

¹Share wave 4.8.8 - Version 4.8. (Fieldwork) - Generic (English)

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

| 5. No

| **DN001b_Intro** INTRO DEMOGRAPHICS B

| I would like to begin by asking some questions about your background.

| 1. Continue

| *ENDIF*

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)

||
| *ENDIF*
|
ENDIF

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
|

| **DN010_HighestEdu** HIGHEST EDUCATIONAL DEGREE OBTAINED

| 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)*

| **DN011_OtherHighestEdu** OTHER HIGHEST EDUCATION

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

| _____

| *ENDIF*

| **DN012_FurtherEdu** FURTHER EDUCATION

| 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*

| **DN013_WhichOtherEdu** OTHER EDUCATION

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

| _____

| *ENDIF*

| **DN041_YearsEdu** YEARS EDUCATION

| 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
| _____ (0..25)
|

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*

| *IF DN014_MaritalStatus.ORD = 2*

|| **DN016_YearOfPartnership** YEAR OF REGISTERED PARTNERSHIP

|| In which year did you register your partnership?

```

|| (1890..2011)
||
| ELSE
||
| | 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/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/your] [{empty}/{empty}/ex-/ex-/late/late]
| | [husband/wife/husband/wife/husband/wife] has obtained?

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||
|| 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 (or abroad)
||
|| 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]
[{}/{}-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]
||| [{}/{}-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]
[{}/{}-ex-/ex-/late/late]
||| [husband/wife/husband/wife/husband/wife] have?
|||
||| _____
|||
||| ENDIF

```

```

||
|| DN025_LastJobPartner LAST JOB OF PARTNER
|| What is the most recent job [your/your/your/your/your/your] [{empty}/{empty}/ex-/ex-
/late/late] [husband/wife/husband/wife/husband/wife] 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

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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 question 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*

||| *ENDIF*

||| *ENDIF*

||| *ENDIF*

```
|||||
||||| ENDIF
|||||
||||| 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

|||||
||||| **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  
|||||  
||||| ENDIF  
|||||  
||||| ENDIF  
|||||  
||||| ENDIF  
|||||  
||||| ENDIF  
|||||  
||||| ENDIF  
|||||  
||||| ENDIF  
|||||  
||||| ENDIF  
|||  
||| ENDIF  
|||  
||| ENDIF  
|||  
||| 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 5Where 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
|

```

```

| | | ENDIF
| | |
| | | ENDIF
| | |
| | | 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
| | |
| | | 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_HowManyBrothersAlive <> 0 OR
Preload.PRELOAD_DN037_HowManySistersAlive <> 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*


```

|||||
||||| 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 FATHER 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 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

|| 3. In-between

||

||

| *ENDIF*

|

ENDIF

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)

|

ENDIF

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/, including those of/, including those of/,

| including those of/{empty}/{empty}] [your husband/your

| wife/your partner/your partner/{empty}/{empty}].

| Stepchild = A child of one's spouse by a previous union. Adopted child = A child placed with the R, where the R becomes parent the by *legal act* of

| adoption Foster child = A child placed with R as state certified caregiver.

| _____ (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/{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

```

```

| | | |
| | | | 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 sofar}
| | | | | |
| | | | | |
| | | | | | ENDIF
| | | | | |
| | | | | | 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

```

```

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
||||
|||| 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 sofar}

|||||
|||||
||||| *ENDIF*

|||||
||||| *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/{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
|||||
||||| 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 sofar}
|||||
|||||
||||| 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/, 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
|||||||
||||||| 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 sofar}
|||||||
|||||||
||||||| ENDIF
|||||||

```



```

||||| ENDIF
|||||
||||| ENDIF
|||||
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
| | ENDIF
| |
| | ENDIF
| |
| | ENDIF
| |
| |
| |
| | CH203_Done CHILD GRID DONE
| | IWER: Please make sure that the list of children is complete. [{overview of children}]
| |
| | 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
|||||
|||||

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```

||| | ENDIF
||| |
||| | ENDIF
||| |
||| | 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)

```

|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF MN101_Longitudinal = 1
|||||
|||||
||||| IF numberofcheckedpreloadchildren > 0
|||||
||||| 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

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|||||
||||| ENDIF
|||||
||||| 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

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||||| 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
|||||
||||| 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

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||||| 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 of
||||| 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
|||||

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||||| 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

```

