



OBSERVATOIRE  
SINT MAARTEN  
SAINT-MARTIN

**2015**  
CROSSBORDER HEALTH STUDY



# "How healthy is Sint Maarten Saint-Martin"

## HEALTH SURVEY REPORT



University of the Virgin Islands  
University of St Martin



L'Observatoire de santé de l'île de Saint-Martin (Saint-Martin/Sint Maarten) est cofinancé par l'Union européenne.  
L'Europe s'engage à Saint-Martin avec le Fonds européen de développement régional



*"How healthy is Sint Maarten Saint-Martin?"*

# HEALTH SURVEY REPORT

University of the Virgin Islands  
University of St Martin

L'Observatoire de santé de l'île de Saint-Martin (Saint-Martin/Sint Maarten) est cofinancé par l'Union européenne.  
L'Europe s'engage à Saint-Martin avec le Fonds européen de développement régional



## Acknowledgments

Office of Collectivity of Saint-Martin, **Aline Hanson**, President; **Louis Fleming**, Member of the Territorial Council; **Ramona Connor**, Vice-President in charge of solidarity and families section; **Alex Richards**, Director for External Action and Relations with the EU; **Dr Monique Rakotomalala**, Public Health Physician; **Rodrigue Angely**, Directeur for Contractual Policies; **Omar Morales**, External Action and Coopération officer.

Ministry of Public Health, Social Development and Labour, **Honorable Emile Lee**, Minister; **Drs Fenna Arnell**, Head, Department of Public Health; **Fleur Hermanides**, Department of Public Health, Policy Worker Environment and Hygiene; **Maxsalia Lindeborg-Koek**, Administrative Assistant; **Ms. Maria Henry**, Section Head General Public Health of Collective Prevention Services.

Ministry of Tourism, Economic Affairs, Traffic and Telecommunications, **Honorable Irania I. Arrindell**, Minister, Department of Statistics; **Makikini Hickinson**, Department Head Statistics; **Jacqueline Peterson**, Fieldwork Coordinator; **Terrance Baptiste**, Application Programmer.

Support and Input from **MP Van Hugh Cornelius De Weever**; **Glen Carty**, CEO United Telecommunication Services; **Khalilah Peters**, Department of International Relations - Department Foreign Relations; **Volksgezondheid Instituut Curaçao**.

Facilitators-Fieldwork Coordinators, **Dr. Hermanides**, General Practitioner; **Brunilda Illidge**, Registered Nurse; **Jacqueline Peterson**; **Jaghaira Lioe-A-Tjam**.

Autorité de Gestion du Programme INTERREG Caraïbes, **Mme Marie-Luce Penchard**, Éluë du Conseil Régional, Commission Europe et Coopération; **M. Olivier Soret**, Directeur Général Adjoint, Pôle Europe et Coopération; **Mme Thérèse Marianne Pepin**, Prédécesseure de Mme Marie-Luce Penchard.

Secrétariat Technique Commun du programme INTERREG Caraïbes, **M. Gilles Bajazet**, Director; **Mme Josiane Sambar**, Assistant to the Director; **Mme Marie-Rose Lafleur**, in charge of Communications Projects and Operations.

Louis Constant Fleming Hospital, **Roland Toussaint**, Director; **Dr. Louis Jeffry**, President of the Medical Committee.

Office of the Observatoire Sint Maarten Saint Martin, **Arnauld Benet**, Director; **Gaëlle Plisson**, Survey Supervisor; **Wendy Elie**, Consultant; **Marie-Josée Marcenat**, Social Worker; **Tashida Irish Peters**, Secretary.

University of Saint Martin, **Mrs. Valerie Giterson-Pantophlet**, President of the Board of the University of St. Maarten Foundation; **Dr. Francio Guadeloupe**, President/ Interim Dean of Academics; **Cynthia Smith**, Chief Finance Officer; **Maria Alexis**, Finance Officer; **Rosudara Sanchez**, Finance Officer.

University of the Virgin Islands, **Dr. David Hall**, President.

Institute for Leadership and Organizational Effectiveness (ILOE)/Eastern Caribbean Center, University of the Virgin Islands, **Dr. Haldane Davies**, Vice President for Business Development and Innovation; **Dr. Frank Mills**, Vice Provost for Research and Public Service; **Dr. Wendy Coram-Violet**, Associate Director of ILOE; **Judith Rogers**, Director of Libraries; **Dr. Asha DeGannes**, Interim Director; **Ayishih Bellew**, Research Analyst III; **Marissa Johnson Rogers**, Research Specialist II; **Deshona Williams**, Research Analyst II; **Corene Jn-Charles**, Research Analyst I; and **Andrea Wilson**, Graduate Research Assistant.



## Summary Comparison to Select Health Characteristics

<b>Sint Maarten (Dutch)</b>	<b>Saint-Martin (French)</b>	<b>Report Section</b>
<b>63%</b> Employed	<b>50%</b> Employed	2.9
<b>38%</b> Pre-obese <b>29%</b> Obese	<b>38%</b> Pre-obese <b>33%</b> Obese	6.1
<b>31%</b> High blood pressure <b>37%</b> Consequences of heart attack <b>12%</b> Chikungunya or Chikungunya-like symptoms <b>21%</b> Gynecological problems (females) <b>19%</b> Allergies	<b>30%</b> High blood pressure <b>21%</b> Consequences of heart attack <b>21%</b> Chikungunya or Chikungunya-like symptoms <b>21%</b> Gynecological problems (females) <b>20%</b> Allergies	4.1
<b>85%</b> Extremely happy, or happy and full of life	<b>79%</b> Extremely happy, or happy and full of life	5.2
<b>48%</b> Do not participate in light activities, such as walking, stretching, or light swimming	<b>60%</b> Do not participate in light activities, such as walking, stretching, or light swimming	7.1
<b>28%</b> Consumes alcohol monthly	<b>29%</b> Consumes alcohol monthly	9.1
<b>15%</b> Have driven under the influence	<b>14%</b> Have driven under the influence	9.1
Smokers  <b>28%</b> Up to 5 cigarettes per day <b>30%</b> Between 11 and 20 cigarettes per day	Smokers  <b>30%</b> Up to 5 cigarettes per day <b>30%</b> Between 11 and 20 cigarettes per day	10.1
Levels checked within a year  <b>82%</b> Blood pressure <b>76%</b> Blood sugar <b>74%</b> Blood cholesterol	Levels checked within a year  <b>83%</b> blood pressure <b>75%</b> blood sugar <b>74%</b> blood cholesterol	14.1
Insurance  <b>82%</b> Insured <b>18%</b> Uninsured	Insurance  <b>94%</b> Insured <b>6%</b> Uninsured	15.2





## Table of Contents

Acknowledgements

Summary Comparison of Selected Health Characteristics

<b>1. INTRODUCTION .....</b>	<b>1</b>
1.1 <i>Scope of the Work .....</i>	<i>1</i>
1.2 <i>Research Design .....</i>	<i>2</i>
1.2.1 <i>Methodology .....</i>	<i>2</i>
1.2.2 <i>Research Plan .....</i>	<i>4</i>
<b>2. DEMOGRAPHIC CHARACTERISTICS OF THE POPULATION .....</b>	<b>7</b>
2.1 <i>Sex and Age.....</i>	<i>7</i>
2.2 <i>Ethnicity Place of Birth and Nationality.....</i>	<i>8</i>
2.3 <i>Length of Residency .....</i>	<i>9</i>
2.4 <i>Intentions of Residency .....</i>	<i>10</i>
2.5 <i>Religion .....</i>	<i>10</i>
2.6 <i>Household Size .....</i>	<i>10</i>
2.7 <i>Marital Status .....</i>	<i>11</i>
2.8 <i>Education .....</i>	<i>11</i>
2.9 <i>Employment Status.....</i>	<i>11</i>
2.10 <i>Income .....</i>	<i>12</i>
<b>3. PHYSICAL LIMITATIONS .....</b>	<b>13</b>
3.1 <i>Eye Sight .....</i>	<i>13</i>
3.2 <i>Hearing .....</i>	<i>13</i>
3.3 <i>Mobility.....</i>	<i>14</i>
3.4 <i>Upper Body .....</i>	<i>14</i>
3.5 <i>Self-Care.....</i>	<i>15</i>
3.6 <i>Communication.....</i>	<i>15</i>

<b>4. HEALTH STATUS .....</b>	<b>16</b>
4.1 General Health.....	16
4.2 Cognition.....	19
4.3 Contraception .....	22
4.4 Accidents.....	23
<b>5. SUFFERINGS AND FEELINGS .....</b>	<b>24</b>
5.1 Physical Pain .....	24
5.2 Feelings.....	24
5.3 Support .....	27
<b>6. BODY MASS INDEX.....</b>	<b>28</b>
6.1 Height and Weight .....	28
<b>7. PHYSICAL EXERCISE .....</b>	<b>29</b>
7.1 Physical Activities in the Previous Seven Days .....	29
<b>8. EATING HABITS.....</b>	<b>31</b>
8.1 Fruits and Vegetables.....	31
8.2 Other Foods and Beverages .....	31
<b>9. ALCOHOL .....</b>	<b>33</b>
9.1 Alcohol Use .....	33
<b>10. SMOKING .....</b>	<b>35</b>
10.1 Tobacco Use .....	35
<b>11. DRUGS.....</b>	<b>36</b>
11.1 Drug Use .....	36
<b>12. ENVIRONMENT .....</b>	<b>37</b>
12.1 Home and Work Environment .....	37
<b>13. HEALTH CARE.....</b>	<b>41</b>
13.1 Emergency Room Visits .....	41
13.2 Hospitalization .....	42

13.3 Dental Care.....	43
13.4 General Practitioner or Family Doctor.....	44
13.5 Medical or Surgical Specialists.....	46
<b>14. PREVENTION .....</b>	<b>48</b>
14.1 Blood Sugar, Cholesterol, Pressure Tests.....	48
14.2 Vaccinations.....	48
14.3 Female Preventative Care .....	50
14.4 Male Preventative Care.....	51
14.5 Sexually Transmitted Diseases/ Infections.....	51
14.6 Dengue/Chikungunya .....	51
14.7 Clinical Eye and Foot Examination.....	52
<b>15. SATISFACTION &amp; INSURANCE .....</b>	<b>54</b>
15.1 Satisfaction .....	54
15.2 Insurance .....	54
<b>16. RECOMMENDATIONS .....</b>	<b>58</b>

Appendix A     Survey Instrument

Appendix B     Frequency and Percentage Tables



# NATIONAL HEALTH SURVEY 2015

## ‘How Healthy is Sint Maarten/Saint Martin?’

### 1. Introduction

#### 1.1 Scope of Work

The final signature on the Agreement between the President of the Observatoire, the Chair of the University of St. Martin (USM) and the President of the University of the Virgin Islands (UVI), was executed on August 25, 2015. The Agreement addressed the need for consultancy services to conduct a health study of the Territories of Saint Martin and Sint Maarten—*National Health Survey 2015: ‘How Healthy is Sint Maarten/Saint Martin?’* UVI, in collaboration with USM, agreed to assist the Observatoire Saint Martin/Sint Maarten, a Non-Governmental Organization that was established to lead the project in the interest of the Collectivité de Saint Martin and Louis Constant Fleming Hospital /Government of Sint Maarten (Ministry of Public Health, Social Development and Labour), or OBS, in administering an island-wide health study.








One of the primary goals of the study was to update an essentially similar health study—*The St. Maarten Health Study*—that was carried out in 2002 simultaneously in the Netherlands Antillean islands of St. Maarten, St. Eustatius, Saba and Bonaire. However, this second research project was confined to the island that comprises (Dutch) St. Maarten and (French) St. Martin. The study was prompted then, and now, by the recognition that there is a compelling need for public health research that could meaningfully inform decision making, and the further realization that in the absence of empirical evidence, policy decisions will be designed for specific tasks or problems that cannot be generalized.

The objectives of the 2015 OBS Health Study were:

- i. To conduct training in health study survey techniques on behalf of the OBS stakeholders as part of the OBS’ contribution to the 2015 Health Study;

- ii. To have a pilot of the study conducted by OBS, and to employ the data derived from the said pilot to adjust any aspect of the survey instrument and the field techniques;
- iii. To prepare a draft of the 2015 National Health Survey for OBS to enable informed discussion among departments and by stakeholders; and
- iv. To prepare a final copy of the 2015 National Health Survey for OBS' approval.

The expected deliverables were:

-  A revised and updated survey instrument approved by the Institutional Review Board of UVI
-  Reports of all stakeholder trainings and/or workshops that were conducted during the course of the study
-  Necessary training or technical assistance to staff and research team, or practical responses to questions that arise during the fieldwork
-  Co-leadership of fieldwork
-  Preliminary data from the fieldwork or data in final form
-  A final report, including recommendations
-  Presentation of results and recommendations.

## **1.2 Research Design**

The research design comprises both the methodology that guides the entire length of the research, as well as the research plan to accomplish the fieldwork and the preparation of the final report.

### **1.2.1 Methodology**

Data from a representative sample of residents in Sint Maarten/Saint Martin are critical for planning and evaluating public health programs. The Census of 1991 revealed that the composition of the population in Sint Maarten had changed markedly, and two decades later, the Census of 2011 confirmed the presence of a significantly large number of ethnic immigrants. The population by country of birth in St Maarten

showed that out of a population of 33,609, 29.9% of the residents were born there, 10.2% immigrated from the Dominican Republic, 7.8% from Haiti, 5.9% from French St. Martin, and 3.4% from Jamaica (stat.gov.sx). By 2015, the population was estimated at 38,247.

The ethnic mix of the nationalities in St. Maarten and St. Martin suggests that a sampling frame should be comprehensive enough to include not only the indigenous residents, but also the foreign nationals who live within the boundaries of the two territories. Because the Population (Civil) Registry of St. Maarten is not considered to include all of the adult population, this source did not offer itself as a reliable coverage from which to extract a representative sample that would offer insights into the health status and needs of the residents of St. Maarten. In 1999, a sample of 2,000 addresses was selected by the Bureau of Statistics. For the 2015 National Health Survey, a random sample of 2,200 households was suggested from St. Maarten, and 2,200 from St.-Martin. However, a simple random sample of 3,600 housing units was proposed instead. This probability sampling method provides a solid basis for generalization from the sample to the target population. Both St. Maarten and St. Martin possess comprehensive lists of street addresses in the entire island, as these were drawn up after the 2011 Census. About 95% of the streets are named, and an entire GIS mapping was followed by a complete listing of households. This vast database offered a genuine opportunity for the selection of a simple random probability sample that would be rigorously representative of the population of housing units in both territories on the island.

For a number of reasons, it was not desirable to interview every member of a selected household because of the high intercorrelation that would result from these clusters, and the impact that this would have on the quality of the estimates. Instead, a sampling design was employed whereby a single person was randomly selected in a housing unit of two or more persons 18 years old or older. This was the last-birthday method, in which the interviewer would ask to speak with the person in the household who had the last birthday. No substitution is allowed in this procedure, nor could one

person provide the responses on behalf of another member of the household. In the case of twins, the principle of the last birth still held.

An initial meeting of the major parties in July, it was proposed that the fieldwork was to be carried out by October 31<sup>st</sup>, and that the research project be completed by December 2015. Training was initially planned for the week of August 24<sup>th</sup>, with the pilot to follow in the first week of September. The former actually began on September 14<sup>th</sup>, and the pilot began about two weeks later.

### **1.2.2 Research Plan**

The survey instrument or questionnaire that was designed to collect data from household respondents comprised one major demographic section, and eleven major sections devoted to health and wellbeing. These were:

- i. Demographic characteristics
- ii. Physical limitations
- iii. General health
- iv. Suffering and feeling
- v. BMI (body mass index)
- vi. Physical exercise
- vii. Eating habits
- viii. Alcohol, smoking and drugs
- ix. The environment
- x. Health care
- xi. Prevention
- xii. Satisfaction and insurance

While the full complement of questions in the instrument appeared to be numerous and would probably lead to respondent fatigue, in reality one did not have to answer all of the questions as in many cases some did not apply to the respondent, and could be skipped over. The questionnaire was constructed by OBS, and reviewed by survey statisticians at UVI who made some suggestions for its improvement. Meanwhile, a



research proposal, the questionnaire and additional information were submitted as an application to the Institutional Review Board (IRB) of the University of the Virgin Islands to ensure that the all necessary conditions were met in the protection of human subjects from abuse of any kind. After additional information was provided, the research plan received IRB's approval.

The training of 80 interviewer trainees began on September 14<sup>th</sup> on the campus of the University of St. Martin, and the opening ceremony was conducted under the distinguished patronage of the Minister of Public Health, Social Development and Labour, Honorable R.A. Boasman, and President of USM, Dr Francio Guadeloupe. Their presence was of enormous value as it served to underscore the importance of the exercise on which the interviewers were about to embark. Additionally, there were several persons who represented the *Observatoire*. Active support and direct assistance throughout the training was provided by staff members from the Public Health Department, Ministry of Public Health, Social Development and Labour, the Department of Statistics as well as a (French) programmer and instrument developer.

The trainees were taken through a full course via a Survey Interviewer Training Manual that was prepared for the exercise which lasted over three evenings, four hours each evening. The need for confidentiality was explained to them, and to emphasize this, they were required to take, and sign, an oath. Data falsification was prohibited, and it was explained relative to the great damage that could be inflicted on the quality of the data. They were introduced to the questionnaire in broad terms, then instructed on basic interviewing skills. All interviewers were required to participate in a mock interview in which they were able to practice the questions, and be exposed to the kinds of unanticipated responses that form a common part of the interview process. Finally, they were exposed to the many techniques that are possible by which they could convert refusals into completed questionnaires.

One of the outstanding features of this survey was the introduction of new technology in the field data collection process by making use of an electronic tablet. This modern device, the Samsung Galaxy Tab A, offered a number of advantages in the

collection of data. Its use provided a saving in the avoidance of printing thousands of pages in questionnaires and supporting material, as well as lighter loads for the interviewers to carry during field work. This method helped to reduce the project's cost further by the elimination of the need for keying or scanning, and it also enhanced the quality of the data by minimizing the introduction of errors during keying. Two additional assets of the tablet were that it can be programmed to make skips when necessary instead of the interviewer having to turn multiple pages, and perhaps most valuable of all, it allowed the respondent to enter her or his response to very sensitive questions like age, income or sensitive health information by a tap on the tablet without having to say the information to the interviewer. Finally, the aggregation of the data into a single file was facilitated by the ease with which all similar interviewers' files were merged electronically.

## 2. Demographic Characteristics of the Population

### 2.1 Sex and Age

The 2015 intercensal survey of St. Maarten showed that 59% of the respondents were female, compared to 41% who were males (Appendix B—Table BF.1)<sup>1</sup>. This compares with 53% and 47% of females and males, respectively, in the 2011 Census. It is not unusual in demographic surveys of this kind to reflect a higher proportion of females, primarily because a higher proportion of females than males tend to be at home during the day and early evening, and interviewers may be tempted to conduct the interview with an available female rather than return to interview a male if the latter were appropriately chosen by the random selection procedure.) In St.-Martin, 61% of the respondents were females and 39% were males (Appendix B, Table BF.1).

The modal age group of the respondent population that made up the sample in both St. Maarten and St.-Martin was 50 to 54 years (Fig. 2.1 and Table BF.2). The mode is defined as the most frequent or most common score in a set of scores. This sample modal value compares to the modal age group of the larger St. Maarten's 2011 Census population of 40 to 44 years. This latter *younger* population is partly explained by the inclusion of children under 18 years old, whereas in the sample, children were excluded. Hence one would expect that any measure of central tendency that relates to age would be higher in the sample than in the population. Another summary measure of the age of the respondents is the median, which is the middle age or measurement in a set of ranked ages (Table BF.2). Additionally, it is the point that divides the distribution of ages into two equal halves. The median age of the sample group in St. Maarten was 49.9 years; i.e., about half of the sample was below the age of 50 years, and the other half was above it. In St.-Martin, the median age of respondents was slightly lower at 47.3 years.

---

<sup>1</sup>All tables are found in Appendix B.

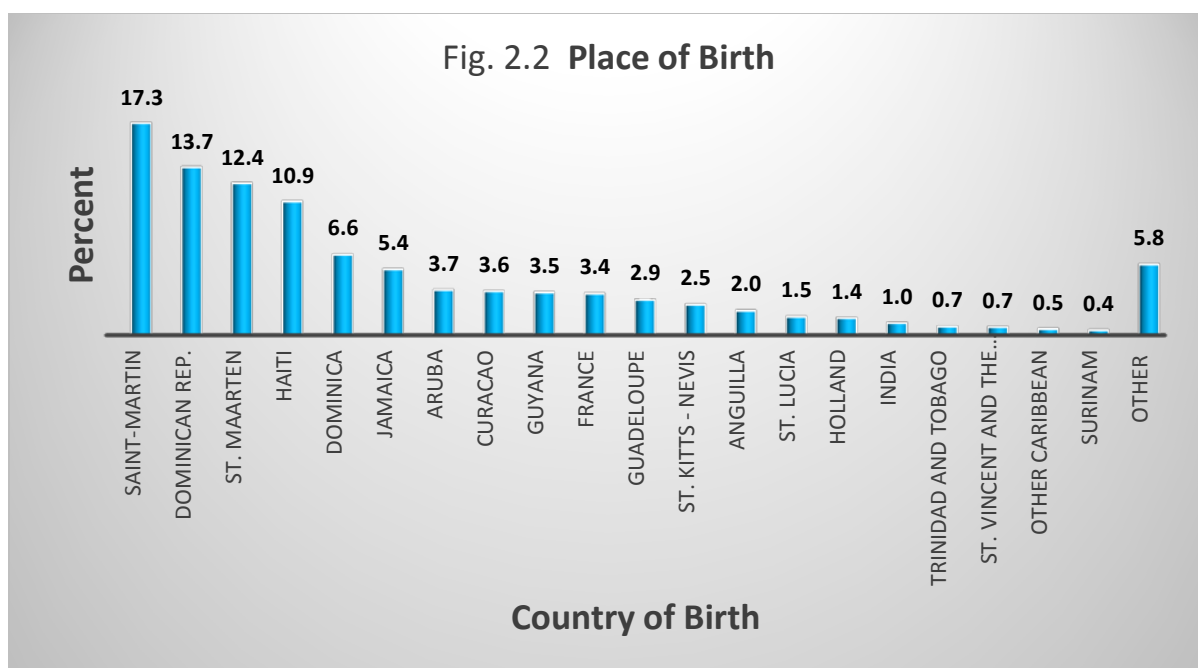
Fig. 2.1 Age



## 2.2 Ethnicity, Place of Birth and Nationality

Table BF.3 shows that 80% of respondents in the sample classified herself or himself ethnically as *Black*, 9 % as *Hispanic* or *Latino*, and 6% as *Caucasian*.

The residents of St. Maarten/St.-Martin represent 42 different birthplaces—from *China* and *Japan* in the east to the *United States* in the west, and from *Canada* in the north to *Venezuela* in the south (Fig. 2.2). About 56% of the total residents were born in St. Maarten or St.-Martin, about 19% and 37%, respectively. Fourteen percent of residents were born in the *Dominican Republic*, and they comprise about 14% of both St. Maarten and St.-Martin. One in every 10 gave *Haiti* as their place of birth (Table BF.4). When respondents were asked what country represented their nationality, 13% said *Holland*, 12% indicated *St. Maarten*, 17% stated *St.-Martin*, and 9% gave *France*. Nine percent of respondents selected the *Dominican Republic* as representing their nationality, and all others were of smaller percentages (Table BF.5).



## 2.3 Length of Residency

The frequencies in Table BF.6 are in response to a question that sought to elicit the length of residency of each respondent—“How long have you been living on Sint Maarten/Saint Martin?” One-quarter or 25% of all respondents indicated that they had lived on the island for *all of their lives*, and nearly half—48%—stated that they had lived there *for more than 20 years*. In fact, it might be assumed that of the remainder, except those who were born on the island and had lived abroad for some time, the overwhelming majority of the rest were immigrants.



## 2.4 Intentions of Residency

While 91% of all respondents affirmed that they had no plans to leave the island, the percentage on St. Maarten—94%—was higher than it was on St.-Martin with 87% who stated that their long-term intention was to remain on their island (Fig.2.3 and Table BF.7). Only 3% intended to leave St.-Martin within one year’s time, and less than 1.5% expressed the likelihood of leaving St. Maarten within the same time.

## 2.5 Religion

Residents of both St. Maarten/St. Martin identify with at least 16 different “religions”. Three out of 10 islanders (or about 31%) identified themselves as *Roman Catholic*—the largest religious group in St. Maarten (27%) and St.-Martin (36%). The second largest group was *Christians* (16%), followed by *Methodists* (11%) and *Pentecostals* (9%).

## 2.6 Household Size

In more than half of the households on the island, the respondents had no children of their own living with them (Table BF.9). This was only the case for St. Maarten (to the south) with 53% of the households responding to the question with zero children.

In St.-Martin (on the northern side of the island), less than half of the households (48%) had no children of their own living there. However, the percentage of households with 1 or 2 children was essentially the same on each side of the island.

## 2.7 Marital Status

The modal legal marital status category was *single, never married*, i.e., more persons were classified in this category than any other (Table BF.10). About 4 out of 10 of the respondents were single and never married, and this proportion was the same in both the north and the south. There were proportionately more *common law marriages* in St.-Martin (17%) than in St. Maarten (13%). On the other hand, the pattern was reversed for married respondents—34% were in St. Maarten and 25% in St.-Martin. While 57% of respondents in St.-Martin and 51% in St. Maarten said they were not living with someone as a couple in the household, 29% overall admitted to living with their husband or wife, and 17% offered that they were living with a partner (Table BF.11).

## 2.8 Education

The highest level of education that most people in the island had achieved was *technical trade school* or high school in the amount of 25%, with 26% in St. Maarten and 23% in St.-Martin. About 12% had achieved *Secondary level 1* education in the south, and 16% in the north. About 7% had gained Bachelor's degrees and 4% had gained Master's in St. Maarten, and the corresponding figures were 6% and 2% in St.-Martin. Less than 1% of respondents in both sections of the island had earned doctorate degrees. About 1 in 5 of the two populations had completed primary education.

## 2.9 Employment Status

More than 6 out of 10—63%—in St. Maarten defined their current labour status as *Employed*, compared to 50% in St.-Martin. Proportionately, more than twice as many respondents (15%) in the north claimed to be *Unemployed, actively seeking work*, compared to 7% in the south. About 19% of respondents on both sides of the island

described themselves as *in retirement or early retirement*. Eleven percent in St.-Martin and 7% in St. Maarten indicated that they were *Unemployed, not actively seeking work* (Table BF.13).

## **2.10 Income**

In reporting household income, 37% of respondents selected the Netherlands Antillean guilder (ANG) as the currency of their income, 37% selected the Euro (EUR), and 26% selected the US dollar (USD) (Table BF.14b). The median monthly income of St. Maarten respondents who provided income in ANG was 2,005, and of those in St.-Martin who stated monthly income in EUR was 1,293.



### 3. Physical Limitations

#### 3.1 Eye Sight

Blindness, deafness, mobility impediments and other disabilities were measured in the survey. The findings show that 52% of the respondents on the island wear glasses or contact lenses, and 48% do not (Table PL.1). Slightly more proportionately wear glasses in the south than in the north. Of those wearing glasses or contact lenses, 19% in both the north and the south reported *some difficulty* or *a lot of difficulty seeing* even while wearing their glasses or contact lenses (Table PL.2a). In addition, about one in five of those who do not wear glasses reported they have *some difficulty* or *a lot of difficulty* seeing (Table PL.2b). Six out of 10 respondents, or 61%, in St.-Martin can read newspaper print with some difficulty compared to 40% in St. Maarten, while 8% in both sides of the island claim to read newspapers *with a lot of difficulty* (Table PL.3). About 28% of the respondents in the north and south indicated that they “can only see someone’s face four meters away” *with some difficulty*, and 4% stated that they “can see someone’s face four meters away” *with a lot of difficulty* (Table PL.4).

#### 3.2 Hearing

Only 3% of the island’s population in the north and the south admit to *some difficulty* in hearing (Table PL.6b), and less than 1% state that they wear hearing aids (PL.5). Half of those with hearing aids experience no difficulty in hearing, while the other half claim some difficulty (Table PL.6a). Only 4 in 10 respondents in St. Maarten who have hearing aids admit that they wear them *all of the time*, but none admits to this in St.-Martin (Table PL.7).

Persons who admitted wearing aids were asked, “Can you hear what is said in a conversation with more than 3 people?” About 6 in 10 of these respondents in St. Maarten agreed that they could hear without difficulty, while only 30% in St.-Martin said the same. On the other hand, 34% in the south said they could hear *with some difficulty*, compared to 63% in the north (Table PL.8). Overall, for those using hearing aids, 3 out of 4 persons expressed that they had *no difficulty* in hearing what is said in a

conversation with 1 person, whereas about 22% of the rest admitted that they hear *with some difficulty*.

### 3.3 Mobility

About 86% of all islanders require no assistance with walking, and 8% in St. Maarten and 11% in St.-Martin would decline assistance on the grounds that they *can make do* (Table PL.10). However, 0.5% of northerners and 0.2% admitted they could not walk at all. Among these, 6% in each side of the island utilized a wheelchair or a scooter to achieve mobility. Of those who needed assistance, 22% in Dutch St. Maarten and 25% in French St.-Martin required someone else's assistance (Table PL.11). About 1 in 10 used crutches on both sides of the island, and 9% used a walker or Zimmer frame in St. Maarten and 4% in St.-Martin.

When respondents were asked, "Can you walk 50 meters on a flat terrain?", 9 out of 10 affirmed that they could walk that distance without any problem, about 5% asserted that they could accomplish it with some assistance, and 3% on the south side and 2% on the north side averred that they could not walk that distance at all (PL.12). When questioned about a distance 10 times as long, the percentages of respondents who could or could not did not change significantly (Table PL.13).

"Assistance climbing stairs" was assessed to be more challenging than walking 500 meters as fewer said *no assistance needed* on both sides of the island, and 1% expressed that they *cannot climb stairs at all* (Table PL.14). When asked if there was "need for any assistance bending and kneeling down", 8 out of 10 claimed no need for assistance and 1 in 10 declined by saying they *can make do* in both halves of the island. Overall, 3% of the population asserted that they *cannot bend and kneel at all* (Table PL.15).

### 3.4 Upper Body

As a test of physical limitations on the upper body, each respondents was asked: "Can you lift a 2-litre bottle of soda from waist to eye level?" Nine out of 10 claimed that they could do this *with no difficulty*, and 4% with *some difficulty* (Table PL.16). In terms of using one's "fingers to grasp or handle a small object like a pen", 97% of the

surveyed population could do so without difficulty, although about 2.3% could only do this *with a lot of difficulty* or *with some difficulty* (Table PL.17).

### 3.5 Self-Care

“Help for household chores” because of restricting physical limitations was claimed by 8% of the respondents (Table PL.18). The following question elicited responses that appear to be surprising. “Do you need help for personal care activities (hygiene/beauty) because your physical limitations restrict you to do so?” brought about 64% in St. Maarten who said *yes, at least for one activity*, and 83% in St.-Martin (Table PL.19). However, on the Dutch side, 36% admitted that they *do need help, but do not receive any*, compared to 17% on the French side who said the same thing. Additionally, 60% of responses on the south side and 68% on the north side stated that they needed “more help for household or personal care” (Table PL.20).

### 3.6 Communication

Communication in this context refers to the use of usual language, and the degree or difficulty of understanding or being understood. About 13% on the Dutch side of the island claims *some difficulty* or *a lot of difficulty* in being understood, compared to 8% on the French side (Table PL.21). Among those who expressed any difficulty in communicating, 3 out of 10 of them stated that they use sign language to do so (Table PL.22).

## 4. Health Status

### 4.1 General Health

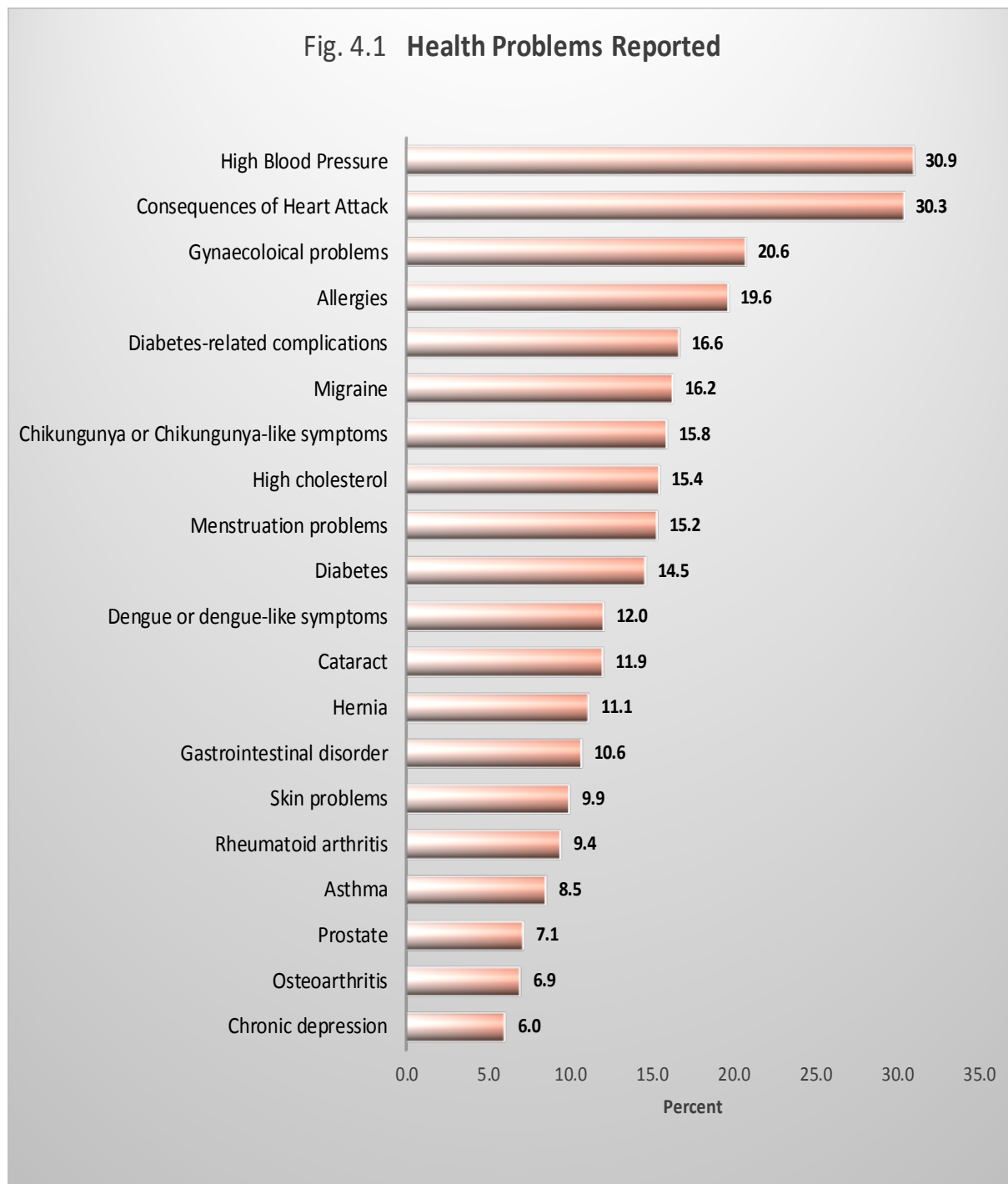


Figure 4.1 shows several health problems reported, and the percent of respondents who reported them.

“How do you categorize your health in general?” is the basic health question that was submitted to each selected respondent. Two-thirds of all responses were classified as *good* to *very good*, 29% as *fair*, and 3% as *bad* to *very bad* (Table HS.1). About 1 in 4 admitted to “a longstanding/chronic illness or longstanding/chronic health problem” (Table HS.2). Proportionately, there are more residents who claim to be *severely limited* or *limited but not severely* in the north (19%) than in the south (12%).

There is a popular belief that islanders tend to walk more and to be outdoors performing physical chores, and are thus less prone to be charged as being overweight. However, fully one-third (33%) of respondents on the island admit to being *overweight*. The proportionate numbers are 32% in St. Maarten and 35% in St.-Martin (Table HS.4).

The survey instrument lists 39 diseases or illnesses in HS.5 to HS.8, and each responder was asked to “indicate whether a disease or condition is or was applicable ... from the ... mentioned list”. For each disease or illness or health problem, the responder was further asked: “Do you have or have you ever had any of the following diseases or conditions?” (HS.5). This was followed up with, “Was this disease/condition diagnosed by a medical doctor?” (HS.6). The two further questions were: “have you had this disease/condition in the past 12 months?” (HS.7), and “Have you used medication or been treated for this disease/condition during the past 2 weeks (prescribed by a medical doctor only)” (HS.8).

The responses to these four basic questions to the 39 types of diseases or illnesses provide a wealth of information to medical or health practitioners across the entire island that may not be captured in clinics or health or medical offices.

Fig. 4.2 highlights the 7 most prevalent diseases mentioned across the island. The most frequently cited disease by respondents was *high blood pressure* by 31%. That is to say, when asked of all respondents if they ever had a disease or condition like *high blood pressure*, 31% responded with *Yes*. The next six diseases or illnesses include



Fig. 4.2: **Prevalent Diseases or Illnesses in the Island\***

No.	Disease (1)	Total			
		Percent n=1,806 (2)	Medically Diagnosed n=151 (3)	Illness (past 12 mos.) n =153 (4)	Medicated in last 2 weeks n =153 (5)
1	Asthma	8.5	92.7	45.8	37.9
2	Lung Disease	2.1	97.4	57.1	35.1
3	Heart Attack	1.4	100.0	52.0	88.0
4	Consequences of Heart Attack	30.3	90.0	70.0	70.0
5	Other Heart Condition	3.3	98.3	74.6	64.4
6	High Blood Pressure	30.9	98.2	89.4	80.8
7	Stroke	2.3	100.0	53.7	61.0
8	Rheumatoid arthritis	9.4	79.0	79.6	37.0
9	Osteoarthritis	6.9	82.9	78.9	40.5
10	Hernia	11.1	86.9	63.3	34.7
11	Diabetes	14.5	98.5	92.7	88.1
12	Diabetes-related complications	16.6	100.0	88.4	69.8
13	Allergies	19.6	76.9	65.0	35.9
14	Gastrointestinal disorder	10.6	89.1	66.0	35.4
15	Liver diseases	1.1	100.0	52.6	31.6
16	High cholesterol	15.4	97.0	71.9	50.2
17	Cancer	1.8	97.0	42.4	33.3
18	Migraine	16.2	72.6	64.4	29.7
19	Chronic depression	6.0	62.6	51.4	21.7
20	Other psychological problems	2.1	73.0	78.4	27.8
21	Cataract	11.9	95.8	44.9	22.9
22	Glaucoma	3.0	98.1	72.2	63.0
23	Kidney stones	2.9	100.0	39.6	22.6
24	Kidney disease	1.4	95.8	60.0	44.0
25	Gall stones	3.5	96.8	22.2	14.3
26	Porous bones	0.5	88.9	88.9	11.1
27	Dengue or dengue-like symptoms	12.0	86.3	17.4	9.9
28	Chikungunya or Chikungunya-like symptoms	15.8	83.6	32.4	12.9
29	Sexually Transmitted Diseases	2.9	96.1	18.0	13.7
30	Sickle cell disease or carrier	1.5	96.2	61.5	19.2
31	Epilepsy	0.6	100.0	60.0	70.0
32	Skin problems	9.9	89.3	33.9	70.0
33	Thyroid problems	4.4	97.5	64.1	54.4
34	Nervous system disease	0.3	100.0	100.0	80.0
35	Infertility/ sterility	2.7	92.9	39.3	25.0
36	Gynaecological problems	20.6	99.5	33.6	11.0
37	Menstruation problems	15.2	82.7	56.8	21.6
38	Prostate	7.1	96.1	86.3	62.7
39	Erectile dysfunction	3.7	53.8	88.5	32.0

\*Col. (1) list the diseases or conditions. Each number in column (2) is the percent of persons with the disease, and col. (3) is the percentage with the disease or condition who was medically diagnosed.



