

Questionnaire 2020 Census
ENGLISH



PREGUNTANAN	CONTESTANAN
Bon bini na e cuestionario di Censo 2020! Scoge e idioma/Kies de taal/Choose the language/Escoge el idioma:	
Is this the parcel number (account number) of the household? {0}	Yes No
Indicate the correct parcel number (account number):	
This address coincides with the parcel number (account number) of the household? {0}	Yes No
Indicate the correct address of the household:	
Indicate the number of {0}:	This address has no number (Z/N)
Indicate the letter of {0}:	This address has no letter
If the living quarter is an apartment/trailer, indicate the number of the apartment/trailer of {0}:	There is no apartment-/trailer number
At this address point, is there at least one person that: - lives on Aruba for one year or more or - has the intention of living on Aruba for one year or more?	Yes No
How many persons belong to this household?	
How many of these {0} persons have been: - living for at least 1 year in Aruba or - have the intention of living 1 year or more in Aruba?	
What is the name of person number {0}?	
What is the sex of {0}?	Male Female
What is the age of {0}?	
In which month was {0} born?	
In which year was {0} born?	
Do all these persons belong to the household? {0}	Yes No
Choose or fill in the country of birth of {0}	
Choose or fill in the country of nationality of {0}?	
Is {0} related (also by marriage) to everyone in this household?	Yes No
Does the father of {0} live in this household?	Yes No
Does the mother of {0} live in this household?	Yes No
What is the marital status of {0}?	Never married Married Legally divorced from spouse Separated from bed and board Widow(er) of spouse Cohabitation agreement with registered partner Divorced from registered partner (according to a cohabitation agreement) Widow(er) from registered partner (according to a cohabitation agreement)
Is {0} currently living on a durable basis with a partner (married or not married)?	Yes No
Please choose the partner of {0} from the list:	
Is {0} married to this partner?	Yes, married No, not married No, cohabitation agreement with registered partner
Please describe the composition of this household according to the legal status:	
Indicate type of living quarter the household is living in:	Detached House Duplex house/triplex/townhouse (Bushiri, Zuid Cura Cabai, etc...) Apartment Separate room in a house Trailer/container Shack Other (condominium,...)
The living quarter is:	Owned, on property land Owned, on leasehold land Owned, on leased land (huurgrond)

	Rented, furnished Rented, semi-furnished Rented, not furnished Sublet (onderhuur) Lived in for free by member(s) of the household
What is the monthly rent of this living quarter in Aruban florins?	Does not know
Are the following facilities included in the rent?	
<i>Electricity, excluding air conditioning</i>	Yes No
<i>Electricity, specifically for air conditioning</i>	Yes No
<i>Water</i>	Yes No
<i>Cooking gas</i>	Yes No
<i>Internet</i>	Yes No
<i>Cable TV (Cable, Direct TV)</i>	Yes No
<i>Trash collection</i>	Yes No
<i>Empty cesspool</i>	Yes No
<i>Security (Alarm)</i>	Yes No
<i>Gardening</i>	Yes No
<i>Other</i>	Yes No
Specify which other facility(ies) are included in the rent:	
How long has the household been residing in this living quarter?	Less than 6 months Between 6 -11 months Between 1 -3 years More than 3 years
How many rooms are there in the living quarter?	
How many bedrooms are there in the living quarter?	
How many bathrooms/shower areas are there in the living quarter?	
How many toilets are there in the living quarter?	
Does this household share a toilet with another household at this address?	Yes No
Indicate the total surface in m2 of the living quarter, excluding rooms exclusively used for practicing a profession:	
Does the household have a kitchen or another space especially used for cooking purposes, used exclusively by this household?	Yes No
Does the household share a kitchen or another space especially used for cooking purposes with another household at this address?	Yes No
Does the household have the following appliances or facilities that are exclusively used by the household?	
<i>Cooking appliances (e.g. stove (electric and/or gas), microwave, combi-oven)</i>	Yes No
<i>Cooling appliances (e.g. refrigerator/ freezer/cooler)</i>	Yes No
<i>Handwashing facility(ies) WITH SOAP</i>	Yes No
<i>Washing machine</i>	Yes No
<i>Dryer</i>	Yes No
Does the household share these with another household at this same address?	
<i>Cooking appliances (e.g. stove (electric and/or gas), microwave, combi-oven)</i>	Yes No
<i>Cooling appliances (e.g. refrigerator/ freezer/cooler)</i>	Yes

