

Personal Form

You will now ask all of the following questions until the end of this page to each member in the household.

Note

Participation

Is the person willing to participate?

Type Relevance

Y/N

Please elaborate why not:

TX

only if person is not willing to participate

DOB & Gender

1. Date of birth:

DT

2. Interviewer check: Is the age in full years:
\${CEN_DEM_DT_DOB_CALC}?

CALC age verification

If you do not know, fill in "Sept - 9 -1999" and add a note below.

You indicated that the age is not \${CEN_DEM_DT_DOB_CALC}. Please go back and re-select the correct date of birth. If you do not know the date of birth, select "Sept - 9 - 1999" and let us know the reason in the comments below.

Comment will pop up if the age is incorrect

3. Gender:

Male

1

Female

2

Other

3

If necessary, please leave us any notes you may have based on the date of birth, gender or anything else:

Note

Demography and Migration

4. What is your island/country of birth?

Anguilla

1

Antigua and Barbuda

2

Aruba

3

Barbados

4

Bonaire

5

China

6

Colombia

7

Curacao

8

Dom. Republic

9

Dominica

10

France	11
Guyana	12
Haiti	13
India	14
Jamaica	15
Nevis	16
Philippines	17
Saba	18
Saint Martin	19
Sint Eustatius	20
Sint Maarten	21
St. John	22
St. Kitts	23
St. Lucia	24
St. Thomas	25
St. Vincent and the Grenadines	26
Suriname	27
The Netherlands	28
Trinidad and Tobago	29
USA	30
Other	31
I don't know	32

4a. Please specify other:

If question 4 is 'other'

5. Where was your father born?

Anguilla	1
Antigua and Barbuda	2
Aruba	3
Barbados	4
Bonaire	5
China	6
Colombia	7
Curacao	8
Dom. Republic	9
Dominica	10
France	11
Guyana	12
Haiti	13
India	14
Jamaica	15
Nevis	16
Philippines	17
Saba	18
Saint Martin	19
Sint Eustatius	20
Sint Maarten	21
St. John	22

St. Kitts	23
St. Lucia	24
St. Thomas	25
St. Vincent and the Grenadines	26
Suriname	27
The Netherlands	28
Trinidad and Tobago	29
USA	30
Other	31
I don't know	32

5a. Please specify other:

If question 5 is 'other'

6. Where was your mother born?

Anguilla	1
Antigua and Barbuda	2
Aruba	3
Barbados	4
Bonaire	5
China	6
Colombia	7
Curacao	8
Dom. Republic	9
Dominica	10
France	11
Guyana	12
Haiti	13
India	14
Jamaica	15
Nevis	16
Philippines	17
Saba	18
Saint Martin	19
Sint Eustatius	20
Sint Maarten	21
St. John	22
St. Kitts	23
St. Lucia	24
St. Thomas	25
St. Vincent and the Grenadines	26
Suriname	27
The Netherlands	28
Trinidad and Tobago	29
USA	30
Other	31
I don't know	32

6a. Please specify other:

If question 6 is 'other'

7. Have you ever lived outside of this island?

Y/N

8. In what island or country did you live before you came to live here?

If question 7 is 'yes'

Anguilla	1
Antigua and Barbuda	2
Aruba	3
Barbados	4
Bonaire	5
China	6
Colombia	7
Curacao	8
Dom. Republic	9
Dominica	10
France	11
Guyana	12
Haiti	13
India	14
Jamaica	15
Nevis	16
Philippines	17
Saba	18
Saint Martin	19
Sint Eustatius	20
Sint Maarten	21
St. John	22
St. Kitts	23
St. Lucia	24
St. Thomas	25
St. Vincent and the Grenadines	26
Suriname	27
The Netherlands	28
Trinidad and Tobago	29
USA	30
Other	31
I don't know	32

8a. Please specify other:

If question 8 is 'other'

9. Since when have you been living here?

DT

If question 7 is 'yes'

10. How long do you intend to continue living here?

- Less than 6 months
- Between 6 months and 12 months
- One to five years
- Five years or longer

End of interview for this person

My whole life
I don't know

11. What is your nationality?

American	1
Colombian	2
Dominican Republic	3
Dutch/Nederlandse	4
French	5
Guyanese	6
Haitian	7
Indian	8
Jamaican	9
Chinese	10
British	11
British Overseas Territory (Anguilla)	12
Dominica	13

11a. Please specify other:

If question 11 is 'other'

12. What is your religion?

Adventist	1
Anglican	2
Baptist	3
Evangelical	4
Hinduism	5
Islam	6
Jehovah's Witness	7
Judaism	8
Methodist	9
Pentecostal	10
Protestant	11
Roman catholic	12
None	13

12a. Please specify other:

If question 12 is 'other'