**Fig. 4.3. Prevalent Diseases or Conditions in St. Maarten\***

No.	Disease	Total			
		Percent n=1018	Medically Diagnosed n =75	Recent Illness (past 12 m) n = 76	Treated or Medicated in last 2 weeks n = 76
	(1)	(2)	(3)	(4)	(5)
1	Asthma	7.5	90.7	47.4	32.9
2	Lung Disease	1.3	92.3	50.0	25.0
3	Heart Attack	1.5	100.0	40.0	80.0
4	Consequences of Heart Attack	36.8	85.7	57.1	71.4
5	Other Heart Condition	3.0	96.8	77.4	67.7
6	High Blood Pressure	31.4	97.4	88.1	78.1
7	Stroke	2.4	100.0	64.0	68.0
8	Rheumatoid arthritis	8.4	77.4	81.0	35.4
9	Osteoarthritis	6.3	78.1	78.1	40.3
10	Hernia	10.3	84.8	61.9	29.5
11	Diabetes	13.5	97.8	94.9	92.0
12	Diabetes-related complications	17.9	100.0	79.2	54.2
13	Allergies	19.1	71.5	61.7	31.6
14	Gastrointestinal disorder	11.3	87.0	67.8	39.1
15	Liver diseases	0.9	100.0	44.4	33.3
16	High cholesterol	15.5	96.1	67.6	44.7
17	Cancer	2.1	95.2	42.9	38.1
18	Migraine	14.4	68.8	63.4	26.9
19	Chronic depression	5.9	54.2	52.5	12.1
20	Other psychological problems	1.2	75.0	50.0	33.3
21	Cataract	13.7	95.7	41.7	20.1
22	Glaucoma	3.1	96.8	77.4	71.0
23	Kidney stones	3.1	100.0	48.4	25.8
24	Kidney disease	1.2	90.9	50.0	16.7
25	Gall stones	4.2	97.7	18.6	7.0
26	Porous bones	0.5	80.0	100.0	20.0
27	Dengue or dengue-like symptoms	8.8	80.7	18.2	6.8
28	Chikungunya or Chikungunya-like symptoms	11.6	80.9	26.7	8.7
29	Sexually Transmitted Diseases	1.9	89.5	15.8	15.8
30	Sickle cell disease or carrier	1.9	94.7	63.2	21.1
31	Epilepsy	0.5	100.0	60.0	60.0
32	Skin problems	10.6	89.6	31.8	14.3
33	Thyroid problems	4.0	97.6	65.0	56.1
34	Nervous system disease	0.4	100.0	100.0	75.0
35	Infertility/ sterility	2.2	92.3	30.8	15.4
36	Gynaecological problems	20.7	100.0	28.3	11.7
37	Menstruation problems	16.3	84.2	55.8	24.2
38	Prostate	6.1	96.2	92.3	65.4
39	Erectile dysfunction	5.1	47.6	85.7	20.0

\*Col. (1) list the diseases or conditions. Each number in column (2) is the percent of persons with the disease, and col. (3) is the percentage with the disease or condition who was medically diagnosed.

Chikungunya or Chikungunya-like symptoms (16%). This recent scourge affected many households throughout the Caribbean. After high blood pressure, the most prevalent in declining order were: “consequences of heart attack” (30%), “gynecological problems” (21%), “allergies” (20%), and “migraine” (16%). The others were multiple diseases which were medically diagnosed in all cases like heart attack and stroke—each at 100% diagnosis—the least instances of medical diagnosis was in erectile dysfunction in 54% of the cases.

In Dutch St. Maarten, (Fig.4.3) shows that the *consequences of heart attack* was highly cited and was at the top of the list (37%). Also frequently admitted were: *high blood pressure* (31%), *gynecological problems* (21%), *allergies* (19%) and *diabetes-related complications* (18%).

Fig. 4.4 illustrates the pattern of diseases or health problems in French St.-Martin. The most prevalent condition was *high blood pressure* (30%), and this was followed by *consequences of heart attack* (21%), *Chikungunya or Chikungunya-like symptoms* (21%), *gynecological problems* (21%), and *allergies* (20%). While 80% of the men in St.-Martin admitted to a condition of *erectile dysfunction* as diagnosed by physicians, only 48% of males in St. Maarten had their condition certified medically. Whereas 86% of men in the south asserted that they had experienced this condition within the immediate past 12 months, every man in the north who acknowledged the condition, had experienced it in the past 12 months.

## 4.2 Cognition

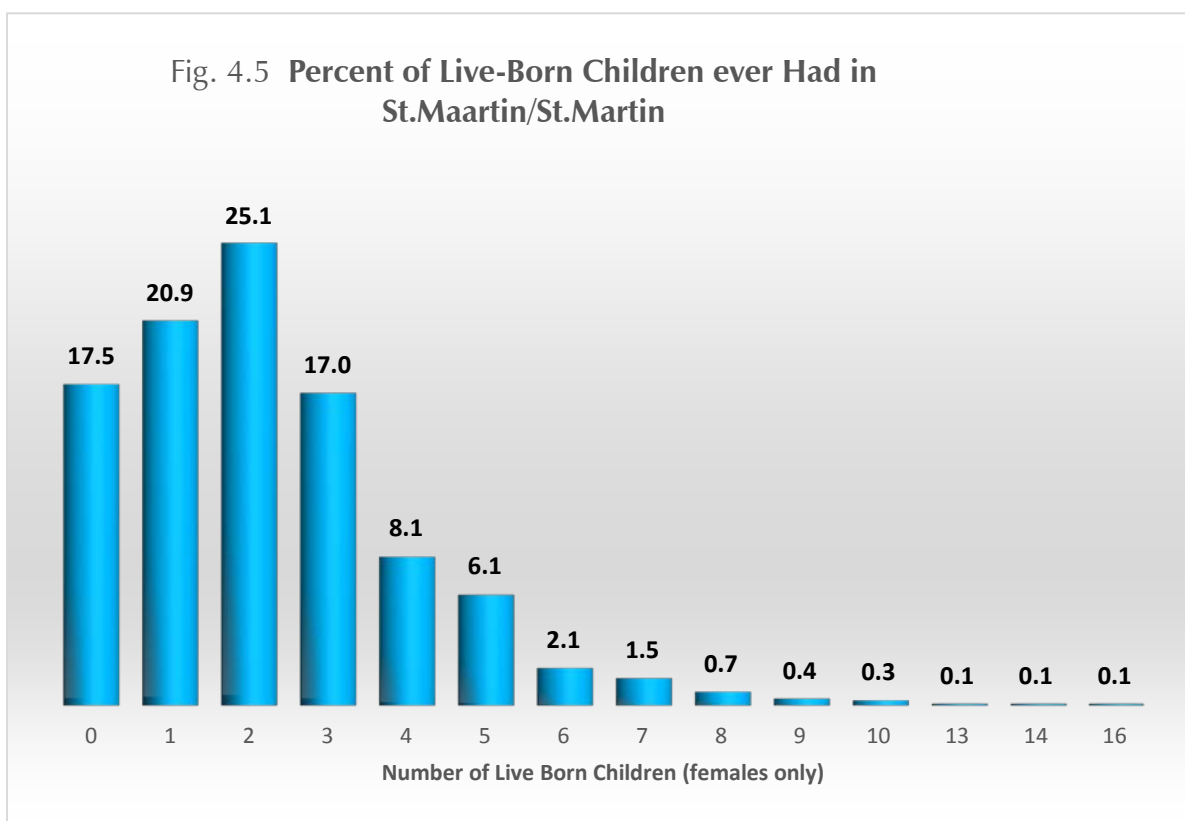
Cognition is the process of knowing in the broadest sense, including perception, memory and judgment. Selected responders were asked: “Do you have difficulty remembering or concentrating?” Throughout the island, 77% stated that they experienced *no difficulties at all*. However, 22% admitted remembering *with some difficulty*, and about 1 in every 100 who concentrated *with a lot of difficulty* (HS.9). While only 1 in 8 respondents claimed difficulty in remembering *often* or *all the time*,

7% allowed that they have difficulty remembering *a lot of things*, and just 1% said they forget *almost everything* (HS.10).

Fig. 4.4: Prevalent Diseases or Conditions in Saint-Martin\*

No.	Disease (1)	Total			
		Percent n=788 (2)	Medically Diagnose d n=76 (3)	Illness (past 12 mos.) n =77 (4)	Medicated in last 2 weeks n =77 (5)
1	Asthma	9.8	94.7	44.2	42.9
2	Lung Disease	3.2	100.0	60.9	40.0
3	Heart Attack	1.3	100.0	70.0	100.0
4	Consequences of Heart Attack	21.4	100.0	100.0	66.7
5	Other Heart Condition	3.6	100.0	71.4	60.7
6	High Blood Pressure	30.2	99.2	91.1	84.3
7	Stroke	2.0	100.0	37.5	50.0
8	Rheumatoid arthritis	10.6	80.7	78.3	38.6
9	Osteoarthritis	7.5	88.1	79.7	40.7
10	Hernia	12.0	89.4	64.9	40.4
11	Diabetes	15.6	99.2	90.1	83.6
12	Diabetes-related complications	15.2	100.0	100.0	89.5
13	Allergies	20.1	83.5	69.0	41.1
14	Gastrointestinal disorder	9.8	92.2	63.2	29.9
15	Liver diseases	1.3	100.0	60.0	30.0
16	High cholesterol	15.2	98.3	77.4	57.3
17	Cancer	1.5	100.0	41.7	25.0
18	Migraine	18.4	76.4	65.3	32.4
19	Chronic depression	6.1	72.9	50.0	33.3
20	Other psychological problems	3.2	72.0	92.0	25.0
21	Cataract	9.6	96.0	50.7	28.0
22	Glaucoma	2.9	100.0	65.2	52.2
23	Kidney stones	2.8	100.0	27.3	18.2
24	Kidney disease	1.7	100.0	69.2	69.2
25	Gall stones	2.6	95.0	30.0	30.0
26	Porous bones	0.5	100.0	75.0	100.0
27	Dengue or dengue-like symptoms	16.1	90.3	16.8	12.0
28	Chikungunya or Chikungunya-like symptoms	21.3	85.5	36.4	15.8
29	Sexually Transmitted Diseases	4.1	100.0	19.4	12.5
30	Sickle cell disease or carrier	0.9	100.0	57.1	14.3
31	Epilepsy	0.6	100.0	60.0	80.0
32	Skin problems	9.0	88.7	37.1	21.1
33	Thyroid problems	4.8	97.4	63.2	52.6
34	Nervous system disease	0.1	100.0	100.0	100.0
35	Infertility/ sterility	3.2	93.3	46.7	33.3
36	Gynaecological problems	20.5	99.0	40.2	10.2
37	Menstruation problems	13.9	80.6	58.2	17.9
38	Prostate	8.4	96.0	80.0	60.0

### 4.3 Contraception



The two most widely used contraceptive methods throughout the island (in a six-month period) were condoms (10%) and *birth control pills* (7%) (Table HS.12). Proportionately, French St.-Martin respondents identified the use of the birth control ring implant (Imp anon) about four times as frequently as residents of Dutch St. Maarten—3% and 1%, respectively; the use of the *NuvaRing* was used twice as much by French St.-Martin residents—0.4% to 0.2%, respectively; and similarly, the contraceptive coil (*IUD/IUS*) was also twice as frequently used by the northern

residents as the southern residents—3% to 1%. Also, French St.-Martin were much more prone not to use a contraception method by a ratio of more than 3 to 1 when compared with their neighbours to the south.

A rather valuable demographic statistic of fertility is the number of live-born children that women have given birth to. The maximum number given by women in St.-Martin was 16, and in St. Maarten it was 13. The average number of live-born children among the women across the entire island was 2.24; in St.-Martin it was 2.4, and in St. Maarten it was 2.1 (HS.13).

Another meaningful fertility statistic is one that relates to the last time females gave birth to a live-born child. The frequencies in Table HS.14 indicate the age distribution of females across the island, the percentage of them who delivered a live child, and that the modal age for women with live-born children was 25 to 29 years. The data show that for every 4 live-born children in the past year, 1 of them was to a mother 25 to 29 years old. Thus, nearly 50% of live-born children were to mothers between 25 and 34 years old.

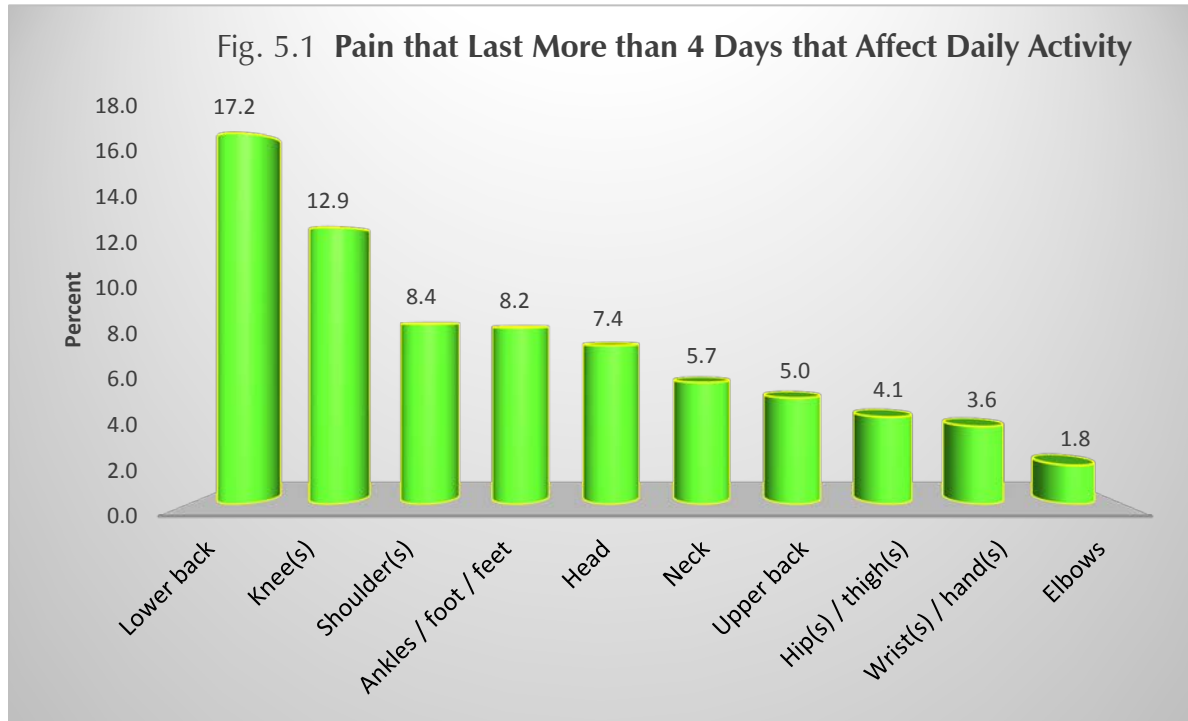
## **4.4 Accidents**

Among all respondents, 1 in 10 indicated that they had experienced some type of accident that led to health consequences. Proportionately, there were slightly more of these kinds of accidents in the north (11.1%) than in the south (9.7%) (Table HS.15). About 6 out 10 of the accidents were of an internal nature, and about 1 in 20 was described as psychological (HS.16).

Table HS.17-18 presents information on accidents in the previous 12 months that had consequences of an internal, external and/or psychological nature. The majority of accidents were of the road traffic type (46%), followed by accidents at work (24%), and then by home and leisure accidents (21%). Of these, 92% of road accidents received medical attention in St.-Martin, and in St. Maarten, 94% of work/school accidents and 88% of home and leisure accidents received medical attention.

## 5. Suffering and Feelings

### 5.1 Physical Pain

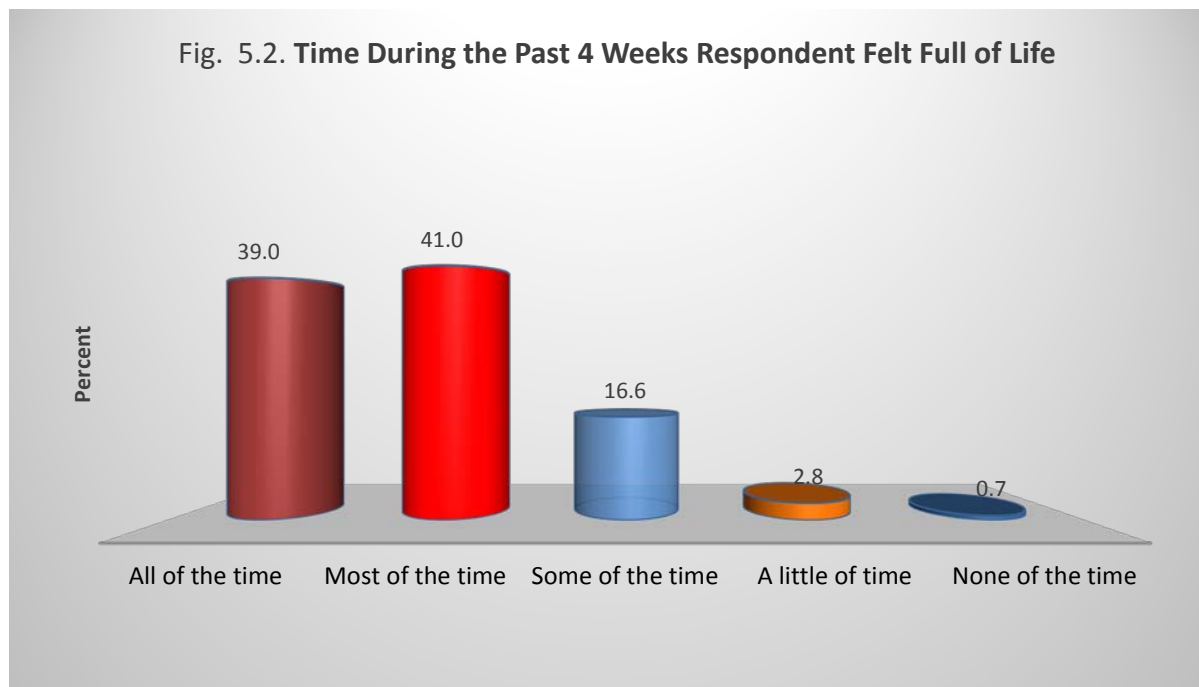


Temporary and long-lasting pain has the capability to affect a person's ability to carry out their daily activities. Two of the most common locations of temporary pain were the lower back and the knees. Overall in St. Maarten/St.-Martin, 17% of respondents complained about lower back pain that has lasted for more than 4 days. Additionally, 13% of respondents mentioned knee pain as a lasting physical pain. In St. Maarten about 58% of those with knee pain complained that it lasted for 3 months or more. In St.-Martin almost 70% of those with knee pain said that it lasted for 3 months or more. (Table SF.1-2).

### 5.2 Feelings

As circumstances enter into each person's life, their feelings change. Feelings can change frequently or linger for longer periods. When respondents were asked about

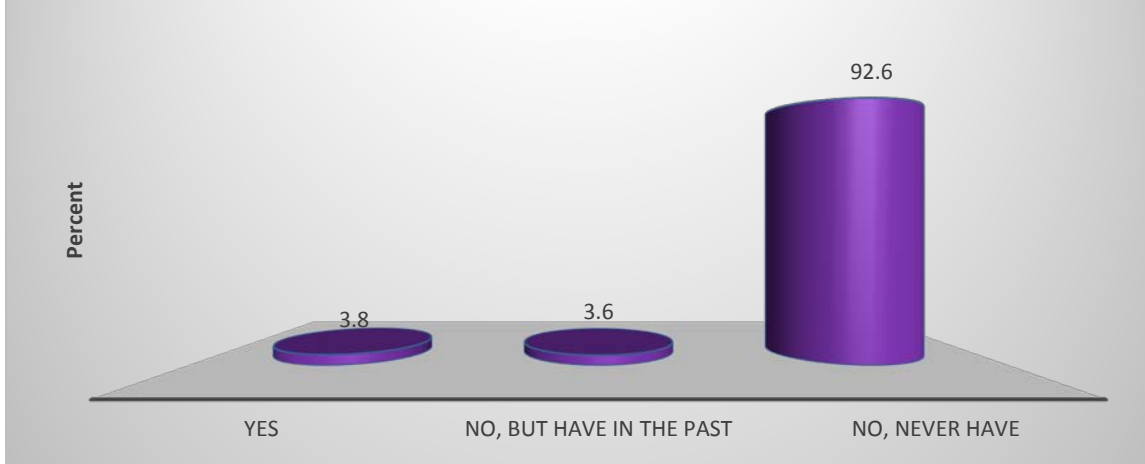
Fig. 5.2. Time During the Past 4 Weeks Respondent Felt Full of Life



their feelings during the past 4 weeks they could respond that the feeling stayed with them *all of the time*, *most of the time*, *some of the time*, *a little of the time* or *none of the time*. Overall, 8 out of 10 respondents said that they “felt full of life” either *all of the time* or *most of the time*. Very few persons, 4% said that they felt this way *a little of the time* or *none of the time* (Fig. 5.2). As respondents replied to how much time they felt *nervous*, *so down nothing cheers them up*, *calm and peaceful*, *depressed* and *happy*, the pattern of 80% or more reacting that their emotions, for the majority of the time, were positive and 3% of the respondents had pervasively negative feelings.

The feelings that broke this pattern were responses of feeling energetic, worn out and tired. When respondents were asked about the level of energy they had over the past 4 weeks, 7% of those in St. Maarten answered that only *a little of the time* or *none of the time* did they feel full of energy. In St.-Martin, 9% said they felt full of energy *a little of the time* or less (Table SF. 7). The amount of time respondents felt *tired* elicited the highest negative response. On the south side, 10% said they feel *tired*

**Fig 5.3 Taking Medication or Are You Seeking Treatment For Those Feelings**



most or all of the time. On the French side an even greater percentage, 16% of respondents, replied similarly (Table SF. 11).

In Dutch St. Maarten the majority of the people (85%) described themselves as being extremely happy or happy and interested in life. In French St.-Martin, this percentage is slightly lower at 79% (Table SF. 12). Furthermore, respondents were shown 7 images—a pictorial ordinal scale reflecting happiness. Each respondent was asked to select which face describes best how they think about life. Three-fourths of the respondents chose the faces that responded to being extremely or very happy. One in 5 said happy and the other 5 percent were either neutral, or various levels of being unhappy (Table SF. 13).

Due to emotional stress or problems, about 6% of respondents reported a drop in their productivity. The respondents admitted that they physically performed less activities/ work or the quality of their performance decreased when stressed (Table SF. 14).

Table SF.15 shows that 4% of St. Maarten respondents said that they *daily* feel worried, nervous, anxious or depressed, and another 7% said they feel this way *weekly*. In St.-Martin, 6% of St. Maarten respondents responded that they *daily* feel this way



and another 6% said *weekly*. When asked if the respondent was seeking treatment and/or if they took medication for their feelings, 7% of St. Maarten residents affirmed that they have taken medication or were undergoing treatment. A slightly higher percentage, 9% of St. Martin residents that have felt worried, nervous, anxious or depressed in the past were undergoing or have undergone treatment for their feelings (Table SF.16). The intensity of these feelings was examined in SF.17. Results show that 64% felt nervous, anxious, depressed or worried just a little and 9.0 percent felt this way a lot.

### **5.3 Support**

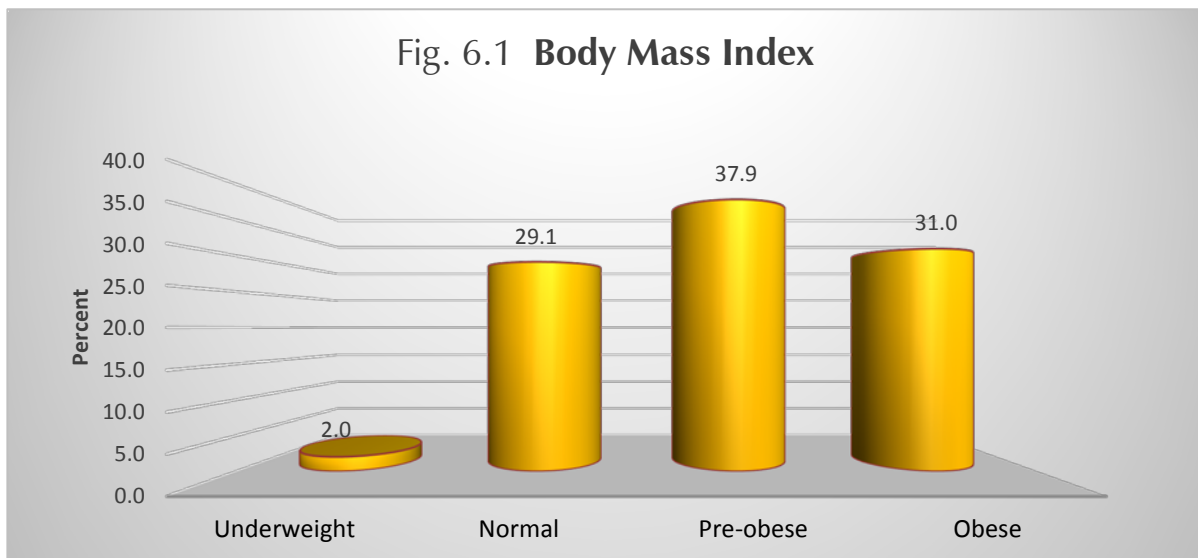
Support from family and friends, and expert consultation, are two alleviators of stress. Most persons—two-thirds of the persons in St. Maarten/St.-Martin have three or more people in their life that they can count on when they have a serious personal problem (Table SF.18). The encouragement and assistance of these persons can go a long way in a person's emotional stability. Another stress reducer is expert knowledge and advice. About 83% of all respondents indicated that they make use of health information that is available—especially St. Maarten residents (87%)—whether that is obtained by consulting a general practitioner, looking up information on-line, or attending health fairs (Table SF.19).

## 6. Body Mass Index

### 6.1 Height and Weight

A person's body mass index (BMI) is a function of a person's weight standardized for their height. This index is used to classify a person as either underweight, normal, overweight or obese. Obese is defined as a person's bodyweight that is at least 20% higher than it should be.

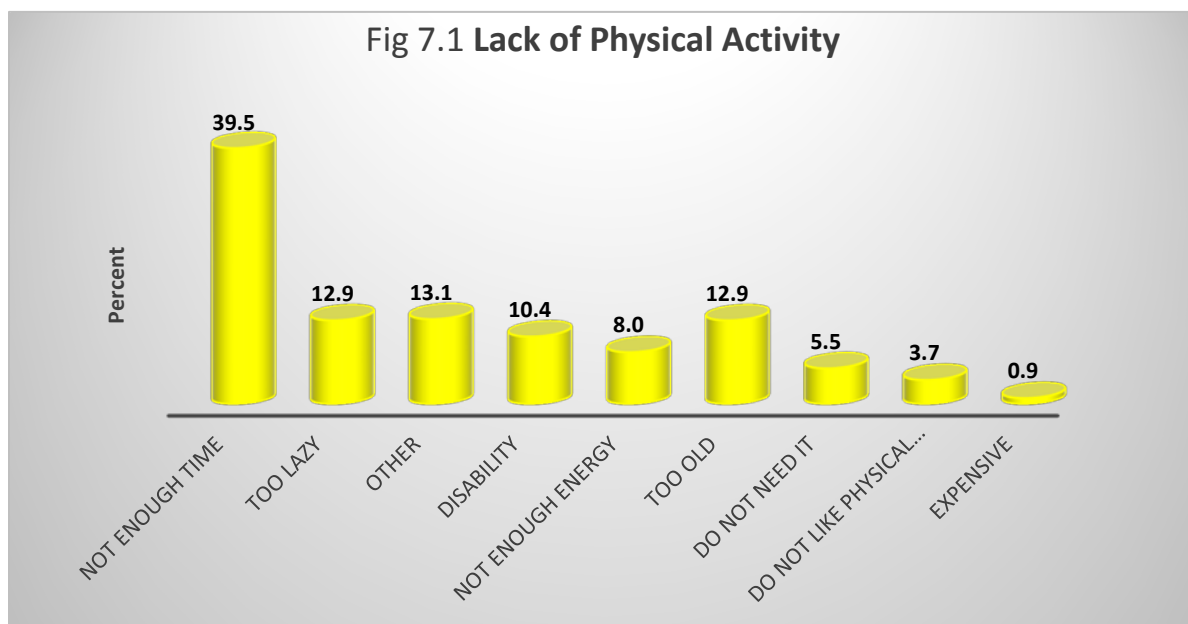
Fig. 6.1 very clearly illustrates the distribution of BMIs among the respondents. Approximately only 3 out of 10 responders qualified for a *normal* BMI classification. The largest group of nearly 4 out of 10 falls into the pre-obese category, and about 3 of every 10 are classified as *obese*. Only 1 in every 50 responders is considered to be *underweight*. Table BMI shows the percentages of each category. St. Maarten has 31% of the population as *normal*, 38% as *pre-obese* and 29% as *obese*. The St.-Martin classification is 27%, 38%, and 33% for the *normal*, *pre-obese* and *obese* categories, respectively. From a health perspective, St. Maarten appears to be ahead of St.-Martin with lower BMIs, both in the *pre-obese* and *obese* categories (Table BMI).



## 7. Physical Exercise

### 7.1 Physical Activities in the Previous Seven Days

When respondents were asked about their participation in moderate to vigorous exercise during a usual week for at least 10 to 30 minutes at a time, 62.1 percent of the respondents said they did not do any exercise of this type. They were told that typical exercise included activities like aerobics, tennis, running, dancing, power walking, digging, building, etc. In St. Maarten, that percentage was 64% and in St.-Martin, it was 60% (Table PE.1). Those who do vigorous exercise usually invest about 1 to 3 hours per week. In St. Maarten 55% did 1 to 3 hours per week, and in St.-Martin 48% did 1 to 3 hours per week. More than 15% of the respondents do more than 7 hours per week of vigorous physical activities per week (Table PE.2). When asked about their participation in light physical activities such as walking, stretching or light swimming during a usual week, about 48 % of St. Maarten respondents said they did not do any. Nearly 60% of St.-Martin respondents said they did none (Table PE.3). Again the majority of persons exercised lightly for 1 to 3 hours (Table PE.4). The preferred type of physical activity was Aerobic/Endurance exercise, with 82% overall claiming participation: 85% and 80% in St.-Martin and St. Maarten, respectively. Aerobic/



Endurance exercise includes running, biking aerobics and swimming (Table PE.5). The second ranked type of exercise was strength exercise. About 10 percent of islanders participated in this activity.

While it is understood that participating in physical activities weekly is important for good physical health, when asked their participation during the week of the survey, only 65% admitted having done some physical activity at that time (Table PE.6). As demonstrated in Fig. 7.1, the reason for not exercising for most respondents was *not having enough time*. Four out of 10 of the persons who did not work-out that week said this is the main reason. Some respondents—16%—replied that their age or their disability prohibited them from exercising.

## 8. Eating Habits

### 8.1 Fruits and Vegetables

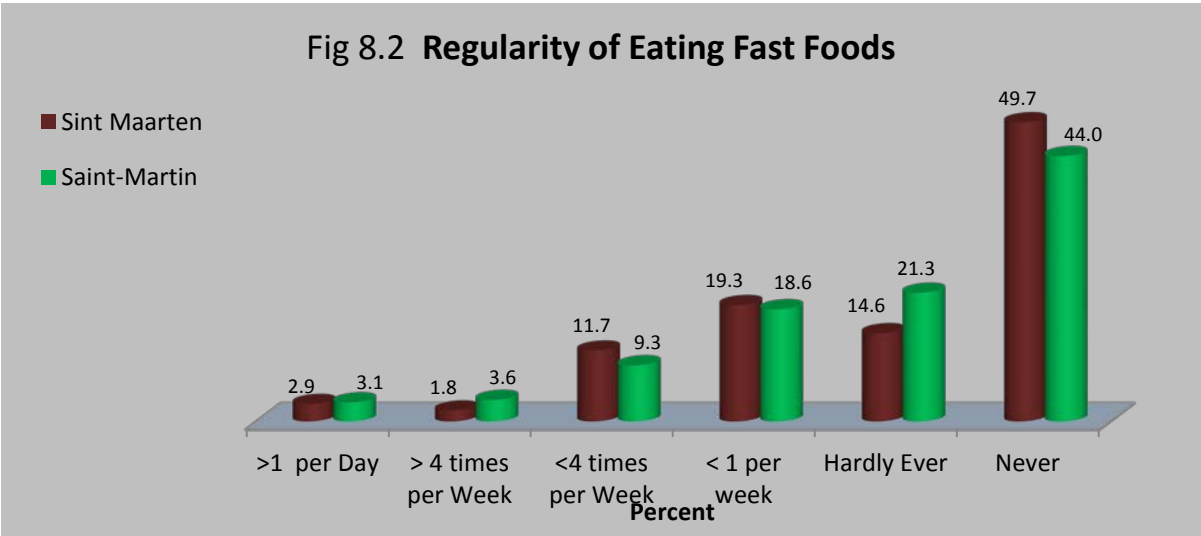
The nutritional habits of respondents varied from those who consumed fruits and vegetables at least once a day to those who never ate fruits or vegetables. About 46% of total respondents ate fruit more than once daily with St.-Martin trending higher with 49% to St. Maarten's 44% (Table EH.1). A higher percentage of total respondents (61%) ate vegetables/salads daily with more than two-thirds for St.-Martin (68%) and 56% for St. Maarten. (Table EH.3). The modal category for why fruits were not eaten on a daily basis was, it is *not a habit* (Table EH.2). The most frequent reason for low consumption of vegetables was that it is *not a habit* (Table EH.4). While two-thirds of respondents (67%) on the island's north side consumed dairy products at least 4 times per week, 60% of residents on the south side had the same consumption pattern (Table EH.5).

### 8.2 Others Foods and Beverages

Protein was eaten by a majority—81%—of all respondents at least once daily (Table EH.6). Carbohydrates were eaten fairly frequently as well (Table EH.7). Seventy percent of all residents said they ate carbs *daily*. St.-Martin, however, showed an 10 percentage point difference in their consumption of carbohydrates (64%) compared to St. Maarten (74%). It is traditional in Caribbean cultures to eat a protein and a starch during lunch and dinner meals. However, it seems as if vegetables and fruits are not a part of this tradition, since many of the respondents said eating fruits and vegetables was not a habit that they formed, and that at least the latter was claimed to be expensive by every third person.

The consumption of fast food may be a relatively recent phenomenon among the islanders, but while it may be on the increase, it is not yet a predominant eating habit. Only 6% percent admitted that they ate fast foods either daily or at least 4 times per week (Table EH.8). Slightly less than half of the respondents stated that they never eat

fast foods regularly. Figure 8.2 illustrates the consumption rate and pattern of the northern and the southern islanders.



## 9. Alcohol

### 9.1 Alcohol Use

The consumption of alcoholic beverages as a means of socialization, relaxation and celebration is a common trait throughout the Caribbean. Yet alcohol can have a damaging effect when consumed in excess. Respondents were asked about their consumption of alcohol beverages—beer, wine, liquor or spirits—over the past 12 months. Half of all respondents began drinking between the ages of 18 and 24 (Table AL.5). Over one-third of respondents from north and south of the island began drinking alcohol under the age of 18. The data in Table AL.1 shows that 43% of respondents have not had a drink within the past year. This percentage is identical for both the north and south of the island. Monthly consumption of alcohol is also almost identical across the island with 29% of total responders, and 29% and 28% for north and south of the island, respectively. Respondents who drink everyday make up 3% of the total set of respondents.

About 64% of respondents consume one to two drinks during the week as opposed to 68% on the weekend. Less than 1% reported that they have 10 or more drinks during the weekdays and weekends, respectively (Table AL.2).

Respondents were asked: “... During the past 12 months, how often did you have 6 or more drinks on one occasion?” (Table AL.3). Thirty-nine percent of those responding said *Never*, whereas 14% said *Monthly*, 17% said *Weekly*, and 4% admitted *Daily* or *Almost daily*. St.-Martin seems to be less excessive when it comes to drinking with 43% stating that they have never had 6 or more drinks on one occasion, compared to St. Maarten with 36% of respondents. Weekly and daily responses for St.-Martin also showed less consumption compared to St. Maarten.

When asked about the outcomes of their drinking habit 56% of all respondents averred that they have made efforts to control their drinking habit while about 5% have been impacted by *forgetfulness*, have experienced *lethargy and listlessness*, and have

experienced *health problems* as a result of their consumption (Table AL.4). The second most prevalent outcome of habitual drinking, as stated by respondents, is *driving under the influence* where 15% stated in the affirmative. This rate is almost identical for both north and south of the island with 15% for St. Maarten and 14% for St.-Martin.

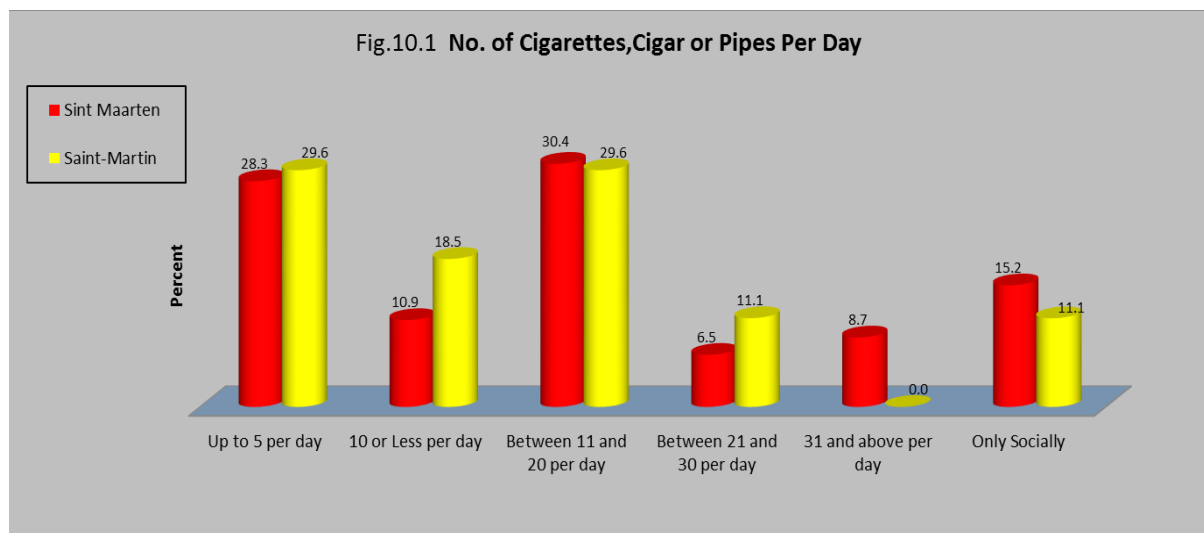


## 10. Smoking

### 10.1 Tobacco Use

Smoking tobacco, including second-hand smoke, worsens or causes numerous diseases and conditions. Of the 1,731 respondents who answered the question of their exposure to second hand smoke, 23% answered in the affirmative (Table SM.1) with 25% and 22% for St. Maarten and St.-Martin, respectively. Active smokers comprised 7% of respondents, and an overwhelming 81% of respondents do not smoke tobacco (Table SM.2).

For respondents who do smoke, *Manufactured Cigarette* is the tobacco product of choice for 88% of smokers on the island (Table SM.4). Over 28% of smokers on both St. Maarten and St.-Martin smoke up to 5 cigarettes per day, and about 30% smoke between 11 and 20 cigarettes per day (Table SM.5, Fig.10.1). Smoking while pregnant has proven to be hazardous to both mother and child. An overwhelming 83% of respondents have not smoked during pregnancy. Conversely, 9% have smoked daily during pregnancy with 14% of respondents from St. Maarten admitting to such (Table SM.12). Twenty-six percent of the smokers who responded took up the habit of smoking during their early teens—between 14 and 16 years of age (Table SM.9).