```

|||||
||||| 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
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| ENDIF
|
| CH021_NoGrandChild NUMBER OF GRANDCHILDREN
| Talking about grandchildren, how many grandchildren do you [and your/and your/and
| your/and your/{empty}/{empty}]
| [husband/wife/partner/partner/{empty}/{empty}] have altogether?
| Include grandchildren of spouse or partner from previous relationships
| _____ (0..20)

```

|
| *IF NUMBER OF GRANDCHILDREN > 0*
||
| | **CH022_GreatGrChild** HAS GREAT-GRANDCHILDREN
| | Do you [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_LStIII 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

IF AGE RESPONDENT <= 75

| **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*

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? [{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

IF 97. Other conditions, not yet mentioned IN DOCTOR TOLD YOU HAD CONDITIONS

| **PH007_OthCond** OTHER CONDITIONS

| What other conditions have you had?

| Probe

| _____

| *ENDIF*

*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*

||
| *ENDIF*
|
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./{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
| 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
||
|| IF Index = 1 AND Preload.PRELOAD_PH006_DocCon[1] = a1 OR Index = 2 AND
Preload.PRELOAD_PH006_DocCon[4] = a1 OR Index = 3 AND
|| Preload.PRELOAD_PH006_DocCon[10] = a1 OR Index = 4 AND
Preload.PRELOAD_PH006_DocCon[14] = a1 OR Index = 1 AND
Preload.PRELOAD_PH067_HadCondition[1] =
|| a1 OR Index = 2 AND Preload.PRELOAD_PH067_HadCondition[2] = a1 OR Index = 3
AND Preload.PRELOAD_PH067_HadCondition[3] = a1 OR Index = 4 AND
|| Preload.PRELOAD_PH067_HadCondition[4] = a1
|||
||| 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*

|||

||| *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 |[{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*

|| *IF Index = 1 AND Preload.PRELOAD_PH006_DocCon[1] = a1 OR Index = 2 AND Preload.PRELOAD_PH006_DocCon[4] = a1 OR Index = 3 AND Preload.PRELOAD_PH006_DocCon[10] = a1 OR Index = 4 AND*

```

Preload.PRELOAD_PH006_DocCon[14] = a1 OR Index = 1 AND
Preload.PRELOAD_PH067_HadCondition[1] =
|| a1 OR Index = 2 AND Preload.PRELOAD_PH067_HadCondition[2] = a1 OR Index = 3
AND Preload.PRELOAD_PH067_HadCondition[3] = a1 OR Index = 4 AND
|| Preload.PRELOAD_PH067_HadCondition[4] = a1
|||
||| 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
|||
||| 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

