

## Omnibus survey 2013 Dutch Caribbean

### Block A: Background variables (all persons)

A1 »What is the address?«

Street

House number

Place of residence

Area code

»Island?«

Bonaire

1

St. Eustatius

2

Saba

3

A2 »What is the personal number?«

A3 »How many persons does the household consist of?

*Do not include children or other family members who are not registered at the address.«*

*If 1 person household*

**Go to question A7**

A4 »What is the household composition?«

Married couple/partners

1

Married couple/partners with child(ren) living at home

2

Married couple/partners with child(ren) living at home and with other(s)

3

Married couple/partners with other(s)

4

Single parent with child(ren) living at home

5

Single parent with child(ren) living at home and with other(s)

6

Another composition

7

A5	<p>»What is the position of this person in the household?</p> <p><i>If question 4 = 'another composition' then choose the option 'Husband or wife/partner/parent' when the person is the head of the household, otherwise choose the option 'Other'.«</i></p>	Husband or wife/partner/parent	<input type="checkbox"/>	1	Go to question A7
		Child of husband or wife/partner/parent	<input type="checkbox"/>	2	
		Other	<input type="checkbox"/>	3	

A6	<p>»What is the relation of this person to:</p> <p>...</p> <p>1 Household composition with married couple/partners:</p> <p>2 Household composition with single parent:</p> <p>3 Other household composition:</p> <p>This person is his/her:«</p>	... the oldest person of the married couple/partners?			
		... the parent?			
		... the head of the household?			
		Father/mother	<input type="checkbox"/>	1	
		Father-in-law/mother-in-law	<input type="checkbox"/>	2	
		Brother/sister	<input type="checkbox"/>	3	
		Brother-in-law/sister-in-law	<input type="checkbox"/>	4	
		Son-in-law/daughter-in-law	<input type="checkbox"/>	5	
		Grandchild	<input type="checkbox"/>	6	
		Other: family or family-in-law	<input type="checkbox"/>	7	
Other: no family or family-in-law	<input type="checkbox"/>	8			

»READ OUT LOUD FROM HERE«

A7	First of all, we would like to know some of your background characteristics. What is your age?	Age:	<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 10px; height: 15px;"></td> </tr> </table>				
A8	What is your civil status at the moment?	Married/registered partnership	<input type="checkbox"/> 1				
		Seperated by law	<input type="checkbox"/> 2				
		Widow/widower	<input type="checkbox"/> 3				
		Never been married	<input type="checkbox"/> 4				
A9	On which island, or in which country were you born?	Aruba	<input type="checkbox"/> 1				
		Bonaire	<input type="checkbox"/> 2				
		Curaçao	<input type="checkbox"/> 3				
		Saba	<input type="checkbox"/> 4				
		St. Eustatius	<input type="checkbox"/> 5				
		St. Kitts en Nevis	<input type="checkbox"/> 6				
		The Netherlands	<input type="checkbox"/> 7				
		Canada	<input type="checkbox"/> 8				
		Colombia	<input type="checkbox"/> 9				
		Dominican Republic	<input type="checkbox"/> 10				
		United States	<input type="checkbox"/> 11				
		Other, namely: <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	<input type="checkbox"/> 12				
A10	What is your nationality?	Dutch	<input type="checkbox"/> 1				
		American	<input type="checkbox"/> 2				
		Canadian	<input type="checkbox"/> 3				
		Colombian	<input type="checkbox"/> 4				
		Dominican	<input type="checkbox"/> 5				
		Other, namely: <div style="border: 1px solid black; height: 20px; width: 250px; margin-top: 5px;"></div>	<input type="checkbox"/> 6				
A11	Have you lived on this island for more than 3 months?	Yes	<input type="checkbox"/> 1	Go to question A13			
		No	<input type="checkbox"/> 2				
A12	Do you intend to stay on this island for more than 3 months?	Yes	<input type="checkbox"/> 1	END OF QUESTIONNAIRE			
		No	<input type="checkbox"/> 2				

A13	Which language or languages do you speak?  »More than one answer possible«	Papiamentu	<input type="checkbox"/>	1
		English	<input type="checkbox"/>	2
		Dutch	<input type="checkbox"/>	3
		Spanish	<input type="checkbox"/>	4
		Portuguese	<input type="checkbox"/>	5
		Haitian Creole	<input type="checkbox"/>	6
		French	<input type="checkbox"/>	7
		Chinese	<input type="checkbox"/>	8
		Other language	<input type="checkbox"/>	9

If the respondent speaks more than one language

Otherwise

Go to question A14

Go to question A15

A14	Which language do you speak most?	Papiamentu	<input type="checkbox"/>	1
		English	<input type="checkbox"/>	2
		Dutch	<input type="checkbox"/>	3
		Spanish	<input type="checkbox"/>	4
		Portuguese	<input type="checkbox"/>	5
		Haitian Creole	<input type="checkbox"/>	6
		French	<input type="checkbox"/>	7
		Chinese	<input type="checkbox"/>	8
		Other language	<input type="checkbox"/>	9

A15	Can you read and write?	Yes	<input type="checkbox"/>	1
		No	<input type="checkbox"/>	2

A16	Which religion or ideological group would you say you belong to?	Roman Catholic Church	<input type="checkbox"/>	1
		Pentecostal Church	<input type="checkbox"/>	2
		Protestant Church	<input type="checkbox"/>	3
		Adventists	<input type="checkbox"/>	4
		Methodists	<input type="checkbox"/>	5
		Hinduism	<input type="checkbox"/>	6
		Judaism	<input type="checkbox"/>	7
		Anglican Church	<input type="checkbox"/>	8
		Evangelical Church	<input type="checkbox"/>	9
		Islam	<input type="checkbox"/>	10
		Jehova's Witnesses	<input type="checkbox"/>	11
		 Other, namely:	<input type="checkbox"/>	12
		<input type="text"/>		
No religion	<input type="checkbox"/>	13		

Go to question A18


If the respondent says he belongs to a faith or religion


Go to question A17

Otherwise

Go to question A18

A17	How often do you usually go to church, a synagogue or a mosque, or to a religious meeting? Do you go: ►  »Read answers out loud«	at least once a week,	<input type="checkbox"/>	1	
		2 to 3 times a month,	<input type="checkbox"/>	2	
		once a month,	<input type="checkbox"/>	3	
		less than once a month,	<input type="checkbox"/>	4	
		or hardly or never?	<input type="checkbox"/>	5	

A18	Now something completely different. On a scale of 1 to 10, can you tell me how happy you consider yourself to be. 1 is very unhappy and 10 is very happy?	 <input type="text"/>	
		<input type="text"/>	

A19	On a scale of 1 to 10, can you tell me how satisfied you are with your life these days. 1 is completely unsatisfied and 10 is completely satisfied?	 <input type="text"/>	
		<input type="text"/>	