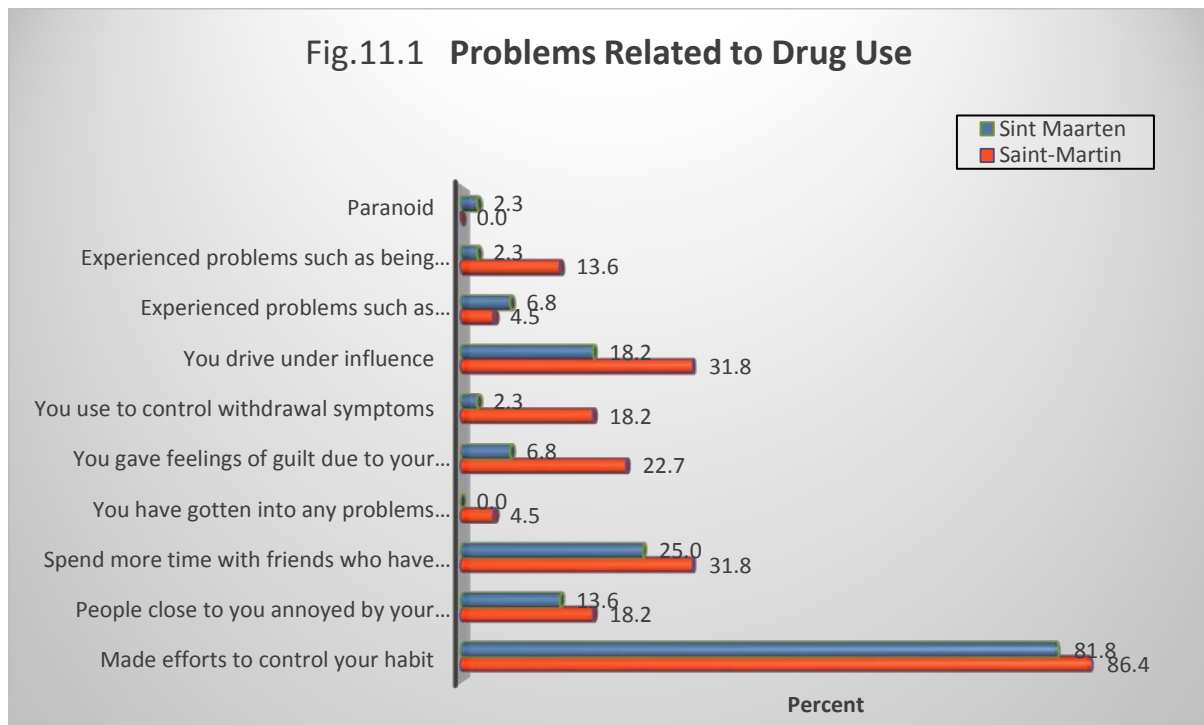


## 11. Drugs

### 11.1 Drug Use

Drug use in this study has been categorized into the use of *hard drugs* such as cocaine, base and ecstasy, and into *soft drugs* such as marijuana or cannabis. When asked about usage of soft drugs over the past 12 months, the majority of respondents, or 92% said no (Table DR.1). All of the respondents indicated that they have not used *hard drugs* in the past 12 months. Of those who responded in Table DR.1 to using *soft drugs*, only 6% considered themselves a *heavy user*, while 63% overall classified themselves as occasional users (Table DR.3).

Of the 66 respondents who indicated regular, occasional or heavy use of drugs, 83% said they made efforts to control their habit and 2% have experienced paranoia (Table DR.4, Fig. 11.1). Over one-quarter of these respondents also socialize with persons that have similar drug habits, 27% of them *spend more time with friends who have the same habits*, and 23% of them find themselves driving under the influence.





## 12. The Environment

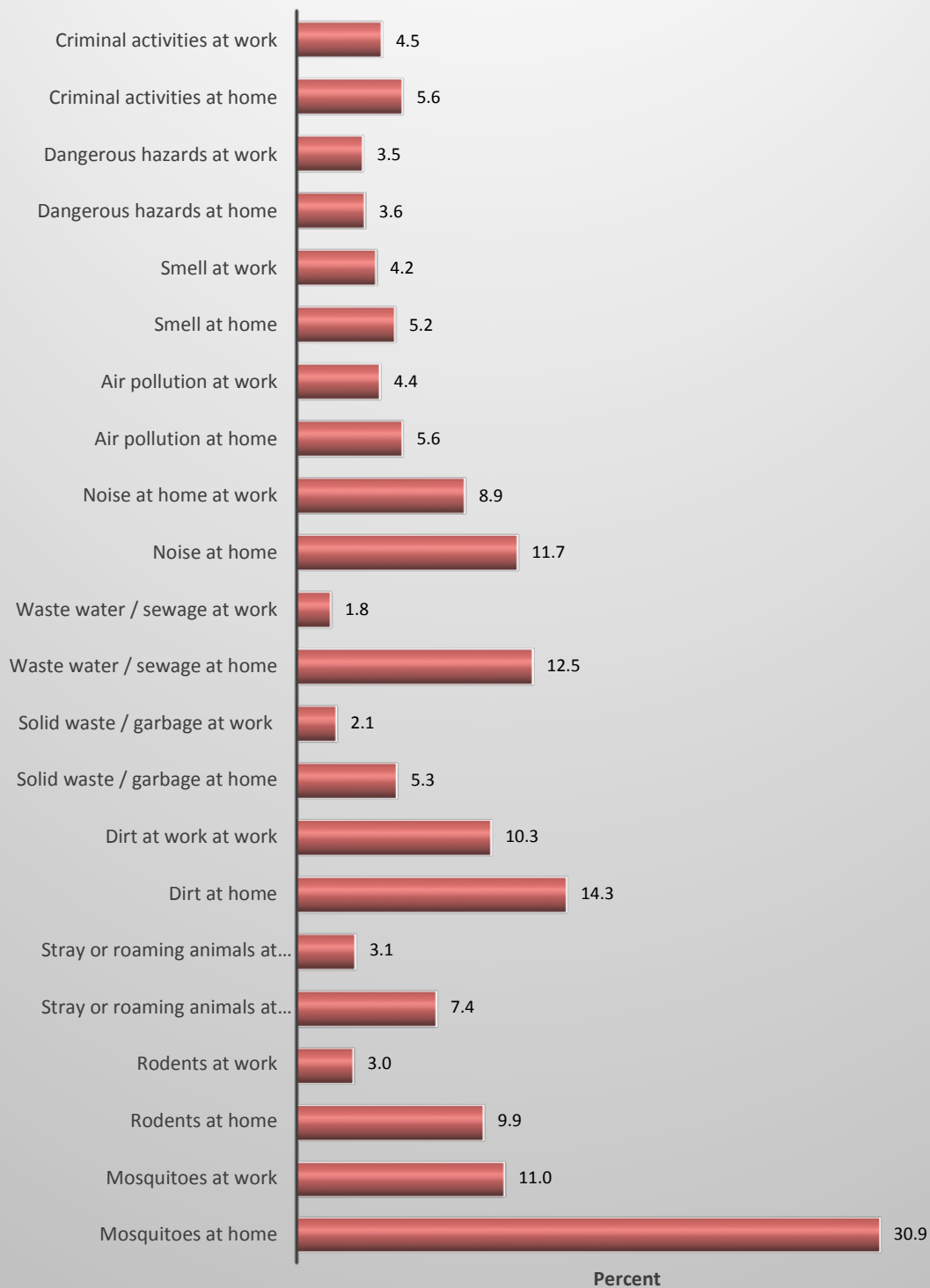
### 12.1 Home and Work Environment

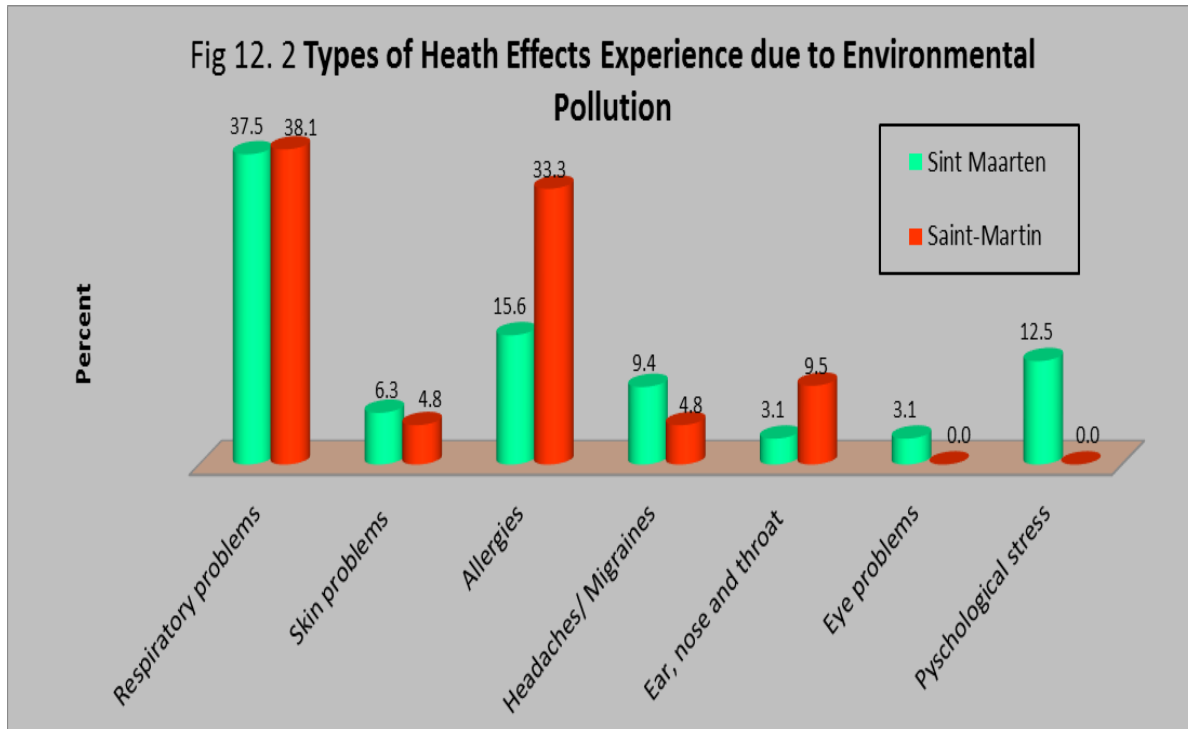
Environmental health has a direct effect on physical health. Be it by air, land or even sound, exposure to pollutants in these environments can be hazardous. The Caribbean islands are breeding grounds for mosquitoes and have been recently plagued by mosquito borne diseases like Chikungunya, Dengue Fever and more recently Zika virus. Participants in this survey indicated that their severe exposure to mosquitoes was more prevalent at home (31%) as opposed to work (11%). St. Maarten participants showed a higher response to being *severely exposed* to mosquitoes at home (35%) compared to St.-Martin with 26% (Table EN. 1a-1b). Severe exposure to rodents was minimal on both the home and work fronts (10% and 3% respectively) for the island.

*Air, waste water* and *noise pollution* also had minimal exposure at home and work for all participants with results ranging from 2% to 30% for *severely exposed* (Fig. 12.1). Only 5% of respondents stated that they have had health problems as a result of any of the environmental pollutions listed. In terms of the safety of the environment, 30% of respondents stated that they were *somewhat affected* by *criminal activities* at home and to 13% at work. St. Maarten and St. -Martin's respondents had similar results pertaining to being *somewhat concerned* about *criminal activities* at home (29% and 32% respectively). While St.-Martin's respondents were almost three times (21%) more *somewhat concerned* about *criminal activities* at work than St. Maarten (8%).

Only 4% of all respondents have suffered health effects from the environmental pollution mentioned in Table EN.1a-1b (Table EN.2b). Of those who have had their health affected, more than one-third of them (38%) have had *respiratory problems* with similar rates for both north and south of the island (Table EN. 2b). *Allergies* comprises the second most experienced health effect with an overall rate of 23%, with St.-Martin's rate of 33% doubling that of St. Maarten's 16% (Table EN. 2b, Fig. 12.2).

**Fig 12.1 Environmental Conditions to which Respondents are Severely Exposed at Home and at Work: Total**





Participants from both the French and Dutch side had overwhelming positive responses to their feelings about their residential neighborhoods (Table EN.3, Fig. 12.3). Respondents were asked about the *safety*, *affordability*, *traffic* and *amenities*, among other factors, in their neighborhoods. Positive responses ranged from 72% to 95%. They also showed large positive responses to their protection against negative health consequences at work (Table EN.4, Fig. 12.4).

Fig.12.3 Feelings about Residential Neighbourhood

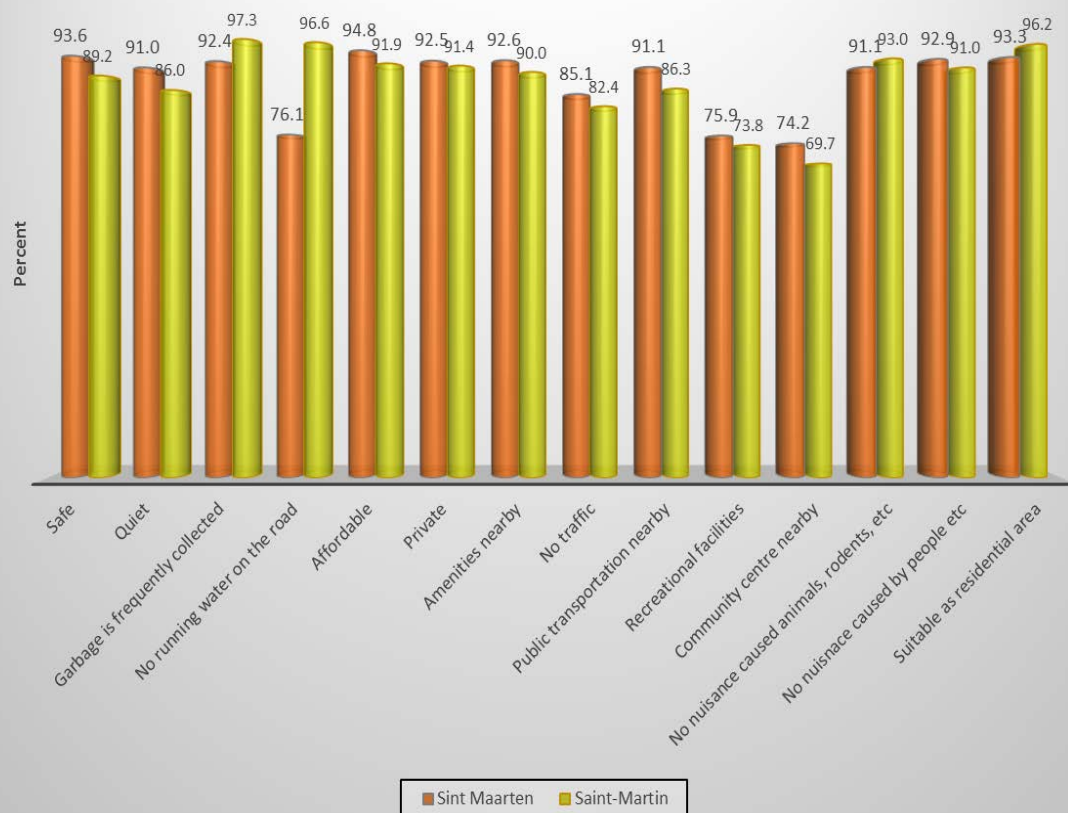
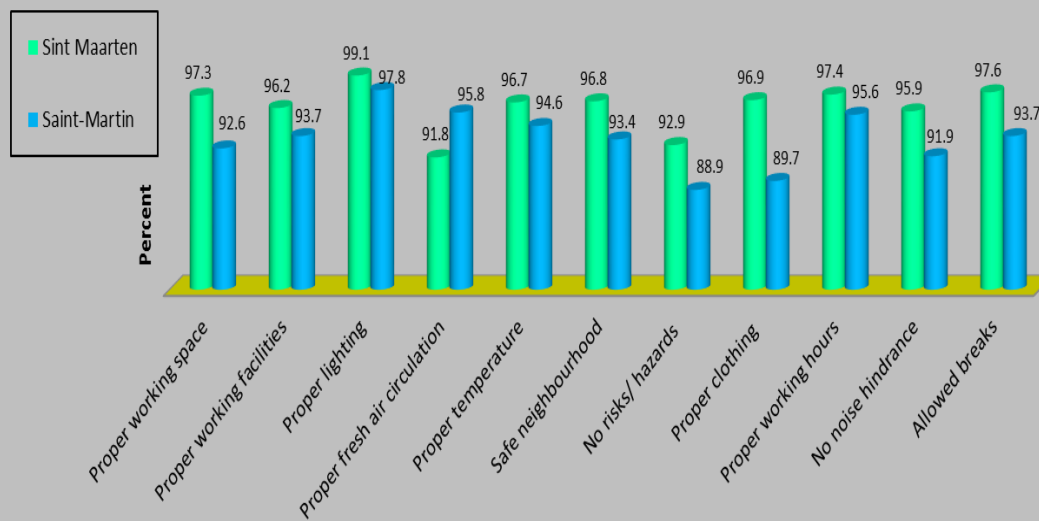


Fig.12.4 Work Place Protect Against Negative Health Consequences

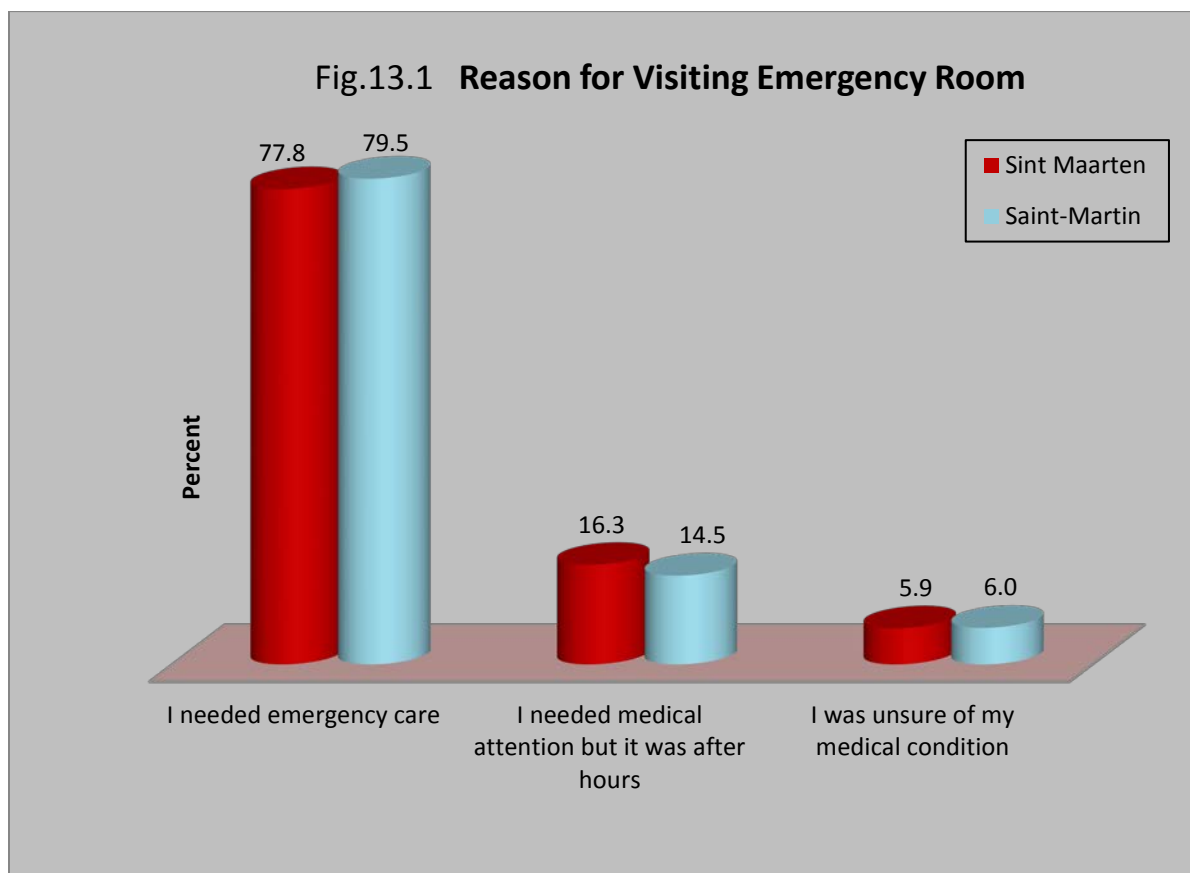


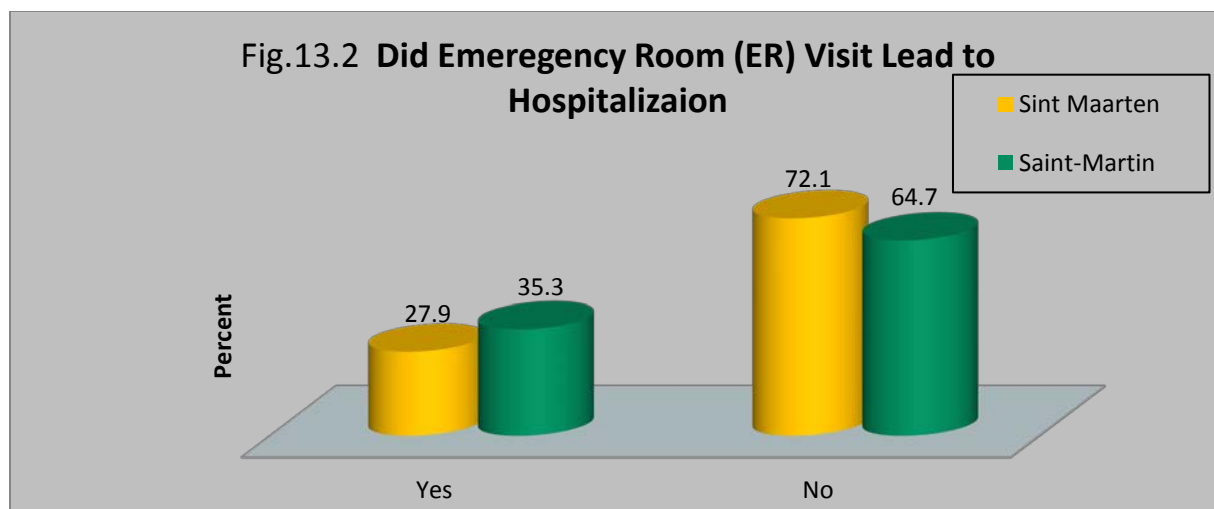


## 13. Health Care

### 13.1 Emergency Room Visits

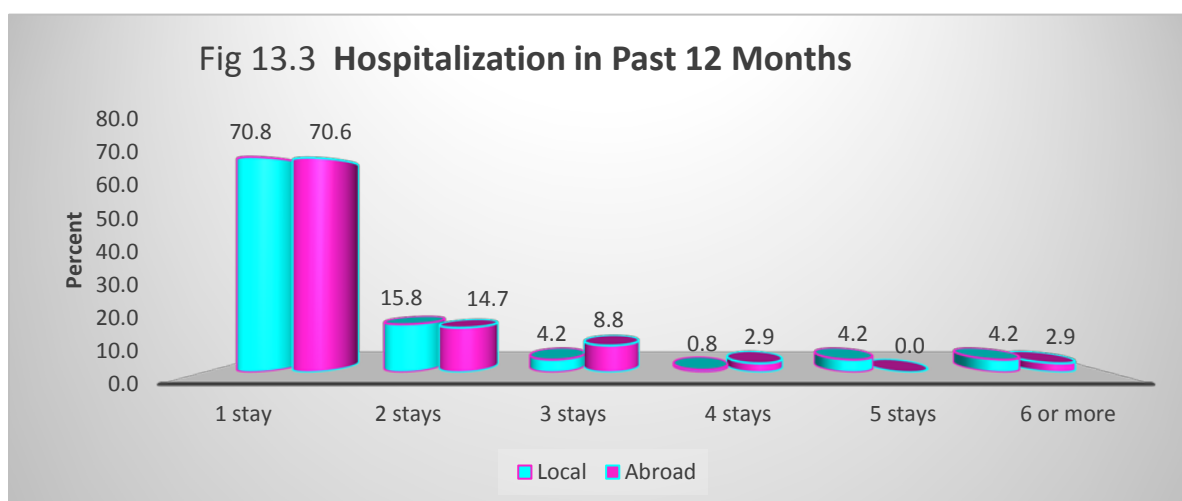
Visits to the emergency room can make a difference between life and death. Of the 1,736 participants in this survey 15% have visited the emergency room within the past 12 months with St.-Martin showing a slightly higher rate of 16% compared to St. Maarten with 14% (Table ER.1). The major reason for these visits was for emergency care as stated by 78% of respondents in the south and by 80% in the north (Fig. 13.1). Of the 255 persons that visited the emergency room an overall 31% were admitted to the hospital with 28% for St. Maarten and 35% for St.-Martin (Table ER.3, Fig. 13.2).

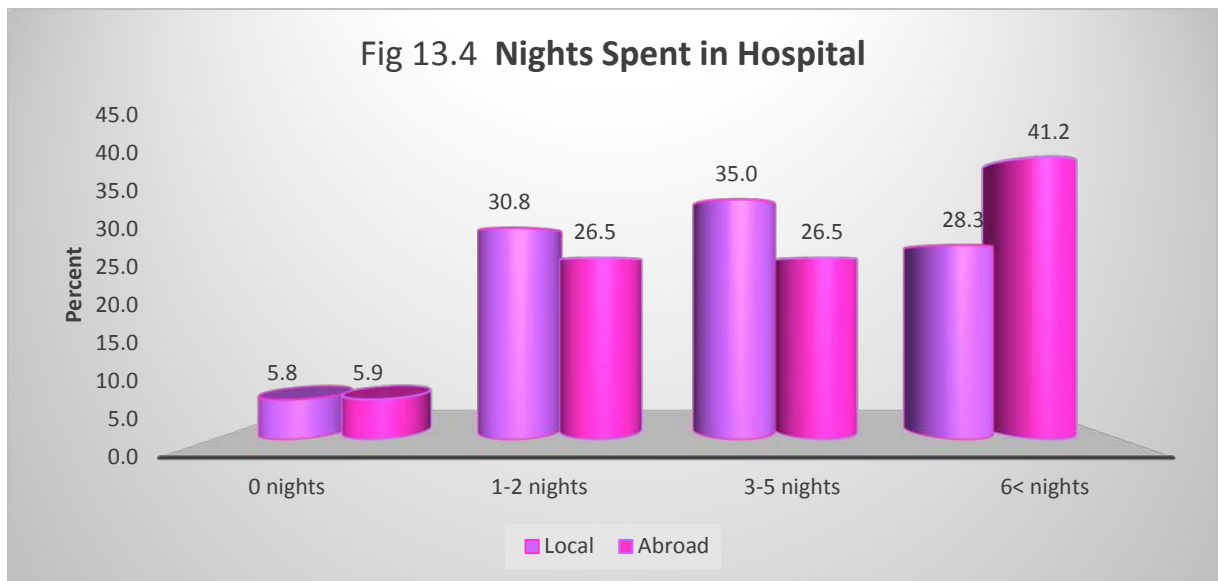




## 13.2 Hospitalizations

The respondents were asked about the time spent in a hospital for hospitalization either *locally* or *abroad*. A hospitalization is considered abroad if it occurred on the other side of the island as well as off-island. Visits to the emergency room or to a medical specialist in the hospital were not considered being hospitalized. The time a woman spent in the hospital for giving birth was not included in the number of hospitalizations either, but complications after birth were included. In French St.-Martin, one in ten persons were hospitalized in the last 12 months. In Dutch St. Maarten this number is about 1 in every 14 persons.



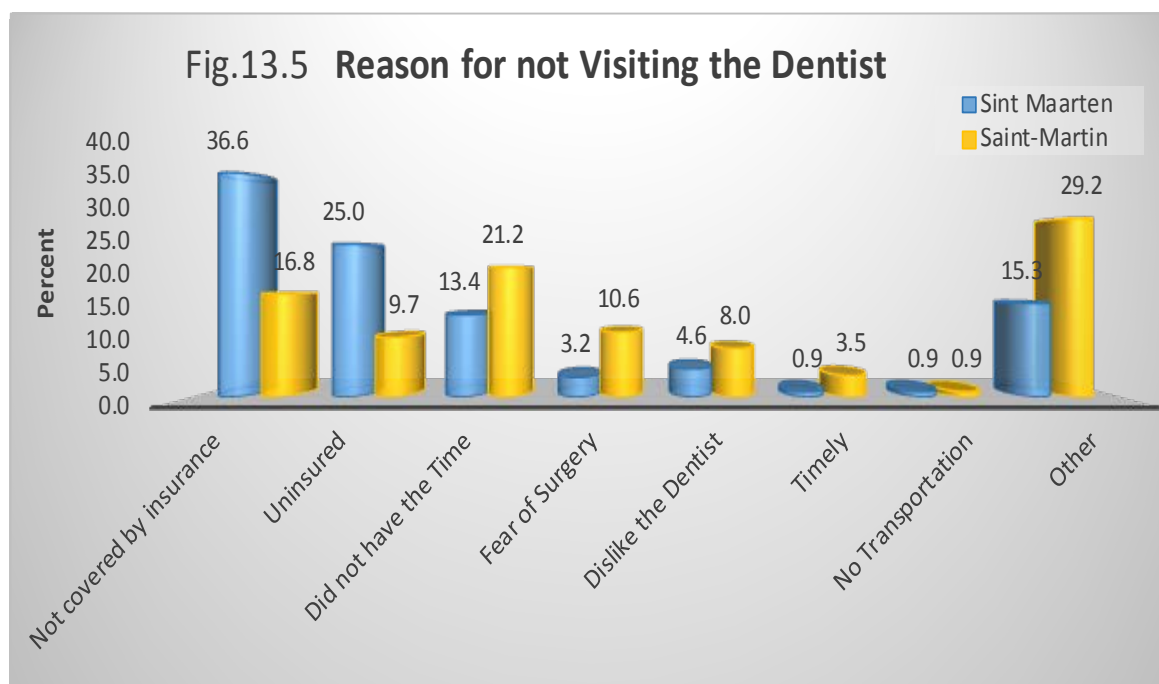


Of all island residents who were hospitalized, 19% of these went abroad: 23% of the hospitalized cases in south were external, compared to 16% in the north (Table HC.2). Figure 13.3 shows the majority of people had only one hospital stay in the previous 12 months. However, 16% of the people had 2 hospital stays and 4% had 6 or more hospitalizations.

Figure 13.4 discloses the percentage of nights spent— whether local or abroad—in the hospital. Longer hospital stays occur when abroad. The median hospital stay abroad for respondents from St. Maarten was four nights, and for St.-Martin it was three nights. The number of nights ranged from those who spent less than 1 night to those who spent up to 60 nights (Table HC.4).

### 13.3 Dental Care

When respondents were asked, “When was the last time you visited a dentist, orthodontist or other dental care specialist?”, 40% responded that they visited *less than 12 months ago* (Table HC.5). About one in five (19%) of those who did not see the dentist within the last 12 months, said that on at least one occasion they needed to visit the dentist but they chose not to (Table HC.6). Figure 13.5 shows the top reasons for

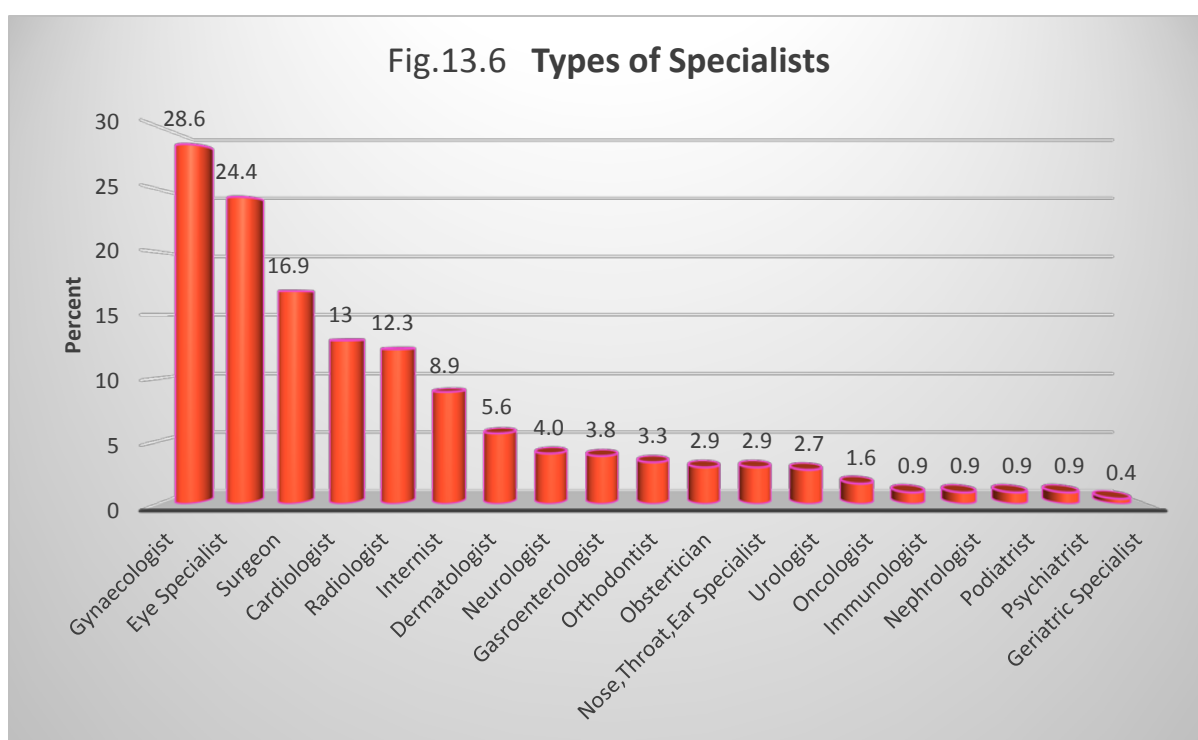


making this choice and not seeking dental treatment. For Dutch St. Maarten, the reasons given were that the procedure was *not covered by insurance* (37%), the cost was unaffordable for the respondent because they were *uninsured* (25%), and the respondent *did not have the time* to go (13%). Respondents in French St.-Martin indicated that the main reasons they did not visit the dentist were they *did not have the time* (21%), the procedure was *not covered by insurance* (17%), and *fear of surgery/treatment* (11%). A large percentage—29%— of those in the north selected *Other* (Table HC.7).

### 13.4 General Practitioner or Family Doctor

General practitioners or family doctors treat common medical illness and refer patients to hospitals and specialists for urgent or specialized care. Respondents were asked, “When was the last time you consulted a GP (general practitioner)/ family doctor?” This was to include home visits and telephone consultations. Eight out of 10

respondents said within the last 12 months they consulted their GP. Almost half (47%) of those, said they consulted their doctor 1 to 2 times during the last 4 weeks. Unlike

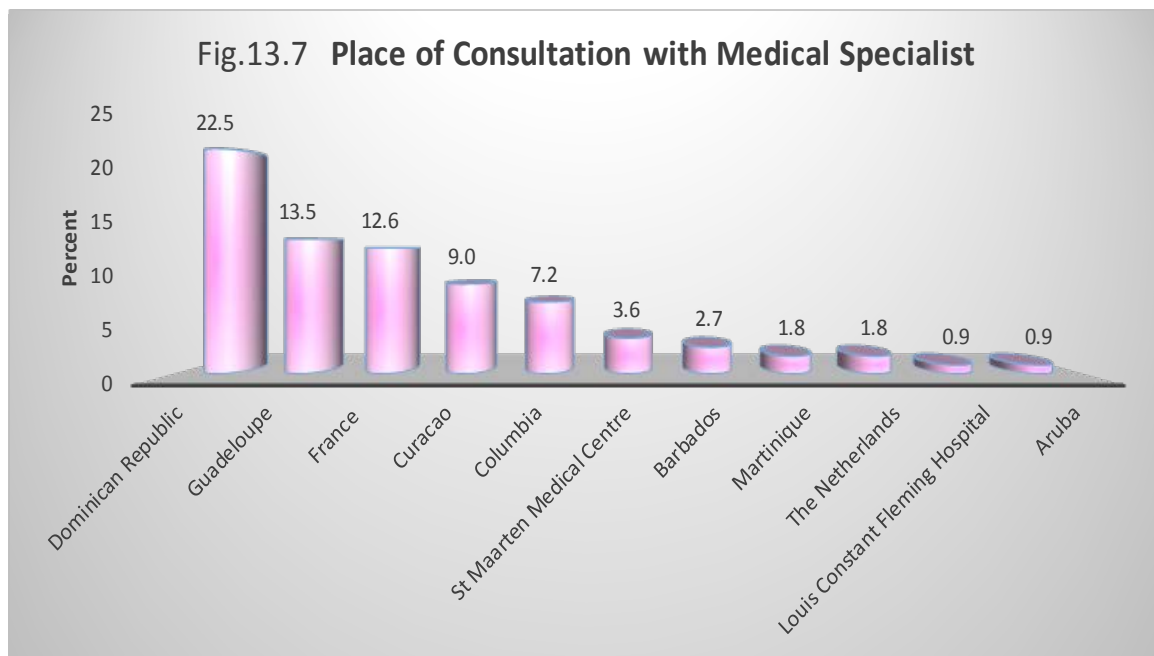


the high percentages of persons who avoided going to the dentist because of unaffordability, only 4% said they were not insured or not covered for the doctor's consultation. As a result of a consultation with a family doctor, the following were the top referrals made: *pharmacy for medication, laboratory for tests, medical specialist for treatment* and *radiology department for X-Ray*. In St. Maarten, not as many referrals were made compared to St.-Martin (Table HC.11). The majority of referrals in Dutch St. Maarten were local. The largest percentage of abroad referrals—16% were to a *medical specialist for treatment*. Similarly, the majority of referrals in French St.-Martin were local. The highest percentage of referrals abroad were for hospital admittances.

Not everyone had a family doctor. About 3% and 2% of the Dutch and French respectively did not have one. For those who had a family doctor, 6% choose not to

visit their own doctor for their last doctor's visit. For 36%, this decision was made because their family doctor was absent (Tables HC.12, HC.13).

### 13.5 Medical or Surgical Specialists



Nearly one-fourth of respondents replied that they visited or consulted with a medical or surgical specialist *less than 12 months ago* (Table HC.14). About 72% of these visits occurred locally and 18% occurred abroad. Figures 13.6 and 13.7 show the specialists and the locations of treatment abroad that were most common. The most common specialists were gynaecologists (29%), eye specialists (24%), surgeons (17%) and internists (9%) (Table HC.16). For those in the north who consulted a specialist abroad, the most common places to go were Guadeloupe (34%) and France (29%). In the south, the most common places were the Dominican Republic (33%), Curacao (14%) and Columbia (11%). Forty-one percent of those who traveled abroad for treatment did so because there were no local specialists available (Table HC.17b).