| [{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*

|| *IF Index = 1 AND Preload.PRELOAD_PH006_DocCon[1] = a1 OR Index = 2 AND*

Preload.PRELOAD_PH006_DocCon[4] = a1 OR Index = 3 AND

Preload.PRELOAD_PH006_DocCon[10] = a1 OR Index = 4 AND

Preload.PRELOAD_PH006_DocCon[14] = a1 OR Index = 1 AND

Preload.PRELOAD_PH067_HadCondition[1] =

a1 OR Index = 2 AND Preload.PRELOAD_PH067_HadCondition[2] = a1 OR Index = 3

AND Preload.PRELOAD_PH067_HadCondition[3] = a1 OR Index = 4 AND

Preload.PRELOAD_PH067_HadCondition[4] = a1

```

|||
||| 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
|||
||| 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 [{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*

|| *IF Index = 1 AND Preload.PRELOAD_PH006_DocCon[1] = a1 OR Index = 2 AND
Preload.PRELOAD_PH006_DocCon[4] = a1 OR Index = 3 AND*

|| *Preload.PRELOAD_PH006_DocCon[10] = a1 OR Index = 4 AND*

|| *Preload.PRELOAD_PH006_DocCon[14] = a1 OR Index = 1 AND*

|| *Preload.PRELOAD_PH067_HadCondition[1] =*

|| *a1 OR Index = 2 AND Preload.PRELOAD_PH067_HadCondition[2] = a1 OR Index = 3
AND Preload.PRELOAD_PH067_HadCondition[3] = a1 OR Index = 4 AND*

|| *Preload.PRELOAD_PH067_HadCondition[4] = a1*

||| **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*

|||

||| *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*

|

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, faints 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?)

Probe: 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?)

Probe: 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

|| 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?

||

|| 1. Yes

|| 5. No

||

| *ENDIF*

|

|

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

||

|| **BR002_StillSmoking** SMOKE AT THE PRESENT TIME

|| [The following questions are about smoking and drinking alcoholic beverages./{empty}]
Do you smoke at the present time?

||

|| 1. Yes

|| 5. No

||

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

|||

||| **BR022_StoppedSmoking** STOPPED SMOKING

||| Have you stopped smoking since we interviewed you in [{month and year previous interview}]?

|||

||| 1. Yes, I stopped after last interview

||| 2. No, I did not smoke by last interview

||| 3. No, I still smoke nowadays

|||

|||

||| *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 [n]drank[/n], 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*

| **BR015_PartInVigSprtsAct** 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

| **BR016_ModSprtsAct** 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

| **BR025a_MealsDay** THREE MEALS EVERY DAY

| Do you normally eat breakfast, lunch and dinner?

- | 1. Yes
- | 5. No

| **BR025_MealsDay** 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)

| **BR026_DairyProd** 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

| **BR027_LegumesEggs** 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*

||

```
||  
| ELSE  
||  
|| IF RANDOM CF102 = 3  
|||  
|||  
||| ELSE  
|||  
||| IF RANDOM CF102 = 4  
||||  
||||  
||| ENDIF  
|||  
|| ENDIF  
||  
| ENDIF  
|  
ENDIF
```

CF019_CFInstruct INSTRUCTION FOR CF

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

|

ENDIF

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*

```
|||||
||| ENDIF
|||
|| ENDIF
||
| ENDIF
|
| ENDIF
|
| ENDIF
```

CF009_VerbFluIntro VERBAL FLUENCY INTRO

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

| *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*

CF108_Serial NUMERACY-SUBTRACTION 1

Now let's try some subtraction of numbers. One hundred minus 7 equals what?

If R adds 7 instead, you may repeat question.

_____ (0..9999999)

IF NUMERACY-SUBTRACTION 1 < 99999998 AND NOT NUMERACY-SUBTRACTION 1 = REFUSAL OR NUMERACY-SUBTRACTION 1 = DONTKNOW

|

| **CF109_Serial** NUMERACY-SUBTRACTION 2

| And 7 from that

| This is the second subtraction

| _____ (0..9999999)

|

| *IF NUMERACY-SUBTRACTION 2 < 99999998 AND NOT NUMERACY-SUBTRACTION 2 = REFUSAL OR NUMERACY-SUBTRACTION 2 = DONTKNOW*

||

|| **CF110_Serial** NUMERACY-SUBTRACTION 3

|| And 7 from that

|| This is the third subtraction

|| _____ (0..9999999)

||

|| *IF NUMERACY-SUBTRACTION 3 < 99999998 AND NOT NUMERACY-SUBTRACTION 3 = REFUSAL OR NUMERACY-SUBTRACTION 3 = DONTKNOW*

|||

||| **CF111_Serial** NUMERACY-SUBTRACTION 4

||| And 7 from that

||| This is the fourth subtraction

||| _____ (0..9999999)

|||

||| *IF NUMERACY-SUBTRACTION 4 < 99999998 AND NOT NUMERACY-SUBTRACTION 4 = REFUSAL OR NUMERACY-SUBTRACTION 4 = DONTKNOW*

||||

|||| **CF112_Serial** NUMERACY-SUBTRACTION 5

|||| And 7 from that

|||| This is the fifth subtraction

|||| _____ (0..9999999)

||||

|||| *ENDIF*

|||

||| *ENDIF*

||

|| *ENDIF*

|

| *ENDIF*

IF INTRODUCTION TEN WORDS LIST LEARNING = RESPONSE

|

| *IF RANDOM CF102 = 1*

||

|| **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

- ||| 3. Blood
- ||| 4. Corner
- ||| 5. Shoes
- ||| 6. Letter
- ||| 7. Girl
- ||| 8. House
- ||| 9. Valley
- ||| 10. Engine
- ||| 96. None of these

|||

||| *ELSE*

|||

||| **CF116_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. 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*

|

| *ENDIF*

|

ENDIF

CF017_Factors CONTEXTUAL FACTORS DURING THE COGNITIVE FUNCTION 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

|

| **CF217_Impaired** WHAT HAS IMPAIRED THE RESPONDENT'S TEST

|

| What has impaired the respondent's test?

| _____

|
ENDIF

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

|
ENDIF

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.

Only read out if necessary.

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

MH025_HDA3 TREMBLING

I felt my hands trembling.

Only read out if necessary.

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

MH026_HDA4 FEAR OF DYING

I had a fear of dying.

Only read out if necessary.

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

MH027_HDA5 FELT FAINT

I felt faint.

Only read out if necessary.

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

MH032_EndNonProxy End Non Proxy

End of non-proxy section. Who answered the questions in this section?

1. Respondent
2. Section not answered (proxy interview)

MH018_DepressionEver DEPRESSION EVER

[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_CSspecialist 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

|| 7. Orthopaedist
|| 8. Surgeon
|| 9. Psychiatrist
|| 10. Gynaecologist
|| 11. Urologist
|| 12. Oncologist
|| 13. Geriatrician
|| 96. Other
||
| *ENDIF*
|
ENDIF

HC012_PTinHos IN HOSPITAL LAST 12 MONTHS

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?

||