13. What is your relationship to the head of the household

1. Head myself	1
2. Married to the head	2
3. Living together with the head	3
4. Child of the head, OR child of spouse of the head, OR child of person living together with the head	4
5. Father or mother of the head, OR father or mother of spouse of the head, OR father or mother of person living together with the head	5
6. Brother or sister of the head, OR brother or sister of spouse of the head, OR brother or sister of person living together with the head	6

- 7. Married to answer option 4 7
- 8. Living together with answer option 4 8
- 9. Grandchild/great grandchild of answer options 1, 2 or 3 9
- 10. Other family member of answer option 1, 2, or 3 10
- 11. Other family member of answer options 4 - 10 11
- 12. Living together with person other than answer option 1 or 4 12
- 13. Living in maid 13
- 14. No family of the head 14

14. What is your marital status?

- Unmarried (never been married) 1
- Married 2
- Widow/widower 3
- Divorced 4
- Other 5

only for 16years and older

14a. Please specify other:

If question 14 is 'other'

15. Are you living with a partner?

- Yes, and I am married to my partner 1
- Yes, but I am not married to my partner 2
- No, I am not living together with my partner 3
- No, I don't have a partner 4

only for 16years and older

Health

16. Do you participate in any of the following activities?

- Drink alcoholic beverages 1
- Smoking cigarettes 2
- Smoking marijuana 3
- Partaking in other drugs 4
- Visit Casinos (e.g. gambling) or buy lottery tickets 5
- I prefer not to respond 6
- None of the above 7

only for 16years and older/Select multiple

16a. How often do you drink alcoholic beverages?

- Nearly everyday 1
- Three or four times a week 2
- Once or twice a week 3
- Two or three times a month 4
- About once a month 5
- Less than once a month 6

If question 16 'Drink alcoholic beverages' is selected

16b. How often do you smoke cigarettes?

- Nearly everyday 1
- Three or four times a week 2
- Once or twice a week 3
- Two or three times a month 4
- About once a month 5
- Less than once a month 6

If question 16 'Smoking cigarettes' is selected

16c. How often do you smoke marijuana?

- Nearly everyday 1
- Three or four times a week 2
- Once or twice a week 3
- Two or three times a month 4
- About once a month 5
- Less than once a month 6

If question 16 'Smoking marijuana' is selected

16d. How often do you partake in other drugs?

- Nearly everyday 1
- Three or four times a week 2
- Once or twice a week 3
- Two or three times a month 4
- About once a month 5
- Less than once a month 6

If question 16 'Partaking in other drugs' is selected

16e. How often do you gamble (visit casinos, buy lottery tickets, visit gambling houses)?

- Nearly everyday 1
- Three or four times a week 2
- Once or twice a week 3
- Two or three times a month 4
- About once a month 5
- Less than once a month 6

If question 16 'Visit Casinos (e.g. gambling)' is selected

17. What do you think of your health compared to others of your age?

- Very good 1
- Good 2
- Reasonable 3
- Bad 4
- Very bad 5

18. 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?

18a. Do you have problems with your sight even with glasses/contact lenses?

No problem	1
Yes, some problems	2
Many problems	3
Cannot do it at all	4

18b. Do you have problems with your hearing even with a hearing aid?

No problem	1
Yes, some problems	2
Many problems	3
Cannot do it at all	4

18c. Do you have problems walking or going up the stairs?

No problem	1
Yes, some problems	2
Many problems	3
Cannot do it at all	4

18d. Do you have problems remembering things or concentrating?

No problem	1
Yes, some problems	2
Many problems	3
Cannot do it at all	4

18e. Do you have problems taking care of yourself, like bathing and dressing?

No problem	1
Yes, some problems	2
Many problems	3
Cannot do it at all	4

18f. Do you have any difficulties communicating due to a physical, mental or emotional problem? (for example, understanding others or making yourself understood?)

No problem	1
Yes, some problems	2
Many problems	3
Cannot do it at all	4

19. Are you receiving help due to physical or mental limitation? Y/N

19a. What is the source of help you receive?

If q 19 is YES

- Family member within the household 1
- Family member outside the household 2
- White & Yellow Cross 3
- Private nurse 4
- Daycare Center 5
- Other against payment 6

20. Do you have any of the following illnesses?

Select multiple

- Allergies 1
- Anemia 2
- Anxiety 3
- Asthma/ Chronic Bronchitis/ CARA 4
- Autism 5
- Bi-Polar 6
- Cancer 7
- Cholesterol 8
- Consequences of a heart attack 9
- Dementia/Alzheimer 10
- Diabetes 11
- Epilepsy 12
- Glaucoma/ pressure in the eyes 13
- Heart problems 14
- Hernia 15
- High blood pressure 16
- Parkinson's disease 17
- Schizophrenia 18
- Serious kidney problems 19
- Sickle cell 20
- Stroke/ Consequences of a brain hemorrhage 21
- Other 22
- None 23

20a. Please specify other:

If question 21 is 'other'