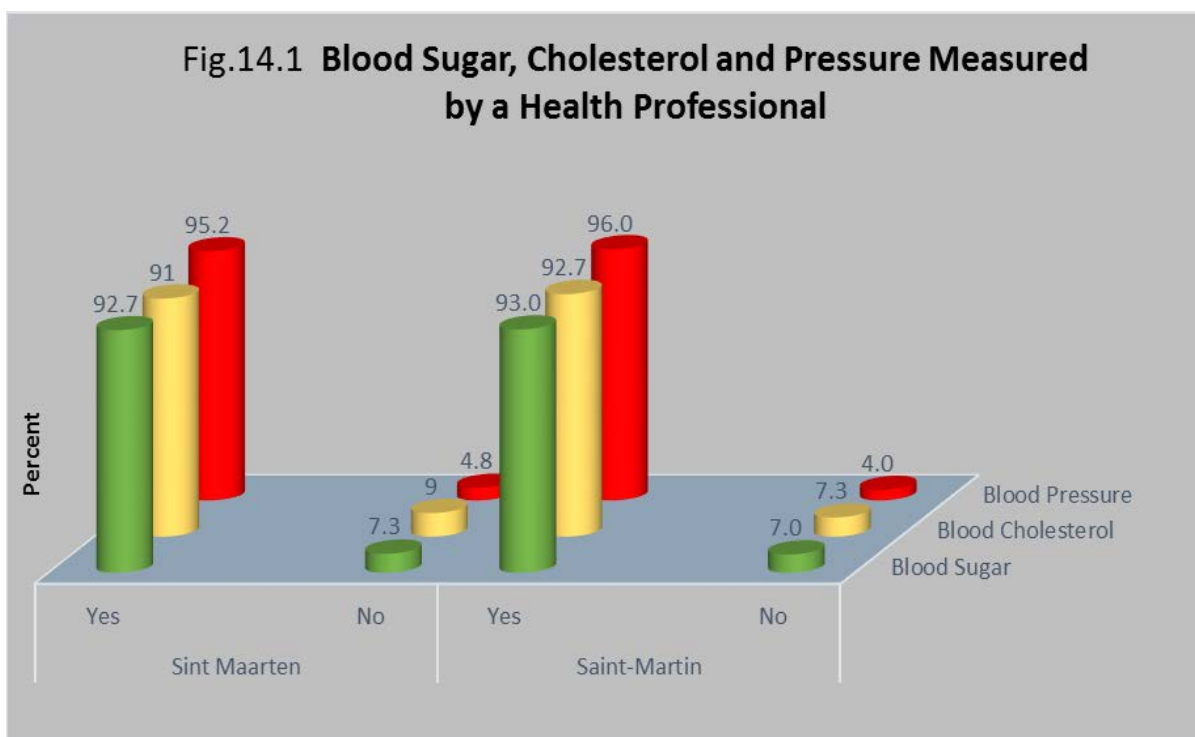
Recently—within the previous 12 months—the specialists consulted most frequently were the medical laboratory (39%), radiological Centre (14%), optician (7%) and physiotherapist (5%) (Table HC.19). About nine percent of respondents said that there was at least one occasion when they really needed medical treatment, but they did not seek medical help (Table HC.20). This, however, did not include dental treatment.

One-fifth (20%) of those who abstained from seeking treatment did so because they were *uninsured* and *could not afford it*. A slightly smaller percentage (18%) said they did not seek treatment because it they were too busy and did not have the time (Table HC.21).



## 14. Prevention

### 14.1 Blood Sugar, Cholesterol and Pressure Tests

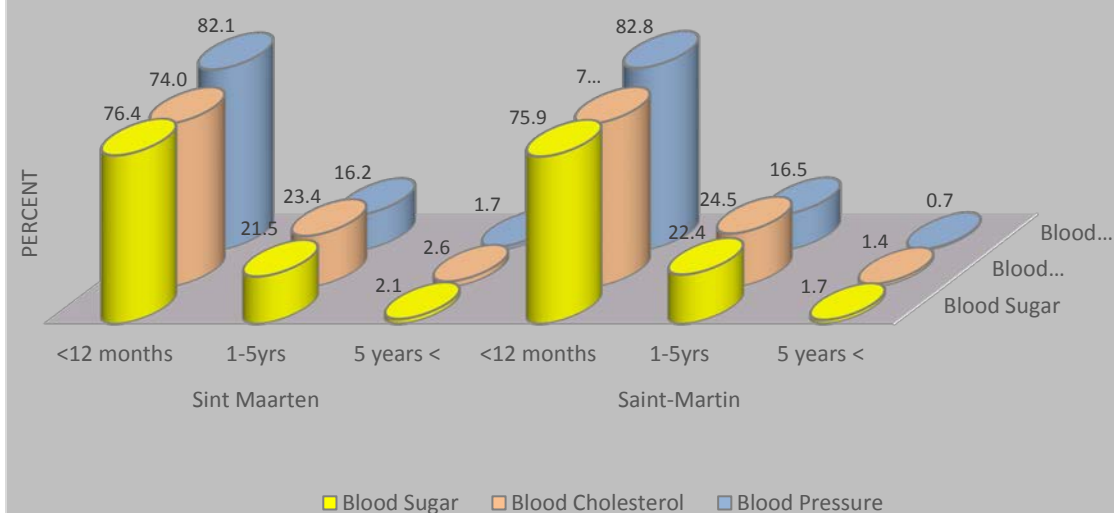


The overwhelming majority, 90% or above, of the respondents have had their blood sugar, cholesterol and blood pressure tested by health professionals (Fig. 14.1). Over 80% of respondents from the north and south of the island have had their blood pressure tested within the last 12 months (Fig.14.2). About 3 out of 4 respondents have had their cholesterol and blood sugar tested in the previous 12 months.

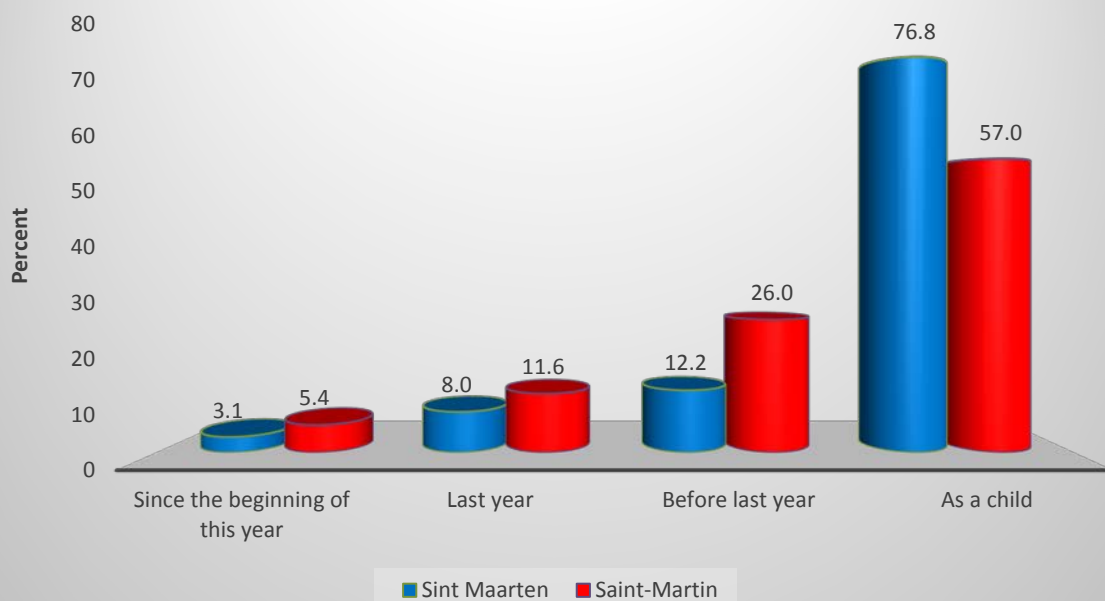
### 14.2 Vaccinations

Less than half of the all respondents were vaccinated against the flu. About 69% of these persons received their flu vaccination as a child with St. Maarten leading by 20 percentage points (77%) compared to St.-Martin's (57%) (Fig. 14.3).

**FIG. 14.2 Last Time Blood Sugar, Cholesterol and Pressure were Measured by Health Professional**

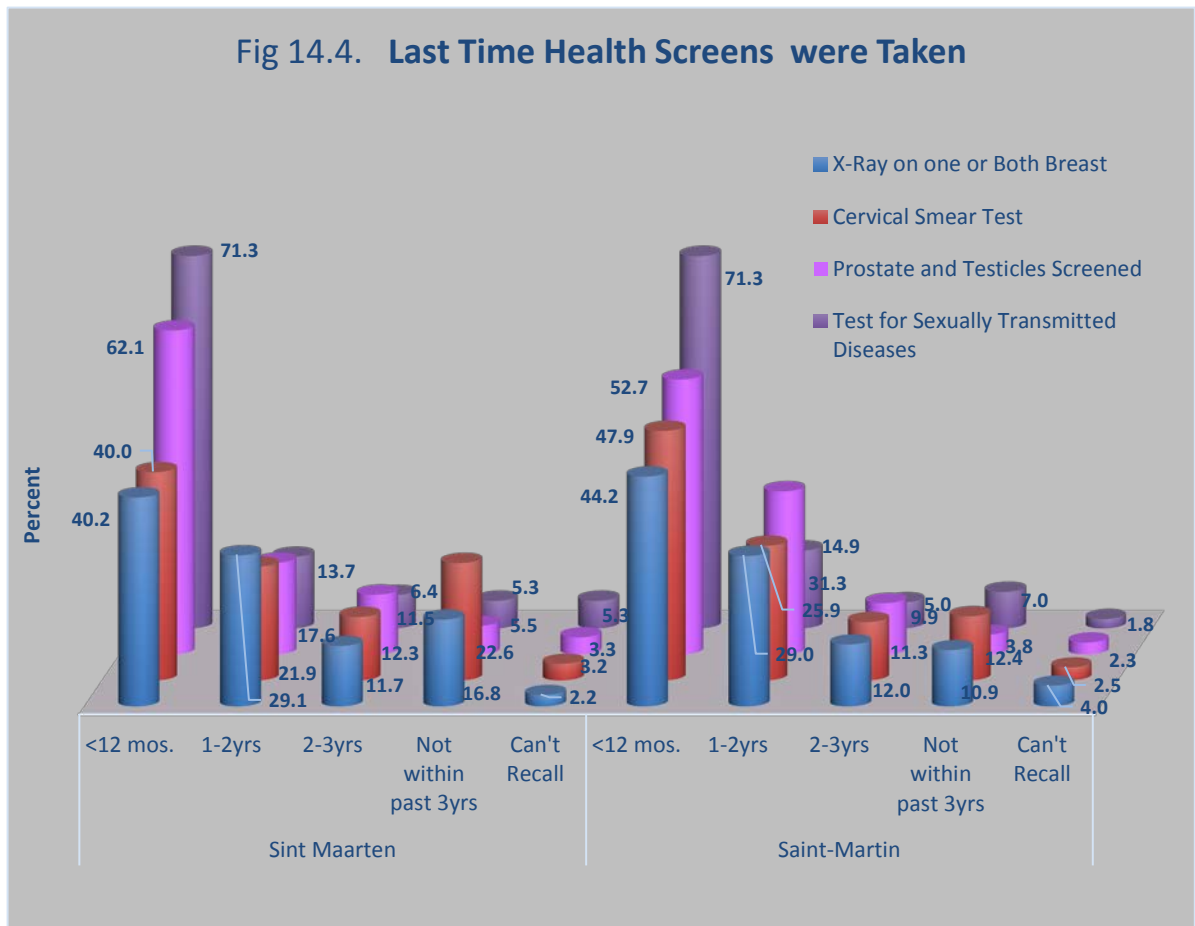


**Fig .14.3 Last Time Vaccinated Against the Flu**



### 14.3 Female Preventative Care

Two-thirds of the female respondents said they did self-breast examinations, although a higher percentage of females in the north—66%—and perform this self-exam compared to those in the south—56% (Table PA.7). About 4 out of every 10 females have never had an x-ray exam on either one or both breasts (Table PA.8). Among those who have had a breast exam, 71% of them had taken that preventative action in the previous 2 years (Table PA.9). Approximately three-quarters of female respondents had taken a Cervical Smear Test (Table PA.10), with 44% of them having had one within the previous year (Table PA.11). In these last three health preventative actions, females in French St.-Martin score higher percentages than females in Dutch St. Maarten.



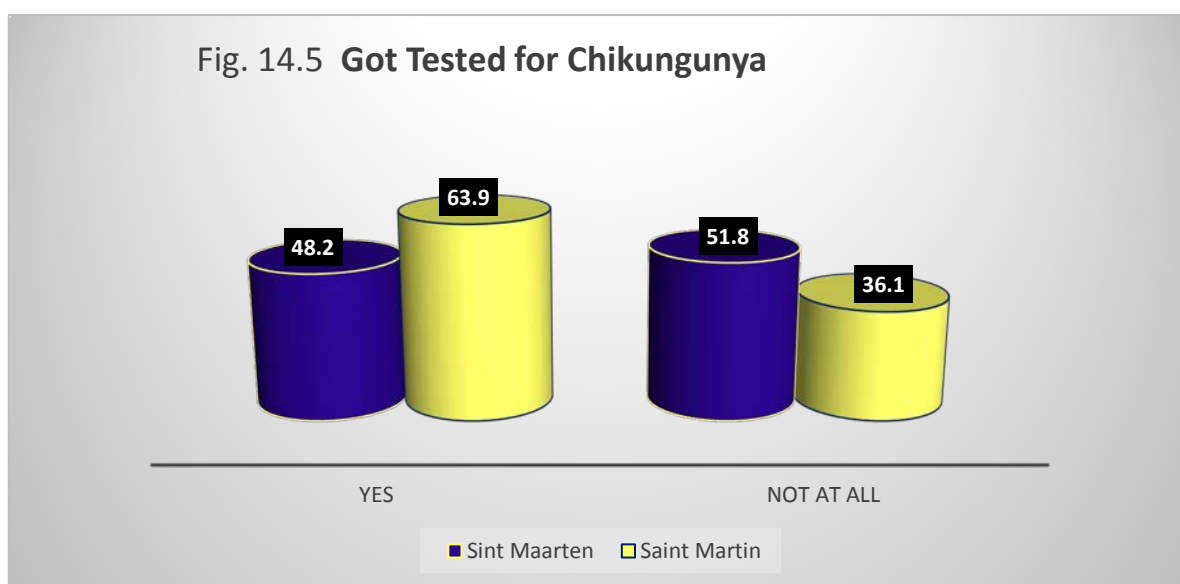
## 14.4 Male Preventative Care

Less than half of the males—45%—surveyed responded that they had never had a prostate exam or testicles screening (Table PA.12), with more than half of those who had taken preventative action—58%— having done so within the previous 12 months. The males of the island’s north district exceeded those of the French district—62% and 53%, respectively— by 9% (Table PA.13).

## 14.5 Sexual Transmitted Diseases/Infections

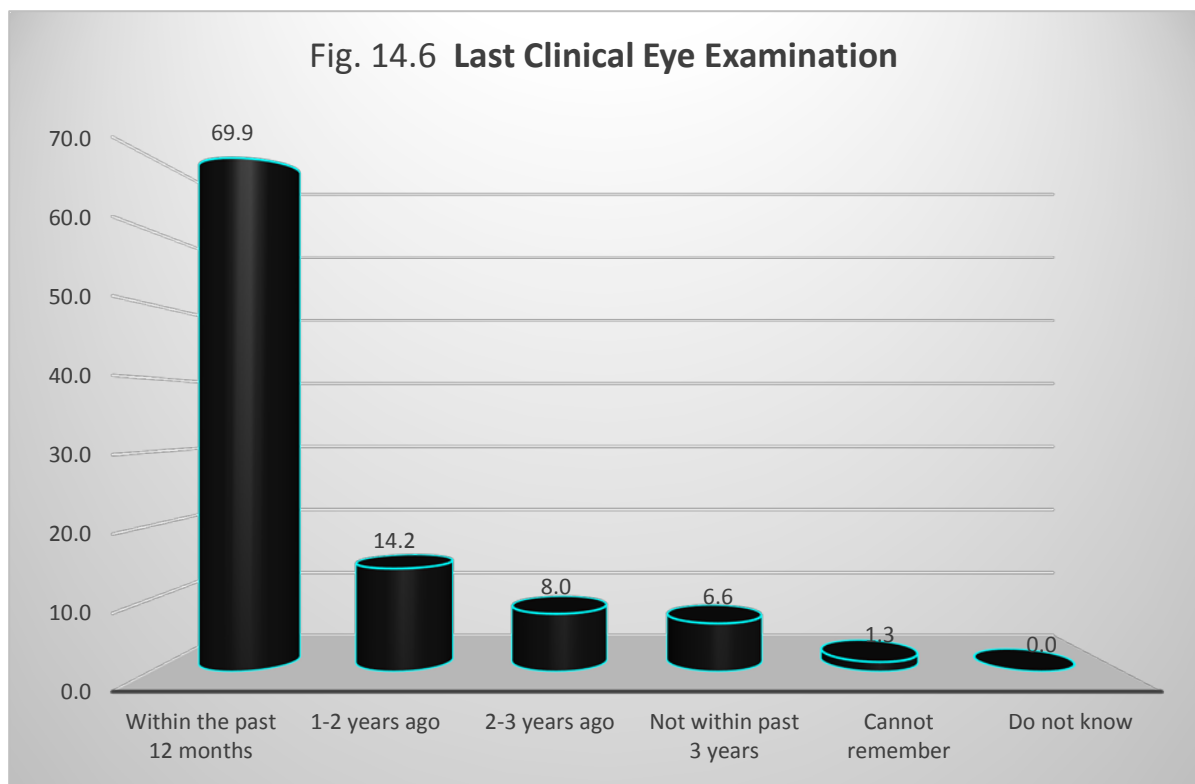
About 55% of respondents have been tested for Sexually Transmitted Diseases with 71% of them being tested within the past year (Fig. 14.4). The percentage of respondents tested in the north and south were almost identical—55% and 56%, respectively. When the respondent was asked what was the last time she or he was tested regularly for sexually transmitted diseases or infections, identical proportions of 71% in each section of the island indicated that they had done so within the previous 12 months (Table PA.15).

## 14.6 Dengue/Chikungunya



As shown previously in Fig. 4.2, 12% of the population contracted Dengue and 16% contracted Chikungunya sometime during their lifetime. Of those, only 58% of the incidences were confirmed with a blood test. Persons on the French side had their cases confirmed at a higher rate than those on the Dutch side (64% and 48%, respectively) as shown in Fig. 14.5. About one-third of the respondents who had Chikungunya in the past complained of residual health effects. The most common complaint was *muscle, bone and joint pain*.

## 14.7 Clinical Eye and Foot Examination



Earlier in the report, Fig. 4.2 numerically showed that 3 out of 20 persons currently have, or had, diabetes. Of those respondents, 87% have had an eye exam, and 70% of these who had their exam, had it within the previous 12 months (Table PA.20). Thirty-five percent of respondents had a clinical foot examination (Table PA.21), with 72% of them having had that exam within the previous 12 months. Sixteen percent of those

who had clinical foot exams had obtained them between 12 and 36 months prior to the date of the survey (Table PA.22).

## 15. Satisfaction and Insurance

### 15.1 Satisfaction

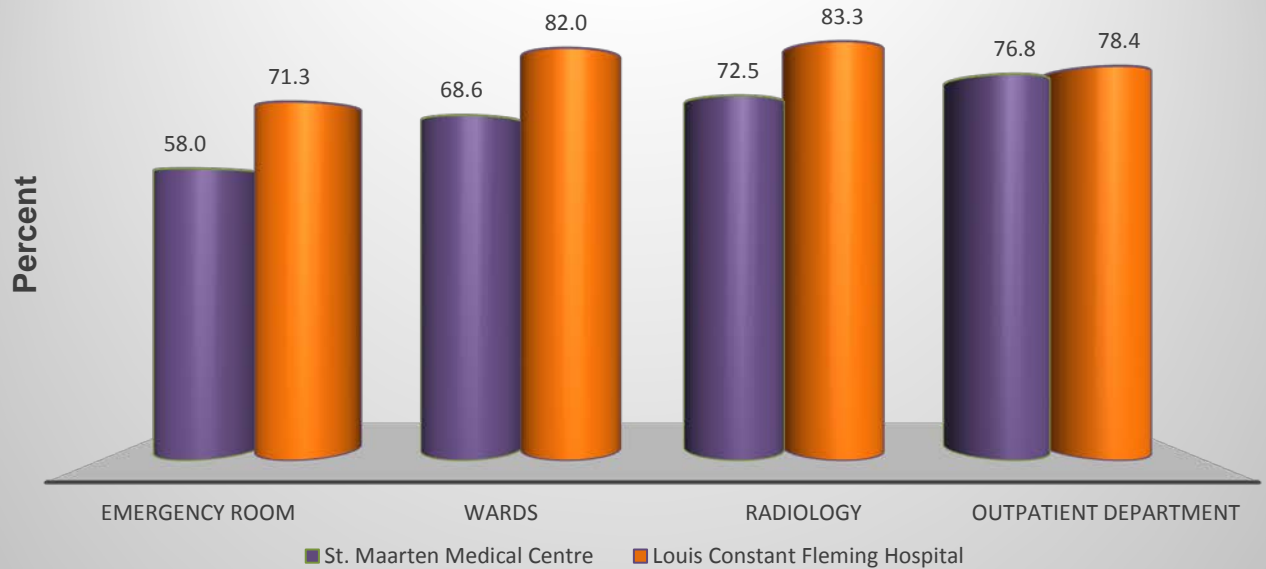
Health care providers are on the front line of preventative and emergency care. Their role can sometimes make the difference between life and death. Respondents were asked about their satisfaction with the various health care providers on the island, primarily the two main hospitals, St. Maarten Medical Centre and Louis Constant Fleming Hospital. Favorable responses in the graphics below are a combination of participants that rated their experiences with these providers as very satisfying or fairly satisfying. Louis Constant Fleming Hospital ranked highest in all areas of services provided, with 71% of respondents favorably rating *Emergency Room Care*, 82% *Wards*, 83% *Radiology* and 78% *Outpatient Care* (Table SI.1, Fig 15.1). The percentage of favorable responses for St. Maarten Medical Centre for identical services was lower. Fifty-eight percent of respondents rated *Emergency Room Care* favorably, 69% *Wards*, 73% *Radiology* and 77% *Outpatient Care* (Table SI.1, Fig 15.1).

Many of the other health care providers, garnered higher percentages of satisfaction than the hospitals. All of the French respondents that rated *Mental Health Foundation*, *Turning Point Foundation* and *White and Yellow Cross* were satisfied with the services. With closer inspection, these facilities were rated by a very small number of persons. *Lepers*, *Dentists or Orthodontists*, *Family Doctors or GPs*, *White and Yellow Cross* and *St. Maarten Laboratory* all had favorable response ratings in both the North and South of 90% and above (Table SI.1, Fig 15.2).

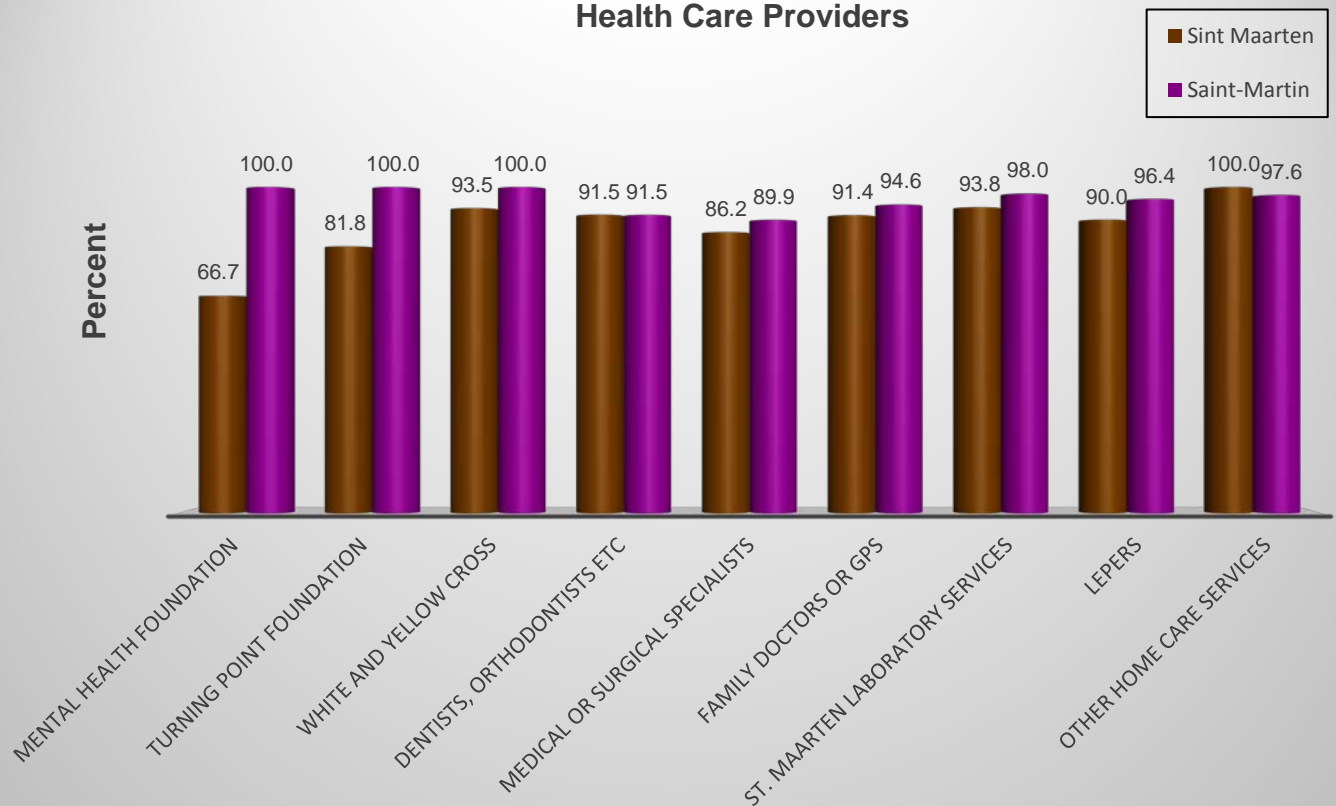
### 15.2 Insurance

With the ever increasing cost of health care, health insurance is essential, yet for some it is unaffordable, inaccessible or unimportant. Eighty-seven percent of respondents in this study indicated that they had insurance coverage. A higher percentage of respondents from St.-Martin were insured—94%, compared to the 82% of St. Maarten respondents (Table SI.2, Figure 15.3).

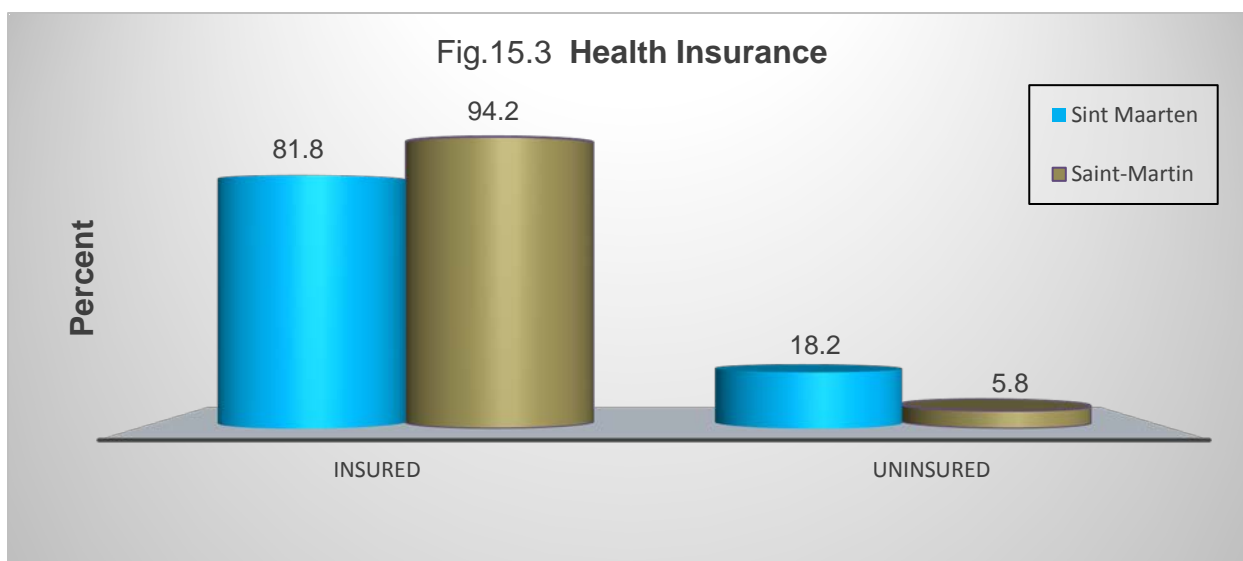
**Fig. 15.1 Favorable Responses to Services provided by Hospitals**



**Fig.15.2 Favorable Responses to Services provided by Health Care Providers**

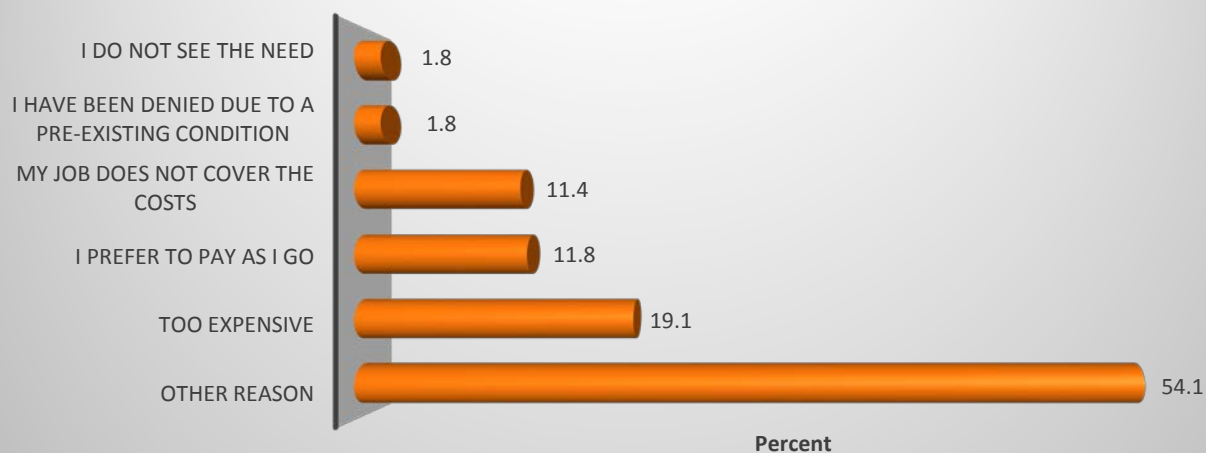




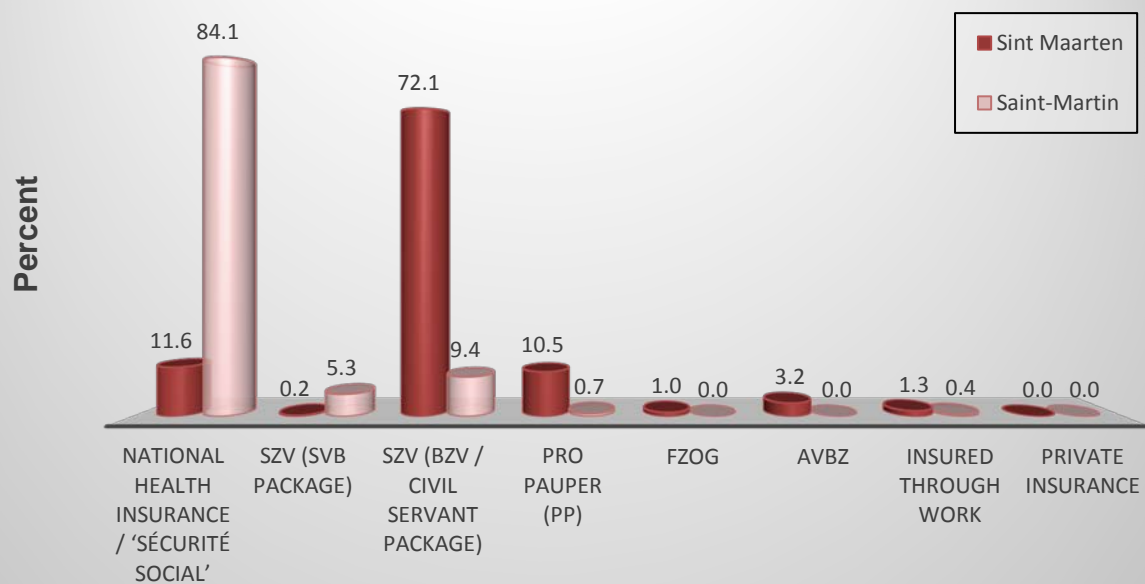


Of the 13% of respondents that were uninsured in both St.-Martin and St. Maarten, 19% stated that the cost of insurance was too expensive, 12% prefer to pay as they go and another 11% said that their jobs do not pay for insurance coverage. More than half of the uninsured had other reasons for not being covered (Table SI.3, Fig 15.4). Some of these other reasons included being unemployed, not having the required papers or that their insurance expired. The predominant source of health insurance coverage for participants was from *National Health Insurance* or '*Sécurité Social*', covering 44% of all respondents. Of this percentage, 84% were respondents from St.-Martin. The second largest insurance provider, covering 43% of all respondents, was *SZV (BZV/ civil servant package)*. The majority of these persons—72 % were from St. Maarten. Only 0.09% of respondents were *insured through work* and none of the respondents have *private insurance* (Table SI.4, Fig 15.5).

**Fig. 15.4 Reason for Lack of Health Insurance Coverage**



**Fig.15.5 How Are You Covered**



## 16. Recommendations

The findings of the study were evaluated by health professionals and other knowledgeable experts from the island. The following recommendations are prompted by inferences derived and suggested by the relationships between the data, and are submitted for further consideration:

- 1) A future study should be conducted that could firmly establish the linkages between educational attainment of the population, their earning power and the economic impact.
- 2) A healthy meal initiative should be developed for all schools across the island.
- 3) A collaborative effort is needed to educate the population on the ills of non-communicable diseases and other prevalent illnesses such as cancer, hypertension, diabetes, and cardiovascular disease. The outreach should include strategies to avoid and better manage such ailments.
- 4) A public education campaign stressing the value and importance of healthy eating focused on a low fat/low salt/low sugar diet should be developed. The campaign can include demonstrations of healthy eating and creative meal preparation.
- 5) A health education program should be implemented that focuses on the challenges, realities, and dangers of gynecological diseases.
- 6) A literacy campaign across the island should be enacted to emphasize the importance of education.
- 7) A healthy lifestyle program such as "Walk/Exercise St. Maarten/St.-Martin" should be introduced. This will encourage people in the community to become active. The program should partner with businesses to encourage healthy living through exercise.
- 8) Programs addressing the use and misuse of alcohol and drugs should be supported. Such programs may include commercials on the dangers of DUIs.
- 9) There is an immediate need to develop a strategy for addressing the disposal and treatment of solid and liquid waste.
- 10) A revision or implementation of vector control legislation that issues fines for non-compliance should be adapted.

- 11) Hospitals and medical centers across the island should be upgraded along with the establishment of additional new ones.
- 12) A community outreach strategy should be developed that focuses on preventative care (including oral hygiene) and the value of a healthy lifestyle.
- 13) It is important to increase all levels of preventative care for both males and females.
- 14) A further study can be conducted highlighting where insured residents use their coverage; on island or abroad.
- 15) A strategy to increase insurance coverage for the residents of St. Maarten needs to be developed.

If all of these recommendations are put in place, the health professionals of this fair island would then be able to ask with a degree of satisfaction, **‘How much healthier now is Sint Maarten/Saint Martin?’**





# **APPENDIX A**





## NATIONAL HEALTH SURVEY 2015 'HOW HEALTHY IS SINT MAARTEN / SAINT MARTIN?'

- English Version-

Sint Maarten  
Public Health Department, Ministry of Public Health, Social Development and Labour

Saint Martin  
Collectivité d'Outre-Mer de Saint-Martin  
Louis Constant Fleming Hospital



**European Union**  
European Regional Development Fund



PROGRAMME  
**INTERREG CARAÏBES**  
Bâtir ensemble la Grande Caraïbe

*FILL IN BEFORE INTERVIEW*

Interviewer name and number: .....

Date interview: |\_\_|\_|\_|/|\_\_|\_|\_|/|\_\_|\_|\_|\_|\_| (dd/mm/yyyy)



NATIONAL HEALTH SURVEY 2015

Respondent number |\_\_|\_\_|\_\_|\_\_|

Telephone number: .....

Geo code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

District: .....

**ONE PERSON IN HOUSEHOLD OF 18 YEARS OF AGE AND OLDER WILL BE INTERVIEWED.**

Respondent must have resided for at least 6 months on Sint Maarten / Saint Martin, or at least have the intention to do so. If multiple adults reside in same household, the person with the last birthday will be interviewed.

