IF Mode = a1
|
ELSE
|
IF Mode = a2
|
CM003_RespFin CHOICE RESPONDENT FINANCE
|
Later in this interview, we will be asking questions about household and family finances, for example about your savings for old-age and financial support to children and other relatives. We only need to ask these questions of one of you. Which of you would be the one most able to answer questions about your finances?
|
Code one only financial respondent
|
1. Name of person 1
2. Name of person 2
|
|
ELSE
|
|
ENDIF
|
ENDIF

IF IS RESPONDENT RESPONDENT WHO FILLED IN COVERSCREEN = 1 OR MN101_Longitudinal = 0
|
DN001_Intro INTRO DEMOGRAPHICS
|
Let me just repeat that this interview is voluntary and confidential. Your answers will be used only for research purposes. If we should come to any question you don't want to answer, just let me know and I will go on to the next question. Now I would like to begin by asking some questions about your background.
|
1. Continue
|
ELSE
|
DN001a_Intro INTRO DEMOGRAPHICS A
|
Let me just repeat that this interview is voluntary and confidential. Your answers will be used only for research purposes. If we should come to any question you don't want to answer, just let me know and I will go on to the next question. During our previous interview we asked you about your life. To shorten our interview today, I would like to refer to your previous answers instead of asking everything again. Would that be ok?
|
1. Yes

1Share wave 4.8.8 - Version 4.8. (Fieldwork) - Generic (English)
DN042_Gender MALE OR FEMALE
OBSERVATION
Note sex of respondent from observation (ask if unsure)
1. Male
2. Female

DN043_BirthConf CONFIRM MONTH/YEAR BIRTH
Can I just confirm? You were born in [{month of birth respondent}] [{year of birth respondent}]?
1. Yes
5. No

IF CONFIRM MONTH/YEAR BIRTH = 1. Yes

ELSE

IF CONFIRM MONTH/YEAR BIRTH = 5. No

DN002_MoBirth MONTH OF BIRTH
In which month and year were you born? MONTH: YEAR:

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

DN003_YearBirth YEAR OF BIRTH
In which month and year were you born? MONTH: [{month of birth}] YEAR:

(1900..2010)
IF MN101_Longitudinal = 0

| DN004_CountryOfBirth COUNTRY OF BIRTH
| Were you born in the United Kingdom?
| 1. Yes
| 5. No

IF COUNTRY OF BIRTH = 5. No

| DN005_OtherCountry OTHER COUNTRY OF BIRTH
| In which country were you born? Please name the country that your birthplace belonged to at the time of your birth.
| ___________

| DN006_YearToCountry YEAR CAME TO LIVE IN COUNTRY
| In which year did you come to live in the United Kingdom?
| (1875..2011)

ENDIF

| DN007_Citizenship CITIZENSHIP COUNTRY
| Do you have British citizenship?
| 1. Yes
| 5. No

IF CITIZENSHIP COUNTRY = 5. No

| DN008_OtherCitizenship OTHER CITIZENSHIP
| What is your citizenship?
| ___________

ENDIF

| DN009_WhereLived WHERE LIVED SINCE 1989
| Where have you lived on November 1st 1989, that is before the Berlin wall came down - in the GDR, in the FRG, or elsewhere?
| 1. GDR
| 2. FRG
| 3. Elsewhere
Please look at card 2. What is the highest school leaving certificate or school degree that you have obtained?

1. Comprehensive school
2. Grammar school (not fee-paying)
3. Fee-paying grammar school
4. Sixth form College/Tertiary College
5. Public or other private school
6. Elementary school
7. Secondary modern/secondary school
8. Technical school (not college)
95. No degree yet/still in school
96. None
97. Other type (also abroad)

If HIGHEST EDUCATIONAL DEGREE OBTAINED = 97. Other type (also abroad)

What other school leaving certificate or school degree have you obtained?

_________

ENDIF

Please look at card 3. Which degrees of higher education or vocational training do you have? Code all that apply

1. Nurses' training school
2. College of further/higher education
3. Other college or training establishment
4. Polytechnic/Scottish Central Institutions
5. University
95. Still in higher education or vocational training
96. None
97. Other (also abroad)

If 97. Other (also abroad) IN FURTHER EDUCATION

Which other degree of higher education or vocational training do you have?

_________

ENDIF

How many years have you been in full time education?

full-time education* includes: receiving tuition, engaging in practical work or supervised study or taking examinations* excludes: full-time working, home schooling, distance learning, special on-the-job training, evening classes, part-time
private vocational training, flexible or part-time higher education studies, etc

ELSE

IF MN101_Longitudinal = 1

DN044_MaritalStatus MARITAL STATUS CHANGED
Since our last interview in [{month year previous interview}], has your marital status changed?

1. Yes, marital status has changed
5. No, marital status has not changed

ENDIF

ENDIF

IF MN101_Longitudinal = 1 AND MARITAL STATUS CHANGED = 1. Yes, marital status has changed OR MN101_Longitudinal = 0

DN014_MaritalStatus MARITAL STATUS
Please look at card 4. What is your marital status?

1. Married and living together with spouse
2. Registered partnership
3. Married, living separated from spouse
4. Never married
5. Divorced
6. Widowed

IF MARITAL STATUS = 1. Married and living together with spouse

IF IS RESPONDENT FIRST RESPONDENT FROM COUPLE OR SINGLE THIS WAVE = 1

DN015_YearOfMarriage YEAR OF MARRIAGE
In which year did you get married?

(1890..2011)

ENDIF

ENDIF

ENDIF

IF DN014_MaritalStatus.ORD = 2

DN016_YearOfPartnership YEAR OF REGISTERED PARTNERSHIP
In which year did you register your partnership?
IF MARITAL STATUS = 3. Married, living separated from spouse

DN017_YearOfMarriage YEAR OF MARRIAGE
In which year did you get married?
(1890..2011)
ELSE

IF MARITAL STATUS = 5. Divorced

DN018_DivorcedSinceWhen SINCE WHEN DIVORCED
In which year did you get divorced?
If more than one divorce enter year of last divorce
(1890..2011)
ELSE

IF MARITAL STATUS = 6. Widowed

DN019_WidowedSinceWhen SINCE WHEN WIDOWED
In which year did you become a [widow/widower]?
Enter year of death partner
(1890..2011)
ENDIF
ENDIF
ENDIF
ENDIF

IF MN101_Longitudinal = 0 AND MARITAL STATUS = 3. Married, living separated from spouse OR MARITAL STATUS = 5. Divorced OR MARITAL STATUS = 6. Widowed

DN020_AgePart AGE OF PARTNER
In which year was [your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] born?
Record birthyear of most recent spouse
(1875..2011)

DN021_HighestEduPart HIGHEST EDUCATIONAL DEGREE OF PARTNER
Please look at card 2. What is the highest school certificate or degree that [your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] has obtained?
IF HIGHEST EDUCATIONAL DEGREE OF PARTNER = 97. Other type (or abroad)

DN022_OtherHighestEduPart OTHER HIGHEST EDUCATIONAL DEGREE PARTNER OBTAINED
| Which other school certificate or degree has [your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] obtained?
| ___________

ENDIF

DN023_FurtherEduPart FURTHER EDUCATION OR VOCATIONAL TRAINING OBTAINED OF PARTNER
| Please look at card 3. Which degrees of higher education or vocational training does [your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] have?
| Code all that apply
| 1. Nurses' training school
| 2. College of further/higher education
| 3. Other college or training establishment
| 4. Polytechnic/Scottish Central Institutions
| 5. University
| 95. Still in higher education or vocational training
| 96. None
| 97. Other (also abroad)

IF 97. Other (also abroad) IN FURTHER EDUCATION OR VOCATIONAL TRAINING OBTAINED OF PARTNER

DN024_WhichOtherEduPart OTHER EDUCATION PARTNER
| Which other education or vocational training does [your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-/late/late] [husband/wife/husband/wife/husband/wife] have?
| ___________

ENDIF
What is the most recent job [your/ex-/late/your/ex-/late/your] had? Please give the exact description. E.g. not 'clerk' but 'forwarding merchant', not 'worker' but 'engine fitter'. In case of a civil servant, please get first official title, e.g. 'police constable' or 'student teacher'. Only if person never had any occupation, enter 'housewife/-husband'.

ENDIF

IF MN002_Person[1].MaritalStatus = a3

DN040_PartnerOutsideHH PARTNER OUTSIDE HOUSEHOLD
Do you have a partner who lives outside this household?

1. Yes
5. No

ENDIF

ENDIF

SN014_Privacy INTRODUCTION PRIVACY SN
The following set of questions should be answered by the respondent in private. If there are any other persons in the room at this point, please remind them that parts of the interview are of a private nature and should be answered by each respondent on his or her own. Start of a non-proxy section. No proxy allowed. If the respondent is not capable of answering any of these questions on her/his own, press CTRL-K at each question.
1. No need to explain, respondent is interviewed in private
2. Explained private nature of the interview to third persons, left the room
3. Explained private nature of the interview to third persons, did not leave the room

SN001_Introduction INTRODUCTION SN
Now I am going to ask some questions about your relationships with other people. Most people discuss with others the good or bad things that happen to them, problems they are having, or important concerns they may have. Looking back over the last 12 months, who are the people with whom you most often discussed important things? These people may include your family members, friends, neighbors, or other acquaintances. Please refer to these people by their first names.

1. Continue
IF INTRODUCTION SN = REFUSAL
ELSE
IF cnt > 1 AND SN_Roster[cnt - Any more = 5. No
ELSE
IF Index = 7
ELSE
IF Index = 1
ELSE
SN002a_NoMore ANY MORE
Are there any more (persons with whom you often discuss things that are important to you)?
Click "1. Yes" immediately when it is trivial there are more
1. Yes
5. No
ENDIF
ENDIF
IF Any more = 1. Yes
IF Index = 7
ELSE
SN002_Roster FIRST NAME OF ROSTER N
Please give me the first name of the person with whom you MOST OFTEN discuss things that are important to you:
[if R cannot name any network member, type 991]
____________
ENDIF
IF FIRST NAME OF ROSTER N = REFUSAL OR FIRST NAME OF ROSTER N = DONTKNOW OR FIRST NAME OF ROSTER N = '991'
ELSE
SN005_NetworkRelationship NETWORK RELATIONSHIP
What is [{first name of person in roster}] 's relationship to you?
Prompt if needed: so this person is your..
1. Spouse/Partner
2. Mother
3. Father
4. Mother-in-law
5. Father-in-law
6. Stepmother
7. Stepfather
8. Brother
9. Sister
10. Child
11. Step-child/your current partner's child
12. Son-in-law
13. Daughter-in-law
14. Grandchild
15. Grandparent
16. Aunt
17. Uncle
18. Niece
19. Nephew
20. Other relative
21. Friend
22. (Ex-)colleague/co-worker
23. Neighbour
24. Ex-spouse/partner
25. Minister, priest, or other clergy
26. Therapist or other professional helper
27. Housekeeper/Home health care provider
96. None of these

IF NETWORK RELATIONSHIP = RESPONSE

IF NETWORK RELATIONSHIP <> 96. None of these

IF NETWORK RELATIONSHIP = 2. Mother
ELSE

IF NETWORK RELATIONSHIP = 3. Father
ELSE

IF NETWORK RELATIONSHIP = 8. Brother OR NETWORK RELATIONSHIP = 9. Sister
ELSE
ELSE
ENDIF
ENDIF
ENDIF
ENDIF
SN003a_AnyoneElse ANY MORE
Is there anyone (else) who is very important to you for some other reason?

1. Yes
5. No

IF ANY MORE = 1. Yes

SN003_AnyoneElse FIRST NAME OF ROSTER 7
Please give me the first name of the person who is important too for some other reason.

__________

IF FIRST NAME OF ROSTER 7 = RESPONSE

IF Index = 7
ELSE

IF Index = 1
ELSE

SN002a_NoMore ANY MORE
Are there any more (persons with whom you often discuss things that are important to you)?
Click "1. Yes" immediately when it is trivial there are more
1. Yes
5. No

ENDIF

ENDIF

IF Any more = 1. Yes

IF Index = 7
ELSE
Please give me the first name of the person with whom you MOST OFTEN discuss things that are important to you:

[If R cannot name any network member, type 991]

ENDIF

IF FIRST NAME OF ROSTER N = REFUSAL OR FIRST NAME OF ROSTER N = DONTKNOW OR FIRST NAME OF ROSTER N = '991'

ELSE

What is [{first name of person in roster}]'s relationship to you?
Prompt if needed: so this person is your..

1. Spouse/Partner
2. Mother
3. Father
4. Mother-in-law
5. Father-in-law
6. Stepmother
7. Stepfather
8. Brother
9. Sister
10. Child
11. Step-child/your current partner's child
12. Son-in-law
13. Daughter-in-law
14. Grandchild
15. Grandparent
16. Aunt
17. Uncle
18. Niece
19. Nephew
20. Other relative
21. Friend
22. (Ex-)colleague/co-worker
23. Neighbour
24. Ex-spouse/partner
25. Minister, priest, or other clergy
26. Therapist or other professional helper
27. Housekeeper/Home health care provider
96. None of these

IF NETWORK RELATIONSHIP = RESPONSE

IF NETWORK RELATIONSHIP <> 96. None of these
IF NETWORK RELATIONSHIP = 2. Mother
ELSE
IF NETWORK RELATIONSHIP = 3. Father
ELSE
IF NETWORK RELATIONSHIP = 8. Brother OR NETWORK RELATIONSHIP = 9. Sister
ELSE
ENDIF
ENDIF
ENDIF
ENDIF

IF newRostercounter > 1

SN004_n_InRoster DUPLICATES CHECK

Please check the list below for duplicates. (i.e., Tick one of the persons listed twice to remove them from the list.)

{List with people in roster}

ENDIF

IF NOT FIRST NAME OF ROSTER N = " OR FIRST NAME OF ROSTER N = '991'

IF NOT cnt IN DUPLICATES CHECK

ENDIF

ENDIF
IF Sec_SN.Sizeofsocialnetwork > 0

SN008 Intro_closeness INTRODUCTION CLOSENESS
Now I would like to ask a few more questions about the people who are close to you.

1. Continue

IF cnt < Sec_SN.Sizeofsocialnetwork + 1

IF FLRosterName <> ""

IF FLRosterRelation = a1 AND MN002_Person[1].MaritalStatus = a1 OR MN002_Person[1].MaritalStatus = a2

ELSE

SN005a Gender NETWORK PERSON GENDER

Code sex of [{First name of person in roster}] (ask if unsure)
1. Male
2. Female

SN006 NetworkProximity NETWORK PROXIMITY
Please look at card 5 Where does [{First name of person in roster}] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre away
4. Between 1 and 5 kilometres away
5. Between 5 and 25 kilometres away
6. Between 25 and 100 kilometres away
7. Between 100 and 500 kilometres away
8. More than 500 kilometres away

ENDIF

IF NOT NETWORK Proximity = 1. In the same household

SN007 NetworkContact NETWORK CONTACT
During the past twelve months, how often did you have contact with[{First name of person in roster}] either personally, by phone or mail?
Any kind of contact, including for example e-mail, sms or other means
1. Daily
2. Several times a week
3. About once a week
4. About every two weeks
5. About once a month
6. Less than once a month
7. Never
IF FLRosterName <> "

SN009_Network_Closeness NETWORK CLOSENESS
How close do you feel to [{First name of person in roster}]?
Read out
1. Not very close
2. Somewhat close
3. Very close
4. Extremely close

ENDIF

ENDIF

ENDIF

ENDIF

IF Sec_SN.Sizeofsocialnetwork = 0

SN017_Network_Satisfaction EMPTY NETWORK SATISFACTION
You indicated that there is no one with whom you discuss matters, and no one who is important to you for some other reason. How satisfied are you with this on a scale of 0-10, where 0 means completely dissatisfied and 10 means completely satisfied?

___________ (0..10)

ELSE

SN012_Network_Satisfaction NETWORK SATISFACTION
Overall, how satisfied are you with the [relationship that you have with the person/relationships that you have with the persons] we have just talked about? Please answer on a scale from 0 to 10 where 0 means completely dissatisfied and 10 means completely satisfied

___________ (0..10)

ENDIF

SN013_Non_proxy NON PROXY

End of non-proxy section. Who answered the questions in this section?
1. Respondent
2. Section not answered (proxy interview)
SN015_Who_present WHO WAS PRESENT

CHECK: WHO WAS PRESENT DURING THIS SECTION? Code all that apply
1. Respondent alone
2. Partner present
3. Child(ren) present
4. Other(s)

ENDIF

IF MN101_Longitudinal = 0 OR MN101_Longitudinal = 1 AND
Preload.PRELOAD_DN036_HowManyBrothers Alive <> 0 OR
Preload.PRELOAD_DN037_HowManySisters Alive <> 0 OR
Preload.PRELOAD_DN026_NaturalParentAlive[1] <> 5 OR
Preload.PRELOAD_DN026_NaturalParentAlive[2] <> 5

DN039_ Intro2 INTRODUCTION PARENTS SIBLINGS
Now, I have some questions about your parents and siblings.

1. Continue

ENDIF

IF Preload.PRELOAD_DN026_NaturalParentAlive[1] <> a5

IF FATHER IN HOUSEHOLD = 5 AND IS RESPONDENT FIRST RESPONDENT FROM
COUPLE OR SINGLE THIS WAVE = 1

IF Index = 1 AND Sec_SN.SN904_MotherInSocialNetwork = 0 OR Index = 2 AND
Sec_SN.SN903_FatherInSocialNetwork = 0

DN026_NaturalParentAlive IS NATURAL PARENT STILL ALIVE
Is [your/your] [natural/natural] [mother/father] still alive?

1. Yes
5. No

IF IS NATURAL PARENT STILL ALIVE = 5. No

DN027_AgeOfDeathParent AGE OF DEATH OF PARENT
How old was [your/your] [mother/father] when [she/he] died?

____________ (10..120)
ELSE

IF IS NATURAL PARENT STILL ALIVE = 1. Yes AND MN101_Longitudinal = 0
How old is [your/your] [mother/father] now?

___________ (18..120)

ENDIF

ENDIF

ELSE

ENDIF

IF MN101_Longitudinal = 0

DN029_JobOfParent10 JOB OR OCCUPATION OF PARENT WHEN R WAS AGED 10

What was the job [your/your] [mother/father] had when you were about 10 years old? Please give the exact description.

E.g. not 'clerk' but 'forwarding merchant', not 'worker' but 'engine fitter'. In case of a civil servant, please get first official title, e.g. 'police constable' or 'student teacher'. Only if person did never do any work for pay, enter 'housewife/-husband'.

___________

ENDIF

IF Sec_SN.SN903_FatherInSocialNetwork = 0 AND Index = 2 OR Sec_SN.SN904_MotherInSocialNetwork = 0 AND Index = 1

DN030_LivingPlaceParent WHERE DOES PARENT LIVE

Please look at card 5. Where does [your/your] [mother/father] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre away
4. Between 1 and 5 kilometres away
5. Between 5 and 25 kilometres away
6. Between 25 and 100 kilometres away
7. Between 100 and 500 kilometres away
8. More than 500 kilometres away

IF WHERE DOES PARENT LIVE > 1. In the same household

DN032_ContactDuringPast12Months PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS

During the past twelve months, how often did you have contact with [your/your]
[mother/father], either personally, by phone or mail?

Any kind of contact, including for example e-mail, sms or mms

1. Daily
2. Several times a week
3. About once a week
4. About every two weeks
5. About once a month
6. Less than once a month
7. Never

ENDIF

DN033_HealthParent HEALTH OF PARENT

How would you describe the health of [your/your] [mother/father]? Would you say it is

Read out
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

ENDIF

ENDIF

ELSE

ENDIF

ENDIF

ELSE

ENDIF

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ENDIF

ENDIF

ENDIF
How old is [your/your] [mother/father] now?

__________ (18..120)

ENDIF

ENDIF

ELSE

ENDIF

IF MN101_Longitudinal = 0

DN029_JobOfParent10 JOB OR OCCUPATION OF PARENT WHEN R WAS AGED 10

What was the job [your/your] [mother/father] had when you were about 10 years old? Please give the exact description.

E.g. not 'clerk' but 'forwarding merchant', not 'worker' but 'engine fitter'. In case of a civil servant, please get first official title, e.g. 'police constable' or 'student teacher'. Only if person did never do any work for pay, enter 'housewife/-husband'.

__________

ENDIF

IF Sec_SN.SN903_FatherInSocialNetwork = 0 AND Index = 2 OR Sec_SN.SN904_MotherInSocialNetwork = 0 AND Index = 1

IF IS NATURAL PARENT STILL ALIVE = 1. Yes

DN030_LivingPlaceParent WHERE DOES PARENT LIVE

Please look at card 5. Where does [your/your] [mother/father] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre away
4. Between 1 and 5 kilometres away
5. Between 5 and 25 kilometres away
6. Between 25 and 100 kilometres away
7. Between 100 and 500 kilometres away
8. More than 500 kilometres away

IF WHERE DOES PARENT LIVE > 1. In the same household

DN032_ContactDuringPast12Months PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS

During the past twelve months, how often did you have contact with [your/your] [mother/father], either personally, by phone or mail?

Any kind of contact, including for example e-mail, sms or mms
1. Daily
2. Several times a week
3. About once a week
4. About every two weeks
5. About once a month
6. Less than once a month
7. Never

ENDIF

DN033_HealthParent HEALTH OF PARENT
How would you describe the health of [your/your] [mother/father]? Would you say it is
Read out
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

IF Preload.PRELOAD_DN026_NaturalParentAlive[2] <> a5

IF MOTHER IN HOUSEHOLD = 5 AND IS RESPONDENT FIRST RESPONDENT FROM COUPLE OR SINGLE THIS WAVE = 1

IF Index = 1 AND Sec_SN.SN904_MotherInSocialNetwork = 0 OR Index = 2 AND Sec_SN.SN903_FatherInSocialNetwork = 0

DN026_NaturalParentAlive IS NATURAL PARENT STILL ALIVE
Is [your/your] [natural/natural] [mother/father] still alive?
1. Yes
5. No

IF IS NATURAL PARENT STILL ALIVE = 5. No

DN027_AgeOfDeathParent AGE OF DEATH OF PARENT
How old was [your/your] [mother/father] when [she/he] died?

_____________ (10..120)

ELSE
IF IS NATURAL PARENT STILL ALIVE = 1. Yes AND MN101_Longitudinal = 0

DN028_AgeOfNaturalParent AGE OF NATURAL PARENT
How old is [your/your] [mother/father] now?
____________ (18..120)

ENDIF

ENDIF

ELSE

ENDIF

IF MN101_Longitudinal = 0

DN029_JobOfParent10 JOB OR OCCUPATION OF PARENT WHEN R WAS AGED 10
What was the job [your/your] [mother/father] had when you were about 10 years old? Please give the exact description.
E.g. not 'clerk' but 'forwarding merchant', not 'worker' but 'engine fitter'. In case of a civil servant, please get first official title, e.g. 'police constable' or 'student teacher'. Only if person did never do any work for pay, enter 'housewife/-husband'.
____________

ENDIF

IF Sec_SN.SN903_FatherInSocialNetwork = 0 AND Index = 2 OR Sec_SN.SN904_MotherInSocialNetwork = 0 AND Index = 1

IF IS NATURAL PARENT STILL ALIVE = 1. Yes

DN030_LivingPlaceParent WHERE DOES PARENT LIVE
Please look at card 5.Where does [your/your] [mother/father] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre away
4. Between 1 and 5 kilometres away
5. Between 5 and 25 kilometres away
6. Between 25 and 100 kilometres away
7. Between 100 and 500 kilometres away
8. More than 500 kilometres away

IF WHERE DOES PARENT LIVE > 1. In the same household

DN032_ContactDuringPast12Months PERSONAL CONTACT WITH PARENT
DURING PAST 12 MONTHS

| | | | | During the past twelve months, how often did you have contact with [your/your]
[mother/father], either personally, by phone or mail?
| | | | | Any kind of contact, including for example e-mail, sms or mms
| | | | | 1. Daily
| | | | | 2. Several times a week
| | | | | 3. About once a week
| | | | | 4. About every two weeks
| | | | | 5. About once a month
| | | | | 6. Less than once a month
| | | | | 7. Never

ENDIF

DN033_HealthParent HEALTH OF PARENT

| | | | How would you describe the health of [your/your] [mother/father]? Would you say it is
| | | | Read out
| | | | 1. Excellent
| | | | 2. Very good
| | | | 3. Good
| | | | 4. Fair
| | | | 5. Poor

ENDIF

ENDIF

ELSE

IF MOTHER IN LAW IN HOUSEHOLD = 5 AND IS RESPONDENT FIRST
RESPONDENT FROM COUPLE OR SINGLE THIS WAVE = 0

IF Index = 1 AND Sec_SN.SN904_MotherInSocialNetwork = 0 OR Index = 2 AND
Sec_SN.SN903_FatherInSocialNetwork = 0

DN026_NaturalParentAlive IS NATURAL PARENT STILL ALIVE

| | Is [your/your] [natural/natural] [mother/father] still alive?
| | 1. Yes
| | 5. No

IF IS NATURAL PARENT STILL ALIVE = 5. No

DN027_AgeOfDeathParent AGE OF DEATH OF PARENT

| | How old was [your/your] [mother/father] when [she/he] died?
| | ___________ (10..120)

ELSE

IF IS NATURAL PARENT STILL ALIVE = 1. Yes AND MN101_Longitudinal = 0
DN028.AgeOfNaturalParent AGE OF NATURAL PARENT
How old is [your/your] [mother/father] now?

__________ (18..120)

ENDIF

ENDIF

ELSE

ENDIF

IF MN101_Longitudinal = 0

DN029.JobOfParent10 JOB OR OCCUPATION OF PARENT WHEN R WAS AGED 10

What was the job [your/your] [mother/father] had when you were about 10 years old? Please give the exact description.