```

|| (1900..2010)
||
|| 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?
||

```

```

|| 1. Yes
|| 5. No
||
|| 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 viceversa)
||| 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

```

- ||| 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_PeriodFromMonthYEAR]

|||

- ||| 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:

- ||| 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 riodOtherEpisodes[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_PeriodFromMonthYEAR]

|||

||| 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:

||| 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*

|||

||| *ENDIF*

|||

||| *IF MN101_Longitudinal = 0 AND EVER DONE PAID WORK = 1. Yes AND CURRENT JOB SITUATION = 5. Homemaker OR MN101_Longitudinal = 1 AND CURRENT JOB SITUATION = 5. Homemaker AND DID ANY PAID WORK = 1. Yes AND WORKED TILL TODAY = 5*

|||

|| **EP069_ResStopWork** REASON STOP WORKING

|| 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

||

||| **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_PeriodFromMonthYEAR]

|||

- ||| 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:

- ||| 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 riodOtherEpisodes[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_PeriodFromMonthYEAR]

- |||
- ||| 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:
| | | | 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*

||| **EP334_Intro** 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

||| **EP111_ReceivePaymentPeriodFromMonth** 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

||| **EP112_ReceivePaymentPeriodFromYear** 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

- ||| 4. 2008
- ||| 5. 2009
- ||| 6. 2010
- ||| 7. 2011

||| **EP113_ReceivePaymentPeriodToMonth** RECEIVE PAYMENT PERIOD TO MONTH

||| 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
- ||| 11. November
- ||| 12. December
- ||| 13. Today

||| *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*

||| *IF EPPayments[cnt - RECEIVE PAYMENT OTHER EPISODES = 1. Yes*

||||

|||| **EP111_ReceivePaymentPeriodFromMonth** 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

||||

|||| **EP112_ReceivePaymentPeriodFromYear** 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

|||| 4. 2008

|||| 5. 2009

|||| 6. 2010

|||| 7. 2011

||||

|||| **EP113_ReceivePaymentPeriodToMonth** RECEIVE PAYMENT PERIOD TO MONTH

|||| 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

- ||| 11. November
- ||| 12. December
- ||| 13. Today

|||

||| *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?

|||

|| _____ (1..365)

||

|| *ENDIF*

||

|| **EP025_Intro** INTRODUCTION WORK SATISFACTION

|| 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?)

|| Show card 22

|| 1. Strongly agree

|| 2. Agree

|| 3. Disagree

|| 4. 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?)

|| Show card 22

|| 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?)

|| Show card 22

|| 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?)

|| Show card 22. In case of doubt explain: we mean adequate for the work done.

|| 1. Strongly agree

|| 2. Agree

|| 3. Disagree

|| 4. Strongly disagree

||

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

|||

||| **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?)

||| Show card 22

||| 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?)

||| Show card 22

||| 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

||| *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*

|

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 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 old age pension from a third 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 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]?

||
|| (1900..2010)

||
| *ENDIF*

| **EP081_LumpSumPenState** LUMP SUM PAYMENT INCOME SOURCE

| 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*

|| **EP082_TotAmountLS** 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*
||
| *ENDIF*
|
ENDIF

EP324_OccPensInc OCCUPATIONAL PENSION INCOME SOURCES

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 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 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 old age pension from a third 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 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]?

| |

|| (1900..2010)

||