**BLOCK B: Paid work and education**  
(all persons)

**The following questions are about work and education.**

B1	Do you have paid work at the moment. 1 hour a week or a short period of time already counts. As does freelance work?	Yes	<input type="checkbox"/>	1	Go to question B3
		No	<input type="checkbox"/>	2	Go to question B2
B2	Are you working in your own company or your partner's or a family member's company?	Yes, own company or practice	<input type="checkbox"/>	1	Go to question B4
		Yes, partner's or a family member's company or practice	<input type="checkbox"/>	2	
		No, non of these	<input type="checkbox"/>	3	Go to question B6
B3	Does your paid work relate to one or to more than one job? Jobs with a small number of hours also count.	One job	<input type="checkbox"/>	1	
		More than one job	<input type="checkbox"/>	2	
B4	On average, how many hours a week do you work in <b>TOTAL</b> , not including overtime and unpaid hours?  <i>- If person has more than one job, then sum the hours. - Please round off to complete hours.</i>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hours	<input type="checkbox"/>	99	Go to question B6
		Don't know/no answer	<input type="checkbox"/>	99	Go to question B5
B5	Approximately how many hours a week:  <i>»Read answers out loud«</i>	4 hours or less a week,	<input type="checkbox"/>	1	
		5 to 11 hours a week,	<input type="checkbox"/>	2	
		12 to 29 hours a week,	<input type="checkbox"/>	3	
		30 hours or more a week?	<input type="checkbox"/>	4	

**The following questions concern your own income.**

B6	What was your main source of income last month.  Was that: ►  »Read answers out loud«	salary/profit,	<input type="checkbox"/>	1	
		interest,	<input type="checkbox"/>	2	
		AOV/old age pension,	<input type="checkbox"/>	3	
		other kind of pension (including widow's and orphan's pension),	<input type="checkbox"/>	4	
		social welfare,	<input type="checkbox"/>	5	
		scholarship,	<input type="checkbox"/>	6	
		something else, namely: <input style="width: 100%; height: 15px;" type="text"/>	<input type="checkbox"/>	7	
		or none; you don't have an income of your own?	<input type="checkbox"/>	8	
		Don't know/won't say	<input type="checkbox"/>	9	

**Go to question B10**

**HAND OVER INCOME SHEET**

B7	How much was this <b>GROSS (BRUTO)</b> in <b>DOLLARS</b> last month?  You only have to mention the letter which is written in front of the answer	<input type="text"/> Letter (A to M)	
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B8	And what was your second most important source of income last month.  Was that: ►  »Read answers out loud«	salary/profit,	<input type="checkbox"/>	1	
		interest,	<input type="checkbox"/>	2	
		AOV/old age pension,	<input type="checkbox"/>	3	
		other kind of pension (including widow's and orphan's pension),	<input type="checkbox"/>	4	
		social welfare,	<input type="checkbox"/>	5	
		scholarship,	<input type="checkbox"/>	6	
		something else, namely: <input style="width: 100%; height: 15px;" type="text"/>	<input type="checkbox"/>	7	
		or none; you don't have an income of your own?	<input type="checkbox"/>	8	
		Don't know/won't say	<input type="checkbox"/>	9	

**Go to question B10**

**HAND OVER INCOME SHEET**

B9	How much was this <b>GROSS (BRUTO)</b> in <b>DOLLARS</b> last month?  You only have to mention the letter which is written in front of the answer	<input type="text"/> Letter (A to M)	
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B10	Are you currently doing a programme, training or course at work, school or a different institute?	Yes	<input type="checkbox"/>	1	Go to question B11
		No	<input type="checkbox"/>	2	Go to question B13
		Not at the moment, but I have just completed or finished a course, and shall start a new course after the vacation	<input type="checkbox"/>	3	Go to question B11
B11	Does this programme, training or course take 6 months or more. By this we mean the time it takes to complete the programme, training or course? <i>If person is doing more than one programme, training or course and at least one of them takes 6 months or more, then choose 'Yes, 6 months or more'</i>	Yes, 6 months or longer	<input type="checkbox"/>	1	Go to question B12
		No, less than 6 months	<input type="checkbox"/>	2	Go to question B13
B12	What level of education is this programme, training or course?	Primary school (including special needs education, e.g. LOM, BLO, etc.)	<input type="checkbox"/>	1	Go to block C
		VMBO (VSBO) basic (PBL) or advanced vocational (PKL) track, TVET1	<input type="checkbox"/>	2	
		CXC Mavo, VMBO (VSBO) theoretical (TL) or combined (TKL) track	<input type="checkbox"/>	3	
		Havo, CXC Havo, VWO, Gymnasium	<input type="checkbox"/>	4	
		MBO/SBO (BOL, BBL) - level 1	<input type="checkbox"/>	5	
		MBO/SBO (BOL, BBL) - level 2 to 4	<input type="checkbox"/>	6	
		HBO, University (WO) - bachelor	<input type="checkbox"/>	7	
		HBO-master, University (WO) – master, post-graduate education	<input type="checkbox"/>	8	
		Other education or course, incl. company training	<input type="checkbox"/>	9	
B13	What is the highest level of education you have completed and for which you have received a diploma?	Primary school (including special needs education, e.g. LOM, BLO, etc.)	<input type="checkbox"/>	1	
		Lower secondary vocational education (LBO, LTS), VMBO (VSBO) basic (PBL) or advanced vocational (PKL) track, TVET1	<input type="checkbox"/>	2	
		Mavo, CXC Mavo, VMBO (VSBO) theoretical (TL) or combined (TKL) track	<input type="checkbox"/>	3	
		Havo, CXC Havo, VWO, Gymnasium, HBS, MMS	<input type="checkbox"/>	4	
		MBO/SBO (BOL, BBL) - level 1	<input type="checkbox"/>	5	
		MBO/SBO (BOL, BBL) - level 2 to 4, MBO/SBO old style (to 1998)	<input type="checkbox"/>	6	
		HBO, University (WO) - <i>kandidaats</i> or bachelor	<input type="checkbox"/>	7	
		HBO-master, University (WO) - doctoraal or master, post-graduate education	<input type="checkbox"/>	8	
		None of these	<input type="checkbox"/>	9	



If the respondent is currently in secondary education, i.e. answered 2,3 or 4 to question B12

Go to question B14

If the respondent is currently in MBO, i.e. answered 5 or 6 to question B12

Go to question B22

If the respondent is not currently in education and his/her highest diploma for completed education is an MBO diploma, i.e. answered 5 or 6 to question B13 and 2 to question B10

Go to question B24

Otherwise

Go to block C

B14	Do you intend to continue your education when you have completed your secondary education?	Yes	<input type="checkbox"/>	1	Go to question B15
		No	<input type="checkbox"/>	2	Go to question B20
		Don't know yet	<input type="checkbox"/>	3	Go to block C

B15	What type of education do you intend to take?	VMBO (VSBO) basic (PBL) or advanced vocational (PKL) track, TVET1	<input type="checkbox"/>	1	
		CXC Mavo, VMBO (VSBO) theoretic (TL) or combined (TKL) track	<input type="checkbox"/>	2	
		Havo, CXC Havo, VWO, Gymnasium	<input type="checkbox"/>	3	
		MBO/SBO (BOL, BBL) - level 1	<input type="checkbox"/>	4	
		MBO/SBO (BOL, BBL) - level 2 to 4	<input type="checkbox"/>	5	
		HBO, University (WO) – bachelor	<input type="checkbox"/>	6	
		HBO-master, University (WO) - master, post-graduate education	<input type="checkbox"/>	7	
		Other education or course, incl. company training	<input type="checkbox"/>	8	
		Don't know yet	<input type="checkbox"/>	9	

If respondent answered 1, 2, 3, 4 or 5 to question B15

Go to question B16

Otherwise

Go to block C

B16	Do you want to continue your education on this island?	Yes	<input type="checkbox"/>	1	Go to question B17
		No	<input type="checkbox"/>	2	Go to question B19
		Don't know yet	<input type="checkbox"/>	3	Go to question B17


**B17** *The education opportunities on your island are limited, as it is not feasible to provide all levels and all disciplines of education on an island of this size. We would like to know whether your choice for further education was influenced by the education opportunities available on your island. For example, the level of education you want to take or the discipline you want to take may not be available on your island. Or you may not be satisfied with the quality of education on your island.*

Did the opportunities for further education, available on your island, influence your choice?