	No
Handwashing facility(ies) WITH SOAP	Yes No
Washing machine	Yes No
Dryer	Yes No
The household has:	
Electricity meter	Yes, own meter Yes, meter shared with another household No, has no has no meter
Water meter	Yes, own meter Yes, meter shared with another household No, has no has no meter
Is(are) the meter(s) open?	
Electricity meter	Yes No
Water meter	Yes No
Does the household have access to:	
Electricity	Yes No
Water	Yes No
The household has:	
Fixed telephone line connection	Yes, own connection Yes, connection shared with another household No, no connection
Fixed internet connection (via modem/router)	Yes, own connection Yes, connection shared with another household No, no connection
Cable tv connection	Yes, own connection Yes, connection shared with another household No, no connection
Are these connections open?	
Fixed telephone line connection	Yes No
Fixed internet connection (via modem/router)	Yes No
Cable tv connection	Yes No
Is {0} participating in the Census?	Yes, the person is participating No, the person refuses to participate
Has {0} lived on Aruba continuously from birth?	Yes No
When did {0} establish himself/herself for the last time in Aruba? Indicate the month:	
When did {0} establish himself/herself for the last time in Aruba? Indicate the year:	
In which country did {0} reside for the last time before {0} established himself/herself on Aruba?	
How many years in total does {0} live in Aruba?	
Choose or indicate the country of birth of {0}'s father?	
Choose or indicate the country of birth of {0}'s mother?	
How many live-born boys/girls has {0}, in total, given birth to?	
Son(s)	
Daughter(s)	
How old was {0} when giving birth to {0}'s first child?	
The following questions concern difficulties that {0} may have when doing certain activities - DUE TO A HEALTH PROBLEM.	
Does {0} have difficulty seeing, even when wearing glasses/contact lenses?	No - No difficulty Yes - Some difficulty Yes - A lot of difficulty Cannot do this at all

Does {0} have difficulty hearing, even when using a hearing aid?	No - No difficulty Yes - Some difficulty Yes - A lot of difficulty Cannot do this at all
Does {0} have difficulty walking or climbing steps?	No - No difficulty Yes - Some difficulty Yes - A lot of difficulty Cannot do this at all
Does {0} have difficulty remembering or concentrating?	No - No difficulty Yes - Some difficulty Yes - A lot of difficulty Cannot do this at all
Does {0} have difficulty with his/her own personal care like bathing or dressing?	No - No difficulty Yes - Some difficulty Yes - A lot of difficulty Cannot do this at all
Due to a physical, mental or emotional condition, does {0} have difficulty to communicate (e.g. understand others or for others to understand {0})?	No - No difficulty Yes - Some difficulty Yes - A lot of difficulty Cannot do this at all
Does {0} have difficulty hearing, even when using a hearing aid?	No - No difficulty Yes - Some difficulty Yes - A lot of difficulty Cannot do this at all
Does {0} need help from others with {0}'s personal care or household chores DUE TO A PHYSICAL OR MENTAL HEALTH PROBLEM?	Yes No
Who provides {0} with this personal care or household help?	Does not get help Family members within the household Family members outside the household Friends/neighbors (non family members) The Yellow and White Cross Private nurse Live-in maid Gets help in daycare center Others against payment
How is {0}'s health in general?	Very good Good Fair Bad Very bad
Is {0} currently going to school, following an education or visiting a daycare center (playschool or crèche) ?	Yes No
Why is {0} not going to school, following an education or not visiting daycare center (playschool or crèche)?	Physical and/or mental health reasons Financial reasons No space available at schools Other, specify the reason(s)
Which school/daycare center does {0} attend?	Creche, preschool Kindergarten (kleuterschool) Primary School (basisschool) Special education primary level Scol Practico pa Ofishi (SPO) EPB MAVO HAVO VWO High School EPI IPA Scol di Polis Universidad Other, specify:
Choose or fill in the schoolname {0} is attending from the list:	
What grade/year is {0} in?	
Indicate in which unit/section {0} is:	
Indicate the level {0} is in:	

