

# Form Living Quarter

**1** Type of living quarter:

Normal living quarter Go to 2

Collective living quarter (Non-institutional)

Institutional collective living quarter Go to 31

Homeless End of Form

**2** Kind of living quarter:

House  Trailer / container

Apartment (1-5)  Cuarto

Apartment (6+)  Condominium

Separate room in a house  Other *Specify*

**3** The living quarter is (\*):

Owned, on property land Go to 6

Owned, on leasehold land

Owned, on leased land (huurgrond)

Lived in for free by members of the household Go to 7

Rented, furnished Go to 4

Rented, semi-furnished

Rented, not furnished

Sublet (onderhuur)

**4** What is the monthly rent of this living quarter in Aruban florins?

Afl.

*Fill in '99999' if unknown.*

**5** Are the following facilities included in the rent?

	Yes	No
a. Electricity, excluding air conditioning	<input type="checkbox"/>	<input type="checkbox"/>
b. Electricity, specifically for air conditioning	<input type="checkbox"/>	<input type="checkbox"/>
c. Water	<input type="checkbox"/>	<input type="checkbox"/>
d. Gas	<input type="checkbox"/>	<input type="checkbox"/>
e. Internet	<input type="checkbox"/>	<input type="checkbox"/>
f. Cable TV (Cable)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other <i>Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>

Go to 7

**6** How did this living quarter become your property?

Bought, existing living quarter

Built it myself / had it built

Inherited, gift, won

Another way Go to 8

**7** Type of owner of the living quarter:

Private person  Bank

Foundation  Government(al) (organization)

Company (excl. banks)

**8** The living quarter was built in:

Period before 1950

Period 1950-1959

Period 1960-1969

Period 1970-1979

Period 1980-1989

Period 1990-1999

Period 2000-2004

Period 2005 up to the present

**9** How many rooms are there in the living quarter?

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

*Include: bedrooms, dining room, living room, kitchen and enclosed patio/veranda/porch*

*Exclude: bathroom, toilet, hall, garage, open patio/veranda/porch and rooms exclusively used for practicing a profession*

**10** How many bedrooms are there in the living quarter? (Only rooms that are actually used as bedrooms)

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

**11** How many bathrooms/shower areas belong to the living quarter?

No bathrooms/shower areas

1	2	3	4	5+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12** How many toilets are there in the living quarter? (Both in bathrooms and outside bathroom)

No toilets Go to 14

1	2	3	4	5+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13** How does the draining work?

Via sewer

Via cesspool/ septic tank

Via combination of sewer and cesspool

Other (chemical toilet, etc.)

**14** Do you use water from: (for e.g. to water plants)

	Yes	No
a. The rainwater tank	<input type="checkbox"/>	<input type="checkbox"/>
b. The rainwater well (groundwater)	<input type="checkbox"/>	<input type="checkbox"/>
c. Cesspool/septic tank	<input type="checkbox"/>	<input type="checkbox"/>
d. Synthetic/plastic tank	<input type="checkbox"/>	<input type="checkbox"/>
e. Dam	<input type="checkbox"/>	<input type="checkbox"/>

**15** Total area in m<sup>2</sup> of the living quarters?

*Fill in '9999' if unknown.*  m<sup>2</sup>

*Include: bathroom, toilet, hall, garage, enclosed patio/veranda/porch*

*Exclude: rooms exclusively used for practicing a profession, open patio/veranda/porch*

**16** Total area in m<sup>2</sup> of the land on which the living quarter is built?

*Fill in '99999' if unknown.*  m<sup>2</sup>

**17** Are the following kitchen facilities present in the living quarter?

	Yes	No
a. Sink	<input type="checkbox"/>	<input type="checkbox"/>
b. Stove	<input type="checkbox"/>	<input type="checkbox"/>
c. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>

**18** Does the living quarter have the following facilities?

	Yes	No
a. Own electricity connection	<input type="checkbox"/>	<input type="checkbox"/>
b. Own water meter	<input type="checkbox"/>	<input type="checkbox"/>
c. Fixed telephone connection	<input type="checkbox"/>	<input type="checkbox"/>
d. Cable TV connection (Cable)	<input type="checkbox"/>	<input type="checkbox"/>

**19** Does 1 or more member(s) of this household use the following connections to the internet in this living quarter? (incl. wireless)

a. Via cellular  Yes  No *(Check mail, pin, chat, ...)*

b. Via computer  Yes  No Go to 20

**19** Specify the type of connection via computer

	Yes	No
1. DSL/Cablenet	<input type="checkbox"/>	<input type="checkbox"/>
2. Mobile Broadband	<input type="checkbox"/>	<input type="checkbox"/>
3. Dial-up	<input type="checkbox"/>	<input type="checkbox"/>

**20** How many of the following functioning devices are there in the living quarter?

	0	1	2	3	4	5+
a. Computer(s) (incl. laptops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mobile telephone(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Air conditioner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21** Does the living quarter have a swimming pool?