Yes	<input type="checkbox"/>	1	Go to question B18
No	<input type="checkbox"/>	2	Go to block C

**B18** In what way do they influence your choice.  
Is this: ►


»Read answers out loud«  
»More than one answer possible«

because the discipline you want to take most is not available on this island,	<input type="checkbox"/>	1	After answering this question, go to block C
because the level of education you want to take most is not available on this island,	<input type="checkbox"/>	2	
because the quality of education you want to take most is not available on this island,	<input type="checkbox"/>	3	
 or because of another reason, namely? <input type="text"/>	<input type="checkbox"/>	4	

**B19** *The education opportunities on your island are limited, as it is not feasible to provide all levels and all disciplines of education on an island of this size. We would like to know whether your choice not to take your further education on your own island was influenced by the education opportunities available on your island. For example, the level of education you want to do or the discipline you want to take may not be available on your island. Or you may not be satisfied with the quality of education on your island.*


Why have you chosen not to take your further education on this island.  
Is this: ►

»Read answers out loud«  
»More than one answer possible«

because the discipline you want to take is not available on this island,	<input type="checkbox"/>	1	After answering this question, go to block C
because the level of education you want to take is not available on this island,	<input type="checkbox"/>	2	
because the quality of education you want to take is not available on this island	<input type="checkbox"/>	3	
 or because of another reason, namely? <input type="text"/>	<input type="checkbox"/>	4	


*B20 is only for respondents who do not intend to continue their education after their present education, i.e. who answered 2 to question B14.*

B20	<p><i>The education opportunities on your island are limited, as it is not feasible to provide all levels and all disciplines of education on an island of this size. We would like to know whether your choice not to continue your education was influenced by the education opportunities available on your island. For example, the level of education you wanted to take or the discipline you wanted to take may not be available on your island. Or you may not be satisfied with the quality of education on your island.</i></p> <p>Did the opportunities for further education, available on your island, influence your choice not to continue your education?</p>	Yes	<input type="checkbox"/>	1	Go to question B21
		No	<input type="checkbox"/>	2	Go to block C

B21	<p>In what way did the education opportunities influence your choice not to continue your education. Was this: ►</p> <p>»Read answers out loud« »More than one answer possible«</p>	because the discipline you wanted to take is not available on this island,	<input type="checkbox"/>	1	After answering this question, go to block C
		because the level of education you wanted to take is not available on this island,	<input type="checkbox"/>	2	
		because the quality of education you wanted to take is not available on this island,	<input type="checkbox"/>	3	
		 or in another way, namely?	<input type="checkbox"/>	4	

*Question B22 is only for respondents who are currently in MBO education, i.e. who answered 5 or 6 to question B12.*

B22	<p><i>The education opportunities on your island are limited, as it is not feasible to provide all levels and all disciplines of education on an island of this size. We would like to know whether the choice for your present education was influenced by the education opportunities available on your island. For example, perhaps you really wanted to take another level of education, or a discipline, that was not available on your island. Or you may not be satisfied with the quality of education on your island.</i></p> <p>Did the opportunities for further education, available on your island, influence the choice for your current education?</p>	Yes	<input type="checkbox"/>	1	Go to question B23
		No	<input type="checkbox"/>	2	Go to block C


B23	<p>In what way have they influenced the choice for your present education. Was this: ►</p> <p>»Read answers out loud« »More than one answer possible«</p>	because the discipline you really wanted to take is not available on this island,	<input type="checkbox"/>	1	<p>After answering this question, go to block C</p>
		because the level of education you really wanted to take is not available on this island,	<input type="checkbox"/>	2	
		because the quality of education you wanted to take is not available on this island,	<input type="checkbox"/>	3	
		<p> or in another way, namely?</p> <input type="text"/>	<input type="checkbox"/>	4	

Questions B24 to B29 are only for respondents who are currently not taking an education, and whose highest diploma is an MBO diploma, i.e. who answered 5 or 6 to question B13.

B24	In which year did you receive your diploma or certificate?	 <input type="text"/>	
<p>If the diploma was received between 2002 and now</p> <p>Otherwise</p>			<p>Go to question B25</p> <p>Go to block C</p>

B25	Did you take this course on this island?	Yes	<input type="checkbox"/>	1	Go to question B28
		No	<input type="checkbox"/>	2	Go to question B26

B26	<p>The education opportunities on your island are limited, as it is not feasible to provide all levels and all disciplines of education on an island of this size. We would like to know whether the choice not to take your education on your own island was influenced by the education opportunities available on your island. For example, the level of education you took or the discipline you took may not have been available on your island. Or perhaps you were not satisfied with the quality of education on your island.</p> <p>Did the education opportunities available on your island influence your choice to take your education elsewhere?</p>	Yes	<input type="checkbox"/>	1	Go to question B27
		No	<input type="checkbox"/>	2	Go to block C


B27	<p>Why didn't you take this education on this island. Was this: ►</p> <p>»Read answers out loud« »More than one answer possible«</p>	because the discipline you took was not available on the island,	<input type="checkbox"/>	1	<p>After answering this question, go to block C</p>
		because the level of education you took was not available on the island,	<input type="checkbox"/>	2	
		because the quality of education you took was not available on this island,	<input type="checkbox"/>	3	
		<p> or because of another reason, namely?</p> <input type="text"/>	<input type="checkbox"/>	4	


B28	<p>The education opportunities on your island are limited, as it is not feasible to provide all levels and all disciplines of education on an island of this size. We would like to know whether your choice of further education was influenced by the education opportunities available on your island. For example, perhaps you really wanted to take another level of education, or another discipline, that was not available on your island. Or perhaps you were not satisfied with the quality of education on your island.</p> <p>Did the opportunities for further education available on your island influence your choice of further education?</p>	Yes	<input type="checkbox"/>	1	Go to question B29
		No	<input type="checkbox"/>	2	Go to block C

B29	<p>In what way did they influence your choice? Was this: ►</p> <p>»Read answers out loud« »More than one answer possible«</p>	because the discipline you really wanted to take was not available on this island,	<input type="checkbox"/>	1	
		because the level of education you really wanted to take was not available on this island,	<input type="checkbox"/>	2	
		because the quality of education you wanted to take was not available on this island,	<input type="checkbox"/>	3	
		or in another way, namely?	<input type="checkbox"/>	4	