| *ENDIF*

|

| **EP081_LumpSumPenState** LUMP SUM PAYMENT INCOME SOURCE

| 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*

||

|| **EP082_TotAmountLS** 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*

||
| *ENDIF*
|
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*

|| BRACKETS (0, FLUnfolding[11], FLCurr, BRs.Brackets[25].BR1, BRs.Brackets[25].BR2, BRs.Brackets[25].BR3)

||
| *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

|| _____
||

| *ENDIF*

| **EP096_MonthsRegPaym** 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)

| **EP092_AddPayments** 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*

|| **EP209_AddPaymAT** 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*

IF HOUSEHOLD TYPE = 1 AND AGE RESPONDENT < 76

| **EP097_PensClaim** 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*

|| **EP098_TypeOfPension** TYPE OF PENSION YOU WILL BE ENTITLED TO

|| Which type or types of pension will you be entitled to?

|| Code all that apply 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; sickness/invalidity/incapacity pension/your private (occupational) old age pension/your private (occupational) early retirement

||| pension/{empty}/{empty}/{empty}/{empty}] ?

|||

||| _____ (0..120)

|||

||| **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?

|||

||| _____ (30..75)

|||

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

|||

||| **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; 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

||

|| Specify other reason

|| _____

||

| *ENDIF*

|

ENDIF

GS002_RespStatus RECORD RESPONDENT STATUS

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.

|| _____ (0..100)

|| **GS007_SecondLHand** SECOND MEASUREMENT, LEFT HAND
|| LEFT HAND, SECOND MEASUREMENT.

|| Enter the results to the nearest integer value.

|| _____ (0..100)

|| *ENDIF*

|| *IF RECORD RESPONDENT STATUS = 1. Respondent has the use of both hands OR*
|| *RECORD RESPONDENT STATUS = 3. Respondent is unable to use left hand*

|| **GS008_FirstRHand** FIRST MEASUREMENT, RIGHT HAND
|| RIGHT HAND, FIRST MEASUREMENT.

|| Enter the results to the nearest integer value.

|| _____ (0..100)

|| **GS009_SecondRHand** SECOND MEASUREMENT, RIGHT HAND
|| RIGHT HAND, SECOND MEASUREMENT.

|| Enter the results to the nearest integer value.

|| _____ (0..100)

|| *ENDIF*

|| **GS012_Effort** HOW MUCH EFFORT R GAVE

|| 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

|| **GS013_Position** THE POSITION OF R FOR THIS TEST

|| What was the R's position for this test?

- || 1. Standing
- || 2. Sitting
- || 3. Lying down

|| **GS014_RestArm** R RESTED HIS/HER ARMS ON A SUPPORT

|| Did R rest his/her arms on a support while performing this test?

- || 1. Yes
- || 5. No

|| *ENDIF*

PF001_Intro INTRODUCTION

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*

|
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

|
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}]. [n] 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}/{empty}][your/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}/{empty}]

|| [your/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}/{empty}][your/your/your/your/{empty}/{empty}]

|| [husband/wife/partner/partner/{empty}/{empty}] received such help from this person? Was it...

|| Read out

|| 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/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/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}/{empty}]
|| [your/your/your/your/{empty}/{empty}]
|| [husband/wife/partner/partner/{empty}/{empty}] received such help from this person?
|| Was it...
|| Read out
|| 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/your/{empty}/{empty}][husband/wife/partner/
| | | | partner/{empty}/{empty}] personal care or practical household
| | | | help?
| | | |
| | | | 1. Yes
| | | | 5. No
| | | |
| | | | ENDIF
| | | |
| | | | 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[{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?
| | | | [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...

```

|| Read out

|| 1. Almost daily

|| 2. Almost every week

|| 3. Almost every month

|| 4. Less often

||

|| *IF Index <> 3*

||

|| **SP013_GiveHelpToOth** 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*

||

|| **SP009_ToWhomGiveHelp** 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?

|| [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...