E.g. not 'clerk' but 'forwarding merchant', not 'worker' but 'engine fitter'. In case of a civil servant, please get first official title, e.g.

'police constable' or 'student teacher'. Only if person did never do any work for pay, enter 'housewife/-husband'.

____________________

ENDIF

IF Sec_SN.SN903_FatherInSocialNetwork = 0 AND Index = 2 OR
Sec_SN.SN904_MotherInSocialNetwork = 0 AND Index = 1

IF IS NATURAL PARENT STILL ALIVE = 1. Yes

DN030.LivingPlaceParent WHERE DOES PARENT LIVE
Please look at card 5.Where does [your/your] [mother/father] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre away
4. Between 1 and 5 kilometres away
5. Between 5 and 25 kilometres away
6. Between 25 and 100 kilometres away
7. Between 100 and 500 kilometres away
8. More than 500 kilometres away

IF WHERE DOES PARENT LIVE > 1. In the same household

DN032.ContactDuringPast12Months PERSONAL CONTACT WITH PARENT DURING PAST 12 MONTHS
During the past twelve months, how often did you have contact with [your/your]
[mother/father], either personally, by phone or mail?

Any kind of contact, including for example e-mail, sms or mms

1. Daily
2. Several times a week
3. About once a week
4. About every two weeks
5. About once a month
6. Less than once a month
7. Never

ENDIF

**DN033 HealthParent** HEALTH OF PARENT

How would you describe the health of [your/your] [mother/father]? Would you say it is

Read out

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

IF MN101_Longitudinal = 0

IF Sec_SN.SN905_SiblingInSocialNetwork = 0

**DN034 AnySiblings** EVER HAD ANY SIBLINGS

Have you ever had any siblings?

Include non-biological siblings

1. Yes
5. No

ENDIF

IF Sec_SN.SN905_SiblingInSocialNetwork = 1 OR EVER HAD ANY SIBLINGS = 1. Yes

**DN035 OldestYoungestBetweenChild** OLDEST YOUNGEST CHILD

Talking about your siblings, were you the oldest child, the youngest child, or somewhere in-between?

1. Oldest
2. Youngest
IF EVER HAD ANY SIBLINGS = 1. Yes OR
Preload.PRELOAD_DN036_HowManyBrothersAlive <> 0 OR
Preload.PRELOAD_DN037_HowManySistersAlive <> 0 OR
Sec_SN.SN905_SiblingInSocialNetwork = 1

DN036_HowManyBrothersAlive HOW MANY BROTHERS ALIVE
How many brothers do you have that are still alive?
Include non-biological
__________ (0..20)

DN037_HowManySistersAlive HOW MANY SISTERS ALIVE
And how many sisters do you have that are still alive?
Include non-biological
__________ (0..20)

IF FAMILY RESPONDENT = 1

CH001_NumberOfChildren NUMBER OF CHILDREN
Now I will ask some questions about your children. How many children do you have that are still alive? Please count all natural children, fostered, adopted and stepchildren, including those of your husband/your wife/your partner/your partner.

__________ (0..20)

IF NUMBER OF CHILDREN > 0

CH201_ChildByINTRO INTRO PRELOADED CHILDREN
A list of all children we have talked about [today/today or in a previous interview] is now shown on my screen. Some of your children may be listed twice in this list, others may be missing or we may have missing or wrong information for some children. I would like to go through this list with you and make sure we have complete and correct information.

1. Continue

IF COM ID OF CHILD <> EMPTY
IF PreloadChildIndex = 0

CH001a_ChildCheck CHILD CONFIRM
Do you have [a child called CH004_FirstNameOfChild (CH005_SexOfChildN), born 'CH006_YearOfBirthChildN]/a child called
CH004_FirstNameOfChild (CH005_SexOfChildN)/a child/another child that was not already mentioned/a child called
CH004_FirstNameOfChild (CH005_SexOfChildN)? Again, please think of all natural children, fostered, adopted and stepchildren[
including those of/, including those of/, including those of/, including those of/, including those of/, including those
of/\{empty}/\{empty\}][your husband/your wife/your partner/your
partner/\{empty}/\{empty\}].
If necessary explain: we are interested mostly in children that are still alive. We are going to adjust the list so that it contains all natural
children, fostered, adopted and stepchildren[
including those of/, including those of/, including those of/, including those
of/\{empty}/\{empty\}][your husband/your wife/your partner/your
partner/\{empty}/\{empty\}]

1. Yes
5. No
ELSE
ENDIF

IF CHILD CONFIRM <> 5. No

IF CHILD CONFIRM = EMPTY

IF PreloadChildIndex = 0

ELSE
ENDIF
ENDIF

CH004_FirstNameOfChild FIRST NAME OF CHILD N
[FL_CH004_5What] is the [correct/\{empty\}] first name of this child?
Please enter/confirm first name

CH005_SexOfChildN SEX OF CHILD N
Is [\{child name\}] male or female?
Ask only if unclear
1. Male
2. Female
In which year was [{child name}] born?
Please enter/confirm year of birth (1875..2011)

ELSE

IF CHILD CONFIRM = 5. No AND PreloadChildIndex > 0 OR PreloadChildIndex = 0 AND RosterChildIndex > 0

CH504_WhyChildRemoved WHY REMOVED CHILD

Why does this child not belong in the list of children?
1. Child of partner from whom R separated.
2. Child died
3. Child unknown
4. Already mentioned earlier
97. Other

IF WHY REMOVED PRELOAD CHILD = 4. Already mentioned earlier

CH505_WhichChildMentionedPreviously EQUAL TO WHICH CHILD

Equal to which child that was already mentioned earlier?
{List with children we found sofar}

ENDIF

ENDIF

ELSE

IF Sec_SN.SN906_ChildInSocialNetwork > 0 AND Sec_SN.SN_Child[cnt] = NAME OF CHILD = RESPONSE

IF PreloadChildIndex = 0

CH001a_ChildCheck CHILD CONFIRM

Do you have [a child called CH004_FirstNameOfChild (CH005_SexOfChildN), born 'CH006_YearOfBirthChildN]/a child called
CH004_FirstNameOfChild (CH005_SexOfChildN )/a child/another child that was not already mentioned/a child called
CH004_FirstNameOfChild (CH005_SexOfChildN )]? Again, please think of all natural children, fostered, adopted and stepchildren[, including those of/, including those of/, including those of/, including those
If necessary explain: we are interested mostly in children that are still alive. We are going to adjust the list so that it contains all natural children, fostered, adopted and stepchildren, including those of your husband/your wife/your partner.

1. Yes
5. No

ELSE

ENDIF

IF CHILD CONFIRM <> 5. No

IF CHILD CONFIRM = EMPTY

IF PreloadChildIndex = 0

ELSE

ENDIF

ENDIF

CH004_FirstNameOfChild FIRST NAME OF CHILD N

[FL_CH004_5What] is the [correct/empty] first name of this child?

Please enter/confirm first name

CH005_SexOfChildN SEX OF CHILD N

Is [{child name}] male or female?

Ask only if unclear

1. Male
2. Female

CH006_YearOfBirthChildN YEAR OF BIRTH CHILD N

In which year was [{child name}] born?

Please enter/confirm year of birth

(1875..2011)

ELSE

IF CHILD CONFIRM = 5. No AND PreloadChildIndex > 0 OR PreloadChildIndex = 0 AND RosterChildIndex > 0
CH504_WhyChildRemoved WHY REMOVED CHILD

Why does this child not belong in the list of children?

1. Child of partner from whom R separated.
2. Child died
3. Child unknown
4. Already mentioned earlier
97. Other

IF WHY REMOVED PRELOAD CHILD = 4. Already mentioned earlier

CH505_WhichChildMentionedEarlier EQUAL TO WHICH CHILD

Equal to which child that was already mentioned earlier?
{List with children we found so far}

ENDIF

ENDIF

ELSE

IF Child[cnt - FIRST NAME OF CHILD N <> EMPTY OR Preload.PreloadedChildren[cnt - COM ID OF CHILD <> EMPTY

IF PreloadChildIndex = 0

CH001a_ChildCheck CHILD CONFIRM

Do you have [a child called CH004_FirstNameOfChild (CH005_SexOfChildN ), born ‘CH006_YearOfBirthChildN/a child called

CH004_FirstNameOfChild (CH005_SexOfChildN )/a child/another child that was not already mentioned/a child called

CH004_FirstNameOfChild (CH005_SexOfChildN )]? Again, please think of all natural children, fostered, adopted and stepchildren[],
including those of/, including those of/ , including those of/, including those of/ , including those
of/ {empty}/ {empty} ] [your husband/your wife/your partner/your

partner/ {empty}/ {empty} ].

If necessary explain: we are interested mostly in children that are still alive. We are going to adjust the list so that it contains all natural

children, fostered, adopted and stepchildren[], including those of/, including those of/,
including those of/, including those of/ , including those

of/ {empty}/ {empty} ] [your husband/your wife/your partner/your

partner/ {empty}/ {empty} ]

1. Yes
5. No
ELSE

ENDIF

IF CHILD CONFIRM <> 5. No

IF CHILD CONFIRM = EMPTY

IF PreloadChildIndex = 0

ELSE

ENDIF

ENDIF

CH004_FirstNameOfChild FIRST NAME OF CHILD N
[FL_CH004_5What] is the [correct/empty] first name of this child?
Please enter/confirm first name

CH005_SexOfChildN SEX OF CHILD N
Is [{child name}] male or female?
Ask only if unclear
1. Male
2. Female

CH006_YearOfBirthChildN YEAR OF BIRTH CHILD N
In which year was [{child name}] born?
Please enter/confirm year of birth
(1875..2011)

ELSE

IF CHILD CONFIRM = 5. No AND PreloadChildIndex > 0 OR PreloadChildIndex = 0 AND RosterChildIndex > 0

CH504_WhyChildRemoved WHY REMOVED CHILD

Why does this child not belong in the list of children?
1. Child of partner from whom R separated.
2. Child died
3. Child unknown
4. Already mentioned earlier
97. Other
IF WHY REMOVED PRELOAD CHILD = 4. Already mentioned earlier

CH505_WhichChildMentionedEarlier EQUAL TO WHICH CHILD

Equal to which child that was already mentioned earlier?
{List with children we found so far}

ENDIF

ENDIF

ENDIF

ELSE

IF cnt = 1 AND GridSize > 0

IF PreloadChildIndex = 0

CH001a_ChildCheck CHILD CONFIRM

Do you have [a child called CH004_FirstNameOfChild (CH005_SexOfChildN), born 'CH006_YearOfBirthChildN/a child called

CH004_FirstNameOfChild (CH005_SexOfChildN)/a child/another child that was not already mentioned/a child called

CH004_FirstNameOfChild (CH005_SexOfChildN)]? Again, please think of all natural children, fostered, adopted and stepchildren[

including those of, including those of, including those

of/empty]/empty]/[your husband/your wife/your partner/your

partner/empty]/empty].

If necessary explain: we are interested mostly in children that are still alive. We are going to adjust the list so that it contains all natural

children, fostered, adopted and stepchildren[], including those of, including those of, including those

of/empty]/empty]/[your husband/your wife/your partner/your

partner/empty]/empty]

1. Yes

5. No

ELSE

ENDIF

IF CHILD CONFIRM <> 5. No

IF CHILD CONFIRM = EMPTY
IF PreloadChildIndex = 0

ELSE

ENDIF

ENDIF

CH004_FirstNameOfChild FIRST NAME OF CHILD N
[FL_CH004_5What] is the [correct/empty] first name of this child?
Please enter/confirm first name

CH005_SexOfChildN SEX OF CHILD N
Is [{child name}] male or female?
Ask only if unclear
1. Male
2. Female

CH006_YearOfBirthChildN YEAR OF BIRTH CHILD N
In which year was [{child name}] born?
Please enter/confirm year of birth
(1875..2011)

ELSE

IF CHILD CONFIRM = 5. No AND PreloadChildIndex > 0 OR PreloadChildIndex = 0 AND RosterChildIndex > 0

CH504_WhyChildRemoved WHY REMOVED CHILD

Why does this child not belong in the list of children?
1. Child of partner from whom R separated.
2. Child died
3. Child unknown
4. Already mentioned earlier
97. Other

IF WHY REMOVED PRELOAD CHILD = 4. Already mentioned earlier

CH505_WhichChildMentionedEarlier EQUAL TO WHICH CHILD

Equal to which child that was already mentioned earlier?
{List with children we found so far}

ENDIF
CH203_Done CHILD GRID DONE

IWER: Please make sure that the list of children is complete.

1. Continue

IF CHILD CONFIRM = 1. Yes

IF RosterChildIndex > 0

ELSE

IF CONTACT WITH CHILD = RESPONSE

ELSE

CH014_ContactChild CONTACT WITH CHILD

During the past twelve months, how often did you have contact with [{child name}], either personally, by phone or mail?

Any kind of contact, including for example e-mail, sms or mms

1. Daily
2. Several times a week
3. About once a week
4. About every two weeks
5. About once a month
6. Less than once a month
7. Never

ENDIF

ENDIF

IF PreloadChildIndex = '0'

IF RosterChildIndex > 0

ELSE
IF WHERE DOES CHILD N LIVE = RESPONSE

ELSE

CH007_ChLWh WHERE DOES CHILD N LIVE
Please look at card 5. Where does [{child name}] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre away
4. Between 1 and 5 kilometres away
5. Between 5 and 25 kilometres away
6. Between 25 and 100 kilometres away
7. Between 100 and 500 kilometres away
8. More than 500 kilometres away

ENDIF

ENDIF

CH002_NatChild CHILD IS NATURAL CHILD
Is [{First name of child}] a natural child of your own [and your current spouse or partner/and your current spouse or partner/empty]?

1. Yes
5. No

IF CHILD IS NATURAL CHILD = 5. No

IF INTERVIEW MODE = 1

CH010_StepAdopFostChild STEP ADOPTIVE OR FOSTER CHILD
Is [{child name}]... Read out
1. A child of your own
2. A step child
3. An adopted child
4. A foster child

ELSE

CH011_OwnChildN OWN CHILD
Is [{child name}]... Read out
1. A child of your own and your current partner
2. A child of your own from a previous relationship
3. A child of your current partner from a previous relationship
4. An adopted child
5. A foster child
IF YearOfBirthChild < YEAR SYSDATE - 16

CH012_MaritalStatusChildN MARITAL STATUS OF CHILD
Please look at card 4. What is the marital status of [{child name}]?

1. Married and living together with spouse
2. Registered partnership
3. Married, living separated from spouse
4. Never married
5. Divorced
6. Widowed

IF CH012_MaritalStatusChildN.ORD > 2

CH013_PartnerChildN DOES CHILD HAVE PARTNER
Does [{child name}] have a partner who lives with [him/her]?

1. Yes
5. No

ENDIF

ENDIF

IF WHERE DOES CHILD N LIVE <> 1. In the same household AND WHERE DOES CHILD N LIVE <> DONTKNOW AND WHERE DOES CHILD N LIVE <> REFUSAL

CH015_YrChldMoveHh YEAR CHILD MOVED FROM HOUSEHOLD
In which year did [{child name}] move from the parental household?
The last move to count. Type "2999" if child still lives at home (e.g. with divorced mother)
___________ (1900..2999)

ENDIF

ENDIF

IF YearOfBirthChild < YEAR SYSDATE - 16

CH016_ChildOcc CHILD OCCUPATION
Please look at card 6. What is [{child name}’s employment status?

1. Full-time employed
2. Part-time employed
3. Self-employed or working for own family business
4. Unemployed
5. In vocational training/retraining/education
6. Parental leave
7. In retirement or early retirement
8. Permanently sick or disabled
9. Looking after home or family
97. Other

IF PreloadChildIndex = '0' OR PreloadChildIndex = EMPTY

CH017_EducChild CHILD EDUCATION
Please look at card 2. What is the highest school leaving certificate or school degree [{child name}] has obtained?

1. Comprehensive school
2. Grammar school (not fee-paying)
3. Fee-paying grammar school
4. Sixth form College/Tertiary College
5. Public or other private school
6. Elementary school
7. Secondary modern/secondary school
8. Technical school (not college)
95. No degree yet/still in school
96. None
97. Other type (also abroad)

CH018_EdInstChild FURTHER EDUCATION OR VOCATIONAL TRAINING
Please look at card 3. Which degrees of higher education or vocational training does [{child name}] have? Code all that apply
1. Nurses' training school
2. College of further/higher education
3. Other college or training establishment
4. Polytechnic/Scottish Central Institutions
5. University
95. Still in higher education or vocational training
96. None
97. Other (also abroad)

CH019_NoChildren NUMBER OF CHILDREN OF CHILD
How many children - if any - does [{child name}] have?
Please count all natural children, fostered, adopted and stepchildren, including those of a spouse or partner
___________ (0..25)

IF NUMBER OF CHILDREN OF CHILD > 0

CH020_YrBrthYCh YEAR OF BIRTH YOUNGEST CHILD
In which year was the youngest/empty] child of [{child name}] born?

(1875..2011)
CH507_IntroCheckChildren INTRODUCTION TEXT CHILDREN CHECK
We would like to update some of the information we have on your [child/children].

1. Continue

CH524_LocationCheckChildren CHECK LOCATION OF CHILDREN CHANGED
Has [your child/any of your children/your child/any of your children] moved house since the interview in [{month and date previous interview}]?

1. Yes
5. No

IF CHECK LOCATION OF CHILDREN CHANGED = 1. Yes

IF NUMBER OF CHILDREN > 1

CH525_LocationWhom WHICH CHILD
Which child has moved house?
Check all children that apply
{list with children}

ENDIF

IF The preload-id (only if the ch <> '0' AND NUMBER OF CHILDREN = 1 OR >list with children IN WHICH CHILD

CH526_LocationChanged CHILD LOCATION
Please look at card 5: Where does [{Child Name}] live?

1. In the same household
2. In the same building
3. Less than 1 kilometre away
4. Between 1 and 5 kilometres away
5. Between 5 and 25 kilometres away
6. Between 25 and 100 kilometres away
7. Between 100 and 500 kilometres away
8. More than 500 kilometres away
IF NUMBER OF CHILDREN > 1

ENDIF

ENDIF

IF NUMBER OF CHILDREN >= Sec_SP.ChildLookAfter[1].i

IF The preload-id (only if the ch <> '0'

ENDIF

ENDIF

IF Sec_CH.a_preloaded_child_aged_smaller_22 = 1

CH508_SchoolCheckChildren CHECK SCHOOL CHANGED
Please look at card 2.Since the interview in [{month and date previous interview}], has [your child/any of your children/your child/any of your children] obtained one of the school leaving certificates listed on this card?

1. Yes
5. No

IF CHECK SCHOOL CHANGED = 1. Yes

IF NUMBER OF CHILDREN > 1

CH509_SchoolWhom WHICH CHILD
Which child?

{list with children}

ENDIF

IF The preload-id (only if the ch <> '0' AND NUMBER OF CHILDREN = 1 OR >list with children IN WHICH CHILD

CH510_Leaving_certificate LEAVING CERTIFICATE
Which leaving certificate has [{Child name}] obtained?

1. Comprehensive school
2. Grammar school (not fee-paying)
3. Fee-paying grammar school
4. Sixth form College/Tertiary College
5. Public or other private school
6. Elementary school
7. Secondary modern/secondary school
8. Technical school (not college)
97. Other type (also abroad)

ENDIF

IF NUMBER OF CHILDREN > 1

ENDIF

ENDIF

IF Sec_CH.a_preloaded_child_aged_smaller_32 = 1

CH511_DegreeCheckChildren CHECK DEGREE CHANGED
Please look at card 3. Since the interview in [{Month and year previous interview}], has [your child/any of your children/your child/any of your children] obtained one of the degrees of higher or vocational training listed on this card?

1. Yes
5. No

IF CHECK DEGREE CHANGED = 1. Yes

IF NUMBER OF CHILDREN > 1

CH512_DegreeWhom WHICH CHILD
Which child?
Check all children that apply
{list with children}

ENDIF

IF The preload-id (only if the ch <> '0' AND >list with children IN WHICH CHILD OR NUMBER OF CHILDREN = 1

CH513_DegreeObtained DEGREE OBTAINED
Which degree has [{Child name}] obtained?

1. Nurses' training school
2. College of further/higher education
3. Other college or training establishment
4. Polytechnic/Scottish Central Institutions
5. University
97. Other (also abroad)

ENDIF

IF NUMBER OF CHILDREN > 1

ENDIF

ENDIF

ENDIF

IF Sec_CH.a_preloaded_child_aged_bigger_16 = 1

CH514_MaritalStatusCheckChildren CHECK MARITAL STATUS CHANGED
Since the interview in [{Month and year previous interview}], has [your child/any of your children/your child/any of your children] changed his or her marital status?
1. Yes
5. No

IF CHECK MARITAL STATUS CHANGED = 1. Yes

IF NUMBER OF CHILDREN > 1

CH515_MaritalStatusWhom WHICH CHILD
Which child has changed his or her marital status? Check all children that apply.
{list with children}

ENDIF

IF The preload-id (only if the ch <> '0' AND NUMBER OF CHILDREN = 1 OR >list with children IN WHICH CHILD

CH516_MaritalStatus MARITAL STATUS
Please look at card 4. What is [{Child Name}]’s marital status?
1. Married and living together with spouse
2. Registered partnership
3. Married, living separated from spouse
4. Never married
5. Divorced
6. Widowed

ENDIF
IF NUMBER OF CHILDREN > 1

ENDIF

ENDIF

CH517_BecomeParent CHECK GRANDCHILDREN CHANGED
Since the interview in [{Month and year previous interview}], has [your child/any of your children/your child/any of your children] become parent of a new child?
Please include natural children, fostered, adopted and stepchildren, including those of a spouse or partner.
1. Yes
5. No

IF CHECK GRANDCHILDREN CHANGED = 1. Yes

IF NUMBER OF CHILDREN > 1

CH518_ParentWhom WHICH CHILD
Which child has become parent of a new child?
Check all children that apply
{list with children}

ENDIF

IF The preload-id (only if the ch <> '0' AND NUMBER OF CHILDREN = 1 OR >list with children IN WHICH CHILD

CH519_NewK HOW MANY CHILDREN
How many children does [{Name of child}] have altogether?

__________ (1..25)

IF HOW MANY NEW CHILDREN > 0

CH520_YoungestBorn YOUNGEST BORN
In which year was [this child/the youngest of these children] born?

1. 2003 or earlier
2. 2004
3. 2005
4. 2006
5. 2007
6. 2008
7. 2009
8. 2010
9. 2011

ENDIF
IF NUMBER OF CHILDREN > 1

IF Sec_SP.ChildLookAfter[1].i IN WHICH CHILD AND NUMBER OF CHILDREN >= Sec_SP.ChildLookAfter[1].i AND The preload-id (only if the ch <> '0'

CH519_NewK HOW MANY CHILDREN
How many children does [{Name of child}] have altogether?

___________ (1..25)

IF HOW MANY NEW CHILDREN > 0

CH520_YoungestBorn YOUNGEST BORN
In which year was [this child/the youngest of these children] born?

1. 2003 or earlier
2. 2004
3. 2005
4. 2006
5. 2007
6. 2008
7. 2009
8. 2010
9. 2011

ENDIF

ENDIF

ENDIF
IF NUMBER OF GRANDCHILDREN > 0

CH022_GreatGrChild HAS GREAT-GRANDCHILDREN
Do you [or your/or your/or your/or your/or your/or your/[empty]/[empty]]
husband/wife/partner/partner/[empty]/[empty]) have any great-grandchildren?

1. Yes
5. No

ENDIF

CH023_IntCheck WHO ANSWERED QUESTIONS IN SECTION CH
Check: Who answered the questions in this section?

1. Respondent only
2. Respondent and proxy
3. Proxy only

ENDIF

PH001_Intro INTRO HEALTH
Now I have some questions about your health.

1. Continue

PH003_HealthGen2 HEALTH IN GENERAL QUESTION 2
Would you say your health is...
Read out
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

PH004_LStll LONG-TERM ILLNESS
Some people suffer from chronic or long-term health problems. By long-term we mean it has troubled you over a period of time or is likely to affect you over a period of time. Do you have any long-term health problems, illness, disability or infirmity?
Including mental health problems
1. Yes
5. No

PH005_LimAct LIMITED ACTIVITIES
For the past six months at least, to what extent have you been limited because of a health problem in activities people usually do?
Read out
1. Severely limited
2. Limited, but not severely
3. Not limited

\textit{IF AGE RESPONDENT} \leq 75

\begin{verbatim}
| PH061_LimPaidWork PROBLEM THAT LIMITS PAID WORK
| Do you have any health problem or disability that limits the kind or amount of paid work you can do?
|
| 1. Yes
| 5. No

ENDIF
\end{verbatim}

\textbf{PH006_DocCond} DOCTOR TOLD YOU HAD CONDITIONS

Please look at card 7. [Has a doctor ever told you that you had/Do you currently have] any of the conditions on this card? [{\textit{empty}}/With this we mean that a doctor has told you that you have this condition, and that you are either currently being treated for or bothered by this condition.]

Please tell me the number or numbers of the conditions.