21. Have you been to your family doctor or medical specialist during these past two months (specifically for a consult)?

- No 1
- Once 2
- Twice 3
- Three times or more 4

22. How are you insured against medical expenses?

- PP card 1

SZV	2
FZOG	3
Private insurance	4
Insurance by employer	5
I am not insured	6
I don't know	7

22a Please specify other:

23. Why aren't you insured?

Only if q.23 "I am not insured" is chosen

Rejected from private insurance because of underlying health issues	1
I did not qualify for senior package	2
Financial constraints	3
I do not get sick	4
I have no interest in insurance coverage	5
Other	

23a. Please specify other:

If question 23 is 'other'

24. Do you take part in sports and/or physical activities?

Yes, I play sports	1
Yes, I do physical activities	2
No	3

25. How often do you participate in sport and/or physical activity?

Nearly everyday	1
Three or four times a week	2
Once or twice a week	3
Two or three times a month	4
About once a month	5
Less than once a month	6

26. What sport(s) do you play?

Athletics (Track&Field)	1
Badminton	2
Baseball/Softball	3
Basketball	4
Boxing	5
Canoeing/Kayaking	6
Cricket	7
Cycling	8
(American) Football	9
Golf	10
Gymnastics	11
Long distance/Endurance running	12
Martial arts(Karate, Taekwondo, Judo, etc)	13

Netball	14
Padel	15
Squash	16
Soccer/Futsal	17
Swimming	18
Tennis	19
Beach tennis	20
Table tennis (ping-pong)	21
Sailing	22
Windsurfing	23
Volleyball	24
Other	25

26a. Please specify other:

If question 26 is 'other'

27. What is your main reason for not participating in sporting and/or physical activities?

Not interested in sports and/or physical activities	1
Not comfortable participating in sporting and/or physical activities	2
Not a pleasant experience with sporting and/or physical activities	3
Don't have the energy for sports and/or physical activities	4
Don't have the time to commit to a sport and/or physical activity	5
Transportation difficulties	6
Expensive (membership fee, sport uniform, sport item, etc)	7
Physical limitation due to age	8
Physical disability	9
Other	10

27a. Please specify other:

If question 27 is 'other'

28. In the past 12 months, how often did you cut the size of your meals or skip meals because there wasn't enough money for food?

Every month	1
Once every 3 months	2
Once every 6 months	3
Never	4

29. In the past 12 months, were you hungry but didn't eat because there wasn't enough money for food?

Y/N

Fertility

*only for 14 years and older
FEMALES*

30. How many live-born children have you given birth to?

NR

31. When was the last time you gave birth to a live-born child? DT *only if q25 >= 1*

Education

32. Are you attending a day school or another type of education at present?

- | | |
|---|---|
| Yes, a creche/nursery school/daycare centre (early stimulation) | 1 |
| Yes, a day school or other daytime education | 2 |
| Yes, a day school or other daytime education online | 3 |
| Yes, another type of training or course | 4 |
| No, not attending any type of education | 5 |

Current Education

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

- | | |
|-------|---|
| One | 1 |
| Two | 2 |
| Three | 3 |
| Four | 4 |
| Five | 5 |

If question 33 is NOT 'No, not attending any type of education'

If question 33 is 'Yes, a creche/nursery school/daycare centre (early stimulation)'

34. What daytime school or other type of training or course are you attending now? creche, nursery school, daycare centre (early stimulation) included TX

34a. Name of school or institution: TX

34b. Level or type of education:

- | | |
|---|----|
| Creche/ Nursery school/ Daycare center (early stimulation) | 0 |
| Primary School 1-3 | 1 |
| Primary School 4-6 | 2 |
| Primary School 7-8 | 3 |
| Secondary School (Form 1-5/Grades 7-12) | 4 |
| Did not finish secondary school, but completed GED | 5 |
| Completed secondary school, and then completed GED | 6 |
| Post-Secondary, Non tertiary (VWO/ 6th Form/CAPE/International Baccalaureate) | 7 |
| Associates Degree or equivalent / MBO | 8 |
| Bachelor's Degree or equivalent / HBO | 9 |
| Master's Degree or equivalent / WO | 10 |
| Doctorate/Phd or equivalent | 11 |
| I don't know | 12 |

Other 13

34c. Please specify other:

If question 34b is 'other'
If question 34b is 'Associates
Degree or equivalent' or
higher

34d. Department/major field:

Agriculture (e.g. Agronomy, Animal Sciences, Forestry)	1
Architecture (e.g. Interior Design, Architectural Drafting, Landscape Architecture)	2
Biological Sciences (e.g. Biology, Botany, Zoology)	3
Business (e.g. Accounting, Business Management, Human Res. Development)	4
Office Management (e.g. Bookkeeping, Secretarial Studies, Business/Computer Operations)	5
Marketing & Purchasing (e.g. Fashion Merchandising, Retailing & Sales, Travel Services & Tourism)	6
Communications (e.g. Advertising, Commercial Art, Journalism)	7
Community Services (e.g. Corrections, Cosmetology/Barbering, Criminal Justice)	8
Computer & Information Sciences (e.g. Computer Programming, Computer Science, Data Processing)	9
General Studies (e.g. Area & Ethnic Studies, Multi/Interdisciplinary Studies, Liberal Arts)	10
Education (e.g. Education Administration, Special Education, Physical Education)	11
Engineering (e.g. Aerospace Engineering, Chemical Engineering, Civil Engineering)	12
Fine & Applied Arts (e.g. Applied Design/Crafts, Art History, Graphic Design)	13
Foreign Languages	14
Health Professions (e.g. Chiropractic, Dental Hygiene, Medicine)	15
Home Economics (e.g. Child development, Culinary Arts, Individual & Family Development)	16
Letters (e.g. Creative Writing, Linguistics, Comparative Literature)	17
Mathematics (e.g. Actuarial Sciences, Applied Mathematics, Statistics)	18
Philosophy/Religion	19
Physical Sciences (e.g. Astronomy, Meteorology, Oceanography)	20
Social Sciences (e.g. Economics, Geography, International Relations)	21
Trade & Industrial (e.g. Aircraft Mechanics, Automotive Repair, Drafting)	22
Other	23

34e Please specify other:

If question 34d is 'other'

34f. Class/year: NR
34g. Group: NR

35. Does the child attend an afterschool program? if Q34B = 1-7
Yes, provided by the school 1
Yes, provided by a private organization (e.g. Belvedere Community Center, ASA, Daycare/Creche) 2
Yes, provided by a private person 3
No 4

36. How much do you spend per month on education which includes school tuition, uniforms and school supplies?

N/A 1
Less than \$100/ANG 180 2
\$100 - \$149/ANG 180 - 269 3
\$150 - \$199/ANG 270 - 359 4
\$200 - \$249/ANG 360 - 449 5
\$250 - \$299/ANG 450 - 539 6
\$300 - \$349/ANG 540 - 629 7
\$350 - \$399/ANG 630 - 719 8
\$400 - \$449/ANG 720 - 809 9
\$450 - \$499/ANG 810 - 899 10
More than \$500/ANG 900 11

37. How do you usually go to school, training or course?

In a vehicle of someone of the household 1
In a vehicle of someone not belonging to the household 2
In a vehicle as a driver 3
Public transportation 4
Small bus/taxi (private) 5
Small bus/taxi (school transportation/government) 6
Large bus (school transportation/government) 7
Motorcycle/moped/scooter 8
Bicycle 9
Walking 10
Other 11

37a. Please specify other:

If question 37 is 'other'

Past Education

The following education questions are for people who are currently not attending any type of daytime education

38. Have you ever attended a day-time school in the past? Y/N

If question 32 is 'no, not attending any type of education'

39. What is the highest day time education you attended? TX If question 38 is 'yes'

39a. Level or type of education:

If question 38 is 'yes'

Creche/ Nursery school/ Daycare center (early stimulation)	0
Primary School 1-3	1
Primary School 4-6	2
Primary School 7-8	3
Secondary School (Form 1-5/Grades 7-12)	4
Did not finish secondary school, but completed GED	5
Completed secondary school, and then completed GED	6
Post-Secondary, Non tertiary (VWO/ 6th Form/CAPE/International Baccalaureate)	7
Associates Degree or equivalent	8
Bachelor's Degree or equivalent / HBO	9
Master's Degree or equivalent / WO	10
Doctorate/Phd or equivalent	11
I don't know	12
Other	13

39b. Please specify other:

If question 39a is 'other'

39c. Department/major field:

If question 39a is 'Associates Degree or equivalent' or higher

Agriculture (e.g. Agronomy, Animal Sciences, Forestry)	1
Architecture (e.g. Interior Design, Architectural Drafting, Landscape Architecture)	2
Biological Sciences (e.g. Biology, Botany, Zoology)	3
Business (e.g. Accounting, Business Management, Human Res. Development)	4
Office Management (e.g. Bookkeeping, Secretarial Studies, Business/Computer Operations)	5
Marketing & Purchasing (e.g. Fashion Merchandising, Retailing & Sales, Travel Services & Tourism)	6
Communications (e.g. Advertising, Commercial Art, Journalism)	7
Community Services (e.g. Corrections, Cosmetology/Barbering, Criminal Justice)	8
Computer & Information Sciences (e.g. Computer Programming, Computer Science, Data Processing)	9
General Studies (e.g. Area & Ethnic Studies, Multi/Interdisciplinary Studies, Liberal Arts)	10
Education (e.g. Education Administration, Special Education, Physical Education)	11
Engineering (e.g. Aerospace Engineering, Chemical Engineering, Civil Engineering)	12
Fine & Applied Arts (e.g. Applied Design/Crafts, Art History, Graphic Design)	13
Foreign Languages	14