|| Read out

|| 1. Almost daily

|| 2. Almost every week

|| 3. Almost every month

|| 4. Less often

||

|| *IF Index <> 3*

||

|| **SP013_GiveHelpToOth** 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*

|

| **SP018_GiveHelpInHH** 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*
||
|| **SP019_ToWhomGiveHelpInHH** 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*
||
|| **SP025_NameOthChild** NAME OTHER CHILD
||
|| Record child's name
|| _____
||
|| *ENDIF*
||
| *ENDIF*
|
| *IF NOT a96 IN Sec_PH.Health_B2.PH048_HeADLa*
||
|| **SP020_RecHelpPersCareInHH** 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*
||
|| **SP021_FromWhomHelpInHH** 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

name).[/n]
 ||| {list with relations}
 |||
 ||| *IF >list with relations IN WHO HELPES YOU WITH PERSONAL CARE IN THE HOUSEHOLD*
 |||
 ||| **SP026_NameOthChild** NAME OTHER CHILD
 |||
 ||| Record child's name
 ||| _____
 |||
 ||| *ENDIF*
 |||
 ||| *ENDIF*
 |||
 ||| *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/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*

||

```

|| FT003_ToWhomFiGift250 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/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
||
||
|| 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/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
||
|| IF FT_Given_FinancialAssistance_LOOP[cnt1 - OTHER PERSONS GIVEN FINANCIAL
GIFT 250 OR MORE = 1. Yes
||
|| FT003_ToWhomFiGift250 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/your/{empty}/{empty}]
|| [husband/wife/partner/partner/{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*

|||

||| **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/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*

||

| *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/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/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*

|||
||| *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/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/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}]

```

[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
receive this
|| gift or inheritance?
|| [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 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./{empty}] In which year did you
[or/or/or/or/{empty}/{empty}]
|| [your/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}]
[your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
receive this
|| gift or inheritance?
|| [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 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
|||
||| 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}][{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/part
ner/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/part
ner/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}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
ner/partner/{empty}/{empty}] give any further gift worth
|| more than [{5000}] [{local currency}][{empty}/{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}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
ner/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/part
ner/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}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
| | | | ner/partner/{empty}/{empty}] give any further gift worth
| | | | more than [{5000}] [{local currency}][{empty}/{empty}]?
| | | |
| | | | 1. Yes
| | | | 5. No
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF

```

```

| | | | FT021_IntCheck WHO ANSWERED THE QUESTIONS IN FT
| | | | IWER 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
| | | | 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
|||
||| 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..9999999999999999.99)
|||
||| 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?
 |||
 ||| _____
 |||
 ||| *ENDIF*
 |||
 ||| **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)
 |||
 ||| *ENDIF*
 |||
 ||| *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,

BRs.Brackets[42].BR2, BRs.Brackets[42].BR3)

|||||
||||| *ENDIF*

|||||
||||| *ENDIF*

|||||
||||| *ENDIF*

||||| **HO007_LastPayIncl** LAST PAYMENT INCLUDE ALL CHARGES AND SERVICES
||||| 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*

||||| **HO008_ExtRentIncl** CHARGES AND SERVICES
||||| 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*

|||||
||||| BRACKETS (0, FLUnfolding[27], FLCurr, BRs.Brackets[36].BR1,
BRs.Brackets[36].BR2, BRs.Brackets[36].BR3)

|||||
||||| *ENDIF*

|||||
||||| *ENDIF*

||||| **HO010_BehRent** BEHIND WITH RENT

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

|||||
||||| 1. Yes
||||| 5. No

|||||
||||| *ENDIF*

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

||||| **HO070_PercHouseOwn** PERCENTAGE HOUSE OWNED

||||| What percentage or share of this dwelling is owned by

|||||
you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
ner/partner/{empty}/{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, FLUnfolding[26], FLCurr, 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_OwnerTenant.ORD = 2*

||||

|||| **HO024_ValueH** 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*

||||

|||| **HO032_NoRoomSqm** 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)

||||

|||| **HO033_SpecFeat** 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

||||

|||| **HO034_YrsAcc** 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*

```

|||||
||||| HO060_PartnerYrsAcc 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
|||||
||||| HO036_TypeAcc 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
|||||
||||| HO042_NumberFloorsBldg 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
|||||
||||| HO043_StepstoEntrance 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
|||||

```

||| **HO054_Elevator** ELEVATOR

||| Does your home have an elevator?