**Language Preference:**

- English ☐
- Spanish ☐
- French ☐

**Relation to Head of Household:**

- Head of the Household ☐
- Married or living together with the head of the household ☐
- Child of the head of the household ☐
- Father or mother of the head of the household ☐
- Brother or sister of the head of household ☐
- In-law relative of the head of household ☐
- (Great)grandchild of the head of household ☐
- Other family member of the head of household ☐
- No family of the head of household ☐

*FILL IN AFTER INTERVIEW*

**Conditions during interview:**

- Alone with respondent ☐
- Others were present, but did not influence interview ☐
- Other were present and influenced interview ☐
- Someone else answered for the respondent ☐

NATIONAL HEALTH SURVEY 2015

Interview duration: |\_\_\_| hours and |\_\_\_| minutes

BACKGROUND FACTORS

*General background questions, some questions can be answered by using the show card.  
When in doubt, give the answer that is most applicable to you.*

General

**BF.1 What is your sex?**

- Male ☐
- Female ☐
- Do not know ☐
- Refused to answer ☐

**BF.2 What is your age? OR Date of birth?**

|\_|\_|\_| years      |\_|\_| / |\_|\_| / |\_|\_|\_|\_|

- Do not know ☐
- Refused to answer ☐

**BF.3 What ethnicity do you identify yourself with? (When mixed, TICK A MAXIMUM OF 2 BOXES)**

- Black ☐
- Hispanic ☐
- Arab ☐
- Asian ☐
- Indian ☐
- Caucasian ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**BF.4 What is your country of birth?**

- Afghanistan ☐

## NATIONAL HEALTH SURVEY 2015

▪ Albania	<input type="checkbox"/>
▪ Algeria	<input type="checkbox"/>
▪ American Samoa	<input type="checkbox"/>
▪ Andorra	<input type="checkbox"/>
▪ Angola	<input type="checkbox"/>
▪ Antigua and Barbuda	<input type="checkbox"/>
▪ Azerbaijan	<input type="checkbox"/>
▪ Argentina	<input type="checkbox"/>
▪ Armenia	<input type="checkbox"/>
▪ Aruba	<input type="checkbox"/>
▪ Australia	<input type="checkbox"/>
▪ Austria	<input type="checkbox"/>
▪ Bahamas	<input type="checkbox"/>
▪ Bahrain	<input type="checkbox"/>
▪ Bangladesh	<input type="checkbox"/>
▪ Barbados	<input type="checkbox"/>
▪ Belgium	<input type="checkbox"/>
▪ Bermuda	<input type="checkbox"/>
▪ Bhutan	<input type="checkbox"/>
▪ Bolivia	<input type="checkbox"/>
▪ Bosnia and Herzegovina	<input type="checkbox"/>
▪ Bonaire	<input type="checkbox"/>
▪ Botswana	<input type="checkbox"/>
▪ Brazil	<input type="checkbox"/>
▪ Belize	<input type="checkbox"/>
▪ Solomon Islands	<input type="checkbox"/>
▪ British Virgin Islands	<input type="checkbox"/>
▪ Brunei Darussalam	<input type="checkbox"/>
▪ Bulgaria	<input type="checkbox"/>
▪ Myanmar	<input type="checkbox"/>
▪ Burundi	<input type="checkbox"/>
▪ Belarus White Russia	<input type="checkbox"/>
▪ Cambodia	<input type="checkbox"/>
▪ Cameroon	<input type="checkbox"/>
▪ Cape Verde Islands	<input type="checkbox"/>
▪ Cayman Islands	<input type="checkbox"/>
▪ Central African Republic	<input type="checkbox"/>
▪ Sri Lanka	<input type="checkbox"/>
▪ Chad	<input type="checkbox"/>

## NATIONAL HEALTH SURVEY 2015

---

- |                                    |                          |
|------------------------------------|--------------------------|
| ▪ Chile                            | <input type="checkbox"/> |
| ▪ China                            | <input type="checkbox"/> |
| ▪ Curacao                          | <input type="checkbox"/> |
| ▪ Taiwan                           | <input type="checkbox"/> |
| ▪ Colombia                         | <input type="checkbox"/> |
| ▪ Comoro Islands                   | <input type="checkbox"/> |
| ▪ Mayotte                          | <input type="checkbox"/> |
| ▪ Congo                            | <input type="checkbox"/> |
| ▪ Democratic republic of Congo     | <input type="checkbox"/> |
| ▪ Cook Islands                     | <input type="checkbox"/> |
| ▪ Costa Rica                       | <input type="checkbox"/> |
| ▪ Croatia                          | <input type="checkbox"/> |
| ▪ Cuba                             | <input type="checkbox"/> |
| ▪ Cyprus                           | <input type="checkbox"/> |
| ▪ Czech republic                   | <input type="checkbox"/> |
| ▪ Benin                            | <input type="checkbox"/> |
| ▪ Denmark                          | <input type="checkbox"/> |
| ▪ Dominica                         | <input type="checkbox"/> |
| ▪ Dominican Republic               | <input type="checkbox"/> |
| ▪ Ecuador                          | <input type="checkbox"/> |
| ▪ El Salvador                      | <input type="checkbox"/> |
| ▪ Equatorial Guinea                | <input type="checkbox"/> |
| ▪ Ethiopia                         | <input type="checkbox"/> |
| ▪ Eritrea                          | <input type="checkbox"/> |
| ▪ Estonia                          | <input type="checkbox"/> |
| ▪ Faeroe Islands                   | <input type="checkbox"/> |
| ▪ Falkland Islands                 | <input type="checkbox"/> |
| ▪ Fiji                             | <input type="checkbox"/> |
| ▪ Finland                          | <input type="checkbox"/> |
| ▪ Åland Islands                    | <input type="checkbox"/> |
| ▪ France                           | <input type="checkbox"/> |
| ▪ French-Guyana                    | <input type="checkbox"/> |
| ▪ French-Polynesia                 | <input type="checkbox"/> |
| ▪ Djibouti                         | <input type="checkbox"/> |
| ▪ Gabon                            | <input type="checkbox"/> |
| ▪ Georgia                          | <input type="checkbox"/> |
| ▪ Gambia                           | <input type="checkbox"/> |
| ▪ Occupied Palestinian territories | <input type="checkbox"/> |
-

## NATIONAL HEALTH SURVEY 2015

▪ Germany	<input type="checkbox"/>
▪ Ghana	<input type="checkbox"/>
▪ Gibraltar	<input type="checkbox"/>
▪ Kiribati	<input type="checkbox"/>
▪ Greece	<input type="checkbox"/>
▪ Greenland	<input type="checkbox"/>
▪ Grenada	<input type="checkbox"/>
▪ Guadeloupe	<input type="checkbox"/>
▪ Guam	<input type="checkbox"/>
▪ Guatemala	<input type="checkbox"/>
▪ Guinea	<input type="checkbox"/>
▪ Guyana	<input type="checkbox"/>
▪ Haiti	<input type="checkbox"/>
▪ Vatican city	<input type="checkbox"/>
▪ Honduras	<input type="checkbox"/>
▪ Hong Kong	<input type="checkbox"/>
▪ Hungary	<input type="checkbox"/>
▪ Iceland	<input type="checkbox"/>
▪ India	<input type="checkbox"/>
▪ Indonesia	<input type="checkbox"/>
▪ Iran	<input type="checkbox"/>
▪ Iraq	<input type="checkbox"/>
▪ Ireland	<input type="checkbox"/>
▪ Israel	<input type="checkbox"/>
▪ Italy	<input type="checkbox"/>
▪ Ivory coast	<input type="checkbox"/>
▪ Jamaica	<input type="checkbox"/>
▪ Japan	<input type="checkbox"/>
▪ Kazakhstan	<input type="checkbox"/>
▪ Jordan	<input type="checkbox"/>
▪ Kenya	<input type="checkbox"/>
▪ North Korea	<input type="checkbox"/>
▪ South Korea	<input type="checkbox"/>
▪ Kuwait	<input type="checkbox"/>
▪ Kyrgyzstan	<input type="checkbox"/>
▪ Laos	<input type="checkbox"/>
▪ Lebanon	<input type="checkbox"/>
▪ Lesotho	<input type="checkbox"/>
▪ Latvia	<input type="checkbox"/>

## NATIONAL HEALTH SURVEY 2015

---

▪ Liberia	<input type="checkbox"/>
▪ Libya	<input type="checkbox"/>
▪ Lichtenstein	<input type="checkbox"/>
▪ Lithuania	<input type="checkbox"/>
▪ Luxembourg	<input type="checkbox"/>
▪ Macao	<input type="checkbox"/>
▪ Madagascar	<input type="checkbox"/>
▪ Malawi	<input type="checkbox"/>
▪ Malaysia	<input type="checkbox"/>
▪ Maldives	<input type="checkbox"/>
▪ Mali	<input type="checkbox"/>
▪ Malta	<input type="checkbox"/>
▪ Martinique	<input type="checkbox"/>
▪ Mauritius	<input type="checkbox"/>
▪ Mauritania	<input type="checkbox"/>
▪ Mexico	<input type="checkbox"/>
▪ Monaco	<input type="checkbox"/>
▪ Mongolia	<input type="checkbox"/>
▪ Moldova	<input type="checkbox"/>
▪ Montenegro	<input type="checkbox"/>
▪ Montserrat	<input type="checkbox"/>
▪ Morocco	<input type="checkbox"/>
▪ Mozambique	<input type="checkbox"/>
▪ Oman	<input type="checkbox"/>
▪ Namibia	<input type="checkbox"/>
▪ Nauru	<input type="checkbox"/>
▪ Nepal	<input type="checkbox"/>
▪ Netherlands	<input type="checkbox"/>
▪ Curacao	<input type="checkbox"/>
▪ Aruba	<input type="checkbox"/>
▪ Sint Maarten	<input type="checkbox"/>
▪ Bonaire	<input type="checkbox"/>
▪ New Caledonia	<input type="checkbox"/>
▪ Vanuatu	<input type="checkbox"/>
▪ New Zealand	<input type="checkbox"/>
▪ Nicaragua	<input type="checkbox"/>
▪ Niger	<input type="checkbox"/>
▪ Nigeria	<input type="checkbox"/>

---

## NATIONAL HEALTH SURVEY 2015

- Niue ☐
- Norfolk ☐
- Norway ☐
- Northern Mariana Islands ☐
- Micronesia ☐
- Marshall islands ☐
- Palau ☐
- Pakistan ☐
- Panama ☐
- Papua New guinea ☐
- Paraguay ☐
- Peru ☐
- Philippines ☐
- Pitcairn ☐
- Poland ☐
- Guinea-Bissau ☐
- East Timor ☐
- Puerto Rico ☐
- Qatar ☐
- Reunion ☐
- Romania ☐
- Russia ☐
- Rwanda ☐
- Saint Barthelemy ☐
- Saint Helena ☐
- St Kitts and Nevis ☐
- Anguilla ☐
- Saint Lucia ☐
- Saint Martin ☐
- Saint Pierre and Miquelon ☐
- Saint Vincent and the Grenadines ☐
- Union Island ☐
- San Marino ☐
- Sao Tome and Principe ☐
- Saudi-Arabia ☐
- Senegal ☐
- Serbia ☐
- Seychelles Islands ☐
- Sierra Leone ☐

## NATIONAL HEALTH SURVEY 2015

---

- |                                  |                          |
|----------------------------------|--------------------------|
| ▪ Singapore                      | <input type="checkbox"/> |
| ▪ Slovakia                       | <input type="checkbox"/> |
| ▪ Vietnam                        | <input type="checkbox"/> |
| ▪ Slovenia                       | <input type="checkbox"/> |
| ▪ Somalia                        | <input type="checkbox"/> |
| ▪ South Africa                   | <input type="checkbox"/> |
| ▪ Zimbabwe                       | <input type="checkbox"/> |
| ▪ Spain                          | <input type="checkbox"/> |
| ▪ West Sahara                    | <input type="checkbox"/> |
| ▪ Sudan                          | <input type="checkbox"/> |
| ▪ Surinam                        | <input type="checkbox"/> |
| ▪ Svalbard and Jan Mayan islands | <input type="checkbox"/> |
| ▪ Swaziland                      | <input type="checkbox"/> |
| ▪ Sweden                         | <input type="checkbox"/> |
| ▪ Switzerland                    | <input type="checkbox"/> |
| ▪ Syria                          | <input type="checkbox"/> |
| ▪ Tadzhikistan                   | <input type="checkbox"/> |
| ▪ Thailand                       | <input type="checkbox"/> |
| ▪ Togo                           | <input type="checkbox"/> |
| ▪ Tokelau                        | <input type="checkbox"/> |
| ▪ Tonga                          | <input type="checkbox"/> |
| ▪ Trinidad and Tobago            | <input type="checkbox"/> |
| ▪ United Arab Emirates           | <input type="checkbox"/> |
| ▪ Tunisia                        | <input type="checkbox"/> |
| ▪ Turkey                         | <input type="checkbox"/> |
| ▪ Turkmenistan                   | <input type="checkbox"/> |
| ▪ Turk and Caicos Islands        | <input type="checkbox"/> |
| ▪ Tuvalu                         | <input type="checkbox"/> |
| ▪ Uganda                         | <input type="checkbox"/> |
| ▪ Ukraine                        | <input type="checkbox"/> |
| ▪ Macedonia                      | <input type="checkbox"/> |
| ▪ Egypt                          | <input type="checkbox"/> |
| ▪ United Kingdom                 | <input type="checkbox"/> |
| ▪ Channel Islands                | <input type="checkbox"/> |
| ▪ Guernsey                       | <input type="checkbox"/> |
| ▪ Jersey                         | <input type="checkbox"/> |
| ▪ Isle of Man                    | <input type="checkbox"/> |
| ▪ Tanzania                       | <input type="checkbox"/> |
-



## NATIONAL HEALTH SURVEY 2015

---

- United States of America ☐
- American Virgin Islands ☐
- Burkina Faso ☐
- Uruguay ☐
- Uzbekistan ☐
- Venezuela ☐
- Wallis and Futuna ☐
- Samoa ☐
- Yemen ☐
- Zambia ☐
- Sint Eustatius ☐
- Saba ☐
- Portugal ☐
- Canada ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**BF.5 What Country represents your Nationality? (TICK A MAXIMUM OF 3 BOXES)**

- Afghanistan ☐
  - Albania ☐
  - Algeria ☐
  - American Samoa ☐
  - Andorra ☐
  - Angola ☐
  - Antigua and Barbuda ☐
  - Azerbaijan ☐
  - Argentina ☐
  - Armenia ☐
  - Aruba ☐
  - Australia ☐
  - Austria ☐
  - Bahamas ☐
  - Bahrain ☐
  - Bangladesh ☐
  - Barbados ☐
  - Belgium ☐
  - Bermuda ☐
  - Bhutan ☐
-

## NATIONAL HEALTH SURVEY 2015

- Bolivia ☐
- Bosnia and Herzegovina ☐
- Bonaire ☐
- Botswana ☐
- Brazil ☐
- Belize ☐
- Solomon Islands ☐
- British Virgin Islands ☐
- Brunei Darussalam ☐
- Bulgaria ☐
- Myanmar ☐
- Burundi ☐
- Belarus White Russia ☐
- Cambodia ☐
- Cameroon ☐
- Cape Verde Islands ☐
- Cayman Islands ☐
- Central African Republic ☐
- Sri Lanka ☐
- Chad ☐
- Chile ☐
- China ☐
- Curacao ☐
- Taiwan ☐
- Colombia ☐
- Comoro Islands ☐
- Mayotte ☐
- Congo ☐
- Democratic republic of Congo ☐
- Cook Islands ☐
- Costa Rica ☐
- Croatia ☐
- Cuba ☐
- Cyprus ☐
- Czech republic ☐
- Benin ☐
- Denmark ☐
- Dominica ☐

## NATIONAL HEALTH SURVEY 2015

▪ Dominican Republic	<input type="checkbox"/>
▪ Ecuador	<input type="checkbox"/>
▪ El Salvador	<input type="checkbox"/>
▪ Equatorial Guinea	<input type="checkbox"/>
▪ Ethiopia	<input type="checkbox"/>
▪ Eritrea	<input type="checkbox"/>
▪ Estonia	<input type="checkbox"/>
▪ Faeroe Islands	<input type="checkbox"/>
▪ Falkland Islands	<input type="checkbox"/>
▪ Fiji	<input type="checkbox"/>
▪ Finland	<input type="checkbox"/>
▪ Åland Islands	<input type="checkbox"/>
▪ France	<input type="checkbox"/>
▪ French-Guyana	<input type="checkbox"/>
▪ French-Polynesia	<input type="checkbox"/>
▪ Djibouti	<input type="checkbox"/>
▪ Gabon	<input type="checkbox"/>
▪ Georgia	<input type="checkbox"/>
▪ Gambia	<input type="checkbox"/>
▪ Occupied Palestinian territories	<input type="checkbox"/>
▪ Germany	<input type="checkbox"/>
▪ Ghana	<input type="checkbox"/>
▪ Gibraltar	<input type="checkbox"/>
▪ Kiribati	<input type="checkbox"/>
▪ Greece	<input type="checkbox"/>
▪ Greenland	<input type="checkbox"/>
▪ Grenada	<input type="checkbox"/>
▪ Guadeloupe	<input type="checkbox"/>
▪ Guam	<input type="checkbox"/>
▪ Guatemala	<input type="checkbox"/>
▪ Guinea	<input type="checkbox"/>
▪ Guyana	<input type="checkbox"/>
▪ Haiti	<input type="checkbox"/>
▪ Vatican city	<input type="checkbox"/>
▪ Honduras	<input type="checkbox"/>
▪ Hong Kong	<input type="checkbox"/>
▪ Hungary	<input type="checkbox"/>
▪ Iceland	<input type="checkbox"/>
▪ India	<input type="checkbox"/>

## NATIONAL HEALTH SURVEY 2015

▪ Indonesia	<input type="checkbox"/>
▪ Iran	<input type="checkbox"/>
▪ Iraq	<input type="checkbox"/>
▪ Ireland	<input type="checkbox"/>
▪ Israel	<input type="checkbox"/>
▪ Italy	<input type="checkbox"/>
▪ Ivory coast	<input type="checkbox"/>
▪ Jamaica	<input type="checkbox"/>
▪ Japan	<input type="checkbox"/>
▪ Kazakhstan	<input type="checkbox"/>
▪ Jordan	<input type="checkbox"/>
▪ Kenya	<input type="checkbox"/>
▪ North Korea	<input type="checkbox"/>
▪ South Korea	<input type="checkbox"/>
▪ Kuwait	<input type="checkbox"/>
▪ Kyrgyzstan	<input type="checkbox"/>
▪ Laos	<input type="checkbox"/>
▪ Lebanon	<input type="checkbox"/>
▪ Lesotho	<input type="checkbox"/>
▪ Latvia	<input type="checkbox"/>
▪ Liberia	<input type="checkbox"/>
▪ Libya	<input type="checkbox"/>
▪ Lichtenstein	<input type="checkbox"/>
▪ Lithuania	<input type="checkbox"/>
▪ Luxembourg	<input type="checkbox"/>
▪ Macao	<input type="checkbox"/>
▪ Madagascar	<input type="checkbox"/>
▪ Malawi	<input type="checkbox"/>
▪ Malaysia	<input type="checkbox"/>
▪ Maldives	<input type="checkbox"/>
▪ Mali	<input type="checkbox"/>
▪ Malta	<input type="checkbox"/>
▪ Martinique	<input type="checkbox"/>
▪ Mauritius	<input type="checkbox"/>
▪ Mauritania	<input type="checkbox"/>
▪ Mexico	<input type="checkbox"/>
▪ Monaco	<input type="checkbox"/>
▪ Mongolia	<input type="checkbox"/>

## NATIONAL HEALTH SURVEY 2015

▪ Moldova	<input type="checkbox"/>
▪ Montenegro	<input type="checkbox"/>
▪ Montserrat	<input type="checkbox"/>
▪ Morocco	<input type="checkbox"/>
▪ Mozambique	<input type="checkbox"/>
▪ Oman	<input type="checkbox"/>
▪ Namibia	<input type="checkbox"/>
▪ Nauru	<input type="checkbox"/>
▪ Nepal	<input type="checkbox"/>
▪ Netherlands	<input type="checkbox"/>
▪ Curacao	<input type="checkbox"/>
▪ Aruba	<input type="checkbox"/>
▪ Sint Maarten	<input type="checkbox"/>
▪ Bonaire	<input type="checkbox"/>
▪ New Caledonia	<input type="checkbox"/>
▪ Vanuatu	<input type="checkbox"/>
▪ New Zealand	<input type="checkbox"/>
▪ Nicaragua	<input type="checkbox"/>
▪ Niger	<input type="checkbox"/>
▪ Nigeria	<input type="checkbox"/>
▪ Niue	<input type="checkbox"/>
▪ Norfolk	<input type="checkbox"/>
▪ Norway	<input type="checkbox"/>
▪ Northern Mariana Islands	<input type="checkbox"/>
▪ Micronesia	<input type="checkbox"/>
▪ Marshall islands	<input type="checkbox"/>
▪ Palau	<input type="checkbox"/>
▪ Pakistan	<input type="checkbox"/>
▪ Panama	<input type="checkbox"/>
▪ Papua New guinea	<input type="checkbox"/>
▪ Paraguay	<input type="checkbox"/>
▪ Peru	<input type="checkbox"/>
▪ Philippines	<input type="checkbox"/>
▪ Pitcairn	<input type="checkbox"/>
▪ Poland	<input type="checkbox"/>
▪ Guinea-Bissau	<input type="checkbox"/>
▪ East Timor	<input type="checkbox"/>
▪ Puerto Rico	<input type="checkbox"/>
▪ Qatar	<input type="checkbox"/>

## NATIONAL HEALTH SURVEY 2015

- |                                    |                          |
|------------------------------------|--------------------------|
| ▪ Reunion                          | <input type="checkbox"/> |
| ▪ Romania                          | <input type="checkbox"/> |
| ▪ Russia                           | <input type="checkbox"/> |
| ▪ Rwanda                           | <input type="checkbox"/> |
| ▪ Saint Barthelemy                 | <input type="checkbox"/> |
| ▪ Saint Helena                     | <input type="checkbox"/> |
| ▪ St Kitts and Nevis               | <input type="checkbox"/> |
| ▪ Anguilla                         | <input type="checkbox"/> |
| ▪ Saint Lucia                      | <input type="checkbox"/> |
| ▪ Saint Martin                     | <input type="checkbox"/> |
| ▪ Saint Pierre and Miquelon        | <input type="checkbox"/> |
| ▪ Saint Vincent and the Grenadines | <input type="checkbox"/> |
| ▪ Union Island                     | <input type="checkbox"/> |
| ▪ San Marino                       | <input type="checkbox"/> |
| ▪ Sao Tome and Principe            | <input type="checkbox"/> |
| ▪ Saudi-Arabia                     | <input type="checkbox"/> |
| ▪ Senegal                          | <input type="checkbox"/> |
| ▪ Serbia                           | <input type="checkbox"/> |
| ▪ Seychelles Islands               | <input type="checkbox"/> |
| ▪ Sierra Leone                     | <input type="checkbox"/> |
| ▪ Singapore                        | <input type="checkbox"/> |
| ▪ Slovakia                         | <input type="checkbox"/> |
| ▪ Vietnam                          | <input type="checkbox"/> |
| ▪ Slovenia                         | <input type="checkbox"/> |
| ▪ Somalia                          | <input type="checkbox"/> |
| ▪ South Africa                     | <input type="checkbox"/> |
| ▪ Zimbabwe                         | <input type="checkbox"/> |
| ▪ Spain                            | <input type="checkbox"/> |
| ▪ West Sahara                      | <input type="checkbox"/> |
| ▪ Sudan                            | <input type="checkbox"/> |
| ▪ Surinam                          | <input type="checkbox"/> |
| ▪ Svalbard and Jan Mayan islands   | <input type="checkbox"/> |
| ▪ Swaziland                        | <input type="checkbox"/> |
| ▪ Sweden                           | <input type="checkbox"/> |
| ▪ Switzerland                      | <input type="checkbox"/> |
| ▪ Syria                            | <input type="checkbox"/> |
| ▪ Tadzhikistan                     | <input type="checkbox"/> |
| ▪ Thailand                         | <input type="checkbox"/> |

## NATIONAL HEALTH SURVEY 2015

- Togo ☐
- Tokelau ☐
- Tonga ☐
- Trinidad and Tobago ☐
- United Arab Emirates ☐
- Tunisia ☐
- Turkey ☐
- Turkmenistan ☐
- Turk and Caicos Islands ☐
- Tuvalu ☐
- Uganda ☐
- Ukraine ☐
- Macedonia ☐
- Egypt ☐
- United Kingdom ☐
- Channel Islands ☐
- Guernsey ☐
- Jersey ☐
- Isle of Man ☐
- Tanzania ☐
- United States of America ☐
- American Virgin Islands ☐
- Burkina Faso ☐
- Uruguay ☐
- Uzbekistan ☐
- Venezuela ☐
- Wallis and Futuna ☐
- Samoa ☐
- Yemen ☐
- Zambia ☐
- Sint Eustatius ☐
- Saba ☐
- Portugal ☐
- Canada ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**BF.6** How long do you intend to stay?

- < 6 months ☐
- 6 - 12 months ☐
- 1 - 5 years ☐
- 5 - 10 years ☐
- 10 - 20 years ☐
- > 20 years ☐
- No plan(s) to leave ☐
- Do not know ☐
- Refused to answer ☐

**BF.7 How long have you been living on Sint Maarten / Saint Martin? (Cumulatively)**

- < 6 months ☐
- 6 - 12 months ☐
- 1 - 5 years ☐
- > 5 years ☐
- Whole life ☐
- Do not know ☐
- Refused to answer ☐

Commented [DW1]: BF6 and BF7 were switched in the codebook

**BF.8 Of what religion are you?**

- Adventist ☐
- Anglican ☐
- Baptist ☐
- Buddhist ☐
- Christian ☐
- Evangelical ☐
- Hindu ☐
- Islam ☐
- Jehovah's Witness ☐
- Jewish ☐
- Methodist ☐
- Mormon ☐
- Pentecostal ☐
- Protestant ☐
- Rasta ☐
- Roman Catholic ☐



- Scientology ☐
- No religion ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

#### Household

#### BF.9 How many child(ren) live in your household? AND their date of birth?

_ _ _  child(ren) /Date of birth	_ _ _  /  _ _ _  /  _ _ _ _ _
	_ _ _  /  _ _ _  /  _ _ _ _ _
	_ _ _  /  _ _ _  /  _ _ _ _ _
	_ _ _  /  _ _ _  /  _ _ _ _ _
	_ _ _  /  _ _ _  /  _ _ _ _ _
	_ _ _  /  _ _ _  /  _ _ _ _ _
	_ _ _  /  _ _ _  /  _ _ _ _ _
	_ _ _  /  _ _ _  /  _ _ _ _ _

- Do not know ☐
- Refused to answer ☐

#### BF.10 What is your legal marital status?

- Single, never married ☐
- Common law marriage / domestic partnership / living together ☐
- Married (incl. registered partnership) ☐
- Widowed and not remarried ☐
- Divorced and not remarried ☐
- (incl. dissolved registered partnership) ☐
- Separated ☐
- Do not know ☐
- Refused to answer ☐

#### BF.11 Are you living with someone in this household as a couple?

- Yes, living with husband / wife ☐
- Yes, living with partner ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

## Education and Labour

### BF.12 What is the highest education you have obtained?

- Pre-school / Ecole Maternelle ☐
- Kindergarten / Ecole Maternelle ☐
- Primary / Ecole primaire ☐
- Technical trade school (highschool) / Baccalauréat professionnel ☐
- Technical trade school (after highschool) / BTS / DUT ☐
- Certificate / Training / Formation certifiante ☐
- Secondary level 1 (MAVO equivalent) / Collège / Brevet des Collèges ☐
- Secondary level 1 (VSBO equivalent) / Collège / Brevet des Collèges ☐
- Secondary level 2 (HAVO / CXC equivalent) / Baccalauréat ☐
- Secondary level 2 (VWO / IB equivalent) / Baccalauréat ☐
- Secondary level 2 (MBO equivalent) / Baccalauréat ☐
- Secondary level 2 (Associate / Propedeuse equivalent) / Bac + 2 (Ecole spécialisée après le BAC) ☐
- Tertiary level 1 (HBO / college equivalent) / DEUG ☐
- Tertiary level 1 (Bachelor degree) / Licence ☐
- Tertiary level 2 (Master's degree) / Master ☐
- Tertiary level 2 (PHD / Doctorate degree) / Doctorat ☐
- None ☐
- Do not know ☐
- Refused to answer ☐

### BF.13 How would you define your current labour status?

- Employed (including unpaid work for a family business or holding, an apprenticeship or paid traineeship and including currently not at work due to maternity, parental, sick leave or holidays) ☐
- Unemployed, actively seeking work (past 2 weeks)? ☐
- Unemployed, not actively seeking work ☐
- Pupil, student, further training, unpaid work experience ☐
- In retirement or early retirement ☐
- Unemployed, due to permanent disability (including longstanding illness or health problems) ☐
- Doing community service ☐
- Fulfilling domestic tasks ☐
- Do not know ☐

▪ Refused to answer

☐

# Household Income

HAND SHOWCARD AND LET THE RESPONDENT SELECT THE CATEGORY.

**BF.14a** Think of all the sources of income you and the other members of your household have, such as wages, benefits, scholarships, rent, child support, and (spousal) allowances.

Can you tell the letter that indicates the approximate range of your household's total net monthly income (that is after deductions for tax, national insurances etc.)?  
*SELECT ONE CATEGORY*

- |    |                          |
|----|--------------------------|
| A  | <input type="checkbox"/> |
| B  | <input type="checkbox"/> |
| C  | <input type="checkbox"/> |
| D  | <input type="checkbox"/> |
| E  | <input type="checkbox"/> |
| F  | <input type="checkbox"/> |
| G  | <input type="checkbox"/> |
| H  | <input type="checkbox"/> |
| I  | <input type="checkbox"/> |
| J  | <input type="checkbox"/> |
| K  | <input type="checkbox"/> |
| L  | <input type="checkbox"/> |
| M  | <input type="checkbox"/> |
| N  | <input type="checkbox"/> |
| O  | <input type="checkbox"/> |
| P  | <input type="checkbox"/> |
| Q  | <input type="checkbox"/> |
| R  | <input type="checkbox"/> |
| S  | <input type="checkbox"/> |
| T  | <input type="checkbox"/> |
| U  | <input type="checkbox"/> |
| V  | <input type="checkbox"/> |
| W  | <input type="checkbox"/> |
| X  | <input type="checkbox"/> |
| Y  | <input type="checkbox"/> |
| Z  | <input type="checkbox"/> |
| AA | <input type="checkbox"/> |
| AB | <input type="checkbox"/> |

AC ☐  
AD ☐

**BF.14b Please select the currency of your income.**

- ANG ☐
- USD ☐
- EUR ☐
- Do not know ☐
- Refused to answer ☐

#### PHYSICAL LIMITATIONS MODULE

*Physical limitations; please ignore any temporary physical limitations that will improve over time.*

#### Eye Sight

**PL.1 Do you wear glasses or contact lenses?**

- Yes ☐ →GO TO PL.2a
- No ☐ →GO TO PL.2b
- Cannot see at all ☐ →GO TO PL.5
- Do not know ☐
- Refused to answer ☐

**PL.2a Do you have difficulty seeing even when wearing glasses / contacts?**

- No, with no difficulty ☐ →GO TO PL.5
- With some difficulty ☐ →GO TO PL.3
- With a lot of difficulty ☐ →GO TO PL.3
- Do not know ☐
- Refused to answer ☐

**PL.2b Do you have difficulty seeing?**

- No, with no difficulty ☐ →GO TO PL.5
- With some difficulty ☐
- With a lot of difficulty ☐
- Do not know ☐

- Refused to answer ☐

**Statement 1**

**PLEASE ANSWER THE FOLLOWING QUESTIONS ACCORDING TO PERSONS NORMAL USE OF GLASSES OR CONTACT LENSES**

**PL.3 Can you read newspaper print?**

- Yes, with no difficulty ☐
- With some difficulty ☐
- With a lot of difficulty ☐
- Cannot see at all ☐
- Do not know ☐
- Refused to answer ☐

**PL.4 Can you see someone's face from 4 metres away (across a road)?**

- Yes, with no difficulty ☐
- With some difficulty ☐
- With a lot of difficulty ☐
- Cannot see at all ☐
- Do not know ☐
- Refused to answer ☐

**Hearing**

**PL.5 Do you wear a hearing aid?**

- Yes ☐ →GO TO PL.6a
- No ☐ →GO TO PL.6b
- I am profoundly deaf ☐ →GO TO PL.10
- Do not know ☐
- Refused to answer ☐

**PL.6a Do you have difficulty hearing even when wearing a hearing aid?**

- No, with no difficulty ☐ →GO TO PL.7
- With some difficulty ☐ →GO TO PL.7
- With a lot of difficulty ☐ →GO TO PL.7
- Cannot hear at all ☐
- Do not know ☐
- Refused to answer ☐

**PL.6b Do you have difficulty hearing?**

- No, with no difficulty ☐ →GO TO PL.10
- With some difficulty ☐ →GO TO PL.8
- With a lot of difficulty ☐ →GO TO PL.8
- Cannot hear at all ☐
- Do not know ☐
- Refused to answer ☐

**PL.7 How often do you wear your hearing aid?**

- All of the time ☐
- Some of the time ☐
- Rarely ☐
- Never ☐
- Do not know ☐
- Refused to answer ☐

**Statement 2**

**PLEASE ANSWER THE FOLLOWING QUESTION ACCORDING TO PERSONS NORMAL USE OF HEARING AIDS.**

**PL.8 Can you hear what is said in a conversation with more than 3 people?**

- Yes, with no difficulty ☐
- With some difficulty ☐
- With a lot of difficulty ☐
- Not at all ☐
- Do not know ☐
- Refused to answer ☐

**PL.9 Can you hear what is said in a conversation with 1 person?**

- Yes, with no difficulty ☐
- With some difficulty ☐
- With a lot of difficulty ☐
- Not at all ☐
- Do not know ☐
- Refused to answer ☐

**Mobility**

**PL.10 Do you need any assistance with walking?**

- I cannot walk at all ☐ →GO TO PL.11d
- Yes, a lot of assistance ☐
- Yes, some assistance ☐
- No, I can make do ☐ →GO TO PL.12
- No, no assistance needed ☐ →GO TO PL.12
- Do not know ☐
- Refused to answer ☐

**PL. 11 Do you use any of the following for assistance? CHECK ALL THAT APPLY**

a. Cane or walking stick	<input type="checkbox"/>
b. Walker or zimmer frame?	<input type="checkbox"/>
c. Crutches?	<input type="checkbox"/>
d. Wheelchair or scooter? →GO TO PL.16 when PL.10 is cannot walk at all	<input type="checkbox"/>
e. Artificial limb (leg / foot)?	<input type="checkbox"/>
f. Someone's assistance?	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>
h. Do not know	<input type="checkbox"/>
i. Refused to answer	<input type="checkbox"/>

**PL.12 Can you walk 50 meters on a flat terrain (Philipsburg Boardwalk – Taloula Mango's Restaurant / St. Rose Beach Bar to Holland House Hotel and Restaurant)?**

- No, not at all ☐

- No, not without assistance ☐
- Yes, with a lot of assistance ☐
- Yes, with some assistance ☐
- Yes, with no problem ☐
- Do not know ☐
- Refused to answer ☐

**PL.13 Can you walk 500 meters on a flat terrain (Philipsburg Boardwalk - Greenhouse Restaurant to Captain Hodge Pier/Courthouse)?**

- No, not at all ☐
- No, not without assistance ☐
- Yes, with a lot of assistance ☐
- Yes, with some assistance ☐
- Yes, with no problem ☐
- Do not know ☐
- Refused to answer ☐

**PL.14 Do you need any assistance climbing stairs?**

- I cannot climb stairs at all ☐
- Yes, a lot of assistance ☐
- Yes, some assistance ☐
- No, I can make do ☐
- No, no assistance needed ☐
- Do not know ☐
- Refused to answer ☐

**PL.15 Do you need any assistance bending and kneeling down?**

- I cannot bend and kneel at all ☐
- Yes, a lot of assistance ☐
- Yes, some assistance ☐
- No, I can make do ☐
- No, no assistance needed ☐
- Do not know ☐
- Refused to answer ☐

**Upper Body**

**PL.16 Using your arms, can you lift a 2 litre bottle of soda from waist to eye level?**



- Yes, with no difficulty ☐
- With some difficulty ☐
- With a lot of difficulty ☐
- No, cannot use arms at all ☐
- Do not know ☐
- Refused to answer ☐

**PL.17 Can you use your fingers to grasp or handle a small object like a pen?**

- Yes, with no difficulty ☐
- With some difficulty ☐
- With a lot of difficulty ☐
- No, cannot use fingers at all ☐
- Do not know ☐
- Refused to answer ☐

**Self-Care**

**Do you have any physical limitations?**

- Yes ☐
- No ☐ -> SKIP TO PL.21
- Do not know ☐
- Refused to answer ☐

**PL.18 Do you need help for household chores because your physical limitations restrict you to do so?**

- Yes, at least for one activity ☐
- I do need help, but do not receive any ☐
- Not applicable, I do not need help ☐
- Do not know ☐
- Refused to answer ☐

**PL.19 Do you need help for personal care activities (hygiene/beauty) because your physical limitations restrict you to do so?**

- Yes, at least for one activity ☐
- I do need help, but do not receive any ☐
- Not applicable, I do not need help ☐ →GO TO PL.21 if PL18 is not applicable, do not need help

- Do not know ☐
- Refused to answer ☐

**PL.20 Do you need (more) help for household or personal care activities?**

- Yes, for at least one activity ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**Communication**

**PL.21** Do you, when using your usual language, have difficulty communicating, for example understanding or being understood?

- No, no difficulties at all ☐ →GO TO HS.1
- Yes, with some difficulty ☐
- Yes, with a lot of difficulty ☐
- Unable to communicate ☐
- Do not know ☐
- Refused to answer ☐

**PL.22** Do you use sign language as a means of communication?

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**HEALTH STATUS MODULE**

*Now some general health questions. If you have any doubts about an answer, try to give the answer that is most applicable to you.*

**General Health**

**HS.1** How do you categorize your health in general? *SELECT ONE CATEGORY*

- Very good ☐
- Good ☐

## NATIONAL HEALTH SURVEY 2015

- Fair ☐
- Bad ☐
- Very bad ☐
- Do not know ☐
- Refused to answer ☐

**HS.2 Do you have any longstanding/chronic illness or longstanding/chronic health problem?**  
**[By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more].**

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**HS.3 For the past 6 months, to what extent have you been limited in activities people usually do, because of a health problem? SELECT ONE CATEGORY**

**Do you think you were ...**

- Severely limited ☐
- Limited but not severely ☐
- Not limited at all ☐
- Do not know ☐
- Refused to answer ☐

**HS.4 How would you categorize your weight?**

- Underweight ☐
- A healthy weight ☐
- Overweight ☐
- Do not know ☐
- Refused to answer ☐

*Indicate whether a disease or condition is or was applicable to you from the below mentioned list. Do you have or have you ever had...*

FOR EACH DISEASE / ILLNESS / HEALTH PROBLEM REPORTED, ASK HS.6, HS.7 AND HS.8.

	HS.5 Do you have or have you ever had any of the following	HS.6 Was this disease/condition diagnosed by a	HS.7 Have you had this disease/condition in the past 12	HS.8 Have you used medication or been treated for this
--	--	--	---	--

NATIONAL HEALTH SURVEY 2015

	diseases or conditions? IF NO go to HS.9		medical doctor?		<u>months?</u> IF NO go to HS.9		disease/condition during <u>the past 2 weeks?</u> (prescribed by a medical doctor only)	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Asthma (allergic asthma Included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lung disease, such as chronic bronchitis/ chronic obstructive pulmonary disease (COPD/ emphysema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart attack (Myocardial infarction)	<input type="checkbox"/>	<input type="checkbox"/> If NO go to 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Consequences of a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Another heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Stroke (brain infarction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Rheumatoid arthritis (inflammation of the joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. (Osteo)arthritis (deterioration of cartilage of joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hernia, or other Chronic back defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Diabetes	<input type="checkbox"/> If yes answer PA.19-22	<input type="checkbox"/> If NO go to 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Diabetes-related complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies, such as food allergy, runny nose, skin rash or eye inflammation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL HEALTH SURVEY 2015

14. Gastrointestinal disorder (Stomach ulcer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Disease of the liver, such as Cirrhosis or hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Cancer (including leukemia and lymphoma)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Chronic depression (longer than 3 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Other psychological problems*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Cataract (clouding Inside lens of eye)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Glaucoma (optic nerve damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Gall stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Porous bones (Osteoporosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Dengue or Dengue-like symptoms	<input type="checkbox"/> IF yes answer PA.17/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Chikungunya or Chikungunya-like symptoms	<input type="checkbox"/> IF yes answer PA.17/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Sexually Transmitted Disease / Infection*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Sickle cell disease (or carrier)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL HEALTH SURVEY 2015

31. Epilepsy / Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Skin problems / disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Disease of the nervous system (multiple sclerosis, parkinson, etc.)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Infertility / sterility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. (for women) gynaecological problems, such as cysts, myoma, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. (for women) Menstruation problems, such as irregular menstrual cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. (for men) Prostate Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. (for men) erectile dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE for question 35-39: let interviewer fill in survey themselves!**

**17\* type of cancer** \_\_\_\_\_ (Breast, Colorectal, Cervical (female), Prostate (male))

**20\* type of psychological problems** \_\_\_\_\_ (Stress, Anxiety, Schizophrenia, Bipolar Disorder)

**29\* Type of Sexually Transmitted Disease / Infection** \_\_\_\_\_ (HIV, Chlamydia, Syphilis, Herpes)

**34\* Type of disease of the nervous system** \_\_\_\_\_ (Multiple Sclerosis, Parkinson, etc.)

- Do not know ☐
- Refused to answer ☐

**Cognition**

**HS.9 Do you have difficulty remembering or concentrating?**

- No, no difficulties at all ☐ →GO TO HS. 12
- Yes, with some difficulty ☐
- Yes, with a lot of difficulty ☐
- Unable to remember / concentrate ☐
- Do not know ☐
- Refused to answer ☐

**HS. 10 How often do you have difficulty remembering?**

- Sometimes ☐
- Often ☐
- All the time ☐
- Do not know ☐
- Refused to answer ☐

**HS. 11 Do you have difficulty remembering a few things, a lot of things or almost everything?**

- A few things ☐
- A lot of things ☐
- Almost everything ☐
- Do not know ☐
- Refused to answer ☐
- Not Applicable ☐

**Contraception**

**HS.12 Have you or your partner used the following contraceptive methods for the past 6 months? CHECK ALL THAT APPLY**

- a) Birth control pills ☐
- b) Birth control implant (Implanon) ☐
- c) Birth control ring (NuvaRing) ☐
- d) Contraceptive coil ☐  
(Intrauterine device / system– IUD/IUS)
- e) Diaphragm ☐
- f) Other hormonal birth control ☐
- g) Morning after pill / Emergency Contraception ☐
- h) Withdrawal method ☐
- i) Condoms ☐
- j) Abstinence during fertile days ☐

- k) Sterilization ☐
- l) Other contraceptive method \_\_\_\_\_ ☐
- m) None ☐
- n) Not applicable (female partner is (post-)menopausal) ☐
- o) Not applicable (was not sexually active) ☐
- p) Do not know ☐
- q) Refused to answer ☐

THE FOLLOWING QUESTIONS ARE FOR **WOMEN** ONLY.