Health Professions (e.g. Chiropractic, Dental Hygiene, Medicine)	15
Home Economics (e.g. Child development, Culinary Arts, Individual & Family Development)	16
Letters (e.g. Creative Writing, Linguistics, Comparative Literature)	17
Mathematics (e.g. Actuarial Sciences, Applied Mathematics, Statistics)	18
Philosophy/Religion	19
Physical Sciences (e.g. Astronomy, Meteorology, Oceanography)	20
Social Sciences (e.g. Economics, Geography, International Relations)	21
Trade & Industrial (e.g. Aircraft Mechanics, Automotive Repair, Drafting)	22
Other	23

39d. Please specify other:

If question 39c is 'other'

40. In which island or country did you attend this daytime school?

If question 32 is 'yes'

Anguilla	1
Antigua and Barbuda	2
Aruba	3
Barbados	4
Bonaire	5
China	6
Colombia	7
Curacao	8
Dom. Republic	9
Dominica	10
France	11
Guyana	12
Haiti	13
India	14
Jamaica	15
Nevis	16
Philippines	17
Saba	18
Saint Martin	19
Sint Eustatius	20
Sint Maarten	21
St. John	22
St. Kitts	23
St. Lucia	24
St. Thomas	25
St. Vincent and the Grenadines	26

Suriname	27	
The Netherlands	28	
Trinidad and Tobago	29	
USA	30	
Other	31	
I don't know	32	
40a. Please specify other:		If question 40 is 'other'
41. How old were you when you left this day time school?	NR	If question 38 is 'yes'
42. Did you complete this day time school?	Y/N	If question 38 is 'yes'
43. How many years of study did you complete successfully?		If question 42 is 'no'
One	1	
Two	2	
Three	3	
Four	4	
Five	5	
Six	6	
Seven	7	
Eight	8	
Nine	9	
Ten	10	
Eleven	11	
Twelve	12	
44. Have you ever completed another training course? (no day training)	Y/N	
45. What is the highest completed training or course that you have taken? (no day time school!)	TX	If question 44 is 'yes'
45a. Type of training:	TX	If question 44 is 'yes'
45b. Department/branch	TX	If question 44 is 'yes'
46. In what island or in what country did you attend this training or course?		If question 44 is 'yes'
Anguilla	1	
Antigua and Barbuda	2	
Aruba	3	
Barbados	4	
Bonaire	5	
China	6	
Colombia	7	
Curacao	8	
Dom. Republic	9	
Dominica	10	

France	11
Guyana	12
Haiti	13
India	14
Jamaica	15
Nevis	16
Philippines	17
Saba	18
Saint Martin	19
Sint Eustatius	20
Sint Maarten	21
St. John	22
St. Kitts	23
St. Lucia	24
St. Thomas	25
St. Vincent and the Grenadines	26
Suriname	27
The Netherlands	28
Trinidad and Tobago	29
USA	30
Other	31
I don't know	32

46a. Please specify other:

*If question 46 is 'other'
*End of Personal forms, if
respondent is younger than
15*

Labor

You will now be asked about your employment during the pass 4 years.

*Only for respondents 18
years and older*

47. Were you employed on October 15th, 2019? Y/N

48. Were you actively looking for work on October 15th, 2019? Y/N *If not employed*

49. Were you planning to start your own business on October 15th, 2019? Y/N

50. If you got a job offer, or had the opportunity to start your own business, were you able to start working within two weeks? Y/N

Hint: on October 1st, 2019

51. Were you employed on October 15th, 2020? Y/N

*Only for respondents 17
years and older*

52. Were you actively looking for work on October 15th, 2020? Y/N *If not employed*
53. Were you planning to start your own business on October 15th, 2020? Y/N
54. If you got a job offer, or had the opportunity to start your own business, were you able to start working within two weeks? Y/N *Hint: on October 1st, 2020*
55. Were you employed on October 15th, 2021? Y/N *Only for respondents 16 years and older*
56. Were you actively looking for work on October 15th, 2021? Y/N *If not employed*
57. Were you planning to start your own business on October 15th, 2021? Y/N
58. If you got a job offer, or had the opportunity to start your own business, were you able to start working within two weeks? Y/N *Hint: on October 1st, 2021*
61. Do you have a job where you worked 4 hours or more in the past week? Y/N *If respondent older than 15 year*
62. Have you worked between 1 - 4 hours in the past week? Y/N *If question 61 is 'no'*
63. Over the last 4 weeks, have you actively been looking for work? Y/N
64. Are you looking for a new job or additional job? Y/N *If question 61 and 63 is 'yes'*
65. If you find a job would you be able to start in two weeks? Y/N *If question 64 is 'yes'*
66. Are you planning to start your own business? Y/N *If question 64 is 'no'*
67. If you are able to start your own business, could you start working within two weeks? Y/N *If question 66 is 'yes'*
59. During your employment in the passed 4 years, has there been an efficiency change directly influencing your work activities?