||| 1. Yes

||| 5. No

||| *ENDIF*

||| **HO026_OwnSecHome** OWN SECONDARY HOMES ETC

||| 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*

||| **HO027_ValueRE** VALUE OF REAL ESTATE

||| 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*

||| **HO029_RecIncRe** RECEIVE INCOME OR RENT OF REAL ESTATE

||| 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*

||| **HO030_AmIncRe** AMOUNT INCOME OR RENT OF REAL ESTATE LAST YEAR

||| 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)

|||
||| *ENDIF*

|||
||| *ENDIF*

|||
||| *ENDIF*

|||
||| **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

|||
|||
||| *ENDIF*

|||
||| *ENDIF*

|||
||| *ENDIF*

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*

|||


```

|| ENDIF
||
|| HH010_OtherIncome INCOME FROM OTHER SOURCES
|| 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
||
|| HH011_TotAddHHinc 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..9999999999999999.99)
||
|| 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
||
|| ENDIF
||
|| HH014_IntCheck 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
||
|| CO001_Intro1 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
||
|| | BRACKETS (0, FLUnfolding[66], FLCurr, BRs.Brackets[28].BR1,
|| | BRs.Brackets[28].BR2, BRs.Brackets[28].BR3)
||
|| 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
||
|| | BRACKETS (0, FLUnfolding[67], FLCurr, BRs.Brackets[29].BR1,
|| | BRs.Brackets[29].BR2, BRs.Brackets[29].BR3)
||
|| 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
|| |
|| | | BRACKETS (0, FLUnfolding[68], FLCurr, BRs.Brackets[30].BR1,
|| | | BRs.Brackets[30].BR2, BRs.Brackets[30].BR3)
|| |
|| | ENDIF
||

```

```

|| ENDIF
||
|| HH017_TotAvHHincMonth 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..9999999999999999.99)
||
|| 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
||
|| CO007_AbleMakeEndsMeet 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
||
|| CO009_IntCheck 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
|
| AS001_Intro1 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
|
| AS060_HasBankAcc HAS BANK ACCOUNT
| Do you[or/or/or/or/{empty}]{empty}} [your/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 HAS BANK ACCOUNT = 5. No AND MN101_Longitudinal = 0*

|| **AS061_ReaNoBankAcc** 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/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 HAS BANK ACCOUNT = 1. Yes OR REASON FOR NOT HAVING A BANK ACCOUNT = 95. Actually I/we do have an account*

|| **AS003_AmBankAcc** AMOUNT BANK ACCOUNT

|| 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 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 AMOUNT BANK ACCOUNT = NONRESPONSE*

||| BRACKETS (0, FLUnfolding[45], FLCurr, BRs.Brackets[3].BR1, BRs.Brackets[3].BR2, BRs.Brackets[3].BR3)

|| *ENDIF*

| *ENDIF*

| **AS062_HasBonds** HAS BONDS

| 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

```

| 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/part
ner/partner/{empty}/{empty}] currently have any money in
| stocks or shares (listed or unlisted on stockmarket)?
| 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

```

```

|
| AS064_HasMutFunds HAS MUTUAL FUNDS
| Do
| you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
| ner/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
|
| | AS017_AmMutFunds 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
| |
| | AS019_MuFuStockBo 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
| |
| | AS070_IntIncome 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/wi
| | fe/partner/partner/{empty}/{empty}] receive from your savings
| | inbank 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

```

```

| |
| ENDIF
|
| AS065_HasIndRetAcc HAS INDIVIDUAL RETIREMENT ACCOUNTS
| Do
you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
ner/partner/{empty}/{empty}] currently have any money in
| individual retirements 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
| | |
| | | AS020_IndRetAcc WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS
| | | Who has individual retirements 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
| | |
| | | AS021_AmIndRet AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS
| | | 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
| | | |
| | | | BRACKETS (0, FLUnfolding[53], FLCurr, BRs.Brackets[11].BR1,
BRs.Brackets[11].BR2, BRs.Brackets[11].BR3)
| | | |
| | | | ENDIF
| | | |
| | | | AS023_IndRetStockBo 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

```