Code all that apply.
1. A heart attack including myocardial infarction or coronary thrombosis or any other heart problem including congestive heart failure
2. High blood pressure or hypertension
3. High blood cholesterol
4. A stroke or cerebral vascular disease
5. Diabetes or high blood sugar
6. Chronic lung disease such as chronic bronchitis or emphysema
8. Arthritis, including osteoarthritis, or rheumatism
10. Cancer or malignant tumour, including leukaemia or lymphoma, but excluding minor skin cancers
11. Stomach or duodenal ulcer, peptic ulcer
12. Parkinson disease
13. Cataracts
14. Hip fracture or femoral fracture
15. Other fractures
16. Alzheimer’s disease, dementia, organic brain syndrome, senility or any other serious memory impairment
96. None
97. Other conditions, not yet mentioned

\textit{IF 97. Other conditions, not yet mentioned IN DOCTOR TOLD YOU HAD CONDITIONS}

\begin{verbatim}
| PH007_OthCond OTHER CONDITIONS
| What other conditions have you had?
| Probe
| ___________

ENDIF
\end{verbatim}
IF cnt < 18 AND cnt IN DOCTOR TOLD YOU HAD CONDITIONS OR cnt = 20 AND 97. Other conditions, not yet mentioned IN DOCTOR TOLD YOU HAD CONDITIONS

| IF IndexSub <> 18

| IF IndexSub = 10

| | PH008_OrgCan CANCER IN WHICH ORGANS
| | In which organ or part of the body have you or have you had cancer?
| | Code all that apply
| | 1. Brain
| | 2. Oral cavity
| | 3. Larynx
| | 4. Other pharynx
| | 5. Thyroid
| | 6. Lung
| | 7. Breast
| | 8. Oesophagus
| | 9. Stomach
| | 10. Liver
| | 11. Pancreas
| | 12. Kidney
| | 13. Prostate
| | 14. Testicle
| | 15. Ovary
| | 16. Cervix
| | 17. Endometrium
| | 18. Colon or rectum
| | 19. Bladder
| | 20. Skin
| | 21. Non-Hodgkin lymphoma
| | 22. Leukemia
| | 97. Other organ

| ENDIF

| IF MN101_Longitudinal = 0

| PH009_AgeCond AGE WHEN CONDITION STARTED
| About how old were you when you were first told by a doctor that you had [a heart attack or any other heart problem/high blood pressure/high blood cholesterol/a stroke or cerebral vascular disease/diabetes/chronic lung disease/{empty}/arthritis or rheumatism/{empty}/cancer/stomach or duodenal ulcer/parkinson disease/cataracts/hip fracture or femoral fracture/other fractures/Alzheimer"s disease/{empty}/{other filled by PH007_OthCond}]?
| ___________ (0..125)

| ENDIF
IF MN101_Longitudinal = 1

| PH072_HadCondition HAD CONDITION |

[For a few conditions, we would like to know exactly what has happened in the past couple of years. Since our interview in [month and year previous interview] have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]?

1. Yes
5. No
DK
RF

IF HAD CONDITION = 1. Yes

IF Index = 3

| PH080_OrgCan CANCER IN WHICH ORGANS |

In which organ or part of the body have you or have you had cancer? Code all that apply.
1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Non-Hodgkin lymphoma
22. Leukemia
97. Other organ
PH073_HadConditionCheck HAD CONDITION CHECK

Our records show that when we interviewed you in [{month and year previous interview}] you said that you already had [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture].

Code 1 below unless respondent spontaneously disputes the record.

1. Yes
5. No

IF HAD CONDITION CHECK = 5. No

PH074_Reason REASON DISPUTES HAD CONDITION

Code reason why respondent disputes having [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]. Respondent says ....

1. Never had
3. Diagnosis not confirmed

ELSE

IF HAD CONDITION CHECK = 1. Yes

PH075_HadConditionConf HAD CONDITION CONFIRM

Does this mean that you have [had another heart attack or myocardial infarction/had another stroke or been diagnosed with another cerebral vascular disease/been diagnosed with another cancer/have suffered another hip fracture] since we talked to you (in [{month and year previous interview}])?

1. Yes, had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]
2. No, did not have [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture] since last interview
3. Not sure whether has had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]

ENDIF
**PH076_YearCondition** YEAR MOST RECENT CONDITION

In what year was your most recent [heart attack/stroke or cerebral vascular disease/cancer/hip fracture]?  
1. 2006  
2. 2007  
3. 2008  
4. 2009  
5. 2010  
6. 2011

**PH077_MonthCondition** MONTH MOST RECENT CONDITION

In what month was that?  
1. January  
2. February  
3. March  
4. April  
5. May  
6. June  
7. July  
8. August  
9. September  
10. October  
11. November  
12. December

**PH071_HadConditionHowMany** HOW MANY

How many [heart attacks/strokes or cerebral vascular diseases/cancers/hip fractures] have you had since we talked to you in [{month and year previous interview}]?  
1. 1  
2. 2  
3. 3 or more
PH072_HadCondition HAD CONDITION

[For a few conditions, we would like to know exactly what has happened in the past couple of years.] Since our interview in [{month and year previous interview}] have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]?

1. Yes
5. No
DK
RF

IF HAD CONDITION = 1. Yes

IF Index = 3

PH080_OrgCan CANCER IN WHICH ORGANS

In which organ or part of the body have you or have you had cancer? Code all that apply.
1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Non-Hodgkin lymphoma
22. Leukemia
97. Other organ

ENDIF

Our records show that when we interviewed you in [{month and year previous interview}] you said that you already had [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]. Code 1 below unless respondent spontaneously disputes the record.

| 1. Yes  
| 5. No

**IF HAD CONDITION CHECK = 5. No**

**PH074_Reason** REASON DISPUTES HAD CONDITION

Code reason why respondent disputes having [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]. Respondent says ....

1. Never had

3. Diagnosis not confirmed

**ELSE**

**IF HAD CONDITION CHECK = 1. Yes**

**PH075_HadConditionConf** HAD CONDITION CONFIRM

Does this mean that you have [had another heart attack or myocardial infarction/had another stroke or been diagnosed with another cerebral vascular disease/been diagnosed with another cancer/have suffered another hip fracture] since we talked to you (in [{month and year previous interview}])?

1. Yes, had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]

2. No, did not have [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture] since last interview

3. Not sure whether has had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]

**ENDIF**

**ENDIF**

**ENDIF**

**IF HAD CONDITION CONFIRM <> 2. No, did not have ^FL_PH075_5 since last**
**interview OR HAD CONDITION = 1. Yes**

**PH076_YearCondition** YEAR MOST RECENT CONDITION

- In what year was your most recent [heart attack/stroke or cerebral vascular disease/cancer/hip fracture]?
  - 1. 2006
  - 2. 2007
  - 3. 2008
  - 4. 2009
  - 5. 2010
  - 6. 2011

**PH077_MonthCondition** MONTH MOST RECENT CONDITION

- In what month was that?
  - 1. January
  - 2. February
  - 3. March
  - 4. April
  - 5. May
  - 6. June
  - 7. July
  - 8. August
  - 9. September
  - 10. October
  - 11. November
  - 12. December

**ENDIF**

**IF HAD CONDITION CONFIRM = 1. Yes, had ^FL_PH075_5 OR HAD CONDITION = 1. Yes**

**PH071_HadConditionHowMany** HOW MANY

- How many [heart attacks/strokes or cerebral vascular diseases/cancers/hip fractures] have you had since we talked to you in [{month and year previous interview}]?
  - 1. 1
  - 2. 2
  - 3. 3 or more

**ENDIF**

**ENDIF**

**PH072_HadCondition** HAD CONDITION

-[For a few conditions, we would like to know exactly what has happened in the past couple of years./{empty}/{empty}/{empty}] Since our interview in
[The month and year of the previous interview] have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]?

1. Yes
5. No
DK
RF

IF HAD CONDITION = 1. Yes

IF Index = 3

PH080_OrgCan CANCER IN WHICH ORGANS
In which organ or part of the body have you or have you had cancer?
Code all that apply.
1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Non-Hodgkin lymphoma
22. Leukemia
97. Other organ

ENDIF

Our records show that when we interviewed you in [{month and year previous interview}] you said that you already had [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]. Code 1 below unless respondent spontaneously disputes the record.

1. Yes
5. No

IF HAD CONDITION CHECK = 5. No

REASON DISPUTES HAD CONDITION

Code reason why respondent disputes having [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]. Respondent says ....

1. Never had
3. Diagnosis not confirmed

ELSE

IF HAD CONDITION CHECK = 1. Yes

Does this mean that you have [had another heart attack or myocardial infarction/had another stroke or been diagnosed with another cerebral vascular disease/been diagnosed with another cancer/have suffered another hip fracture] since we talked to you (in [{month and year previous interview}])?

1. Yes, had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]
2. No, did not have [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture] since last interview
3. Not sure whether has had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]

ENDIF

ENDIF

ENDIF

IF HAD CONDITION CONFIRM <> 2. No, did not have ^FL_PH075_5 since last interview OR HAD CONDITION = 1. Yes

YEAR MOST RECENT CONDITION

In what year was your most recent [heart attack/stroke or cerebral vascular disease/cancer/hip fracture]?
1. 2006
2. 2007
3. 2008
4. 2009
5. 2010
6. 2011

**PH077_MonthCondition** MONTH MOST RECENT CONDITION
In what month was that?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

**ENDIF**

**IF HAD CONDITION CONFIRM = 1. Yes, had ^FL_PH075_5 OR HAD CONDITION = 1. Yes**

**PH071_HadConditionHowMany** HOW MANY
How many [heart attacks/strokes or cerebral vascular diseases/cancers/hip fractures] have you had since we talked to you in [{month and year previous interview}]

1. 1
2. 2
3. 3 or more

**ENDIF**

**ENDIF**

**PH072_HadCondition** HAD CONDITION
[For a few conditions, we would like to know exactly what has happened in the past couple of years./{empty}/{empty}/{empty}] Since our interview in [{month and year previous interview}] have you [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]?

1. Yes
IF HAD CONDITION = 1. Yes

IF Index = 3

PH080_OrgCan CANCER IN WHICH ORGANS
In which organ or part of the body have you or have you had cancer?
Code all that apply.
1. Brain
2. Oral cavity
3. Larynx
4. Other pharynx
5. Thyroid
6. Lung
7. Breast
8. Oesophagus
9. Stomach
10. Liver
11. Pancreas
12. Kidney
13. Prostate
14. Testicle
15. Ovary
16. Cervix
17. Endometrium
18. Colon or rectum
19. Bladder
20. Skin
21. Non-Hodgkin lymphoma
22. Leukemia
97. Other organ

ENDIF


PH073_HadConditionCheck HAD CONDITION CHECK
Our records show that when we interviewed you in [{month and year previous interview}] you said that you already had [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a
hip fracture].

| | | Code 1 below unless respondent spontaneously disputes the record.
| | | 1. Yes
| | | 5. No

| | | IF HAD CONDITION CHECK = 5. No
| | | PH074_Reason REASON DISPUTES HAD CONDITION
| | | Code reason why respondent disputes having [had a heart attack/had a stroke or been diagnosed with cerebral vascular disease/been diagnosed with cancer/suffered a hip fracture]. Respondent says ....
| | | 1. Never had
| | | 3. Diagnosis not confirmed

ELSE

| | | IF HAD CONDITION CHECK = 1. Yes
| | | PH075_HadConditionConf HAD CONDITION CONFIRM
| | | Does this mean that you have [had another heart attack or myocardial infarction/had another stroke or been diagnosed with another cerebral vascular disease/been diagnosed with another cancer/have suffered another hip fracture] since we talked to you (in [{month and year previous interview}])?
| | | 1. Yes, had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]
| | | 2. No, did not have [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture] since last interview
| | | 3. Not sure whether has had [another heart attack/another stroke and/or cerebral vascular disease/another cancer/another hip fracture]

ENDIF

ENDIF

ENDIF

ENDIF

IF HAD CONDITION CONFIRM <> 2. No, did not have ^FL_PH075_5 since last interview OR HAD CONDITION = 1. Yes

PH076_YearCondition YEAR MOST RECENT CONDITION
In what year was your most recent [heart attack/stroke or cerebral vascular disease/cancer/hip fracture]?

1. 2006
2. 2007
3. 2008
4. 2009
PH077_MonthCondition MONTH MOST RECENT CONDITION
In what month was that?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

ENDIF

IF HAD CONDITION CONFIRM = 1. Yes, had ^FL_PH075_5 OR HAD CONDITION = 1. Yes

PH071_HadConditionHowMany HOW MANY
How many [heart attacks/strokes or cerebral vascular diseases/cancers/hip fractures] have you had since we talked to you in [{month and year previous interview}]?

1. 1
2. 2
3. 3 or more

ENDIF

ENDIF

PH010_Symptoms BOTHERED BY SYMPTOMS
Please look at card 8. For the past six months at least, have you been bothered by any of the health conditions on this card? Please tell me the number or numbers.
Code all that apply
1. Pain in your back, knees, hips or any other joint
2. Heart trouble or angina, chest pain during exercise
3. Breathlessness, difficulty breathing
4. Persistent cough
5. Swollen legs
6. Sleeping problems
7. Falling down
8. Fear of falling down
9. Dizziness, fainty or blackouts
10. Stomach or intestine problems, including constipation, air, diarrhoea
11. Incontinence or involuntary loss of urine
12. Fatigue
96. None
97. Other symptoms, not yet mentioned

**PH011_CurrentDrugs** CURRENT DRUGS AT LEAST ONCE A WEEK
Our next question is about the medication you may be taking. Please look at card 9. Do you currently take drugs at least once a week for problems mentioned on this card?
Code all that apply
1. Drugs for high blood cholesterol
2. Drugs for high blood pressure
3. Drugs for coronary or cerebrovascular diseases
4. Drugs for other heart diseases
5. Drugs for asthma
6. Drugs for diabetes
7. Drugs for joint pain or for joint inflammation
8. Drugs for other pain (e.g. headache, back pain, etc.)
9. Drugs for sleep problems
10. Drugs for anxiety or depression
11. Drugs for osteoporosis, hormonal
12. Drugs for osteoporosis, other than hormonal
13. Drugs for stomach burns
14. Drugs for chronic bronchitis
96. None
97. Other drugs, not yet mentioned

**PH012_Weight** WEIGHT OF RESPONDENT
Approximately how much do you weigh?
Weight in kilos (in UK stone-dot-pounds)
___________ (0.00..250.00)

*IF Preload.PRELOAD_PH012_Weight - WEIGHT OF RESPONDENT > 5*

*PH065_CheckLossWeight* CHECK LOSS WEIGHT
Have you lost weight since we interviewed you in [{month and year previous interview}]?

1. Yes
5. No, have not lost weight since last interview

*IF CHECK LOSS WEIGHT = 1. Yes*

*PH066_ReasonLostWeight* REASON LOST WEIGHT
Have you lost weight due to illness or have you followed a special diet in the last two
years?

| 1. Due to illness
| 2. Followed a special diet
| 3. Due to illness and followed a special diet
| 97. Other reasons for weight loss