Yes  No

*(Include only permanent, built-in swimming pools)*

**22** How many functioning cars do members of this household possess?

0	1	2	3	4	5+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23** Do you or more members of the household, have any inconvenience in your immediate environment from:

	Yes	No
a. Dust (excavation, roads)	<input type="checkbox"/>	<input type="checkbox"/>
b. Air pollution (stench, exhaust fumes, soot)	<input type="checkbox"/>	<input type="checkbox"/>
c. Noise (airplane, traffic, neighborhood nuisance)	<input type="checkbox"/>	<input type="checkbox"/>
d. Traffic (unsafety, busyness)	<input type="checkbox"/>	<input type="checkbox"/>
e. Flooding after heavy rainfall	<input type="checkbox"/>	<input type="checkbox"/>
f. Crime	<input type="checkbox"/>	<input type="checkbox"/>
g. Litter and accompanying stench (dumped litter, activities in the neighborhood,...)	<input type="checkbox"/>	<input type="checkbox"/>
h. Wrecks	<input type="checkbox"/>	<input type="checkbox"/>
i. Stray dogs	<input type="checkbox"/>	<input type="checkbox"/>

**24** Are there bars placed on windows of this living quarter?

Yes, on all windows

Yes, but not on all windows

No

**25** Is there a fence (from any material) around the land of the building housing the living quarter?

Yes, completely

Yes, in part

No

**26** Number of stories in the building:

One story

Two stories

Three or more stories

**27** What is the most used material on the outer walls of the building?

<input type="checkbox"/> Stone, concrete, bricks	<input type="checkbox"/> Metal sheets
<input type="checkbox"/> Wood	<input type="checkbox"/> Other material

**28** What is the most used material on the roof of the building?

<input type="checkbox"/> Corrugated metal (zinc or aluminum)	<input type="checkbox"/> Shingles
<input type="checkbox"/> Corrugated sheets (cement/asbestos)	<input type="checkbox"/> Concrete
<input type="checkbox"/> Synthetic sheets	<input type="checkbox"/> Other material
<input type="checkbox"/> Roof tiles (clayware)	

**29** Is any part of the building being used for business purposes? (e.g. a shop, commercial undertaking, beauty parlor, crèche,...)

Yes

No

**Determining the condition of the living quarter**

**30**

Component	Good	Moderate	Poor	Very poor
a. Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Windows, doors, frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Definitions**

Good	No defects
Moderate	The component shows some defects, that can be fixed via normal and regular maintenance
Poor	The component has important defects, that can not just be fixed via normal maintenance (is deteriorating)
Very poor	The component shows so much defects that replacement is actually necessary

**END OF FORM LIVING QUARTER**  
continue with Person Forms

**Institutional collective living quarter:**

**31** Kind of institutional living quarter:

Prison  Children's home

Home for the elderly  Other *Specify*

**END OF FORM LIVING QUARTER**  
continue with Person Forms



CENSO  
ARUBA  
2010

# Form Household Composition

Censo 2010

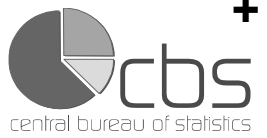
Teldistrict

Telblok

Volgnr. hh

Total number  
of persons in  
the household

**Note: If more than 10 persons in  
the household, check and fill out  
additional Form Household**



First fill out the given names of all members of the household and then fill out questions 2 through 11 for every person

	Persoonsnummer 0 1	Persoonsnummer 0 2	Persoonsnummer 0 3	Persoonsnummer 0 4	Persoonsnummer 0 5	Persoonsnummer 0 6	Persoonsnummer 0 7	Persoonsnummer 0 8	Persoonsnummer 0 9	Persoonsnummer 1 0	
<b>1</b> What is the person's given name?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>2</b> Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>3</b> Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>4</b> Country of birth 1= Aruba 5= Venezuela 2= Colombia 6= Curaçao 3= USA 7= Netherlands 4= Dominican Rep. 8= Other	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	
<b>5</b> Nationality 1= Dutch 5= American 2= Colombian 6= Surinamese 3= Dominican 7= Haitian 4= Venezuelaan 8= Other	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	<input type="text"/> <i>Other, specify</i>	
<b>6</b> Is the person related (also by marriage) to everyone in this household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7</b> a. Does the father of this person live in this household? b. If yes, what is the 'persoonsnummer' of the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 8 Persoonsnummer father <input type="text"/>	
<b>8</b> a. Does the mother of this person live in this household? b. If yes, what is the 'persoonsnummer' of the mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to question 9 Persoonsnummer mother <input type="text"/>	
<b>9</b> What is the marital status of this person? <b>14+</b> <i>Take note: the questions in the dark blue section are strictly for persons 14 years and older!</i>	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <b>+</b> <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Legally divorced <input type="checkbox"/> Legally separated from bed and board <input type="checkbox"/> Widow(er)
<b>10</b> a. Is this person currently living on a durable basis with a partner (married or not)? <b>14+</b> b. If yes, what is the 'persoonsnummer' of this person? <b>+</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Next person Persoonsnummer partner <input type="text"/>	
<b>11</b> If living together, is person married to this partner? <b>14+</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	