**HS.13** How many live born children have you given birth to |\_\_|\_\_| -> If ZERO (0) go to HS.15

- Do not know ☐
- Refused to answer ☐

**HS.14** When was the last time you gave birth to a live-born child?

Month: |\_\_|\_\_| year: |\_\_|\_\_|\_\_|\_\_|

- Do not know ☐
- Refused to answer ☐

#### Accidents

*Indicate whether you experienced an accident over the last 12 months?*

**HS.15** Have you experienced any type of accident that lead to health consequences

- Yes ☐
- No ☐ →GO TO SF.1
- Do not know ☐
- Refused to answer ☐

**HS.16** Was the health consequence internal, external, and / or psychological

CHECK ALL THAT APPLY

- Internal (i.e. intestinal, bones/cartilage) ☐
- External (i.e. bodily harm, wounds/grazing/scabs) ☐
- Psychological ☐
- Do not know ☐
- Refused to answer ☐



	HS.17 In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal, psychological)?				HS.18 Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident?			
Type of accident	Yes	No -> Skip to SF.1	Do not know	Refused to answer	Yes	No	Do not know	Refused to answer
Road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident at work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and leisure accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None, not Applicable	<input type="checkbox"/>	-> Skip to SF.1						

**PA.17** You indicated to have or have had dengue/chikungunya. Has the diagnosis dengue/chikungunya been laboratory confirmed; did you go to the lab and have your blood tested and it came out positive?

- |                     | Yes                      | No   |
|---------------------|--------------------------|--|
| ▪ Dengue            | <input type="checkbox"/> | <input type="checkbox"/> (if HS.5.28 is yes) |
| ▪ Chikungunya       | <input type="checkbox"/> | <input type="checkbox"/> (if HS.5.29 is yes) |
| ▪ Do not know       |                          | <input type="checkbox"/>                     |
| ▪ Refused to answer |                          | <input type="checkbox"/>                     |

**PA.18a** Have you had any residual health complaints?

- |                     | Yes                      | No   |
|---------------------|--------------------------|--|
| ▪ Dengue            | <input type="checkbox"/> | <input type="checkbox"/> (if HS.5.28 is yes) |
| ▪ Chikungunya       | <input type="checkbox"/> | <input type="checkbox"/> (if HS.5.29 is yes) |
| ▪ Do not know       |                          | <input type="checkbox"/>                     |
| ▪ Refused to answer |                          | <input type="checkbox"/>                     |

**PA.18b** What type of complaints?

*MULTIPLE SELECTIONS POSSIBLE*

## NATIONAL HEALTH SURVEY 2015

---

- Fever ☐
- Abdominal pain ☐
- Vomiting ☐
- Bleeding ☐
- Breathing difficulty ☐
- Headache ☐
- Pain behind the eyes ☐
- Muscle, bone, and joint pain ☐
- Rash ☐
- Drowsiness ☐
- Patchy skin ☐
- Black, tarry stool ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

IF HS.5.11 is YES, answer the following questions, otherwise skip to HS.9

THE NEXT QUESTIONS ARE FOR DIABETICS ONLY

### Clinical eye examination

*This is a procedure where a health professional, among other tests, asks you to read bigger and smaller lines on a chart.*

#### PA.19 Have you ever had a clinical eye examination?

- Yes ☐
- No ☐ → GO TO PA.21
- Do not know ☐
- Refused to answer ☐

#### PA.20 When was the last time you had a clinical eye examination?

- Within the past 12 months ☐
- More than 1 year, but not more than 2 years ago ☐
- More than 2 years, but not more than 3 years ago ☐
- Not within the past 3 years ☐
- Do not know ☐
- Refused to answer ☐

### Clinical foot examinations

*This is a procedure where a health professional looks at your feet for anything out of the ordinary.*

**PA.21 Have you ever had a clinical foot examination?**

- Yes ☐
- No ☐ →GO TO HS.9
- Do not know ☐
- Refused to answer ☐

**PA.22 When was the last time you had a clinical foot examination?**

- Within the past 12 months ☐
- More than 1 year, but not more than 2 years ago ☐
- More than 2 years, but not more than 3 years ago ☐
- Not within the past 3 years ☐
- Do not know ☐
- Refused to answer ☐

**SUFFERING & FEELINGS MODULE**

*The next questions are about any physical pain you may have had during the past week.*

Location of Pain	SF. 1 During the last week, have you had any pain in/on the following locations for more than 4 days which has affected your ability to carry out your daily activities?				SF.2 Has this pain lasted for 3 months or more?			
	Yes	No →GO TO SF.3	Do not know	Refused to answer	Yes	No	Do not know	Refused to answer
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist(s)/hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip(s)/thigh(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL HEALTH SURVEY 2015

Ankles/ foot/ feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buttock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The next questions are about how you feel and how you have been during the past 4 weeks.  
For each question, please give the answer that comes closest to the way you have been feeling.*

How much of the time, during the past 4 weeks, have you felt the following...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Do not know	Refused to answer
SF.3 Full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.4 Very nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.5 So down that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.6 Calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.7 A lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.8 Down-hearted and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.9 Worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.10 Happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF.11 Tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SF.12** Would you describe yourself as usually being:

- Happy and interested in life ☐
- Somewhat happy ☐
- Somewhat unhappy ☐
- Unhappy with little interest in life ☐
- So unhappy that life is not worthwhile ☐
- Do not know ☐
- Refused to answer ☐

**SF. 13** Which face describes best how you think about your life?



- Do not know ☐
- Refused to answer ☐

	Yes	No	Do not know	Refused to answer
Physically performed less (quantity / amount)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance level decreased (quality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SF. 15 How often do you feel worried, nervous, anxious or depressed?**

- Daily ☐
- Weekly ☐
- Monthly ☐
- A few times a year ☐
- Never ☐ →GO TO SF. 18
- Do not know ☐
- Refused to answer ☐

**SF. 16 Do you take medication or are you seeking treatment for those feelings?**

- Yes ☐
- No, but have in the past ☐
- No, never have ☐
- Do not know ☐
- Refused to answer ☐

**SF. 17 The last time you felt worried, nervous, anxious or depressed, how would you describe the level of those feelings?**

- A little ☐
- A lot ☐
- Somewhere in between ☐
- Do not know ☐
- Refused to answer ☐

**SF.18 How many people in your life are so close to you that you can count on them if you have a serious personal problem?**

- None ☐
- 1 or 2 ☐
- 3 to 5 ☐
- More than 5 ☐
- Do not know ☐
- Refused to answer ☐

**SF.19 Do you make use of health information (i.e. asking your general practitioner, looking up information online, attending health fairs)?**

- Yes ☐
- No ☐ -> SKIP TO BMI.1
- Do not know ☐ -> SKIP TO BMI.1
- Refused to answer ☐ -> SKIP TO BMI.1

**SF.20 Where do you get your information about health...? CHECK ALL THAT APPLY**

- a) Your general practitioner ☐
- b) Other health care professionals ☐
- c) Health promotion campaigns ☐
- d) Workplace/ school ☐
- e) Leaflets at health centre ☐
- f) Family / friends ☐
- g) Media (newspapers, radio, TV) ☐
- h) Internet ☐
- i) Books / Magazines ☐
- j) Health fairs ☐
- k) Scientific articles ☐
- k) I do not seek information ☐
- l) Other \_\_\_\_\_ ☐
- l) Do not know ☐
- m) Refused to answer ☐

**BODY MASS INDEX MODULE**

*The next questions are concerning your height and weight.*

**BMI.1 How tall are you (without shoes)?**

|\_|\_|\_| cm / |\_|\_|\_| ft

- Do not know ☐
- Refused to answer ☐

**BMI.2 How much do you weigh (without clothes and shoes on)?**

|\_|\_|\_| kg / |\_|\_|\_| lbs

- Do not know ☐
- Refused to answer ☐

PHYSICAL EXERCISE MODULE

*The next questions are concerning the time you spend on physical activities during the past 7 days. If you haven't exercised this past week but do so regularly, please answer accordingly.*

**PE.1 During your usual week, how many days do you do moderate to vigorous physical exercise for at least 10 – 30 minutes at a time?**

These activities make you breathe much harder than normal, such as aerobics, tennis, running, dancing, power walking, but also digging, building, etc.

|\_|\_| Days per week IF ZERO → GO TO PE.3

- Do not know ☐
- Refused to answer ☐

**PE.2 During your usual week, how much time do you spend in total doing vigorous physical activities?**

|\_|\_| hours |\_|\_| minutes

- Do not know ☐
- Refused to answer ☐

**PE.3 During your usual week, how many days do you do light physical exercise for at least 10 – 30 minutes at a time?**

Light physical activities are activities such as walking, stretching, light swimming; you will still be able to hold a conversation during these activities.

|\_|\_| Days per week IF ZERO → GO TO PE.6

- Do not know ☐

- Refused to answer ☐

**PE.4 During your usual week, how much time do you spend in total doing light physical activities?**

|\_\_|\_\_| hours |\_\_|\_\_| minutes

- Do not know ☐
- Refused to answer ☐

**PE.5 What type of physical exercise do you participate in?**

*MULTIPLE SELECTIONS POSSIBLE*

- Aerobic / endurance exercise (i.e. biking, running, aerobics, swimming, etc.) ☐
- Strength exercise (i.e. weightlifting, toning, etc.) ☐
- Flexibility / balance exercise (i.e. yoga, pilates, etc.) ☐
- Not applicable ☐
- Do not know ☐
- Refused to answer ☐

**PE.6 Did you participate in any physical activities this week?**

- Yes ☐ -> SKIP TO EH.1
- No ☐
- Do not know ☐
- Refused to answer ☐

**PE.7 If you did not do any physical activities this week, tell us the main reason? SKIP IF PE.1 and/or PE.3 are > ZERO (0)**

*SELECT ONE CATEGORY*

- I did not have enough time ☐
- I did not have enough energy ☐
- I do not like physical activities ☐
- I am too lazy ☐
- I do not need it ☐
- It costs too much money ☐
- I have an injury / handicap / disease ☐
- I am too old ☐
- Other reason \_\_\_\_\_ ☐



- Do not know ☐
- Refused to answer ☐

#### EATING HABITS MODULE

*The next questions concern the consumption of fruits and vegetables.*

##### **EH.1 How often do you eat fruits (excluding juices and canned fruits)?**

- At least once a day ☐ → GO TO EH.3
- Less than once a day but at least 4 times a week ☐
- Less than 4 times a week, but at least once a week ☐
- Less than once a week ☐
- Never ☐
- Do not know ☐
- Refused to answer ☐

##### **EH.2 If you do not eat fruits on a daily basis, what is the main reason?**

*SELECT ONE CATEGORY*

- I find it hard to find them in the places I usually shop ☐
- I do not like the taste ☐
- I do not know how to prepare/ eat them ☐
- They are too expensive ☐
- It is not a habit of mine to eat fruit ☐
- My life is too hectic to think about healthy eating habits ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

##### **EH.3 How often do you eat vegetables or salad (excluding juices and potatoes)?**

- At least once a day ☐ → GO TO EH.5
- Less than once a day but at least 4 times a week ☐
- Less than 4 times a week, but at least once a week ☐
- Less than once a week ☐
- Never ☐
- Do not know ☐
- Refused to answer ☐

##### **EH.4 If you do not eat vegetables on a daily basis, what is the main reason?**

*SELECT ONE CATEGORY*

- I find it hard to find them in the places I usually shop ☐
- I do not like the taste ☐
- I do not know how to prepare/ eat them ☐
- They are too expensive ☐
- It is not a habit of mine to eat vegetables ☐
- My life is too hectic to think about healthy eating habits ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**EH.5 How often do you eat/drink dairy products (milk, cheese, yoghurt)?**

- At least once a day ☐
- Less than once a day but at least 4 times a week ☐
- Less than 4 times a week, but at least once a week ☐
- Less than once a week ☐
- Hardly ever ☐
- Never ☐
- Do not know ☐
- Refused to answer ☐

**EH.6 How often do you eat protein (fish, poultry, meat, beans, tofu / soya, eggs)?**

- At least once a day ☐
- Less than once a day but at least 4 times a week ☐
- Less than 4 times a week, but at least once a week ☐
- Less than once a week ☐
- Hardly ever ☐
- Never ☐
- Do not know ☐
- Refused to answer ☐

**EH.7 How often do you eat carbohydrates / starches (bread, pasta, potato)?**

- At least once a day ☐
- Less than once a day but at least 4 times a week ☐
- Less than 4 times a week, but at least once a week ☐
- Less than once a week ☐
- Hardly ever ☐

- Never ☐
- Do not know ☐
- Refused to answer ☐

**EH.8 How often do you eat fast-food or take-out (Chinese, pizza, burgers, and fried foods, also when prepared at home)?**

- At least once a day ☐
- Less than once a day but at least 4 times a week ☐
- Less than 4 times a week, but at least once a week ☐
- Less than once a week ☐
- Hardly ever ☐
- Never ☐
- Do not know ☐
- Refused to answer ☐

**EH.9 Which beverage(s) do you most commonly drink?**

*TICK A MAXIMUM OF 3 BOXES*

- Water ☐
- Tea (black, green) ☐
- Tea (with milk and / or sugar) ☐
- Coffee (black) ☐
- Coffee (with milk and / or sugar) ☐
- A carbonated beverage (flavoured soda, coke, red bull, etc.) ☐
- A non-carbonated beverage; juice, ice tea, etc. ☐
- Beer or wine ☐
- Other alcoholic drinks; spirits ☐
- Milk (incl. chocolate or strawberry milk) ☐
- Almond / Soy Milk ☐
- Sports drinks (Gatorade, vitamin water) ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**ALCOHOL MODULE**

*The following questions are about your use of alcoholic beverages during the past 12 months.*

**AL.1 During the past 12 months, how often have you had an alcoholic drink of any kind (that includes beer, wine and liquor / spirits)?**

NATIONAL HEALTH SURVEY 2015

- Never ☐ →GO TO SM.1
- Once a month or less ☐ →GO TO AL.5
- Once a week or less ☐ →GO TO AL.5
- 2 to 3 times a week ☐
- 4 or 6 times a week ☐
- Every day ☐
- Do not know ☐
- Refused to answer ☐

**AL.2** How many of the following alcoholic drinks do you have each day during a typical week?

<i>Amount/quantity per day</i>	<i>Bottles of beer</i>	<i>Glasses of wine</i>	<i>Glasses of liquor or spirits (incl. cocktails and/or mixed drinks)</i>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

- Do not know ☐
- Refused to answer ☐

**AL.3** During the past 12 months, how often did you have 6 or more drinks on one occasion?

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐
- Do not know ☐
- Refused to answer ☐

**AL.4** Here are various possible outcomes of your drinking habit.  
Please indicate which situation applies to you? CHECK ALL THAT APPLY

- Made efforts to control your drinking habit? ☐
- People close to you been annoyed by your drinking habit? ☐
- You have feelings of guilt due to drinking? ☐

- You drink to control withdrawal symptoms? ☐  
(i.e tremors, anxiety, nausea, headache, increased heart rate, irritability, confusion)
- You drive under influence? ☐
- You have experienced health problems related to your drinking? ☐
- You feel the need for a drink in the morning to get yourself going? ☐
- You experienced problems such as forgetfulness? ☐
- or being listless/lethargic? ☐
- Other \_\_\_\_\_ ☐
- Not Applicable ☐
- Do not know ☐
- Refused to answer ☐

**AL.5 How old were you when you started drinking alcohol? If you are not sure, you may give an estimation.**

|\_\_|\_\_| years old

- Do not know ☐
- Refused to answer ☐

#### SMOKING MODULE

*The following questions are about your use of tobacco.*

**SM.1 Are you exposed to second hand smoke tobacco regularly?**

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**SM.2 Do you currently smoke (tobacco/nicotine)?**

- Yes, daily ☐ →GO TO SM.4
- Yes, but not daily ☐ →GO TO SM.4
- Not anymore ☐
- Not at all, and never have ☐ →SKIP TO DR.1
- Do not know ☐
- Refused to answer ☐

**SM.3 Have you ever smoked (cigarettes, cigars, pipes) daily, or almost daily, for at least one year?**

- Yes ☐ →GO TO STATEMENT 3
- No ☐ →GO TO DR.1
- Do not know ☐
- Refused to answer ☐

**Statement 3**

**ANSWER THE FOLLOWING QUESTIONS ACCORDING TO YOUR (FORMER) SMOKING HABITS.**

**SM.4 What tobacco product(s) do / did you smoke (almost) daily? CHECK ALL THAT APPLY**

- Manufactured cigarettes ☐
- Hand-rolled cigarettes ☐
- Cigars ☐
- Pipe ☐
- Chewing tobacco ☐
- Electronic cigarettes ☐
- Hookah or shisha ☐
- Other ☐
- Do not know ☐
- Refused to answer ☐

**SM.5 On average, how many cigarettes, cigars or pipes do/did you smoke each day?**

- Only socially ☐
- Up to 5 per day ☐
- Less than 10 per day ☐
- Between 11 and 20 per day ☐
- Between 21 and 30 per day ☐
- More than 31 per day ☐
- Do not know ☐
- Refused to answer ☐

**SM.6 Do you find it difficult to refrain from smoking where smoking is not allowed (eg. hospital, cinemas, schools, etc.)?**

- Yes ☐
- No ☐

- Do not know ☐
- Refused to answer ☐

**SM.7 How soon after wake up do you smoke your first cigarette?**

- First 5 minutes ☐
- First 30 minutes ☐
- First hour ☐
- After the first hour ☐
- Do not know ☐
- Refused to answer ☐

**SM.8 Do or did you smoke indoors?**

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**SM.9 How old were you when you started smoking? If you are not sure, you may give an estimation.**

|\_\_|\_\_| years old

- Do not know ☐
- Refused to answer ☐

**SM.10 Do you smoke even if you are very ill?**

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**SM.11a Have you tried to stop smoking?**

- Yes ☐
- No ☐ →GO TO SM.12 (WOMEN ONLY)  
→GO TO DR.1 (MEN ONLY)
- Do not know ☐
- Refused to answer ☐
- ☐

**SM.11b Have you succeeded in stopping?**

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

THE NEXT QUESTION IS FOR WOMEN ONLY

**SM.12** If you have ever been pregnant, did you ever smoke during your pregnancy / pregnancies?

- Yes, daily ☐
- Yes, but not daily ☐
- Not at all ☐
- Not applicable ☐
- Do not know ☐
- Refused to answer ☐

#### DRUG MODULE

*The following questions are about the use of drugs such as cannabis (marijuana) cocaine, etc.*

**DR.1** During the past 12 months, have you taken any soft drugs, such as cannabis/ hasj/ marihuana?

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**DR.2** During the past 12 months, have you taken any hard drugs, such as cocaine, base, ecstasy or other?

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

→GO TO EN.1a IF DR.1 AND DR.2 ARE BOTH NO



**DR.3 Do you consider yourself a heavy, regular or occasional user?**

- Heavy ☐
- Regular ☐
- Occasional ☐
- Do not know ☐
- Refused to answer ☐

**DR.4 Do or did you experience any problem(s) related to your use? Please indicate which situation applies to you. CHECK ALL THAT APPLY**

- Made efforts to control your habit? ☐
- People close to you been annoyed by your habit? ☐
- You spend more time with friends whom also have the same habits? ☐
- You have gotten into any problems related to your habit? ☐  
(i.e. financial, legal, etc.)
- You have feelings of guilt due to your habit? ☐
- You use to control withdrawal symptoms? ☐  
(i.e. anxiety or jumpiness; shakiness or trembling; sweating, nausea and vomiting; insomnia; depression; irritability; fatigue or loss of appetite and headaches)
- ☐
- You drive under influence? ☐
- You have experienced problems such as forgetfulness? ☐
  - or being listless/lethargic? ☐
  - paranoid? ☐
- Other \_\_\_\_\_ ☐
- Not applicable ☐
- Do not know ☐
- Refused to answer ☐

**ENVIRONMENT MODULE**

*The next questions concern the environment where you live and work.*

**EN.1 a** Considering the past 12 months, when you were at home or at your place of work, to what extent were you exposed to any of the following conditions?

**EN.1 b** Do you consider the following serious problems for your neighbourhood (home/work)?

NATIONAL HEALTH SURVEY 2015

	Severely exposed	Somewhat exposed	Not exposed	Do not know	Refused to answer	Not Applicable	Serious problem	Not a serious problem	Do not know	Refused to answer	Not Applicable
Mosquitoes at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosquitoes at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodents at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodents at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stray or roaming animals at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stray or roaming animals at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste / garbage at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid waste / garbage at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water / sewage at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water / sewage at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise (from road or air traffic, factories / manufacturing companies,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

neighbours, animals, restaurants / bars / nightclubs) at HOME											
Noise (from road or air traffic, factories / manufacturing companies, neighbours, animals, restaurants / bars / nightclubs) at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution (fine dust, grime, dust from industrial companies, fume) at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution (fine dust, grime, dust from industrial companies, fume) at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smell (chemicals, toxic fumes) at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smell (chemicals, toxic fumes) at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous hazards (unsafe environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

where one could hurt oneself) at HOME												
Dangerous hazards (unsafe environment where one could hurt oneself) at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal activities (such as a burglary, drug use, etc.) at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criminal activities (such as a burglary, drug use, etc.) at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other at HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other at WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**EN.2a Have you had any health effects from the mentioned environmental pollution?**

- Yes ☐
- No ☐ →GO TO EN.3
- Do not know ☐
- Refused to answer ☐

**EN.2b What type of health effects have you experienced due to environmental pollution?**

*MULTIPLE SELECTIONS POSSIBLE*

- Respiratory problems ☐
- Skin problems e.g. rashes, infections, etc. ☐

- Allergies ☐
- Headaches / Migraines ☐
- Ear, nose and throat problems ☐
- Eye problems ☐
- Stomach and bowel problems e.g. diarrhea, worms, food poisoning, etc. ☐
- Infections e.g. Dengue, Chikungunya, Tuberculosis, etc. ☐
- Heart and circulation problems e.g. fast or irregular heartbeat, etc. ☐
- Central nervous system problems e.g. headaches, dizziness etc. ☐
- Psychological stress ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**EN.3 How do you feel about your residential neighbourhood?**

**Agree / Disagree / Do not know / Refused to answer**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| ▪ Safe  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Quiet   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Garbage is frequently collected                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ No running water on the road (GEBE or sewage water)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Affordable  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Private   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Amenities nearby (i.e. supermarket, pharmacy, etc.)               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ No traffic  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Public transportation nearby                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Recreational facilities (i.e. playground, basketball field, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Community centre nearby   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ No nuisance caused animals, rodents, etc.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ No nuisance caused by people, etc.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Suitable as residential area (i.e. commercial, industrial area)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Other _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**EN.4 Does your place of work protect you against negative health consequences?**

**Agree / Disagree / Do not know / Refused to answer / Not applicable**

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ▪ Proper working space (office area, windows, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

- Proper working facilities (chair, desk, etc.) ☐ ☐ ☐ ☐ ☐
- Proper lighting ☐ ☐ ☐ ☐ ☐
- Proper (fresh) air circulation ☐ ☐ ☐ ☐ ☐
- Proper temperature ☐ ☐ ☐ ☐ ☐
- Safe neighbourhood ☐ ☐ ☐ ☐ ☐
- No risks / hazards on the job (no dangerous situations on work floor) ☐ ☐ ☐ ☐ ☐
- Proper clothing provided when needed (boots, masks, hard hats, gloves, etc.) ☐ ☐ ☐
- Proper working hours ☐ ☐ ☐ ☐ ☐
- No noise hindrance ☐ ☐ ☐ ☐ ☐
- Allowed to take breaks when needed (esp. when standing a lot) ☐ ☐ ☐ ☐ ☐
- Other \_\_\_\_\_ ☐ ☐ ☐ ☐ ☐

#### HEALTH CARE MODULE

*The next questions are pertaining to the use of health facilities. This only includes the use of a health facility for your own health. Visits to, for example, a hospital, doctor or dentist for your child or someone else does NOT count.*

#### Emergency Room Visits

**ER.1 During the past 12 months, have you visited an emergency room (ER)?**

- Yes ☐
- No ☐ → GO TO HC.1
- Do not know ☐
- Refused to answer ☐

**ER.2 What was the reason for visiting an emergency room (ER)?**

- I needed emergency care ☐
- I needed medical attention but it was after hours / my general practitioner's (GP) office was closed ☐
- I was unsure of my medical condition and I needed medical advice ☐
- Do not know ☐
- Refused to answer ☐

**ER.3 Did your visit to the emergency room (ER) lead to hospitalization?**

- Yes ☐
- No ☐

- Do not know ☐
- Refused to answer ☐

*The next set of questions is about the time you spent in a hospital for hospitalization, local and abroad (this includes hospitalization on the other side of the island as well). Visits to the emergency room or to a medical specialist in the hospital should NOT be included.*

**FOR WOMEN: THE TIME SPENT IN HOSPITAL FOR GIVING BIRTH SHOULD NOT BE INCLUDED, COMPLICATIONS AFTER BIRTH SHOULD BE INCLUDED.**

**HC.1 During the past 12 months have you been hospitalized, overnight or longer?**

- Yes ☐
- No ☐ → GO TO HC.5
- Do not know ☐
- Refused to answer ☐

**HC.2 Was the hospitalization local or abroad (including other side of island)?**

- Local ☐
- Abroad ☐
- Both ☐
- Do not know ☐
- Refused to answer ☐

**HC.3 How many separate hospitalizations have you had the past 12 months? Count all the stays that ended in this period.**

|\_\_|\_\_| local hospital stays  
|\_\_|\_\_| abroad hospital stays

- Do not know ☐
- Refused to answer ☐

**HC.4 How many nights in total did you spend in hospital?**

|\_\_|\_\_|\_\_| nights in a local hospital  
|\_\_|\_\_|\_\_| nights in a hospital abroad

- Do not know ☐
- Refused to answer ☐

## Dental Care

**HC.5 When was the last time you visited a dentist, orthodontist or other dental care specialist (that is, not while accompanying a child, spouse, etc.)?**

- Less than 12 months ago ☐
- 1-4 years ago ☐
- 5 years ago or longer ☐
- Never ☐
- Do not know ☐
- Refused to answer ☐

**HC.6 During the past 12 months, was there any time when you really needed dental treatment, but you did not go to a dentist?**

- Yes, there was at least one occasion ☐
- No, there was no occasion ☐ →GO TO HC.8
- Do not know ☐
- Refused to answer ☐

**HC.7 What was the main reason for not seeking dental treatment?**

- I could not afford it as I am not insured ☐
- I could not afford it as it is not covered by insurance ☐
- The waiting time was too long ☐
- Did not have the time ☐
- Too far to travel / no means of transportation ☐
- Fear of surgery / treatment ☐
- I do not like to go to the dentist ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

## General practitioner or family doctor

*Please include visits to your doctor's practice as well as home visits and consultations by telephone.*

**HC.8 When was the last time you consulted a GP (general practitioner) / family doctor?**

- Less than 12 months ago ☐
- 12 months ago or longer ☐ →GO TO HC.10



# NATIONAL HEALTH SURVEY 2015

- Never ☐ →GO TO HC.10, then HC.14
- Do not know ☐
- Refused to answer ☐

## **HC.9 How many times did you consult a GP (general practitioner) / family doctor during the past four weeks?**

|\_\_| |\_\_| times [NONE AT ALL = 0] → MORE THAN ZERO (0) GO TO HC.11

- Do not know ☐
- Refused to answer ☐

## **HC.10 What was the main reason for not consulting a GP (within that time frame)?**

→IF HC.8 was 'NEVER', then skip to HC.14 after HC.10!

- Could not afford it as I am not insured ☐
- Could not afford it as it is not covered by insurance ☐
- The waiting time was too long ☐
- Did not have the time ☐
- Too far to travel / no means of transportation ☐
- Fear of surgery / treatment ☐
- I prefer traditional / alternative health practices (herbalist, bush doctor, acupuncture, etc.) ☐
- I do not like to go to the doctor ☐
- I had no reason to go ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

## **HC.11a During your last visit, were you referred by the GP (general practitioner) / family doctor to:**

Yes / No / Do not know / Refused to answer

HC.11b Local / Abroad / Both

- |                                      |                          |                          |                          |                          |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ▪ A medical specialist for treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ A pharmacy for medication          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| ▪ A laboratory for tests             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| ▪ A radiology department for X-ray   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ A hospital for admittance          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ A physiotherapist                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| ▪ A dietician or nutritionist        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| ▪ A psychologist / psychiatrist      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| ▪ Midwife (ONLY for women)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |

**HC.12 During your last doctors visit, did you have the consultation with your own GP (general practitioner) / family doctor?**

- Yes ☐ →GO TO HC.14
- No ☐
- I don't have a GP ☐ →GO TO HC.14
- Do not know ☐
- Refused to answer ☐

**HC.13 If this consultation was not with your own (general practitioner) / family doctor, why not?**

- My own GP was absent ☐
- It was in the weekend/ at night ☐
- I wanted a second opinion ☐
- I have more confidence in the other GP ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**Medical or surgical specialists**

*Please include visits / consultations at the offices in and out of the hospital (the emergency department and the policlinic). Do NOT include contact with medical or surgical specialists during hospitalization.*

**HC.14 When was the last time you consulted a medical or surgical specialist ~~on your own~~ behalf?**

- Less than 12 months ago ☐
- 12 months ago or longer ☐ →GO TO HC.19
- Never ☐ →GO TO HC.19
- Do not know ☐
- Refused to answer ☐

**HC.17a Did the consultation with the medical specialist take place locally or abroad?**

- Locally ☐ → SKIP to HC.19
- Abroad ☐

- Both ☐
- Do not know ☐
- Refused to answer ☐

**HC.17b Where did the consultation with the medical specialist take place?**

*MULTIPLE ANSWERS ARE POSSIBLE*

- St. Maarten Medical Centre (SMMC) ☐
- Louis Constant Fleming Hospital (LCF) ☐
  - Colombia ☐
  - Dominican Republic ☐
  - Curacao ☐
  - Aruba ☐
  - Martinique ☐
  - Guadeloupe ☐
  - Barbados ☐
  - The Netherlands ☐
  - France ☐
  - Other \_\_\_\_\_ ☐
  - Do not know ☐
  - Refused to answer ☐

**HC.18 What is the reason you went to a medical specialist abroad and not on Sint Maarten / Saint Martin?**

*SELECT ONE CATEGORY*

- I wanted to stay close with family while undergoing treatment ☐
- I have an illness / condition that cannot be treated locally ☐
- There is no specialist available locally ☐
- The referred to institution is specialized in my condition ☐
- I had more confidence in the medical expertise abroad ☐
- I wanted to hear the opinion of a foreign specialist ☐
- I was abroad at the time for vacation or work ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**HC.15 During the past 12 months, how many times did you consult a specialist on your own behalf?**

|\_\_|\_\_| times [NONE AT ALL = 0] locally

|\_\_|\_\_| times [NONE AT ALL = 0] abroad

- Do not know ☐
- Refused to answer ☐

**HC.16 What type of specialist did you consult? CHECK ALL THAT APPLY**

- Eye specialist ☐
- Internist ☐
- Radiologist ☐
- Cardiologist ☐
- Gastroenterologist ☐
- Oncologist ☐
- Urologist ☐
- Gynaecologist ☐
- Obstetrician ☐
- Dermatologist ☐
- Immunologist ☐
- Neurologist ☐
- Nephrologist ☐
- Surgeon ☐
- Nose, Throat and Ear Doctor ☐
- Geriatric Specialist ☐
- Orthodontist ☐
- Podiatrist ☐
- Psychiatrist ☐
- Other \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**HC.19 During the past 12 months, have you made use of or visited a...?**

	Yes	No	Do not know	Refused to answer
Medical laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist / Physical Therapist / Manual Therapist / Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietician / Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speech therapist / 'Logopedist'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist / Psychotherapist / Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeopath / Herbalist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clairvoyant / Psychic / Fortune teller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Alternative Medicine Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Health Care Facilities

**HC.20** During the past 12 months, was there any time when you really needed medical treatment, but you did not go? (Dentist is excluded)

- Yes, there was at least one occasion ☐
- No, there was no occasion ☐ → GO TO PA.1
- Do not know ☐
- Refused to answer ☐

**HC.21** What was the main reason for not seeking treatment?

- Could not afford it as I am not insured ☐
- Could not afford it as it is not covered by insurance ☐
- The waiting time was too long ☐
- I did not have the time ☐
- It is too far to travel / no means of transportation ☐
- I have a fear of surgery / treatment ☐
- I don't like to go to a medical doctor ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

#### PREVENTION MODULE

*The next questions pertain to preventive health. This is measured by a health professional or by a laboratory specialist from a drop of blood and by placing a cuff over your bare arm.*

#### Blood Sugar and Blood Cholesterol

**PA.1** Has your blood sugar or blood cholesterol level ever been measured by a health professional?

- |                     | Blood sugar              | Blood cholesterol        |                      |
|---------------------|--------------------------|--------------------------|----------------------|
| ▪ Yes               | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| ▪ No                | <input type="checkbox"/> | <input type="checkbox"/> | →BOTH NO, GO TO PA.3 |
| ▪ Do not know       | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| ▪ Refused to answer | <input type="checkbox"/> | <input type="checkbox"/> |                      |

**PA.2 When was the last time that your blood sugar or blood cholesterol level was measured?**

- |                             | Blood sugar              | Blood cholesterol        |
|-----------------------------|--------------------------|--------------------------|
| ▪ Within the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ 1-5 years ago             | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ More than 5 years ago     | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do not know               | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Refused to answer         | <input type="checkbox"/> | <input type="checkbox"/> |

#### Blood Pressure

**PA.3 Has your blood pressure ever been measured by a health professional?**

- |                     |                                      |
|---------------------|--------------------------------------|
| ▪ Yes               | <input type="checkbox"/>             |
| ▪ No                | <input type="checkbox"/> →GO TO PA.5 |
| ▪ Do not know       | <input type="checkbox"/>             |
| ▪ Refused to answer | <input type="checkbox"/>             |

**PA.4 When was the last time that your blood pressure was measured by a health professional?**

- |                             |                          |
|-----------------------------|--------------------------|
| ▪ Within the past 12 months | <input type="checkbox"/> |
| ▪ 1-5 years ago             | <input type="checkbox"/> |
| ▪ More than 5 years ago     | <input type="checkbox"/> |
| ▪ Do not know               | <input type="checkbox"/> |
| ▪ Refused to answer         | <input type="checkbox"/> |

#### Vaccinations

**PA.5 Have you ever been vaccinated against the flu (*influenza*), also as a child?**

- |               |   |
|---------------|---|
| ▪ Yes         | <input type="checkbox"/>  |
| ▪ No          | <input type="checkbox"/> →GO TO PA.7 for WOMEN, GO TO PA.12 for MEN |
| ▪ Do not know | <input type="checkbox"/>  |

- Refused to answer ☐

**PA.6 When was the last time you were vaccinated against the flu (*influenza*)?**

- Since the beginning of this year ☐
- Last year ☐
- Before last year ☐
- As a child ☐
- Do not know ☐
- Refused to answer ☐

THE NEXT QUESTIONS ARE FOR **WOMEN**. FOR **MEN** GO TO PA.12

**Mammography**

*This is a procedure where an X-ray of one or both your breasts is made by a health professional.*

**PA.7 Do you do self-breast examinations?**

- Yes ☐
- No ☐
- Do not know ☐
- Refused to answer ☐

**PA.8 Have you ever had an X-ray of one or both of your breasts?**

- Yes ☐
- No ☐ →GO TO PA.10
- Do not know ☐
- Refused to answer ☐

**PA.9 When was the last time you had an X-ray taken of one or both your breasts?**

- Within the past 12 months ☐
- More than 1 year, but not more than 2 years ago ☐
- More than 2 years, but not more than 3 years ago ☐
- Not within the past 3 years ☐
- Cannot remember ☐
- Do not know ☐
- Refused to answer ☐

**Cervical Smears**

*This is a procedure where a health professional takes a sample of cells from the lower end of your uterus.*

**PA.10 Have you ever had a cervical smear test?**

- Yes ☐
- No ☐ →GO TO PA.14
- Do not know ☐
- Refused to answer ☐

**PA.11 When was the last time you had a cervical smear test?**

- Within the past 12 months ☐
- More than 1 year, but not more than 2 years ago ☐
- More than 2 years, but not more than 3 years ago ☐
- Not within the past 3 years ☐
- Cannot remember ☐
- Do not know ☐
- Refused to answer ☐

THE NEXT QUESTIONS ARE FOR **MEN**. FOR **WOMEN** GO TO PA.14

**Prostate and Testicular Screening**

*This is a procedure where a health professional examines the testicles and/or prostate for abnormalities.*

**PA.12 Have you ever had your prostate or testicles screened?**

- Yes ☐
- No ☐ →GO TO PA.14
- Do not know ☐
- Refused to answer ☐

**PA.13 When was the last time you had your prostate or testicles screened?**

- Within the past 12 months ☐
- More than 1 year, but not more than 2 years ago ☐
- More than 2 years, but not more than 3 years ago ☐
- Not within the past 3 years ☐



- Do not know ☐
- Refused to answer ☐

**Sexually Transmitted Diseases / Infections**

**PA.14 Do you get tested for Sexually Transmitted Diseases or Infections?**

- Yes ☐
- No ☐ →GO TO PA.16
- Do not know ☐
- Refused to answer ☐

**PA.15 When was the last time you got tested regularly for Sexually Transmitted Disease or Infection?**

- Within the past 12 months ☐
- More than 1 year, but not more than 2 years ago ☐
- More than 2 years, but not more than 3 years ago ☐
- Not within the past 3 years ☐
- Cannot remember ☐
- Do not know ☐
- Refused to answer ☐

SATISFACTION & INSURANCE MODULE

*The next question are about your satisfaction with the local health care system.*

**SI.1** In general, how satisfied would you say you are by the services provided by the following health care providers?

	Very satisfied	Fairly satisfied	satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Not applicable	Do not know	Refused to Answer
<b>St. Maarten Medical Centre</b>								
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Louis Constant Fleming Hospital</b>								
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning Point Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White and Yellow Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentists, orthodontists and other dental care specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical or surgical specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family doctors or General Practitioners (GP's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St. Maarten Laboratory Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lepers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other home care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SI.2 Are you covered by a Health Insurance?**

- Insured ☐ → GO TO SI.3
- Uninsured ☐

**SI.3 Why are you not covered by Health Insurance?**

*MULTIPLE SELECTIONS POSSIBLE*

- It is too expensive ☐
- My job does not cover the costs ☐
- I have been denied due to a pre-existing condition ☐
- I do not see the need ☐
- I prefer to pay as I go ☐
- Other reason \_\_\_\_\_ ☐
- Do not know ☐
- Refused to answer ☐

**SI.4 How are you covered?**

*SELECT A MAXIMUM OF TWO CATEGORIES*

- National Health Insurance / 'Sécurité Social' ☐
- Regime Social des Independants (RSI) ☐
- SZV (SVB package) ☐
- SZV (BZV / civil servant package) ☐
- Pro pauper (PP) ☐
- FZOG ☐
- AVBZ ☐
- Insured through work ☐
- Private insurance ☐
- Do not know ☐
- Refused to answer ☐

**General Comment**

---



---



---



---



---

→ END OF INTERVIEW



## **APPENDIX B**



Table BF.1 What is your sex?

Sex	Total Percent n=1810	Sint Maarten Percent n=1023	Saint-Martin Percent n=787
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Male	40.9	42.6	38.6
Female	59.1	57.4	61.4

Table BF.2 What is your age or date of birth?

Category	Total Percent n=1721	Sint Maarten Percent n=991	Saint-Martin Percent n=730
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
18-19	2.8	2.8	2.9
20-24	5.8	5.3	6.4
25-29	7.3	6.8	8.0
30-34	7.3	6.8	8.0
35-39	8.3	7.8	8.9
40-44	10.0	9.6	10.6
45-49	9.8	10.0	9.4
50-54	11.7	12.4	13.7
55-59	10.2	11.3	5.9
60-64	8.7	8.5	8.9
65-69	7.8	8.9	6.2
70-74	4.8	4.9	4.8
75-79	2.9	2.7	3.1
80-84	1.6	1.3	2.1
85 years and over	1.0	0.9	1.1
Median age		49.9	47.3

Table BF.3 What ethnicity do you identify with?