**ENDIF**

**ENDIF**

```
IF MN101_Longitudinal = 0

| PH013_HowTall HOW TALL ARE YOU?
| How tall are you?
| Length in centimetres (in UK: feet-dot-inches)
| ___________ (0.00..230.00)

**ENDIF**

**PH041_UseGlasses** USE GLASSES
Do you usually wear glasses or contact lenses?

1. Yes
5. No

**PH043_EyeSightDist** EYESIGHT DISTANCE
How good is your eyesight for seeing things at a distance, like recognising a friend across the street [using glasses or contact lenses as usual/{empty}]? Would you say it is...
Read out...
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**PH044_EyeSightPap** EYESIGHT READING
How good is your eyesight for seeing things up close, like reading ordinary newspaper print [using glasses or contact lenses as usual/{empty}]? Would you say it is...
Read out...
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**PH045_UseHearingAid** USE HEARING AID
Are you usually wearing a hearing aid?
1. Yes
5. No

**PH046_Hearing** HEARING
Is your hearing [using a hearing aid as usual/{empty}]...
Read out...
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

**PH048_HeADLa** HEALTH AND ACTIVITIES
Please look at card 10. We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether you have any difficulty doing each of the everyday activities on card 10. Exclude any difficulties that you expect to last less than three months. (Because of a health problem, do you have difficulty doing any of the activities on this card?)
Probes: any others? Code all that apply
1. Walking 100 metres
2. Sitting for about two hours
3. Getting up from a chair after sitting for long periods
4. Climbing several flights of stairs without resting
5. Climbing one flight of stairs without resting
6. Stooping, kneeling, or crouching
7. Reaching or extending your arms above shoulder level
8. Pulling or pushing large objects like a living room chair
9. Lifting or carrying weights over 10 pounds/5 kilos, like a heavy bag of groceries
10. Picking up a small coin from a table
96. None of these

**PH049_HeADLb** MORE HEALTH AND ACTIVITIES
Please look at card 11. Here are a few more everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months. (Because of a health or memory problem, do you have difficulty doing any of the activities on card 11?)
Probes: any others? Code all that apply
1. Dressing, including putting on shoes and socks
2. Walking across a room
3. Bathing or showering
4. Eating, such as cutting up your food
5. Getting in or out of bed
6. Using the toilet, including getting up or down
7. Using a map to figure out how to get around in a strange place
8. Preparing a hot meal
9. Shopping for groceries
10. Making telephone calls
11. Taking medications
12. Doing work around the house or garden
13. Managing money, such as paying bills and keeping track of expenses
96. None of these

**PH054_IntCheck** WHO ANSWERED THE QUESTIONS IN PH
 **IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?**

1. Respondent only
2. Respondent and proxy
3. Proxy only

*IF HOUSEHOLD TYPE = 1*

*IF MN101_Longitudinal = 0*

**BR001_EverSmokedDaily** EVER SMOKED DAILY

<table>
<thead>
<tr>
<th>[The following questions are about smoking and drinking alcoholic beverages. Have you ever smoked cigarettes, cigars, cigarillos or a pipe daily for a period of at least one year?]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
</tbody>
</table>

*ENDIF*

*IF EVER SMOKED DAILY = 1. Yes OR MN101_Longitudinal = 1*

**BR002_StillSmoking** SMOKE AT THE PRESENT TIME

<table>
<thead>
<tr>
<th>[The following questions are about smoking and drinking alcoholic beverages.]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you smoke at the present time?</td>
</tr>
<tr>
<td>1. Yes</td>
</tr>
<tr>
<td>5. No</td>
</tr>
</tbody>
</table>

*IF MN101_Longitudinal = 1 AND Preload.PRELOAD_BR002_StillSmoking = 1 AND SMOKE AT THE PRESENT TIME = 5. No*

**BR022_StoppedSmoking** STOPPED SMOKING

<table>
<thead>
<tr>
<th>[Have you stopped smoking since we interviewed you in [{month and year previous interview}]?]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes, I stopped after last interview</td>
</tr>
<tr>
<td>2. No, I did not smoke by last interview</td>
</tr>
<tr>
<td>3. No, I still smoke nowadays</td>
</tr>
</tbody>
</table>

*IF STOPPED SMOKING = 1. Yes, I stopped after last interview*
BR031_YearStopped YEAR STOPPED SMOKING FOR THE LAST TIME
In what year did you stop smoking for the last time?

1. 2006
2. 2007
3. 2008
4. 2009
5. 2010
6. 2011

BR032_MonthStopped MONTH STOPPED SMOKING FOR THE LAST TIME
In what month was that?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

ENDIF

ENDIF

IF MN101_Longitudinal = 0

BR003_HowManyYearsSmoked HOW MANY YEARS SMOKED
For how many years [n]have you smoked all together[/n]?
Don't include periods without smokingCode 1 if respondent smoked for less than one year
___________ (1..150)

ENDIF

ENDIF

BR010_AlcBevLastThreeMonth DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS
I am now going to ask you a few questions about what you drink - that is if you drink. Please look at card 12During the last 3 months, how often [n]did you drink[/n] any alcoholic beverages, like beer, cider, wine, spirits or cocktails?

1. Almost every day
2. Five or six days a week
3. Three or four days a week
4. Once or twice a week
5. Once or twice a month
6. Less than once a month
7. Not at all in the last 3 months

IF DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS < 7. Not at all in the last 3 months

BR019_DrinksInADay HOW MANY DRINKS IN A DAY
In the last three months, on the days you drank, about how many drinks do you have?
As a rule of thumb, you can estimate that one drink is: 1 bottle/can of beer=33cl, 1 glass table wine=12cl, 1 glass fortified wine=8cl, and 1 glass spirits=4cl
___________ (1..70)

BR023_SixOrMoreDrinks HOW OFTEN SIX OR MORE DRINKS LAST 3 MONTHS
Please look at card 12. In the last three months, how often did you have six or more drinks on one occasion?
1. Every day or almost every day
2. Five or six days a week
3. Three or four days a week
4. Once or twice a week
5. Once or twice a month
6. Less than once a month
7. Not at all in the last 3 months

BR024_ProbDrink PROBLEM DRINKING
Was excessive drinking a problem at any time of your life?
1. Yes
5. No

ENDIF

IF MN101_Longitudinal = 0

IF DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS = 7. Not at all in the last 3 months OR DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS = DONTKNOW OR DAYS A WEEK CONSUMED ALCOHOL LAST 3 MONTHS = REFUSAL

BR021_EverDrunkAlcBev EVER DRUNK ALCOHOLIC BEVERAGES
Have you ever drunk alcoholic beverages?
1. Yes
5. No

ENDIF

ENDIF
SPORTS OR ACTIVITIES THAT ARE VIGOROUS
We would like to know about the type and amount of physical activity you do in your daily life. How often do you engage in vigorous physical activity, such as sports, heavy housework, or a job that involves physical labour?

Read out
1. More than once a week
2. Once a week
3. One to three times a month
4. Hardly ever, or never

ACTIVITIES REQUIRING A MODERATE LEVEL OF ENERGY
How often do you engage in activities that require a moderate level of energy such as gardening, cleaning the car, or doing a walk?

Read out
1. More than once a week
2. Once a week
3. One to three times a month
4. Hardly ever, or never

THREE MEALS EVERY DAY
Do you normally eat breakfast, lunch and dinner?

1. Yes
5. No

HOW MANY MEALS EVERY DAY
How many full meals a day do you usually eat?
A full meal is defined as eating more than 2 items or dishes when you sit down to eat. For example, eating potatoes, vegetable, and meat is considered a full meal; or eating an egg, bread, and fruit is considered a full meal.

___________ (1..10)

HOW OFTEN SERVING OF DAIRY PRODUCTS
Please look at card 13. In a regular week, how often do you have a serving of dairy products such as a glass of milk, cheese in a sandwich, a cup of yogurt or a can of high protein supplement?

1. Every day
2. 3-6 times a week
3. Twice a week
4. Once a week
5. Less than once a week

HOW OFTEN A WEEK SERVING OF LEGUMES OR EGGS
(Please look at card 13.) In a regular week, how often do you have a serving of legumes, beans or eggs?

1. Every day
2. 3-6 times a week
3. Twice a week
4. Once a week
5. Less than once a week

BR028_MeatWeek HOW OFTEN A WEEK DO YOU EAT MEAT, FISH OR CHICKEN
(Please look at card 13.) In a regular week, how often do you eat meat, fish or chicken?

1. Every day
2. 3-6 times a week
3. Twice a week
4. Once a week
5. Less than once a week

BR029_FruitsVegWeek HOW OFTEN A WEEK DO YOU CONSUME A SERVING OF FRUITS OR VEGETABLES
(Please look at card 13.) In a regular week, how often do you consume a serving of fruits or vegetables?

1. Every day
2. 3-6 times a week
3. Twice a week
4. Once a week
5. Less than once a week

BR030_FluidsDay HOW OFTEN A DAY DRINKS OF TEA, COFFEE, WATER, MILK OR FRUIT JUICE
Not looking at card 13 anymore, on a regular day, how many cups or glasses of tea, coffee, water, milk, fruit juice or soft drinks in total do you normally drink?
Read out. A cup is considered 200-240ml or 7-8 oz.
1. 1-2 cups
2. 3-5 cups
3. 6 cups or more

BR017_IntCheck INTERVIEWER CHECK BR
WHO ANSWERED THE QUESTIONS IN THIS SECTION?

1. Respondent only
2. Respondent and proxy
3. Proxy only

ENDIF

IF RANDOM CF102 = 1

ELSE

IF RANDOM CF102 = 2


This is the cognitive test section: while you complete this section, make sure that no third persons are present. Start of a non-proxy section. No proxy allowed. If the respondent is not capable of answering any of these questions on her/his own, press CTRL-K at each question.

1. Continue

IF MN101_Longitudinal = 0

| CF001_SRRead SELF-RATED READING SKILLS |
| Now I would like to ask some questions about your reading and writing skills. How would you rate your reading skills needed in your daily life? Would you say they are... |
| Read out |
| 1. Excellent |
| 2. Very good |
| 3. Good |
| 4. Fair |
| 5. Poor |

| CF002_SRWrite SELF-RATED WRITING SKILLS |
| How would you rate your writing skills needed in your daily life? Would you say they are... |
| Read out |
| 1. Excellent |
| 2. Very good |
| 3. Good |
| 4. Fair |
| 5. Poor |
IF MN101_Longitudinal = 0

| CF003_DateDay DATE-DAY OF MONTH |
| Part of this study is concerned with people's memory and ability to think about things. First, I am going to ask about today's date. Which day of the month is it? |
| Code whether day of month ([{day of the month}]) is given correctly |
| 1. Day of month given correctly |
| 2. Day of month given incorrectly/doesn't know day |

| CF004_DateMonth DATE-MONTH |
| Which month is it? |
| Code whether month ([{system month of the year}]) is given correctly |
| 1. Month given correctly |
| 2. Month given incorrectly/doesn't know month |

| CF005_DateYear DATE-YEAR |
| Which year is it? |
| Code whether year ([{current year}]) is given correctly |
| 1. Year given correctly |
| 2. Year given incorrectly/doesn't know year |

| CF006_DayWeek DAY OF THE WEEK |
| Can you tell me what day of the week it is? |
| Correct answer: ([{system day of the week}]) |
| 1. Day of week given correctly |
| 2. Day of week given incorrectly/doesn't know day |

ENDIF

CF103_Memory SELF-RATED WRITING SKILLS
How would you rate your memory at the present time? Would you say it is excellent, very good, good, fair or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

DK
RF

CF007_Learn1Intro INTRODUCTION TEN WORDS LIST LEARNING
Now, I am going to read a list of words from my computer screen. We have purposely made
the list long so it will be difficult for anyone to recall all the words. Most people recall just a few. Please listen carefully, as the set of words cannot be repeated. When I have finished, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear?

Have booklet ready
1. Continue

IF INTRODUCTION TEN WORDS LIST LEARNING = RESPONSE
  IF VERBAL FLUENCY INTRO = EMPTY
    CF101_Learn1 TEN WORDS LIST LEARNING FIRST TRIAL
    Ready?
    Wait until words appear on the screen. Write words on sheet provided. Allow up to one minute for recall. Enter the words respondent correctly recalls.
    1. Start test

    IF TEN WORDS LIST LEARNING FIRST TRIAL <> REFUSAL
      CF102_Learn1 TEN WORDS LIST LEARNING SHOW MOVIE
      1. Continue

      IF RANDOM CF102 = 1
        CF104_Learn1 TEN WORDS LIST LEARNING FIRST TRIAL
        Now please tell me all the words you can recall.
        1. Hotel
        2. River
        3. Tree
        4. Skin
        5. Gold
        6. Market
        7. Paper
        8. Child
        9. King
        10. Book
        96. None of these

      ELSE
        IF RANDOM CF102 = 2
          CF105_Learn1 TEN WORDS LIST LEARNING FIRST TRIAL
          Now please tell me all the words you can recall.
          1. Sky
          2. Ocean
3. Flag
4. Dollar
5. Wife
6. Machine
7. Home
8. Earth
9. College
10. Butter

96. None of these

ELSE

IF RANDOM CF102 = 3

CF106_Learn1 TEN WORDS LIST LEARNING FIRST TRIAL
Now please tell me all the words you can recall.

1. Woman
2. Rock
3. Blood
4. Corner
5. Shoes
6. Letter
7. Girl
8. House
9. Valley
10. Engine
96. None of these

ELSE

IF RANDOM CF102 = 4

CF107_Learn1 TEN WORDS LIST LEARNING FIRST TRIAL
Now please tell me all the words you can recall.

1. Water
2. Church
3. Doctor
4. Palace
5. Fire
6. Garden
7. Sea
8. Village
9. Baby
10. Table
96. None of these

ENDIF

ENDIF
Now I would like you to name as many different animals as you can think of. You have one minute to do this. Ready, go.

Allow one minute precisely. If the subject stops before the end of the time, encourage them to try to find more words. If they are silent for 15 seconds repeat the basic instruction ('I want you to tell me all the animals you can think of'). No extension on the time limit is made in the event that the instruction has to be repeated.

1. Continue

IF VERBAL FLUENCY INTRO = RESPONSE

IF INTRODUCTION NUMERACY = EMPTY

CF010_Animals VERBAL FLUENCY SCORE

The score is the sum of acceptable animals. Any member of the animal kingdom, real or mythical is scored correct, except repetitions and proper nouns. Specifically each of the following gets credit: a species name and any accompanying breeds within the species; male, female and infant names within the species. Code number of animals (0..100)

___________ (0..100)

ENDIF

ENDIF

IF MN101_Longitudinal = 0

CF011_IntroNum INTRODUCTION NUMERACY

Next I would like to ask you some questions which assess how people use numbers in everyday life.

If necessary, encourage the respondent to try to answer each of the numeracy questions.

1. Continue

CF012_NumDis NUMERACY-CHANCE DISEASE 10 PERC. OF 1000

If the chance of getting a disease is 10 per cent, how many people out of 1000 (one thousand) would be expected to get the disease?

Do not read out the answers

1. 100
2. 10
3. 90
4. 900
97. Other answer

IF NUMERACY-CHANCE DISEASE 10 PERC. OF 1000 <> 1. 100

| CF013_NumHalfPrice NUMERACY-HALF PRICE |
| In a sale, a shop is selling all items at half price. Before the sale, a sofa costs 300 []. How much will it cost in the sale? |
| Do not read out the answers |
| 1. 150 [] |
| 2. 600 [] |
| 97. Other answer |

ENDIF

IF NUMERACY-CHANCE DISEASE 10 PERC. OF 1000 = 1. 100

| CF014_NumCar NUMERACY-6000 IS TWO-THIRDS WHAT IS TOTAL PRICE |
| A second hand car dealer is selling a car for 6,000 [{local currency}]. This is two-thirds of what it costs new. How much did the car cost new? |
| Do not read out the answers |
| 1. 9,000 [{local currency}] |
| 2. 4,000 [{local currency}] |
| 3. 8,000 [{local currency}] |
| 4. 12,000 [{local currency}] |
| 5. 18,000 [{local currency}] |
| 97. Other answer |

ENDIF

IF NUMERACY-6000 IS TWO-THIRDS WHAT IS TOTAL PRICE = 1. 9,000 ^FLCurr

| CF015_Savings AMOUNT IN THE SAVINGS ACCOUNT |
| Let's say you have 2000 [{local currency}] in a savings account. The account earns ten per cent interest each year. How much would you have in the account at the end of two years? |
| Do not read out the answers |
| 1. 2420 [{local currency}] |
| 2. 2020 [{local currency}] |
| 3. 2040 [{local currency}] |
| 4. 2100 [{local currency}] |
| 5. 2200 [{local currency}] |
| 6. 2400 [{local currency}] |
| 97. Other answer |

ENDIF

ENDIF

ENDIF
Now let's try some subtraction of numbers. One hundred minus 7 equals what?
If R adds 7 instead, you may repeat question.

\[ \text{___________ (0..9999999)} \]

\[ \text{IF NUMERACY-SUBTRACTION 1 < 99999998 AND NOT NUMERACY-SUBTRACTION 1 = REFUSAL OR NUMERACY-SUBTRACTION 1 = DONTKNOW} \]

And 7 from that
This is the second subtraction

\[ \text{___________ (0..9999999)} \]

\[ \text{IF NUMERACY-SUBTRACTION 2 < 99999998 AND NOT NUMERACY-SUBTRACTION 2 = REFUSAL OR NUMERACY-SUBTRACTION 2 = DONTKNOW} \]

And 7 from that
This is the third subtraction

\[ \text{___________ (0..9999999)} \]

\[ \text{IF NUMERACY-SUBTRACTION 3 < 99999998 AND NOT NUMERACY-SUBTRACTION 3 = REFUSAL OR NUMERACY-SUBTRACTION 3 = DONTKNOW} \]

And 7 from that
This is the fourth subtraction

\[ \text{___________ (0..9999999)} \]

\[ \text{IF NUMERACY-SUBTRACTION 4 < 99999998 AND NOT NUMERACY-SUBTRACTION 4 = REFUSAL OR NUMERACY-SUBTRACTION 4 = DONTKNOW} \]

And 7 from that
This is the fifth subtraction

\[ \text{___________ (0..9999999)} \]

\[ \text{ENDIF} \]

\[ \text{ENDIF} \]

\[ \text{ENDIF} \]

\[ \text{ENDIF} \]

\[ \text{IF INTRODUCTION TEN WORDS LIST LEARNING = RESPONSE} \]

\[ \text{IF RANDOM CF102 = 1} \]

\[ \text{CF113_Learn4 TEN WORDS LIST LEARNING DELAYED RECALL} \]
A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now?
Write words on sheet provided. Allow up to one minute for recall. Enter the words respondent correctly recalls.
1. Hotel
2. River
3. Tree
4. Skin
5. Gold
6. Market
7. Paper
8. Child
9. King
10. Book
96. None of these

ELSE

IF RANDOM CF102 = 2

CF114_Learn4 TEN WORDS LIST LEARNING DELAYED RECALL
A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now?
Write words on sheet provided. Allow up to one minute for recall. Enter the words respondent correctly recalls.
1. Sky
2. Ocean
3. Flag
4. Dollar
5. Wife
6. Machine
7. Home
8. Earth
9. College
10. Butter
96. None of these

ELSE

IF RANDOM CF102 = 3

CF115_Learn4 TEN WORDS LIST LEARNING DELAYED RECALL
A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now?
Write words on sheet provided. Allow up to one minute for recall. Enter the words respondent correctly recalls.
1. Woman
2. Rock
A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now?

Write words on sheet provided. Allow up to one minute for recall. Enter the words respondent correctly recalls.

1. Water
2. Church
3. Doctor
4. Palace
5. Fire
6. Garden
7. Sea
8. Village
9. Baby
10. Table
96. None of these

What has impaired the respondent's test?

---

Were there any factors that may have impaired the respondent's performance on the tests?

1. Yes
5. No

IF CONTEXTUAL FACTORS DURING THE COGNITIVE FUNCTION TEST = 1. Yes

WHAT HAS IMPAIRED THE RESPONDENT'S TEST

What has impaired the respondent's test?
CF018_INTCheck WHO WAS PRESENT DURING CF INTERVIEWER CHECK: WHO WAS PRESENT DURING THIS SECTION?
Code all that apply
1. Respondent alone
2. Partner present
3. Child(ren) present
4. Other(s)

MH001_Intro INTRO MENTAL HEALTH
Earlier we talked about your physical health. Another measure of health is your emotional health or well being -- that is, how you feel about things that happen around you.

1. Continue

MH002_Depression DEPRESSION
In the last month, have you been sad or depressed?
If participant asks for clarification, say 'by sad or depressed, we mean miserable, in low spirits, or blue'
1. Yes
5. No

MH003_Hopes HOPES FOR THE FUTURE
What are your hopes for the future?
Note only whether hopes are mentioned or not
1. Any hopes mentioned
2. No hopes mentioned

MH004_WishDeath FELT WOULD RATHER BE DEAD
In the last month, have you felt that you would rather be dead?

1. Any mention of suicidal feelings or wishing to be dead
2. No such feelings

MH005_Guilt FEELS GUILTY
Do you tend to blame yourself or feel guilty about anything?

1. Obvious excessive guilt or self-blame
2. No such feelings
3. Mentions guilt or self-blame, but it is unclear if these constitute obvious or excessive guilt or self-blame

IF FEELS GUILTY = 3. Mentions guilt or self-blame, but it is unclear if these constitute obvious or excessive guilt or self-blame

MH006_BlameForWhat BLAME FOR WHAT
So, for what do you blame yourself?
Note - Only code 1 for an exaggerated feeling of guilt, which is clearly out of proportion to the circumstances. The fault will often have been very minor, if there was one at all. Justifiable or appropriate guilt should be coded 2.
1. Example(s) given constitute obvious excessive guilt or self-blame
2. Example(s) do not constitute obvious excessive guilt or self-blame, or it remains unclear if these constitute obvious or excessive guilt or self-blame

MH007_Sleep TROUBLE SLEEPING
Have you had trouble sleeping recently?

1. Trouble with sleep or recent change in pattern
2. No trouble sleeping

MH008_Interest LESS OR SAME INTEREST IN THINGS
In the last month, what is your interest in things?

1. Less interest than usual mentioned
2. No mention of loss of interest
3. Non-specific or uncodeable response

IF LESS OR SAME INTEREST IN THINGS = 3. Non-specific or uncodeable response

MH009_KeepUpInt KEEPS UP INTEREST
So, do you keep up your interests?

1. Yes
5. No

ENDIF

MH010_Irritability IRRITABILITY
Have you been irritable recently?

1. Yes
5. No

MH011_Appetite APPETITE
What has your appetite been like?

1. Diminution in desire for food
2. No diminution in desire for food
3. Non-specific or uncodeable response

IF APPETITE = 3. Non-specific or uncodeable response

MH012_EatMoreLess EATING MORE OR LESS
So, have you been eating more or less than usual?
1. Less
2. More
3. Neither more nor less

ENDIF

**MH013_Fatigue** FATIGUE
In the last month, have you had too little energy to do the things you wanted to do?

1. Yes
5. No

**MH014_ConcEnter** CONCENTRATION ON ENTERTAINMENT
How is your concentration? For example, can you concentrate on a television programme, film or radio programme?

1. Difficulty in concentrating on entertainment
2. No such difficulty mentioned

**MH015_ConcRead** CONCENTRATION ON READING
Can you concentrate on something you read?

1. Difficulty in concentrating on reading
2. No such difficulty mentioned

**MH016_Enjoyment** ENJOYMENT
What have you enjoyed doing recently?

1. Fails to mention any enjoyable activity
2. Mentions ANY enjoyment from activity

**MH017_Tear** TEARFULNESS
In the last month, have you cried at all?

1. Yes
5. No

**MH023_HDA1** FEAR
Now I am going to read some statements about how people sometimes feel. After each statement, please indicate how often you felt that way DURING THE PAST WEEK: never, hardly ever, some of the time, or most of the time. The best answer is usually the one that comes to your mind first, so do not spend too much time on any one statement. I had fear of the worst happening. Only read out if necessary.

1. Never
2. Hardly ever
3. Some of the time
4. Most of the time

**MH024_HDA2** NERVOUS
I was nervous.
I felt my hands trembling.

I had a fear of dying.

I felt faint.

End of non-proxy section. Who answered the questions in this section?
1. Respondent
2. Section not answered (proxy interview)

Since our interview in /{empty}/ [month year previous interview]/{empty} [, has/Has] there been a time or times[ {empty} ] / in your life when you suffered from symptoms of depression which lasted at least two weeks?

1. Yes
5. No

IF DEPRESSION EVER = 1. Yes

| IF MN101_Longitudinal = 1
||
| MH030_YearDepression YEAR DEPRESSION FOR THE LAST TIME
|| In what year did you suffer from symptoms of depression (which lasted at least two weeks)
for the last time?

1. 2006
2. 2007
3. 2008
4. 2009
5. 2010
6. 2011

**MH031_MonthDepression** MONTH DEPRESSION FOR THE LAST TIME

In what month did you start experiencing these symptoms?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

**ENDIF**

**IF** MN101_Longitudinal = 0

**MH019_AgeFirstTime** AGE SYMPTOMS FIRST TIME

How old were you when the symptoms occurred for the first time?

__________ (0..120)

**ENDIF**

**MH020_EverTreated** EVER TREATED BY DOCTOR OR PSYCHIATRIST

Were you [{empty}/ever] treated for depression by a family doctor or a psychiatrist?

1. Yes
5. No

**MH021_EverAddHos** EVER ADMITTED TO HOSPITAL OR PSYCHIATRIC WARD

Were you [{empty}/ever] admitted to a mental hospital or psychiatric ward?

1. Yes
5. No

**ENDIF**

**MH022_AffEmDis** EVER TOLD AFFECTIVE OR EMOTIONAL DISORDERS
Has a doctor ever told you that you suffer from other affective or emotional disorders, including anxiety, nervous or psychiatric problems?

1. Yes
5. No

**HC002_STtoMDoctor** SEEN OR TALKED TO MEDICAL DOCTOR

Now we have some questions about your health care. Please think about your care during the last twelve months. During the last twelve months, about how many times in total have you seen or talked to a medical doctor about your health? Please exclude dentist visits and hospital stays, but include emergency room or outpatient clinic visits.

If more than 98, enter 98

__________ (0..98)

**IF SEEN OR TALKED TO MEDICAL DOCTOR > 0**

| **HC003_CGPract** CONTACTS WITH GENERAL PRACTITIONER |
| How many of these contacts were with a general practitioner or with a doctor at your health care center? |
| If more than 98, enter 98 |
| __________ (0..98) |
| **ENDIF** |

**IF SEEN OR TALKED TO MEDICAL DOCTOR > 0 AND CONTACTS WITH GENERAL PRACTITIONER < SEEN OR TALKED TO MEDICAL DOCTOR OR SEEN OR TALKED TO MEDICAL DOCTOR = DONTKNOW**

| **HC004_CSpecialist** CONTACTS WITH SPECIALISTS |
| Please look at card 14. During the last twelve months, have you consulted any of the specialists mentioned on card 14? |
| 1. Yes |
| 5. No |

**IF CONTACTS WITH SPECIALISTS = 1. Yes**

| **HC005_LastCSp** LAST CONSULTATION TO SPECIALIST |
| Still looking at card 14, please specify which of these specialists you did consult during the last 12 months? |
| Code all that apply. If dentist mentioned, say this comes later on |
| 1. Specialist for heart disease, pulmonary, gastroenterology, diabetes or endocrine diseases |
| 2. Dermatologist |
| 3. Neurologist |
| 4. Ophthalmologist |
| 5. Ear, nose and throat specialist |
| 6. Rheumatologist or physiatrist |
During the last twelve months, have you been in a hospital overnight? Please consider stays in medical, surgical, psychiatric or in any other specialized wards.

1. Yes
5. No

IF IN HOSPITAL LAST 12 MONTHS = 1. Yes

| HC013_TimInHos TIMES BEING PATIENT IN HOSPITAL |
| How often have you been a patient in a hospital overnight during the last twelve months? Count separate occasions only. Code 10 for 10 or more occasions |
| ___________ (1..10) |

| HC014_TotNightsinPT TOTAL NIGHTS STAYED IN HOSPITAL |
| How many nights altogether have you spent in hospitals during the last twelve months? |
| ___________ (1..365) |

ENDIF

IF HOUSEHOLD TYPE = 1

| HC029_NursHome IN A NURSING HOME |
| During the last twelve months, have you been in a nursing home overnight? A nursing home provides all of the following services for its residents: Dispensing of medication, available 24-hour personal assistance and supervision (not necessarily a nurse), and room & meals. Permanently means nonstop during the past 12 months. When a respondent definitely moved to a nursing home less than 12 months ago, answer 1 (yes temporarily) |
| 1. Yes, temporarily |
| 3. Yes, permanently |
| 5. No |

IF IN A NURSING HOME = 1. Yes, temporarily

| HC030_TimNursHome TIMES STAYED IN A NURSING HOME OVERNIGHT |
How often have you been in a nursing home overnight during the last twelve months?
Count separate occasions only
___________ (1..365)

HC031_WksNursHome WEEKS STAYED IN A NURSING HOME
During the last 12 months, how many weeks altogether did you stay in a nursing home?
Count 4 weeks for each full month; count 1 for part of one week
___________ (1..52)

ENDIF

ENDIF

IF HOUSEHOLD TYPE = 1

