Fill in '00' if there are no children alive anymore.)

37.

37. Number of live-born children you had in the following years? (Fill in '0' in the corresponding space if no children were had in one of these years)

- a. 1982
- b. 1983
- c. 1984
- d. 1985
- e. 1986
- f. 1987
- g. 1988
- h. 1989
- i. 1990
- j. 1991

- <----- 1982 (fill in number in space 37.a.)
- <----- 1983 (fill in number in space 37.b.)
- <----- 1984 (fill in number in space 37.c.)
- <----- 1985 (fill in number in space 37.d.)
- <----- 1986 (fill in number in space 37.e.)
- <----- 1987 (fill in number in space 37.f.)
- <----- 1988 (fill in number in space 37.g.)
- <----- 1989 (fill in number in space 37.h.)
- <----- 1990 (fill in number in space 37.i.)
- <----- 1991 (fill in number in space 37.j.)

*** GO TO QUESTION 38. ***

I. ECONOMIC CHARACTERISTICS
(only for persons 14 years and older)

<p>38. <input type="checkbox"/></p>	<p>38. 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 away due to vacation, illness, pregnancy, or a labor dispute, etc.)? (Fill in space 38.)</p> <p>1. yes —> GO ON TO QUESTION 39. 2. no —> GO ON TO QUESTION 46.</p>
<p>39. :.....: isco-code</p> <p>40.a. :.....: geo-code</p> <p>40.b. :.....: isic-code</p>	<p align="center">***** * QUESTIONS FOR PERSONS WITH A JOB * *****</p> <p>39. What type of work do you or did you mainly perform?</p> <p>name of profession or job:</p> <p>job description:</p> <p>.....</p> <p>40. Where do you work?</p> <p>work address:</p> <p>name of company/organization:</p> <p>.....</p> <p>type of activity engaged in by company/employer:</p> <p>.....</p>
<p>41. <input type="checkbox"/></p>	<p>41. How many (full) months have you been working there? (Remark: 96 = 8 years or longer, 00 = less than one month)</p>
<p>42. <input type="checkbox"/></p>	<p>42. In which sector do you work?</p> <ol style="list-style-type: none"> 1. private sector (entrepreneur, company, foundation, or organization) 2. public or subsidized education 3. government n.v. or government foundation 4. local government 5. extra-territorial organization (e.g. consulate)
<p>43. <input type="checkbox"/></p>	<p>43. Do you perform this work as:</p> <ol style="list-style-type: none"> 1. employer (3 or more employees) 2. own small business (0 to 3 employees) 3. wage or salary earner as permanent or temporary staff 4. wage or salary earner for standby work, odd jobs 5. unpaid working relative (in family business) 6. other (volunteer, member of cooperative, ...)
<p>44. <input type="checkbox"/></p>	<p>44. How many hours did you work in the past week (or would you have worked if you had not been away due to vacation, illness, pregnancy, labor dispute, etc.)? (Fill in spaces 44.)</p>

45. 45. How do you usually get to work?

1. car, as driver
2. car, as passenger
3. ARUBUS
4. private bus/taxi
5. motorcycle/moped
6. bicycle/on foot
7. employee transport
8. lives at the job site

*** GO TO QUESTION 54. ***

46. *****
 * QUESTIONS FOR PERSONS WITHOUT A JOB *

46. Why are you out of a job at this time?

1. pupil or student → *** GO TO QUESTION 54. ***
2. pensioned/private means/lives off AOV
3. VUT
4. housewife
5. dismissed (left of own accord or was fired)
6. recently graduated or just left school
7. health reasons
8. other reasons:

47. 47. Have you been actively looking for work in the past month or were you busy with preparations for starting your own business?

1. yes → GO TO QUESTION 48.
2. no → GO TO QUESTION 54.

(Fill in space 47.)

48. 48. If you find a job or start your own business would you be able to start working within two weeks? (Fill in space 48.)

1. yes
2. no

49. 49. How many (full) months have you been looking for a job already? (Remark: 96 = 8 years or longer, 00 = less than one month)

50. 50. Have you ever worked two weeks or more in the past year?

1. yes → *** GO TO QUESTION 51. ***
2. no → *** GO TO QUESTION 54. ***

(Fill in space 50.)

51. 51. What type of work did you mainly perform?

.....
 isco-code name of profession or job:

.....
 job description:

.....

52. 52. Where did you work?

.....
 isic-code name of company/organization:

.....
 type of activity engaged in by company/employer:

.....

53. 53. How many (full) months did you work there in total? (Remark: 96 = 8 years or longer, 00 = less than one month)

J. INCOME
(only for persons 14 years and older)

54.

54. What was your gross income in the past month?
(Record amount in whole Aruban florins)

Note! Fill in '00000' for a person without an income.
Fill in '99999' in case of 'don't know/no reply'.

55.

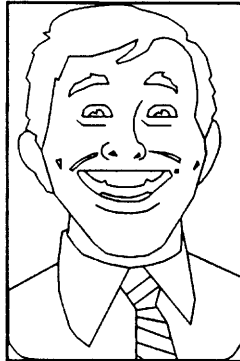
55. In which category does your monthly gross income fall?

1. Afl. 300 or less
2. Afl. 301 - Afl. 650
3. Afl. 651 - Afl. 950
4. Afl. 951 - Afl. 1050
5. Afl. 1051 - Afl. 1500
6. Afl. 1501 - Afl. 3000
7. Afl. 3001 - Afl. 6000
8. More than Afl. 6000

56.