**BLOCK C: Housing and Environment**  
(all persons)

**The following questions are about the house you live in.**

C1	Do you own this house, or do you rent it?	Own house	<input type="checkbox"/>	1	
		Rented house	<input type="checkbox"/>	2	
		Household lives here free of charge	<input type="checkbox"/>	3	
C2	ESTABLISH: What kind of house do you live in. Is this: ►  »Read answers out loud«	a detached, semi-detached or terraced house,	<input type="checkbox"/>	1	Go to question C3
		an apartment, flat or upstairs maisonette,	<input type="checkbox"/>	2	
		one or more separate rooms in a larger house,	<input type="checkbox"/>	3	Go to question C4
		or another type, e.g. a cargo container or a camper?	<input type="checkbox"/>	4	
C3	Is your house the only one on the lot, or are there others on the same lot?	The house is the only one on the lot	<input type="checkbox"/>	1	
		There are more houses on the same lot	<input type="checkbox"/>	2	
C4	How many bathrooms or showers are there in your house? Showers on the same lot also count, but only if they are for your own use.	 <input type="text"/> <input type="text"/> Bathrooms/showers			
C5	How is electricity supplied. Is this: ►  »More than one answer possible« »Read answers out loud«	from the grid,	<input type="checkbox"/>	1	
		from your own generator,	<input type="checkbox"/>	2	
		from solar energy,	<input type="checkbox"/>	3	
		from wind energy,	<input type="checkbox"/>	4	
		or in another way?	<input type="checkbox"/>	5	
C6	How is water supplied. Is this: ►  »More than one answer possible« »Read answers out loud«	from the waterworks,	<input type="checkbox"/>	1	
		from a cistern or a well,	<input type="checkbox"/>	2	
		from a water truck,	<input type="checkbox"/>	3	
		you purchase bottled water,	<input type="checkbox"/>	4	
		or in another way?	<input type="checkbox"/>	5	
C7	Which fuel do you use <b>most</b> for cooking. Is this: ►  »Read answers out loud«	gas,	<input type="checkbox"/>	1	Go to question C8
		electricity,	<input type="checkbox"/>	2	
		kerosene,	<input type="checkbox"/>	3	Go to question C10
		or something else?	<input type="checkbox"/>	4	
		Not applicable, no cooking facilities	<input type="checkbox"/>	5	

C8	How many gas cylinders does your household have?	 <input type="text"/> <input type="text"/> Gas cylinders																
C9	Where is your gas cylinder/are your gas cylinders located. Is this: ►  »More than one answer possible« »Read answers out loud«	<table border="1"> <tr> <td>outside,</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>in the kitchen,</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>or somewhere else inside?</td> <td><input type="checkbox"/></td> <td>3</td> </tr> </table>	outside,	<input type="checkbox"/>	1	in the kitchen,	<input type="checkbox"/>	2	or somewhere else inside?	<input type="checkbox"/>	3							
outside,	<input type="checkbox"/>	1																
in the kitchen,	<input type="checkbox"/>	2																
or somewhere else inside?	<input type="checkbox"/>	3																
C10	Does your house have a swimming pool?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>1</td> <td>Go to question C11</td> </tr> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>2</td> <td>Go to question C12</td> </tr> </table>	Yes	<input type="checkbox"/>	1	Go to question C11	No	<input type="checkbox"/>	2	Go to question C12								
Yes	<input type="checkbox"/>	1	Go to question C11															
No	<input type="checkbox"/>	2	Go to question C12															
C11	Is this your own private swimming pool or do you share it?	<table border="1"> <tr> <td>Own private swimming pool</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>Shared swimming pool</td> <td><input type="checkbox"/></td> <td>2</td> </tr> </table>	Own private swimming pool	<input type="checkbox"/>	1	Shared swimming pool	<input type="checkbox"/>	2										
Own private swimming pool	<input type="checkbox"/>	1																
Shared swimming pool	<input type="checkbox"/>	2																
C12	Are the following appliances present in your house: ►  »More than one answer possible« »Read answers out loud«	<table border="1"> <tr> <td>refrigerator, with or without freezer compartment</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>separate freezer,</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>washing machine,</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>dishwasher?</td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>None of these</td> <td><input type="checkbox"/></td> <td>5</td> </tr> </table>	refrigerator, with or without freezer compartment	<input type="checkbox"/>	1	separate freezer,	<input type="checkbox"/>	2	washing machine,	<input type="checkbox"/>	3	dishwasher?	<input type="checkbox"/>	4	None of these	<input type="checkbox"/>	5	
refrigerator, with or without freezer compartment	<input type="checkbox"/>	1																
separate freezer,	<input type="checkbox"/>	2																
washing machine,	<input type="checkbox"/>	3																
dishwasher?	<input type="checkbox"/>	4																
None of these	<input type="checkbox"/>	5																

**BLOCK D - Communication**  
*(all persons)*

D1	Do you, or does someone in your household, have access <b>at home</b> to the following devices:  »More than one answer possible« »Read answers out loud«	<table border="1"> <tr> <td>television,</td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>land-line telephone,</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>mobile phone or smartphone,</td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>tablet,</td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td>games computer,</td> <td><input type="checkbox"/></td> <td>5</td> </tr> <tr> <td>personal computer or desktop,</td> <td><input type="checkbox"/></td> <td>6</td> </tr> <tr> <td>laptop or netbook,</td> <td><input type="checkbox"/></td> <td>7</td> </tr> <tr> <td>or palmtop?</td> <td><input type="checkbox"/></td> <td>8</td> </tr> <tr> <td>None of these</td> <td><input type="checkbox"/></td> <td>9</td> </tr> </table>	television,	<input type="checkbox"/>	1	land-line telephone,	<input type="checkbox"/>	2	mobile phone or smartphone,	<input type="checkbox"/>	3	tablet,	<input type="checkbox"/>	4	games computer,	<input type="checkbox"/>	5	personal computer or desktop,	<input type="checkbox"/>	6	laptop or netbook,	<input type="checkbox"/>	7	or palmtop?	<input type="checkbox"/>	8	None of these	<input type="checkbox"/>	9	
television,	<input type="checkbox"/>	1																												
land-line telephone,	<input type="checkbox"/>	2																												
mobile phone or smartphone,	<input type="checkbox"/>	3																												
tablet,	<input type="checkbox"/>	4																												
games computer,	<input type="checkbox"/>	5																												
personal computer or desktop,	<input type="checkbox"/>	6																												
laptop or netbook,	<input type="checkbox"/>	7																												
or palmtop?	<input type="checkbox"/>	8																												
None of these	<input type="checkbox"/>	9																												

*If the respondent answered that someone in the household has access to a television*

*Otherwise*

Go to question D2

Go to question D3

D2	Do you have cable TV or a satellite dish?	Yes, cable TV/wireless	<input type="checkbox"/>	1	
		Yes, satellite dish	<input type="checkbox"/>	2	
		No, neither of these	<input type="checkbox"/>	3	

*If the respondent answered that someone in the household has access to a **mobile phone***

*Anders*

Go to question D3

Go to question D5

D3	You said that someone in your household has access to a mobile phone or smartphone. Do you yourself own a mobile phone or smartphone?	Yes	<input type="checkbox"/>	1	Go to question D4
		No	<input type="checkbox"/>	2	Go to question D5


D4	Is it a smartphone?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

D5	Do you, or does someone in your household, have access to the internet <b>at home</b> via any device at all?	Yes	<input type="checkbox"/>	1	Go to question D6
		No	<input type="checkbox"/>	2	Go to question D7

D6	In which of the following ways does your household go online. Is this via: ►  »More than one answer possible« »Read answers out loud«	a dial-up connection,	<input type="checkbox"/>	1	
		a broadband connection,	<input type="checkbox"/>	2	
		or a mobile connection, e.g. via a mobile phone or a dongle?	<input type="checkbox"/>	3	
		None of these	<input type="checkbox"/>	4	

D7	When did you last go online?	In the last 3 months	<input type="checkbox"/>	1	Go to question D8
		Between 3 months and 1 year ago	<input type="checkbox"/>	2	Go to block E
		More than 1 year ago	<input type="checkbox"/>	3	
		Respondent has never used the internet	<input type="checkbox"/>	4	

D8	On average, how often have you been online in the last three months. Is this: ►  »Read answers out loud«	every day or nearly every day,	<input type="checkbox"/>	1	Go to question D9
		at least once a week, but not every day,	<input type="checkbox"/>	2	Go to question D10
		at least once a month, but not every week,	<input type="checkbox"/>	3	
		or less than once a month?	<input type="checkbox"/>	4	