EP001_Intro INTRODUCTION EMPLOYMENT AND PENSIONS
Thank you very much for going through this difficult part of the questionnaire. Now I would like to move on to the next topic. I am going to ask you some questions about your current employment situation.

1. Continue

EP005_CurrentJobSit CURRENT JOB SITUATION
Please look at card 18. In general, which of the following best describes your current employment situation?
Code only one. Only if R in doubt then refer to the following:
1. Retired (retired from own work, including semi-retired, partially retired, early retired, pre-retired)
2. Employed or self-employed (paid work, including also working for family business but unpaid – including workers who are still employees of a firm though currently not paid)
3. Unemployed (laid off or out of work, including short term unemployed)
4. Permanently sick or disabled (including partially disabled or partially invalid)
5. Homemaker (including looking after home or family, looking after grandchildren)
Retired refers to retired from own work only. Recipients of survivor pensions who do not receive pensions from own work should not be coded as retired. If they do not fit in categories 2 through 5, they should go into other.

1. Retired
2. Employed or self-employed (including working for family business)
3. Unemployed
4. Permanently sick or disabled
5. Homemaker
97. Other (Rentier, Living off own property, Student, Doing voluntary work)

IF CURRENT JOB SITUATION = 1. Retired

EP329_RetYear RETIREMENT YEAR
In which year did you retire?
IF RETIREMENT YEAR > 2008

EP328_RetMonth RETIREMENT MONTH
Do you remember in what month that was?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

ENDIF

ENDIF

IF MN101_Longitudinal = 0 AND CURRENT JOB SITUATION = 1. Retired OR
MN101_Longitudinal = 1 AND CURRENT JOB SITUATION = 1. Retired AND RETIRED
AFTER INTERVIEW WAVE 1 = 1

EP064_ResForRet MAIN REASON FOR EARLY RETIREMENT
Please look at card 19.For which reasons did you retire?
Code all that apply
1. Became eligible for public pension
2. Became eligible for private occupational pension
3. Became eligible for a private pension
4. Was offered an early retirement option/window with special incentives or bonus
5. Made redundant (for example pre-retirement)
6. Own ill health
7. Ill health of relative or friend
8. To retire at same time as spouse or partner
9. To spend more time with family
10. To enjoy life

ENDIF

IF CURRENT JOB SITUATION = 3. Unemployed

EP337_LookingForJob LOOKING FOR JOB
Are you currently looking for a job?
EP067_HowUnempl HOW BECAME UNEMPLOYED
Would you tell us how you became unemployed? Was it
Read out
1. Because your place of work or office closed
2. Because you resigned
3. Because you were laid off
4. By mutual agreement between you and your employer
5. Because a temporary job had been completed
6. Because you moved town
97. Other reason

ENDIF

IF CURRENT JOB SITUATION <> 2. Employed or self-employed (including working for family business)

EP002_PaidWork DID ANY PAID WORK
[We are interested in your work experiences since our last interview./{empty}] Did you do
any paid work [since our last interview in/during the last
four weeks][{month year previous interview}], either as an employee or self-employed, even if this was only for a few hours?

1. Yes
5. No

ENDIF

IF MN101_Longitudinal = 0

 IF EP005_CurrentJobSit.ORD = 4 OR EP005_CurrentJobSit.ORD = 5 OR
 EP005_CurrentJobSit.ORD = 97 AND DID ANY PAID WORK = 5. No

 EP006_EverWorked EVER DONE PAID WORK
 Have you ever done any paid work?

1. Yes
5. No

ENDIF

ENDIF

IF CURRENT JOB SITUATION = 4. Permanently sick or disabled AND DID ANY PAID WORK = 1. Yes OR EVER DONE PAID WORK = 1. Yes

EP068_CauseDis DISABILITY CAUSED BY WORK
You said that you are permanently sick or disabled. Was this caused by your working activities?
1. Yes
5. No

ENDIF

IF MN101_Longitudinal = 1

IF CURRENT JOB SITUATION = 2. Employed or self-employed (including working for family business) OR DID ANY PAID WORK = 1. Yes

EP125_ContWork CONTINUOUSLY WORKING
I'd like to know about all of the work for pay that you may have done since [{month year previous interview}] through the present. During that time, have you been working continuously?

1. Yes
5. No

ENDIF

IF CONTINUOUSLY WORKING = 1. Yes

EP141_ChangeInJob CHANGE IN JOB
Please look at card 20. Even though you have been working continuously since [{month year previous interview}], have you experienced any of the changes listed on this card?
Code all that apply.
1. A change in type of employment (for instance from dependent employment to self-employment)
2. A change in employer
3. A promotion
4. A change in job location
5. A change in contract length (from long term to short term or vice versa)
96. None of the above

ENDIF

IF CONTINUOUSLY WORKING = 5. No

EP331_Intro INTRODUCTION WHEN WORKING
When have you been working? Please give me all of your start and stop dates if you have been working at more than one occasion.

1. Continue

EP127_PeriodFromMonth PERIOD FROM MONTH
From what month and year have you been [working/unemployed]? MONTH: YEAR:

1. January
From what month and year have you been [working/unemployed]? MONTH

<table>
<thead>
<tr>
<th>EP128_PeriodFromYear PERIOD FROM YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 2003 or earlier</td>
</tr>
<tr>
<td>2. 2004</td>
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<td>3. 2005</td>
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<td>7. 2009</td>
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<tr>
<td>8. 2010</td>
</tr>
<tr>
<td>9. 2011</td>
</tr>
</tbody>
</table>

To what month and year have you been [working/unemployed]? MONTH: YEAR:

<table>
<thead>
<tr>
<th>EP129_PeriodToMonth PERIOD TO MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. January</td>
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<td>2. February</td>
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<td>11. November</td>
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<tr>
<td>12. December</td>
</tr>
<tr>
<td>13. Today</td>
</tr>
</tbody>
</table>

IF PERIOD TO MONTH <> 13. Today

To what month and year have you been [working/unemployed]? MONTH: [period to month] YEAR:

<table>
<thead>
<tr>
<th>EP130_PeriodToYear PERIOD TO YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 2003 or earlier</td>
</tr>
<tr>
<td>2. 2005</td>
</tr>
</tbody>
</table>
Were there other times since [{month year previous interview}] when you have been [working for pay/unemployed]?

1. Yes
5. No

IF PeriodOtherEpisodes\[cnt - OTHER PERIODS = 1. Yes

EP127_PeriodFromMonth PERIOD FROM MONTH
From what month and year have you been [working/unemployed]? MONTH: YEAR:

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

EP128_PeriodFromYear PERIOD FROM YEAR
From what month and year have you been [working/unemployed]? MONTH [EP127_PeriodFromMonth\[MONTH \[EP127_PeriodFromMonth\[YEAR]]

1. 2003 or earlier
2. 2004
3. 2005
4. 2006
5. 2007
6. 2008
7. 2009
8. 2010
9. 2011

EP129_PeriodToMonth PERIOD TO MONTH
To what month and year have you been [working/unemployed]? MONTH: YEAR:
If spell still ongoing type 13. Today
1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. Today

IF PERIOD TO MONTH <> 13. Today

EP130_PeriodToYear PERIOD TO YEAR
To what month and year have you been [working/unemployed]? MONTH: [{period to month}] YEAR:
1. To year
2. 2004 or earlier
3. 2005
4. 2006
5. 2007
6. 2008
7. 2009
8. 2010
9. 2011

ENDIF

EP133_PeriodOtherEp OTHER PERIODS
Were there other times since [{month year previous interview}] when you have been [working for pay/unemployed]?
1. Yes
5. No

ENDIF
ENDIF

ENDIF

You said you are currently a homemaker, but you have done paid work in the past. Why did you stop working?

Read answers out

1. Because of health problems
2. It was too tiring
3. It was too expensive to hire someone to look after home or family
4. Because you wanted to take care of children or grandchildren
5. Because you were laid off, or your place of work or office closed
6. Because family income was sufficient
97. Other

ENDIF

IF MN101_Longitudinal = 1

IF CURRENT JOB SITUATION <> 3. Unemployed AND CONTINUOUSLY WORKING = 5. No OR CURRENT JOB SITUATION <> 2. Employed or self-employed (including working for family business) AND DID ANY PAID WORK = 5. No AND AGE RESPONDENT <= 75

EP325_UnEmpl UNEMPLOYED

Now I'd like to know about times since our last interview through the present in which you were not working at all for pay. Were there any times since [{month year previous interview}], when you were unemployed and looking for work?

1. Yes
5. No

ENDIF

IF CURRENT JOB SITUATION = 3. Unemployed

EP332_Intro INTRODUCTION WHEN UNEMPLOYED

Now I'd like to know about the times since our interview in [{last interview date}] through the present in which you were unemployed and looking for work.

1. Continue

ENDIF

IF UNEMPLOYED = 1. Yes OR CURRENT JOB SITUATION = 3. Unemployed

EP333_Intro INTRODUCTION DATES UNEMPLOYED

When were you unemployed and looking for work? Please give me all of your start and stop dates if you have been unemployed at more than one occasion.

1. Continue
From what month and year have you been working/unemployed? MONTH: YEAR:

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

From what month and year have you been working/unemployed? MONTH: YEAR:

1. 2003 or earlier
2. 2004
3. 2005
4. 2006
5. 2007
6. 2008
7. 2009
8. 2010
9. 2011

To what month and year have you been working/unemployed? MONTH: YEAR:

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. Today

If spell still ongoing type 13. Today

To what month and year have you been working/unemployed? MONTH: [{period to
month] YEAR:
   | To year
   | 1. 2004 or earlier
   | 2. 2005
   | 3. 2006
   | 4. 2007
   | 5. 2008
   | 6. 2009
   | 7. 2010
   | 8. 2011

ENDIF

EP133_PeriodOtherEp OTHER PERIODS
   | Were there other times since [{month year previous interview}] when you have been [working for pay/unemployed]?
   | 1. Yes
   | 5. No

IF PeriodOtherEpisodes[cnt - OTHER PERIODS = 1. Yes

EP127_PeriodFromMonth PERIOD FROM MONTH
   | From what month and year have you been [working/unemployed]? MONTH: YEAR:
   | 1. January
   | 2. February
   | 3. March
   | 4. April
   | 5. May
   | 6. June
   | 7. July
   | 8. August
   | 9. September
   | 10. October
   | 11. November
   | 12. December

EP128_PeriodFromYear PERIOD FROM YEAR
   | From what month and year have you been [working/unemployed]? MONTH [EP127_PeriodFromMonth] YEAR]
EP129_PeriodToMonth PERIOD TO MONTH
To what month and year have you been [working/unemployed]? MONTH: YEAR:
If spell still ongoing type 13. Today
1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. Today

IF PERIOD TO MONTH <> 13. Today

EP130_PeriodToYear PERIOD TO YEAR
To what month and year have you been [working/unemployed]? MONTH: [period to month] YEAR:
To year
1. 2004 or earlier
2. 2005
3. 2006
4. 2007
5. 2008
6. 2009
7. 2010
8. 2011

ENDIF

EP133_PeriodOtherEp OTHER PERIODS
Were there other times since [{month year previous interview}] when you have been [working for pay/unemployed]?
1. Yes
5. No

ENDIF

ENDIF

EP110_RecPubBen RECEIVED PUBLIC BENEFITS
We would also like to know about times since our last interview through the present in which you received public benefits, such as early retirement benefits or unemployment benefits. Please look at card 21. Since [{month year previous interview}] have you received any of the benefits listed on
this card?
Code all that apply
1. old age pension benefits
2. early retirement pension benefits
3. unemployment benefits
4. sickness benefits
5. disability insurance benefits
6. social assistance
96. none of these

IF cnt2 IN RECEIVED PUBLIC BENEFITS

INTRODUCTION WHEN RECEIVED PUBLIC BENEFITS

When have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]? Please give me all of your start and stop dates if you have received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance] at more than one occasion.

1. Continue

RECEIVE PAYMENT PERIOD FROM MONTH

From what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

RECEIVE PAYMENT PERIOD FROM YEAR

From what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]? MONTH: [{period from month}] YEAR:

1. 2005 or earlier
2. 2006
3. 2007
To what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]? MONTH: [{period to month}] YEAR:

1. 2005 or earlier
2. 2006
3. 2007
4. 2008
5. 2009
6. 2010
7. 2011

Were there other times since [{month year last interview}] when you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]??

1. Yes
5. No

ENDIF

IF EPPayments[cnt - RECEIVE PAYMENT OTHER EPISODES] = 1. Yes
From what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

From what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]? MONTH: [period from month]

1. 2005 or earlier
2. 2006
3. 2007
4. 2008
5. 2009
6. 2010
7. 2011

To what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]?

If payment period still ongoing type 13. Today

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
IF RECEIVE PAYMENT PERIOD TO MONTH <> 13. Today

EP114_ReceivePaymentPeriodToYear RECEIVE PAYMENT PERIOD TO YEAR
To what month and year have you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]? MONTH: [{period to month}] YEAR:

1. 2005 or earlier
2. 2006
3. 2007
4. 2008
5. 2009
6. 2010
7. 2011

EP116_ReceivePaymentOtherEp RECEIVE PAYMENT OTHER EPISODES
Were there other times since [{month year last interview}] when you received [old age pension benefits/early retirement pension benefits/unemployment benefits/sickness benefits/disability insurance benefits/social assistance]?

1. Yes
5. No

ENDIF

ENDIF

ENDIF

EP326_ReceivedSeverancePayment RECEIVED SEVERANCE PAYMENT
Since our last interview in [{month and year previous interview}], have you received any severance payment?

1. Yes
5. No

IF RECEIVED SEVERANCE PAYMENT = 1. Yes

EP122_ReceiveSeveranceMonth RECEIVE SEVERANCE MONTH
In what MONTH and year did you receive the severance pay?
If more than one code most recent
1. January
2. February
3. March
4. April
5. May
| 6. June |
| 7. July |
| 8. August |
| 9. September |
| 10. October |
| 11. November |
| 12. December |

**EP123_ReceiveSeveranceYear** RECEIVE SEVERANCE YEAR
In what month and YEAR did you receive the severance pay?
If more than one code most recent
| 1. 2005 or earlier |
| 2. 2006 |
| 3. 2007 |
| 4. 2008 |
| 5. 2009 |
| 6. 2010 |
| 7. 2011 |

**ENDIF**

**ENDIF**

**IF CURRENT JOB SITUATION = 2. Employed or self-employed (including working for family business) OR MN101_Longitudinal = 0 AND DID ANY PAID WORK = 1. Yes OR MN101_Longitudinal = 1 AND WORKED TILL TODAY = 1**

**EP008_Intro1** INTRODUCTION CURRENT JOB
The following questions are about your current main job. Including seasonal job. The main job is the job the respondent is working most hours for. If same hours then choose the one the respondent gets more money from.
1. Continue

**EP009_EmployeeOrSelf** EMPLOYEE OR SELF-EMPLOYED
In this job are you an employee, a civil servant, or a self-employed?
1. Employee
2. Civil servant
3. Self-employed

**IF MN101_Longitudinal = 0 OR NOT 96. None of the above IN CHANGE IN JOB OR CONTINUOUSLY WORKING = 5. No**

**EP010_CurJobYear** START OF CURRENT JOB (YEAR)
In which year did you start this job?
(1900..2010)

**EP016_NTofJob** NAME OR TITLE OF JOB
Please look at showcard 15. What best describes this job?

1. Legislator, senior official or manager
2. Professional
3. Technician or associate professional
4. Clerk
5. Service worker and shop and market sales worker
6. Skilled agricultural or fishery worker
7. Craft and related trades worker
8. Plant and machine operator or assembler
9. Elementary occupation
10. Armed forces

EP018_WhichIndustry WHICH INDUSTRY ACTIVE
Please look at 16. What kind of business, industry or services do you work in?

1. Agriculture, hunting, forestry, fishing
2. Mining and quarrying
3. Manufacturing
4. Electricity, gas and water supply
5. Construction
6. Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
7. Hotels and restaurants
8. Transport, storage and communication
9. Financial intermediation
10. Real estate, renting and business activities
11. Public administration and defence; compulsory social security
12. Education
13. Health and social work
14. Other community, social and personal service activities

IF EMPLOYEE OR SELF-EMPLOYED = 1. Employee

EP019_Public FIRM BELONGS TO THE PUBLIC SECTOR
In this job are you employed in the public sector?

1. Yes
5. No

ENDIF

IF EP009_EmployeeOrSelf.ORD = 3

EP024_NrOfEmployees NUMBER OF EMPLOYEES
How many employees, if any, do you have in this job? Excluding respondent
0. None
1. 1 to 5
2. 6 to 15
3. 16 to 24
4. 25 to 199
5. 200 to 499
6. 500 or more

ENDIF

IF EMPLOYEE OR SELF-EMPLOYED = 1.
Employee OR EP009_EmployeeOrSelf.ORD = 2

EP011_TermJob TERM OF JOB
In this job, do you have a short-term or a permanent contract?
By short-term we mean less than 3 years
1. Short-term
2. Permanent

EP012_TotContractHours TOTAL CONTRACTED HOURS PER WEEK IN THIS JOB
What are your total basic or contracted hours each week in this job, excluding meal breaks and any paid or unpaid overtime?

___________ (0.0..168.0)

ENDIF

ENDIF

EP013_TotWorkedHours TOTAL HOURS WORKED PER WEEK
Regardless of your basic contracted hours/[empty]/ how many/[How many] hours a week do you usually work in this job, excluding meal breaks [but including any paid or unpaid overtime/[empty]]?

___________ (0.0..168.0)

EP014_NumberMPerYear MONTHS WORKED IN THE JOB (NUMBER)
How many months a year are you normally working in this job (including paid holidays)?

___________ (1..12)

EP301_DaysFromWork MISSED DAYS FROM WORK
In the last 12 months, did you miss any days from work because of your health?
1. Yes
5. No

IF MISSED DAYS FROM WORK = 1. Yes

EP302_HowManyDays HOW MANY DAYS MISSED FROM WORK
About how many days did you miss?
Please look at card 22. I am now going to read some statements people might use to describe their work. We would like to know if you feel like this about your present job. Please tell me whether you strongly agree, agree, disagree or strongly disagree with each statement.

1. Continue

**EP026_SatJob** SATISFIED WITH JOB
All things considered I am satisfied with my job. Would you say you strongly agree, agree, disagree or strongly disagree?
Show card 22
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP027_JobPhDem** JOB PHYSICALLY DEMANDING
My job is physically demanding. Would you say you strongly agree, agree, disagree or strongly disagree?
Show card 22
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP028_TimePress** TIME PRESSURE DUE TO A HEAVY WORKLOAD
I am under constant time pressure due to a heavy workload. (Would you say you strongly agree, agree, disagree or strongly disagree?)
Show card 22
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP029_LitFreeWork** LITTLE FREEDOM TO DECIDE HOW I DO MY WORK
I have very little freedom to decide how I do my work. (Would you say you strongly agree, agree, disagree or strongly disagree?)
Show card 22
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP030_NewSkill** I HAVE AN OPPORTUNITY TO DEVELOP NEW SKILLS
I have an opportunity to develop new skills. (Would you say you strongly agree, agree, disagree or strongly disagree?)
**EP031_SuppDiffSit** SUPPORT IN DIFFICULT SITUATIONS
I receive adequate support in difficult situations. (Would you say you strongly agree, agree, disagree or strongly disagree?)
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP032_RecognWork** RECEIVE THE RECOGNITION DESERVING FOR MY WORK
I receive the recognition I deserve for my work. (Would you say you strongly agree, agree, disagree or strongly disagree?)
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP033_SalAdequate** SALARY OR EARNINGS ARE ADEQUATE
Considering all my efforts and achievements, my [salary is/earnings are] adequate. (Would you say you strongly agree, agree, disagree or strongly disagree?)
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP034_JobPromPoor** PROSPECTS FOR JOB ADVANCEMENT ARE POOR
My [job promotion prospects/prospects for job advancement] are poor. (Would you say you strongly agree, agree, disagree or strongly disagree?)
1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**EP035_JobSecPoor** JOB SECURITY IS POOR
My job security is poor. (Would you say you strongly agree, agree, disagree or strongly disagree?)
1. Strongly agree
| 2. Agree |
| 3. Disagree |
| 4. Strongly disagree |

**EP036_LookForRetirement** LOOK FOR EARLY RETIREMENT

Now we will not use card 22 any longer. Thinking about your present job, would you like to retire as early as you can from this job?

| 1. Yes |
| 5. No |

**EP037_AfraidHRet** AFRAID HEALTH LIMITS ABILITY TO WORK BEFORE REGULAR RETIREMENT

Are you afraid that your health will limit your ability to work in this job before regular retirement?

| 1. Yes |
| 5. No |

**ENDIF**

**IF CURRENT JOB SITUATION = 2. Employed or self-employed (including working for family business)**

**EP007_MoreThanOneJob** CURRENTLY MORE THAN ONE JOB

So far we have talked about your main job. Do you currently have a second job besides your main job?

| 1. Yes |
| 5. No |

**ENDIF**

**IF CURRENTLY MORE THAN ONE JOB = 1. Yes**

**EP321_TotWorkedHrsSecJob** TOTAL HOURS WORKED PER WEEK SECOND JOB

Regardless of your basic contracted hours/empty] how many/How many] hours a week do you usually work in this job, excluding meal breaks [but including any paid or unpaid overtime /empty].

____________ (0.0..168.0)

**EP322_NumMPerYearSecJob** MONTHS WORKED IN SECOND JOB (NUMBER)

How many months a year are you normally working in this job (including paid holidays)?

____________ (1..12)

**ENDIF**

**ENDIF**

**ENDIF**
IF MN101_Longitudinal = 0 AND EVER DONE PAID WORK = 1. Yes OR CURRENT JOB SITUATION = 1. Retired OR CURRENT JOB SITUATION = 3. Unemployed

EP048_IntroPastJob INTRODUCTION PAST JOB
We are now going to talk about the last job you had [before you retired/before you became unemployed/{empty}].

1. Continue

EP050_YrLastJobEnd YEAR LAST JOB END
In which year did your last job end?

(1900..2010)

EP049_YrsInLastJob YEARS WORKING IN LAST JOB
How many years have you been working in your last job?

___________ (0..99)

EP051_EmployeeORSelf EMPLOYEE OR A SELF EMPLOYED IN LAST JOB
In this job were you an employee or self-employed?

1. Employee  
2. Civil servant  
3. Self-employed

EP052_NTofJob NAME OR TITLE OF JOB
Please look at showcard 15. What best describes this job?
Code answers 1..10.
1. Legislator, senior official or manager  
2. Professional  
3. Technician or associate professional  
4. Clerk  
5. Service worker and shop and market sales worker  
6. Skilled agricultural or fishery worker  
7. Craft and related trades worker  
8. Plant and machine operator or assembler  
9. Elementary occupation  
10. Armed forces

EP054_WhichIndustry WHICH INDUSTRY ACTIVE
Please look at showcard 16. What kind of business, industry or services did you work in?
Code answers 1..14.
1. Agriculture, hunting, forestry, fishing  
2. Mining and quarrying  
3. Manufacturing  
4. Electricity, gas and water supply  
5. Construction  
6. Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and
household goods
7. Hotels and restaurants
8. Transport, storage and communication
9. Financial intermediation
10. Real estate, renting and business activities
11. Public administration and defence; compulsory social security
12. Education
13. Health and social work
14. Other community, social and personal service activities

IF EP051_EmployeeORSelf.ORD = 1

EP055_Public FIRM BELONGED TO THE PUBLIC SECTOR
In this job were you employed in the public sector?
1. Yes
5. No
ENDIF

IF EP051_EmployeeORSelf.ORD = 3

EP061_NrOfEmployees NUMBER OF EMPLOYEES
How many employees, if any, did you have?
Read answers out
0. None
1. 1 to 5
2. 6 to 15
3. 16 to 24
4. 25 to 199
5. 200 to 499
6. 500 or more
ENDIF

ENDIF

EP203_IntroEarnings INTRO INDIVIDUAL INCOME
We would now like to know more about your earnings and income during the last year, that is in [{previous year}].

1. Continue

EP204_AnyEarnEmpl ANY EARNINGS FROM EMPLOYMENT LAST YEAR
Have you had any wages, salaries or other earnings from dependent employment in [{previous year}]?

1. Yes
5. No

*IF ANY EARNINGS FROM EMPLOYMENT LAST YEAR = 1. Yes*

**EP205_EarningsEmplAT** EARNINGS EMPLOYMENT PER YEAR AFTER TAXES

After any taxes and contributions, what was your approximate annual income from employment in the year [{previous year}]? Please include any additional or extra or lump sum payment, such as bonuses, 13 month, Christmas or Summer pays.

Amount in [{local currency}]

{signed integer length 18 char}

*IF EARNINGS EMPLOYMENT PER YEAR AFTER TAXES = NONRESPONSE*

| BRACKETS (0, FLUnfolding[12], FLCurr, BRs.Brackets[26].BR1, BRs.Brackets[26].BR2, BRs.Brackets[26].BR3) |
| ENDIF |
| ENDIF |

**EP206_AnyIncSelfEmpl** INCOME FROM SELF-EMPLOYMENT LAST YEAR

Have you had any income at all from self-employment or work for a family business in [{previous year}]?

1. Yes
5. No

*IF INCOME FROM SELF-EMPLOYMENT LAST YEAR = 1. Yes*

**EP207_EarningsSelfAT** EARNINGS PER YEAR AFTER TAXES FROM SELF-EMPLOYMENT

After any taxes and contributions and after paying for any materials, equipment or goods that you use in your work, what was your approximate annual income from self-employment in the year [{previous year}]?

Amount in [{local currency}]

| IF EARNINGS PER YEAR AFTER TAXES FROM SELF-EMPLOYMENT = NONRESPONSE |
| BRACKETS (0, FLUnfolding[13], FLCurr, BRs.Brackets[27].BR1, BRs.Brackets[27].BR2, BRs.Brackets[27].BR3) |
| ENDIF |
| ENDIF |

**EP303_Intro** INTRODUCTION INCOME FROM PUBLIC PENSIONS

Now we are going to ask you a set of questions regarding income from different public pensions and benefits. Even if we have asked you already some
information, it is important for us to have all the details. First we are going to ask you about amounts, then we ask you about the timing of these payments, and finally for how long you have received them.

1. Continue

**EP071_IncomeSources** INCOME FROM PUBLIC PENSIONS IN LAST YEAR
Please look at card 23. Have you received income from any of these sources in the year [{previous year}]?
Code all that apply
1. Public old age pension
2. Public old age supplementary pension or public old age second pension
3. Public early retirement or pre-retirement pension
4. Main public disability insurance pension, or sickness benefits
5. Secondary public disability insurance pension, or sickness benefits
6. Public unemployment benefit or insurance
7. Main public survivor pension from your spouse or partner
8. Secondary public survivor pension from your spouse or partner
9. Public war pension
10. Public long-term care insurance
96. None of these

**IF** cnt IN INCOME FROM PUBLIC PENSIONS IN LAST YEAR

| **EP078_AvPaymPens** TYPICAL PAYMENT OF PENSION IN LAST YEAR |
| After taxes, about how large was a typical payment of [your public old age pension/your public old age supplementary pension or public old age second pension/your public early retirement or pre-retirement pension/your main public disability insurance pension, or sickness benefits/your secondary public disability insurance pension, or sickness benefits/your public unemployment benefit or insurance/your main public survivor pension from your spouse or partner/your secondary public survivor pension from your spouse or partner/your public war pension/your public long-term care insurance/your occupational old age pension from your last job/your occupational old age pension from your second job/your occupational old age pension from a third job/your occupational early retirement pension/your occupational disability or invalidity insurance/your occupational survivor pension] in [{previous year}]? |
| Amount in [FLCurrIt] is an ordinary typical-regular payment, excluding any extras, such as bonuses, 13th month etc. |
| {signed integer length 18 char} |
| **IF** TYPICAL PAYMENT OF PENSION IN LAST YEAR = NONRESPONSE |