Category	Total Percent n=1806	Sint Maarten Percent n=1018	Saint-Martin Percent n=788
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Black	79.5	76.4	83.5
Hispanic	9.4	10.4	8.0
Arab	0.4	0.5	0.3
Asian	0.4	0.6	0.1
Indian	2.4	3.9	0.5
Caucasian	5.5	4.6	6.7
Other	2.4	3.5	0.9

Table BF.4 What is your country of birth?

Category	Total Percent n=1813	Sint Maarten Percent n=1023	Saint-Martin Percent n=790
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Saint-Martin	17.3	3.2	36.6
Dominican Rep.	13.7	14.5	12.7
St. Maarten	12.4	19.0	3.9
Haiti	10.9	9.4	12.9
Dominica	6.6	7.9	4.9
Jamaica	5.4	7.5	2.5
Aruba	3.7	5.2	1.8
Curacao	3.6	5.6	1.1
Guyana	3.5	5.9	0.4
France	3.4	0.9	6.6
Guadeloupe	2.9	0.2	6.3
St. Kitts - Nevis	2.5	3.6	1.0
Anguilla	2.0	2.0	2.0
St. Lucia	1.5	2.0	1.0
Holland	1.4	2.3	0.1
India	1.0	1.8	0.1
Trinidad and Tobago	0.7	0.9	0.4
St. Vincent and the Grenadines	0.7	0.8	0.1
Other Caribbean	0.5	1.6	0.8
Surinam	0.4	0.6	0.1
Other	5.8	5.1	4.6

Table BF.5 What country represents your nationality?

Category	Total Percent n=1811	Sint Maarten Percent n=1021	Saint-Martin Percent n=790
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>101.7</b>
Holland	13.4	22.7	1.4
St. Maarten	14.0	22.6	2.8
Saint-Martin	15.4	1.1	33.8
Dominican Rep.	9.3	10.1	8.4
France	8.9	0.9	19.2
Haiti	8.4	7.7	9.2
Jamaica	4.8	6.8	2.3
Dominica	3.4	3.7	3.0
Guyana	2.8	4.8	3.0
St. Lucia	1.0	1.3	0.8
Aruba	0.9	1.1	0.6
Curacao	1.3	1.9	0.5
Guadeloupe	1.0	0.1	2.2
Other	2.4	1.4	3.0
Other Caribbean	3.8	5.6	1.0
Multiple Nationalities	9.2	8.2	10.5



Table BF.6 How long have you been living on Sint Maarten/Saint Martin?

Category	Total Percent n=1805	Sint Maarten Percent n=1018	Saint-Martin Percent n=787
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
< 6 months	0.2	0.1	0.3
6 - 12 months	0.6	0.7	0.4
1 - 5 years	4.2	4.3	3.9
5 to 10 years	7.2	7.1	7.4
10 to 20 years	15.6	17.8	12.8
More than 20 years	47.5	52.6	41.0
Whole life	24.8	17.5	34.2

Table BF.7 How long do you intend to stay?

Category	Total Percent n=1571	Sint Maarten Percent n=871	Saint-Martin Percent n=700
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
< 6 months	1.3	0.8	2.0
6 - 12 months	0.6	0.5	0.9
1 - 5 years	3.6	3.0	4.4
Greater than 5	3.6	2.2	5.4
No plan(s) to leave	90.8	93.6	87.3

Table BF.8 Of what religion are you?

Category	Total Percent n=1787	Sint Maarten Percent n=1014	Saint-Martin Percent n=773
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Adventist	6.0	6.5	5.4
Anglican	2.7	3.8	1.3
Baptist	4.1	5.9	1.7
Buddhist	0.2	0.2	0.3
Christian	15.8	17.7	13.3
Evangelical	1.8	0.8	3.2
Hindu	1.7	2.9	0.1
Islam	0.6	0.7	0.4
Jehovah's Witness	2.7	2.5	3.1
Jewish	0.1	0.2	0.0
Methodist	10.7	11.5	9.7
Mormon	0.3	0.2	0.4
Pentecostal	9.3	10.1	8.4
Protestant	1.3	1.5	1.0
Rasta	0.5	0.3	0.8
Roman Catholic	30.9	27.1	35.8
No religion	10.0	6.5	14.6
Other	1.1	1.7	0.4

Table BF.9 How many child(ren) that live in the household belong to you?

Category	Total Percent n=1659	Sint Maarten Percent n=984	Saint-Martin Percent n=675
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0	51.0	53.3	47.7
1	23.0	23.8	21.8
2	16.0	14.6	17.9
3	6.4	5.6	7.7
4	2.3	1.8	3.0
5	0.8	0.8	0.9
6	0.4	0.1	0.7
7	0.1	0.0	0.1
8	0.1	0.0	0.1

Table BF.10 What is your legal marital status?

Marital Status	Total Percent n=1804	Sint Maarten Percent n=1018	Saint-Martin Percent n=786
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Single, never married	40.3	39.9	40.8
Common law marriage	15.0	13.3	17.3
Married	29.8	33.8	24.6
Widowed not remarried	6.7	5.8	7.9
Divorced and not remarried	6.2	6.2	6.1
Separated	2.1	1.1	3.3

Table BF.11 Are you living with someone in this household as a couple?

Category	Total Percent n=1802	Sint Maarten Percent n=1016	Saint-Martin Percent n=786
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, living with husband/wife	29.1	32.8	24.4
Yes, living with partner	17.4	16.4	18.6
No	53.5	50.8	57.0

Table BF.12 What is the highest education you have obtained?

Category	Total Percent n=1759	Sint Maarten Percent n=1005	Saint-Martin Percent n=754
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Pre-school	0.2	0.0	0.5
Kindergarten	0.1	0.1	0.1
Primary	20.4	21.8	18.4
Technical trade school (high school)	24.7	25.8	23.3
Technical trade school (after high school)	5.9	5.7	6.1
Certificate	3.2	3.0	3.6
Secondary level 1 (MAVO equivalent)	13.9	12.3	15.9
Secondary level 1 (VSBO equivalent)	5.0	5.3	4.6
Secondary level 2 (HAVO/CXC equivalent)	5.2	3.2	8.0
Secondary level 2 (VWO/IB equivalent)	0.4	0.1	0.8
Secondary level 2 (MBO equivalent)	3.8	4.2	3.2
Secondary level 2 (Associates equivalent)	2.8	2.7	3.1
Tertiary level 1 (HBO/ college equivalent)	2.8	3.8	1.6
Tertiary level 1 (Bachelor degree)	6.5	7.1	5.8
Tertiary level 2 (Master's degree)	2.8	3.5	1.9
Tertiary level 2 (Ph.D/ Doctorate degree)	0.6	0.6	0.5
None	1.6	1.0	2.5

Table BF.13 How would you define your current labor status?

Category	Total Percent n=1803	Sint Maarten Percent n=1019	Saint-Martin Percent n=784
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Employed	57.3	63.2	49.7
Unemployed, actively seeking work	10.5	6.8	15.4
Unemployed, not actively seeking work	8.5	7.0	10.6
Pupil, student, further training, unpaid work	2.7	2.0	3.6
In retirement or early retirement	18.8	19.0	18.5
Unemployed due to permanent disability	1.4	1.0	1.9
Doing community service	0.1	0.0	0.1
Fulfilling domestic tasks	0.7	1.1	0.1

Table BF.14a Mean Monthly Income of Respondents

Monthly Income	Sint Maarten ANG n=415	Saint-Martin EUR n=369
Median Monthly Income	ANG 2,004.81	€ 1,293.18

Note: Median Income only includes persons who reported income in featured currency.

Table BF.14b Please select the currency of your income

Category	Total Percent n=1174	Sint Maarten Percent n=670	Saint-Martin Percent n=504
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
ANG	37.2	63.0	3.0
USD	26.0	35.7	13.1
EUR	36.8	1.3	83.9

Table PL.1 **Wears Glasses or Contact Lenses**

Category	Total Percent n=1812	Sint Maarten Percent n=1022	Saint-Martin Percent n=790
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	51.8	53.0	50.3
No	48.2	47.0	49.7

Table PL.2a **Difficulty Seeing when Wearing Glasses or Contact Lenses**

Category	Total Percent n=936	Sint Maarten Percent n=539	Saint-Martin Percent n=397
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, with no difficulty	79.4	80.0	78.6
With some difficulty	18.7	18.6	18.9
With a lot of difficulty	1.9	1.5	2.5

Table PL.2b **Difficulty Seeing**

Category	Total Percent n=875	Sint Maarten Percent n=483	Saint-Martin Percent n=392
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, with no difficulty	80.9	79.5	82.7
With some difficulty	17.9	19.0	16.6
With a lot of difficulty	1.1	1.4	0.8

Table PL.3 **Can Read Newspaper Print**

Category	Total Percent n=357	Sint Maarten Percent n=206	Saint-Martin Percent n=151
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, with no difficulty	40.9	50.0	28.5
With some difficulty	49.0	40.3	60.9
With a lot of difficulty	8.4	8.7	7.9
Cannot see at all	1.7	1.0	2.6

Table PL.4 **Can See Someone's Face 4 Metres Away**

Category	Total Percent n=359	Sint Maarten Percent n=206	Saint-Martin Percent n=153
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, with no difficulty	68.0	77.2	55.6
With some difficulty	27.6	18.4	39.9
With a lot of difficulty	3.6	3.9	3.3
Cannot see at all	0.8	0.5	1.3

Table PL.5 **Wears Hearing Aid**

Category	Total Percent n=1813	Sint Maarten Percent n=1023	Saint-Martin Percent n=790
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	0.7	0.6	0.8
No	99.3	99.4	99.2

Table PL.6a **Difficulty Hearing with Hearing Aid**

Category	Total Percent n=10	Sint Maarten Percent n=5	Saint-Martin Percent n=5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, with no difficulty	50.0	80.0	20.0
With some difficulty	50.0	20.0	80.0
With a lot of difficulty	0.00	0.00	0.00
Cannot hear at all	0.00	0.00	0.00

Table PL.6b **Difficulty Hearing**

Category	Total Percent n=1802	Sint Maarten Percent n=1017	Saint-Martin Percent n=785
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, with no difficulty	96.8	96.8	96.8
With some difficulty	2.9	2.9	2.9
With a lot of difficulty	0.3	0.4	0.3
Cannot hear at all	0.0	0.0	0.0

Table PL.7 **How Often Hearing Aid Worn**

Category	Total Percent n=11	Sint Maarten Percent n=5	Saint-Martin Percent n=6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	18.2	40.0	0.0
Some of the time	54.5	40.0	66.7
Rarely	27.3	20.0	33.3
Never	0.0	0.0	0.0

Table PL.8 **Can you Hear in a Conversation  
with 3+ Persons**

Category	Total Percent n=68	Sint Maarten Percent n=38	Saint-Martin Percent n=30
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, with no difficulty	45.6	57.9	30.0
With some difficulty	47.1	34.2	63.3
With a lot of difficulty	5.9	7.9	3.3
Not at all	1.5	0.0	3.3

Table PL.9 **Can you Hear in a Conversation  
with 1 Person**

Category	Total Percent n=68	Sint Maarten Percent n=38	Saint-Martin Percent n=30
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, with no difficulty	76.5	78.9	73.3
With some difficulty	22.1	18.4	26.7
With a lot of difficulty	1.5	2.6	0.0
Not at all	0.0	0.0	0.0

Table PL.10 **Need Assistance Walking**

Category	Total Percent n=1813	Sint Maarten Percent n=1023	Saint-Martin Percent n=790
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
I cannot walk at all	0.3	0.2	0.5
Yes, a lot of assistance	0.8	0.9	0.6
Yes, some assistance	3.3	2.1	4.9
No, I can make do	9.3	8.2	10.8
No, no assistance is needed	86.3	88.7	83.2

Table PL.11 **Walking Assistance Help**

Category	Total Percent n=80	Sint Maarten Percent n =32	Saint-Martin Percent n =48
Cane or walking stick	55.0	50.0	58.3
Walker or zimmer frame	6.3	9.4	4.2
Crutches	10.0	9.4	10.4
Wheelchair or scooter	6.3	6.3	6.3
Artificial limb (leg/foot)	0.0	0.0	0.0
Someone's assistance	23.8	21.9	25.0
Other	5.0	6.3	4.2

Table PL.12 **Can Walk 50 meters on a Flat Terrain**

Category	Total Percent n=1805	Sint Maarten Percent n=1019	Saint-Martin Percent n=786
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, not at all	2.5	2.8	2.2
No, not without assistance	0.9	1.0	0.9
Yes, with a lot of assistance	0.5	0.4	0.6
Yes, with some assistance	4.9	4.7	5.1
Yes, with no problem	91.1	91.1	91.2

Table PL.13 **Can Walk 500 metres on a Flat Terrain**

Category	Total Percent n=1800	Sint Maarten Percent n=1019	Saint-Martin Percent n=781
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, not at all	2.8	2.6	2.9
No, not without assistance	1.5	1.4	1.7
Yes, with a lot of assistance	0.9	1.2	0.5
Yes, with some assistance	5.1	5.2	5.0
Yes, with no problem	89.7	89.6	89.9

Table PL.14 **Need Assistance Climbing Stairs**

Category	Total Percent n=1807	Sint Maarten Percent n=1020	Saint-Martin Percent n=787
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
I cannot climb stairs at all	0.9	0.9	0.9
Yes, a lot of assistance	1.2	0.9	1.7
Yes, some assistance	5.3	4.7	6.1
No, I can make do	8.7	8.0	9.7
No, no assistance needed	83.8	85.5	81.7

Table PL.15 **Need Assistance Bending and Kneeling Down**

Category	Total Percent n=1807	Sint Maarten Percent n=1020	Saint-Martin Percent n=787
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
I cannot bend and kneel at all	2.6	2.1	3.3
Yes, a lot of assistance	1.4	1.3	1.7
Yes, some assistance	5.8	5.3	6.5
No, I can make do	9.7	9.7	9.8
No, no assistance needed	80.4	81.7	78.8

Table PL.16 **Using Arms, Can Lift 2 Litre Bottle**

Category	Total Percent n=1803	Sint Maarten Percent n=1023	Saint-Martin Percent n=780
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, with no difficulty	92.6	92.8	92.3
With some difficulty	3.8	3.9	3.6
With a lot of difficulty	1.2	1.0	1.4
No, cannot use arms at all	2.5	2.3	2.7

Table PL.17 **Can Use Fingers to Grasp Small Object**

Category	Total Percent n=1811	Sint Maarten Percent n=1023	Saint-Martin Percent n=788
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, with no difficulty	97.1	96.4	98.1
With some difficulty	1.7	2.4	0.6
With a lot of difficulty	0.6	0.5	0.6
No, cannot use fingers at all	0.7	0.7	0.6

Table PL.18 **Needs Help for Household Chores because  
Physical Limitations Restrict you to do so**

Category	Total Percent n=1810	Sint Maarten Percent n=1022	Saint-Martin Percent n=788
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, at least for one activity	5.9	4.7	7.5
I do need help, but do not receive any	2.0	2.6	1.3
Not applicable, I do not need help	92.0	92.7	91.2



Table PL.19 **Needs Help for Personal Care Activities because  
Physical Limitations Restrict you to do so**

Category	Total Percent n=89	Sint Maarten Percent n=47	Saint-Martin Percent n=42
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, at least for one activity	73.0	63.8	83.3
I do need help, but do not receive any	27.0	36.2	16.7

Table PL.20 **Need more Help for Household or Personal Care**

Category	Total Percent n=159	Sint Maarten Percent n=84	Saint-Martin Percent n=75
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, for at least one activity	63.5	59.5	68.0
No	36.5	40.5	32.0

Table PL.21 **Using Usual Language, has  
Difficulty Communicating**

Category	Total Percent n=160	Sint Maarten Percent n= 85	Saint-Martin Percent n=75
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, no difficulties at all	88.8	87.1	90.7
Yes, with some difficulty	10.6	12.9	8.0
Yes, with a lot of difficulty	0.6	0.0	1.3
Unable to communicate	0.0	0.0	0.0

Table PL.22 **Uses Sign Language to Communicate**

Category	Total Percent n=20	Sint Maarten Percent n=12	Saint-Martin Percent n=8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	30.0	25.0	37.5
No	70.0	75.0	62.5

Table HS.1 **General Health Status  
For Health Concerns**

Category	Total Percent n=1804	Sint Maarten Percent n=1015	Saint-Martin Percent n=789
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Very good	19.0	19.9	17.9
Good	49.1	48.1	50.4
Fair	28.7	28.8	28.6
Bad	2.6	3.0	2.2
Very bad	0.6	0.3	0.9

Table HS.2 **Longstanding/ Chronic Illness**

Category	Total Percent n=1801	Sint Maarten Percent n=1016	Saint-Martin Percent n=785
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	23.7	23.8	23.4
No	76.3	76.2	76.6

Table HS.3 **Physical Activity Limitation**

Category	Total Percent n=1801	Sint Maarten Percent n=895	Saint-Martin Percent n=769
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Severely Limited	3.4	2.4	4.8
Limited but not severely	11.7	9.4	14.6
Not limited at all	84.9	88.3	80.6

Table HS.4 **How would you categorize your weight**

Category	Total Percent n=1756	Sint Maarten Percent n=987	Saint-Martin Percent n=769
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Underweight	3.4	3.4	3.4
Healthy weight	63.3	64.3	62.0
Overweight	33.3	32.2	34.6

Table HS.5 **Diseases or Conditions**

Disease	Total			
	Percent n=1806	Medically Diagnosed n=151	Recent Illness (past 12 m) n=153	Treated or Medicated in last 2 weeks n =153
Asthma	8.5	92.7	45.8	37.9
Lung Disease	2.1	97.4	57.1	35.1
Heart Attack	1.4	100.0	52.0	88.0
Consequences of Heart Attack	30.3	90.0	70.0	70.0
Other Heart Condition	3.3	98.3	74.6	64.4
High Blood Pressure	30.9	98.2	89.4	80.8
Stroke	2.3	100.0	53.7	61.0
Rheumatoid arthritis	9.4	79.0	79.6	37.0
Osteoarthritis	6.9	82.9	78.9	40.5
Hernia	11.1	86.9	63.3	34.7
Diabetes	14.5	98.5	92.7	88.1
Diabetes-related complications	16.6	100.0	88.4	69.8
Allergies	19.6	76.9	65.0	35.9
Gastrointestinal disorder	10.6	89.1	66.0	35.4
Liver diseases	1.1	100.0	52.6	31.6
High cholesterol	15.4	97.0	71.9	50.2
Cancer	1.8	97.0	42.4	33.3
Migraine	16.2	72.6	64.4	29.7
Chronic depression	6.0	62.6	51.4	21.7
Other psychological problems	2.1	73.0	78.4	27.8
Cataract	11.9	95.8	44.9	22.9
Glaucoma	3.0	98.1	72.2	63.0
Kidney stones	2.9	100.0	39.6	22.6
Kidney disease	1.4	95.8	60.0	44.0
Gall stones	3.5	96.8	22.2	14.3
Porous bones	0.5	88.9	88.9	11.1
Dengue or dengue-like symptoms	12.0	86.3	17.4	9.9
Chikungunya or Chikungunya-like symptoms	15.8	83.6	32.4	12.9
Sexually Transmitted Diseases	2.9	96.1	18.0	13.7
Sickle cell disease or carrier	1.5	96.2	61.5	19.2
Epilepsy	0.6	100.0	60.0	70.0
Skin problems	9.9	89.3	33.9	70.0
Thyroid problems	4.4	97.5	64.1	54.4
Nervous system disease	0.3	100.0	100.0	80.0
Infertility/ sterility	2.7	92.9	39.3	25.0
Gynaecological problems	20.6	99.5	33.6	11.0
Menstruation problems	15.2	82.7	56.8	21.6
Prostate	7.1	96.1	86.3	62.7
Erectile dysfunction	3.7	53.8	88.5	32.0

Table HS.5 **Diseases or Conditions-continued**

Disease	Sint Maarten			
	Percent n=1018	Medically Diagnosed n =75	Recent Illness (past 12 m) n =76	Treated or Medicated in last 2 weeks n =76
Asthma	7.5	90.7	47.4	32.9
Lung Disease	1.3	92.3	50.0	25.0
Heart Attack	1.5	100.0	40.0	80.0
Consequences of Heart Attack	36.8	85.7	57.1	71.4
Other Heart Condition	3.0	96.8	77.4	67.7
High Blood Pressure	31.4	97.4	88.1	78.1
Stroke	2.4	100.0	64.0	68.0
Rheumatoid arthritis	8.4	77.4	81.0	35.4
Osteoarthritis	6.3	78.1	78.1	40.3
Hernia	10.3	84.8	61.9	29.5
Diabetes	13.5	97.8	94.9	92.0
Diabetes-related complications	17.9	100.0	79.2	54.2
Allergies	19.1	71.5	61.7	31.6
Gastrointestinal disorder	11.3	87.0	67.8	39.1
Liver diseases	0.9	100.0	44.4	33.3
High cholesterol	15.5	96.1	67.6	44.7
Cancer	2.1	95.2	42.9	38.1
Migraine	14.4	68.8	63.4	26.9
Chronic depression	5.9	54.2	52.5	12.1
Other psychological problems	1.2	75.0	50.0	33.3
Cataract	13.7	95.7	41.7	20.1
Glaucoma	3.1	96.8	77.4	71.0
Kidney stones	3.1	100.0	48.4	25.8
Kidney disease	1.2	90.9	50.0	16.7
Gall stones	4.2	97.7	18.6	7.0
Porous bones	0.5	80.0	100.0	20.0
Dengue or dengue-like symptoms	8.8	80.7	18.2	6.8
Chikungunya or Chikungunya-like symptoms	11.6	80.9	26.7	8.7
Sexually Transmitted Diseases	1.9	89.5	15.8	15.8
Sickle cell disease or carrier	1.9	94.7	63.2	21.1
Epilepsy	0.5	100.0	60.0	60.0
Skin problems	10.6	89.6	31.8	14.3
Thyroid problems	4.0	97.6	65.0	56.1
Nervous system disease	0.4	100.0	100.0	75.0
Infertility/ sterility	2.2	92.3	30.8	15.4
Gynaecological problems	20.7	100.0	28.3	11.7
Menstruation problems	16.3	84.2	55.8	24.2
Prostate	6.1	96.2	92.3	65.4
Erectile dysfunction	5.1	47.6	85.7	20.0

Table HS.5 **Diseases or Conditions**-continued

Disease	Saint-Martin			
	Percent n=788	Medically Diagnosed n=76	Recent Illness (past 12 m) n=77	Treated or Medicated in last 2 weeks n=77
Asthma	9.8	94.7	44.2	42.9
Lung Disease	3.2	100.0	60.9	40.0
Heart Attack	1.3	100.0	70.0	100.0
Consequences of Heart Attack	21.4	100.0	100.0	66.7
Other Heart Condition	3.6	100.0	71.4	60.7
High Blood Pressure	30.2	99.2	91.1	84.3
Stroke	2.0	100.0	37.5	50.0
Rheumatoid arthritis	10.6	80.7	78.3	38.6
Osteoarthritis	7.5	88.1	79.7	40.7
Hernia	12.0	89.4	64.9	40.4
Diabetes	15.6	99.2	90.1	83.6
Diabetes-related complications	15.2	100.0	100.0	89.5
Allergies	20.1	83.5	69.0	41.1
Gastrointestinal disorder	9.8	92.2	63.2	29.9
Liver diseases	1.3	100.0	60.0	30.0
High cholesterol	15.2	98.3	77.4	57.3
Cancer	1.5	100.0	41.7	25.0
Migraine	18.4	76.4	65.3	32.4
Chronic depression	6.1	72.9	50.0	33.3
Other psychological problems	3.2	72.0	92.0	25.0
Cataract	9.6	96.0	50.7	28.0
Glaucoma	2.9	100.0	65.2	52.2
Kidney stones	2.8	100.0	27.3	18.2
Kidney disease	1.7	100.0	69.2	69.2
Gall stones	2.6	95.0	30.0	30.0
Porous bones	0.5	100.0	75.0	100.0
Dengue or dengue-like symptoms	16.1	90.3	16.8	12.0
Chikungunya or Chikungunya-like symptoms	21.3	85.5	36.4	15.8
Sexually Transmitted Diseases	4.1	100.0	19.4	12.5
Sickle cell disease or carrier	0.9	100.0	57.1	14.3
Epilepsy	0.6	100.0	60.0	80.0
Skin problems	9.0	88.7	37.1	21.1
Thyroid problems	4.8	97.4	63.2	52.6
Nervous system disease	0.1	100.0	100.0	100.0
Infertility/ sterility	3.2	93.3	46.7	33.3
Gynaecological problems	20.5	99.0	40.2	10.2
Menstruation problems	13.9	80.6	58.2	17.9
Prostate	8.4	96.0	80.0	60.0
Erectile dysfunction	1.8	80.0	100.0	80.0

Table HS.9 **Cognition: Difficulty Remembering or Concentrating**

Category	Total Percent n=1808	Sint Maarten Percent n=1021	Saint-Martin Percent n=787
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No, no difficulties at all	77.0	79.1	74.2
Yes, with some difficulty	22.1	20.1	24.7
Yes, with a lot of difficulty	0.8	0.7	1.0
Unable to remember/Concentrate	0.1	0.1	0.1

Table HS.10 **Cognition: Difficulty Remembering**

Category	Total Percent n=416	Sint Maarten Percent n=213	Saint-Martin Percent n= 203
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Sometimes	88.0	88.7	87.2
Often	9.6	8.9	10.3
All the time	2.4	2.3	2.5

Table HS.11 **Cognition: Difficulty Remembering  
Few Things or Many Things**

Category	Total Percent n=415	Sint Maarten Percent n=212	Saint-Martin Percent n=203
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
A few things	91.3	90.1	92.6
A lot of things	7.0	8.0	5.9
Almost everything	1.2	0.9	1.5
Don't Know	0.5	0.9	0.0

Table HS.12 **Contraception**

Category	Total Percent n=1802	Sint Maarten Percent n=1018	Saint-Martin Percent n=786
Birth control pills	6.8	6.9	6.6
Birth control implant (Imp anon)	1.7	0.7	2.9
Birth control ring (NuvaRing)	0.3	0.2	0.4
Contraceptive coil (IUD/IUS)	1.8	1.3	2.5
Diaphragm	0.3	0.2	0.4
Other hormonal birth control	0.4	0.7	0.0
Morning after pill/ Emergency Contraception	0.3	0.6	0.0
Withdrawal method	1.5	1.9	1.0
Condoms	9.5	9.9	8.9
Abstinence during fertile days	0.3	0.4	0.1
Sterilization	1.5	1.0	2.2
Other contraceptive method	0.7	0.7	0.8
None	5.5	2.7	9.3
N/A - female partner post menopausal	4.4	3.1	6.1
N/A - was not sexually active	3.7	2.8	4.8

Table HS.13 **Birtherd Live Born Children**

Category	Total Percent n=1070	Sint Maarten Percent n=587	Saint-Martin Percent n=483
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0	17.5	18.4	16.4
1	20.9	23.3	18.0
2	25.1	25.6	24.6
3	17.0	14.7	19.9
4	8.1	8.2	8.1
5	6.1	6.0	6.2
6	2.1	1.2	3.1
7	1.5	1.7	1.2
8	0.7	0.5	1.0
9	0.4	0.2	0.6
10	0.3	0.2	0.4
13	0.1	0.2	0.0
14	0.1	0.0	0.2
16	0.1	0.0	0.2
Mean live-births	2.24	2.10	2.42

Table HS.14 **Age at Last Birth of Live-Born Child**

Category	Total Percent n=822	Sint Maarten Percent n=458	Saint-Martin Percent n=364
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
under 15	0.6	0.9	0.3
15-19	5.4	6.1	4.4
20-24	17.5	19.7	14.8
25-29	25.3	25.5	25.0
30-34	23.0	22.9	23.1
35-39	19.1	15.9	23.1
40-44	7.2	7.0	7.4
45-49	1.5	1.3	1.6
50 and over	0.5	0.7	0.3

Table HS.15 **Accidents that Lead to Health Consequences**

Category	Total Percent n=1807	Sint Maarten Percent n=1021	Saint-Martin Percent n=786
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	10.3	9.7	11.1
No	89.7	90.3	88.9

Table HS.16 **Accidents that Lead to Health Consequences  
That Were Internal, External, and / or Psychological**

Category	Total Percent n=185	Sint Maarten Percent n=96	Saint-Martin Percent n=89
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Internal	61.1	61.5	60.7
External	33.5	34.4	32.6
Psychological	5.4	4.2	6.7

Table HS.17-18 **Accidents in the Past 12 Months that Were  
Internal, External, and / or Psychological**

Category	Total		Sint Maarten		Saint-Martin	
	Percent n=121	Received Medical Attention Percent n=55	Percent n=71	Received Medical Attention Percent n=30	Percent n=50	Received Medical Attention Percent n=25
<b>Total</b>	<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	
Road traffic accident	45.5	85.5	42.3	80.0	50.0	92.0
Accident at work/school	24.0	90.3	23.9	94.1	24.0	85.7
Home and leisure accident	20.7	79.2	23.9	87.5	16.0	62.5
Other	9.9	83.3	9.9	71.4	10.0	100.0

Table PA.17 **Went to a Lab to get Tested for Chikungunya**

Category	Total Percent n=280	Sint Maarten Percent n=114	Saint-Martin Percent n=166
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	57.5	48.2	63.9
Not at All	42.5	51.8	36.1

Table PA18.a **Residual Health Complaints**

Category	Total		Sint Maarten		Saint - Martin	
	Dengue n=207	Chikungunya n=276	Dengue n=85	Chikungunya n=114	Dengue n=112	Chikungunya n=162
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	10.1	31.2	7.1	28.1	12.3	33.3
No	89.9	68.8	92.9	71.9	87.7	66.7

Table PA18.b **Type of Complaint**

Category	Total Percent n=71	Sint Maarten Percent n=32	Saint-Martin Percent n=39
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Fever	1.4	0.0	2.6
Muscle, bone and joint pain	97.2	100.0	94.9
Rash	1.4	0.0	2.6



Table PA.19 **Had a Clinical Eye Examination**

Category	Total Percent n=260	Sint Maarten Percent n=138	Saint-Martin Percent n=122
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	86.9	87.7	86.1
No	13.1	12.3	13.9

Table PA.20 **Last Clinical Eye Examination**

Category	Total Percent n=226	Sint Maarten Percent n=121	Saint-Martin Percent n=105
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 months	69.9	68.6	71.4
1-2 years ago	14.2	11.6	17.1
2-3 years ago	8.0	10.7	4.8
Not within past 3 years	6.6	8.3	4.8
Cannot remember	1.3	0.8	1.9
Do not know	0.0	0.0	0.0

Table PA.21 **Had a Clinical Foot Examination**

Category	Total Percent n=259	Sint Maarten percent n =137	Saint-Martin percent =122
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	35.1	35.0	35.2
No	64.9	65.0	64.8

Table PA.22 **Last Clinical Foot Examination**

Category	Total Percent n=92	Sint Maarten Percent n=49	Saint-Martin Percent n=43
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 months	71.7	67.3	76.7
1-2 years ago	9.8	6.1	14.0
2-3 years ago	6.5	8.2	4.7
Not within past 3 years	8.7	14.3	2.3
Cannot remember	3.3	4.1	2.3
Do not know	0.0	0.0	0.0

Table SF. 1-2 **Pain in Locations For More Than 4 Days and Affected Your Daily Activities or Pain That Lasted 3 Months or More**

Category	Total		Sint Maarten		Saint-Martin	
	Last 4 days+ Percent n=1811	Last 3 months + Percent n=133	Last 4 days+ Percent n=1022	Last 3 months + Percent n=71	Last 4 days+ Percent n=789	Last 3 months + Percent n=62
Head	7.4	44.4	7.0	39.4	7.9	50.0
Neck	5.7	52.9	5.3	43.4	6.2	63.3
Shoulder(s)	8.4	51.3	8.1	42.9	8.7	61.1
Upper back	5.0	58.9	3.9	57.5	6.3	60.0
Elbows	1.8	68.8	1.7	56.3	2.0	81.3
Wrist(s) / hand(s)	3.6	57.6	4.9	58.0	2.0	56.3
Lower back	17.2	54.2	15.9	52.1	18.9	56.4
Hip(s) / thigh(s)	4.1	58.1	4.3	56.8	3.8	60.0
Knee(s)	12.9	62.9	12.6	57.8	13.2	69.2
Ankles / foot / feet	8.2	57.0	8.7	55.1	7.6	60.0
Buttock	1.1	50.0	1.5	46.7	0.6	60.0
Other	2.0	54.1	2.2	45.5	1.9	66.7

Table SF.3 **How Much Time During The Past 4 Weeks Had You Felt Full Of Life**

Category	Total Percent n=1807	Sint Maarten Percent n=1018	Saint-Martin Percent n=789
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	39.0	37.1	41.3
Most of the time	41.0	43.3	37.9
Some of the time	16.6	16.3	17.0
A little of time	2.8	2.8	2.7
None of the time	0.7	0.4	1.1

Table SF.4 **How Much Time During The Past 4 Weeks  
Had You Felt Very Nervous**

Category	Total Percent n=1789	Sint Maarten Percent n=1009	Saint-Martin Percent n=780
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	1.4	0.7	2.3
Most of the time	4.0	2.5	6.0
Some of the time	16.0	16.6	15.4
A little of time	23.0	25.0	20.5
None of the time	55.5	55.3	55.8

Table SF.5 **How Much Time During The Past 4 Weeks Had You Felt  
So Down That Nothing Cheers You Up**

Category	Total Percent n=1778	Sint Maarten Percent n=1000	Saint-Martin Percent n=778
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	1.2	0.4	2.2
Most of the time	2.2	2.2	2.2
Some of the time	12.4	13.8	10.5
A little of time	15.3	19.3	10.2
None of the time	69.0	64.3	74.9

Table SF.6 **How Much Time During The Past 4 Weeks  
Had You Felt Calm and Peaceful**

Category	Total Percent n=1805	Sint Maarten Percent n=1019	Saint-Martin Percent n=786
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	29.8	28.2	31.9
Most of the time	50.9	54.8	45.8
Some of the time	14.7	13.3	16.5
A little of time	2.8	2.4	3.4
None of the time	1.8	1.4	2.3

Table SF.7 **How Much Time During The Past 4 Weeks  
Had You That You Had A Lot of Energy**

Category	Total Percent n=1802	Sint Maarten Percent n=1017	Saint-Martin Percent n=785
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	25.9	24.0	28.3
Most of the time	39.4	44.5	32.7
Some of the time	27.0	24.5	30.3
A little of time	5.9	5.7	6.2
None of the time	1.8	1.3	2.4

Table SF.8 **How Much Time During The Past 4 Weeks  
Had You Felt Down-hearted and Depressed**

Category	Total Percent n=1774	Sint Maarten Percent n=995	Saint-Martin Percent n=779
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	0.8	0.5	1.2
Most of the time	2.6	2.2	3.1
Some of the time	13.4	13.0	14.0
A little of time	17.9	20.6	14.4
None of the time	65.3	63.7	67.4

Table SF.9 **How Much Time During The Past 4 Weeks  
Had You Felt Worn Out**

Category	Total Percent n=1773	Sint Maarten Percent n=995	Saint-Martin Percent n=778
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	2.0	1.5	2.7
Most of the time	5.0	5.1	4.8
Some of the time	28.3	34.7	20.2
A little of time	20.2	22.5	17.4
None of the time	44.4	36.2	55.0

Table SF.10 **How Much Time During The Past 4 Weeks  
Had You Felt Happy**

Category	Total Percent n=1805	Sint Maarten Percent n=1017	Saint-Martin Percent n=788
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	34.6	33.8	35.5
Most of the time	48.4	50.0	46.4
Some of the time	14.1	13.3	15.1
A little of time	2.3	2.3	2.3
None of the time	0.7	0.7	0.6

Table SF.11 **How Much Time During The Past 4 Weeks  
Had You Felt Tired**

Category	Total Percent n=1801	Sint Maarten Percent n=1014	Saint-Martin Percent n=787
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
All of the time	4.1	2.5	6.1
Most of the time	8.7	7.8	9.8
Some of the time	48.1	53.7	40.9
A little of time	25.3	22.5	29.0
None of the time	13.8	13.5	14.2

Table SF.12 **How Would You Describe Yourself  
Usually Being**

Category	Total Percent n=1803	Sint Maarten Percent n=1018	Saint-Martin Percent n=785
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Extremely happy	15.3	15.0	15.5
Happy and interested in life	67.4	70.3	63.7
Somewhat happy	14.7	12.9	17.1
Somewhat unhappy	1.9	1.3	2.8
Unhappy with little interest in life	0.6	0.4	0.8
So unhappy that life is not worthwhile	0.1	0.1	0.1

Table SF.13 **Which Face Describes Best How  
You Think About Your Life**

Category	Total Percent n=1631	Sint Maarten Percent n=917	Saint-Martin Percent n=714
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Extremely happy	26.4	25.4	27.7
Very happy	48.5	53.2	42.4
Happy	20.0	17.7	23.0
Neutral	3.1	2.2	4.2
Unhappy	1.1	0.5	1.8
Very unhappy	0.6	0.8	0.3
Extremely unhappy	0.4	0.2	0.6

Table SF.14 **Physically Performed Less / Performance Level Decreased  
due to emotional stress or problems**

Category	Total Percent n=1799	Sint Maarten Percent n=1012	Saint-Martin Percent n=787
Physically performed less	5.9	5.4	6.5
Performance level decreased	5.9	5.2	6.7

Table SF.15 **How Often Do You Feel Worried  
Nervous, Anxious or Depressed**

Category	Total Percent n=1772	Sint Maarten Percent n=995	Saint-Martin Percent n=777
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Daily	4.7	4.1	5.5
Weekly	6.4	6.5	6.2
Monthly	10.4	10.1	10.9
A few times a year	54.7	57.5	51.1
Never	23.8	21.8	26.3

Table SF.16 **Taking Medication or Are You  
Seeking Treatment For Those Feelings**

Category	Total Percent n=1383	Sint Maarten Percent n=800	Saint-Martin Percent n=583
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	3.8	3.8	3.8
No, but have in the past	3.6	2.8	4.8
No, never have	92.6	93.5	91.4

Table SF.17 **The Last Time You Felt Worried, Nervous, Anxious, or Depressed**  
**How Would You Describe The Level Of Those Feelings**

Category	Total Percent n=1338	Sint Maarten Percent n=768	Saint-Martin Percent n=778
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
A little	63.9	68.2	58.1
A lot	9.0	8.7	9.5
Somewhere in between	27.1	23.0	32.5

Table SF.18 **How Many People in Your Life Are So Close to You That You**  
**Can Count on Them if You Have A Serious Personal Problem**

Category	Total Percent n=1788	Sint Maarten Percent n=1010	Saint-Martin Percent n=778
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
None	2.7	2.9	2.6
1 or 2	30.5	32.0	28.5
3 or 5	29.9	29.8	30.1
More than 5	36.9	35.3	38.8

Table SF.19 **Do You Make Use of Health Information**

Category	Total Percent n=1796	Sint Maarten Percent n=1014	Saint-Martin Percent n=782
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	82.9	86.7	78.0
No	17.1	13.3	22.0

Table BMI. **BMI Category for Adults**

Days	Total Percent n=1033	Sint Maarten Percent n=547	Saint-Martin Percent n=486
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Underweight	2.0	2.2	1.9
Normal	29.1	31.1	27.0
Pre-obese	37.9	37.5	38.3
Obese	31.0	29.3	32.9

Table PE.1 Days of Moderate to Vigorous Exercise

Days	Total Percent n=1744	Sint Maarten Percent n=1011	Saint-Martin Percent n=733
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0	62.1	63.6	60.0
1	4.5	4.3	4.9
2	6.8	7.0	6.5
3	8.8	8.5	9.1
4	3.3	3.2	3.5
5	8.3	7.4	9.5
6	2.1	2.1	2.0
7	4.1	4.0	4.2

Table PE.2 Hours of Vigorous Physical Activities Per Week

Hours	Total Percent n=661	Sint Maarten Percent n=368	Saint-Martin Percent n=293
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0 less than 1 hour	6.7	4.3	9.6
1-3	51.9	54.9	48.1
4-6	24.1	22.8	25.6
7-9	9.2	8.4	10.2
10 or more	8.0	9.5	6.5

Table PE.3 Days of Light Exercise Per Week

Days	Total Percent n=1744	Sint Maarten Percent n=1011	Saint-Martin Percent n=733
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0	52.4	47.5	59.2
1	8.1	9.0	7.0
2	9.3	9.1	9.5
3	9.6	11.0	7.6
4	2.2	2.3	2.2
5	7.5	8.2	6.5
6	2.1	2.9	1.1
7	8.7	10.1	6.8

Table PE.4 Hours of Light Physical Activities

Hours	Total Percent n=830	Sint Maarten Percent n=531	Saint-Martin Percent n=299
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0 less than 1 hour	7.6	7.3	8.0
1-3	64.1	65.5	61.5
4-6	15.2	14.5	16.4
7-9	5.4	4.9	6.4
10 or more	7.7	7.7	7.7



Table PE.5 **Types of Physical Activities**

Types	Total Percent n=485	Sint Maarten Percent n=310	Saint-Martin Percent n=175
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Aerobic/ Endurance exercise	81.9	80.3	84.6
Strength exercise	10.1	10.0	10.3
Flexibility/ Balance exercise	8.0	9.7	5.1

Table PE.6 **This Week Physical Activity**

Category	Total Percent n=1062	Sint Maarten Percent n=640	Saint-Martin Percent n=422
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	65.2	65.0	65.4
No	34.8	35.0	34.6

Table PE.7 **Reason for No Physical Activity**

Category	Total Percent n=1035	Sint Maarten Percent n=584	Saint-Martin Percent n=451
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Not Enough Time	39.5	42.1	36.1
Not Enough Energy	8.0	7.7	8.4
Do not like Physical Activities	3.7	3.8	3.5
Too Lazy	12.9	13.0	12.9
Do not need it	5.5	6.0	4.9
Expensive	0.9	1.0	0.7
Disability	10.4	10.3	10.6
Too Old	5.9	3.4	9.1
Other	13.1	12.7	13.7

Table EH.1 **Regularity of Eating Fruits**

Category	Total Percent n=1727	Sint Maarten Percent n=1000	Saint-Martin Percent n=727
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
>1 per Day	45.9	43.7	49.0
> 4 times per Week	23.2	21.6	25.4
<4 times per Week	19.7	22.3	16.2
< 1 per week	10.2	11.5	8.5
Never	0.9	0.9	0.8

Table EH.2 Reason for Not Eating Fruit Daily

Category	Total Percent n=909	Sint Maarten Percent n=542	Saint-Martin Percent n=367
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Unavailability	3.0	2.8	3.3
Dislike Taste	4.7	4.2	5.4
Preparation	0.9	1.1	0.5
Expensive	33.2	31.9	35.1
Not a Habit	34.9	35.6	33.8
Too Busy	5.2	6.8	2.7
Other	18.2	17.5	19.1

Table EH.3 Regularity of Eating Vegetables/Salads

Category	Total Percent n=1735	Sint Maarten Percent n=1006	Saint-Martin Percent n=729
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
>1 per Day	60.9	55.7	68.0
> 4 times per Week	19.8	21.2	18.0
<4 times per Week	13.0	15.4	9.6
< 1 per week	5.3	6.7	3.4
Never	1.0	1.1	1.0

Table EH.4 Reason for Not Eating Vegetables Daily

Category	Total Percent n=652	Sint Maarten Percent n=430	Saint-Martin Percent n=222
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Unavailability	3.5	4.0	2.7
Dislike Taste	11.0	11.2	10.8
Don't Know how to Prepare/Eat	1.5	0.7	3.2
Expensive	27.5	27.2	27.9
Not a Habit	35.0	34.9	35.1
Too Busy	6.0	7.9	2.3
Other	15.5	14.2	18.0

Table EH.5 Regularity of Consuming Dairy Products

Category	Total Percent n=1736	Sint Maarten Percent n=1005	Saint-Martin Percent n=731
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
>1 per Day	40.0	40.9	38.9
> 4 times per Week	23.2	19.5	28.3
<4 times per Week	16.9	16.9	17.0
< 1 per week	10.4	11.6	8.8
Hardly Ever	3.9	4.3	3.3
Never	5.5	6.8	3.8

Table EH.6 Regularity of Eating Protein

Category	Total Percent n=1735	Sint Maarten Percent n=1004	Saint-Martin Percent n=731
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
>1 per Day	80.8	79.0	83.3
> 4 times per Week	12.9	12.5	13.4
<4 times per Week	4.6	6.1	2.6
< 1 per week	0.9	1.5	0.1
Hardly Ever	0.3	0.3	0.3
Never	0.5	0.6	0.3

Table EH.7 Regularity of Eating Carbohydrates

Category	Total Percent n=1735	Sint Maarten Percent n=1004	Saint-Martin Percent n=731
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
>1 per Day	70.0	74.5	63.9
> 4 times per Week	16.0	12.0	21.6
<4 times per Week	9.5	8.2	11.4
< 1 per week	3.2	3.7	2.5
Hardly Ever	0.5	0.7	0.3
Never	0.7	1.0	0.4

Table EH.8 Regularity of Eating Fast Foods

Category	Total Percent n=1736	Sint Maarten Percent n=1005	Saint-Martin Percent n=731
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
>1 per Day	3.0	2.9	3.1
> 4 times per Week	2.5	1.8	3.6
<4 times per Week	10.7	11.7	9.3
< 1 per week	19.0	19.3	18.6
Hardly Ever	17.5	14.6	21.3
Never	47.3	49.7	44.0

Table AL.1 During the past 12 months, how often have you had an alcoholic drink?