D9	How many hours a day was this on average?  »Round to nearest half hour «	 <input type="text"/> <input type="text"/> , <input type="text"/> hours a day			
----	--	--	--	--	--



D10	In which of the following locations did you go online in the last 3 months: ►  »More than one answer possible« »Read answers out loud«	at home,	<input type="checkbox"/>	1
		at work,	<input type="checkbox"/>	2
		at an educational institute,	<input type="checkbox"/>	3
		at someone else's home,	<input type="checkbox"/>	4
		or somewhere else?	<input type="checkbox"/>	5







D11	I am now going to read out a number of activities for which you can use the internet. Can you tell me for each activity whether you have used the internet to do this in the last 3 months? I only need to know about activities for private, that is not work, purposes.  In the last 3 months, have you used the internet privately: ►  »More than one answer possible« »Read answers out loud«	to send or receive e-mail,	<input type="checkbox"/>	1
		to post messages on chat sites, in news groups or in online discussions,	<input type="checkbox"/>	2
		for instant messaging, i.e. exchanging text messages with others, e.g. via MSN,	<input type="checkbox"/>	3
		for social networking, e.g. Hyves, Facebook or Twitter,	<input type="checkbox"/>	4
		for professional networking e.g. LinkedIn,	<input type="checkbox"/>	5
		to read or write a blog?	<input type="checkbox"/>	6
		None of these	<input type="checkbox"/>	7

D12	In the last 3 months, have you called over the internet, e.g. via skype, face-time or messenger?	Yes	<input type="checkbox"/>	1
		No	<input type="checkbox"/>	2

D13	In the last 3 months, have you used the internet: ►  »More than one answer possible« »Read answers out loud«	to listen to the radio,	<input type="checkbox"/>	1
		to watch television,	<input type="checkbox"/>	2
		to read or download newspapers,	<input type="checkbox"/>	3
		to play or download games, images, films or music,	<input type="checkbox"/>	4
		to upload your own photos, music, videos, text or software,	<input type="checkbox"/>	5
		to download software other than for games,	<input type="checkbox"/>	6
		for online banking?	<input type="checkbox"/>	7
		None of these	<input type="checkbox"/>	8


D14	When did you last purchase or order online goods or services for private use?	In the last 3 months	<input type="checkbox"/>	1
		Between 3 months and 1 year ago	<input type="checkbox"/>	2
		More than 1 year ago	<input type="checkbox"/>	3
		Respondent has never purchased or ordered goods online	<input type="checkbox"/>	4


**The following questions concern ownership  
of means of transport.**

E1	How many cars are there in your household, including leased cars?	 <input type="text"/> <input type="text"/> Cars	
E2	How many electric bicycles are there in your household?	 <input type="text"/> <input type="text"/> Electric bicycles	
E3	How many other bicycles are there in your household?  »Do not include electric bicycles here«	 <input type="text"/> <input type="text"/> Other bicycles	
E4	How many quads are there in your household?	 <input type="text"/> <input type="text"/> Quads	
E5	How many motorcycles are there in your household?	 <input type="text"/> <input type="text"/> Motorcycles	
E6	How many mopeds and scooters are there in your household?	 <input type="text"/> <input type="text"/> Mopeds and scooters	
E7	How many other means of transport are there in your household?	 <input type="text"/> <input type="text"/> Other means of transport	


**The following questions concern your health.**

F1	How is your health in general. Is it: ►  »Read answers out loud«	very good,	<input type="checkbox"/>	1	
		good,	<input type="checkbox"/>	2	
		fair,	<input type="checkbox"/>	3	
		bad,	<input type="checkbox"/>	4	
		or very bad?	<input type="checkbox"/>	5	

F2 How tall are you, in centimetres, without shoes?     Cm

F3 How much do you weigh, in kilograms, without clothes?     Kg

»If the respondent is pregnant, ask for her weight before pregnancy«

F4 *The following questions concern the contact you have had with a general practitioner (GP), physiotherapist, specialist, hospital, dentist or other caregiver, on the island you live on or elsewhere.*    Times

**In the last 4 weeks**, how often have you been in contact with a GP in relation to your own health? Include visits to the doctor's practice, home visits by the GP, and consultations by phone.

<i>If 0 times in the last 4 weeks</i>	Go to question F5
<i>Otherwise</i>	Go to question F6

F5 **In the last 12 months**, how often have you been in contact with a GP in relation to your own health?    Times

<i>If 0 times in the last 12 months</i>	Go to question F7
<i>Otherwise</i>	Go to question F6

F6 In which country or on which island did the last contact take place?

- |  |                          |    |
|--|--------------------------|----|
| Aruba  | <input type="checkbox"/> | 1  |
| Bonaire  | <input type="checkbox"/> | 2  |
| Curaçao  | <input type="checkbox"/> | 3  |
| St. Maarten  | <input type="checkbox"/> | 4  |
| St. Eustatius  | <input type="checkbox"/> | 5  |
| Saba   | <input type="checkbox"/> | 6  |
| The Netherlands  | <input type="checkbox"/> | 7  |
| Dominican Republic   | <input type="checkbox"/> | 8  |
| United States  | <input type="checkbox"/> | 9  |
| Venezuela  | <input type="checkbox"/> | 10 |
| Colombia   | <input type="checkbox"/> | 11 |
| Haiti  | <input type="checkbox"/> | 12 |
| St. Martin   | <input type="checkbox"/> | 13 |
|  Other country, namely: | <input type="checkbox"/> | 14 |

F7 Have you spent at least one night in a clinic or hospital **in the last 12 months**? This includes all types of hospitals, except psychiatric ones. Admission for childbirth should not be included.

   Times

*If 0 times in the last 12 months*

*Otherwise*


[Go to question F9](#)

[Go to question F8](#)

F8 In which country or on which island was your most recent admission?

- |  |                          |    |
|--|--------------------------|----|
| Aruba  | <input type="checkbox"/> | 1  |
| Bonaire  | <input type="checkbox"/> | 2  |
| Curaçao  | <input type="checkbox"/> | 3  |
| St. Maarten  | <input type="checkbox"/> | 4  |
| St. Eustatius  | <input type="checkbox"/> | 5  |
| Saba   | <input type="checkbox"/> | 6  |
| The Netherlands  | <input type="checkbox"/> | 7  |
| Dominican Republic   | <input type="checkbox"/> | 8  |
| United States  | <input type="checkbox"/> | 9  |
| Venezuela  | <input type="checkbox"/> | 10 |
| Colombia   | <input type="checkbox"/> | 11 |
| Haiti  | <input type="checkbox"/> | 12 |
| St. Martin   | <input type="checkbox"/> | 13 |
|  Other country, namely: | <input type="checkbox"/> | 14 |

F9 How often have you been admitted to hospital or a clinic for day care **in the last 12 months**. Here we mean admission to hospital without an overnight stay, e.g. for exploratory surgery, chemotherapy, radiation or scheduled minor surgery. This does not include daytime admission for childbirth?

   Times

*If 0 times in the last 12 months*

*Otherwise*

Go to question F11

Go to question F10

F10 In which country or on which island was your most recent day care admission?