| BRACKETS (0, FLUnfolding[17], FLCurr, BRs.Brackets[45].BR1, BRs.Brackets[45].BR2, BRs.Brackets[45].BR3) |
| **ENDIF** |

**EP074_PeriodBenefit** PERIOD OF INCOME SOURCE
What period did that payment cover?
1. One week
2. Two weeks
3. Calendar month/4 weeks
4. Three months/13 weeks
5. Six months/26 weeks
6. Full year/12 months/52 weeks
97. Other (specify)

IF PERIOD OF INCOME SOURCE = 97. Other (specify)

EP075_OthPeriodBenefits OTHER PERIOD OF RECEIVING BENEFITS

Note other period
___________

ENDIF

EP208_MonthsRecIncSource HOW MANY MONTHS RECEIVED INCOME SOURCE

For how many months altogether did you receive [the public old age pension/the public old age supplementary pension or public old age second disability insurance pension, or sickness benefits/the secondary public disability insurance pension, or sickness benefits/the public unemployment benefit or insurance/the main public survivor pension from your spouse or partner/the secondary public survivor pension from your spouse or partner/the public war pension/the public long-term care insurance/the occupational old age pension from your last job/the occupational old age pension from your second job/the occupational early retirement pension/the occupational disability or invalidity insurance/the occupational survivor pension from your spouse or partner's job] in [{previous year}]?

Not how many payments were made, but the time-span. Example: the pension was received during the whole year, the answer is 12. In case the respondent started receiving it in November, the answer is 2.
___________ (1..12)

IF NOT MN101_Longitudinal = 1 AND Index < 11

EP213_YearRecIncSource YEAR RECEIVED INCOME SOURCE

In which year did you first receive this [public old age pension/public old age supplementary pension or public old age second pension/public early retirement or pre-retirement pension/main public disability insurance pension, or sickness benefits/secondary public disability insurance pension, or sickness benefits/public unemployment benefit or insurance/main public survivor pension from your spouse or partner/secondary public survivor pension from your spouse or partner/public war pension/public long-term care insurance/occupational old age pension from your last job/occupational old age pension from your second job/occupational early retirement pension/occupational disability or invalidity insurance/occupational survivor pension from your spouse or partner's job]?
Did you receive any additional, or extra or lump sum (one off) payment from [your public old age pension/your public old age supplementary pension or public old age second pension/your public early retirement or pre-retirement pension/your main public disability insurance pension, or sickness benefits/your secondary public disability insurance pension, or sickness benefits/your public unemployment benefit or insurance/your main public survivor pension from your spouse or partner/your secondary public survivor pension from your spouse or partner/your public war pension/your public long-term care insurance/occupational old age pension from your last job/occupational old age pension from your second job/occupational old age pension from a third job/occupational early retirement pension/occupational disability or invalidity insurance/occupational survivor pension from your spouse or partner's job] during the year [{previous year}]? Please make sure that R takes into account all additional/extra/lump-sum payments received (including Christmas and Summer pays, if any) to answer this question.

1. Yes
5. No

IF LUMP SUM PAYMENT INCOME SOURCE = 1. Yes

TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE
After taxes, about how much did you receive overall as additional or extra payments last year from [this public old age pension/this public old age supplementary pension or this public old age second pension/this public early retirement or pre-retirement pension/this main public disability insurance pension, or sickness benefits/this secondary public disability insurance pension, or sickness benefits/this public unemployment benefit or insurance/this main public survivor pension from your spouse or partner/this secondary public survivor pension from your spouse or partner/this public war pension/this public long-term care insurance/this occupational old age pension from your last job/this occupational old age pension from your second job/this occupational old age pension from a third job/this occupational early retirement pension/this occupational disability or invalidity insurance/this occupational survivor pension from your spouse or partner's job]? Amount in [FLCurrInclude] all additional or extra payments
{signed integer length 18 char}

IF TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE = NONRESPONSE
BRACKETS (0, FUnfolding[7], FLCurr, BRs.Brackets[24].BR1, BRs.Brackets[24].BR2, BRs.Brackets[24].BR3)
In addition to public pension benefits, pensions can be also provided through your employer. Please look at card 24. Have you received income from any of these sources in the year [{previous year}]?

Code all that apply.
1. Occupational old age pension from your last job
2. Occupational old age pension from a second job
3. Occupational old age pension from a third job
4. Occupational early retirement pension
5. Occupational disability or invalidity insurance
6. Occupational survivor pension from your spouse or partner's job

96. None of these

IF cnt -> 1. Occupational old age pension from your last job IN OCCUPATIONAL PENSION INCOME SOURCES

| **EP078_AvPaymPens** TYPICAL PAYMENT OF PENSION IN LAST YEAR |
| After taxes, about how large was a typical payment of [your public old age pension/your public old age supplementary pension or public old age second pension/your public early retirement or pre-retirement pension/your main public disability insurance pension, or sickness benefits/your secondary public disability insurance pension, or sickness benefits/your public unemployment benefit or insurance/your main public survivor pension from your spouse or partner/your public war pension/your public long-term care/your insurance/your occupational old age pension from your last job/your occupational old age pension from your second job/your occupational old age pension from a third job/your occupational early retirement pension/your occupational disability or invalidity insurance/your occupational survivor pension from your spouse or partner's job] in [{previous year}]?
| Amount in [FLCurrIt] is an ordinary typical-regular payment, excluding any extras, such as bonuses, 13th month etc.
| {signed integer length 18 char}

IF TYPICAL PAYMENT OF PENSION IN LAST YEAR = NONRESPONSE

| BRACKETS (0, FLUnfolding[17], FLCurr, BRs.Brackets[45].BR1, BRs.Brackets[45].BR2, BRs.Brackets[45].BR3)

ENDIF

| **EP074_PeriodBenefit** PERIOD OF INCOME SOURCE |
| What period did that payment cover?
|
1. One week
2. Two weeks
3. Calendar month/4 weeks
4. Three months/13 weeks
5. Six months/26 weeks
6. Full year/12 months/52 weeks
97. Other (specify)

IF PERIOD OF INCOME SOURCE = 97. Other (specify)

EP075_OthPeriodBenefits OTHER PERIOD OF RECEIVING BENEFITS

Note other period

ENDIF

EP208_MonthsRecIncSource HOW MANY MONTHS RECEIVED INCOME SOURCE
For how many months altogether did you receive [the public old age pension/the public old age supplementary pension or public old age second pension/the public early retirement or pre-retirement pension/the main public disability insurance pension, or sickness benefits/the secondary public disability insurance pension, or sickness benefits/the public unemployment benefit or insurance/the main public survivor pension from your spouse or partner/the secondary public survivor pension from your spouse or partner/the public war pension/the public long-term care insurance/the occupational old age pension from your last job/the occupational old age pension from your second job/the occupational early retirement pension/the occupational disability or invalidity insurance/the occupational survivor pension from your spouse or partner's job] in [{previous year}]?
Not how many payments were made, but the time-span. Example: the pension was received during the whole year, the answer is 12. In case the respondent started receiving it in November, the answer is 2.

___________ (1..12)

IF NOT MN101_Longitudinal = 1 AND Index < 11

EP213_YearRecIncSource YEAR RECEIVED INCOME SOURCE
In which year did you first receive this [public old age pension/public old age supplementary pension or public old age second pension/public early retirement or pre-retirement pension/main public disability insurance pension, or sickness benefits/secondary public disability insurance pension, or sickness benefits/public unemployment benefit or insurance/main public survivor pension from your spouse or partner/secondary public survivor pension from your spouse or partner/public war pension/public long-term care insurance/occupational old age pension from your last job/occupational old age pension from your second job/occupational early retirement pension/occupational disability or invalidity insurance/occupational survivor pension from your spouse or partner's job]?


Did you receive any additional, or extra or lump sum (one off) payment from [your public old age pension/your public old age supplementary pension or public old age second pension/your public early retirement or pre-retirement pension/your main public disability insurance pension, or sickness benefits/your secondary public disability insurance pension, or sickness benefits/your public unemployment benefit or insurance/your main public survivor pension from your spouse or partner/your secondary public survivor pension from your spouse or partner/your public war pension/your public long-term care insurance/occupational old age pension from your last job/occupational old age pension from your second job/occupational old age pension from a third job/occupational early retirement pension/occupational disability or invalidity insurance/occupational survivor pension from your spouse or partner's job] during the year [{previous year}]?

Please make sure that R takes into account all additional/extra/lump-sum payments received (including Christmas and Summer pays, if any) to answer this question.

1. Yes
2. No

IF LUMP SUM PAYMENT INCOME SOURCE = 1. Yes

TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE

After taxes, about how much did you receive overall as additional or extra payments last year from [this public old age pension/this public old age supplementary pension or public old age second pension/this public early retirement or pre-retirement pension/this main public disability insurance pension, or sickness benefits/this secondary public disability insurance pension, or sickness benefits/this public unemployment benefit or insurance/this main public survivor pension from your spouse or partner/this secondary public survivor pension from your spouse or partner/this public war pension/this public long-term care insurance/this occupational old age pension from your last job/this occupational old age pension from your second job/this occupational old age pension from a third job/this occupational early retirement pension/this occupational disability or invalidity insurance/this occupational survivor pension from your spouse or partner's job]?

Amount in [FLCurrInclude] all additional or extra payments

{signed integer length 18 char}

IF TOTAL AMOUNT OF LUMP SUM PAYMENT FROM INCOME SOURCE = NONRESPONSE

BRACKETS (0, FLUnfolding[7], FLCurr, BRs.Brackets[24].BR1, BRs.Brackets[24].BR2, BRs.Brackets[24].BR3)

ENDIF
EP089_AnyRegPay  ANY OTHER REGULAR PAYMENTS RECEIVED
Please look at card 25. Did you receive any of the following regular payments or transfers
during the year [{previous year}]?
Code all that apply
1. Regular life insurance payments
2. Regular private annuity or private personal pension payments
3. Alimony
4. Regular payments from charities
5. Long-term care insurance payments from a private insurance company
96. None of these

IF cnt IN ANY OTHER REGULAR PAYMENTS RECEIVED

EP094_TotalAmountBenLP TOTAL AMOUNT IN THE LAST PAYMENT
| After any taxes and contributions, about how large was the average payment of [your life
| insurance payments/your private annuity or private personal pension payments/your alimony/
| your regular payments from charities/your long-term care insurance payments] in [{previous year}]?
| Amount in [{local currency}]
| {signed integer length 18 char}

IF TOTAL AMOUNT IN THE LAST PAYMENT = NONRESPONSE

ENDIF

EP090_PeriodPaym Period RECEIVED REGULAR PAYMENTS
Which period did that payment cover?

1. One week
2. Two weeks
3. Calendar month/4 weeks
4. Three months/13 weeks
5. Six months/26 weeks
6. Full year/12 months/52 weeks
97. Other (specify)

IF PERIOD RECEIVED REGULAR PAYMENTS = 97. Other (specify)

EP091_OthPeriodPaym OTHER PERIOD OF RECEIVING REGULAR PAYMENTS

Specify other
| __________
MONTHS RECEIVED REGULAR PAYMENTS
For how many months altogether did you receive [life insurance payments/private annuity or private personal pension payments/alimony/regular payments from charities/long-term care insurance payments] in [{previous year}]?

___________ (1..12)

ADDITIONAL PAYMENTS FOR THIS BENEFIT IN LAST YEAR
For [your life insurance payments/your private annuity or private personal pension payments/your alimony/your regular payments from charities/your long-term care insurance payments], did you get additional or lump sum payments in [{previous year}]?

1. Yes
5. No

IF ADDITIONAL PAYMENTS FOR THIS BENEFIT IN LAST YEAR = 1. Yes

ADDITIONAL PAYMENTS AFTER TAXES
After any taxes and contributions, about how much did you get in additional payments?
Amount in [{local currency}] (signed integer length 18 char)

IF ADDITIONAL PAYMENTS AFTER TAXES = NONRESPONSE
BRACKETS (0, FLUnfolding[18], FLCurr, BRs.Brackets[46].BR1, BRs.Brackets[46].BR2, BRs.Brackets[46].BR3)

ENDIF

ENDIF

ENDIF

ENDIF

IF HOUSEHOLD TYPE = 1 AND AGE RESPONDENT < 76

PENSION CLAIMS
Now we are talking about future pension entitlements. Please look at card 26. Are you entitled to at least one pension listed on this card which you do not receive currently?

1. Yes
5. No

IF PENSION CLAIMS = 1. Yes

TYPE OF PENSION YOU WILL BE ENTITLED TO
Which type or types of pension will you be entitled to?
Respondent must not receive already these pensions:
1. Public old age pension
2. Public early retirement or pre-retirement pension
3. Public disability insurance; sickness/invalidity/incapacity pension
4. Private (occupational) old age pension
5. Private (occupational) early retirement pension

**IF cnt IN TYPE OF PENSION YOU WILL BE ENTITLED TO**

**EP101_NameFund** NAME OF PLAN OR FUND
What is the name of the institution (pension plan) which will provide [your public old age pension/your public early retirement or pre-retirement pension/your public disability insurance/sickness/invalidity/incapacity pension/your private (occupational) old age pension/your private (occupational) early retirement pension/empty/empty/empty/empty]?

**EP102_CompVolun** COMPULSORY OF VOLUNTARY PLAN OR FUND
Is participation in [this public old age pension/this public early retirement or pre-retirement pension/this public disability insurance/sickness/invalidity/incapacity pension/this private (occupational) old age pension/this private (occupational) early retirement pension/empty/empty/empty/empty] compulsory or voluntary?
1. Compulsory
2. Voluntary

**EP103_YrsContrToPlan** YEARS CONTRIBUTING TO PLAN
How many years have you been contributing to [your public old age pension/your public early retirement or pre-retirement pension/your public disability insurance/your public early retirement or pre-retirement pension/your public disability insurance; sickness/invalidity/incapacity pension/your private (occupational) old age pension/your private (occupational) early retirement pension/empty/empty/empty/empty]?

**EP106_ExpRetAge** EXPECTED AGE TO COLLECT THIS PENSION
At what age do you yourself expect to start collecting this pension payment for the first time?

**EP109_PWExpPensStatAge** PERCENTAGE OF SALARY RECEIVED AS PENSION
Please think about the time in which you will start collecting this pension. Approximately, what percentage of your last earnings will [your public old age pension/your public early retirement or pre-retirement pension/your public disability insurance/your public old age pension/your public early retirement or pre-retirement pension/your public disability insurance/your private (occupational) old age pension/your private (occupational) early retirement pension/empty/empty/empty/empty]?
disability insurance; sickness/invalidity/incapacity pension/your
private (occupational) old age pension/your private (occupational) early retirement pension] amount to?
Last earnings before collecting pension
__________ (0..150)
ENDIF
ENDIF
ENDIF
ENDIF

EP210_IntCheck WHO ANSWERED SECTION EP
IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
1. Respondent only
2. Respondent and proxy
3. Proxy only

GS001_Willingness WILLING TO HAVE HANDGRIP MEASURED
Now I would like to assess the strength of your hand in a gripping exercise. I will ask you to
squeeze this handle as hard as you can, just for a
couple of seconds and then let go. I will take two alternate measurements from your right and
your left hand. Would you be willing to have your
handgrip measured?
Demonstrate grip strength measure
1. R agrees to take measurement
2. R refuses to take measurement
3. R is unable to take measurement

IF WILLING TO HAVE HANDGRIP MEASURED <> 1. R agrees to take measurement

| GS010_WhyNotCompl WHY NOT COMPLETED GS TEST |

| Why didn't R complete the grip strength test? Code all that apply |
| 1. R felt it would not be safe |
| 2. IWER felt it would not be safe |
| 3. R refused, no reason given |
| 4. R tried but was unable to complete test |
| 5. R did not understand the instructions |
| 6. R had surgery, injury, swelling, etc. on both hands in past 6 months |
| 97. Other (Specify) |

| IF 97. Other (Specify) IN WHY NOT COMPLETED GS TEST |

| GS011_OthReason OTHER REASON |
Record respondent status
1. Respondent has the use of both hands
2. Respondent is unable to use right hand
3. Respondent is unable to use left hand

*IF WILLING TO HAVE HANDGRIP MEASURED <> 1. R agrees to take measurement*

*GS003_StopTest* END OF TEST BECAUSE RESPONDENT IS UNABLE OR NOT WILLING TO DO TEST
INTERVIEWER STOP TEST.
No handgrip measurement to be taken
1. Continue

*ENDIF*

*IF WILLING TO HAVE HANDGRIP MEASURED = 1. R agrees to take measurement*

*IF RECORD RESPONDENT STATUS = 1. Respondent has the use of both hands*

*GS004_DominantHand* DOMINANT HAND
Which is your dominant hand?
1. Right hand
2. Left hand

*ENDIF*

*GS005_IntroTest* INTRODUCTION TO TEST

Position the respondent correctly. Adjust dynamometer to hand size by turning the lever and reset arrow at zero. Explain the procedure once again.
Let respondent have a practice with one hand. Use scorecard to record the results and enter results into computer after test is finished.
1. Continue

*IF RECORD RESPONDENT STATUS = 1. Respondent has the use of both hands OR RECORD RESPONDENT STATUS = 2. Respondent is unable to use right hand*

*GS006_FirstLHand* FIRST MEASUREMENT, LEFT HAND
LEFT HAND, FIRST MEASUREMENT.
Enter the results to the nearest integer value.
The next test that I am going to ask you to perform measures how fast you can expel air from your lungs. It is important that you blow as hard and as
fast as you can. I would like you to perform the test two times. When we are ready to begin, I’ll ask you to stand up. Take as deep a breath as possible. Open your mouth and close your lips firmly around the outside of the mouthpiece, and then blow as hard and as fast as you can into the mouthpiece. Like this...
Demonstrate the test.
1. Continue

**PF002_Safe** SAFE TO DO THE TEST
Do you feel it would be safe for you to do this test?

1. Yes
5. No

*IF SAFE TO DO THE TEST = 1. Yes*

**PF003_ValFirstMeas** VALUE FIRST MEASUREMENT
Enter value first measurement(Record 30 if less than 60; record 890 if past last tick mark; record 993 if R tried but was unable; or record 999 if R chose not to do it.)
____________ (30..999)

**PF004_ValSecMeas** VALUE SECOND MEASUREMENT
Enter value second measurement(Record 30 if less than 60; record 890 if past last tick mark; record 993 if R tried but was unable; or record 999 if R chose not to do it.)
____________ (30..999)

*IF VALUE FIRST MEASUREMENT < 999 AND VALUE SECOND MEASUREMENT < 999*

**PF005_EffortR** EFFORT R GAVE TO THIS MEASUREMENT
How much effort did R give to this measurement?

1. R gave full effort
2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
3. R did not appear to give full effort, but no obvious reason for this

**PF006_PositionR** POSITION OF R FOR THIS TEST
What was the R’s position for this test?

1. Standing
2. Sitting
3. Lying down

**ENDIF**
IF SAFE TO DO THE TEST = 5. No OR VALUE FIRST MEASUREMENT > 890 OR VALUE SECOND MEASUREMENT > 890

| PF007_WhyNotCompl WHY PF NOT COMPLETED |
| Why didn't R complete the breathing test? (Code all that apply) |
| 1. R felt it would not be safe |
| 2. IWER felt it would not be safe |
| 3. R refused or was not willing to complete the test |
| 4. R tried but was unable to complete test |
| 5. R did not understand the instructions |
| 97. Other (Specify) |

IF 97. Other (Specify) IN WHY PF NOT COMPLETED

| PF008_OthReason OTHER REASON NOT COMPLETED PF |
| Record other reason |
| __________ |

ENDIF

BI001_Number ID BIOMETRICS

Take the "Biomarker 2010" booklet and conduct measurements. Take biomarker booklet and fill in first name[n] and respondent ID {Respondent ID}. Take paper sheet with barcodes. Stick a barcode sticker onto biomarker booklet and enter this barcode number into capi.

________________

BI002_Number_Check ID BIOMETRICS AGAIN

Repeat barcode number.

________________

BI003_Completed BIOMETRICS COMPLETED

Which measurements were completed? Tick all that apply
1. Height
2. Waist circumference
3. Blood pressure
4. Blood Spots
96. None of these
SP001_Intro INTRODUCTION SP
We are interested in how people support one another. The next set of questions are about the help that you may have given to people you know or that you may have received from people you know.

1. Continue

IF FAMILY RESPONDENT = 1

| SP002_HelpFrom RECEIVED HELP FROM OTHERS |
| Please look at card 27. Thinking about the last twelve months has any family member from outside the household, any friend or neighbour given you [or/or/or/or/empty][your/your/your/empty][empty][husband/wife/partner/partner/empty][empty] personal care or practical household help? |
| 1. Yes |
| 5. No |

IF RECEIVED HELP FROM OTHERS = 1. Yes

| SP003_FromWhoHelp WHO GAVE YOU HELP |
| Which [empty][other] family member from outside the household, friend or neighbour has helped you [or/or/or/or/empty][your/your/your/empty][empty][husband/wife/partner/partner/empty][empty] [most often/empty] in the last twelve months? |
| [n] If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).[/n] |
| list with relations |

IF WHO GAVE YOU HELP = >list with relations

| SP023_NameOthChild NAME OTHER CHILD |
| Record child’s name |
| ____________ |

ENDIF

| SP005_HowOftenHelpRec HOW OFTEN RECEIVED HELP FROM THIS PERSON |
| In the last twelve months, how often altogether have you [or/or/or/or/empty][your/your/your/empty][empty][husband/wife/partner/partner/empty][empty] received such help from this person? Was it... |
| 1. Almost daily |
| 2. Almost every week |
| 3. Almost every month |
4. Less often

*IF Index <> 3*

**SP007_OtherHelper** ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD

(Please look at card 27.) Is there any other family member from outside the household, friend or neighbour who has given you

*or/or/or/or/{empty}/{empty}/your/your/your/empty/empty/husband/wife/partner/partner/empty/empty* personal care or practical household help?

1. Yes
5. No

*ENDIF*

*IF HelpFromOther[cnt1] - ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD = 1. Yes*

**SP003_FromWhoHelp** WHO GAVE YOU HELP

Which *{empty}/other* family member from outside the household, friend or neighbour has helped you *or/or/or/or/empty/empty/your/your/your/empty/empty/husband/wife/partner/partner/empty/empty* most often *{empty} in the last twelve months?

If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).

*list with relations*

*IF WHO GAVE YOU HELP => list with relations*

**SP023_NameOthChild** NAME OTHER CHILD

Record child’s name ___________

*ENDIF*

**SP005_HowOftenHelpRec** HOW OFTEN RECEIVED HELP FROM THIS PERSON

In the last twelve months, how often altogether have you *or/or/or/or/empty/empty/your/your/your/empty/empty/husband/wife/partner/partner/empty/empty* received such help from this person? Was it...

1. Almost daily
2. Almost every week
3. Almost every month
4. Less often

*IF Index <> 3*
SP007_OtherHelper  ANY OTHER HELPER FROM OUTSIDE THE HOUSEHOLD
(Please look at card 27.) Is there any other family member from outside the household, friend or neighbour who has given you personal care or practical household help?

1. Yes
5. No

ENDIF

ENDIF

SP008_GiveHelp  GIVEN HELP LAST TWELVE MONTHS
(Please look at card 27.) Now I would like to ask you about the help you have given to others. In the last twelve months, have you personally given personal care or practical household help to a family member living outside your household, a friend or neighbour?

1. Yes
5. No

IF GIVEN HELP IN THE TIME SINCE THE LAST INTERVIEW = 1. Yes

SP009_ToWhomGiveHelp  TO WHOM DID YOU GIVE HELP
Which [other] family member from outside the household, friend or neighbour have you given personal care or practical household help in the last twelve months?
[n] If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).[/n]
{list with relations}

IF TO WHOM DID YOU GIVE HELP = >list with relations

SP024_NameOthChild  NAME OTHER CHILD
Record child’s name
____________

ENDIF

SP011_HowOftGiveHelp  HOW OFTEN GIVE HELP
In the last twelve months, how often altogether have you given personal care or practical household help to this person? Was it...
HAVE YOU GIVEN HELP TO OTHERS
(Please look at card 27.) Is there any other family member from outside the household, friend, or neighbour to whom you have given personal care or practical household help?

1. Yes
5. No

ENDIF

IF HelpFromOutside[cnt2 - HAVE YOU GIVEN HELP TO OTHERS = 1. Yes]

TO WHOM DID YOU GIVE HELP
Which[empty]/other family member from outside the household, friend or neighbour have you given personal care or practical household help in the last twelve months?
If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).

{list with relations}

IF TO WHOM DID YOU GIVE HELP = >list with relations

NAME OTHER CHILD
Record child’s name
________

ENDIF

HOW OFTEN GIVE HELP
In the last twelve months, how often altogether have you given personal care or practical household help to this person? Was it...

1. Almost daily
2. Almost every week
3. Almost every month
4. Less often

IF Index <> 3

HAVE YOU GIVEN HELP TO OTHERS
(Please look at card 27.) Is there any other family member from outside the household,
friend, or neighbour to whom you have given personal care or practical household help?

1. Yes
5. No

ENDIF

ENDIF

ENDIF

IF Sec_CH.CH021_NoGrandChild > 0

SP014_LkAftGrCh LOOK AFTER GRANDCHILDREN

During the last twelve months, have you regularly or occasionally looked after [your grandchild/your grandchildren] without the presence of the parents?

1. Yes
5. No

IF LOOK AFTER GRANDCHILDREN = 1. Yes

SP015_ParentLkAftGrChild PARENTS FROM GRANDCHILDREN

From which of your children [is/are] [the grandchild/the grandchildren] you have looked after?

Code all that apply
{list with children}

IF cnt3 IN PARENTS FROM GRANDCHILDREN

SP016_HowOftGrCh HOW OFTEN DO YOU LOOK AFTER GRANDCHILDREN