(This can be for example new software to automate tasks, new efficient machinery, or more online services. This is basically anything affecting your work activities directly in an efficient way. Read answer options for the respondent.)

- The company I worked for got new software 1
- The company I worked for got new hardware, machinery or tools 2
- The company I worked for got new online services 3
- The company I worked for got online payment options 4
- The company I worked for started delivery services (using the same employees) 5
- The company I worked for increased in popularity due to social media use during the COVID-19 pandemic 6
- Other 7
- None 8

60a. Please specify other:

If question 59 is 'other'

60. When was this implemented?

If question 59 < 8

- 2019 1
- 2020 2
- 2021 3
- 2022 4

Employed (4 more hours)

If question 61 is 'yes'

68. What is the name of the company you work for?

List of 53 biggest companies + Other

68a. Please specify other:

If question 68 is 'other'

69. What government ministry do you work in?

If question 68 is 'Government'

- General Affairs (AZ) 1
- Education, Culture, Youth and Sports Affairs (ECYS) 2
- Finance 3
- Justice 4
- Health Care, Social Development and Labour (VSA) 5
- Tourism, Economic Affairs, Transport and Telecommunication (TEATT / TEZVT) 6
- Public Housing, Spatial Planning, Environment and Infrastructure (VROMI) 7

70. What country is the company you work for in?

- Sint Maarten 1
- Saint Martin 2
- The Netherlands 3

United States 4
Other 5

70a. Please specify other:

If question 70 is 'other'

71. What industry is the company you work for registered in?

Agriculture, forestry and fishing A
Mining and quarrying B
Manufacturing C
Electricity, gas, steam and air conditioning supply (GEBE - Electricity) D
Water supply (GEBE - Water) E
Sewerage, waste management and remediation activities F
Construction G
Wholesale and retail trade (supermarkets, stores in town) H
Repair of motor vehicles and motorcycles I
Transportation and storage (taxi, bus driver) J
Accommodation and food service activities (hotels, restaurants, etc.) K
Information and Communication (TelEm, UTS) L
Financial and insurance activities (banks) M
Real estate activities N
Professional, scientific and technical activities O
Administrative and support service activities P

Public administration and defence; compulsory social security (Government, Police, Fire Department, Immigration) Q
Education (teaching) R

Human health and social work activities (hospital, medical field) S

Arts, entertainment and recreation (radio, cinema, movie theatre) T
Other service activities (funeral home, hairdresser, repair computers, barber, nail salon) U

Activities of households as employers, undifferentiated goods- and services - producing activities of households for own use Y
Activities of extraterritorial organizations and bodies Z
Other AA

71a. Please specify other:

If question 71 is 'other'

72. How many hours per week do you usually work? NR

73. Would you like to change the number of hours you work per week?

Yes, would like to work more hours 1
Yes, would like to work less hours 2

No, I am satisfied with the number of hours 3

74. How do you usually go to work?

- I work at home 1
- In a car/truck as a driver 2
- In a car/truck of someone of the household 3
- In a car/truck of someone not belonging to the household 4
- Transportation provided by the company 5
- Public transportation 6
- Small bus/taxi 7
- Small bus/taxi (Gypsy) 8
- Motorcycle/moped/scooter 9
- Bicycle 10
- Walking 11
- Other 12

74a. Please specify other:

If question 74 is 'other'

75. What is your economic position?

- Employer 1
- Self-employed 2
- Employee in permanent service 3
- Employee in temporary service 4
- Casual worker 5
- Unpaid family worker 6
- Employee with a contract lasting less than 6 months 7
- Employee with a contract lasting 6 months or longer 8
- Intern 9
- Other 10

75a. Please specify other:

If question 75 is 'other'

Business owner (4 or more hours)

If question 75 is 'employer' or 'self-employed'

76. What is the legal status of your business?

- Sole proprietorship, with or without personnel 1
- Partnership 2
- NV or BV 3
- Other 4

76a. Please specify other:

If question 76 is 'other'

77. Does your business have a profit and loss statement? Y/N

78. How many persons are working in your business, including yourself? NR

Employed (less than 4 hours)

If question 62 is 'yes'

79. What is the main reason you work less than 4 hours a week?

- I have other commitments so I can't work more hours (e.g. study) 1
- Caring for family member or child 2
- There are no jobs with more hours available 3
- I am self-employed and set my own hours 4
- I work odd jobs and on average it is less than 4 hours per week 5
- Other 6

79a. Please specify other:

If question 79 is 'other'

80. Would you like to change the number of hours you work per week?

- Yes, would like to work more hours 1
- Yes, would like to work less hours 2
- No, I am satisfied with the number of hours 3

81. How do you usually go to work?

- I work at home 1
- In a vehicle as a driver 2
- In a vehicle of someone of the household 3
- In a vehicle of someone not belonging to the household 4
- Transportation provided by the company 5
- Public transportation 6
- Small bus/taxi 7
- Small bus/taxi (Gypsy) 8
- Motorcycle/moped/scooter 9
- Bicycle 10
- Walking 11
- Other 12