- |  |                          |    |
|--|--------------------------|----|
| Aruba  | <input type="checkbox"/> | 1  |
| Bonaire  | <input type="checkbox"/> | 2  |
| Curaçao  | <input type="checkbox"/> | 3  |
| St. Maarten  | <input type="checkbox"/> | 4  |
| St. Eustatius  | <input type="checkbox"/> | 5  |
| Saba   | <input type="checkbox"/> | 6  |
| The Netherlands  | <input type="checkbox"/> | 7  |
| Dominican Republic   | <input type="checkbox"/> | 8  |
| United States  | <input type="checkbox"/> | 9  |
| Venezuela  | <input type="checkbox"/> | 10 |
| Colombia   | <input type="checkbox"/> | 11 |
| Haiti  | <input type="checkbox"/> | 12 |
| St. Martin   | <input type="checkbox"/> | 13 |
|  Other country, namely: | <input type="checkbox"/> | 14 |

F11 **In the last 4 weeks**, how often have you been in contact with a specialist in relation to your own health. Include contact with specialists in out-patient and in-patient hospital departments, emergency departments, practices outside hospitals or private clinics. Do not include contact with specialists during a hospital admission, or contact with a psychiatrist?


   Times

*If 0 times in the last 4 weeks*

*Otherwise*

Go to question F12

Go to question F13

F12 How often have you been in contact with a specialist in relation to your own health **in the last 12 months**?    Times

*If 0 times in the last 12 months*


*Otherwise*

Go to question F14

Go to question F13

F13 In which country or on which island was your most recent contact?

Aruba	<input type="checkbox"/>	1
Bonaire	<input type="checkbox"/>	2
Curaçao	<input type="checkbox"/>	3
St. Maarten	<input type="checkbox"/>	4
St. Eustatius	<input type="checkbox"/>	5
Saba	<input type="checkbox"/>	6
The Netherlands	<input type="checkbox"/>	7
Dominican Republic	<input type="checkbox"/>	8
United States	<input type="checkbox"/>	9
Venezuela	<input type="checkbox"/>	10
Colombia	<input type="checkbox"/>	11
Haiti	<input type="checkbox"/>	12
St. Martin	<input type="checkbox"/>	13
 Other country, namely:	<input type="checkbox"/>	14
<input type="text"/>		


F14 How often have you been to the dentist for yourself **in the last 4 weeks**? This does not include visits to a dental hygienist, orthodontist or oral surgeon?    Times

*If 0 times in the last 4 weeks*

*Otherwise*

Go to question F15

Go to question F16

F15 How often have you been to the dentist for yourself **in the last 12 months**?    Times

*If 0 times in the last 12 months*

*Otherwise*

Go to question F17

Go to question F16

F16 In which country or on which island was your most recent visit?

- |                        |                          |    |
|------------------------|--------------------------|----|
| Aruba                  | <input type="checkbox"/> | 1  |
| Bonaire                | <input type="checkbox"/> | 2  |
| Curaçao                | <input type="checkbox"/> | 3  |
| St. Maarten            | <input type="checkbox"/> | 4  |
| St. Eustatius          | <input type="checkbox"/> | 5  |
| Saba                   | <input type="checkbox"/> | 6  |
| The Netherlands        | <input type="checkbox"/> | 7  |
| Dominican Republic     | <input type="checkbox"/> | 8  |
| United States          | <input type="checkbox"/> | 9  |
| Venezuela              | <input type="checkbox"/> | 10 |
| Colombia               | <input type="checkbox"/> | 11 |
| Haiti                  | <input type="checkbox"/> | 12 |
| St. Martin             | <input type="checkbox"/> | 13 |
| Other country, namely: | <input type="checkbox"/> | 14 |

F17 How often have you had physiotherapy or remedial therapy in the last 12 months?

Times

»Do not include physiotherapy or remedial therapy undergone during hospital admission«

*If 0 times in the last 12 months*

*Otherwise*

Go to question F19

Go to question F18

F18 In which country or on which island was your most recent session?

- |                        |                          |    |
|------------------------|--------------------------|----|
| Aruba                  | <input type="checkbox"/> | 1  |
| Bonaire                | <input type="checkbox"/> | 2  |
| Curaçao                | <input type="checkbox"/> | 3  |
| St. Maarten            | <input type="checkbox"/> | 4  |
| St. Eustatius          | <input type="checkbox"/> | 5  |
| Saba                   | <input type="checkbox"/> | 6  |
| The Netherlands        | <input type="checkbox"/> | 7  |
| Dominican Republic     | <input type="checkbox"/> | 8  |
| United States          | <input type="checkbox"/> | 9  |
| Venezuela              | <input type="checkbox"/> | 10 |
| Colombia               | <input type="checkbox"/> | 11 |
| Haiti                  | <input type="checkbox"/> | 12 |
| St. Martin             | <input type="checkbox"/> | 13 |
| Other country, namely: | <input type="checkbox"/> | 14 |

F19

In the last 12 months, how often have you been to the laboratory for a blood test. Here we mean the former landslaboratorium (*clinical laboratories*)?

   Times

*If 0 times in the last 12 months*

*Otherwise*

Go to question F21

Go to question F20

F20

In which country or on which island was your most recent visit?

Aruba

1

Bonaire

2

Curaçao

3

St. Maarten

4

St. Eustatius

5

Saba

6

The Netherlands

7

Dominican Republic

8

United States

9

Venezuela

10

Colombia


11

Haiti

12

St. Martin

13

 Other country, namely:

14

*If respondent has indicated that he/she has received health care outside his/her own island at least once*

*Otherwise*

Go to question F21

Go to question F22

F21

You just answered that you have received health care outside your own island. Why was this. Was it: ►

»Read answers out loud«

»More than one answer possible«

because the care you needed was not available on the island where you live,

1

because you needed the care while you were away from the island, e.g. on vacation or away for work,

2

because you could be treated sooner outside the island,


3

because you could be treated better outside the island,

4

or for another reason, namely?

5





***I am now going to ask some questions about various diseases and disorders.***

F22	Do you have diabetes?	Yes	<input type="checkbox"/>	1	Go to question F23
		No	<input type="checkbox"/>	2	Go to question F27
F23	Have you been treated or had a check-up for this by a GP or specialist in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
F24	Are you taking insuline for this at the moment?	Yes	<input type="checkbox"/>	1	Go to question F25
		No	<input type="checkbox"/>	2	Go to question F27
F25	Do you take this through injections or by tablets?	Injections	<input type="checkbox"/>	1	
		Tablets	<input type="checkbox"/>	2	
F26	Did you start taking insuline within 6 months of the diabetes being diagnosed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
F27	Have you <b>ever</b> had a stroke, brain haemorrhage or cerebral infarction (CVA)?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
F28	Have you <b>ever</b> had a coronary or a heart attack?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
F29	Have you <b>ever</b> had any other serious heart incident, e.g. heart failure or angina pectoris?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
F30	Have you <b>ever</b> had any form of cancer?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

F31

In the last 12 months, have you suffered from:

Have you been treated or had a check-up for this by a GP or specialist in the last 12 months?

Dengue	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Migraine or regular severe headache	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
High blood pressure	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Constriction of blood vessels in abdomen or legs, excl. varicose veins	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Asthma or COPD, incl. chronic bronchitis, pulmonary emphysema	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Psoriasis	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Chronic eczema	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Dizziness with falls	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Serious or persistent intestinal disorders	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Incontinence	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Articular degeneration in hips or knees, e.g. arthrosis or rheumatism	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Chronic inflammation of the joints, e.g. rheumatoid arthritis or chronic rheumatism	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
A serious or persistent back disorder	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Other serious or persistent disorder in neck or shoulder	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	→	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Other long-term illness or disorder	1 <input type="checkbox"/> Yes, namely: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		
	2 <input type="checkbox"/> No		

F32 Have you used any medication **prescribed** by a doctor in the last 14 days, not including medication used during a hospital admission and the contraceptive pill?