On average, how often did you look after the child(ren) of [FLChildName[i]] in the last twelve months? Was it...

Read out
1. Almost daily
2. Almost every week
3. Almost every month
4. Less often

ENDIF

ENDIF

ENDIF

ENDIF

IF HOUSEHOLD SIZE > 1
GIVEN HELP TO SOMEONE IN THE HOUSEHOLD
Let us now talk about help within your household. Is there someone living in this household whom you have helped regularly during the last twelve months with personal care, such as washing, getting out of bed, or dressing? By regularly we mean daily or almost daily during at least three months. We do not want to capture help during short-term sickness of family members.
1. Yes
5. No

IF GIVEN HELP TO SOMEONE IN THE HOUSEHOLD = 1. Yes

TO WHOM GIVEN HELP IN THIS HOUSEHOLD
Who is that?
Code all that apply[n]If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).[n]
{list with relations}

IF >list with relations IN TO WHOM GIVEN HELP IN THIS HOUSEHOLD

NAME OTHER CHILD
Record child’s name
__________

ENDIF

ENDIF

IF NOT a96 IN Sec_PH.Health_B2.PH048_HeADLa

SOMEONE IN THIS HOUSEHOLD HELPED YOU REGULARLY WITH PERSONAL CARE
And is there someone living in this household who has helped you regularly during the last twelve months with personal care, such as washing, getting out of bed, or dressing? By regularly we mean daily or almost daily during at least three months. We do not want to capture help during short-term sickness.
1. Yes
5. No

IF SOMEONE IN THIS HOUSEHOLD HELPED YOU REGULARLY WITH PERSONAL CARE = 1. Yes

WHO HELPES YOU WITH PERSONAL CARE IN THE HOUSEHOLD
Who is that?
Code all that apply[n]If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her
IF >list with relations IN WHO HELPES YOU WITH PERSONAL CARE IN THE HOUSEHOLD

SP026_NameOtherChild NAME OTHER CHILD

Record child’s name

ENDIF

ENDIF

SP022_IntCheck WHO ANSWERED THE QUESTIONS IN SP IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

1. Respondent only
2. Respondent and proxy
3. Proxy only

IF FINANCIAL RESPONDENT = 1

FT001_Intro INTRODUCTION FINANCIAL TRANSFERS

Some people provide financial or material gifts, or support to others such as parents, children, grandchildren, some other kind, or friends or neighbours, and some people don’t.

1. Continue

FT002_GiveFiGift250 GIVEN FINANCIAL GIFT 250 OR MORE

Now please think of the last twelve months. Not counting any shared housing or shared food, have you [or/or/or/or/{empty}/{empty}] [your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] given any financial or material gift or support to any person inside or outside this household amounting to [{empty}] [{local currency}] or more?

By financial gift we mean giving money, or covering specific type of costs such as those for medical care or insurance, schooling, down payment for a home. Do not include loans or donations to charities.

1. Yes
5. No

IF GIVEN FINANCIAL GIFT 250 OR MORE = 1. Yes
To Whom Did You Provide Financial Gift 250 Or More

To whom [empty]/else did you [or/or/or/or/empty]/empty]
your/your/your/empty}/empty]
[husband/wife/partner/partner/empty}/empty}/empty} provide such financial assistance or gift [empty]/in the last twelve months? Instrument allows to go through the 'give' loop up to three times[n]If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).[n]
{list with relations}

IF TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE = >list with relations

Name Other Child

Record child's name
_____________
ENDIF

IF Index <> 3

Other Persons Given Financial Gift 250 Or More

Still thinking about the last twelve months: Is there anyone else inside or outside this household whom you [or/or/or/or/empty]/empty]
your/your/your/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/empty}/e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IF TO WHOM DID YOU PROVIDE FINANCIAL GIFT 250 OR MORE = > list with relations

FT022_NameOthChild NAME OTHER CHILD

Record child's name

ENDIF

IF Index <> 3

FT007_OthPFiGift250 OTHER PERSONS GIVEN FINANCIAL GIFT 250 OR MORE

Still thinking about the last twelve months: Is there anyone else inside or outside this household whom you [or/or/or/or/{empty}/{empty}]
[your/your/your/{empty}/{empty}]
husband/wife/partner/partner/{empty}/{empty} have given any financial or material gift or support amounting

to [{empty}] [{local currency}] or more?

1. Yes
5. No

ENDIF

ENDIF

FT008_Intro2 INTRODUCTION RECEIVE

We have just asked you about financial or material gifts or support that you may have given. Now we would like to know about financial or material gifts and support that you may have received.

1. Continue

FT009_RecFiGift250 RECEIVED FINANCIAL GIFT OF 250 OR MORE

Please think of the last twelve months. Not counting any shared housing or shared food, have you [or/or/or/or/{empty}/{empty}]
your/your/your/empty/empty]
husband/wife/partner/partner/empty/empty] received any financial or material gift from anyone inside or outside this household amounting to [{empty}] [{local currency}] or more?

By financial gift we mean giving money, or covering specific types of costs such as those for medical care or insurance, schooling, down payment for a home. Do not include loans or inheritances.

1. Yes
5. No

IF RECEIVED FINANCIAL GIFT OF 250 OR MORE = 1. Yes

FT010_FromWhoFiGift250 FROM WHOM RECEIVED FINANCIAL GIFT 250 OR
MORE

|| Who [{empty}/else] has given you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] a gift or assistance [{empty}/in the past twelve months]? [Please name the person that has given or helped you most./{empty}]
|| Instrument allows to go through the 'receive' loop up to three times[n]If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).[n]
|| {list with relations}

|| IF FROM WHOM RECEIVED FINANCIAL GIFT 250 OR MORE = >list with relations

|| FT023_NameOthChild NAME OTHER CHILD

|| Record child's name
|| ___________
||
|| ENDIF

|| IF Index <> 3

|| FT014_FromOthPFiGift250 FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 OR MORE
|| (Still thinking about the last twelve months). Is there anyone else inside or outside this household who has given you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] any financial or material gift or support amounting to [{empty}]
|| [{local currency}] or more?
||
|| 1. Yes
|| 5. No
||
|| ENDIF

|| IF FT_Provide_FinancialAssistance_LOOP[cnt2 - FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 OR MORE = 1. Yes

|| FT010_FromWhoFiGift250 FROM WHOM RECEIVED FINANCIAL GIFT 250 OR MORE
|| Who [{empty}/else] has given you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] a gift or assistance [{empty}/in the past twelve months]? [Please name the person that has given or helped you most./{empty}]
|| Instrument allows to go through the 'receive' loop up to three times[n]If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).[n]
|| {list with relations}

|| IF FROM WHOM RECEIVED FINANCIAL GIFT 250 OR MORE = >list with relations
FT023_NameOthChild NAME OTHER CHILD

Record child's name

___________

ENDIF

IF Index <> 3

FT014_FromOthPFiGift250 FROM OTHER PERSONS RECEIVED FINANCIAL GIFT 250 OR MORE

(Still thinking about the last twelve months). Is there anyone else inside or outside this household who has given you [or/or/or/or/empty/empty]

[your/your/your/empty/empty]

[husband/wife/partner/partner/empty/empty] any financial or material gift or support amounting to [empty]

[[local currency]] or more?

1. Yes
5. No

ENDIF

ENDIF

FT015_EverRecInh5000 EVER RECEIVED GIFT OR INHERITED MONEY 5000 OR MORE

[Not counting any large gift we may have already talked about/Since our interview in] have you [or/or/or/or/empty/empty]

[your/your/your/empty/empty]

[husband/wife/partner/partner/empty/empty]

ever received a gift or/empty inherited money, goods, or property worth more than [5000] [[local currency]] ?

Not including any gifts you have already mentioned

1. Yes
5. No

IF EVER RECEIVED GIFT OR INHERITED MONEY 5000 OR MORE = 1. Yes

FT016_YearRecInh5000 IN WHICH YEAR GIFT OR INHERITANCE RECEIVED

[Think of the largest gift or inheritance you received/.empty] In which year did you [or/or/or/or/empty/empty]

[your/your/your/empty/empty]

[husband/wife/partner/partner/empty/empty]
receive it?

(1890..2011)

FT017_FromWhomRecInh5000 FROM WHOM INHERITED 5000 OR MORE

From whom did you [or/or/or/or/empty/empty]
receive this gift or inheritance?

If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name).

IF FROM WHOM INHERITED 5000 OR MORE = >list with relations

**FT024_NameOthChild** NAME OTHER CHILD

Record child's name

ENDIF

IF Index <> 5

**FT020_MoreRecInh5000** ANY FURTHER GIFT OR INHERITANCE

Did you [or/or/or/or/empty/empty] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] receive any further gift or inheritance worth more than [5000] [local currency] [since our interview in] [year of earlier interview]?

1. Yes

5. No

ENDIF

IF FT_Receive_FinancialAssistance_LOOP[cnt3 - ANY FURTHER GIFT OR INHERITANCE = 1. Yes

**FT016_YearRecInh5000** IN WHICH YEAR GIFT OR INHERITANCE RECEIVED

Think of the largest gift or inheritance you received. In which year did you receive it?

(1890..2011)

**FT017_FromWhomRecInh5000** FROM WHOM INHERITED 5000 OR MORE

From whom did you receive this gift or inheritance?

If the person cited is a network member (i.e. was mentioned during the SN module) and has other roles as well (e.g. child, neighbor, etc.), code the answer as network member (i.e., the number next to his/her name)
IF FROM WHOM INHERITED 5000 OR MORE = >list with relations

FT024_NameOthChild NAME OTHER CHILD

Record child's name

__________

ENDIF

IF Index <> 5

FT020_MoreRecInh5000 ANY FURTHER GIFT OR INHERITANCE

Did you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] receive any further gift or inheritance worth more than [{5000}] [{local currency}] [since our interview in] [{year of earlier interview}]?

1. Yes
5. No

ENDIF

ENDIF

FT025_EVER_GIFT_5000_OR_MORE EVER GIVEN GIFT 5000 OR MORE

Have you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] ever given a gift of goods, or property worth more than [{5000}] [{local currency}]? Not including any gifts you have already mentioned

1. Yes
5. No

IF EVER GIVEN GIFT 5000 OR MORE = 1. Yes

FT026_YearGivInh5000 IN WHICH YEAR GIFT GIVEN

[Think of the largest gift you gave./{empty}] In which year did you[or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] give it?

(1890..2011)

FT027_ToWhomGivInh5000 TO WHOM GIVEN 5000 OR MORE

To whom did you[or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] give this gift?

{list with relations}
IF TO WHOM GIVEN 5000 OR MORE = >list with relations

FT028_NameOthChild NAME OTHER CHILD

Record child's name
_____________
ENDIF

IF Index <> 5

FT031_MoreGivInh5000 ANY FURTHER GIFT

Did you[or/or/or/or/{empty}][your/your/your/your/{empty}][empty][husband/wife/partner/partner/{empty}][empty] give any further gift worth more than [{5000}] [{local currency}][empty]?  

1. Yes
5. No

ENDIF

IF FT_Give_FinancialAssistance_LOOP[cnt4 - ANY FURTHER GIFT = 1. Yes

FT026_YearGivInh5000 IN WHICH YEAR GIFT GIVEN

[Think of the largest gift you gave./{empty}] In which year did you[or/or/or/or/{empty}][your/your/your/your/{empty}][empty][husband/wife/partner/partner/{empty}][empty] give it?  

(1890..2011)

FT027_ToWhomGivInh5000 TO WHOM GIVEN 5000 OR MORE

To whom did you[or/or/or/or/{empty}][your/your/your/your/{empty}][empty][husband/wife/partner/partner/{empty}][empty] give this gift?  

{list with relations}

IF TO WHOM GIVEN 5000 OR MORE = >list with relations

FT028_NameOthChild NAME OTHER CHILD

Record child's name
_____________
ENDIF

IF Index <> 5
FT031_MoreGivInh5000 ANY FURTHER GIFT

Did you give a further gift worth more than \[{5000}\] local currency?

1. Yes
5. No

ENDIF

ENDIF

FT021_IntCheck WHO ANSWERED THE QUESTIONS IN FT INTERVIEW CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

1. Respondent only
2. Respondent and proxy
3. Proxy only

ENDIF

IF HOUSEHOLD RESPONDENT = 1

IF HOUSEHOLD TYPE = 2

HO061_YrsAcc YEARS IN ACCOMMODATION

How many years have you been living in your present accommodation?

Round up to full years

__________ (1..120)

HO062_PayNursHome OUT OF POCKET FOR NURSING HOME

Do you have to pay "out of pocket" for your nursing home accommodation?

1. Yes
5. No

IF OUT OF POCKET FOR NURSING HOME = 1. Yes

HO063_Period RENT PAYMENT PERIOD

Thinking about your last rent payment, what period did this cover? Was that...
IF RENT PAYMENT PERIOD = 97. Other period of time

HO064_OthPer OTHER PERIOD
What other period do you mean?

ENDIF

HO065_LastPayment LAST PAYMENT
How much was your last payment?
Amount in [local currency]
(0.99..999999999999999.99)

HO066_PayCoverNursHome PAYMENT COVERING NURSING HOME
What did this payment cover?
Tick all that apply. Read out
1. Lodging (room)
2. Meals
3. Nursing and care services
4. Rehabilitation and other health services

ENDIF

ELSE

IF HOUSEHOLD TYPE = 1

HO001_Place INTERVIEW IN HOUSE R
Does the interview take place in the respondent's house or flat?
1. Yes
5. No

IF MN101_Longitudinal = 1

HO044_ChangeResidence CHANGE PLACE OF RESIDENCE
Now I have a few questions about your residence. Since [month year previous interview], have you moved to another residence, house, or flat?
1. Yes
5. No

IF CHANGE PLACE OF RESIDENCE = 1. Yes

HO045_ReasonMove MAIN REASON MOVE
Please look at card 29. What was the main reason for your move?
1. for family reasons
2. for job reasons
3. wanted smaller/bigger/different house or apartment
4. wanted to change area
97. other reason

ENDIF

ENDIF

HO002_OwnerTenant OWNER, TENANT OR RENT FREE
Please look at card 30. Your household is occupying this dwelling as
Read out
1. Owner
2. Member of a cooperative
3. Tenant
4. Subtenant
5. Rent free

IF OWNER, TENANT OR RENT FREE = 1. Owner OR OWNER, TENANT OR RENT FREE = 2. Member of a cooperative OR OWNER, TENANT OR RENT FREE = 5. Rent free

HO067_PaymSimDwel PAYMENT SIMILAR DWELLING
In your opinion, how much would you pay as monthly rent if you rented a similar dwelling, unfurnished, on the free market today?
Exclude charges and services such as electricity or heating. Amount in [{local currency}]

IF PAYMENT SIMILAR DWELLING = NONRESPONSE
BRACKETS (0, FLUnfolding[64], FLCurr, BRs.Brackets[32].BR1, BRs.Brackets[32].BR2, BRs.Brackets[32].BR3)

ENDIF

ENDIF

IF OWNER, TENANT OR RENT FREE <> 1. Owner AND OWNER, TENANT OR RENT FREE <> 5. Rent free

HO003_Period RENT PAYMENT PERIOD
[Coming back to your current rent and thinking about your last payment/Thinking about your last rent payment], what period did this cover? Was that
Read out
1. A week
2. A month
3. Three months
4. Six months
5. A year
97. Other period of time

IF RENT PAYMENT PERIOD = 97. Other period of time

HO004_OthPer OTHER PERIOD
What other period do you mean?

ENDOR

HO005_LastPayment LAST PAYMENT
How much was your last payment?
Amount in [{local currency}] 

IF LAST PAYMENT = NONRESPONSE

BRACKETS (0, FLUnfolding[23], FLCurr, BRs.Brackets[43].BR1, BRs.Brackets[43].BR2, BRs.Brackets[43].BR3)

ENDOR

IF OWNER, TENANT OR RENT FREE = 3. Tenant OR OWNER, TENANT OR RENT FREE = 4. Subtenant

HO068_RentMarkPrice AMOUNT RENT AT MARKET PRICE
When you consider the amount you pay in rent, do you think that your dwelling is rented at market price or below market price?
This question should tell us if the respondent lives in social housing or other forms of rent-control or subsidised rent accommodation. This type of support takes many different forms in different countries, so the only way to assess its presence and monetary importance is to ask about the rent.
1. At market price
2. At a price below market price

IF AMOUNT RENT AT MARKET PRICE = 2. At a price below market price

HO069_PaymSimDwel PAYMENT SIMILAR DWELLING
In your opinion, how much would you pay as rent for the same period (month/week) if you rented a similar dwelling, unfurnished, on the free market today?
Exclude charges and services such as electricity or heating. Amount in [{local currency}]

IF PAYMENT SIMILAR DWELLING = NONRESPONSE

BRACKETS (0, FLUnfolding[65], FLCurr, BRs.Brackets[42].BR1,
Did your last payment include all charges and services, such as water charges, garbage removal, upkeep of common space, electricity, gas, or heating?

1. Yes
5. No

IF LAST PAYMENT INCLUDE ALL CHARGES AND SERVICES = 5. No

About how much did you pay for charges and services that were not included in your rent during the last [week/month/three months/six months/period of payment]?

Amount in [{local currency}]

IF CHARGES AND SERVICES = NONRESPONSE

About how much did you pay for charges and services that were not included in your rent during the last [week/month/three months/six months/period of payment]?

Amount in [{local currency}]

In the last twelve months, have you ever found yourself more than two months behind with your rent?

1. Yes
5. No

IF OWNER, TENANT OR RENT FREE = 1. Owner OR HO002_OwnerTenant.ORD = 2

What percentage or share of this dwelling is owned by you/or/or/or/or/{empty}/[your/or/or/or/{empty}/[husband/wife/partner/partner/{empty}]]?

Enter percentage0 is allowed only if neither partner owns any fraction!

___________ (0..100)
IF PERCENTAGE HOUSE OWNED > 0

IF MN101_Longitudinal = 1 AND CHANGE PLACE OF RESIDENCE = 1. Yes OR MN101_Longitudinal = 0

**HO011_AcqProp** HOW PROPERTY ACQUIRED

How did you acquire this property? Did you...

Read out
1. Purchase or build it solely with own means
2. Purchase or build it with help from family
3. Receive it as a bequest
4. Receive it as a gift
5. Acquire it through other means

**HO012_YearHouse** YEAR ACQUIRED THE HOUSE

In which year was that?

(1900..2010)

ENDIF

**HO013_MortLoanProp** MORTGAGES OR LOANS ON PROPERTY

Do you have mortgages or loans on this property?

1. Yes
5. No

IF MORTGAGES OR LOANS ON PROPERTY = 1. Yes

**HO014_YrsLMortLoan** YEARS LEFT OF MORTGAGE OR LOAN

How many years do your mortgages or loans on this property have left to run?

if less than one year, code 1, if more than 50 or no fixed limit code 51

___________ (1..51)

**HO015_AmToPayMortLoan** AMOUNT STILL TO PAY ON MORTGAGE OR LOAN

How much do you [or/or/or/or/\{empty}\/{empty}] [your/your/your/your/\{empty}\/{empty}] [husband/wife/partner/partner/\{empty}\/{empty}] still have to pay

on your mortgages or loans, excluding interest?

Total amount in [\{local currency\}]

___________

IF AMOUNT STILL TO PAY ON MORTGAGE OR LOAN = NONRESPONSE

BRACKETS (0, FLUnfolding[25], FLCurr, BRs.Brackets[37].BR1, BRs.Brackets[37].BR2, BRs.Brackets[37].BR3)

ENDIF
**HO017_RepayMortgLoans** REGULARLY REPAY MORTGAGE OR LOANS

Do you regularly repay your mortgages or loans?

1. Yes
5. No

*IF REGULARLY REPAY MORTGAGE OR LOANS = 1. Yes*

**HO020_RegRepayMortLoan** AMOUNT REGULAR REPAYMENTS ON MORTGAGE OR LOAN

In the last twelve months, about how much did you pay for all mortgages and loans outstanding on this property?

Amount in [{local currency}]

*IF AMOUNT REGULAR REPAYMENTS ON MORTGAGE OR LOAN = NONRESPONSE*

BRACKETS (0, FUnfolding[26], FCurr, BRs.Brackets[38].BR1, BRs.Brackets[38].BR2, BRs.Brackets[38].BR3)

*ENDIF*

**HO022_BehRepayMortLoan** BEHIND WITH REPAYMENTS MORTGAGE OR LOAN

In the last twelve months, have you ever found yourself more than two months behind with these repayments?

1. Yes
5. No

*ENDIF*

*ENDIF*

*ENDIF*

*ENDIF*

*IF OWNER, TENANT OR RENT FREE <> 5. Rent free*

**HO023_SuBLAcc** SUBLET OR LET PARTS OF ACCOMMODATION

Do you [let/sublet] parts of this accommodation?

1. Yes
5. No

*IF SUBLET OR LET PARTS OF ACCOMMODATION = 1. Yes*

**HO074_IncSuBLAcc** INCOME FROM SUBLET OR LET PARTS OF
ACCOMMODATION

| | | | How much income or rent did you [or/or/or/or/\{empty\}/\{empty\}]
| your/your/your/your/\{empty\}/\{empty\} [husband/wife/partner/partner/\{empty\}/\{empty\}]
| receive from letting this accommodation during [\{previous year\}], after taxes?
| Amount in [\{local currency\}]
| ___________

| | | | | ENDIF
| | | | ENDIF

| IF OWNER, TENANT OR RENT FREE = 1. Owner OR HO002_OWNER_TENANT.ORD = 2
| | | | VALUE OF THE HOUSE
| In your opinion, how much would you receive if you sold your property today?
| Amount in [\{local currency\}]
| ___________

| IF VALUE OF THE HOUSE = NONRESPONSE
| | | | BRACKETS (0, FLUnfolding[28], FLCurr, BRs.Brackets[39].BR1, BRs.Brackets[39].BR2, BRs.Brackets[39].BR3)
| | | | ENDIF
| | | | ENDIF

| IF MN101_Longitudinal = 1 AND CHANGE PLACE OF RESIDENCE = 1. Yes OR MN101_Longitudinal = 0
| | | | NUMBER OF ROOMS
| How many rooms do you have for your household members' personal use, including
| bedrooms but excluding kitchen, bathrooms, and hallways [and any rooms
| you may let or sublet/\{empty\}]?
| Do not count boxroom, cellar, attic etc.
| ___________ (1..25)

| SPECIAL FEATURES IN THE HOUSE
| Does your home have special features that assist persons who have physical impairments
| or health problems?
| E.g. widened doorways, ramps, automatic doors, chair lifts, alerting devices (button
| alarms), kitchen or bathroom modifications.
| 1. Yes
| 5. No

| YEARS IN ACCOMMODATION
| How many years have you been living in your present accommodation?
| Round up to full years
| ___________ (0..120)

| IF 002_Person[2].RespId <> EMPTY
PARTNER YEARS IN ACCOMMODATION

How many years has [your/your/your/your] [husband/wife/partner/partner] been living in your present accommodation?

Round up to full years

__________ (0..120)

ENDIF

IF INTERVIEW IN HOUSE R = 5. No

TYPE OF BUILDING

What type of building does your household live in?

Read out

1. A farm house
2. A free standing one or two family house
3. A one or two family house as row or double house
4. A building with 3 to 8 flats
5. A building with 9 or more flats but no more than 8 floors
6. A high-rise with 9 or more floors
7. A housing complex with services for elderly
8. Special housing for elderly (24 hours attention)

IF TYPE OF BUILDING = 4. A building with 3 to 8 flats OR HO036_TypeAcc.ORD = 5

NUMBER OF FLOORS OF BUILDING

Including the ground floor, how many floors does the building your household lives in have?

__________ (1..99)

ENDIF

IF TYPE OF BUILDING > 3. A one or two family house as row or double house

NUMBER OF STEPS TO ENTRANCE

How many steps have to be climbed (up or down) to get to the main entrance of your flat?

Do not include steps that are avoided, because the block has an elevator

1. Up to 5
2. 6 to 15
3. 16 to 25
4. More than 25

ENDIF

ENDIF
Does your home have an elevator?

1. Yes
5. No

ENDIF

Do you [or/or/or/or/empty/empty/empty] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] own secondary homes, holiday homes, other real estate, land or forestry?

Please do not include: time-sharing arrangement, own business

1. Yes
5. No

IF OWN SECONDARY HOMES ETC = 1. Yes

In your opinion, how much would this or these properties be worth now if you sold it?

If owns property abroad, give value in [{local currency}]

IF VALUE OF REAL ESTATE = NONRESPONSE

BRACKETS (0, FLUnfolding[29], FLCurr, BRs.Brackets[40].BR1, BRs.Brackets[40].BR2, BRs.Brackets[40].BR3)

ENDIF

Did you [or/or/or/or/empty/empty] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] receive any income or rent from these properties in [{previous year}]?

1. Yes
5. No

IF RECEIVE INCOME OR RENT OF REAL ESTATE = 1. Yes

How much income or rent did you [or/or/or/or/empty/empty] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] receive from these properties during [{previous year}], after taxes?

Amount in [{local currency}]

IF AMOUNT INCOME OR RENT OF REAL ESTATE LAST YEAR = NONRESPONSE

BRACKETS (0, FLUnfolding[30], FLCurr, BRs.Brackets[41].BR1, BRs.Brackets[41].BR2, BRs.Brackets[41].BR3)
HO041_IntCheck WHO ANSWERED THE QUESTIONS IN HO CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

1. Respondent only
2. Respondent and proxy
3. Proxy only

IF HOUSEHOLD RESPONDENT = 1

IF HOUSEHOLD TYPE = 1

HH001_OtherContribution OTHER CONTRIBUTION TO HOUSEHOLD INCOME
Although we may have asked you [or other members of your household/empty] some of the details earlier, it is important for us to understand your household's situation correctly. In the last year, that is in [previous year], was there any household member who contributed to your household income and who is not part of this interview?
If necessary read list of eligibles: part of this interview are [list with eligible respondents]
1. Yes
5. No

IF OTHER CONTRIBUTION TO HOUSEHOLD INCOME = 1. Yes

HH002_TotIncOth TOTAL INCOME OTHER HOUSEHOLD MEMBERS
Can you give us the approximate total amount of income received in [previous year] by other household members after any taxes or contributions?
Code zero if no such income; amount in [local currency]

IF TOTAL INCOME OTHER HOUSEHOLD MEMBERS = NONRESPONSE

BRACKETS (0, FLUnfolding[31], FLCurr, BRs.Brackets[33].BR1, BRs.Brackets[33].BR2, BRs.Brackets[33].BR3)

ENDIF
Some households receive payments such as housing allowances, child benefits, poverty relief etc. Has your household or anyone in your household received any such payments in [{previous year}]?

1. Yes
5. No

IF INCOME FROM OTHER SOURCES = 1. Yes

ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST YEAR
Please give us the approximate total amount of income from these benefits that you received as a household in [{previous year}], after any taxes and contributions.
Amount in [{local currency}]
(0.99..999999999999999.99)

IF ADDITIONAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST YEAR = NONRESPONSE
BRACKETS (0, FLUnfolding[35], FLCurr, BRs.Brackets[34].BR1, BRs.Brackets[34].BR2, BRs.Brackets[34].BR3)

ENDIF

WHO ANSWERED THE QUESTIONS IN HH IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?

1. Respondent only
2. Respondent and proxy
3. Proxy only

ENDIF

ENDIF

IF HOUSEHOLD RESPONDENT = 1

IF HOUSEHOLD TYPE = 1

Introduction text
We would now like to ask some questions about your household's usual expenditures and how your household is managing financially.

1. Continue
CO002_ExpFoodAtHome AMOUNT SPENT ON FOOD AT HOME
Thinking about the last 12 months: about how much did your household spend in a typical month on food to be consumed at home?
Amount in [{local currency}]
{signed integer length 18 char}

IF AMOUNT SPENT ON FOOD AT HOME = NONRESPONSE
ENDIF

CO003_ExpFoodOutsHme AMOUNT SPENT ON FOOD OUTSIDE THE HOME
Still thinking about the last 12 months: about how much did your household spend in a typical month on food to be consumed outside home?
Amount in [{local currency}]
{signed integer length 18 char}

IF AMOUNT SPENT ON FOOD OUTSIDE THE HOME = NONRESPONSE
ENDIF

CO010_HomeProducedFood CONSUME HOME PRODUCED FOOD
Do you [and other members of your household/{empty}] consume vegetables, fruit or meat that you have grown, produced, caught or gathered yourselves?

1. Yes
5. No

IF CONSUME HOME PRODUCED FOOD = 1. Yes

CO011_ValHomeProducedFood VALUE OF HOME PRODUCED FOOD
Thinking about the last 12 months, what is the value of the home produced food that you consumed in a typical month? In other words, how much would you have paid for this food if you had to buy it?
{signed integer length 18 char}

IF VALUE OF HOME PRODUCED FOOD = NONRESPONSE
ENDIF
TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH
How much was the overall income, after tax, that your entire household had in an average month in [{previous year}]?
Total income received by all household members
(0.99..999999999999999.99)

IF TOTAL INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS IN LAST MONTH = NONRESPONSE
BRACKETS (0, FLUnfolding[69], FLCurr, BRs.Brackets[31].BR1, BRs.Brackets[31].BR2, BRs.Brackets[31].BR3)

ENDIF

IS HOUSEHOLD ABLE TO MAKE ENDS MEET
Thinking of your household's total monthly income, would you say that your household is able to make ends meet...
Read out
1. With great difficulty
2. With some difficulty
3. Fairly easily
4. Easily

WHO ANSWERED THE QUESTIONS IN CO IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
1. Respondent only
2. Respondent and proxy
3. Proxy only

ENDIF

ENDIF

IF FINANCIAL RESPONDENT = 1