81a. Please specify other:

If question 81 is 'other'

82. What is the name of the company you work for?

List of 53 biggest companies + Other

82a. Please specify other:

If question 82 is 'other'

83. What government ministry do you work in?

- General Affairs (AZ) 1
- Education, Culture, Youth and Sports Affairs (ECYS) 2
- Finance 3
- Justice 4
- Health Care, Social Development and Labour (VSA) 5
- Tourism, Economic Affairs, Transport and Telecommunication (TEATT / TEZVT) 6
- Public Housing, Spatial Planning, Environment and Infrastructure (VROMI) 7

84. What country is the company you work for in?

- Sint Maarten 1
- Saint Martin 2
- The Netherlands 3
- United States 4
- Other 5

84a. Please specify other:

If question 84 is 'other'

85. What industry is the company you work for registered in?

- Agriculture, forestry and fishing A
- Mining and quarrying B
- Manufacturing C
- Electricity, gas, steam and air conditioning supply (GEBE - Electricity) D
- Water supply (GEBE - Water) E
- Sewerage, waste management and remediation activities F
- Construction G
- Wholesale and retail trade (supermarkets, stores in town) H
- Repair of motor vehicles and motorcycles I
- Transportation and storage (taxi, bus driver) J
- Accommodation and food service activities (hotels, restaurants, etc.) K
- Information and Communication (TelEm, UTS) L
- Financial and insurance activities (banks) M
- Real estate activities N
- Professional, scientific and technical activities O
- Administrative and support service activities P

- Public administration and defence; compulsory social security (Government, Police, Fire Department, Immigration) Q
- Education (teaching) R

- Human health and social work activities (hospital, medical field) S

- Arts, entertainment and recreation (radio, cinema, movie theatre) T
- Other service activities (funeral home, hairdresser, repair computers, barber, nail salon) U

- Activities of households as employers, undifferentiated goods- and services - producing activities of households for own use Y
- Activities of extraterritorial organizations and bodies Z
- Other AA

85a. Please specify other:

If question 85 is 'other'

86. What is your economic position?

Employer	1
Self-employed	2
Employee in permanent service	3
Employee in temporary service	4
Casual worker	5
Unpaid family worker	6
Employee with a contract lasting less than 6 months	7
Employee with a contract lasting 6 months or longer	8
Intern	9
Other	10
86a. Please specify other:	TX

If question 86 is 'other'

Business owner (Less than 4 hours)

If question 86 is 'employer' or 'self-employed'

87. What is the legal status of your business?	
Sole proprietorship, with or without personnel	1
Partnership	2
NV or BV	3
Other	4
87a. Please specify other:	

If question 87 is 'other'

88. Does your business have a profit and loss statement?	Y/N
89. How many persons are working in your business, including yourself?	NR

Unemployed

If question 65 or 67 is 'yes'

90. Why are you unemployed/looking for work?	
The company I was working for closed down	1
I was dismissed/fired	2
My contract ended	3
I closed down my own business	4
I just graduated	5
I can't find a job that I like	6
Other	7
90a. Please specify other:	

If question 90 is 'other'

91. How long have you been looking for work?	
Less than a month	1
Between one and three months	2
Between four and six months	3
Between seven and nine months	4
Between ten and twelve months	5
Longer than 12 months	6

92. How have you looked for work the most in the past month?

I went by the businesses myself	1
I wrote to the businesses myself	2
I responded to advertisements	3
I placed advertisements myself	4
Via the employment office	5
Via friends/relatives	6
Via temporary employment agencies	7
Have not been looking the past month	8
Other	9

92a. Please specify other:

If question 92 is 'other'

93. What industry would you like to work in?

Agriculture, forestry and fishing	A
Mining and quarrying	B
Manufacturing	C
Electricity, gas, steam and air conditioning supply (GEBE - Electricity)	D
Water supply (GEBE - Water)	E
Sewerage, waste management and remediation activities	F
Construction	G
Wholesale and retail trade (supermarkets, stores in town)	H
Repair of motor vehicles and motorcycles	I
Transportation and storage (taxi, bus driver)	J
Accommodation and food service activities (hotels, restaurants, etc.)	K
Information and Communication (TelEm, UTS)	L
Financial and insurance activities (banks)	M
Real estate activities	N
Professional, scientific and technical activities	O
Administrative and support service activities	P
Public administration and defence; compulsory social security (Government, Police, Fire Department, Immigration)	Q
Education (teaching)	R
Human health and social work activities (hospital, medical field)	S
Arts, entertainment and recreation (radio, cinema, movie theatre)	T
Other service activities (funeral home, hairdresser, repair computers, barber, nail salon)	U
Activities of households as employers, undifferentiated goods- and services - producing activities of households for own use	Y
Activities of extraterritorial organizations and bodies	Z
Other	AA