56. What is your main source of income?

1. no income ('00000' filled in for question 54.)
2. wage/salary
3. capital/profits
4. pension/AOV/AWW
5. (govt.) aid
6. VUT benefits
7. other (e.g. alimony, ...)
specify:



END OF PERSON FORM

THIRD POPULATION AND HOUSING CENSUS ARUBA 1991

MODEL B: HOUSING FORM

Teldistrict:

Telblok:

Centraal Bureau voor de Statistiek / Ministerie Economische Zaken

Geo-code (niet in te vullen)

Gebouwnummer (niet in te vullen)

Woonverblijfsnummer (** over te nemen uit het FORMULIER HUISHOUDENS **;
GEEN HUISNUMMER invullen!!!)



TELLER: a. Vul een antwoord in -voor zover van toepassing- in de wit gelaten gedeelten van de vragenlijst.
b. Gestippelde vakjes mogen niet worden ingevuld!
c. Indien de desbetreffende persoon geen antwoord kan of wil geven op een vraag, vul dan een '9' in alle corresponderende vakjes.

A. TYPE OF LIVING QUARTERS

1.	<input type="text"/>	1. Number of persons sharing the living quarters? (Fill in spaces 1.)
2.	<input type="text"/>	2. Type of living quarters: 1. normal living quarters <input type="text"/> → GO TO QUESTION 4. 2. collective living quarters <input type="text"/> → GO TO QUESTION 3. 3. homeless <input type="text"/> → *** END OF HOUSING FORM ***
3.	<input type="text"/>	3. Type of collective living quarters 1. hotel, pension 2. home for the elderly 3. orphanage 4. nursing home 5. collective living quarters for employees 6. prison 7. other type of collective housing specify:
*** GO TO QUESTION 5. ***		
4.	<input type="text"/>	4. Type of normal living quarters: 1. in a house 2. in an apartment/room 3. in a trailer/container 4. in a cuarto 5. other type of normal living quarters specify:

B. CHARACTERISTICS OF LIVING QUARTERS

5. Ownership rights: (Fill in space 5.)

5.

The home is: (*)

- 1. owned, ground owned as well
- 2. owned, ground leased
- 3. owned, on rented ground
- G 4. lived in free by members
- O of the household
- 5. rented by main tenant, furnished
- T 6. rented by main tenant, unfurnished
- O 7. rented by subtenant

→ GO TO QUEST. 6.

Q (*) Remark: mortgage or hire-purchase
U counts as ownership

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6. What is the monthly rent of this home?
(Fill in spaces 6.; record rent in whole Aruban florins)

*** GO TO QUESTION 7. ***

6.

7.

7. Type of owner of the home:
- 1. government(al organization)
 - 2. FCCA (for public housing only)
 - 3. private (legal) person

8.

8. The home was built:
- 1. before 1940
 - 2. between 1940-1959
 - 3. between 1960-1969
 - 4. between 1970-1979
 - 5. between 1980-1984
 - 6. between 1985-1989
 - 7. in 1990 and later

9.

9. How many rooms are there in the home? (Fill in spaces 9.)
(Also include bedrooms, kitchen, and enclosed patio!
Do not include: bathroom, toilet, hall, veranda, porch and rooms exclusively intended for practicing a profession.)

10.

10. Number of bedrooms in the home? (Fill in spaces 10.)

11.

11. Is there a kitchen in the home? (Fill in space 11.)

- 1. yes
- 2. no

12.

12. Total area of the home in m²: (Fill in spaces 12.)
(Only living areas, thus excluding garages, rooms for practicing a profession, open porch, and patio; do include bathroom, toilet, hall, enclosed porch, and patio)

13.

14.

15.

16.

17.

18.

19.

C. CONSTRUCTION OF THE LIVING QUARTERS

13. 13. The building in which the home is situated consists of:
1. one story
2. two stories
3. three or more stories

14. 14. Construction of the roof?
1. corrugated metal (zinc or aluminum)
2. corrugated sheets (asbestos)
3. combination corrugated metal and asbestos
4. tiles (ceramic)
5. shingles
6. other materials

Remark: In cases where more materials were used,
record the material used the most.
(except for combination corrugated sheets)

15. 15. Construction outer walls?
1. stone, concrete
2. wood
3. eternite sheets
4. metal sheets
5. other materials

Remark: In cases where more materials were used,
record the material used the most.

16. 16. Quality of the home?
1. very poor
2. poor
3. sufficient
4. good

Remark: consult the information included on this.

D. SANITATION

17. 17. How many bathrooms/showers are there in the home?
Remark: no bathroom/shower fill in '0';
fill in '8' if there are 8 or more bathrooms/showers.

18. 18. Number of toilets? (Both in a bathroom and separate.)
Remark: no toilets fill in '0';
fill in '8' if there are 8 or more toilets.

19. 19. The drain of the toilet is via:
1. the sewer
2. the cesspool
3. combination of sewer and cesspool
4. septic tank
5. other (chemical etc.)
6. no toilet in the home

20.	<input type="checkbox"/>	<p>20. Rainwater collection:</p> <p>Does the home have a rainwater tank, rainwater well?</p> <ol style="list-style-type: none">1. yes2. no
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E. POSSESSION OF CARS

21.	<input type="checkbox"/>	<p>21. How many cars do the occupants of this home possess? (Fill in space 21.) Remark: no cars fill in '0'; fill in '8' if there are 8 or more cars.</p> <p>*** If number of cars is 0 (zero)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <p>*** END OF HOUSING FORM ***</p>
22.	<input type="checkbox"/>	<p>22. Is there a parking space for all the cars on the property or in a garage on the property? (Fill in space 22.)</p> <ol style="list-style-type: none">1. yes, parking space available2. yes, parking space available, but not for all the cars of the occupants of the home3. no, no parking space available



END OF HOUSING FORM