INTRODUCTION 1 TO ASSETS
The next questions ask about a number of different kinds of savings or investments that you [or/or/or/or/{empty}/{empty}]
[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}] may have.
1. Continue

HAS BANK ACCOUNT
Do you[or/or/or/{empty}/{empty}]
[your/your/your/empty}/empty}]
[husband/wife/partner/partner/\{empty\}/\{empty\}] currently have at least a
bank account, or transaction account, or saving account or postal account?

1. Yes
5. No

\[IF \ \text{HAS BANK ACCOUNT} = 5. \ \text{No} \ \text{AND MN101\_Longitudinal} = 0\]

\[\text{AS061\_ReaNoBankAcc} \ \text{REASON FOR NOT HAVING A BANK ACCOUNT}\]

Please look at card 31. Looking at this list, please tell me which is the most important reason

you[or/or/or/or/\{empty\}/\{empty\}][your/your/your/\{empty\}/\{empty\}][husband/wife/partner/partner/\{empty\}/\{empty\}] currently do not have bank
accounts, transaction accounts, saving accounts or postal accounts?

1. Do not like dealing with banks
2. Minimum balance/service charges are too high
3. No bank has convenient hours or location
4. Do not need/want a bank account
5. Do not have enough money
6. Savings are managed by children or other relatives (in or outside the household)
95. Actually I/we do have an account
97. Some other reason

\[ENDIF\]

\[IF \ \text{HAS BANK ACCOUNT} = 1. \ \text{Yes} \ \text{OR REASON FOR NOT HAVING A BANK ACCOUNT} = 95. \ \text{Actually I/we do have an account}\]

\[\text{AS003\_AmBankAcc} \ \text{AMOUNT BANK ACCOUNT}\]

About how much do you [and/and/and/and/\{empty\}/\{empty\}]
your/your/your/\{empty\}/\{empty\} [husband/wife/partner/partner/\{empty\}/\{empty\}]
currently have in bank accounts, transaction accounts, saving accounts or postal accounts?
Amount in [{local currency}]; code total amount for both partners
{signed integer length 18 char}

\[IF \ \text{AMOUNT BANK ACCOUNT} = \text{NONRESPONSE}\]

\[BRACKETS (0, \text{FLUnfolding}[45], \text{FLCurr}, \text{BRs.Brackets}[3].BR1, \text{BRs.Brackets}[3].BR2, \text{BRs.Brackets}[3].BR3)\]

\[ENDIF\]

\[ENDIF\]

\[\text{AS062\_HasBonds} \ \text{HAS BONDS}\]

Do you[or/or/or/or/\{empty\}/\{empty\}][your/your/your/\{empty\}/\{empty\}][husband/wife/partner/partner/\{empty\}/\{empty\}] currently have any money in
government or corporate bonds?
Bonds are a debt instrument issued by the government or a corporation in order to generate capital by borrowing.
1. Yes
5. No

IF HAS BONDS = 1. Yes

AS007_AmBonds AMOUNT IN BONDS
About how much do you currently [and/and/and/and/empty/empty]
your/your/your/your/empty/empty]
[husband/wife/partner/partner/empty/empty] have in government or corporate bonds?
Enter an amount in [{local currency}]; code total amount for both partners
{signed integer length 18 char}

IF AMOUNT IN BONDS = NONRESPONSE
BRACKETS (0, FLUnfolding[47], FLCurr, BRs.Brackets[5].BR1, BRs.Brackets[5].BR2, BRs.Brackets[5].BR3)

ENDIF

ENDIF

AS063_HasStocks HAS STOCKS
Do you[or/or/or/or/empty/empty][your/your/your/your/empty/empty][husband/wife/partner/partner/empty/empty] currently have any money in
stocks or shares (listed or unlisted on stock market)?
Stocks are a form of investment that allows a person to own a part of a corporation and gives him/her the right to receive dividends from it.
1. Yes
5. No

IF HAS STOCKS = 1. Yes

AS011_AmStocks AMOUNT IN STOCKS
About how much do you [and/and/and/and/empty/empty]
your/your/your/your/empty/empty][husband/wife/partner/partner/empty/empty] currently have in stocks or shares (listed or unlisted on stock market)?
Amount in [{local currency}]; code total amount for both partners
{signed integer length 18 char}

IF AMOUNT IN STOCKS = NONRESPONSE
BRACKETS (0, FLUnfolding[49], FLCurr, BRs.Brackets[7].BR1, BRs.Brackets[7].BR2, BRs.Brackets[7].BR3)

ENDIF

ENDIF
HAS MUTUAL FUNDS

Do you [or/or/or/or/{empty}/]{empty}/[your/your/your/your/{empty}/]{empty}/[husband/wife/partner/partner/empty/empty] currently have any money in mutual funds or managed investment accounts?

A mutual fund is a form of investment which is set up by a financial institution that collects money from many investors and gives it to a manager to invest it in stocks, bonds, and other financial products.

1. Yes
5. No

IF HAS MUTUAL FUNDS = 1. Yes

AMOUNT IN MUTUAL FUNDS

About how much do you [and/and/and/and/{empty}/]{empty}/[your/your/your/your/{empty}/]{empty}/[husband/wife/partner/partner/empty/empty] currently have in mutual funds or managed investment accounts?

Amount in [{local currency}]; code total amount for both partners

{signed integer length 18 char}

IF AMOUNT IN MUTUAL FUNDS = NONRESPONSE

| BRACKETS (0, FLUnfolding[51], FLCurr, BRs.Brackets[9].BR1, BRs.Brackets[9].BR2, BRs.Brackets[9].BR3)

ENDIF

MUTUAL FUNDS MOSTLY STOCKS OR BONDS

Are these mutual funds and managed investment accounts mostly stocks or mostly bonds?

1. Mostly stocks
2. Half stocks and half bonds
3. Mostly bonds

INTEREST OR DIVIDEND

Overall, about how much interest or dividend income did you [and/and/and/and/{empty}/]{empty}/[your/your/your/your/{empty}/]{empty}/[husband/wife/partner/partner/empty/empty] receive from your savings in bank accounts, bonds, stocks or mutual funds in [{last year}]? Please give me the amount after taxes.

{signed integer length 18 char}

IF INTEREST OR DIVIDEND = NONRESPONSE

| BRACKETS (0, FLUnfolding[52], FLCurr, BRs.Brackets[10].BR1, BRs.Brackets[10].BR2, BRs.Brackets[10].BR3)

ENDIF
Do you [or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/partner/partner/{empty}/{empty}] currently have any money in individual retirement accounts?

An individual retirement account is a retirement plan that lets the person put some money away each year, to be (partially) taken out at retirement time.

1. Yes
5. No

IF HAS INDIVIDUAL RETIREMENT ACCOUNTS = 1. Yes

IF INTERVIEW MODE <> 1

<table>
<thead>
<tr>
<th>AS020_IndRetAcc</th>
<th>WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS</th>
</tr>
</thead>
</table>
| Who has individual retirement accounts? You[, your/, your/, your/, your/{empty}]/{empty}][husband/wife/partner/partner/{empty}/{empty}]
| [or/or/or/or/{empty}/{empty}][both/both/both/both/{empty}/{empty}|
| 1. Respondent only
| 2. [husband/wife/partner/partner/{empty}]/{empty} only
| 3. Both

ENDIF

IF INTERVIEW MODE = 1 OR WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS = 1. Respondent only OR WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS = 3. Both

<table>
<thead>
<tr>
<th>AS021_AmIndRet</th>
<th>AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS</th>
</tr>
</thead>
</table>
| How much do you currently have in individual retirement accounts? Enter an amount in [{local currency}]; code amount for respondent only
| [signed integer length 18 char]

IF AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS = NONRESPONSE


ENDIF

<table>
<thead>
<tr>
<th>AS023_IndRetStockBo</th>
<th>INDIVIDUAL RETIREMENT ACCOUNTS MOSTLY IN STOCKS OR BONDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are these individual retirement accounts mostly in stocks or mostly in bonds?</td>
<td></td>
</tr>
</tbody>
</table>
| 1. Mostly stocks
| 2. Half stocks and half bonds
| 3. Mostly bonds
IF WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS = 2. ^FL_AS020_5 only OR WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS = 3. Both

PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS
How much does [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] currently have in individual retirement accounts?
Amount in [FLCurrCode] amount for partner only
{signed integer length 18 char}

PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS = NONRESPONSE

BRACKETS (0, FLUnfolding[55], FLCurr, BRs.Brackets[12].BR1, BRs.Brackets[12].BR2, BRs.Brackets[12].BR3)

PARTNER INDIVIDUAL RETIREMENT ACCOUNTS MOSTLY IN STOCKS OR BONDS
Are these individual retirement accounts mostly in stocks or mostly in bonds?
1. Mostly stocks
2. Half stocks and half bonds
3. Mostly bonds

HAS CONTRACTUAL SAVING
Do you [and/and/and/and/empty/empty] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] currently have any money in contractual saving for housing?
Contractual savings for housing: an account at a financial institution that accumulates cash to be used towards the purchase of a house.
1. Yes
5. No

PARTNER AMOUNT CONTRACTUAL SAVING
About how much do you [and/and/and/and/empty/empty] [your/your/your/your/empty/empty] [husband/wife/partner/partner/empty/empty] currently have in contractual saving for housing?
Enter an amount in [{local currency}]; code total amount for both partners
{signed integer length 18 char}
IF AMOUNT CONTRACTUAL SAVING = NONRESPONSE

| BRACKETS (0, FLUnfolding[57], FLCurr, BRs.Brackets[13].BR1, BRs.Brackets[13].BR2, BRs.Brackets[13].BR3) |

ENDIF

ENDIF

AS067_HasLifeIns HAS LIFE INSURANCE
Do you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/partner/partner/{empty}/empty] currently own any life insurance policies?

1. Yes
5. No

IF HAS LIFE INSURANCE = 1. Yes

AS029_LifeInsPol LIFE INSURANCE POLICIES TERM OR WHOLE LIFE
Are your life insurance policies term policies, whole life policies, or both of these?
Term life insurance provides coverage for a fixed period of time and pays a predetermined amount only if the policyholder dies within this period. On the other hand, whole life insurance has a savings component that increases in value over time and can be paid back in many installments over time or all at once.
1. Term policies
2. Whole life policies
3. Both
97. Other

IF LIFE INSURANCE POLICIES TERM OR WHOLE LIFE = 2. Whole life policies OR LIFE INSURANCE POLICIES TERM OR WHOLE LIFE = 3. Both

AS030_ValLifePol FACE VALUE LIFE POLICIES
What is the face value of the whole life policies owned by you[and/and/and/and/{empty}][your/your/your/your/{empty}/empty][husband/wife/partner/partner/{empty}/empty]?
Amount in [{local currency}]; code total amount for both partners
{signed integer length 18 char}

IF FACE VALUE LIFE POLICIES = NONRESPONSE

| BRACKETS (0, FLUnfolding[42], FLCurr, BRs.Brackets[14].BR1, BRs.Brackets[14].BR2, BRs.Brackets[14].BR3) |

ENDIF

ENDIF
Do you currently own a firm, company, or business?

1. Yes
5. No

IF OWN FIRM COMPANY BUSINESS = 1. Yes

AMOUNT SELLING FIRM

If you sold this firm, company or business and then paid off any debts on it, about how much money would be left?

Amount in [{local currency}] ; code total amount for both partners
{signed integer length 18 char}

IF AMOUNT SELLING FIRM = NONRESPONSE

BRACKETS (0, FLUnfolding[58], FLCurr, BRs.Brackets[15].BR1, BRs.Brackets[15].BR2, BRs.Brackets[15].BR3)

ENDIF

PERCENTAGE SHARE FIRM OWNED

What percentage or share of this firm, company or business is owned by you?

Enter percent. If less than 1 percent, type 1.

IF PERCENTAGE SHARE FIRM OWNED = NONRESPONSE

BRACKETS (0, FLUnfolding[59], FLPercent, BRs.Brackets[16].BR1, BRs.Brackets[16].BR2, BRs.Brackets[16].BR3)

ENDIF

ENDIF

NUMBER OF CARS

How many cars do you own? Please exclude company cars.

IF NUMBER OF CARS > 0
AS051_AmSellingCars AMOUNT SELLING CARS
If you sold [this/these] [car/cars] about how much would you get?
Amount in [local currency]; code total amount for both partners
{signed integer length 18 char}

IF AMOUNT SELLING CARS = NONRESPONSE

| BRACKETS (0, FLUnfolding[61], FLCurr, BRs.Brackets[18].BR1, BRs.Brackets[18].BR2, BRs.Brackets[18].BR3)
| ENDIF
| ENDIF

AS054_OweMonAny OWE MONEY
The next question refers to money that you may owe, excluding mortgages (if any). Looking at card 32, which of these types of debts do you
[or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
{husband/wife/partner/partner/{empty}/{empty}} currently have, if any?
Code all that apply
1. Debt on cars and other vehicles (vans/motorcycles/boats, etc.)
2. Debt on credit cards / store cards
3. Loans (from bank, building society or other financial institution)
4. Debts to relatives or friends
5. Student loans
6. Overdue bills (phone, electricity, heating, rent)
96. None of these
97. Other

IF NOT 96. None of these IN OWE MONEY

AS055_AmOweMon AMOUNT OWING MONEY IN TOTAL
Not including mortgages or money owed on land, property or firms, how much do you
{and/and/and/and/empty/empty} [your/your/your/your/empty/empty]
{husband/wife/partner/partner/empty/empty} owe in total?
Amount in [local currency]; code total amount for both partners
_________

IF AMOUNT OWING MONEY IN TOTAL = NONRESPONSE

| BRACKETS (0, FLUnfolding[62], FLCurr, BRs.Brackets[19].BR1, BRs.Brackets[19].BR2, BRs.Brackets[19].BR3)
| ENDIF
| ENDIF

AS057_IntCheck WHO ANSWERED THE QUESTIONS IN AS IWER CHECK: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
AC011 Intro INTRODUCTION WELL-BEING
We are also interested in how people think about their lives in general.
Start of a Non-proxy section. No proxy allowed. If the respondent is not capable of answering any of these questions on her/his own, press "CTRL-K" at each question.
1. Continue

AC012 HowSat HOW SATISFIED WITH LIFE
On a scale from 0 to 10 where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you with your life?

__________ (0..10)

AC013 Intro INTRODUCTION CASP ITEMS
Please look at card 33. I will now read a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you experienced the following feelings and thoughts over the past four weeks: often, sometimes, rarely, or never.

1. Continue

AC014 AgePrev AGE PREVENTS FROM DOING THINGS
How often do you think your age prevents you from doing the things you would like to do? Often, sometimes, rarely or never?

1. Often
2. Sometimes
3. Rarely
4. Never

AC015 OutofContr OUT OF CONTROL
How often do you feel that what happens to you is out of your control? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC016 LeftOut FEEL LEFT OUT OF THINGS
How often do you feel left out of things? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

**AC017_DoWant** DO THE THINGS YOU WANT TO DO
How often do you think that you can do the things that you want to do? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

**AC018_FamRespPrev** FAMILY RESPONSIBILITIES PREVENT
How often do you think that family responsibilities prevent you from doing what you want to do? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

**AC019_ShortMon** SHORTAGE OF MONEY STOPS
How often do you think that shortage of money stops you from doing the things you want to do? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

**AC020_EachDay** LOOK FORWARD TO EACH DAY
How often do you look forward to each day? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

**AC021_LifeMean** LIFE HAS MEANING
How often do you feel that your life has meaning? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

**AC022_BackHapp** LOOK BACK ON LIFE WITH HAPPINESS
How often, on balance, do you look back on your life with a sense of happiness? (Often, sometimes, rarely or never?)
AC023_FullEnerg FEEL FULL OF ENERGY
How often do you feel full of energy these days? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC024_FullOppport FULL OF OPPORTUNITIES
How often do you feel that life is full of opportunities? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

AC025_FutuGood FUTURE LOOKS GOOD
How often do you feel that the future looks good for you? (Often, sometimes, rarely or never?)

1. Often
2. Sometimes
3. Rarely
4. Never

IF HOUSEHOLD TYPE = 1

| AC001_Intro INTRODUCTION AC ACTIVITIES |
| Now I have a few questions about activities you may do. |
| 1. Continue |

| AC035_ActPastTwelveMonths ACTIVITIES IN LAST YEAR |
| Please look at card 34: which of the activities listed on this card - if any - have you done in the past twelve months? |
| Code all that apply. |
| 1. Done voluntary or charity work |
| 4. Attended an educational or training course |
| 5. Gone to a sport, social or other kind of club |
| 6. Taken part in activities of a religious organization (church, synagogue, mosque etc.) |
| 7. Taken part in a political or community-related organization |
| 8. Read books, magazines or newspapers |
| 9. Did word or number games such as crossword puzzles or Sudoku |
| 10. Played cards or games such as chess. |
| 96. None of these |
IF 96. None of these IN ACTIVITIES IN LAST YEAR

AC038_HowSatisfiedNoAct SATISFIED WITH NO ACTIVITIES
You indicated that you do not engage in any of the activities on Card 34. How satisfied are you with this? Please answer on a scale from 0 to 10 where
0 means completely dissatisfied and 10 means completely satisfied.

__________ (0..10)

ELSE

AC037_HowSatisfied SATISFIED WITH ACTIVITIES
On a scale from 0 to 10 where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you with the activities that you mentioned?

__________ (0..10)

ENDIF

ENDIF

IF MN101_Longitudinal = 0

EX001_Introtxt INTRODUCTION AND EXAMPLE
Now, I have some questions about how likely you think various events might be. When I ask a question I'd like for you to give me a number from 0 to 100. Let's try an example together and start with the weather. Looking at card 35, what do you think the chances are that it will be sunny tomorrow?
For example, '90' would mean a 90 per cent chance of sunny weather. You can say any number from 0 to 100.

__________ (0..100)

EX002_ChanceRecInher CHANCE OF RECEIVING INHERITANCE
Please look at card 35. Thinking about the next ten years, what are the chances that you will receive any inheritance, including property and other valuables?

__________ (0..100)

IF CHANCE OF RECEIVING INHERITANCE > 0

EX003_ChanceM50k CHANCE INHERITANCE MORE THAN 50000
Please look at card 35. Within the next ten years, what are the chances that you will receive an inheritance worth more than 50,000 [{local currency}]?
What are the chances that before you retire the government will reduce the pension which you are entitled to?

What are the chances that before you retire the government will raise your retirement age?

What are the chances that before you retire the government will reduce the pension which you are entitled to?

What are the chances that you will be working full-time after you reach age 63?

What are the chances that before you retire the government will raise your retirement age?

What are the chances that you will live to be age [75/80/85/90/95/100/105/110/120] or more?

I would now like to ask a question about how you view other people. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? Not looking at card 35 anymore, please tell me on a scale from 0 to 10, where 0 means you can't be too careful and 10 means that most people can be trusted.
I would now like to ask a question about praying. Thinking about the present, how often do you pray?

Read out

1. More than once a day
2. Once daily
3. A couple of times a week
4. Once a week
5. Less than once a week
6. Never

EX110_RiskAv RISK AVERSION
Please look at card 36. When people invest their savings they can choose between assets that give low return with little risk to lose money, for instance a bank account or a safe bond, or assets with a high return but also a higher risk of losing, for instance stocks and shares. Which of the statements on the card comes closest to the amount of financial risk that you are willing to take when you save or make investments?

Read answers only if necessary. If more than one response is given use the first category that applies.

1. Take substantial financial risks expecting to earn substantial returns
2. Take above average financial risks expecting to earn above average returns
3. Take average financial risks expecting to earn average returns
4. Not willing to take any financial risks

EX028_LeftRight LEFT OR RIGHT IN POLITICS
In politics people sometimes talk of “left” and “right”. On a scale from 0 to 10, where 0 means the left and 10 means the right, where would you place yourself?

___________ (0..10)

EX109_UseWWW USE WORLD WIDE WEB
Do you regularly use the World Wide Web, or the Internet, for sending and receiving e-mail or for any other purpose, such as making purchases, searching for information, or making travel reservations?

1. Yes
5. No
DK
RF

EX023_Outro END NON PROXY

End of non-proxy section. Who answered the questions in this section?
1. Respondent
2. Section not answered (proxy interview)

IF INTERVIEW MODE = 2
PARTNER AVAILABLE AND WILLING TO PARTICIPATE

Is the respondent's partner available and willing to be interviewed in this session or are you doing a proxy interview for the partner in this session?

1. Yes, partner is available and willing to be (proxy) interviewed in this session
5. No, partner unavailable or unwilling to be (proxy) interviewed in this session

IF PARTNER AVAILABLE AND WILLING TO PARTICIPATE = 5. No, partner unavailable or unwilling to be (proxy) interviewed in this session

INTRODUCTION PARTNER INFORMATION

Before we finish, I would like to ask you to please give me some information on [husband/wife/partner/partner/empty/empty], who is not doing the interview today.

1. Continue

PARTNER YEARS OF EDUCATION

How many years has [husband/wife/partner/partner/empty/empty] been in full time education?

full-time education* includes: receiving tuition, engaging in practical work or supervised study or taking examinations* excludes: full-time working,
home schooling, distance learning, special on-the-job training, evening classes, part-time private vocational training, flexible or part-time higher education studies, etc

___________ (0..21)

PARTNER CURRENT JOB SITUATION

Please look at showcard 37. In general, how would you describe the current employment situation of [husband/wife/partner/partner/empty/empty]?

Read out
1. Retired
2. Employed or self-employed (including working for family business)
3. Unemployed and looking for work
4. Permanently sick or disabled
5. Homemaker
97. Other

IF PARTNER CURRENT JOB SITUATION <> 1. Retired AND PARTNER CURRENT JOB SITUATION <> 2. Employed or self-employed (including working for family business)

PARTNER EVER DONE PAID WORK

Has [husband/wife/partner/partner/empty/empty] ever done any paid work?

1. Yes
5. No

ENDIF

IF PARTNER CURRENT JOB SITUATION = 1. Retired OR PARTNER CURRENT JOB SITUATION = 2. Employed or self-employed (including working for family business) OR PARTNER EVER DONE PAID WORK = 1. Yes

EX105_PartEmp PARTNER EMPLOYEE OR A SELF-EMPLOYED

In [his/her] [last/current/last] job, [was/is/was] [your/your/your/your/empty/empty] [husband/wife/partner/partner] a private sector employee, a public sector employee or a self-employed?

1. Employee
2. Civil servant
3. Self-employed

ENDIF

ENDIF

EX024_Outro2 THANK YOU FOR PARTICIPATION

Thank you. This was the last question. We would like to thank you very much again for participating in our research project. We know it has been a long and difficult questionnaire, but your help was really important. With your participation you have helped researchers to understand how the ageing of populations in Europe affects our future.

1. Continue

EX106_HandOutA HAND OUT DROP-OFF QUESTIONNAIRE

Hand out drop-off questionnaire to respondent. Fill in first name and respondent id [{respondent id}]. Enter drop-off serial number from questionnaire to CAPI.

L1001_Number ID RECORD LINKAGE

Take record linkage form and fill in respondent id [RespondentIDTake] paper sheet with barcodes. Stock a barcode sticker onto record linkage form and enter this barcode number into capi.

L1002_Number_Check ID RECORD LINKAGE AGAIN
L1003_Consent LINKAGE COMPLETED

Did R consent to the record linkage?
1. Yes. Respondent consented, completed the form and returned the form to me in the envelope.
2. Yes. Respondent consented, but will complete the form later and sent it back themselves.
3. No, respondent did not consent to record linkage.

IV001_Intro INTRODUCTION TO IV
THIS SECTION IS ABOUT YOUR OBSERVATIONS DURING THE INTERVIEW AND SHOULD BE FILLED OUT AFTER EACH COMPLETED INDIVIDUAL INTERVIEW.

1. Continue

IF Sec_DN1.DN038_IntCheck = a3 OR Sec_PH.PH054_IntCheck = a3 OR Sec_BR.BR017_IntCheck = a3 OR Sec_EP.EP210_IntCheck = a3 OR Sec_CH.CH023_IntCheck = a3 OR Sec_SP.SP022_IntCheck = a3 OR Sec_FT.FT021_IntCheck = a3 OR Sec_HO.HO041_IntCheck = a3 OR Sec_HH.HH014_IntCheck = a3 OR Sec_CO.CO009_IntCheck = a3 OR Sec_AS.AS057_IntCheck = a3

IV020_RelProxy RELATIONSHIP PROXY
A proxy respondent has answered some or all of the questions we had for [{name of respondent}]. How is the proxy respondent related to [{name of respondent}]?

1. Spouse/Partner
2. Child/child-in-law
3. Parent/Parent-in-law
4. Sibling
5. Grand-child
6. Other relative
7. Nursing home staff
8. Home helper
9. Friend/acquaintance
10. Other

ENDIF

IV002_PersPresent THIRD PERSONS PRESENT
Were any third persons, except proxy respondent, present during (parts of) the interview with [{name of respondent}]?
Code all that apply
1. Nobody
2. Spouse or partner
3. Parent or parents
4. Child or children
5. Other relatives
6. Other persons present

IF NOT 1. Nobody IN THIRD PERSONS PRESENT AND IV002_PersPresent.CARDINAL = 1

| IV003_PersIntervened INTERVENED IN INTERVIEW |
| Have these persons intervened in the interview? |
| 1. Yes, often |
| 2. Yes, occasionally |
| 3. No |

ENDIF

IV004_WillingAnswer WILLINGNESS TO ANSWER
How would you describe the willingness of [{name of respondent}] to answer?

1. Very good
2. Good
3. Fair
4. Bad
5. Good in the beginning, got worse during the interview
6. Bad in the beginning, got better during the interview

IF WILLINGNESS TO ANSWER = 5. Good in the beginning, got worse during the interview

| IV005_WillingnessWorse WHY WILLINGNESS WORSE |
| Why did the respondent's willingness to answer get worse during the interview? |
| Code all that apply |
| 1. The respondent was losing interest |
| 2. The respondent was losing concentration or was getting tired |
| 3. Other, please specify |

| IF 3. Other, please specify IN WHY WILLINGNESS WORSE |

| IV006_OthReason WHICH OTHER REASON |
| Which other reason? |
| __________ |

| ENDIF |
| ENDIF |

IV007_AskClarification RESP. ASK FOR CLARIFICATION
Did [{name of respondent}] ask for clarification on any questions?
1. Never
2. Almost never
3. Now and then
4. Often
5. Very often
6. Always

**IV008_RespUnderstoodQst** RESPONDENT UNDERSTOOD QUESTIONS
Overall, did you feel that [{name of respondent}] understood the questions?

1. Never
2. Almost never
3. Now and then
4. Often
5. Very often
6. Always

**IV018_HelpShowcards** HELP NEEDED READING SHOWCARDS
Did the respondent need any help reading the showcards during the interview?

1. Yes, due to sight problems
2. Yes, due to literacy problems
3. No

IF HOUSEHOLD RESPONDENT = 1

| IF Sec_HO.H001_PLACE = a1

| **IV09_AreaLocationBldg** WHICH AREA BUILDING LOCATED
| In which type of area is the building located?

| 1. A big city
| 2. The suburbs or outskirts of a big city
| 3. A large town
| 4. A small town
| 5. A rural area or village

| **IV10_TypeBuilding** TYPE OF BUILDING
| Which type of building does the household live in?

| 1. A farm house
| 2. A free standing one or two family house
| 3. A one or two family house as row or double house
| 4. A building with 3 to 8 flats
| 5. A building with 9 or more flats but no more than 8 floors
| 6. A high-rise with 9 or more floors
| 7. A housing complex with services for elderly
| 8. Special housing for elderly (24 hours attention)

| IF TYPE OF BUILDING = 4. A building with 3 to 8 flats OR IV10_TypeBuilding.ORD = 5
IV011_NumberFloorsBldg  NUMBER OF FLOORS OF BUILDING
Including the ground floor, how many floors does the building have?

____________ (1..99)

ENDIF

IF TYPE OF BUILDING > 3. A one or two family house as row or double house

IV012_StepstoEntrance  NUMBER OF STEPS TO ENTRANCE
How many steps had to be climbed (up or down) to get to the main entrance of the household's flat?
Do not include steps that are avoided, because the block has an elevator

1. Up to 5
2. 6 to 15
3. 16 to 25
4. More than 25

ENDIF

ENDIF

ENDIF

IV019_InterviewerID  INTERVIEWER ID
Your interviewer ID:

__________

IV017_Outro  OUTRA IV
Thank you very much for completing this section.

1. Continue