Yes  1

No  2

F33 Have you used any medication or dietary supplements **not prescribed** by a doctor in the last 14 days?

Yes  1

No  2

If respondent is a woman and younger than 50 years of age

Go to question F34

Otherwise

Go to question F35

F34	Do you use a contraceptive pill?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
		Won't say	<input type="checkbox"/>	3	

F35	Have you had an alcoholic beverage <b>in the last 12 months</b> , e.g. beer, wine, liqueur, Dutch gin ( <i>jenever</i> ) or an alcoholic drink mixed with a soft drink (e.g. breezers, alcopops). This does not include malt beer?	Yes	<input type="checkbox"/>	1	Go to question F37
		No	<input type="checkbox"/>	2	Go to question F36

F36	Have you ever drunk alcohol?	Yes	<input type="checkbox"/>	1	After answering this question go to question F42
		No	<input type="checkbox"/>	2	

F37	On how many of the 4 weekdays - Monday to Thursday - on average do you drink alcohol?	4 days	<input type="checkbox"/>	1	Go to question F38
		3 days	<input type="checkbox"/>	2	
		2 days	<input type="checkbox"/>	3	
		1 day	<input type="checkbox"/>	4	
		Less than 1 day	<input type="checkbox"/>	5	
		Never on weekdays	<input type="checkbox"/>	6	Go to question F39

F38	How many glasses do you drink on average on these weekdays. To make this easier, count a 0.33 litre bottle of beer as 1 glass?	11 or more glasses	<input type="checkbox"/>	1	
		7-10 glasses	<input type="checkbox"/>	2	
		6 glasses	<input type="checkbox"/>	3	
		5 glasses	<input type="checkbox"/>	4	
		4 glasses	<input type="checkbox"/>	5	
		3 glasses	<input type="checkbox"/>	6	
		2 glasses	<input type="checkbox"/>	7	
		1 glass	<input type="checkbox"/>	8	

F39	On how many of the 3 weekend days - Friday to Sunday - on average do you drink alcohol?	3 days	<input type="checkbox"/>	1	Go to question F40
		2 days	<input type="checkbox"/>	2	
		1 day	<input type="checkbox"/>	3	
		Less than 1 day	<input type="checkbox"/>	4	
		Never in the weekend	<input type="checkbox"/>	5	Go to question F41

F40	How many glasses do you drink on average on these weekend days. To make this easier, count a 0.33 litre bottle of beer as 1 glass?	11 or more glasses	<input type="checkbox"/>	1	
		7-10 glasses	<input type="checkbox"/>	2	
		6 glasses	<input type="checkbox"/>	3	
		5 glasses	<input type="checkbox"/>	4	
		4 glasses	<input type="checkbox"/>	5	
		3 glasses	<input type="checkbox"/>	6	
		2 glasses	<input type="checkbox"/>	7	
		1 glass	<input type="checkbox"/>	8	

F41	<b>In the last 6 months</b> , how often have you drunk 6 or more glasses of an alcoholic beverage in one day. Is this: ►  <i>»Read answers out loud«</i>	every day,	<input type="checkbox"/>	1	
		5-6 times a week,	<input type="checkbox"/>	2	
		3-4 times a week,	<input type="checkbox"/>	3	
		1-2 times a week,	<input type="checkbox"/>	4	
		1-3 times a month,	<input type="checkbox"/>	5	
		3-5 times per 6 months,	<input type="checkbox"/>	6	
		1-2 times per 6 months,	<input type="checkbox"/>	7	
		or never?	<input type="checkbox"/>	8	

**All persons**

F42	Do you ever smoke?	Yes	<input type="checkbox"/>	1	Go to question F43
		No	<input type="checkbox"/>	2	Go to block G

F43	Do you ever smoke cigarettes from a pack or self-rolled cigarettes?	Yes	<input type="checkbox"/>	1	Go to question F44
		No	<input type="checkbox"/>	2	Go to question F45


F44	How many cigarettes do you smoke on average a day?  <input type="text"/> <input type="text"/> <input type="text"/> Cigarettes	
-----	--	--

F45	Do you smoke every day?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

F46	Do you ever smoke cigars?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

F47	Do you ever smoke a pipe?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

<i>If respondent indicates he/she sometimes smokes cigars or a pipe</i>	Go to question F48
<i>Otherwise</i>	Go to block G

F48	How many cigars or other tobacco products do you smoke on average a day?  <input type="text"/> <input type="text"/> <input type="text"/> Products	
<i>»Do not include cigarettes«</i>		

**BLOCK G - Vacation and Leisure time**  
(all persons)

G1 *So far the questions about your health. The next questions are about vacations. A vacation is defined as a period away from home for the purpose of recreation or pleasure, including at least one night spent away from home. Both domestic and foreign vacations are included. The definition also covers staying with family, friends or acquaintances **outside your own island.***

   Times

How often have you been on vacation in the last 12 months?

*If respondent has been on vacation at least once in the last 12 months*

Go to question G2

*Otherwise*

Go to question G4


G2 Where did you spend most nights during your most recent vacation?

Aruba	<input type="checkbox"/>	1
Bonaire	<input type="checkbox"/>	2
Curaçao	<input type="checkbox"/>	3
St. Maarten	<input type="checkbox"/>	4
St. Eustatius	<input type="checkbox"/>	5
Saba	<input type="checkbox"/>	6
The Netherlands	<input type="checkbox"/>	7
Dominican Republic	<input type="checkbox"/>	8
United States	<input type="checkbox"/>	9
Venezuela	<input type="checkbox"/>	10
Colombia	<input type="checkbox"/>	11
Haiti	<input type="checkbox"/>	12
St. Martin	<input type="checkbox"/>	13
 Other country, namely:	<input type="checkbox"/>	14
<input type="text"/>		

G3 How many nights away from home did your most recent vacation include?

   Nights

**Now some questions about sport.**

G4	Are you a member of a sports club?	Yes	<input type="checkbox"/>	1	Go to question G5
		No	<input type="checkbox"/>	2	Go to question G6
G5	What kind of club? <i>»More than one answer possible«</i>	Football club	<input type="checkbox"/>	1	
		Tennis club	<input type="checkbox"/>	2	
		Swimming club	<input type="checkbox"/>	3	
		Softball club	<input type="checkbox"/>	4	
		Baseball club	<input type="checkbox"/>	5	
		 Other, namely:	<input type="checkbox"/>	6	
		<input type="text"/>			
		<input type="text"/>			
G6	Are you a member of a gym?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

**BLOK H - Childcare**  
*(The questions in this block are only for parent of children aged 0 up to and including primary school (Basisschool)).*

H1	<p>The following questions are about the use of various forms of childcare. Childcare includes things like playgroups, day-care centres, babysitters and nannies, and for school-aged children out-of-school care.</p> <p>Do you make use of childcare for your child/one or more of your children regularly, i.e. at least once a week?</p>	Yes	<input type="checkbox"/>	1	Go to question H2
		No	<input type="checkbox"/>	2	Go to block I

H2	<p>Which form of childcare do you use regularly, i.e. at least once a week. Is this: ►</p> <p>»Read answers out loud«                  »More than one answer possible«</p>	a playgroup,	<input type="checkbox"/>	1	
		a day-care centre, including company crèche,	<input type="checkbox"/>	2	
		out-of-school care,	<input type="checkbox"/>	3	
		paid babysitter or nanny,	<input type="checkbox"/>	4	
		or an unpaid babysitter or nanny?	<input type="checkbox"/>	5	