```

|||
|| ENDIF
||
|| IF WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS = 2. ^FL_AS020_5 only OR
|| WHO HAS INDIVIDUAL RETIREMENT ACCOUNTS = 3. Both
|||
||| AS024_PAmIndRet 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}
|||
||| IF PARTNER AMOUNT INDIVIDUAL RETIREMENT ACCOUNTS = NONRESPONSE
|||
||| BRACKETS (0, FLUnfolding[55], FLCurr, BRs.Brackets[12].BR1,
BRs.Brackets[12].BR2, BRs.Brackets[12].BR3)
|||
||| ENDIF
|||
||| AS026_PIndRetStockBo 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
|||
||| ENDIF
|||
|| ENDIF
|
| AS066_HasContSav HAS CONTRACTUAL SAVING
| Do
you[or/or/or/or/{empty}/{empty}][your/your/your/your/{empty}/{empty}][husband/wife/part
ner/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
|
| IF HAS CONTRACTUAL SAVING = 1. Yes
||
|| AS027_AmContSav 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}
||

```



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|| 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/part
ner/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}/{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
||

```

```

| ENDIF
|
| AS041_OwnFirm OWN FIRM COMPANY BUSINESS
| Do you [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
| [husband/wife/partner/partner/{empty}/{empty}] currently own a firm,
| company, or business?
|
| 1. Yes
| 5. No
|
| IF OWN FIRM COMPANY BUSINESS = 1. Yes
| |
| | AS042_AmSellFirm 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
| |
| | AS044_ShareFirm PERCENTAGE SHARE FIRM OWNED
| | What percentage or share of this firm, company or business is owned by you
| | [or/or/or/or/{empty}/{empty}] [your/your/your/your/{empty}/{empty}]
| | [husband/wife/partner/partner/{empty}/{empty}]?
| | Enter percent. If less than 1 percent, type 1.
| | _____ (1..100)
| |
| | 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
|
| AS049_NumCars NUMBER OF CARS
| How many cars do you [or/or/or/or/{empty}/{empty}]
| [your/your/your/your/{empty}/{empty}] [husband/wife/partner/partner/{empty}/{empty}]
| own? Please
| exclude company cars.
|
| _____ (0..10)
|
| 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?
|

```

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

|
|

ENDIF

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?)

1. Often
2. Sometimes
3. Rarely
4. 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_FullOpport 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]?
|

```

|| _____ (0..100)

|| *ENDIF*

|| *IF Sec_EP.EP005_CurrentJobSit = a2*

|| **EX007_GovRedPens** GOVERNMENT REDUCES PENSION

|| (Please look at card 35.)What are the chances that before you retire the government will reduce the pension which you are entitled to?

|| _____ (0..100)

|| *IF AGE RESPONDENT < 61*

|| **EX025_ChWrkA65** CHANCE TO WORK AFTER AGE OF 63

|| (Please look at card 35.) Thinking about your work generally and not just your present job, what are the chances that you will be working full-time after you reach age 63?

|| _____ (0..100)

|| *ENDIF*

|| **EX008_GovRaisAge** GOVERNMENT RAISES RETIREMENT AGE

|| (Please look at card 35.)What are the chances that before you retire the government will raise your retirement age?

|| _____ (0..100)

|| *ENDIF*

|| *IF AGE RESPONDENT < 101*

|| **EX009_LivTenYrs** LIVING IN TEN YEARS

|| (Please look at card 35.)What are the chances that you will live to be age [75/80/85/90/95/100/105/110/120] or more?

|| _____ (0..100)

|| *ENDIF*

|| **EX026_Trust** TRUST IN OTHER PEOPLE

|| 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.

|| _____ (0..10)

|| **EX029_FreqPrayer** PRAYING

| 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*

||
|| **EX100_PartInterv** 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*

||| **EX101_IntroPartInfo** INTRODUCTION PARTNER INFORMATION

||| Before we finish, I would like to ask you to please give me some information on [your/your/your/your/{empty}]{empty}

||| [husband/wife/partner/partner/{empty}]{empty}], who is not doing the interview today.

- ||| 1. Continue

||| **EX102_PartYrsEduc** PARTNER YEARS OF EDUCATION

||| How many years has [your/your/your/your/{empty}]{empty}

[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)

||| **EX103_PartJobSit** PARTNER CURRENT JOB SITUATION

||| Please look at showcard 37. In general, how would you describe the current employment situation of [your/your/your/your/{empty}]{empty}

||| [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)*

||| **EX104_PartEvWork** PARTNER EVER DONE PAID WORK

||| Has [your/your/your/your/{empty}]{empty}

[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*

|||

| *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.

LI001_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.

LI002_Number_Check ID RECORD LINKAGE AGAIN

REPEAT BARCODE NUMBER

LI003_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.
5. 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.HO001_Place = a1*

||

|| **IV009_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

||

|| **IV010_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 IV010_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