93a. Please specify other:

If question 93 is 'other'

Economically Inactive

94. Why are you unable to start working within 2 weeks if you found a job or successfully started your business?

- | | |
|----------------|---|
| No work permit | 1 |
| Travelling | 2 |
| Health reasons | 3 |
| Other | 4 |

94a. Please specify other:

If [q 61 or 62 is 'no'] AND [q 65 or 67 is 'no']

If question 94 is 'other'

95. Why are you not looking for work or don't you want to/can't start your own business?

- | | |
|--|----|
| Housewife, working in my own household | 1 |
| There is not work to be found anyway | 2 |
| First complete school/study | 3 |
| Have temporary jobs | 4 |
| Family circumstances | 5 |
| No financial need | 6 |
| Health reasons | 7 |
| Physical or mental disability | 8 |
| Age/retired | 9 |
| No work permit | 10 |
| Starting my own business | 11 |
| Other | 12 |

95a. Please specify other:

If question 99 is 'other'

Source of Income

96. What is your most important source of income?

- | | |
|---|----|
| Labor/business | 1 |
| Old-age pension SZV (AOV) | 2 |
| Private old age pension (APNA, private insurance, etc.) | 3 |
| Widow's pension | 4 |
| Welfare | 5 |
| Property rental | 6 |
| Scholarship | 7 |
| Retaining pay/severance pay arrangement | 8 |
| Child support/alimentation | 9 |
| Remittance | 10 |
| Financial Assistance | 11 |
| COVID-19 Stimulus Support | 12 |
| Other | 13 |
| No income | 14 |

96a. Please specify other:

If question 96 is 'no income',
END OF INTERVIEW

If question 96 is 'other'

TX

97. What was your net income from this source last month?

Please see income card

98. In what currency do you get paid?

- ANG 1
- USD 2
- EUR 3

99. Are you paid:

- Monthly 1
- Bi-weekly 2
- Weekly 3
- Other 4

99a. Please specify other:

If question 99 is 'other'

100. What is your second most important source of income?

- Labor/business 1
- Old-age pension SZV (AOV) 2
- Private old age pension (APNA, private insurance, etc.) 3
- Widow's pension 4
- Welfare 5
- Property rental 6
- Scholarship 7
- Retaining pay/severance pay arrangement 8
- Child support/alimentation 9
- Remittance 10
- Financial Assistance 11
- COVID-19 Stimulus Support 12
- Other 13
- No income 14

100a. Please specify other:

If question 100 is 'other'

101. What was your net income from this source last month?

Please see income card

102. In what currency do you get paid?

- ANG 1
- USD 2
- EUR 3

103. Are you paid:

- Monthly 1
- Bi-weekly 2
- Weekly 3

Other 4

103a. Please specify other:

If question 103 is 'other'

104. Do you send money abroad to friends or family? Y/N

105. How much money on average do you send?

If question 104 is 'yes'

Less than \$10	1
\$10 to \$50	2
\$51 to \$100	3
\$101 to \$150	4
\$151 to \$200	5
\$201 to \$250	6
\$251 to \$300	7
\$301 to \$350	8
\$351 to \$400	9
\$401 to \$450	10
\$451 to \$500	11
More than \$500	12

106. How many times (in a year) do you send this amount abroad?

If question 104 is 'yes'

12 times a year or more (every month or more)	1
About 11 times per year (almost every month)	2
About 10 times per year (every 5 weeks)	3
About 9 times per year (every 5-1/2 to 6 weeks)	4
About 8 times per year (every 1-1/2 months)	5
About 7 times per year (almost every 2 months)	6
About 6 times per year (every 2 months)	7
About 5 times per year (every 2-1/2 months)	8
About 4 times per year (every 3 months)	9
About 3 times per year (every 4 months)	10
About 2 times per year (every 6 months)	11
About once per year (1 time)	12

107. To who do you send money to?

If question 104 is 'yes'

Spouse	1
Child(ren)	2
Parent(s)	3
Friend(s)	4
Sibling(s)	5

108. Please rate your quality of life from 1-10 where 1 is bad and 10 is excellent.

Geolocation

Lastly, before leaving to your next household, please collect the geolocation of this household. This must be done in an open space, i.e. no roof or trees over your head.

Be careful when re-opening this survey from your drafts. If this survey is re-opened from your drafts at another location, the geolocation from this household will be overwritten by the new location. You must then take a new geolocation at this particular household. In other words: the final moment of re-opening this survey must be at this household in order to store the correct geolocation.

Please collect geolocation:

Collect geolocation

Final notes

Before submitting your survey, only if necessary, please leave us your final notes that were not already mentioned previously. Please do not bring hand-written notes for us at STAT and kindly note everything here.

Final notes

Note

Now you may submit the survey.

Submit the survey! :)

END OF CENSUS INTERVIEW