<p><i>If respondent uses paid or unpaid babysitter/nanny</i></p>	Go to question H3
<p><i>Otherwise</i></p>	Go to question H4

H3	<p>Does this babysitter/nanny usually care for the children at your home, or do you take your children to him/her?</p> <p>»If both are the case, ask which is <b>mostly</b> the case«</p>	Mostly at respondent's home	<input type="checkbox"/>	1	
		Mostly at nanny's home	<input type="checkbox"/>	2	

H4	<p>On a scale of 1 to 10, can you tell me how satisfied you are with your childcare, where 1 stands for completely unsatisfied and 10 for completely satisfied?</p> <p>»The respondent reported which form of childcare he/she uses in answer to question H2. Only ask for a grade for the form(s) he/she uses «</p>	<i>Type of childcare</i>	<i>Grade</i>
		Playgroup	<input style="width: 20px; height: 20px;" type="text"/>
		Day-care centre/crèche	<input style="width: 20px; height: 20px;" type="text"/>
		Out-of-school care	<input style="width: 20px; height: 20px;" type="text"/>
		Paid babysitter/nanny	<input style="width: 20px; height: 20px;" type="text"/>
Unpaid babysitter/nanny	<input style="width: 20px; height: 20px;" type="text"/>		

**Finally, I would like to ask you some questions about your neighbourhood and safety.**

I1 I am going to read out a number of nuisances you might experience in your neighbourhood. For each one, can you say if this occurs in your neighbourhood, and if so to what extent it bothers you?

**Does the following ever occur in your neighbourhood:**

**Do you experience this as a great nuisance, a minor nuisance, or not a nuisance at all?**

Litter/junk in the street

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Vandalised public items, such as litter bins, trash cans, benches or bus shelters

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Graffiti on walls or buildings

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Animal poop on sidewalks or in the street

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Speeding cars

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Parking issues, e.g. wrongly parked vehicles or too many parked vehicles

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Aggressive behaviour in traffic

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Drunks in the street

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Drug abuse or drug dealing, e.g. in the street or in coffeeshops

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Nuisance caused by cafés, restaurants, snack bars, etc.

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Nuisance caused by residents in the neighbourhood

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |


People being bothered in the street

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |

Youths hanging about

- |                                  |   |
|----------------------------------|---|
| 1 <input type="checkbox"/> Yes → | 1 <input type="checkbox"/> Great nuisance |
| 2 <input type="checkbox"/> No    | 2 <input type="checkbox"/> Minor nuisance |
|                                  | 3 <input type="checkbox"/> Not a nuisance |



12	Would you say that crime occurs frequently, rarely or not at all in your neighbourhood?	Frequently	<input type="checkbox"/>	1	
		Rarely	<input type="checkbox"/>	2	
		Not at all	<input type="checkbox"/>	3	
		No answer	<input type="checkbox"/>	4	
13	If you were to give safety in your neighbourhood a mark from 1 to 10, what would it be?  <input type="text"/> <input type="text"/>				
14	The previous questions were specifically about how safe or unsafe you feel in your own neighbourhood. The next few questions are about your perception of safety in <b>general</b> .  Do you ever feel unsafe?	Yes	<input type="checkbox"/>	1	Go to question I5
		No	<input type="checkbox"/>	2	Go to question I6
15	Do you often, sometimes, or seldom feel unsafe?	Often	<input type="checkbox"/>	1	
		Sometimes	<input type="checkbox"/>	2	
		Seldom	<input type="checkbox"/>	3	
16	Has your home been burgled or has an attempt been made to burgle your home in the last 5 years?	Yes	<input type="checkbox"/>	1	Go to question I7
		No	<input type="checkbox"/>	2	Go to question I10
17	Did this take place once or more in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
18	The last time this happened, was the incident reported to the police?	Yes	<input type="checkbox"/>	1	Go to question I9
		No	<input type="checkbox"/>	2	Go to question I10
19	Was an official report or other document signed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I10	Has your car or the car of someone else in your household been stolen in the last 5 years?	Yes	<input type="checkbox"/>	1	Go to question I11
		No	<input type="checkbox"/>	2	Go to question I14
I11	Did this take place once or more in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I12	The last time this happened, was the incident reported to the police?	Yes	<input type="checkbox"/>	1	Go to question I13
		No	<input type="checkbox"/>	2	Go to question I14
I13	Was an official report or other document signed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

I14	Has a motorcycle, scooter, moped, quad or other motor vehicle belonging to you or someone else in your household been stolen in the last 5 years?	Yes	<input type="checkbox"/>	1	Go to question I15
		No	<input type="checkbox"/>	2	Go to question I18
I15	Did this take place once or more in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I16	The last time this happened, was the incident reported to the police?	Yes	<input type="checkbox"/>	1	Go to question I17
		No	<input type="checkbox"/>	2	Go to question I18
I17	Was an official report or other document signed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I18	In the last 5 years, have <b>you yourself</b> experienced the theft or attempted theft of a bag, purse, wallet, telephone or another item you had with you? N.B. This only concerns yourself, not anyone else in your household!	Yes	<input type="checkbox"/>	1	Go to question I19
		No	<input type="checkbox"/>	2	Go to question I22
I19	Did this take place once or more in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I20	The last time this happened, was the incident reported to the police?	Yes	<input type="checkbox"/>	1	Go to question I21
		No	<input type="checkbox"/>	2	Go to question I22
I21	Was an official report or other document signed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I22	Has anyone ever attacked or abused or threatened to attack or abuse <b>you</b> in the last 5 years? This includes things like someone hitting or kicking you, or using a pistol, knife, piece of wood, scissors or another weapon to attack or to threaten you. N.B. This only concerns yourself, not anyone else in your household!	Yes	<input type="checkbox"/>	1	Go to question I23
		No	<input type="checkbox"/>	2	Go to question I26
I23	Did this take place once or more in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I24	The last time this happened, was the incident reported to the police?	Yes	<input type="checkbox"/>	1	Go to question I25
		No	<input type="checkbox"/>	2	Go to question I26
I25	Was an official report or other document signed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

I26	Not counting the cases of theft mentioned before, have any other items been stolen from you or someone else in your household in the last 5 years? For example, a car radio, tools from a boat or items from your garden or yard.	Yes	<input type="checkbox"/>	1	Go to question I27
		No	<input type="checkbox"/>	2	Go to question I30
I27	Did this take place once or more in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I28	The last time this happened, was the incident reported to the police?	Yes	<input type="checkbox"/>	1	Go to question I29
		No	<input type="checkbox"/>	2	Go to question I30
I29	Was an official report or other document signed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I30	Has an item belonging to you or someone else in your household deliberately been vandalized or damaged in the last 5 years, <b>without</b> anything being stolen? For example, a scratched car, punctured bicycle tyres, smashed garden ornaments, damage to the outside of your house?	Yes	<input type="checkbox"/>	1	Go to question I31
		No	<input type="checkbox"/>	2	End of questionnaire
I31	Did this take place once or more in the last 12 months?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	
I32	The last time this happened, was the incident reported to the police?	Yes	<input type="checkbox"/>	1	Go to question I33
		No	<input type="checkbox"/>	2	End of questionnaire
I33	Was an official report or other document signed?	Yes	<input type="checkbox"/>	1	
		No	<input type="checkbox"/>	2	

*That was the last question in the survey. Thank you for your cooperation!  
»End of questionnaire«*