Cual ta e nivel di educacion mas halto cu {0} a completa? What is the highest level of education that {0} has completed?	
Does {0}'s diploma come with a title?	Yes No
Which title comes with this diploma?	
Which discipline or specialty did {0} complete?	
In which country did {0} finish this highest level of education?	
Is {0} able to read a simple text and to write a letter?	Yes No
Has {0} worked for 4 hours or more in the week of September 24 up to 30?	Yes No
Would {0} have worked in the week of September 24 up to 30 for 4 hours or more?	Yes No
{0} works as a:	Employee Self employed (0 employees) Self employed (1 or more employees) Contributing family worker, that makes decisions towards running the business Contributing family worker, that does not make decisions towards running the business Apprentice, Intern (paid) Apprentice, Intern (unpaid) Volunteer
Is {0}'s business/company registered at the Chamber of Commerce?	Yes No
Does the employer deduct wage tax and other contributions for social benefits from {0}'s salary/payment (AOV, AZV, AWW and mandatory retirement fund)?	Yes No
Choose the area in which {0} was employed in the week of September 24 up to 30:	Hospitality, catering and recreation services Education Business, financial services, insurance services and trade Administration Personal care (hair and beauty) and other personal services Freight transport, wholesale and retail trade Home and office cleaning services Construction, agriculture and manufacturing Medical care and social assistance Public sector Housekeeping Protective services Other, specify
Choose or describe as what {0} was employed in the week of September 24 up to 30 (what was {0}'s main profession or position):	
What is the name of the company/business/institution/department where {0} worked in the week of September 24 up to 30?	
What is the location of the company/business/institution/department where {0} was employed in the week of September 24 up to 30:	
Was {0} deployed at another company/business/institution/department in the week of September 24 up to 30?	Yes No
What is the name of the company/business/institution/department where {0} was deployed in the week of September 24 up to 30?	
What is the location of this company/business/institution/department?	
Does {0} have a contract or employment agreement?	Yes, a written contract/employment agreement Yes, an oral contract/employment agreement No
In the week of September 24 up to 30 did {0} only work when called to work?	Yes No

In the week of September 24 up to 30 did {0} have a permanent contract or without limit of time/'vaste dienst'?	Yes No
What is the total duration of this contract or agreement of {0}?	More than 1 year 6 to less than 12 months 3 to less than 6 months 3 months or less Daily contract/agreement Other, specify:
Has {0} been looking for work in the month of September for pay or profit?	Yes No
If in the month of September {0} would have found work for pay or profit, would {0} have been able to start working within two weeks?	Yes No
On January 1st, 2020 did {0} have a job for which {0} worked for 4 hours or more a week?	Yes No
Did {0} lose this job due to COVID-19?	Yes No
What are the most important reasons why {0} on October 1st was still without work?	No jobs available on the market Is waiting for the job to resume (Work stopped due to COVID-19) Has started looking for a job recently Lack of experience Lack of necessary diploma Overqualified (diploma attained is too advanced for available jobs) Lack of documentation needed (e.g. driver's license, work permit, good behavior certificate, etc.) Because of age Because of health reasons and/or limitations Cannot work fulltime Does not want to work part time Insufficient pay is offered for job Only wants permanent job Can only work nights Can only work during the day Does not want to work shifts Does not want to work weekends There are no jobs available in my field of study/profession Other reason, specify:
What is the main reason why on October 1st {0} was without work?	Found work already and can start within 3 months Already took the necessary steps to start an own company within 3 months Was waiting for the job to resume (Work stopped due to COVID-19) Was attending school Pensioned Housewife/houseman Because of health reasons Lived from own financial means Recently received a severance package Couldn't find work because of his/her age Other, specify:
What was {0}'s gross income for {0}'s main job in the month of September in Aruban florins?	Does not know the exact income Does not want to give the exact income Has no income
In which category did {0}'s gross income for {0}'s main job fall in the month of September in Aruban florins?	Afl. 1 - 300 Afl. 301 - 900 Afl. 901 - 1060 Afl. 1061 - 1650 Afl. 1651 - 2000 Afl. 2001 - 3000 Afl. 3001 - 4500 Afl. 4501 - 6000 Afl. 6001 - 7500 More than Afl. 7500 Other, specify:

Did {0} have any (other) source of income, during the month of September?	Yes No
Indicate all other sources from which {0} received an income during the month of September.	Wage/salary from side job Interest from capital/income from profits/income from rent SVB Pension/ AOV/AWW Private Pension (e.g. APFA) Welfare FASE Odd jobs Other (e.g. alimony, golden handshake,...)
How much was {0}'s gross income from all these sources in the month of September in Aruban florins?	Does not know the exact income Does not want to give the exact income Has no income
In which category did {0}'s gross income from these sources fall in the month of September in Aruban florins?	Afl. 1 - 300 Afl. 301 - 900 Afl. 901 - 1060 Afl. 1061 - 1650 Afl. 1651 - 2000 Afl. 2001 - 3000 Afl. 3001 - 4500 Afl. 4501 - 6000 Afl. 6001 - 7500 More than Afl. 7500 Other, specify:
Does {0} have an own mobile phone or can {0} use a mobile phone of another person/organization when he/she needs to?	Yes, has own mobile phone No, does not have an own mobile phone, but has access to a mobile phone (include access to mobile phone from the job) No, does not have an own mobile phone, and does not have access to a mobile phone
Does {0} use the internet in {0}'s living quarter?	Yes No
What are the reasons why {0} does not use the internet in {0}'s living quarter?	There is no internet connection in his/her living quarter, neither via mobile phone Does not have device(s) to go on the internet Does not make use of the internet
Does {0} use the internet in his/her living quarter to follow online classes/do homework?	Yes No
What is (are) the reason(s) {0} does not use the internet in {0}'s living quarter to follow online classes or do homework?	The school does not offer online education/ homework Has no access to devices when needed to follow online education/ to do homework Other reason, specify:
Which devices does {0} use to go on the internet for online classes and/or to do homework?	Desktop computer Laptop (including MacBook, Surface pro, Chrome Book, etc.) Smartphone (including, iPhone, Android phone, etc.) Tablet (including iPad, Android tablet, etc.) Smart TV or other 'internet-ready device'
Do these devices belong to {0}'s household?	
<i>Desktop computer</i>	Yes No
<i>Laptop (including MacBook, Surface pro, Chrome Book, etc.)</i>	Yes No
<i>Smartphone (including, iPhone, Android phone, etc.)</i>	Yes No
<i>Tablet (including iPad, Android tablet, etc.)</i>	Yes No
<i>Smart TV or other "internet-ready device"</i>	Yes No
How often can {0} use these devices, when needed for online classes or to do homework?	
<i>Desktop computer</i>	Always Most of the time Sometimes

	Seldom Never
Laptop (including MacBook, Surface pro, Chrome Book, etc.)	Always Most of the time Sometimes Seldom Never
Smartphone (including, iPhone, Android phone, etc.)	Always Most of the time Sometimes Seldom Never
Tablet (including iPad, Android tablet, etc.)	Always Most of the time Sometimes Seldom Never
Smart TV or other "internet-ready device"	Always Most of the time Sometimes Seldom Never
Does {0} use the internet to work from home (away from the office or place of work)?	Yes No The office/place of work is at home
What is (are) the reason(s) why {0} does not use the internet in the living quarter to work from home (away from the office or place of work)?	The job of (0) cannot be done at home online Has no access to devices when needed to work from home (away from the office or place of work) online Other reason, specify:
Which devices does {0} use to go online to work from home (away from the office or place of work)?	Desktop computer Laptop (including MacBook, Surface pro, Chrome Book, etc.) Smartphone (including, iPhone, Android phone, etc.) Tablet (including iPad, Android tablet, etc.) Smart TV or other "internet-ready device"
Do these devices belong to {0}'s household?	
Desktop computer	Yes No
Laptop (including MacBook, Surface pro, Chrome Book, etc.)	Yes No
Smartphone (including, iPhone, Android phone, etc.)	Yes No
Tablet (including iPad, Android tablet, etc.)	Yes No
Smart TV or other "internet-ready device"	Yes No
How often can {0} use these devices when needed to work from home?	
Desktop computer	Always Most of the time Sometimes Seldom Never
Laptop (including MacBook, Surface pro, Chrome Book, etc.)	Always Most of the time Sometimes Seldom Never
Smartphone (including, iPhone, Android phone, etc.)	Always Most of the time Sometimes Seldom Never
Tablet (including iPad, Android tablet, etc.)	Always Most of the time

	<i>Sometimes</i> <i>Seldom</i> <i>Never</i>
<i>Smart TV or other "internet-ready device"</i>	<i>Always</i> <i>Most of the time</i> <i>Sometimes</i> <i>Seldom</i> <i>Never</i>
The questionnaire has now been completed for {0}. If there are any comments on the information that has been completed for {0}, these comments can be included in the comment box below. Comments:	
Taking into account the income of all household members, can the household cover all its expenses?	Yes No
The CBS will be organizing a continuous survey. For this survey, the same households will be visited on different topics with online questionnaires or via telephone. For this reason, we are approaching your household for this continuous survey. Will your household participate in this continuous survey?	Yes No
Please indicate a telephone number and an e-mail address of a contact person:	
<i>Telephone number</i>	
<i>E-mail address</i>	
This is the end of the questionnaire. If you have any comments, you can write them down in the comment box below. Comments:	
If there are persons on this address, that belong to another household and that did not fill in a questionnaire as yet, let them please contact the helpdesk of the CBS at 524 7444, in order to receive a unique code to fill in the questionnaire for their household. THANK YOU FOR YOUR COOPERATION WITH THE CENSO 2020!	