Category	Total Percent n=1716	Sint Maarten Percent n=993	Saint-Martin Percent n=723
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Never	43.4	43.4	43.3
Once a month or less	28.7	28.4	29.2
Once a week or less	14.4	14.2	14.7
2 to 3 times a week	7.6	8.1	6.9
4 to 6 times a week	2.9	3.0	2.6
Everyday	3.1	2.9	3.3

Table AL.2 Typical Number of Alcoholic Beverages Consumed

Avg Number of Drinks Consumed	Total		Sint Maarten		Saint-Martin	
	Weekdays Percent n=500	Weekends Percent n=546	Weekdays Percent n=227	Weekends Percent n=250	Weekdays Percent n=273	Weekends Percent n=296
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
1-2 drinks	64.1	68.1	72.2	76.2	80.3	84.3
3-5 drinks	24.3	23.0	21.8	20.5	19.2	18.0
6-9 drinks	0.0	2.5	0.0	2.5	0.0	2.5
10 or more drinks	0.6	0.5	0.4	0.4	0.3	0.2

Note: Days that the respondent did not drink are not calculated into the percentage.

Table AL.3 If you Drink Alcohol, During the past 12 months,  
how often did you have 6 or more drinks on one occasion?

Category	Total Percent n=235	Sint Maarten Percent n=140	Saint-Martin Percent n=95
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Never	38.7	35.7	43.2
Less than monthly	26.8	27.9	25.3
Monthly	13.6	10.7	17.9
Weekly	16.6	20.0	11.6
Daily or almost daily	4.3	5.7	2.1

Table AL.4 Possible outcomes of your drinking habit.

Category	Total Percent n=147	Sint Maarten Percent n=91	Saint-Martin Percent n=56
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Made efforts to control your drinking habit?	56.5	54.9	58.9
People close to you been annoyed by your drinking habit?	8.8	8.8	8.9
You have feelings of guilt due to drinking?	6.8	7.7	5.4
You drink to control withdrawal symptoms?	5.4	5.5	5.4
You drive under influence?	15.0	15.4	14.3
You feel the need for a drink in the morning to get yourself going	2.7	3.3	1.8
You experienced problems such as forgetfulness?	2.0	2.2	1.8
You experienced problems such as being listless/lethargic?	1.4	1.1	1.8
You have experienced health problems related to your drinking	1.4	1.1	1.8

Table AL.5 How old were you when you started drinking alcohol?

Category	Total Percent n=710	Sint Maarten Percent n=426	Saint-Martin Percent n=284
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
under 18	38.2	37.6	39.1
18 - 24	50.0	50.5	49.3
25 and up	11.8	12.0	11.6

Table SM.1 Exposed to Second Hand Tobacco Smoke Regularly

Category	Total Percent n=1731	Sint Maarten Percent n=1003	Saint-Martin Percent n=728
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	23.3	24.5	21.6
No	76.7	75.5	78.4

Table SM.2 Currently Smoke Tobacco

Category	Total Percent n=1737	Sint Maarten Percent n=1007	Saint-Martin Percent n=730
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, Daily	7.4	7.3	7.4
Yes, But Not Daily	3.2	2.9	3.6
Not any more	8.7	8.7	8.6
Not at all	80.8	81.0	80.4

Table SM.3 **Ever Smoked Cigarettes, Cigars or Pipes Daily for a Year: Past Smokers**

Category	Total Percent n=150	Sint Maarten Percent n=87	Saint-Martin Percent n=63
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	50.7	55.2	44.4
No	49.3	44.8	55.6

Table SM.4 **Tobacco Product Smoked: Smokers**

Category	Total Percent n=76	Sint Maarten Percent n=48	Saint-Martin Percent n=28
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Manufactured Cigarette	88.2	91.7	82.1
Hand Rolled Cigarette	7.9	8.3	7.1
Cigars	7.9	10.4	3.6
Pipe	2.6	2.1	3.6
Chewing Tobacco	0.0	0.0	0.0
Elec. Cigarettes	0.0	0.0	0.0
Hookah or Shisha	1.3	2.1	0.0
Other	1.3	0.0	3.6

Table SM.5 **No. of Cigarettes, Cigar or Pipes per Day: Smokers**

Category	Total Percent n=73	Sint Maarten Percent n=46	Saint-Martin Percent n=27
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Up to 5 per day	28.8	28.3	29.6
10 or Less per day	13.7	10.9	18.5
Between 11 and 20 per day	30.1	30.4	29.6
Between 21 and 30 per day	8.2	6.5	11.1
31 and above per day	5.5	8.7	0.0
Only Socially	13.7	15.2	11.1

Table SM.6 **Difficult not to smoke where it is Not allowed: Smokers**

Category	Total Percent n=75	Sint Maarten Percent n=48	Saint-Martin Percent n=27
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	20.0	18.8	22.2
No	80.0	81.3	77.8

Table SM.7 How soon after waking do you smoke?: Smokers

Category	Total Percent n=66	Sint Maarten Percent n=40	Saint-Martin Percent n=26
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
First 5 minutes	28.8	30.0	26.9
First 30 minutes	12.1	12.5	11.5
First hour	9.1	7.5	11.5
After the first Hour	50.0	50.0	50.0

Table SM.8 Do you smoke Indoors?: Smokers

Category	Total Percent n=76	Sint Maarten Percent n=48	Saint-Martin Percent n=28
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	42.1	37.5	50.0
No	57.9	62.5	50.0

Table SM.9 Age Started Smoking: Smokers

Age	Total Percent n=62	Sint Maarten Percent n=42	Saint-Martin Percent n=20
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
8-13	6.5	4.8	10.0
14-16	25.8	26.2	25.0
17-19	32.3	31.0	35.0
20-28	29.0	31.0	25.0

Table SM.10 Do you smoke while ill?: Smokers

Category	Total Percent n=74	Sint Maarten Percent n=47	Saint-Martin Percent n=27
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	24.3	21.3	29.6
No	75.7	78.7	70.4

Table SM.12 **Smoked During Pregnancy**

Category	Total Percent n=35	Sint Maarten Percent n=21	Saint-Martin Percent n=14
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes, daily	8.6	14.3	0.0
Yes, but not daily	8.6	9.5	7.1
Not at All	82.9	76.2	92.9

Table DR.1 **Taken Any Soft Drugs in the Past 12 Months**  
(such as cannabis / hasj / marijuana)

Category	Total Percent n=1734	Sint Maarten Percent n=1006	Saint-Martin Percent n=728
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	8.1	8.2	8.0
No	91.9	91.8	92.0

Table DR.2 **Taken Any Hard Drugs in the Past 12 Months**  
(such as cocaine / base / ecstasy)

Category	Total Percent n=1733	Sint Maarten Percent n=1004	Saint-Martin Percent n=729
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	0.1	0.0	0.1
No	99.9	100.0	99.9

Table DR.3 **Do You Consider Yourself A Heavy,  
Regular or Occasional User**

Category	Total Percent n=136	Sint Maarten Percent n=78	Saint-Martin Percent n=58
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Heavy	5.9	5.1	6.9
Regular	30.9	32.1	29.3
Occasional	63.2	62.8	63.8



Table DR.4 DRUGS: **Do/Did You Experience Any Problem(s)  
Related To Your Use**

Category	Total Percent n=66	Sint Maarten Percent n=44	Saint-Martin Percent n=22
Made efforts to control your habit	83.3	81.8	86.4
People close to you annoyed by your habit	15.2	13.6	18.2
Spend more time with friends who have same habits	27.3	25.0	31.8
You have gotten into any problems related to your habit	1.5	0.0	4.5
You gave feelings of guilt due to your habit	12.1	6.8	22.7
You use to control withdrawal symptoms	7.6	2.3	18.2
You drive under influence	22.7	18.2	31.8
Experienced problems such as forgetfulness	6.1	6.8	4.5
Experienced problems such as being listless / lethargic	6.1	2.3	13.6
Paranoid	1.5	2.3	0.0

Table EN.1a-1b **Environmental Conditions at Home and at Work: Total**

Disease	Total Number	Percent		
		Severely Exposed	Somewhat Exposed	Not Exposed
Mosquitoes at home	1732	30.9	55.1	14.0
Mosquitoes at work	949	11.0	28.3	60.7
Rodents at home	1701	9.9	35.9	54.2
Rodents at work	877	3.0	14.9	82.1
Stray or roaming animals at home	1690	7.4	36.9	55.7
Stray or roaming animals at work	859	3.1	11.2	85.7
Dirt at home	1716	14.3	42.8	42.9
Dirt at work at work	912	10.3	22.0	67.7
Solid waste / garbage at home	1702	5.3	14.2	80.6
Solid waste / garbage at work	873	2.1	6.1	91.9
Waste water / sewage at home	1686	12.5	22.1	65.4
Waste water / sewage at work	849	1.8	6.8	91.4
Noise at home	1699	11.7	29.4	58.9
Noise at home at work	915	8.9	12.0	79.1
Air pollution at home	1664	5.6	13.3	81.1
Air pollution at work	922	4.4	8.9	86.7
Smell at home	1662	5.2	14.0	80.8
Smell at work	898	4.2	9.8	86.0
Dangerous hazards at home	1636	3.6	7.6	88.8
Dangerous hazards at work	898	3.5	7.5	89.1
Criminal activities at home	1657	5.6	29.9	64.6
Criminal activities at work	898	4.5	13.0	82.5

Table EN.1a-1b **Environmental Conditions at Home and at Work: Sint Maarten**

Disease	Total Number	Percent		
		Severely Exposed	Somewhat Exposed	Not Exposed
Mosquitoes at home	1007	34.7	53.9	11.4
Mosquitoes at work	581	9.0	26.9	64.2
Rodents at home	988	12.3	37.8	49.9
Rodents at work	544	3.7	14.2	82.2
Stray or roaming animals at home	976	8.9	38.9	52.2
Stray or roaming animals at work	536	3.7	8.6	87.7
Dirt at home	997	14.4	42.2	43.3
Dirt at work at work	550	8.5	19.8	71.6
Solid waste / garbage at home	989	6.9	17.4	75.7
Solid waste / garbage at work	542	1.8	6.8	91.3
Waste water / sewage at home	983	19.0	22.9	58.1
Waste water / sewage at work	533	1.9	7.3	90.8
Noise at home	984	10.6	27.9	61.5
Noise at home at work	564	7.1	11.5	81.4
Air pollution at home	962	6.5	15.2	78.3
Air pollution at work	564	5.3	9.9	84.8
Smell at home	965	6.9	17.1	76.0
Smell at work	551	4.9	10.5	84.6
Dangerous hazards at home	952	4.2	8.4	87.4
Dangerous hazards at work	539	3.9	8.0	88.1
Criminal activities at home	968	6.4	28.7	64.9
Criminal activities at work	548	5.1	7.8	87.0

Table EN.1a-1b **Environmental Conditions at Home and at Work: Saint-Martin**

Disease	Total Number	Percent		
		Severely Exposed	Somewhat Exposed	Not Exposed
Mosquitoes at home	725	25.8	56.7	17.5
Mosquitoes at work	368	14.1	30.7	55.2
Rodents at home	713	6.6	33.2	60.2
Rodents at work	333	1.8	16.2	82.0
Stray or roaming animals at home	714	5.3	34.2	60.5
Stray or roaming animals at work	323	2.2	15.5	82.4
Dirt at home	719	14.0	43.7	42.3
Dirt at work at work	362	13.0	25.4	61.6
Solid waste / garbage at home	713	3.1	9.7	87.2
Solid waste / garbage at work	331	2.4	4.8	92.7
Waste water / sewage at home	703	3.3	21.1	75.7
Waste water / sewage at work	316	1.6	6.0	92.4
Noise at home	715	13.3	31.5	55.2
Noise at home at work	351	11.7	12.8	75.5
Air pollution at home	702	4.3	10.7	85.0
Air pollution at work	358	3.1	7.3	89.7
Smell at home	697	2.9	9.6	87.5
Smell at work	347	3.2	8.6	88.2
Dangerous hazards at home	684	2.8	6.4	90.8
Dangerous hazards at work	359	2.8	6.7	90.5
Criminal activities at home	689	4.4	31.5	64.2
Criminal activities at work	350	3.4	21.1	75.4

Table EN.2a **Suffered Health Effects from Environmental Pollution Mentioned**

Category	Total Percent n=1715	Sint Maarten Percent n=988	Saint-Martin Percent n=727
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	4.5	5.3	3.4
No	95.5	94.7	96.6

**Table EN.2b What Types of Health Effects Have You Experienced due to Environmental Pollution**

Category	Total Percent n=53	Sint Maarten n=32	Saint-Martin n=21
Respiratory problems	37.7	37.5	38.1
Skin problems e.g. rashes, infections, etc.	5.7	6.3	4.8
Allergies	22.6	15.6	33.3
Headaches/ Migraines	7.5	9.4	4.8
Ear, nose and throat problems	5.7	3.1	9.5
Eye problems	1.9	3.1	0.0
Psychological stress	7.5	12.5	0.0
Other	11.3	12.5	9.5

**Table EN.3 How do you feel about your residential neighbourhood**

Category	Total Percent n=1723	Sint Maarten n=999	Saint-Martin n=724
Safe	91.8	93.6	89.2
Quiet	88.9	91.0	86.0
Garbage is frequently collected	94.4	92.4	97.3
No running water on the road	84.7	76.1	96.6
Affordable	93.6	94.8	91.9
Private	92.0	92.5	91.4
Amenities nearby	91.5	92.6	90.0
No traffic	84.0	85.1	82.4
Public transportation nearby	89.1	91.1	86.3
Recreational facilities	75.0	75.9	73.8
Community centre nearby	72.3	74.2	69.7
No nuisance caused animals, rodents, etc	91.9	91.1	93.0
No nuisance caused by people, etc	92.1	92.9	91.0
Suitable as residential area	94.5	93.3	96.2
Other	0.1	0.1	0.0

Table EN.4 Does your place of work protect you against negative health consequences

Category	Total Percent n=1018	Sint Maarten n=640	Saint-Martin n=378
Proper working space	95.6	97.3	92.6
Proper working facilities	95.3	96.2	93.7
Proper lighting	98.6	99.1	97.8
Proper fresh) air circulation	93.3	91.8	95.8
Proper temperature	95.9	96.7	94.6
Safe neighbourhood	95.5	96.8	93.4
No risks/ hazards on the job	91.4	92.9	88.9
Proper clothing provided when needed	94.1	96.9	89.7
Proper working hours	96.7	97.4	95.6
No noise hindrance	94.4	95.9	91.9
Allowed to take breaks when needed	96.1	97.6	93.7
Other	0.5	0.6	0.4

Table ER.1 During the Past 12 Months, Have You Visited an Emergency Room

Category	Total Percent n=1736	Sint Maarten Percent n=1007	Saint-Martin Percent n=729
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	14.7	13.5	16.3
No	85.3	86.5	83.7

Table ER.2 What Was the Reason for Visiting an Emergency Room

Category	Total Percent n=252	Sint Maarten Percent n=135	Saint-Martin Percent n=117
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
I needed emergency care	78.6	77.8	79.5
I needed medical attention but it was after hours	15.5	16.3	14.5
I was unsure of my medical condition	6.0	5.9	6.0

Table ER.3 Visit to Emergency Room (ER) Led to Hospitalization

Category	Total Percent n=255	Sint Maarten Percent n=136	Saint-Martin Percent n=119
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	31.4	27.9	35.3
No	68.6	72.1	64.7

TableHC.1 Hospitalized in the past 12 months

Category	Total Percent n=1738	Sint Maarten Percent n=1008	Saint-Martin Percent n=730
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	8.6	7.2	10.5
No	91.4	92.8	89.5

Table HC.2 Location of Hospital

Category	Total Percent n=150	Sint Maarten Percent n=73	Saint-Martin Percent n=77
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Local	77.3	74.0	80.5
Abroad	19.3	23.3	15.6
Both	3.3	2.7	3.9

Table HC.3 Hospital Stays in Past 12 months

Category	Total Percent		Sint Maarten Percent		Saint-Martin Percent	
	Local n=120	Abroad n=34	Local n=55	Abroad n=19	Local n=65	Abroad n=15
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
1 stay	70.8	70.6	81.8	73.7	61.5	66.7
2 stays	15.8	14.7	9.1	5.3	21.5	26.7
3 stays	4.2	8.8	1.8	10.5	6.2	6.7
4 stays	0.8	2.9	1.8	5.3	0.0	0.0
5 stays	4.2	0.0	1.8	0.0	6.2	0.0
6 or more	4.2	2.9	3.6	5.3	4.6	0.0

Table HC.4 Nights Spent in Hospital

Category	Total Percent		Sint Maarten Percent		Saint-Martin Percent	
	Local n=120	Abroad n=34	Local n=55	Abroad n=19	Local n=65	Abroad n=15
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0 nights	5.8	5.9	5.5	5.3	6.2	6.7
1-2 nights	30.8	26.5	32.7	15.8	29.2	40.0
3-5 nights	35.0	26.5	34.5	31.6	35.4	20.0
6< nights	28.3	41.2	27.3	47.4	29.2	33.3
Median	3.0	3.5	3.0	4.0	3.0	3.0

Table HC.5 **Dental Visit**

Category	Total Percent n=1706	Sint Maarten Percent n=983	Saint-Martin Percent n=723
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
< 12 months ago	40.2	37.2	44.1
1-4 years ago	34.6	36.0	32.6
>5 years or Longer	21.5	23.1	19.4
Never	3.8	3.7	3.9

Table HC.6 **Didn't go to Dentist When Needed To**

Category	Total Percent n=1719	Sint Maarten Percent n=999	Saint-Martin Percent n=720
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
At least 1 occasion	18.8	21.3	15.4
No occasion	81.2	78.7	84.6

Table HC.7 **Reason for not visiting the Dentist**

Category	Total Percent n=329	Sint Maarten Percent n=216	Saint-Martin Percent n=113
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Could not afford, Uninsured	19.8	25.0	9.7
Procedure not covered by insurance	29.8	36.6	16.8
Long waiting time	1.8	0.9	3.5
Did not have the Time	16.1	13.4	21.2
No Transportation	0.9	0.9	0.9
Fear of Surgery	5.8	3.2	10.6
Dislike the Dentist	5.8	4.6	8.0
Other	20.1	15.3	29.2

Table HC.8 **Consulted General Practitioner**

Category	Total Percent n=1715	Sint Maarten Percent n=996	Saint-Martin Percent n=719
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
< 12 months	82.8	82.5	83.2
>12 months	16.1	16.6	15.4
Never	1.1	0.9	1.4

Table HC.9 **No of Consultations in past 4 Weeks**

	Total Percent n=1445	Sint Maarten Percent n=833	Saint-Martin Percent n=612
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0 Consultations	50.1	50.8	49.0
1-2 Consultations	46.7	46.7	46.7
3-5 Consultations	2.6	2.3	3.2
6< Consultations	0.6	0.2	1.1

Table HC.10 Reason for not Consulting GP within the Last 4 wks

Category	Total Percent n=1003	Sint Maarten n=590	Saint-Martin n=413
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Could not afford, Uninsured	3.8	5.8	1.0
Procedure not covered by insurance	0.7	1.2	0.0
Long waiting time	0.9	0.8	1.0
Do not have time	2.4	2.0	2.9
No transportation	0.1	0.0	0.2
Fear of surgery	0.2	0.2	0.2
Prefer alternative medicine	0.3	0.2	0.5
Do not like to go doctor	3.6	2.5	5.1
Did not need to go	85.1	84.1	86.7
Other	2.9	3.2	2.4

Table HC.11a Referred by GP to further Care

Category	Total Percent n=1715	Sint Maarten n=997	Saint- Martin n=718
Med. Specialist for Treatment	12.6	11.7	13.8
Pharmacy for Medication	55.8	52.6	60.3
Laboratory for Tests	39.0	40.4	37.0
Radiology Department for X-Ray	12.5	9.2	17.1
Hospital Admittance	1.9	1.6	2.2
Physiotherapist	2.3	1.8	2.9
Dietician/Nutritionist	0.9	1.0	0.8
Psychologist/Psychiatrist	0.4	0.4	0.4

Table HC.11b Place of Referral

Category	Total			Sint Maarten			Saint-Martin		
	Med. Specialist Percent n=216	Radiology (X- Ray) Percent n=215	Hospital Admittance Percent n=32	Med. Specialist Percent n=73	Radiology (X- Ray) Percent n=74	Hospital Admittance Percent n=9	Med. Specialist Percent n=99	Radiology (X- Ray) Percent n=123	Hospital Admittance Percent n=16
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.00</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Local	85.6	89.8	75.0	82.9	87.0	81.3	88.9	91.9	68.8
Abroad	12.5	8.4	15.6	16.2	12.0	12.5	8.1	5.7	18.8
Both	1.9	1.9	9.4	0.9	1.1	6.3	3.0	2.4	12.5



Table HC.12 **Consulted own GP at last Doctors Visit**

Category	Total Percent n=1706	Sint Maarten n=992	Saint-Martin n=714
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	92.2	91.8	92.7
No	5.5	5.3	5.6
Don't have a GP	2.3	2.8	1.7

Table HC.13 **Reason for not visiting own GP**

Category	Total Percent n=92	Sint Maarten n=52	Saint-Martin n=40
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
My Own GP was Absent	35.9	38.5	32.5
Weekend/night	2.2	1.9	2.5
Needed Second Opinion	6.5	3.8	10.00
Lack of Confidence	8.7	5.8	12.5
Other Reason	46.7	50.0	42.5

Table HC.14 **Consulted Medical or Surgical Specialist**

Category	Total Percent n=1704	Sint Maarten n=993	Saint-Martin n=711
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
< 12 months ago	24.4	23.4	25.7
>12 months ago	24.8	26.2	22.9
Never	50.8	50.5	51.3

Table HC.15 **No. of Times Consulted Specialist**

Category	Total Percent		Sint Maarten Percent		Saint-Martin Percent	
	Local n=344	Abroad n=455	Local n=180	Abroad n=250	Local n=165	Abroad n=205
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
0	15.7	73.7	18.3	70.8	12.8	81.0
1-2	66.3	19.1	66.1	24.8	66.4	12.2
3-5	12.2	5.3	10.5	3.2	14.0	5.8
6<	5.8	2.0	5.1	1.2	6.8	1.0

Table HC.16 **Type of Specialist**

Category	Total Percent n=447	Sint Maarten n=246	Saint-Martin n=201
Eye Specialist	24.4	23.7	25.2
Internist	8.9	12.2	5.0
Radiologist	12.3	9.8	15.3
Cardiologist	13.0	11.8	14.4
Gastroenterologists	3.8	4.1	3.5
Oncologist	1.6	2.4	0.5
Urologist	2.7	3.7	1.5
Gynaecologist	28.6	25.7	32.2
Obstetrician	2.9	2.0	4.0
Dermatologist	5.6	6.9	4.0
Immunologist	0.9	0.8	1.0
Neurologist	4.0	4.1	4.0
Nephrologist	0.9	1.2	0.5
Surgeon	16.9	21.5	11.3
Nose,Throat,Ear Specialist	2.9	3.7	2.0
Geriatric Specialist	0.4	0.4	0.5
Orthodontist	3.3	0.4	6.9
Podiatrist	0.9	0.4	1.5
Psychiatrist	0.9	0.08	1.0
Other	5.7	5.6	5.9

Table HC.17a **Location of Consultation**

Category	Total Percent n=437	Sint Maarten n=241	Saint-Martin n=196
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Local	78.7	74.7	83.7
Abroad	20.6	24.5	15.8
Both	0.7	0.8	0.5

Table HC.17b **Place of Consultation with Medical Specialist**

Category	Total Percent n=111	Sint Maarten n=70	Saint-Martin n=41
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Dominican Republic	22.5	32.9	4.9
Guadeloupe	13.5	1.4	34.1
France	12.6	2.9	29.3
Curacao	9.0	14.3	0.0
Columbia	7.2	11.4	0.0
St Maarten Medical Centre	3.6	4.3	2.4
Barbados	2.7	2.9	0.0
Martinique	1.8	1.4	2.4
The Netherlands	1.8	4.3	0.0
Louis Constant Fleming Hospital	0.9	0.0	2.4
Aruba	0.9	1.4	0.0
Other	23.5	22.8	24.5

Table HC.18 **Reason for Overseas Medical Attention**

Category	Total Percent n=94	Sint Maarten n=61	Saint-Martin n=33
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Want to stay close with family	5.3	4.9	6.1
Cannot be treated locally	2.1	1.6	3.0
No local specialist	41.5	44.3	36.4
Specialized institution	4.3	4.9	3.0
Confident in overseas care	11.7	8.2	18.2
Foreign specialist opinion	3.2	3.3	3.0
I was abroad at time of illness	20.2	23.0	15.2
Other reason	11.7	9.8	15.2

Table HC.19 **Visited in the past 12 Months**

Category	Total Percent n=82	Sint Maarten n=21	Saint-Martin n=61
Medical Laboratory	39.1	38.1	40.3
Radiological Centre	14.1	10.3	19.2
Home Care	2.8	1.6	4.4
Physiotherapist	5.4	5.4	5.3
Podiatrist	0.6	0.6	0.5
Dietician/ Nutritionist	1.2	1.1	1.2
Speech Therapist	0.2	0.3	0.0
Psychologist /Psychiatrist	0.6	0.7	0.5
Optician	7.3	5.3	10.0
Homeopath /Herbalist	0.3	0.5	0.1
Acupuncturist	0.2	0.1	0.3
Clairvoyant/Psychic	0.1	0.1	0.0
Other Alt. Medicine Practitioner	0.6	0.5	0.8

Table HC.20 **Didn't seek Medical Help When Needed**

Category	Total Percent n=84	Sint Maarten n=20	Saint-Martin n=64
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
1 occasion	8.8	9.4	8.1
No, there was no occasion	91.2	90.6	91.9

Table HC.21 **Reason for not seeking Treatment**

Category	Total Percent n=155	Sint Maarten n=95	Saint-Martin n=60
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>
Could not afford, Uninsured	20.0	24.2	13.3
Procedure not covered by insurance	7.7	10.5	3.3
Long waiting time	5.8	4.2	8.3
Do not have time	18.1	15.8	21.7
No transportation	4.5	4.2	5.0
Fear of surgery	1.3	0.0	3.3
Dislike going to a doctor	10.3	8.4	13.3
Other	32.3	32.6	31.7

Table PA.1 **Has Your Blood Sugar or Blood Cholesterol  
Been Measured By A Health Professional**

Category	Total Percent		Sint Maarten		Saint-Martin	
	Blood Sugar Percent n=1710	Blood Cholesterol Percent n=1704	Blood Sugar Percent n=994	Blood Cholesterol Percent n=988	Blood Sugar Percent n=716	Blood Cholesterol Percent n=716
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	92.8	91.7	92.7	91.0	93.0	92.7
No	7.2	8.3	7.3	9.0	7.0	7.3

Table PA.2 **When Was The Last Time The Levels of Your Blood Sugar or  
Blood Cholesterol Been Measured By A Health Professional**

Category	Total Percent		Sint Maarten		Saint-Martin	
	Blood Sugar Percent n=1533	Blood Cholesterol Percent n=1526	Blood Sugar Percent n=889	Blood Cholesterol Percent n=885	Blood Sugar Percent n=644	Blood Cholesterol Percent n=641
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 m	76.2	74.0	76.4	74.0	75.9	74.1
1-5 years ago	21.9	23.9	21.5	23.4	22.4	24.5
More than 5 years ago	2.0	2.1	2.1	2.6	1.7	1.4

Table PA.3 **Has Your Blood Pressure Ever Been  
Measured By A Health Professional**

Category	Total Percent n=1727	Sint Maarten n=999	Saint-Martin n=728
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	95.5	95.2	96.0
No	4.5	4.8	4.0

Table PA.4 **When Was The Last Time Your Blood Pressure  
Had Been Measured By A Health Professional**

Category	Total Percent n=1637	Sint Maarten n=944	Saint-Martin n=693
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 months	82.4	82.1	82.8
1-5 years ago	16.3	16.2	16.5
More than 5 years ago	1.3	1.7	0.7

Table PA.5 **Have You Ever Been Vaccinated Against  
The Flu (Influenza), Also as A Child**

Category	Total Percent n=1626	Sint Maarten n=943	Saint-Martin n=683
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	43.6	45.4	41.1
No	56.4	54.6	58.9

Table PA.6 **When Was The Last Time You Were  
Vaccinated Against The Flu**

Category	Total Percent n=703	Sint Maarten n=426	Saint-Martin n=277
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Since the beginning of this year	4.0	3.1	5.4
Last year	9.4	8.0	11.6
Before last year	17.6	12.2	26.0
As a child	69.0	76.8	57.0

Table PA.7 **Do You Do Self-Breast Examinations**

Category	Total Percent n=1025	Sint Maarten n=573	Saint-Martin n=452
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	66.9	55.7	65.9
No	33.1	44.3	34.1

Table PA.8 **Have You Ever Had An X-Ray On  
One or Both of Your Breasts**

Category	Total Percent n=1022	Sint Maarten n=571	Saint-Martin n=451
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	58.0	55.7	61.0
No	42.0	44.3	39.0

Table PA.9 **When Was The Last Time You Had An X-Ray  
On One or Both of Your Breasts**

Category	Total Percent n=592	Sint Maarten n=316	Saint-Martin n=276
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 months	42.1	40.2	44.2
More than 1 year, but less than 2 years ago	29.1	29.1	29.0
More than 2 years, but less than 3 years ago	11.8	11.7	12.0
Not within the past 3 years	14.0	16.8	10.9
Cannot remember	3.0	2.2	4.0

Table PA.10 **Have You Ever Had A Cervical Smear**

Category	Total Percent n=1014	Sint Maarten n=567	Saint-Martin n=447
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	74.8	71.4	79.0
No	25.2	28.6	21.0

Table PA.11 **When Was The Last Time You  
Had A Cervical Smear Test**

Category	Total Percent n=762	Sint Maarten n=407	Saint-Martin n=355
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 months	43.7	40.0	47.9
More than 1 year, but less than 2 years ago	23.8	21.9	25.9
More than 2 years, but less than 3 years ago	11.8	12.3	11.3
Not within the past 3 years	17.8	22.6	12.4
Cannot remember	2.9	3.2	2.5

Table PA.12 **Have You Ever Had Your Prostate  
or Testicles Screened**

Category	Total Percent n=686	Sint Maarten n=416	Saint-Martin n=270
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	44.6	43.0	47.0
No	55.4	57.0	53.0

Table PA.13 **When Was The Last Time You Had  
Your Prostate or Testicles Screened**

Category	Total Percent n=313	Sint Maarten n=182	Saint-Martin n=131
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 months	58.1	62.1	52.7
More than 1 year, but less than 2 years ago	23.3	17.6	31.3
More than 2 years, but less than 3 years ago	10.9	11.5	9.9
Not within the past 3 years	4.8	5.5	3.8
Cannot remember	2.9	3.3	2.3

Table PA.14 **Do You Get Tested for Sexually  
Transmitted Diseases of Infections**

Category	Total Percent n=1677	Sint Maarten n=969	Saint-Martin n=708
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Yes	55.4	55.6	55.1
No	44.6	44.4	44.9

Table PA.15 **When Was The Last Time You Got Tested Regularly  
for Sexually Transmitted Diseases / Infections**

Category	Total Percent n=930	Sint Maarten n=547	Saint-Martin n=383
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Within the past 12 months	71.3	71.3	71.3
More than 1yr, less than 2yrs ago	14.2	13.7	14.9
More than 2yrs, less than 3yrs ago	5.8	6.4	5.0
Not within the past 3 years	6.0	5.3	7.0
Cannot remember	2.7	3.3	1.8

Table SI.1 **Favorable Responses\* to Services provided by Health Care Providers**

Category	Total Number	Total Percent	Sint Maarten Percent	Saint-Martin Percent
St. Maarten Medical Centre				
Emergency Room	217	<b>58.0</b>	58.1	56.5
Wards	205	<b>68.6</b>	67.9	77.3
Radiology	195	<b>72.5</b>	72.3	75.0
Outpatient Department	278	<b>76.8</b>	76.6	78.6
Louis Constant Fleming Hospital				
Emergency Room	241	<b>71.3</b>	88.0	68.4
Wards	246	<b>82.0</b>	88.0	80.8
Radiology	175	<b>83.3</b>	90.2	81.7
Outpatient Department	189	<b>78.4</b>	84.4	77.0
Mental Health Foundation	7	<b>70.0</b>	66.7	100.0
Turning Point Foundation	10	<b>83.3</b>	81.8	100.0
White and Yellow Cross	30	<b>93.8</b>	93.5	100.0
Dentists and other dental care specialists	678	<b>91.5</b>	91.5	91.5
Medical or surgical specialists	416	<b>87.8</b>	86.2	89.9
Family doctors or General Practitioners	1053	<b>92.7</b>	91.4	94.6
St. Maarten Laboratory Services	720	<b>94.4</b>	93.8	98.0
Lepers	373	<b>95.9</b>	90.0	96.4
Other home care services	49	<b>98.0</b>	100.0	97.6

Note: \*The percent of respondents that answered *Very Satisfied* and *Fairly Satisfied* was combined and is reported above.

Table SI.2 **Health Insurance**

Category	Total Percent n=1737	Sint Maarten Percent n=1008	Saint-Martin Percent n=729
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Insured	87.0	81.8	94.2
Uninsured	13.0	18.2	5.8



Table SI.3 Reason for Lack of Health Insurance Coverage

Category	Total Percent n=220	Sint Maarten Percent n=179	Saint-Martin Percent n=41
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Too expensive	19.1	19.0	19.5
My job does not cover the costs	11.4	14.0	0.0
I have been denied due to a pre-existing condition	1.8	0.6	7.3
I do not see the need	1.8	1.7	2.4
I prefer to pay as I go	11.8	12.3	9.8
Other reason	54.1	52.5	61.0

Table SI.4 How are you Covered

Category	Total Percent n=1506	Sint Maarten Percent n=825	Saint-Martin Percent n=681
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
National Health Insurance / 'Sécurité Social'	44.4	11.6	84.1
SZV (SVB package)	2.5	0.2	5.3
SZV (BZV / civil servant package)	43.8	72.1	9.4
Pro pauper (PP)	6.1	10.5	0.7
FZOG	0.5	1.0	0.0
AVBZ	1.7	3.2	0.0
Insured through work	0.9	1.3	0.4
Private insurance	0.0	0.0	0.0

